ICD-10 Coding practice: home care & hospice scenarios
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Infection Coding Practice
• Strep sepsis with acute kidney failure

• Post-procedural sepsis related to infected surgical wound, cultured staph aureus resistant to penicillins and vancomycin

Infection Answers
• Strep sepsis with acute kidney failure
  • A40.9 Streptococcal sepsis, unspecified
  • R65.20 SIRS (severe) without septic shock
  • N17.9 Acute kidney failure, unspecified

• Post-procedural sepsis related to infected surgical wound, due to staph aureus resistant to penicillins and vancomycin
  • T81.4xxD Infected surgical wound
  • A41.02 MRSA
  • Z16.21 Resistant to vancomycin

Infection Coding Practice
Patient admitted with infected surgical wound that cultured MRSA

Patient has septicemia caused by streptococcus pneumoniae

Infection Answers
Patient admitted with infected surgical wound cultured MRSA
  • T81.4xxD infected surgical wound
  • B95.62 MRSA

Patient has septicemia caused by streptococcus pneumoniae
  • A40.3 Sepsis due to Strep pneum.
Neoplasm Coding Practice

- Mr. Winslow admitted to home care with Grade 4 colon cancer excised and eradicated from ascending and transverse colon last year, now diagnosed with metastasis to liver. He has a colostomy and can perform care, no further treatment to colon. He is undecided about chemo treatment for liver mets.

Neoplasm Answer

Mr. Winslow:
- C78.7 Secondary malignant neoplasm of liver
- Z85.038 Personal history of other malignant neoplasm of large intestine
- Z93.3 Colostomy status

Neoplasm Coding Practice

- Mr. Trusdale is admitted to home care with small cell CA of lower lobe of right lung, with mets to intrathoracic lymph nodes and brain. He is still getting radiation treatment to lung and lymph node area.
- What if he goes to hospice and is now a DNR?

Neoplasm Answers

Mr. Trusdale:
- C34.31 Malignant neoplasm of lower lobe, right bronchus or lung
- C77.1 Secondary malignant neoplasm of intrathoracic lymph nodes
- C79.31 Secondary malignant neoplasm of brain
- Add code for DNR status: Z66

Neoplasm Coding Practice

- Mr. Valentine has a history of prostate cancer and mets to the right femur, now has pathological fx with routine healing to the right femur. He is admitted for SN to address pain management and use of Morphine for cancer pain, and PT to address strengthening, transfers and safety.

Neoplasm Answer

Mr. Valentine:
- M84.551D Pathological fracture in neoplastic disease, right femur, routine healing
- C79.51 Secondary malignant neoplasm, bone
- G89.3 Neoplasm related pain
- Z85.46 History of prostate cancer
- Z79.891 Long term (current) use of opiate analgesic
Neoplasm Coding Practice

- Right female breast cancer with mets to R lung
- Right female breast cancer with mets to R lung, treatment directed at lung
- Patient with emphysema has history of lung ca and pneumonectomy of left lung
- Mets to R kidney, unknown primary

Neoplasm Answers

- Right female breast cancer with mets to R lung
  - C50.911
  - C78.01
- Right female breast cancer with mets to R lung, treatment directed at lung
  - C78.01
  - C50.911

Neoplasm Coding Practice

- Mrs. Tolson is admitted to home care after hospitalization for heart failure. She has a history of right breast cancer and is taking Tamoxifen. She is on hold for reconstructive surgery until her HF symptoms have resolved.

Neoplasm Answers

- Patient with emphysema has history of lung ca and pneumonectomy of left lung
  - J43.9 Emphysema
  - Z85.118 History of lung ca
  - Z90.2 Acquired absence of lung
- Mets to R kidney, unknown primary
  - C79.01
  - C80.1

Neoplasm Answer

Mrs. Tolson:
- I50.9 Heart failure, unspecified
- Z79.810 Long term use of SERMs
- Z85.3 Personal history of malignant neoplasm breast
- Z90.11 Acquired absence of right breast and nipple

Same patient...

- Mrs. Tolson has now been resumed for home care after breast reconstructive surgery for aftercare. She is still taking Tamoxifen and her heart failure is stable at this time. SN will provide dressing changes and monitor healing status.
Mrs. Tolson for ROC:

- Z42.1 Encounter for breast reconstruction following mastectomy
- Z79.810 Long term use of SERMs
- Z85.3 Personal history of malignant neoplasm breast
- I50.9 Heart failure, unspecified
- Z48.01 Encounter for surgical dressing changes

Anemia Coding Practice

Mrs. White is admitted to home care after a right TKR for OA. She had increased bleeding during surgery, resulting in acute post-op anemia, and is home on ferrous sulfate. She still has OA of the left knee, and plans to have that surgery as soon as she recovers from this one and H&H returns to normal. She will have SN for wound care and weekly CBC, PT for gait training and strengthening.

Anemia Answer

Mrs. White:

- Z47.1 Aftercare following joint replacement
- D62 Acute post-hemorrhagic anemia
- M17.12 Unilateral primary OA, left knee
- Z96.651 Presence of right artificial knee joint
- Z48.01 Encounter for surgical dressing changes

Diabetes Coding Practice

- Diabetic macular edema
- Diabetic neuralgia
- Diabetic gangrene
- Diabetic foot ulcer on toes (rt foot)
- Diabetic with high blood sugars
- Diabetic chronic osteomyelitis of right foot

Diabetes Answers

- Diabetic macular edema – E11.311
- Diabetic neuralgia – E11.42
- Diabetic gangrene – E11.52
- Diabetic foot ulcer on toes (rt foot) – E11.621 – L97.519
- Diabetic with high blood sugars – E11.65
- Diabetic osteomyelitis (chronic) of the right midfoot – E11.69
- M86.671 Chronic osteomyelitis, right ankle and foot
Diabetes Coding Practice

Mr. Hudson is admitted to home care with Type 2 diabetes with angiopathy, and a diabetic ulcer to his left heel that is due to the diabetic angiopathy. He has history of right foot amputation due to a prior diabetic ulcer. SN will provide wound care to the diabetic arterial ulcer. The SOC assessment documents the ulcer has fat layer visible in the base of the wound.

Diabetes Answer

Mr. Hudson:
- E11.51 Type 2 diabetes with diabetic peripheral angiopathy (no mention of gangrene)
- L97.422 Non-pressure ulcer of left heel and midfoot, fat layer exposed
- Z48.00 Encounter for non-surgical dressing changes
- Z89.431 Acquired absence of right foot

Mental Dx Coding Practice

• Mr. Foster is admitted to home care with recurrent major depressive disorder, SN will provide teaching on new medication and observe for s/sx of adverse effects. He also has chronic alcohol abuse with dependence.

Mental Dx Answer

• Mr. Foster:
  - F33.9 Major depressive disorder, recurrent, unspecified
  - F10.20 Alcohol dependence, uncomplicated
  - If on new anti-depressant medication for long term treatment, could add Z79.899 other long term drug therapy

Mental Dx Coding Practice

• Mrs. Allen is admitted to home care with vascular dementia, query to physician identifies patient had recent CVA that has caused her cognitive changes and resulting dementia. SN assessment notes patient tried to bite nurse when attempting to check BP, and family reports she bites at them whenever she doesn’t want to participate in care.

Mental Dx Answer

Mrs. Allen:
- I69.31 Cognitive deficits following cerebral infarction
- F01.51 vascular dementia with behavioral disturbance
Mental Dx Coding Practice

Mr. Jonas has a new diagnosis of Parkinson’s Disease, with dementia. He is confused and wanders, has had four falls in the past 2 weeks, and suffered a fractured right wrist after the last fall.

Mental Dx Answer

- G20 Parkinson’s Disease
- F02.81 Dementia with behavioral disturbances, in diseases classified elsewhere
- Z91.83 Wandering in dementia in conditions classified elsewhere
- S62.101D Traumatic fracture of wrist, right
- R29.6 Repeated falls
- Z91.81 History of falls

Neuro Coding Practice - HH

Mr. Johnson is admitted to home health to treat an extradural intraspinal abscess due to MRSA. He is ordered 6 weeks of bid IV antibiotics. He also has diagnoses of diabetes and CHF.

Neuro Coding Practice - Hospice

- Patient with ALS has dysphagia resulting in loss of weight, decreased respiratory function and dependence on respirator along with emphysema. She is bedbound and has a stage III pressure ulcer on the coccyx.

Neuro Answer - HH

Mr. Johnson:
- G06.1 Intraspinal Abscess
- B95.62 MRSA
- Z45.2 Encounter for adjustment and management of vascular access device
- Z79.2 Long Term (current) use of antibiotics
- E11.9 Type 2 diabetes
- I50.9 CHF

Neuro Answer - Hospice

- Terminal diagnosis: ALS G12.21
- Related Diagnoses:
  - Dysphagia R13.10
  - Loss of weight R63.4
  - Pressure ulcer coccyx, stage 3 L89.153
  - Bed confinement Z74.01
  - Ventilator dependence Z99.11
- Unrelated: Emphysema J43.9
Hypertension Coding Practice

• Mr. Richards is admitted to home care following an exacerbation of his chronic systolic heart failure. He has Stage IV CKD. Physician documented hypertensive systolic heart failure.

Hypertension Answer

Mr. Richards:
• I13.0 Hypertensive heart and chronic kidney disease with heart failure and Stage IV CKD
• I50.23 Acute on chronic systolic heart failure
• N18.4 CKD Stage IV

MI Coding Practice

• Mrs. Haveaheart is referred to home care after a STEMI involving the LAD coronary artery and subsequent CABG. CAD is documented. She also has atrial fibrillation and hypertension. SN will provide cardiac and wound assessment and dressing changes to chest incision.

MI Answers

Mrs. Haveaheart:
• Z48.812 Aftercare following surgery on the circulatory system
• I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris
• I21.02 STEMI involving left anterior descending coronary artery
• I10 Hypertension
• I48.91 Unspecified atrial fibrillation
• Z48.01 Encounter for surgical dressing changes
• Z95.1 Aortocoronary bypass status

Angina Coding Practice - HH

Mr. Kinsey has new onset chest pain with pre-existing diagnosed CAD and hypertension.

Myocardial Infarction Example - Hospice

• Patient was treated for an inferior wall MI in the last 14 days and then was readmitted to hospital for anterior wall MI. He is being admitted to hospice for unstable angina and his ASHD because he is not a surgical candidate.
Angina Answers - HH

Mr. Kinsey:
• I25.119 Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
• I10 Hypertension

Myocardial Infarction Answers - Hospice

• I25.110 AHD with unstable angina
• I21.19 MI other coronary artery inferior wall
• I22.0 MI of anterior wall

• It is most important to code location.

CVA Coding Practice

• Mrs. Parker is admitted from a 3 week stay in rehab for a CVA with infarction. She has right side hemiplegia, dysphagia (pharyngeal phase), and a peripheral visual field deficit (right eye).

CVA Answers

Mrs. Parker:
• I69.351 Hemiplegia/hemiparesis following cerebral infarction affecting right dominant side
• I69.391 Dysphagia following cerebral infarction
• R13.13 Dysphagia, pharyngeal phase
• I69.398 Other sequela of cerebral infarction
• H53.451 Other localized visual field defect, right eye

COPD Coding Practice

Mr. Dirkson is admitted to home care for SN instruction in use of new home oxygen, and assessment of respiratory status related to COPD.

What if patient had exacerbation of COPD documented by physician?
What if patient is a smoker?

COPD Answers

Mr. Dirkson:
• J44.9 COPD, unspecified
• Z99.81 Dependence on long term supplemental oxygen

Exacerbation of COPD?
• Change J44.9 to J44.1
• What if patient is a smoker?
• Add Z72.0 Tobacco use
Mr. Tapia has been admitted due to recently diagnosed chronic obstructive asthma, with use of oxygen. H&P states he has been hospitalized for an exacerbation and has exercise induced bronchospasm. SN to assess and instruct in disease process and medication. The patient has no history of tobacco use, only his wife is a smoker. His history reports he also has congestive heart failure.

Mr. Tapia:
• J44.1 Chronic Obstructive Asthma Exacerbated
• J45.990 Exercise Induced Bronchospasm
• I50.9 Congestive Heart Failure
• Z77.22 Contact with and exposure to environmental tobacco smoke
• Z99.81 Dependence on supplemental oxygen

Mr. James is referred to home health for skilled nursing care following hospitalization for acute respiratory failure with hypoxia. He has just been started on oxygen. He has additional diagnoses of chronic respiratory failure and COPD which is noted as exacerbated in the clinical record.

Mr. James:
• J96.21 Acute and Chronic Respiratory Failure with Hypoxia
• J44.1 COPD exacerbated
• Z99.81 Dependence on Supplemental Oxygen

• GERD with esophagitis
• Acute gastric ulcer with perforation, which resulted in bleeding
• Crohn’s disease of small and large intestine with intestinal obstruction

GERD with esophagitis
— K21.0
• Acute gastric ulcer with perforation, which resulted in bleeding
— K25.2
• Crohn’s disease of small and large intestine with intestinal obstruction
— K50.812
**Skin Coding Practice**

- Staphylococcal boil, left groin
- Pilonidal fistula with abscess

**Skin Answers**

Staphylococcal boil, left groin
- L02.224-Furuncle of groin
- B95.8-Unspecified staphylococcus as the cause diseases classified

Pilonidal fistula with abscess
- L05.02—Pilonidal sinus with abscess

**Pressure Ulcer Coding Practice**

- Mrs. Murray has a pressure ulcer to the sacrum with an area that is to the bone. The remainder of the area is shown to be full thickness with good granulation tissue. SN for wound care 2-3x week for wound vac placement.

**Pressure Ulcer Answers**

Mrs. Murray:
- L89.154-Pressure ulcer of sacral region, stage IV
- Z48.00 Encounter for non-surgical dressing change

**Osteoporosis With Fracture Coding Practice**

- Mrs. Patterson admitted for aftercare of pathological fractured vertebra due to age related osteoporosis. Documentation indicates patient had previous healed pathological fracture of humerus due to osteoporosis

**Osteoporosis With Fracture Answer**

Mrs. Patterson:
- M80.08xD Age related osteoporosis with current pathological fracture, vertebra, subsequent encounter
- Z87.310 Personal history of healed osteoporosis fracture
GU Coding Practice

- Acute suppurative cystitis, with hematuria due to E coli.
- Chronic kidney disease, stage III
- Kidney stone

GU Answers

- Acute suppurative cystitis, with hematuria due to E coli.
  N3Ø.Ø1 - Cystitis, acute with hematuria
  B96.2Ø - E Coli, as cause of disease classified elsewhere
- Chronic kidney disease, stage III
  N18.3
- Kidney stone
  N2Ø.Ø

Trauma Wound Coding Practice

Mr. Ifalldownalot is admitted to home care for wound care to lacerated right forearm due to falling from moving motorized mobility scooter.

- look up accident, transport, pedestrian...

Trauma Wound Answers

Mr. Ifalldownalot:
- S51.811D Laceration, without foreign body, of right forearm
- Z48.00 Encounter for non-surgical dressing changes
- V00.831D Fall from moving motorized mobility scooter
  - look up accident, transport, pedestrian...

Trauma Fracture Coding Practice

Mrs. Booker is admitted to home care for PT after falling from an escalator and suffering a right sub-trochanteric hip fracture. She had an ORIF to repair the fracture and it is healing well.

Trauma Fracture Answers

- Mrs. Booker:
  - S72.21xD Traumatic fracture of upper end of right femur (sub-trochanteric), with routine healing
  - W10.0xxD Falling from, off, out of, escalator
Fracture Coding Practice

• The patient broke her right humerus at mid shaft (comminuted) in a go cart accident when riding with her grandson who was demonstrating how he could ‘drift’ when it turned over. She has had an ORIF to repair the fracture.

Fracture Answer

• The patient broke her right humerus at mid shaft (comminuted) in a go cart accident when riding with her grandson who was demonstrating how he could ‘drift’ when it turned over. She has an ORIF.

• S42.351D Displaced comminuted fracture of shaft of humerus, right arm, subsequent encounter for routine healing

• V86.69xD Passenger of other special all-terrain or other off road motor vehicle injured in nontraffic accident

Same patient, Complication of Internal Fixation Device

• The patient broke her right humerus at mid shaft (comminuted) in a go cart accident when riding with her grandson who was demonstrating how he could ‘drift’ when it turned over. She has an ORIF and the fixation device has come loose resulting in a nonunion of the fracture.

• Should you code the nonunion or the complication first??
  — Use additional code to identify the specified condition resulting from the complication.

Complication of Internal Fixation Device Answer

• T84.120D Displacement of internal fixation device of right humerus

• S42.351K Displaced comminuted fracture of shaft of humerus, right arm, nonunion

• V86.69xD Passenger of other special all-terrain or other off road motor vehicle injured in nontraffic accident

Coding Practice

• Mrs. Thompson is admitted to home care after hospitalization for strep B pneumonia. She is taking penicillin, and at SOC the nurse identifies a raised rash over patient’s trunk, back and extremities. On report, physician diagnoses the rash as due to the penicillin, and changes the antibiotic.

Answer

• Mrs. Thompson:
  — J15.3 Strep B pneumonia
  — L27.0 Generalized dermatitis due to drugs and medicaments taken internally
  — T36.0x5D Adverse effect of penicillin
Coding Practice

• Patient had left BKA for diabetic gangrene. SN is providing aftercare, observation and assessment and dressing changes.

Answer

Patient had left BKA for diabetic gangrene. SN is providing aftercare, observation and assessment and dressing changes.

<table>
<thead>
<tr>
<th>ICD-10-CM</th>
<th>Description</th>
<th>M1025</th>
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</thead>
<tbody>
<tr>
<td>Z47.81</td>
<td>Aftercare amputation</td>
<td>E11.52</td>
</tr>
<tr>
<td>E11.51</td>
<td>DM w/peripheral angiopathy without gangrene</td>
<td></td>
</tr>
<tr>
<td>Z89.512</td>
<td>Acquired absence of left leg below knee</td>
<td></td>
</tr>
<tr>
<td>Z48.01</td>
<td>Encounter for surgical dressing changes</td>
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Same patient, but...

• Patient had left BKA for diabetic gangrene, but the amputation site is infected (MRSA) and necrosed
• SN for care to surgical wound, dressing changes.

Same patient, but....

amputation site infected (MRSA) necrosed care to surgical wound, dressing changes.

<table>
<thead>
<tr>
<th>ICD-10-CM</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T87.54</td>
<td>Necrosis of amp stump, LLE</td>
</tr>
<tr>
<td>T87.44</td>
<td>Infection of amp stump, LLE</td>
</tr>
<tr>
<td>B95.62</td>
<td>MRSA (cause of diseases classified elsewhere)</td>
</tr>
<tr>
<td>E11.51</td>
<td>DM with periph angiopathy w/o gangrene</td>
</tr>
</tbody>
</table>

Look up these Z-codes...

• Z72.0
• Z72.3
• Z72.4
• Z63.1

Z72.-Problems related to lifestyle

• Z72.Ø- Tobacco Use
• Z72.3- Lack of physical exercise
• Z72.4 Inappropriate diet and eating habits
Z63.1

What questions do you have?

Lisa@selmanholman.com
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• Selman-Holman & Associates, LLC
  • Home Health Insight
• CoDR—Coding Done Right—home health and hospice outsource for coding and coding audits
• CodeProUniversity—role based comprehensive online ICD-10-CM training for home health and hospice