



Coding Chronic Conditions

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Objectives

- Understand chronic conditions
- Emphasize importance of documentation
- Develop Clinical concepts as a teaching tool
- Effective approaches for communicating with your provider

Definition of a Chronic Condition

- Lasting 3 months or more
- Marked by long duration
- Does not resolve spontaneously
- Frequent recurrence over a long time
- May have slow progressive course of indefinite duration
- Treatment can alleviate but not cure the condition

Chronic Conditions



Alzheimer's Disease/Dementia

Arthritis (Rheumatoid and OA)

Asthma

Atrial Fibrillation

Autism Spectrum Disorders

Cancer

Chronic Kidney Disease

COPD

Depression

Diabetes

Heart Failure

Hepatitis (Chronic Viral B & C)

HIV/AIDS

Hyperlipidemia

Hypertension

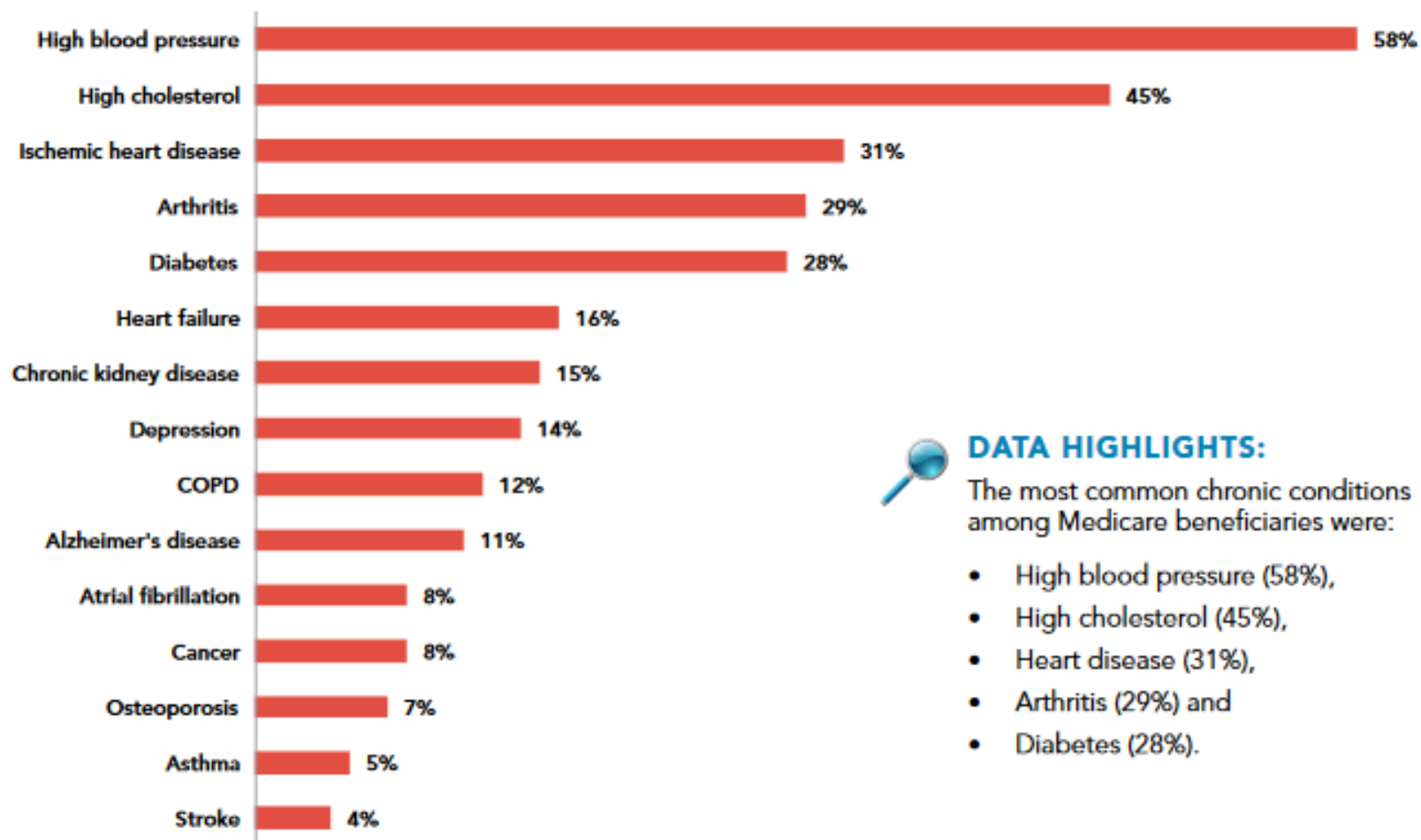
Ischemic Heart Disease

Osteoporosis

Schizophrenia & Other Psychotic Disorders

Stroke

“High blood pressure was the most common chronic condition and this was true across age groups, for men and women as well as dual-eligibles”



DATA HIGHLIGHTS:

The most common chronic conditions among Medicare beneficiaries were:

- High blood pressure (58%),
- High cholesterol (45%),
- Heart disease (31%),
- Arthritis (29%) and
- Diabetes (28%).

Chronic Disease Facts for the U.S.

- Among the most common, costly, and preventable of all health problems.
- 1 in 2 adults has a chronic disease
- 1 in 4 adults has multiple chronic conditions lasting one year or longer
- Responsible for 7 of 10 deaths each year
- 71% of total health care spending in U.S. is associated with care for *multiple* chronic conditions
- Out of pockets costs

Chronic Disease Facts for the U.S.

- 1 in 5 Americans suffer from one or more mental disorders
- More than 2/3 of adults with a mental disorder have one or more chronic general medical disorders

AND

- Nearly 1/3 of adults with a chronic general medical disorder also suffer from a comorbid mental disorder

Comorbidity is the rule rather than the exception

The Cost...

- Chronic conditions account for most health care costs in the U.S.
 - In 2010, costs for heart disease and stroke were over \$315.4 billion
 - In 2012 the cost of diagnosed diabetes was \$245 billion
 - Decreased productivity
 - Absence from work
 - Less productive while at work
 - Inability to work due to complications
 - 10% of Americans 47 and older develop a chronic disease each year
 - 80% of nation's 2.5 trillion health spending goes to chronic disease management

In 2014 chronic diseases accounted for
93% of all Medicare spending

<http://www.icd10monitor.com/enews/item/1240-chronic-diseases-and-an-icd-10-value-add-for-better-care>

Health Risk Behaviors Causing Chronic Diseases

- Lack of exercise
- Major risk factors for heart disease or stroke
- Poor diet-lack of fruits and vegetables
- Cigarette smoking
- Excessive drinking (alcohol)

<http://www.cdc.gov/chronicdisease/overview/>

Emphasizing the Importance of Documentation



Documentation

- “Clinical documentation was developed to track a patient's condition and communicate the author's actions and thoughts to other members of the care team. Over time, other stakeholders have placed additional requirements on the clinical documentation process for purposes other than direct care of the patient.”¹
- For these reasons, the medical record must be:
 - *Complete
 - *Legible
 - *Consistent
 - *Precise
 - *Reliable
 - *Timely

¹Annals of Internal Medicine, 17 February, 2015, Vol 162, No. 4. (American College of Physicians)

Definitions of Medical Necessity

- **CMS**

- Reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member
- Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT[®] code. It would not be medically necessary or appropriate to bill a higher level of E&M service when a lower level of service is warranted. *The volume of documentation should not be the primary influence upon which a specific level of service is billed.*

- **AMA**

- Health care services a prudent physician would provide to a patient for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms

Medical Necessity

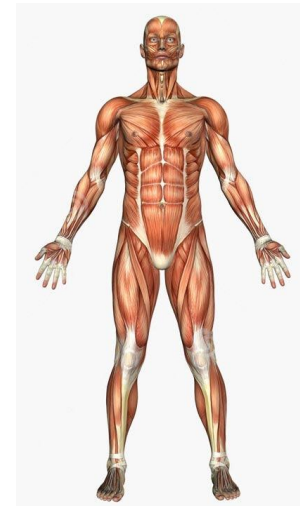
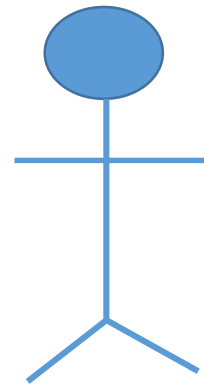
- Medically necessary services must be:
 - In accordance with generally accepted standards of medical practice
 - Clinically appropriate in terms of type, frequency, extent, site and duration
 - Not for the convenience of the patient, physician or other health care provider
 - Performed or prescribed by the provider

Purpose of Good Documentation

- The medical record must be complete and legible
- The documentation of each patient encounter should include
 - The reason for the encounter and relevant history
 - Physical examination, findings, and prior diagnostic test results
 - Assessment, clinical impression, or diagnosis
 - Medical plan of care
 - The date and legible identity of the observer

Accuracy is of THE Utmost Importance!

- Documentation should clearly indicate what was done
- Something that might seem trivial for the provider to document may be the reason a higher level of service could be supported
- Details, details, details!



“History of”

- Frequent documentation errors
 - Coding past conditions as active
 - Coding “history of” when the condition is still active
- Exception: It is appropriate to document/code “history of” when documenting some status conditions (amputation)

Incorrect Documentation	Correct Documentation
H/O CHF, Meds Lasix	Compensated CHF, stable on Lasix
H/O angina, meds nitro	Angina, stable on nitro
H/O COPD, meds Advair	COPD controlled w/Advair

Provider Documentation

- *Personal history* includes diabetes mellitus, coronary artery disease, dyslipidemia, CVA, hypertension, back pain
- *Medical history*: Hypertension, COPD, Atrial Fibrillation, s/p A/V node ablation, sinus bradycardia, CHF, BIV/ICD Medtronic DTBB1D4, 6/11/15
- ***How do we communicate to providers that ‘past history’ means the condition has resolved, not a current, chronic, or controlled on-going problem?***



Clinical Concepts





Clinical Concepts



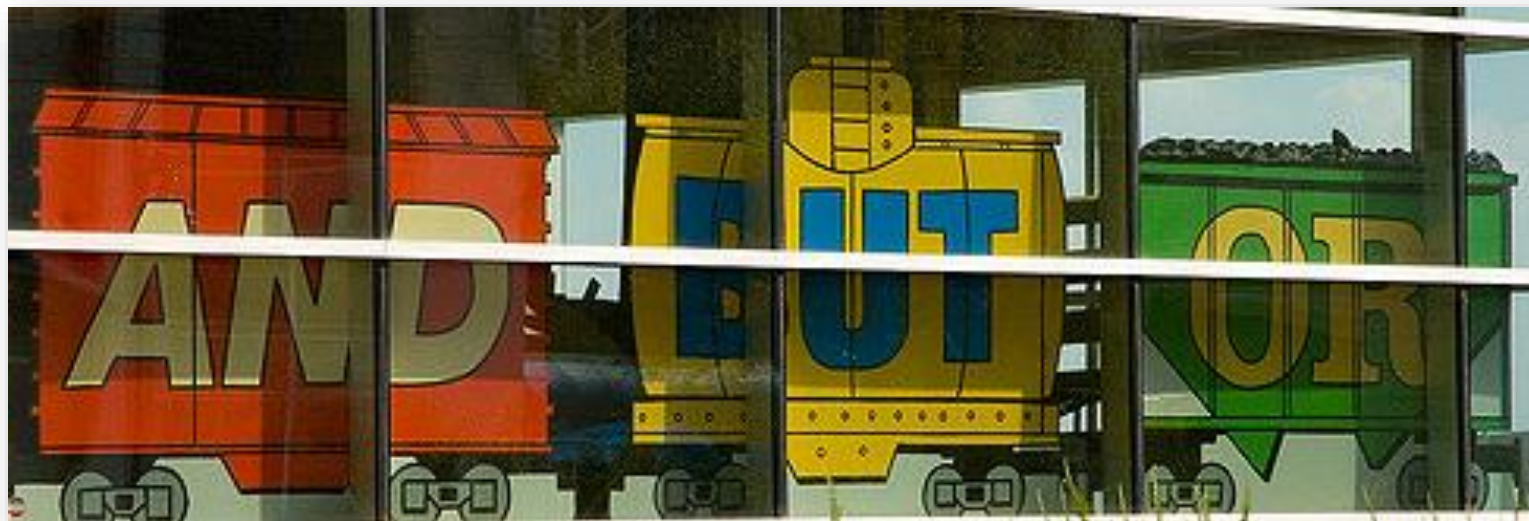
- Type
- Temporal factors
- Caused by/Contributing factors
- Symptoms/Findings/
Manifestations
- Localization/Laterality
- Anatomy
- Associated with
- Severity
- Episode
- Remission status
- History of
- Morphology
- Complicated by
- External Cause
- Activity
- Place of Occurrence
- Loss of Consciousness
- Substance
- Number of Gestations
- Outcome of Delivery
- BMI

Documentation Concepts

- Focus education on clinical concepts, not codes
- Must have an in-depth understanding of clinical conditions
 - Clinicians document based on clinical conditions not code descriptors

Diabetes **with**
manifestations

Macular edema
due to DM



CKD **due to** DM

Heart disease **with** CHF

Osteoporosis **due to** medications

2017 Guideline changes

“With”

The word “with” should be interpreted to mean “associated with” or “due to” when it appears in a code title, the Alphabetic Index, or an instructional note in the Tabular List. **The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated. For conditions not specifically linked by these relational terms in the classification, provider documentation must link the conditions in order to code them as related.**

Hypertension

The classification presumes a causal relationship between hypertension and heart involvement and between hypertension and kidney involvement, as the two conditions are linked by the term “with” in the Alphabetic Index. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated.

For hypertension and conditions not specifically linked by relational terms such as “with,” “associated with” or “due to” in the classification, provider documentation must link the conditions in order to code them as related.

1) Hypertension with Heart Disease

Hypertension with heart conditions classified to I50.- or I51.4-I51.9, are assigned to a code from category I11, Hypertensive heart disease. Use an additional code from category I50, Heart failure, to identify the type of heart failure in those patients with heart failure.

A Closer Look

Diabetes

Heart Failure

Hypertensive Diseases

Kidney Disease

Sepsis

Multiple Chronic Diseases

Diabetes E08-E13

- Type
 - Type 1
 - Type 2
- Cause
 - Drug or chemical induced
 - Due to underlying condition
 - Gestational
- Complication/Manifestation
 - Kidney
 - Ophthalmic
 - Neurological
 - Skin
 - Oral

E11 Type 2 diabetes mellitus

Includes: diabetes (mellitus) due to insulin secretory defect
diabetes NOS
insulin resistant diabetes (mellitus)

Use additional code to identify any insulin use (Z79.4)

E10.62 Type 1 diabetes mellitus with skin complications

E10.620 Type 1 diabetes mellitus with diabetic dermatitis
Type 1 diabetes mellitus with diabetic necrobiosis lipoidica

E10.621 Type 1 diabetes mellitus with foot ulcer

Use additional code to identify site of ulcer (L97.4-, L97.5-)

E10.622 Type 1 diabetes mellitus with other skin ulcer

Use additional code to identify site of ulcer (L97.1-L97.9, L98.41-L98.49)

E10.628 Type 1 diabetes mellitus with other skin complications

E10.63 Type 1 diabetes mellitus with oral complications

E10.630 Type 1 diabetes mellitus with periodontal disease

E10.638 Type 1 diabetes mellitus with other oral complications

E10.64 Type 1 diabetes mellitus with hypoglycemia

E10.641 Type 1 diabetes mellitus with hypoglycemia with coma

E10.649 Type 1 diabetes mellitus with hypoglycemia without coma

E10.65 Type 1 diabetes mellitus with hyperglycemia

E10.69 Type 1 diabetes mellitus with other specified complication

The patient is a 67 year old female who presents with a subcutaneous abscess. Last visit was 1 week ago. Symptoms include pain, swelling, tenderness, and drainage. Abscess location is the left buttock. The patient describes the pain as sharp. Patient had previous abscess that was treated by antibiotics. Will try antibiotics again however; if this does not improve will need to I&D.

Patient has a history of Diabetes. Patient checks BP regularly and this is controlled on Toprol. Blood sugars are stable and controlled with Metformin. No episodes of hypoglycemia. No side effects of meds and compliant with treatment.

Buttock abscess. DM – well controlled. HTN – well controlled. Will try antibiotics again however; if this does not improve will need to I&D

Clinical Concept	DM
Type	
Caused by or Contributing Factor	
Associated Complications	Abscess?
Symptoms/ Findings	✓
Temporal Factors	

Heart Failure 150

- Type/severity

Left sided	Fluid may back up in lungs causing shortness of breath
Right sided	Fluid may back up in abdomen, feet and legs, causing swelling
Systolic	Left ventricle doesn't pump blood out to body as well as normal
Diastolic	Left ventricle cannot relax fully which limits ability to fill properly with blood
Congestive	Fluid that builds in lungs, liver, GI tract, arms and legs

- Temporal factors

- Acute
- Chronic
- Acute on chronic
- Combined systolic and diastolic

Heart Failure I50

- Associated conditions
- Cause/Contributing Factors/Complicated by
 - Code First in Tabular Index prior to codes
 - Complicating abortion or ectopic pregnancy
 - Due to hypertension
 - Due to hypertension with chronic kidney disease
 - Following surgery
 - Obstetric surgery and procedures
 - Rheumatic heart failure

I50 Heart failure

Code first heart failure complicating abortion or ectopic or molar pregnancy (O00-O07, O08.8)
heart failure due to hypertension (I11.0)
heart failure due to hypertension with chronic kidney disease (I13.-)
heart failure following surgery (I97.13-)
obstetric surgery and procedures (O75.4)
rheumatic heart failure (I09.81)

Excludes1: cardiac arrest (I46.-)
neonatal cardiac failure (P29.0)

I50.1 Left ventricular failure

Cardiac asthma
Edema of lung with heart disease NOS
Edema of lung with heart failure
Left heart failure
Pulmonary edema with heart disease NOS
Pulmonary edema with heart failure

Excludes1: edema of lung without heart disease or heart failure (J81.-)
pulmonary edema without heart disease or failure (J81.-)

I50.2 Systolic (congestive) heart failure

Excludes1: combined systolic (congestive) and diastolic (congestive) heart failure (I50.4-)

I50.20 Unspecified systolic (congestive) heart failure

I50.21 Acute systolic (congestive) heart failure

I50.22 Chronic systolic (congestive) heart failure

I50.23 Acute on chronic systolic (congestive) heart failure

I50.3 Diastolic (congestive) heart failure

Excludes1: combined systolic (congestive) and diastolic (congestive) heart failure (I50.4-)

I50.30 Unspecified diastolic (congestive) heart failure

I50.31 Acute diastolic (congestive) heart failure

I50.32 Chronic diastolic (congestive) heart failure

I50.33 Acute on chronic diastolic (congestive) heart failure

I50.4 Combined systolic (congestive) and diastolic (congestive) heart failure

CHIEF COMPLAINT: COPD

HISTORY OF PRESENT ILLNESS: The patient is an 85-year-old female with advanced COPD, who presents to the emergency room complaining of 2-day history shortness of breath after she ran out of her inhalers. She is having increased sinus congestion, postnasal drip, but not having purulent sputum production. No fevers, chills, night sweats, or hemoptysis. No orthopnea or chest pain.

PAST MEDICAL HISTORY: Significant for advanced COPD with asthma diathesis congestive heart failure with cardiomyopathy, baseline ejection fraction 30% to 35%, 2+ mitral regurgitation, nocturnal hypoxia, former history of tobacco abuse, diet-controlled diabetes, and paroxysmal atrial fibrillation.

SOCIAL HISTORY: She has a significant history of smoking, quitting over 5 years ago. She has worked at the hospital as a nurse in 1960s and 1970s. Does not abuse alcohol. Has a daughter who lives nearby.

IMPRESSION AND PLAN: Chronic obstructive pulmonary disease exacerbation, triggered by allergies and running out of her medications. So, we will admit her and start her on steroids and nebulizers. I will give her Flonase nasal spray and Ocean spray nasal spray to help with her allergies. I will also start her on Singulair 10 mg a day, which will not only help with her allergies, but also with the asthmatic component of her bronchospasm.

Clinical Concept	COPD	HTN	HF	DM	AF
Type			✓		
Caused by or Contributing Factor	✓		✓		
Associated Complications	✓		✓		
Severity	✓		✓	✓	
Symptoms/ Findings					
Temporal Factors	✓				✓

2017 Guideline Changes Reminder

“With”

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Hypertensive Diseases (I10-I15)

- Type
 - Essential (primary)
 - Hypertensive heart disease
 - Hypertensive chronic kidney disease
 - Hypertensive heart and chronic kidney disease
 - Secondary
 - Renovascular
 - Renal disorders
 - Endocrine disorders
- Caused by/Contributing factors
 - Chronic kidney disease
 - Heart failure
- Associated complications
- Severity
- Symptoms/Findings/ Manifestations
- Temporal factors

Hypertensive diseases (I10-I15)

Use additional code to identify:

- exposure to environmental tobacco smoke (Z77.22)
- history of tobacco use (Z87.891)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17.-)
- tobacco use (Z72.0)

I11 Hypertensive heart disease

Includes: any condition in I51.4-I51.9 due to hypertension

I11.0 Hypertensive heart disease with heart failure

Hypertensive heart failure

Use additional code to identify type of heart failure (I50.-)

I11.9 Hypertensive heart disease without heart failure

Hypertensive heart disease NOS

I12 Hypertensive chronic kidney disease

Includes: any condition in N18 and N26 - due to hypertension
arteriosclerosis of kidney
arteriosclerotic nephritis (chronic) (interstitial)
hypertensive nephropathy
nephrosclerosis

Excludes1: hypertension due to kidney disease (I15.0, I15.1)
renovascular hypertension (I15.0)
secondary hypertension (I15.-)

Excludes2: acute kidney failure (N17.-)

I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease

Use additional code to identify the stage of chronic kidney disease (N18.5, N18.6)

I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

Hypertensive chronic kidney disease NOS
Hypertensive renal disease NOS

Use additional code to identify the stage of chronic kidney disease (N18.1-N18.4, N18.9)

I13 Hypertensive heart and chronic kidney disease

Includes: any condition in I11.- with any condition in I12.-
cardiorenal disease
cardiovascular renal disease

I13.0 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

Use additional code to identify type of heart failure (I50.-)

Use additional code to identify stage of chronic kidney disease (N18.1-N18.4, N18.9)

I13.1 Hypertensive heart and chronic kidney disease without heart failure

I13.10 Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

Hypertensive heart disease and hypertensive chronic kidney disease NOS

Use additional code to identify the stage of chronic kidney disease (N18.1-N18.4, N18.9)

I13.11 Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease

Use additional code to identify the stage of chronic kidney disease (N18.5, N18.6)

I13.2 Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease

Use additional code to identify type of heart failure (I50.-)

Use additional code to identify the stage of chronic kidney disease (N18.5, N18.6)



CHIEF COMPLAINT: The patient is here today for follow-up of diabetes and high blood pressure.

HISTORY OF PRESENT ILLNESS: - is a very pleasant 52-year-old lady with history of **diabetes and high blood pressure**. The patient is here today really volunteers no new complaints. The patient will like me to go over her results with her.

I did review the patient's lab and also did review the imaging studies. Echocardiogram is normal. CT of the brain was also unremarkable.

Lab result was reviewed. Her Chem panel is essentially normal with sodium of 138, potassium of 4.5, and blood sugar of 96. Hemoglobin A1c of 6.2. Lipid profile shows total cholesterol of 198 with triglyceride of 93 and LDL of 136.

PHYSICAL EXAMINATION: Vital signs: Blood pressure today is 108/76 with a pulse of 76.

ASSESSMENT/PLAN:

1. **Diabetes without nephropathy or neuropathy.** The patient will continue on current regimen.
2. **Hypertension.** Blood pressure is optimal. I have given her a refill of her Micardis.
3. **COPD.** I spent considerable amount of time encouraging the patient and educating her on importance of **tobacco cessation**. The patient demonstrated understating. The patient tells me she is working on it. The patient will return to see me in three to four months.

Clinical Concept	HTN	DM	COPD
Type			
Caused by or Contributing Factor	✓	✓	✓
Associated Complications			
Severity	✓		
Symptoms/Findings			
Temporal Factors			

Kidney Disease

- Type
 - Stage 1-6
 - End stage
- Temporal factors
 - Acute
 - Chronic
- Associated with/Caused by/Contributing factor
 - Underlying condition
 - Diabetic chronic kidney disease
 - Hypertensive chronic kidney disease
- History of
 - Transplant

N18 Chronic kidney disease (CKD)

Code first any associated:

diabetic chronic kidney disease (E08.22, E09.22, E10.22, E11.22, E13.22)

hypertensive chronic kidney disease (I12.-, I13.-)

Use additional code to identify kidney transplant status, if applicable, (Z94.0)

N18.1 Chronic kidney disease, stage 1

N18.2 Chronic kidney disease, stage 2 (mild)

N18.3 Chronic kidney disease, stage 3 (moderate)

N18.4 Chronic kidney disease, stage 4 (severe)

N18.5 Chronic kidney disease, stage 5

Excludes1: chronic kidney disease, stage 5 requiring chronic dialysis (N18.6)

N18.6 End stage renal disease

Chronic kidney disease requiring chronic dialysis

Use additional code to identify dialysis status (Z99.2)

N18.9 Chronic kidney disease, unspecified

Chronic renal disease

Chronic renal failure NOS

Chronic renal insufficiency

Chronic uremia

CHIEF COMPLAINT: Swelling, Foot.

HISTORY OF PRESENT ILLNESS: The patient presents with bilateral acute swelling in his feet. He knows that his kidneys are failing and is under the care of Dr. X. He had a kidney biopsy last week and is currently undergoing workup for impending **need for dialysis**. He noticed over the last few days that his **lower extremities are swelling**. He denies SOB or other related symptoms. He thinks his last creatinine was 7. Patient states that he was getting most of his care with his primary care physician, but was sent to Dr. X for the biopsy. The onset of the swelling was 4 days ago. The severity of symptoms is worsening. Type of injury: none. Location: Bilateral ankles. The character of symptoms is swelling. The degree at present is moderate, 5 /10. The relieving factor is elevation. Risk factors consist of chronic renal insufficiency and **type 2 DM on insulin**. Prior episodes: chronic. Therapy today: none. Associated symptoms: none. Additional history: none.

PAST MEDICAL HISTORY: MEDICAL HISTORY:
Cardiovascular: **hypertension** Genitourinary: chronic renal insufficiency (severe).

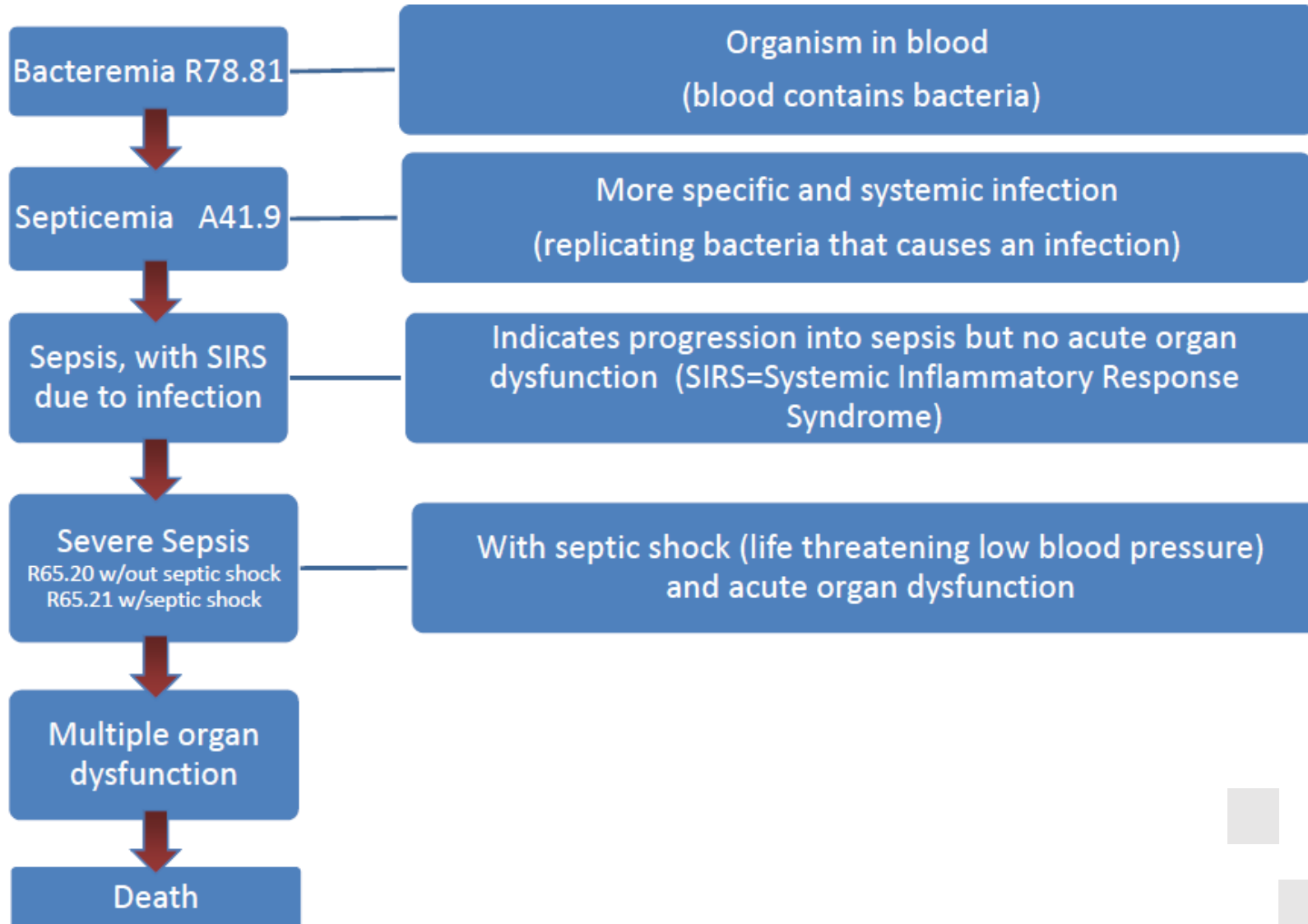
IMPRESSION AND PLAN: **Acute on chronic renal failure volume overload.**

Clinical Concept	CKD	DM	HTN
Type	✓	✓	
Caused by or Contributing Factor			
Associated Complications	✓		
History of			
Temporal Factors	✓		

Sepsis

- Type
 - Sepsis
 - SIRS
 - Severe Sepsis
- Caused by/Contributing factors
 - Underlying infection
- Associated with/complicated by
 - Specific organ failure
- Severity
 - With acute organ dysfunction
 - With acute organ failure

Sepsis Progression



A40 Streptococcal sepsis

Code first postprocedural streptococcal sepsis (T81.4)
streptococcal sepsis during labor (O75.3)
streptococcal sepsis following abortion or ectopic or molar pregnancy (O03-O07, O08.0)
streptococcal sepsis following immunization (T88.0)
streptococcal sepsis following infusion, transfusion or therapeutic injection (T80.2-)

Excludes1: neonatal (P36.0-P36.1)
puerperal sepsis (O85)
sepsis due to Streptococcus, group D (A41.81)

A40.0 Sepsis due to streptococcus, group A

A40.1 Sepsis due to streptococcus, group B

A40.3 Sepsis due to Streptococcus pneumoniae Pneumococcal sepsis

A40.8 Other streptococcal sepsis

A40.9 Streptococcal sepsis, unspecified

A41 Other sepsis

Code first postprocedural sepsis (T81.4)
sepsis during labor (O75.3)
sepsis following abortion, ectopic or molar pregnancy (O03-O07, O08.0)
sepsis following immunization (T88.0)
sepsis following infusion, transfusion or therapeutic injection (T80.2-)

Excludes1: bacteremia NOS (R78.81)
neonatal (P36.-)
puerperal sepsis (O85)
sepsis NOS (A41.9)
streptococcal sepsis (A40.-)

Excludes2: sepsis (due to) (in) actinomycotic (A42.7)
sepsis (due to) (in) anthrax (A22.7)
sepsis (due to) (in) candidal (B37.7)
sepsis (due to) (in) Erysipelothrix (A26.7)
sepsis (due to) (in) extraintestinal yersiniosis (A28.2)
sepsis (due to) (in) gonococcal (A54.86)
sepsis (due to) (in) herpesviral (B00.7)
sepsis (due to) (in) listerial (A32.7)
sepsis (due to) (in) melioidosis (A24.1)
sepsis (due to) (in) meningococcal (A39.2-A39.4)
sepsis (due to) (in) plague (A20.7)
sepsis (due to) (in) tularemia (A21.7)
toxic shock syndrome (A48.3)

R65.2 Severe sepsis

Infection with associated acute organ dysfunction

Sepsis with acute organ dysfunction

Sepsis with multiple organ dysfunction

Systemic inflammatory response syndrome due to infectious process with acute organ dysfunction

Code first underlying infection, such as:
infection following a procedure (T81.4)
infections following infusion, transfusion and therapeutic injection (T80.2-)
puerperal sepsis (O85)
sepsis following complete or unspecified spontaneous abortion (O03.87)
sepsis following ectopic and molar pregnancy (O08.82)
sepsis following incomplete spontaneous abortion (O03.37)
sepsis following (induced) termination of pregnancy (O04.87)
sepsis NOS (A41.9)

Use additional code to identify specific acute organ dysfunction, such as:
acute kidney failure (N17.-)
acute respiratory failure (J96.0-)
critical illness myopathy (G72.81)
critical illness polyneuropathy (G62.81)
disseminated intravascular coagulopathy [DIC] (D65)
encephalopathy (metabolic) (septic) (G93.41)
hepatic failure (K72.0-)

R65.20 Severe sepsis without septic shock

Severe sepsis NOS

R65.21 Severe sepsis with septic shock

1

3

2

FINDINGS:

This is a critically ill 81-year-old gentleman whom I was asked to evaluate for antibiotic management. This patient is currently intubated and sedated. As a result, the history of present illness was obtained from review of the medical record and discussion with staff.

The patient has been dealing with bronchitis at home and working with physical therapy and became increasingly weak and more dyspneic. The patient was hospitalized on February 7, 2016; antibiotic regimen was changed to ceftriaxone and doxycycline the following day. The patient began to complain of right upper quadrant pain that radiated to the lower quadrant. CT scan demonstrated right-sided hydronephrosis with a ureteral calculus and fluid in the pelvic gutter. The patient was transferred for surgical evaluation, after the CT scan was obtained, nephrolithiasis was documented. The patient was clearly going to need cystoscopy given the dimensions and configuration of the stone which was not going to pass; however he was on Plavix and Coumadin, this required a delay. Unfortunately, while waiting for the patient to become medically stable to proceed with treatment, he developed encephalopathy and had to be emergently intubated. He developed findings consistent with aspiration pneumonia. He was placed on Zosyn. Blood cultures were obtained on February 15, 2016 in response to his clinical decline, these were negative until today. Indeed 106 hours after the blood was drawn, the sample from the patient's Port-A-Cath has yielded yeast.

IMPRESSION:

Sepsis from a pulmonary source

Healthcare-associated pneumonia due to aspiration.

Hydronephrosis due to nephrolithiasis.

Acute-on-chronic renal failure.

Fungemia, not yet further identified.

Acute hypoxic respiratory failure.

Chronic immunosuppression, on exogenous glucocorticoids.

Diabetes mellitus, type 2, noninsulin requiring.

Clinical Concept	Sepsis	Pneumonia	Renal Failure	Respiratory Failure	DM
Type	✓		✓		
Caused by or Contributing Factor					
Associated Complications	✓				
Severity	✓				
Symptoms/ Findings	✓				
Temporal Factors	✓	✓	✓		

Multiple Chronic Conditions

- Sequencing
- When to code, which to code
- Effects on each other

Multiple Chronic Conditions

CHIEF COMPLAINT: The patient is an 83-year-old white female who presents with a chief complaint of nausea, vomiting, and belly cramping, with no significant bowel movement over the last 7 to 10 days.

HISTORY OF PRESENT ILLNESS: The last time she had a good bowel movement was when she drank GoLYTELY. She has tried MiraLax, enemas, and Dulcolax suppositories, and was unsuccessful. She has no complaints of hematemesis, melanotic stools, or bright red blood per rectum.

PAST MEDICAL HISTORY: Significant for atrial fibrillation, CHF, hypertension, diabetes, arthritis, uterine cancer, and pneumonia.

ED COURSE: The patient had an IV, CBC, CMP, coags which are pending, and a CRP and lipase. Her labs otherwise are normal. She also had an x-ray of her abdomen, which did reveal nonspecific, nonobstructive bowel gas pattern with moderate feces within the colon. I went over the results with the patient. She has failed outpatient management for the constipation, so she will be placed into observation for relief of the constipation. Dr. D was consulted. Dr. M was on call; I discussed it with him. He asked us to do 1 dose of MiraLax and soapsuds enemas until clear. EKG and coags are pending, and I will update if there are significant abnormalities.

DIAGNOSES:


Constipation.

Atrial fibrillation.

Diabetes.

Hypertension.

Clinical Concept	HTN	DM	AF
Type			
Caused by or Contributing Factor			
Associated Complications			
Severity			
Symptoms/Findings			
Temporal Factors			



Reason for Visit: Here on consultation from Dr. Bruman for Diabetes.

HPI: She has had diabetes mellitus for the last 40 years. She has been on an insulin pump for the last 7 years. Diabetic complications-polyneuropathy. She has been getting her diabetes care from her nurse practitioner in Nashville, but she is getting tired of making this trip 4 times a year. Hemoglobin A1C is said to be 7.1% 2 months ago. Fasting blood sugar is near 146, but this can be as low as 55, by noontime her blood sugar is 158, going down to 49 at times. At supper time, her blood sugar is 210 on average. By bedtime, her blood sugar is near 72. She boluses NovoLog 1 unit for every 6 g of carbohydrates with breakfast and lunch, 1 unit for every 4 g of carbohydrates with supper. She is on Symlin 120mcg with each meal, Metformin 1000mg BID. She has a history of hypertension and her blood pressure is rather high today. Dr. Lewis just added HCTZ to her regimen. She is being treated for hyperlipidemia with Simvastatin 40mg daily. Microalbumin was 34.0 on 03/23/11 and she has never seen a nephrologist. Dilated eye exam was performed 2 months ago and she has had retinopathy. She has a history of retinal detachment and she is blind in the left eye.

She received a flu shot in September 2010. Recently, she had some trouble swallowing and a thyroid ultrasound was performed on 04/06/11. On the right lobe, there was a 1.5-cm and a 1.7-cm nodule.

Assessment:

Benign essential hypertension

Hyperlipidemia

Nontoxic multi-nodular goiter

Type 2 diabetes with neurological complications—uncontrolled

Clinical Concept	DM	HTN	Goiter
Type	✓		✓
Caused by or Contributing Factor			
Associated Complications	✓		
Severity	✓		
Symptoms/ Findings	✓		
Temporal Factors	✓	✓	✓

The patient is a 64 year old female who presents for a recheck of diabetes. Patient states the problem is unchanged. Patient has been compliant with adequate exercise, alcohol avoidance, low carbohydrate diet, low cholesterol diet, low fat diet, medication as directed and smoking cessation. Current medication use: experiencing no side effects. Purpose of visit: requesting medication refills. The patient has had a diagnosis of diabetes for 7 years. Patient does exercise, but does not use alcohol or smoke. Patient reports no hypoglycemia and is doing well. Weight gain noted.

Recheck of hypertension is described as the following: Patient states the problem is unchanged. Patient has been compliant with adequate exercise, alcohol avoidance, low carbohydrate diet, low cholesterol diet, low fat diet, medication and smoking cessation. Patient has been monitoring blood pressure. Current medication use: experiencing no side effects. Note for "hypertension recheck": BP has not been under control and she reports has been taking her meds. Will need to add another med to control BP.

Recheck of hyperlipidemia is described as the following: Patient states the problem is unchanged. Patient has been compliant with adequate exercise, alcohol avoidance, low carbohydrate diet, low cholesterol diet, low fat diet, medication and smoking cessation. Current medication use: experiencing no side effects.

Recheck of chronic kidney disease. This is classed as Stage 2 – being seen by nephrology and has been stable. Meds reviewed.

Assessment and Plan: DM uncomplicated, Type II, uncontrolled; Hypertension; benign essential; Hyperlipidemia; Chronic Kidney disease; stage II

Clinical Concept	DM	HTN	Lipids	CKD
Type	✓	✓		
Caused by or Contributing Factor				
Associated Complications				
Severity				✓
Symptoms/ Findings				
Temporal Factors	✓	✓		✓

Assessment	Comments	Diagnosis Code(s)	Improved Assessment	Comments	Improved Diagnosis Code(s)
Type 1 diabetes controlled and stable on Lantis	<ul style="list-style-type: none"> Type indicated Lantis could be used for Type 1 or 2 (since it is type I it is not coded) 	E10.9 Type 1 diabetes mellitus without complications	Type 1 diabetes controlled and stable on Lantis	<ul style="list-style-type: none"> Type indicated Lantis could be used for Type 1 or 2 (since it is type I it is not coded) 	E10.22 Type 1 diabetes mellitus <i>with</i> diabetic chronic kidney disease
Nonproliferative retinopathy	<ul style="list-style-type: none"> Stage not indicated Laterality not indicated Not indicated if hypertension is associated with 	H35.00 Unspecified background retinopathy	Nonproliferative retinopathy due to diabetes	<ul style="list-style-type: none"> Relationship assumed due to index "in (due to diabetes) Severity not indicated Macular edema not indicated 	E10.329 Type 1 diabetes mellitus <i>with</i> mild nonproliferative diabetic retinopathy without macular edema
Hypertension	<ul style="list-style-type: none"> Sufficient documentation for I10 	I12.9 Hypertensive chronic kidney disease stage 1-4	Chronic hypertensive systolic congestive heart failure	<ul style="list-style-type: none"> Relationship established with guideline change (CHF and hypertension) Documentation supports severity of CHF 	I13.0 Hypertensive heart <i>and</i> chronic kidney disease with heart failure and stage 1-4 CKD
Congestive Heart Failure	<ul style="list-style-type: none"> Severity not indicated Specific type of CHF not indicated 	I50.0 Heart failure, unspecified			I50.22 Chronic systolic congestive heart failure
Severe chronic kidney disease	<ul style="list-style-type: none"> Can assume relationship to hypertension (per coding guidelines) 	N18.4 Chronic kidney disease, stage 4	Severe chronic kidney disease	<ul style="list-style-type: none"> Relationship to hypertension assumed (per coding guidelines) 	N18.4 Chronic kidney disease, stage 4

Conclusion

- Documentation must support medical necessity
 - Coding tells the story of the patient, the more detail, the better
- Beneficial to use Clinical Concepts in feedback to provider
- Open lines of communication are important between coder and provider
- Communication with the provider is *crucial*
- Clear, concise and detailed documentation is the key

Sited Sources

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QUESTIONS

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