**Generalities**

- Certification
  - 50 multiple choice questions
  - 2.5 hours
- Recertification
  - 10 multiple choice questions
  - 1.5 hours
- Testing whether the coder knows the conventions and the guidelines so that any diagnosis can be coded correctly
- Application of the principles

**PPS Basics**

- OASIS data set used to collect assessment data for case mix adjustment
- ALL diagnoses **must** match across three forms – 485, OASIS, and claim form (UB-04)!
OASIS, Coding and Relationship to PPS

- Diagnoses must match on RAP and final claim
- Coding on OASIS: M1010, M1016, M1020, M1022, M1024
  - V codes can be listed in M1020 and M1022
  - E codes can only be in M1022
- Codes in M1020/M1022 and UB-04 must be compliant with Official Coding Guidelines
- Know the definitions of primary and secondary diagnoses

M1020a...

- Primary (chief) reason for skilled services
- May be a numeric code
- May be a V code
- May never be an E code, a 041 code or a resolved condition

What we know about M1022b-f

- Secondary diagnoses
  - Those addressed in the POC
  - Co-morbidities that will impact or be impacted by the POC even if no home health treatment
  - Avoid listing those of historical interest only
- May be numeric codes, V codes or E codes
- There may be more secondary diagnoses than there are M1022 spots. (Other pertinent diagnoses)

Diagnoses and Degree of Symptom Control

- OASIS requires Degree of Symptom Control ratings from 0-4
  - Do not sequence according to degree of symptom control
  - No degree of symptom control on V or E codes
- List diagnoses in M1020/1022 based on the seriousness of condition to the home health plan of care
- Clinician determines diagnoses, Degree of Symptom Control and sequence.
  - A coder may assign a code.
What we know about M1024

- For PPS payment and risk adjustment
- Numeric codes only – no V, E or surgical codes
- Used when a V code is reported in M1020a or M1022b-f that replaces a case mix diagnosis in certain instances
  - What is the underlying condition to the V code?
- Won’t appear on POC or claim form
  - M1020/M1022 appears on POC or claim form

M1024

- V code as primary replaces a case mix code that gets more points as primary—diabetes, Neuro 1, Skin 1
- V code replaces a resolved case mix diagnosis
- V code replaces a fracture

What we know about M1024

- M1024 Column 3 and 4
  - Only use column 4 if V code is replacing a condition that has to be coded with multiple codes, e.g., manifestations and late effects
- Non-case mix codes in M1024?
  - M1024 is an exclusive club—to get in you have to be a case mix code or a buddy of a case mix code.

Use of M1024 (3) and (4)

- Patient has an amputation of his left leg (BKA) for diabetic peripheral angiopathy. Focus of the care is aftercare.
## When To Use M1024

According to Appendix D

- Use M1024 if the underlying diagnosis to the V code is a case mix diagnosis and is not coded in M1022 because it is a resolved condition.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>M1020(a)</strong> ac surg circulatory</td>
<td>V58.73</td>
<td>250.70 DM with periph circ</td>
<td>443.81 peripheral angiopathy</td>
</tr>
<tr>
<td><strong>M1022(b)</strong> diabetes with periph circ</td>
<td></td>
<td>250.70</td>
<td></td>
</tr>
<tr>
<td><strong>M1022(c)</strong> peripheral angiopathy</td>
<td></td>
<td>443.81</td>
<td></td>
</tr>
<tr>
<td><strong>M1022(d)</strong> Amputation status BKA</td>
<td>V49.75</td>
<td>250.70 DM with periph circ</td>
<td>443.81 peripheral angiopathy</td>
</tr>
</tbody>
</table>

### What about M1024?

**Herniated disc**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>M1020/M1022 (1)</th>
<th>M1024 (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC MS system</td>
<td>V58.78</td>
<td>Herniated disc</td>
<td></td>
</tr>
<tr>
<td>Herniated disc not coded here</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Resolved condition cannot be coded in M1020/1022

### What about M1024?

**Gall bladder**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>M1024 (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC surgery digestive</td>
<td>V58.75</td>
<td>575.0 Acute cholecystitis</td>
</tr>
<tr>
<td>Do NOT code cholecystitis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What about M1024?
Colon cancer

- If still present
  - AC surgery neoplasm: V58.42
  - Colon cancer: 153.9

- If cancer is resolved
  - AC surgery neoplasm: V58.42
  - History of colon cancer: V10.x

How To Use M1024
According to Appendix D

- Use M1024 if the underlying diagnosis to the V code is a fracture and is not coded in M1020/M1022 because coding acute fractures when no “active treatment” is being provided is not allowed.

What about M1024?
Fracture

Receiving aftercare for fracture of hip

- AC surgery neoplasm: V54.13
- Aftercare for healing fracture of the hip: V54.13

E Codes

- In M1022 only (secondary only)
- Do not require a degree of symptom control score
- Indicate external causes of injury or poisoning
  - Show how an injury happened – not used if no injury
  - Not mandatory in home health to show how a trauma fracture or wound occurred
  - Must be used for poisoning and adverse effects situations
**Know Coding Conventions**

- NOS
- NEC
- Brackets
- Parentheses
- Use additional code...
- Code first underlying disease...
- Pay attention to the essential modifiers, e.g. seizures vs recurrent seizures

**Common Mistakes**

- Missing or incorrect 5th digit based on information available
- Not reading the includes/excludes notes
- Use of NOS when specific information is available

**V Codes**

- Use for **routine** care only
  - when providing aftercare for a current or resolving disease or injury
  - when providing specific care for a long-term chronic condition
  - to explain a reason for encounter
- Do not use when there is
  - an acute condition
  - an exacerbation of a chronic condition
  - a complication...unless directed by code book

**More about V codes...**

- Aftercare following surgery
  - must know the underlying condition
  - find the correct code – conditions classifiable to...
- Read scenario – is aftercare the focus of care?
- Does the condition still exist?
- V44 vs V55 – think--who is providing the care?
- V58.3x – for **routine** care only
- V58.6x – secondary only
- V58.83 – when monitoring lab data (not as primary)
- Definitions of different types of V codes
V Code Mistakes

- Always choosing the V code as primary
  - Is the aftercare really primary?
  - When does the V code get trumped?
- Coding a V code when there's a complication
- Coding dressing change as primary
- Coding secondary only V codes as primary
- Incorrect use of V57
  - Must be used if only therapy services are being provided
  - Do not code in M1022
- Using unnecessary/excessive V codes

Manifestation Coding

- Mandatory multiple coding
- Two codes required to describe a condition
  - May never be coded with one code alone
  - Always coded following each other and together – etiology, then manifestation (buddy codes)
- The manifestation (code in italics) can never be listed as the primary

Manifestation Coding

- How do you identify manifestation codes?
  - In the Alphabetic Index?
  - In the Tabular List?
  - In Table 2b of the PPS 2008 rules?
- If both the underlying diagnosis and the manifestation are case mix diagnoses, the points will be given for the highest of the two.

Mandatory Multiple Coding vs. Multiple Coding

- Manifestations
  - Etiology
  - Manifestation
- Late effects
  - Residual
  - Late effect
- Identifying the bacteria when coding an infection
  - Infection
  - Organism
Quiz

Choose the answers that meet the definition of mandatory multiple coding.

- **A) 821, 781.2**
- **B) 250.70, 443.81**
- **C) 428.0, 514**
- **D) 250.00, 585.3**
- **E) 714.0, 357.1**
- **F) 682.2, 041.11**

Bonus: Which of the above are not allowed in home care coding?

Combination Codes

- Single code used to classify 2 separate diagnoses, diagnosis with a manifestation or a diagnosis with a complication
- Pneumonia due to staph aureus
  - 482.41 never 486, 041.11
- Late effects cerebrovascular disease – 438.x
- Atherosclerosis with gangrene -440.24
- A combination code precludes coding separate conditions (Always 438.21 only not 438.21, 342.xx)
- Sometimes still requires additional code for specificity
  - 438.89, 728.87

Symptom Coding

- Do **NOT** code symptoms integral to the condition
  - e.g., pulmonary or dependent edema in CHF; dyspnea in COPD or CHF; gait abnormality or muscle weakness in hemiplegia; ascites or jaundice in liver failure
  - unless the coding manual instructs you to do so (e.g., BPH with LUTS)

- Proximate diagnosis vs. underlying condition
  - What is the focus of care…one aspect of the condition or long term chronic condition?

Proximate Diagnosis vs Underlying Condition

- Multiple aspects of care vs. one symptom – MS patient with urinary retention and only need is for monthly SN visit for Foley catheter change (V53.6).
- What is the underlying condition to the V53.6?
- What is the primary diagnosis?
  - M1020 V53.6 Fitting and adjustment of urinary catheter
  - M1022 788.20 Urinary retention
  - M1022 340 MS
Proximate Diagnosis vs Underlying Condition

- Pt is having an acute exacerbation of MS with increased gait problems as well as ADL deficits. She has changed meds and SN care is ordered for neuro assessment, assessment of med regimen, catheter change for neurogenic bladder and PT, OT.
  - M1020 340 MS
  - M1022 596.54 Neurogenic bladder
  - M1022 V53.6 Attention to foley catheter

Late Effects

- A late effect is a residual deficit after the acute phase of an injury is over.
- Late effects of stroke from just after acute stroke to anytime in the future
- – Late effects of head injuries or fractures may be much later
- Reference “Late” in the Alphabetic Index.
- Usually involves 2 codes
- The trick is in the sequencing!

Late Effects Comparison

<table>
<thead>
<tr>
<th>Late Effect CVA</th>
<th>Other Late Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combination code (438.21)</td>
<td>Residual deficit (342.11) followed by the late effects code (907.0)</td>
</tr>
<tr>
<td>OR</td>
<td>Unless there is some other instruction!!</td>
</tr>
</tbody>
</table>

CVAs

- ALL strokes and TIAs, except if there are no deficits, are coded as late effects – category 438.

*Patient had a stroke two weeks ago resulting in hemiplegia of the dominant side and dysphagia.*
- A. 438.21, 438.82, 787.20
- B. 434.91, 342.21, 787.20
- C. 436, 342.21, 787.21

- If there are no deficits after a CVA or TIA, code V12.54 (history).
Diabetes

- Diabetes and manifestations
  - Which ones are assumed?
  - Which ones require 3 codes?
  - Pressure ulcer is not a manifestation!
    - Look up decubital gangrene
- 4th and 5th digits
  - Choosing the correct 4th digit for the manifestation
  - Choosing the correct 5th digit
    - Category 249 – control
    - Category 250 – type and control

Two Categories for Diabetes

- 249 – Secondary DM
  - Usually caused by a condition or event such as steroids, CF, etc.
  - 4th digit = manifestation
  - 5th digit = control
    - 0 – not stated as uncontrolled
    - 1 – uncontrolled
- 250 – DM
  - Type 1 or Juvenile type (used to be known as IDDM)
  - Type 2 (used to be known as NIDDM or adult onset) – default
  - 4th digit = manifestation
  - 5th digit = type & control

Scenario

- Patient with diabetic polyneuropathy and gangrene also has ESRD.
  - 250.70 DM with peripheral circulatory disorder
  - 785.4 Gangrene
  - 250.60 DM with neurological manifestation
  - 357.2 Polyneuropathy in diabetes
  - 585.6 ESRD
Hypertension

- 401 - Essential HTN
- 402 – Hypertensive Heart Disease
  - CANNOT code unless:
    - Causal relationship is stated (due to HTN)
    - Causal relationship is implied (hypertensive heart disease)
  - Use additional code for heart failure
  - The same heart conditions with HTN when no causal relationship is stated are coded separately.

More about Hypertension...

- 403 – Hypertensive Chronic Kidney Disease
  - ICD-9-CM presumes a cause-and-effect relationship and classifies chronic kidney disease (CKD) with hypertension as hypertensive chronic kidney disease. Use code from category 403.
  - 5th digits depend on the stage of CKD.
  - Also code the stage of CKD.
- 404 – Hypertensive heart and chronic kidney disease
  - Use when both 402 and 403 pertain.

Quiz

*Cause-and-effect relationship? Which category?*

- The patient has HTN and CKD.
- The patient has diastolic heart failure and HTN. He also has ESRD.
- The patient has HTN and CHF.
- The patient has systolic heart failure due to HTN.

Myocardial Infarction

- Acute myocardial infarction
  - Acute means 8 weeks or less!!
  - 4th digit indicates location of infarct
  - 5th digit is always a 2!!!
- What if past 8 weeks but the patient is still having symptoms?
  - Is it 412 Old myocardial infarction or 414.8 Chronic coronary insufficiency?
Heart Failure

- Not all heart failure is CHF (428.0)
- Code all of the types of Heart failure present

Patient with congestive heart failure due to systolic heart failure due to hypertension
A. 402.91, 428.20
B. 401.9, 428.0
C. 402.91, 428.20, 428.0
D. 402.92, 428.20, 428.0

Neoplasms

- Check the alphabetical list under the term first if morphology is provided
- Know how to use the Neoplasm Table – read the notes
- Check the Tabular List
- Primary site vs. Secondary site
- Malignancy vs. History

Complication of Cancer – Anemia

- If treatment is directed at anemia:
  - 285.22 anemia from the cancer
    - Code anemia then cancer
  - 285.3 chemo induced anemia
    - Code anemia, then cancer.
  - 284.89 aplastic anemia (watch out for the E code)
- If treatment is directed towards the cancer, use the appropriate anemia code as a secondary.

Complication of Cancer - Dehydration

- If treatment is directed at dehydration:
  - 276.51 dehydration focus of care
    - Code dehydration then cancer
  - 276.51 dehydration from the therapy for cancer
    - Code dehydration, E code for therapeutic use then cancer.
    - Example:
      - 276.51 Dehydration
      - E933.1 Adverse effect of antineoplastics given therapeutically
      - Cancer
- If treatment is directed towards the cancer, use the dehydration code as a secondary.
Using 338 Pain Codes

- 338 codes provide more detail about acute and chronic pain
  - Must be stated in the documentation
- If not specified as acute or chronic, use only for
  - Post-thoracotomy, postoperative or neoplasm-related
- What is causing the pain?
- Central pain syndrome
- Primary diagnosis, if pain management is the focus of care

Transplant Complication

The patient has cancer of the kidney following a kidney transplant.

<table>
<thead>
<tr>
<th></th>
<th>(1)</th>
<th>(2)</th>
<th>M1024 (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1020(a) Comp of transplanted organ, Kidney</td>
<td></td>
<td>996.81</td>
<td></td>
</tr>
<tr>
<td>M1022(b) Cancer of a transplanted organ</td>
<td></td>
<td>199.2</td>
<td></td>
</tr>
<tr>
<td>M1022(c) Kidney cancer, primary</td>
<td></td>
<td>189.0</td>
<td></td>
</tr>
</tbody>
</table>

Adverse Effect vs. Poisoning Table of Drugs and Chemicals

<table>
<thead>
<tr>
<th>Adverse Effect</th>
<th>Poisoning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug properly prescribed and administered</td>
<td>Something wrong happened – wrong drug, wrong dose, wrong person, etc.</td>
</tr>
<tr>
<td>E = effect</td>
<td>P = poisoning code</td>
</tr>
<tr>
<td>e.g., rash, dehydration, slow heart rate, confusion</td>
<td>E = effect</td>
</tr>
<tr>
<td>E = E code for therapeutic use</td>
<td>E = E code for intent – accidental, suicide attempt, assault, UKN</td>
</tr>
</tbody>
</table>

Example--Digoxin

- The patient is taking digoxin as ordered but has bradycardia.
- Therapeutic use or poisoning?

- The patient took the correct dose from the bottle labeled Digoxin and also the correct dose from the bottle labeled Lanoxin and has bradycardia.
- Therapeutic use or poisoning?
## Fractures

- Fractures
  - Traumatic or Pathologic – ALWAYS aftercare
  - NEVER code acute fracture in M1020 or M1022s!
  - How about M1024?
  - Which aftercare code is used following ORIF?

## What is the correct aftercare code for a patient who underwent an ORIF for a trauma fracture?

- A) V54.09 Aftercare involving internal fixation device
- B) V58.43 Aftercare following surgery for injury and trauma
- C) V54.1x Aftercare for healing traumatic fracture
- D) V58.78 Aftercare following surgery of MS system

What if your patient underwent a joint replacement as repair for a fracture of the neck of the femur? V54.81? V54.1x? Both?

## Abnormality of Gait

- Neuro issues (staggering, ataxic gait) when definitive diagnosis is unknown or resolved
- After corrective orthopedic treatment
- Amputation
- Falling without cause

**NOT**
- Anthalgic gait from injury
- Arthritis related
- Late effects CVA with hemiplegia

## Difficulty in Walking

- Difficulty with gait related to chronic condition of the bone or joint – no surgical intervention or manipulation – such as
  - Arthritis
  - Osteoarthritis
  - Loose or deranged joint
  - Stiffness or pain in joint

**But what would be the better choice???
Abnormality of Gait vs Difficulty Walking vs Something Else?

- Patient tripped over a cord and sprained his ankle.
- Patient had a joint replacement.
- Patient’s rheumatoid arthritis is acting up and making it difficult to walk.
- Patient has monoplegia of the left leg.
- Patient has abnormal gait from MS.

Wounds

- Debridement and I & D
  - Not a surgical wound
  - Code condition
- If complicated, code complication
  - Infected, delayed healing, dehiscence
  - Do NOT automatically assume a complication based on OASIS guidance on marking “not healing”
  - Do NOT use a V code!
- Infection
  - Code infection then organism
- Burn
  - Code acute burn then postraumatic wound infection, 958.3

MRSA

- 038.12 MRSA septicemia
- 041.12 MRSA
- 482.42 MRSA pneumonia
  
  Are these combination codes or etiology/manifestation type codes?

- No V09 code for MRSA
- How do you code acute bladder infection caused by MRSA?

Quiz

- Your patient had surgery 3 years ago and the wound never healed. The focus of care is assessment, teaching and dressing changes. How are you going to code that?

  A. Open wound?
  B. V code for aftercare and a dressing change code?
  C. Post-surgical complication?
Pressure Ulcers

707.0x codes:
- Use additional code to identify pressure ulcer stage (707.20 - 707.25)
- Decubital gangrene (see also Ulcer, pressure) 707.00 [785.4]
- Remember, a gangrenous pressure ulcer in a diabetic is not a manifestation of diabetes!

Test Taking Skills and Tips

Read all questions carefully.

Underline, highlight important instructions

What is the primary focus of care in the scenario?
**Do NOT upcode!!!**

Look up all codes, unless you’re absolutely sure of the code and instructional notes!

---

**Read all the notes, especially those regarding exclusions, 4th and 5th digit requirements, ‘code first’ and ‘use additional code.’**

*REMEmber...read everything...it all means something!*

---

Pay attention to M1020, M1022 and M1024 designations.

---

Pay attention to M1024 Columns 3 and 4.
Do not place non-case mix diagnoses in M1024 (unless a buddy).

Multiple choice
Eliminate the wrong answers.
Choose the best answer.

Types of Questions

- Which of the following is an example of…?
- Which of the following is the correct sequence?
- Which of the following is true?
- Which of the following is correct?
- Which of the following is false?
- Which of the following is incorrect?

If any part of the statement is not true, then the whole thing is not true!

Be sure to use a current coding manual!
IDs and books will be checked.
Pencils and scratch paper will be provided.
Homework Answers

Code

- Memory loss _780.93___
- Memory loss from head injury_310.89_ and 907.0
- Dementia with aggressive behavior 294.21
- Seizure disorder ___345.90___
- Convulsions 780.39
- Recurrent seizures 345.80

Quiz

- What are the two manifestations that may be assumed with diabetes? __gangrene__ and __osteomyelitis________
- What 5th digit is appropriate for steroid induced diabetes that is uncontrolled? __1 (249.01)___
- To be able to code hypertension with a code from category 402, the _physician_ must __state_ or __imply_ a causal relationship between the hypertension and the heart condition.
Match

A. 402
B. 401
C. 404
D. 403

1. HTN and CKD
2. Heart failure due to HTN
3. Hypertensive heart disease and CKD
4. HTN and CHF

4th digits diabetes - match

a. 4
b. 7
c. 6
d. 9
e. 8
f. 5

1. Polyneuropathy
2. Gangrene
3. Retinal edema
4. Nephropathy
5. Ulcers
6. Do not use!!

Code

- Infection due to Gastric band with cellulitis
  __539.01___ and __682.2___
- Pseudobulbar affect due to a head injury 3 years ago __907.0__ and __310.81___
- Muscle weakness from a stroke __438.89 and 728.87__

The patient has an infected ostomy with cellulitis. What is coded first, the infected **ostomy** or the cellulitis???
End of Review for the HCS-D Exams