

▶▶▶▶ 8th Annual

Home Health **Coding Summit**

Interactive Coding

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AKA “Stump Vonnie and
Lisa Show”



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PATIENT IS AN UNCONTROLLED DIABETIC AND IS ADMITTED TO HOME CARE FOR FLUCTUATING BLOOD SUGARS FROM 180-300. SHE IS CURRENTLY ON SLIDING SCALE INSULIN. SHE HAS GLAUCOMA DUE TO DIABETES AND HER VISION DEFICIT MAKES IT HARD FOR HER TO SEE. SHE HAS TREMORS DUE TO SECONDARY PARKINSONS FROM TAKING THORAZINE SO SHE CANNOT ADMINISTER HER OWN INSULIN. SHE HAS NO CAREGIVER AVAILABLE SO THE NURSE WILL ADMINISTER HER INSULIN TWICE A DAY . WE ARE ALSO DOING WOUND CARE TO 1 STAGE II AND 1 STAGE III PRESSURE ULCER ON HER BUTTOCKS. HER MEDICAL HX ALSO INCLUDES: DEPRESSION, PVD AND CHF. HER SURGICAL HX INCLUDES PACEMAKER PLACEMENT 2 YEARS AGO.

Guidelines/Tips

- Etiology/Manifestation on DM
 - Uncontrolled?
 - Any relationship between DM and PVD?
- Vision code appropriate?
- Coding of adverse effect
- No way to code bilateral pressure ulcers

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) DM II OPHTHALMIC UNC	250.52	
M1022(b) DM GLAUCOMA	365.44	
M1022(c) SEC PARKINSONS	332.1	
M1022(d) THERAPEUTIC USE THORAZINE	E939.1	
M1022(e) CHF	428.0	
M1022(f) DECUBITUS BUTTOCKS	707.05	
Other pertinent diagnoses:	707.23, 707.22, 369.20, 311, 443.9, V58.67,V4 5.04	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX

PATIENT ADMITTED FOR MONITORING OF FLUID OVERLOAD, EDEMA, AND SHORTNESS OF BREATH DUE TO CHF. SHE HAS ESRD AND HAS AN INFECTED AV GRAFT IN HER LEFT ARM THAT WILL REQUIRE WOUND CARE. SHE HAS A CENTRAL LINE FOR DIALYSIS IN HER UPPER RIGHT CHEST. SHE IS ALSO COMPLAINING OF JOINT PAIN ALL OVER. WE WILL BE TEACHING FALL PRECAUTIONS. HER MEDICAL HX INCLUDES: CAD, MALIGNANT HTN, AND PVD. HER LASIX WAS INCREASED TO 80 MG BID.

Guidelines/Tips

- Code symptoms of CHF?
- Only care of dialysis catheter covered in home health is an abandoned catheter
- Joint pain??

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) CHF	428.0	
M1022(b) INFECTION DIALYSIS CATH	996.62	
M1022(c) Hypertensive chronic kidney disease, malignant	403.01	
M1022(d) ESRD	585.6	
M1022(e) JOINT PAIN	719.49	
M1022(f) CAD	414.00	
Other pertinent diagnoses:	443.9, V45.11 V15.88, V58.69	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX ⁸

PATIENT ADMITTED TO HOME CARE C/O LEG PAIN FROM PERIPHERAL NEUROPATHY DUE TO RHEUMATOID ARTHRITIS. SHE IS ALSO HAVING SEVERE PAIN IN HER JOINTS. PT WILL BE IN TO EVAL AND TREAT. SHE HAS A HX OF CATARACTS WHICH WERE REMOVED 1 YEAR AGO, BUT NOW SHE STATES "I JUST CAN'T SEE VERY WELL." SN WILL BE PERFORMING PT/INR WEEKLY FOR COUMADIN AND MONITORING AND TEACHING ON PAIN MANAGEMENT. HER OTHER MEDICAL HX INCLUDES: HTN, A-FIB AND FALLS.

Guidelines/Tips

- Focus of care?
- Etiology/manifestation
- Status Code?
- Vision code?
- V58.83 Encounter for therapeutic medication monitoring

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) RHEUMATOID ARTHRITIS	714.0	
M1022(b) POLYNEUROPATHY IN COLLAGEN VASCULAR DISEASE	357.1	
M1022(c) HTN	401.9	
M1022(d) A-FIB	427.31	
M1022(e) MED MONITORING	V58.83	
M1022(f) LT ANTICOAGULANT	V58.61	
Other pertinent diagnoses:	V15.88, V45.61	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX ¹



PATIENT ADMITTED FOR SN DUE TO BREATHING PROBLEMS, NEW MEDICATIONS AND OXYGEN THERAPY FROM ENDSTAGE ASTHMA AND COPD. SHE WILL BE RECEIVING PHYSICAL THERAPY FOR PAIN MANAGEMENT OF POLYNEUROPATHY DUE TO VITAMIN B12 DEFICIENCY. HER OTHER MEDICAL HX INCLUDES: HYPERTENSIVE HEART DISEASE WITH CHF AND DIABETES.

Guidelines/Tips

- COPD guidelines and inclusion/exclusion notes
- Don't miss the 5th digit
- Etiology/manifestation
 - What is causing the polyneuropathy?
- Guideline on hypertensive heart disease

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) CHRONIC OBSTRUCT ASTHMA	493.22	
M1022(b) VIT B-12 DEF	266.2	
M1022(c) POLYNEUROPATHY IN OTHER DISEASES	357.4	
M1022(d) HTN HEART DISEASE W/ FAILURE	402.91	
M1022(e) CHF	428.0	
M1022(f) DM II	250.00	
Other pertinent diagnoses:	V46.2	XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX



PATIENT IS REFERRED TO HOME HEALTH FOR WOUND CARE AFTER CHOLECYSTECTOMY WITH EXTERNAL DEHISCENCE AND INFECTION WITH E. COLI AND MRSA. THE PATIENT ALSO HAS A STAGE II PRESSURE ULCER ON HER LEFT HEEL AND STAGE II ON HER RIGHT ELBOW WITH DRESSING CHANGES. HER MEDICAL HX INCLUDES GERD, DIABETES AND HTN.

Guidelines

- Dehiscence before infection
 - 2 organisms
- Dressing change code?
- Pressure ulcer guidelines?
- What should we code in that last spot????

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) EXTERNAL DISRUPTION SW	998.32	
M1022(b) INFECTED SW	998.59	
M1022(c) MRSA	041.12	
M1022(d) E-COLI	041.4	
M1022(e) DM II	250.00	
M1022(f) DECUBITUS HEEL	707.07	
Other pertinent diagnoses:	707.01, 707.22, 401.9, 530.81	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX

PATIENT ADMITTED TO HOMECARE FOR SN MONITORING AND TEACHING OF MED DOSAGES AND GAIT TRAINING WITH PT D/T DEMENTIA W/ LEWY BODIES. PATIENT IS VERBALLY ABUSIVE TO HER CAREGIVER. CG STATES PATIENT IS HAVING A LOT OF VISUAL HALLUCINATIONS AND SOMETIMES DOESN'T KNOW WHERE SHE IS. SHE HAS AN INFECTED TRAUMA WOUND ON HER LEFT LEG DUE TO RUNNING INTO THE COFFEE TABLE THAT WILL REQUIRE DAILY DRESSING CHANGES. OTHER MEDICAL HX INCLUDES: HTN, FALLS, UTI AND SHE IS CURRENTLY TAKING ASPRIN D/T A CVA SHE HAD LAST SPRING.

Guidelines/Tips

- Complicated trauma wound?
 - Dressing change code?
 - Causative organism?
- What dementia code(s) will you use?
- What is the abn of gait caused from?
- Late effect CVA or history?

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) OPEN WOUND LEG COMPLICATED	891.1	
M1022(b) DEMENTIA W/ LEWY BODIES	331.82	
M1022(c) DEMENTIA WITH BEHAVIORAL DISTURBANCE	294.11	
M1022(d) ABNORMAL GAIT	781.2	
M1022(e) HTN	401.9	
M1022(f) HX FALLS	V15.88	
Other pertinent diagnoses:	V13.02, V58.66, V12.54	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX



M1020/M1022 (1)	(2)	M1024(3)
M1020(a) OPEN WOUND LEG COMPLICATED	891.1	
M1022(b) DEMENTIA W/ LEWY BODIES	331.82	
M1022(c) DEMENTIA WITH BEHAVIORAL DISTURBANCE	294.11	
M1022(d) LE CVD ataxia	438.84	
M1022(e) HTN	401.9	
M1022(f) HX FALLS	V15.88	
Other pertinent diagnoses:	V13.02, V58.66	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX



PATIENT ADMITTED S/P MVA RESULTING IN A LUMBAR FRACTURE AND CLAVICLE FRACTURE. PATIENT IS POST OP LUMBAR DECOMPRESSION AND FUSION. PATIENT IS HAVING ACUTE SHOULDER PAIN SINCE THE ACCIDENT AND WILL BE RECEIVING PT FOR PAIN MANAGEMENT, AND TO INCREASE ROM AND GAIT TRAINING . PATIENT WAS DIAGNOSED WITH UNCONTROLLED DIABETES WHILE IN THE HOSPITAL AND WILL REQUIRE SN FOR TEACHING AND MONITORING AND INSULIN ADMINISTRATION.

Guidelines/Tips

- Diabetes—code as uncontrolled?
 - Insulin use
- Aftercare trauma fx
 - What’s the guideline on coding fractures?
 - Use of M1024
 - Use of E code
 - What about gait training?
- Use of pain code

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) DM II UNCONTROLLED	250.02	
M1022(b) AFTERCARE TRAUMA FRACTURE VERTEBRA	V54.17	805.4 VERT FX LUMBAR
M1022(c) AFTERCARE TRAUMA FRACTURE OTHER BONE	V54.19	810.00 CLAVICLE FX
M1022(d) ACUTE PAIN TRAUMA	338.11	
M1022(e) shoulder pain	719.41	
M1022(f) LT INSULIN	V58.67	
Other pertinent diagnoses: DUE TO MVA	E819.9	XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX



PATIENT ADMITTED D/T PAIN FROM CERVICAL RADICULOPATHY AND DYSTONIA. HE HAS BEEN COMPLAINING OF SOME NUMBNESS IN HIS HANDS AND HIS SPEECH IS SLURRED (DOCUMENTED AS DYSARTHRIA) DUE TO A STROKE A YEAR AGO. HE HAS DOMINANT SIDE HEMIPLEGIA FROM THE STROKE AND HIS GAIT IS UNSTEADY AND HE IS AT A RISK FOR FALLS. PATIENT REFUSES THERAPY BUT WILL ALLOW THE NURSE FOR OBSERVATION, ASSESSMENT, FALL PRECAUTIONS, SAFETY AND PAIN MANAGEMENT.

Guidelines/Tips

- What do you want to choose as primary?
- Patient refused therapy—what is pertinent?
- Code abn gait?
- Code pain?

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) DYSTONIA ACQUIRED	333.79	
M1022(b) CERVICAL RADICULOPATHY	723.4	
M1022(c) LE CVA HEMIPLEGIA DOMINANT	438.21	
M1022(d) LE CVA DYSARTHRIA	438.13	
M1022(e) HISTORY OF FALLS	V15.88	
M1022(f)		
Other pertinent diagnoses:		XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX

PATIENT ADMITTED TO HOME CARE DUE TO MALIGNANT HYPERTENSIVE CARDIOVASCULAR DISEASE. HIS BLOOD PRESSURE HAS BEEN FLUCTUATING AND HE HAS BEEN PRESCRIBED NEW MEDS. SN IS ORDERED FOR MONITORING AND TEACHING. HE WILL ALSO BE RECEIVING PHYSICAL THERAPY FOR GAIT TRAINING D/T HIP FRACTURE RECEIVED FROM MVA LAST YEAR. MEDICAL HX INCLUDES CHF, OSTEOARTHRITIS OF THE KNEES, GERD AND CKD.

Guidelines/Tips

- Hypertension—
 - What category??
 - What order?
- Why does the patient still have abn of gait?
- Late effect?
- What 5th digit for knee on OA?
- GERD?

PATIENT ADMITTED TO HOME CARE AFTER EXACERBATION OF COPD WITH EMPHYSEMA. HE IS RECEIVING OXYGEN THERAPY. HE ALSO HAS SEVERE VISION IMPAIRMENT D/T DIABETIC CATARACTS AND GLAUCOMA . MEDICAL HX INCLUDES LUNG CANCER AND HTN.

Guidelines/Tips

- Emphysema or COPD exacerbation?
 - Oxygen?
- Etiology/manifestation
- History of cancer

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) EMPHYSEMA	492.8	
M1022(b) DM II OPTHALMIC	250.50	
M1022(c) DM CATARACTS	366.41	
M1022(d) DM GLAUCOMA	365.44	
M1022(e) SEVERE VISION IMPAIRED	369.22	
M1022(f) HTN	401.9	
Other pertinent diagnoses:	V46.2, V10.11	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX

PATIENT ADMITTED TO HOME CARE FOR WOUND CARE D/T FAILURE OF A SKIN GRAFT THAT SHE RECEIVED FOR A STAGE IV DECUBITUS ULCER ON HER BUTTOCKS THAT WAS NOT HEALING. PATIENT RECENTLY FELL AT HOME AND HAS AN INFECTED LACERATION ON HER CALF WHICH ALSO REQUIRES CARE. HER MEDICAL HX INCLUDES:
NONDOMINANT SIDE HEMIPARESIS FROM A CVA AND TYPE 1 DIABETES (SHE TAKES INSULIN).

Guidelines/Tips

- Complication/graft/skin/rejection OR
Complication/mechanical/graft/skin
- Still have a pressure ulcer?
 - Is it stageable now?
 - Does a non-healing pressure ulcer get coded under 707.0x/707.2x????
- Two conditions both meeting the definition of primary?

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) OPEN WOUND LEG COMPLICATED	891.1	
M1022(b) COMPLICATION SKIN GRAFT	996.52	
M1022(c) DECUBITUS BUTTOCKS	707.05	
M1022(d) STAGE IV	707.24	
M1022(e) LE CVA HEMIPLEGIA NONDOMINANT	438.22	
M1022(f) DM TYPE I	250.01	
Other pertinent diagnoses:	V15.88	XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX

Patient is referred to home health for SN for teaching and pain management. The patient has bone mets and history of prostate cancer. The patient is in severe pain due to bone mets. The patient has a pathological fracture of the femur due to the bone mets and will require physical therapy for gait training. The patient also has Hx of Diabetes and HTN.

Guidelines/Tips

- What goes first? Depends on focus of care— pain? Bone mets? Fracture?
- Guideline on coding fractures also applies to pathological fractures?
- Abnormality of gait?

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) BONE METS	198.5	
M1022(b) NEOPLASM RELATED PAIN	338.3	
M1022(c) AFTERCARE PATHOLOGIC FX FEMUR	V54.25	733.15
M1022(d) DM II	250.00	
M1022(e) HTN	401.9	
M1022(f) HX PROSTATE CA	V10.46	
Other pertinent diagnoses:		XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX



Patient is s/p lung transplant and is being admitted to home care for management of lung cancer and resulting anemia related to the chemo. Patient has a diabetic neuropathic ulcer on left foot that is infected with staph and a venous stasis ulcer on the right calf. Wound care is ordered for both wounds.

Guidelines/Tips

- Guideline re: cancer in a transplanted organ
- Diabetic neuropathic ulcer (what about the LOPS associated?)
- How is a stasis ulcer coded?
- Chemo induced anemia (use E code??)

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) COMPLICATION LUNG TRANSPLANT	996.84	
M1022(b) NEOPLASM IN TRANSPLANTED ORGAN	199.2	
M1022(c) LUNG CA	162.9	
M1022(d) DM II NEURO	250.60	
M1022(e) POLYNEUROPATHY	357.2	
M1022(f) ULCER FOOT	707.15	
Other pertinent diagnoses:	041.11, 459.81, 707.12 285.3	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX

Patient referred to home health due to end stage COPD with steroid-induced, uncontrolled diabetes on new dose of insulin. Patient is on oxygen, new inhalers and needs monitoring and teaching on the new medications and administration of insulin.

Guidelines/Tips

- How do you code end stage COPD?
- What kind of diabetes?
 - Adverse effect?
- Status oxygen

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) COPD EXACERBATED	491.21	
M1022(b) SECONDARY DM UNCONTROLLED	249.01	
M1022(c) THERAPEUTIC USE STEROIDS	E932.0	
M1022(d) O2 USE	V46.2	
M1022(e) LT INSULIN	V58.67	
M1022(f)		
Other pertinent diagnoses:		XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX

Patient is referred to home health for therapy s/p hip fracture from a fall. Patient also has uncontrolled diabetes with diabetic peripheral autonomic neuropathy, polyneuropathy and diabetic macular edema and needs blood sugars monitored, med teaching and insulin administration.

Guidelines/Tips

- Fracture coding
- Diabetic manifestations
 - Diabetic macular edema—how many codes?

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) DM II NEURO	250.62	
M1022(b) PERIPH AUTONOMIC NEUROPATHY	337.1	
M1022(c) POLYNEUROPATHY	357.2	
M1022(d) AFTERCARE TRAUMA FX HIP	V54.13	820.8
M1022(e) DM II OPHTHALMIC	250.52	
M1022(f) DM MACULAR EDEMA	362.07	
Other pertinent diagnoses:	362.01, V58.67, V15.88	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX

Your patient has Diabetes with Osteomyelitis of the left foot. The patient is receiving IV Vancomycin and skilled nursing for wound care to the IV site, IV administration of antibiotics and draw labs for peak and trough. Patient also has severe pain in their shoulder due to shingles. Pt has hx of uncontrolled HTN.

Guidelines/Tips

- How many codes for diabetic osteomyelitis?
- V code for fitting and adjustment of cath?
- Encounter for therapeutic monitoring?
- Code pain?

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) DM II OTHER	250.80	
M1022(b) DM BONE CHANGES	731.8	
M1022(c) OSTEOMYELITIS FOOT	730.27	
M1022(d) HERPES ZOSTER W/ OTHER COMPLICATIONS	053.19	
M1022(e) HTN	401.9	
M1022(f) ATTN VASC CATH	V58.81	
Other pertinent diagnoses:	V58.83, V58.62	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX

Patient has Diabetic Angiopathy with a chronic non-healing wound on the left calf due to poor circulation. The patient underwent a skin graft four months ago and is receiving home care for the complication of the skin graft. Wound care is ordered. Patient also has severe GERD and Diabetic Gastroparesis and requires a g-tube for feedings.

Guidelines/Tips

- Diabetic manifestations

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) COMPLICATION SKIN GRAFT	996.52	
M1022(b) DM II CIRC	250.70	
M1022(c) DM ANGIOPATHY	443.81	
M1022(d) ULCER CALF	707.12	
M1022(e)	250.60	
M1022(f) DM II NEURO	536.3	
Other pertinent diagnoses:	530.81 V55.1	XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX

Patient is admitted to home health with diagnosis of gouty neuritis. The patient has documented lumbago due to a fracture 6 yrs ago, anxiety and benign hypertension. The reason for the admission is pain management due to chronic pain.

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) CHRONIC PAIN	338.29	
M1022(b) GOUT WITH OTHER MANIFESTATIONS	274.89	
M1022(c) POLYNEUROPATHY IN OTHER DISEASES	357.4	
M1022(d) LUMBAGO	724.2	
M1022(e) LE FRACTURE VERT	905.1	
M1022(f) BENIGN HTN	401.1	
Other pertinent diagnoses:	300.00	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX

Patient is referred to home health care for evaluation of dementia associated with Alzheimer's disease. The patient wanders off if not supervised. Home care will assist the family in management and care instructions. Patient has difficulty swallowing and requires tube feedings through a gastrostomy. Patient also has gangrenous artherosclerotic ulcer on her left leg and needs wound care. Patient will receive SN, PT, OT and ST.

Guidelines/Tips

- Sometimes the focus of care is not the same as referral diagnosis.
- Where on the leg?
- Atherosclerosis with gangrene

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) ATHEROSCLEROSIS W/ ULCER W/ GANGRENE	440.24	
M1022(b) ULCER LE	707.19	
M1022(c) ALZHEIMERS	331.0	
M1022(d) DEMENTIA	294.11	
M1022(e) DYSPHAGIA	787.20	
M1022(f) ATTN GASTROSTOMY	V55.1	
Other pertinent diagnoses:		XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX

The patient has traumatic arthritis in the right hip as a residual effect of a previous fracture of the hip due to a motor vehicle accident. Patient has hypertensive heart disease with combined chronic systolic and diastolic heart failure and CHF. Patient will require SN and PT for observation and assessment, pain management, safety, med teaching and fall precautions.

Guidelines/Tips

- Late effect
- Guidelines hypertensive heart disease
- E code MVA

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) TRAUMATIC ARTHROPATHY	716.15	
M1022(b) LE OF NECK OF FEMUR FRACTURE	905.3	
M1022(c) LE MVA	E929.0	
M1022(d) HTN HEART DISEASE W/ FAILURE	402.91	
M1022(e) COMBINED CHRONIC SYSTOLIC/DIASTOLIC HEART FAILURE	428.42	
M1022(f) CHF	428.0	
Other pertinent diagnoses:		XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXX XXXXXXXXXXXX



A patient accidentally doubles his dose of Lasix for CHF and the result is dehydration. Home health is referred to administer IV fluids and to perform wound care on an infected picc line on the left arm. Patient has a new picc line on the right arm for IV administration. Patient also has cardiac dysrhythmia and had a defib/pacemaker implanted last year. He had a heart attack 7 weeks ago and has NTG for chest pain.

Guidelines/Tips

- Poisoning—PEE
- PICC line—coding vs OASIS
- Complication vs V code (both?)
- New change on implanted defibrillator with pacer
- MI acute or chronic?

M1020/M1022 (1)	(2)	M1024(3)
M1020(a) POISONING BY OTHER DIURECTICS	974.4	
M1022(b) DEHYDRATION	276.51	
M1022(c) ACCIDENTAL OVERDOSE LASIX	E866.8	
M1022(d) INFECTION CENTRAL CATH	999.31	
M1022(e) ACUTE MI	410.92	
M1022(f) CARDIAC DYSRHYTHMIA	427.9	
Other pertinent diagnoses:	V58.81, V58.69,V45.01, V45.02	XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXX



Questions??



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