Bright HealthCare

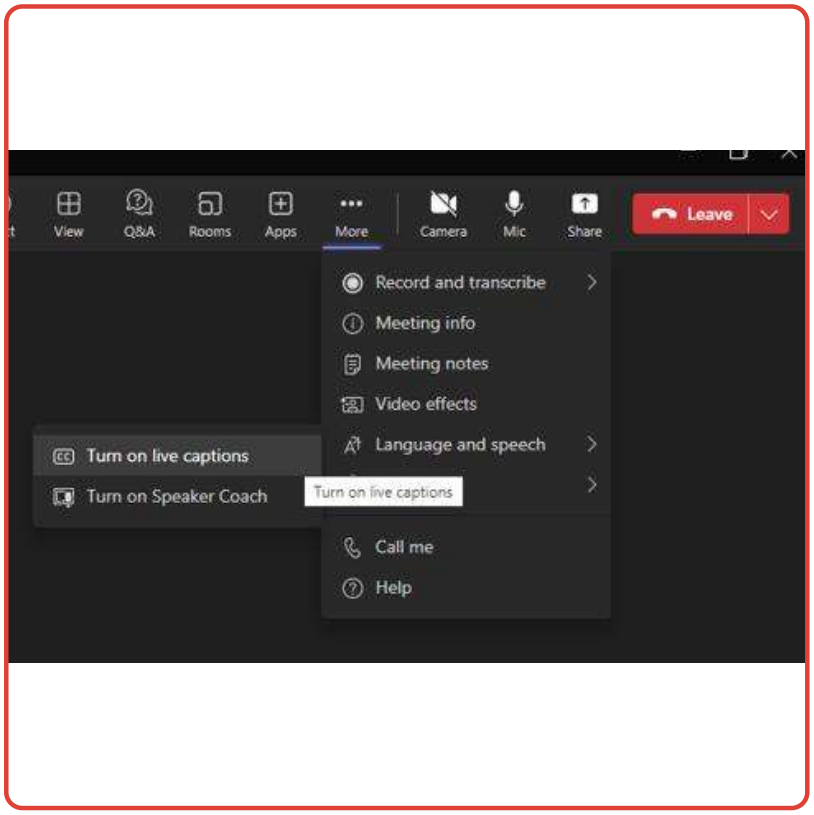
Welcome! We will get started shortly.

Each month's webinar slide deck & recording will be posted to **Healthcare Provider Home | Brand New Day HMO (bndhmo.com)** for on-demand access!

AAPC CEU certificates will be shared after the webinar via email.

Webinar Live-Captioning

Microsoft Teams provides live captioning with speaker attribution in 28 languages.



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Webinar Live-Captioning

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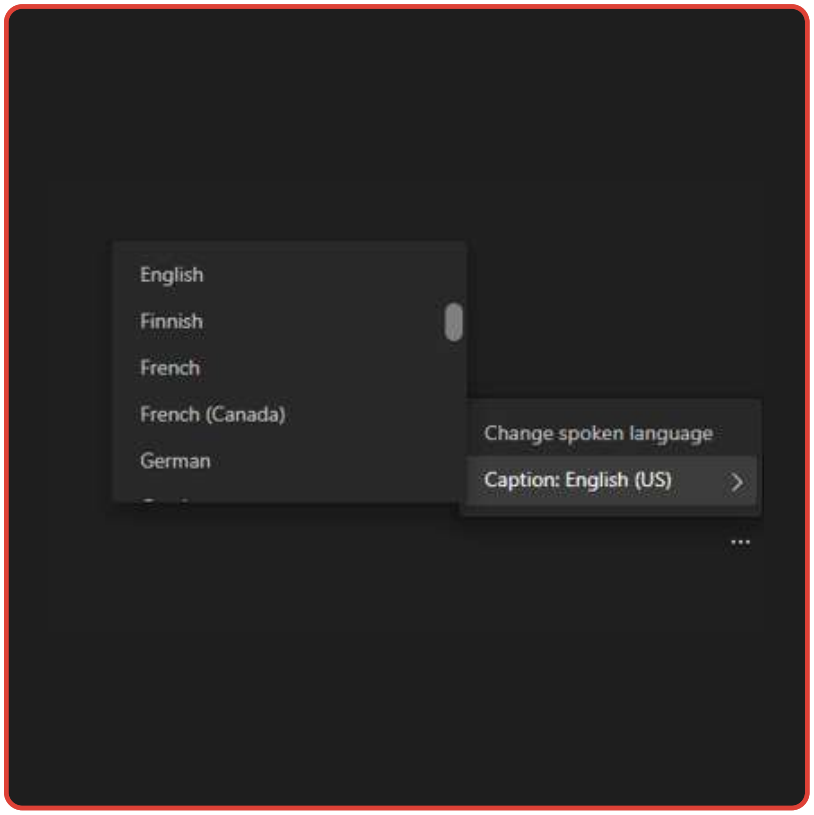

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Common Coding & Documentation Pitfalls

Part Two

- Agenda -

1. Chronic Lung Disease
2. Congestive Heart Failure
3. Vascular Disease

Disclaimer

The information contained in this presentation and the responses to questions are not to serve as official coding or legal advice. This information is for educational purposes only and may not address all the applicable rules or regulations. Content is valid at the time it is created; however, rules and regulations change on a continuous basis that may make the content obsolete.

The provider is ultimately responsible for providing complete, accurate, and compliant information within the medical record that is used for submission of claims and/or encounters. All coding is determined by the documentation within the medical record on a visit-by-visit basis.

Chronic Lung Disorders Documentation and Coding Tips

COPD

Do not document “history of COPD” if you mean “COPD, stable”.

Severe Asthma

Make sure to document asthma severity and triggers.

Smoker’s Cough

Smoker’s cough (J41.0) and simple chronic bronchitis (J41.0) are synonymous in the coding world.

Chronic Respiratory Failure

For patients who are dependent on supplemental oxygen, diagnosis chronic respiratory failure (J96.10) in addition to the underlying chronic lung disease; when applicable.

Proper documentation and coding of chronic lung disorders is critical for continuity of care, care management programs, accurate resource allocation, and more.

Provider Documentation: Chronic Lung Disease

Documentation Tips & Best Practices

Tip: Document "COPD, stable" instead of "history of COPD" to accurately describe your patient's COPD and any other chronic lifelong condition (reference CMS).

Documentation best practices:

- Be sure to note (if applicable):
  - Respiratory infection
  - Use of oxygen
  - Hypoxia, hypercapnia, hypoxemia, or respiratory failure
  - Tobacco use or dependence
  - History of tobacco use or secondhand exposure
- Note any relationship between COPD, bronchitis, and other respiratory conditions
- Note type of bronchitis (acute, chronic, asthmatic, simple, mucopurulent, etc.)

Coding callouts:

- Smoker's cough (J41.0) and simple chronic bronchitis (J41.0) are synonymous in the coding world.
- For patients who are dependent on supplemental oxygen, consider a diagnosis of chronic respiratory failure (J96.10), in addition to the underlying chronic lung disease.

Document the diagnosis, status, and plan (**DSP**) in your final assessment. For example:

Diagnosis:	**Status:**	**Plan:**
COPD with chronic respiratory failure	Progressive, noted functional decline	Continue home oxygen, current room air saturation 86%/94% on oxygen. No signs or symptoms of infection. F/u with pulmonology. Continue to monitor.

Your note should include **MEAT** (**m**onitor, **e**valuate, **a**ssess, **t**reat) details that specifically address your patient's conditions, as well as a comprehensive plan of care.

Utilize "DSP"

Diagnosis

Patient has COPD with chronic respiratory failure

Status

Progressive, note functional decline

Plan

Continue home oxygen, current room air saturation 86%/94% on oxygen. No signs of infection. F/u with pulmonology. Continue to monitor.

Utilize "DSP"

D

Diagnosis

Patient has COPD with chronic respiratory failure

S

Status

Progressive, note functional decline

P

Plan

Continue home oxygen, current room air saturation 86%/94% on oxygen. No signs of infection. F/u with pulmonology. Continue to monitor.

Chronic obstructive pulmonary disease **[J44.9]**, Chronic respiratory failure **[J96.10]**, Dependence on supplemental oxygen **[Z99.81]**

Common Documentation & Coding Pitfall

COPD

Documentation notes the condition in a problem list
Medication lists an inhaler or other rescue medication
Assessment notes COPD

PITFALL – there is no STATUS and no TREATMENT PLAN

Congestive Heart Failure Documentation & Coding Tips

Assess & report on a yearly basis

Do not leave CHF in the past medical history

Document co-morbidities

Note any other conditions the patient has that may affect their CHF, such as chronic kidney disease (CKD) or hypertension.

Properly assign combination codes

Use additional coding as needed to capture multiple associated conditions.

Proper documentation and coding of congestive heart failure is critical for continuity of care, care management programs, accurate resource allocation, and more.

Provider Documentation: Congestive Heart Failure

Documentation Tips & Best Practices

Did you know that complete documentation of congestive heart failure can help identify patients for disease management programs?

Key elements to document are:

- Etiology of congestive heart failure (i.e., coronary artery disease, valvular heart disease, cardiomyopathy, hypertensive heart disease)
- Type and acuity of heart failure (whenever possible), such as:
  - Left ventricular failure
  - Systolic, diastolic, or combined systolic and diastolic
  - Acute, chronic, or acute on chronic
- Any additional or secondary conditions, and any causal relationship that exists between them (i.e., chronic kidney disease)
- Presence of cardiac and vascular implants and grafts, transplant status, and any related complications

Coding Tool

Hypertension with Heart/Kidney Disease

Risk adjustment is vital to a value-based care model. It's an important factor in how practices are paid for the care they provide and in ensuring that appropriate funds are available for complex populations.

This coding guide is designed to simplify the complex co
ensure coders assign the right codes based on provider d

ICD-10 guidelines: A causal relationship between hypert
should be coded as related (even in the absence of docur
clearly states the conditions are unrelated. Similarly, wher
diagnosed, a causal relationship is assumed (in the abser

Instructions: Use the chart below to identify the appropr
represents the patient's clinical health profile, based on d
diagnoses. Note that asterisks indicate when an additiona
of heart failure, and severity of chronic kidney disease.

Hypertension	Heart disease	Heart failure	Kidney disease	ICD-10 code
Yes	No	No	No	I10, Essential (primary) hypertension
Yes	Yes	No	No	I11.9, Hypertensive heart disease without heart failure
Yes	Yes	Yes*	No	I11.0, Hypertensive heart disease with heart failure
Yes	No	No	Yes**	I12.9, Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease or unspecified chronic kidney disease
Yes	No	No	Yes**	I12.0, Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end-stage renal disease
Yes	Yes	Yes*	Yes**	I13.0, Hypertensive heart and chronic kidney disease with heart failure and with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
Yes	Yes	Yes*	Yes**	I13.2, Hypertensive heart and chronic kidney disease with heart failure with stage 5 chronic kidney disease, or end-stage renal disease
Yes	Yes	No	Yes**	I13.10, Hypertensive heart and chronic kidney disease without heart failure and with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
Yes	Yes	No	Yes**	I13.11, Hypertensive heart and chronic kidney disease without 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.-)
Risk adjusts in CMS-HCC model and HHS-HCC model

Coding for CHF and CHF comorbidities

Hypertension with heart disease

Assign the appropriate code from combination category I11, hypertensive heart disease, when there is documentation of hypertension with heart disease. If heart failure is present, assign an additional code from category I50 to identify the type of heart failure.

Example: Pt has hypertensive heart failure. Below is the correct coding for this patient's conditions:

I11.0	Hypertensive heart disease with heart failure
I50.9	Congestive heart failure, unspecified

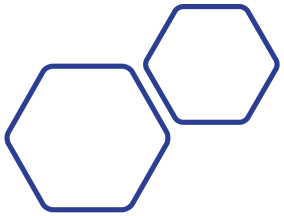
Hypertensive heart and chronic kidney disease

Assign the appropriate code from combination category I13, hypertensive heart and chronic kidney disease, when there is documentation of hypertension with both heart and chronic kidney disease (CKD). If heart failure is present, assign an additional code from category I50 to identify the type of heart failure.

Example: Pt has CKD, stage 4, hypertension, and chronic diastolic CHF. Below is the correct coding for this patient's conditions:

I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1–4 CKD (or unspecified CKD)
I50.32	Chronic diastolic (congestive) heart failure
N18.4	Chronic kidney disease, stage 4 (severe)

Common Documentation & Coding Pitfall



Gender: F **DOB:** MM/DD/1978

Chief complaint: F/u for pneumonia

History of present illness
Pt is a 43-year-old female with history of asthma, CHF, CAD, comes in today for follow-up on pneumonia. Still struggling with shortness of breath, now on CPAP. She is using daughter's nebulizer with nebulized medication every day.

Past medical history
Asthma
CHF
CAD

Physical exam
Constitutional: Well-developed and well-
distress.
HEENT: Normocephalic and atraumatic. C
moist. Bilateral pupils are equal, round, an
Cardiovascular: Regular rate and rhythm. Normal peripheral pulses in all extremities. No peripheral edema.
Pulmonary: Equal expansion bilaterally. No respiratory distress.

Visit diagnoses
Moderate persistent asthma with acute exacerbation

- Followed by pulmonology, plan for BAL in January.
- Will provide DME order script for her own nebulizer to fill at medical supply store.

Coronary artery disease
Congestive heart failure

Utilize "DSP"

Diagnosis

Congestive Heart Failure, systolic

Status

Chronic. Swelling in bilateral ankles improving.

Plan

Continue Lasix.

Utilize "DSP"

D

Diagnosis

Congestive Heart Failure, systolic

S

Status

Chronic. Swelling in bilateral ankles improving.

P

Plan

Continue Lasix.

Unspecified systolic (congestive) heart failure **[I50.20]**

Vascular Disease Documentation and Coding Tips

Document manifestations & link to the underlying cause

Example: arterial foot ulcer on right toe

Peripheral Vascular Disease (PVD) / Peripheral Arterial Disease (PAD) and Diabetes

Link PVD/PAD to diabetes if it is considered an underlying cause.

Long-term use of anticoagulants

Use additional code to capture Z79.01

Proper documentation and coding of vascular disease is essential for patient care.

Deep Vein Thrombosis (DVT) Documentation and Coding Tips

Acute versus Subacute Versus Chronic DVT

Active blood thrombus (clot)

Acute = less than 2 weeks old

Subacute = more than 2 weeks & less than 6 months old

Chronic = more than 6 months

Active Treatment of DVT versus Preventive Treatment

Is the patient currently being treated for an acute, subacute, or chronic DVT? Is the patient being treated due to a history of DVT?

Utilize "DSP"

D

Diagnosis

DVT

S

Status

Post DVT, resolve 4 months ago

P

Plan

Continue current anticoagulant therapy. Recheck in 4 weeks.

Utilize "DSP"

D

Diagnosis

DVT

S

Status

Post DVT, resolve 4 months ago

P

Plan

Continue current anticoagulant therapy. Recheck in 4 weeks.

Personal history of other venous thrombosis **[Z86.718] & Long term (current) use of anticoagulants [Z79.01]**

Common Documentation & Coding Pitfall

Atherosclerosis of the Aorta

Documentation notes the condition in a problem list
Medication lists shows hypertension and cholesterol drugs
Assessment notes Atherosclerosis of Aorta

PITFALL – there is no STATUS and no TREATMENT PLAN

Other Common Pitfalls
Documentation & Coding Tips

Breast and Prostate Cancer

Historical versus Active

Opioid Dependence

Patients noted as having dependence when following prescribed treatment plan. This is not dependence.

Spinal Disorders

Be as specific as possible when documenting spinal complications from compression fractures to spondylopathy

Proper documentation with specificity will increase coding accuracy which is critical for accurate resource allocation, risk adjustment, quality and reporting.

We also have a short instructional video available on our risk adjustment education website to help you with documenting and coding chronic lung disease

Thank you!

Bright HealthCare

CENTRAL HEALTH MEDICARE PLAN

brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT

For additional resources & information, visit our risk adjustment education websites:

BND: www.bndhmo.com/providers

CHP: www.centralhealthplan.com/cpa