

## Quick Guide to Coding Clinic Updates in 2017 & Q1 2018

Use this tool to quickly locate the coding topic areas that were impacted by recent Coding Clinic guidance updates.

Chapter/Area	Topic	Guidance
Interpreting documentation	Coding From Pathology/Lab Reports	Codes may be assigned for diagnoses listed in pathology or lab reports, provided the results of the reports have been interpreted by a physician, such as a pathologist or radiologist.
Interpreting documentation	“Concern For” In Documentation	Interpret the wording “concern for” the same as an uncertain diagnosis. Uncertain diagnoses cannot be coded in home health without further confirmation, according to coding guidelines. <i>[I.H.]</i>
Conventions & guidelines	“NEC” Conditions Under “With”	“Not elsewhere classified (NEC)” index entries that cover broad categories of conditions are not covered by the “with” convention.
Chapter 1 (Infectious and Parasitic Diseases)	Sepsis due to E. coli UTI	Code A41.51 (Sepsis due to Escherichia coli [E. coli]) and N39.0 (Urinary tract infection, site not specified) for this diagnosis. Do not also code B96.20 (Unspecified Escherichia coli [E. coli] as the cause of diseases classified elsewhere) because this would be redundant.
Chapter 1 (Infectious and Parasitic Diseases), Chapter 11 (Diseases of the Digestive System) & Chapter 18 (Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified)	Ascites Due To Liver Cirrhosis & Chronic Viral Hepatitis C	Three codes are needed for this diagnosis: B18.2 (Chronic viral hepatitis C), K74.60 (Unspecified cirrhosis of liver) and R18.8 (Ascites NOS). Index entries for these conditions may be confusing but do not code K71.51 (Toxic liver disease with chronic active hepatitis with ascites) or K70.31 (Alcoholic cirrhosis of liver with ascites) as the patient does not have toxic liver disease or alcoholic cirrhosis. Remember the basic rule of coding: Further research/review may be required if the code indexed does not identify the condition correctly. The additional code for the ascites is necessary because ascites is not always present with these conditions and is coded to convey the full clinical picture.
Chapter 4 (Endocrine, Nutritional & Metabolic Diseases)	Uncontrolled Diabetes	“Uncontrolled” diabetes could be either diabetes with hyperglycemia or diabetes with hypoglycemia. If the record isn’t clear, query the physician. Diabetes described as “poorly controlled” or “out of control” is coded as diabetes with hyperglycemia, according to the alphabetic index.
Chapter 4 (Endocrine, Nutritional & Metabolic Diseases)	Diabetes & Gas Gangrene	Code a diagnosis of diabetes and gas gangrene first with E11.52 (Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene) followed by A48.0 (Gas gangrene). You can assume a connection between the diabetes and the gas gangrene as “gangrene” is specifically listed under “with” in the diabetes alphabetic index listing. The A48.0 code adds additional detail about the gangrene diagnosis and is thus appropriate to assign as an additional code
Chapter 4 (Endocrine, Nutritional & Metabolic Diseases)	Emaciation	Assign R64 (Cachexia) for a patient with a diagnosis of emaciation or described as “emaciated.” Do not code E41 (Nutritional marasmus) despite the fact that the alphabetic index entry under “emaciation” leads to E41. The use of E41 is

		incorrect because it specifically refers to a type of protein-energy malnutrition that occurs in infants and young children. If that's not what you're capturing, E41 is not the correct code.
Chapter 4 (Endocrine, Nutritional & Metabolic Diseases)	Severe Malnutrition	Code E43 (Unspecified severe protein-calorie malnutrition) for a diagnosis of "severe malnutrition." Find this code via a search of the alphabetic index under "malnutrition, severe." Do not assign E40 (Kwashiorkor) or E42 (Marasmic kwashiorkor) unless those specific diagnoses are documented. Kwashiorkor is a form of severe protein deficiency malnutrition typically seen in underdeveloped countries and is rare in the United States.
Chapter 5 (Mental, Behavioral & Neurodevelopmental Disorders)	Use Of Electronic Cigarettes	Code F17.290 (Nicotine dependence, other tobacco product, uncomplicated) for a patient who uses electronic cigarettes. Use both F17.290 and F17.210 (Nicotine dependence, cigarettes, uncomplicated) for someone who smokes both cigarettes and electronic cigarettes.
Chapter 5 (Mental, Behavioral & Neurodevelopmental Disorders)	Dementia in Alzheimer's Disease	Use an additional code from F02.8- (Dementia in other diseases classified elsewhere) to describe the dementia in an Alzheimer's patient, whether or not the physician has specified an additional diagnosis of dementia.
Chapter 5 (Mental, Behavioral & Neurodevelopmental Disorders) and Chapter 21 (Factors Influencing Health Status & Contact with Health Services)	Nicotine Dependence In Remission	Code Z87.891 (Personal history of nicotine dependence) for a patient with a history of nicotine dependence but who no longer uses nicotine. Do not use a code that describes nicotine dependence in remission such as F17.211 (Nicotine dependence, cigarettes, in remission) unless that's how the physician documents it.
Chapter 5 (Mental, Behavioral & Neurodevelopmental Disorders)	Alcohol Abuse & Withdrawal	For a patient with alcohol abuse and alcohol withdrawal, code alcohol abuse rather than dependence. Do not assign a code for withdrawal because alcohol withdrawal is categorized as alcohol dependence in ICD-10 and there is no way to code alcohol withdrawal with alcohol abuse.
Chapter 6 (Diseases of the Nervous System)	Parkinson's Dementia	Code Parkinson's disease that's caused dementia with behavioral disturbance first with G20 (Parkinson's disease) followed immediately by F02.81 (Dementia in other diseases classified elsewhere with behavioral disturbance). The alphabetic index leads coders to search under Parkinsonism for Parkinson's disease codes, including when Parkinson's has caused dementia, and that leads to G31.83 (Dementia with Lewy bodies) followed by F02.8- (Dementia in other diseases classified elsewhere). However, Parkinson's disease and Parkinsonism are different conditions and thus are not classified the same way. The CDC is aware of the inconsistency in the index is & is considering making a modification.
Chapter 6 (Diseases of the Nervous System)	Encephalopathy Secondary To A Stroke	Code G93.49 (Other encephalopathy) for a patient who has encephalopathy secondary to a stroke. While the encephalopathy was caused by the stroke, it's not considered inherent to a stroke and thus should be coded separately.

Chapter 6 (Diseases of the Nervous System)	Paralysis Following A Spinal Stroke	Code G82.20 (Paraplegia, unspecified) for a patient with residual bilateral lower extremity paralysis following a spinal stroke. No code currently exists for a spinal stroke, thus G82.20 is the best option for this scenario.
Chapter 9 (Diseases of the Circulatory System)	CHF With Diastolic/Systolic Dysfunction	If the MD links either diastolic or systolic dysfunction with acute or chronic heart failure, code it as acute or chronic diastolic or systolic heart failure. For example, code acute CHF with diastolic dysfunction with I50.31 (Acute diastolic (congestive) heart failure) if the physician has linked the CHF with the diastolic dysfunction. If the two conditions aren't linked, code them separately with I50.9 (Heart failure, unspecified) and I51.89 (Other ill-defined heart diseases) respectively, according to the alphabetic index.
Chapter 9 (Diseases of the Circulatory System)	Hypertension & Heart Failure	Codes from the I50.- category (Heart failure) can be assumed to be connected to hypertension in the absence of another stated etiology.
Chapter 9 (Diseases of the Circulatory System)	Complications Following Myocardial Infarction	Codes in the I23.- category (Certain current complications following ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction (within the 28 day period)) are sufficient for a patient who suffers complications following a myocardial infarction, whether that complication occurs within the 28-day acute period or not. An additional code from I21.- (ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction) or I22.- (Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction) is not required. Thus, if a complication occurs after 4 weeks, you can assign a code from I23.- without a code from I21.- or I22.-.
Chapter 10 (Diseases of the Respiratory System)	Non-Infectious Pneumonia	Aspiration pneumonia & ventilator-associated pneumonia are not included in "respiratory infection" codes in ICD-10 and can't prompt the use of the combination code J44.0 (Chronic obstructive pulmonary disease with acute lower respiratory infection) in a patient with COPD. Capture these scenarios with J44.9 (Chronic obstructive pulmonary disease, unspecified) and either J69.0 (Pneumonitis due to inhalation of food and vomit) in the case of aspiration pneumonia or J95.851 (Ventilator associated pneumonia) in the case of ventilator-associated pneumonia. Sequence the codes according to the focus of care.
Chapter 10 (Diseases of the Respiratory System)	Unspecified asthma & COPD	An additional code for asthma should be assigned if a COPD patient also has a specified form of asthma. However, this does not include J45.909 (Unspecified asthma, uncomplicated) for asthma that is not further specified because "unspecified" is not a type of asthma. Do not assume that a patient's asthma is also exacerbated simply because his or her COPD is exacerbated.
Chapter 10 (Diseases of the Respiratory System)	Exacerbated asthma & COPD	Use J45.901 (Unspecified asthma with (acute) exacerbation) along with J44.9 (Chronic obstructive pulmonary disease, unspecified) for a patient with COPD and exacerbated asthma. Previous Coding Clinic guidance (Q1 2017) stated not to assign an additional code for unspecified asthma in a COPD patient, but if the

		asthma is documented as exacerbated, that additional specificity makes the use of an additional asthma code appropriate.
Chapter 10 (Diseases of the Respiratory System)	Emphysema & Acutely Exacerbated COPD	Code only J43.9 for a patient with emphysema and acutely exacerbated COPD. The diagnosis described as “COPD exacerbation with emphysema” is coded to J43.9 because the emphysema is a kind of COPD and the term “COPD” doesn’t automatically mean chronic bronchitis. Based on the index update in the FY2018 code set: J43.9 is the code for emphysema with the generic term COPD and J44.- is where you should code diagnoses of emphysema along with other specific components of COPD, such as chronic obstructive bronchitis or chronic obstructive asthma.
Chapter 11 (Diseases of the Digestive System)	Gastric Ulcer With GI Bleed	Use K25.4 (Chronic or unspecified gastric ulcer with hemorrhage) for a patient with a gastric ulcer who is experiencing a gastrointestinal (GI) bleed even if the MD didn’t specifically link the two diagnoses. This is based on the “with” convention: “hemorrhage” is listed as a subentry under “with” in the alphabetic index listing for gastric ulcer. The two conditions should be coded as linked unless the physician gives another cause for the GI bleed or says they’re unrelated.
Chapter 12 (Diseases of the Skin & Subcutaneous Tissue)	Evolving Pressure Ulcer	The section of the coding guidelines [I.C.12.a.6] that requires two codes for an evolving pressure ulcer does NOT apply to home health. FY2018 guidelines were amended to specifically reference “inpatient hospital” in this section.
Chapter 12 (Diseases of the Skin & Subcutaneous Tissue)	Skin Necrosis At The Site Of A Recent Mastectomy	Code L76.82 (Other postprocedural complications of skin and subcutaneous tissue) along with I96 (Gangrene, not elsewhere classified) for a patient who has skin necrosis at the site of a recent mastectomy.
Chapter 19 (Injury, Poisoning & Certain Other Consequences of External Causes)	Persistent Post-Operative Fistulas	You need both T81.83- (Persistent postprocedural fistula) and N82.1 (Other female urinary-genital tract fistulae) for a patient with a persistent post-surgical uterovaginal fistula. The two codes are necessary to capture both the site of the fistula and that it occurred as the result of a surgical procedure. Another example: Code T81.83- and K63.2 (Fistula of intestine) for a persistent post-operative fistula of the intestines. Note that T81.83- requires the assignment of the appropriate 7th character (such as “A” or “D”) based on the type of encounter.
Chapter 21 (Factors Influencing Health Status & Contact with Health Services)	Psychosocial Conditions	You can assign codes in categories Z55 to Z65 based on clinician documentation, not just the physician’s. This section of codes covers “Persons with potential hazards related to socioeconomic and psychosocial circumstances.” These codes capture social information, rather than medical diagnoses and are thus acceptable to code based on clinician documentation. (Example: Z55.0, Illiteracy and low-level literacy)

Source: 2017 and Q1 2018 Coding Clinic guidance updates