

## A comprehensive diagnostic patient profile

### The importance of specific documentation and coding

Specific documentation and coding clearly depict the level of disease severity, comorbidities, underlying disease and other factors that contribute to the level of complexity for the patient encounter.

#### Per the ICD-10-CM official guidelines for coding and reporting<sup>1</sup>:

“Code all documented conditions that coexist at the time of the encounter/visit, and require or affect patient care treatment or management.”

Payment from Centers for Medicare & Medicaid Services (CMS) is based on the overall health status of the Medicare Advantage member. Diagnosis codes are some of the criteria used for determining severity of illness, risk and resource utilization. Diagnostic coding influences the “level of risk” in determining CPT® code assignment.

#### Moderate risk is equivalent to either:

- a) One or more chronic illnesses with mild exacerbation, progression or side effects of treatment
- b) Two or more chronic stable illnesses

#### High risk relates to either:

- a) One or more chronic illnesses with severe exacerbation, progression or side effects of treatment
- b) Acute or chronic illnesses or injuries that pose a threat to life or body function

Status codes can also indicate and contribute to the complexity level of the encounter. Consider these codes:

Renal dialysis status or noncompliance	Z99.2 or Z91.15
Tracheostomy status	Z93.0
Respirator dependence	Z99.11
Lower limb amputee	Z89.4 - Z89.9
Artificial openings for feeding or elimination	Z93.1 - Z93.4, Z93.50 - Z93.59
Organ transplant status	Z94.0 - Z94.7, Z94.81 - Z94.9
Asymptomatic HIV status	Z21

The presence of one or more of these conditions should be taken into account by the provider in the decision-making process and could affect patient care, treatment and management. Other diagnosis codes that are not often reported, although the patient is being treated for the conditions, are:

Protein-calorie malnutrition	E43, E44.0, E44.1 or E45, E46
Major depressive disorder	F32.0 - F32.9, F33.0 - F33.9
Alcohol dependence	F10.20 - F10.29
Drug dependence	F11.10 - F11.29
History of heart attack	I25.2

Per the ICD-10-CM Official Guidelines for Coding and Reporting 2015 from the Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (NCHS): “A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required.”

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1. The Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). “ICD-10-CM Official Guidelines for Coding and Reporting.” Department of Health and Human Services. DHHS. 2012. October. Web. 12 August 2013. <[cdc.gov/nchs/data/icd9/icd10cm\\_guidelines\\_2014.pdf](http://www.cdc.gov/nchs/data/icd9/icd10cm_guidelines_2014.pdf)>