



Official Coding Guideline Changes for FY 2019

CONTINUING THE DISCUSSION

by Liz Duggan Graham, RHIT, CCS

This article further examines the coding guideline changes outlined by Gloryanne Bryant, RHIA, CDIP, CCS, CCDS in her article, "2019 Official Guidelines for Coding & Reporting: Contain Significant Changes" (2018).

Factitious Disorder and Abuse Guidelines

Effective October 1, 2015, for adult and child abuse, neglect, and other maltreatment, coding professionals are directed to code from the T74-category first, (adult and child abuse, neglect, and other maltreatment, confirmed) or from the T76- category first, (suspected abuse) followed by any injury, mental health, and other codes. In addition, it is suggested to add an external cause code from sections X92-Y08 for confirmed cases of abuse; there are other suggested additional codes (section I.C.19.f). This was a carryover direction from ICD-9-CM.

Factitious Disorder and Munchausen's Syndrome were included in this category of adult and child abuse. Coding professionals need to assure that they are following these coding guidelines, which are different from the sequencing direction for other injuries.

Diseases of the Circulatory System, Hypertension, Hypertension with Heart Disease

Certain heart conditions, when

documented with hypertension, are assigned to the combination code category I11, hypertensive heart disease. Note that Takotsubo Syndrome, code I51.81, is not included in the direction to combine with hypertension. Also note the caveat that if the physician documents these conditions are not due to the hypertension, then they are not combined.

For hypertensive chronic kidney disease (section I.C.9.a.2), the same caveat is applied if the physician documents that the chronic kidney disease is not related to or due to the hypertension, there is no causal relationship assumed and that condition is coded separately.

Pulmonary hypertension (section I.C.9.a.11) in the secondary form due to adverse effects of drugs, refers the reader to section I.C.19.c. When attempting to interpret the direction regarding sequencing for this type of secondary pulmonary hypertension, Coding Clinic 4Q 2017, page 14, clarifies in the last paragraph that the secondary pulmonary hypertension is sequenced first followed by the adverse drug effect code. As noted, however, "the sequencing is based on the reason for the encounter."

Myocardial infarctions occurring within four weeks of each other have been further distinguished in

the reporting directions. Beginning October 1, 2018, category I22 should now be assigned only if the first and second myocardial infarctions are both type 1 or unspecified.

Pregnancy, Childbirth and the Puerperium

There are a few updates to this section, including the title addition "and drug use" during pregnancy. An additional directive paragraph (3) directs the code to report for drug use during pregnancy. It appears to reinforce the reporting in response to the Coding Clinic 2Q 2018, page 10, question regarding physician documentation regarding mental health codes.

A note is added for coma scale reporting (section I.C.18.e) to not report a Glasgow Coma Scale if the patient is in a medically induced coma or sedated. This also refers the reader to section I.b.14 for documentation from other than the patient's provider.

Burns

Further clarification has been added to this section. In the title, the reference to "local" has been changed to "anatomic" site. Defining the "same anatomic site and on the same side," different degrees of burns are reported to the highest degree documented. An example is attached at the end to make this direction crystal clear. Continuing

Continues on Page 26

in burns (section I.C.19.d.5) discusses using multiple sites only when the documentation does not specify the details.

References

Bryant, G. (August 2018). 2019 Official Guidelines for Coding & Reporting: Contain Significant Changes. Retrieved from icd10monitor.com/2019-official-guidelines-for-coding-reporting-contain-significant-changes

Centers for Medicare and Medicaid Services. (2018). ICD-10-CM Official Guidelines for Coding and Reporting, FY 2019. Retrieved from cms.gov/Medicare/Coding/ICD10/Downloads/2019-ICD10-Coding-Guidelines-.pdf

Liz Duggan Graham, RHIT, CCS; Member, CHIA Coding and Data Quality Committee

the theft and obtained medical services in the patient's name. The patient asks the provider to remove the other person's medical information from the medical record. What should the provider do?

A: The easy answer is that the patient should be allowed only to amend the record by offering an addendum explaining that the information about the other individual does not relate to the patient. However, in this case an argument can be made that the other person's medical information can be removed from the medical record entirely. Unlike in most cases where the patient requests amendment of his or her record, it is not simply a question of disagreement about a notation or opinion relating to the patient. Rather, it is a question of information that never should have been placed in the medical record in the first place and indeed is in the medical record by mistake. It is similar to a situation where information about one patient of a provider is erroneously placed in the record of another patient. In that case, removing the false information does not in any way undermine the integrity of the record. Accordingly, the provider should not be restricted to having the patient offer an amendment in the form of an addendum to the record. Instead, the provider can remove the information from the record.

Allan D. Jergesen, JD; Partner, Hanson Bridgett, LLP

CHIA Educational Calendar

JANUARY

ICD-10 and Patient-Driven Payment Model in Long Term Care

9 Live Webinar

ICD-10-CM Basics & Fundamentals - Part 2

15 Garden Grove

17 Dublin

Best Practices for Implementing the IG Adoption Model

23 Live Webinar

eHIM User Symposium: Operational Best Practices

29 San Diego

31 Sacramento

FEBRUARY

CHIA Volunteers Make a World of Difference

6 Live Webinar

Advanced ICD-10 Coding Workshop

22 Day 1: PCS Irvine

23 Day 2: CM Irvine

Consequences for Failing to Safeguard PHI

27 Live Webinar

JUNE

CHIA Convention & Exhibit

8-12 Indian Wells

Bookmark the CHIA events calendar page and visit often:
CaliforniaHIA.org/events-calendar

Component Local Association events visit:
CaliforniaHIA.org/clas

For Education On-Demand, Ebooks
and other CEU Opportunities:
CaliforniaHIA.org/resources