**DOCUMENTATION TIPS**

**• Don’t document “H/O” of any disease that currently exists.**

– The statement “history of” in ICD-9 terms means that the patient no longer has this condition. However, “H/O” is ok when documenting some status conditions such as an Amputation, Old MI or Cancer

**• Rule of thumb in coding is**

– If a patient is on a medication for a condition and if the medication were to be stopped, would the condition resume, and the answer is mostly likely or yes, then you still code the condition.

Examples

– H/O CHF – pt is on lasix 428.0

– H/O Angina – pt has nitroquick 413.9

– H/O COPD – pt is on Advair 496

**• This also applies to a pacemaker for SSS or Complete or 3rd degree heart block…if the SSS or Heart Block is documented you can still code it 427.81 or 426.0**

COPD $3112

496 COPD

493.20 Asthma w/chronic COPD (Chronic Obstructive Asthma)

491.9 Chronic Bronchitis

492.8 Emphysema

CHF $3198

428.0 CHF

425.4 Primary Cardiomyopathy (Ischemic is not an HCC)

402.91 Hypertensive Heart Disease w/heart failure

Vascular Disease $2465

443.9 Peripheral Vascular Disease

443.81 PVD in other diseases (diabetes)

453.40 Acute DVT

440.0 Atherosclerosis of Aorta

441.4 Abdominal Aortic Aneurysm

Cancer $1622-$8213

All malignant neoplasm’s including Melanoma but not skin cancer

All secondary malignant neoplasm’s –

Highest HCC if site is documented $17,753

Ischemic Heart Disease $2215

411.1 Unstable Angina

Specified Heart Arrhythmia $2285

426.0 Complete AV block

427.31 Atrial Fibrillation

427.81 Sick Sinus Syndrome

Diabetes $1264 - $3962

* all diabetes (250.XX) and most of the manifestations

Ischemic or Unspecified Stroke $2067

436 CVA

434.91 Unspecified cerebral artery occlusion, w/infarction

Angina/Old MI $1903

413.9 Angina

412 Old MI

Rheumatoid Arthritis & Inflammatory Connective Tissue Disease $2699

714.0 Rheumatoid Arthritis

710.0 SLE

725 Polymyalgia Rheumatica

**TOP 10 HCC’s**

**ALCOHOL AND DRUG DEPENDENCE**

• Alcohol dependence, Chronic alcoholism or Alcoholism in remission 303.90 & 303.93

• Drug dependence or Drug dependence in remission

• (opiate, anxiolytic, sedative, hypnotic, hallucinogen or amphetamine) 304.90 & 304.93

• Patient has arrived at a stage of physical dependency and would experience physical signs of withdrawal with sudden cessation

 \*\*Alcohol abuse and drug abuse are not HCC’s 305.XX

**METASTATIC CANCER**

• Mets is the highest HCC $17,753 – **only if the site it has metastasized to is documented**

– H/O Breast Ca with Mets to lung V10.3 & 197.0

– Prostate Ca on Lupron with bone Mets 185 & 198.82

– H/O Colon Ca with Mets to the liver V10.05 & 197.7

• **If you document like this the highest HCC opportunity will be missed**

– Metastatic Breast Ca $1622 (if Breast ca is under treatment) 174.9 & 199.1

– Metastatic Colon Ca $1622 (if Colon ca is under treatment) 154.0 & 199.1

– Lung Ca with Mets $8213 (if Lung ca is under treatment) 162.9 & 199.1

– H/O Lung Ca with Mets $1622 V10.11 & 199.1

 **Major Depression 296.XX**

– PHQ9 score >10

– 5 of 9 DSMIV criteria

– Medication

– Following with a mental health provider

– \*\*if only “Depression” 311 is documented…it is not an HCC code!

**COMMON OMISSIONS YEAR OVER YEAR**

• Artificial openings

– Gastrostomy V44.1

– Colostomy V44.3

– Tracheostomy V44.0

– Ileostomy V44.2

• Amputations

– BKA V49.75

– AKA V49.76

– Foot V49.73

– Toe V49.71 or V49.72

• AAA – Abdominal aortic aneurysm – 441.1 (w/o repair)

• Aortic Atherosclerosis – 440.0

**Pathologic Fracture of the Vertebrae** –

Fracture due to bone structure weakening by pathological processes (e.g. osteoporosis, neoplasms) 733.13

– This is not the same as a Compression

Fracture of the Vertebrae, unless it is

specified as Non-traumatic

**Neoplasms**

***Must have current treatment to the site***

Treatment to the site is considered:

• Chemotherapy, Radiation or Adjunct therapy

• Or if patient elects not to have any treatment

**Breast Ca** (174.9) – on Tamoxifan, Arimidex, Femara etc. would be considered adjunct therapy

• Documentation needs to say “Breast Ca onTamoxifan”

• If not then H/O Breast cancer V10.3

**Prostate Ca** (185) – *on Lupron, Casodex or Zoladex would be considered adjunct therapy*

• Documentation needs to say “Prostate Ca on Lupron”

•If not then H/O Prostate Ca. V10.46

 If not then H/O Prostate cancer V10.46

**Acute DVT** (initial episode of care)

– 453.40

• **Chronic DVT** (on an anti-coagulant)

– 453.50

• **H/O DVT** (not on an anti-coagulant)

– V12.51

Need to document “chronic DVT” if patient is on an anti-coagulant

\*\*\* Same guidelines for Pulmonary Embolism

 **CVA**

Acute condition that can only be documented and coded during **the initial episode of care** – 434.9X

– Once the patient is discharged from hospital documentation should reflect:

 “h/o CVA, s/p CVA or Old CVA V12.54”

UNLESS THEY HAVE A LATE EFFECT!

**• Late effects of CVA should be documented and coded as such**

– CVA with hemiplegia/hemiparesis 438.20

– CVA with dysphagia 438.82

**Acute MI**

Myocardial infarction “MI” – acute condition that can be documented and coded as acute for up to 8 weeks duration –410.9X

– If past 8 weeks then “Old MI” 412

\* No “MEAT” required