17 ISSUE – October 2021
Bringing the Experts to You

The HIM Times Newsletter

MARSI MEDICAL AUDIT RESOURCE SERVICES INC.

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Did You Know?

MARSI OFFERS TRAINING COURSES :

- MARSI Training Courses can be customized to your needs.
- Outpatient, Inpatient and Risk Adjustment Presentations for Office Staff and Clinical Providers
- HCC Coder/Auditor Online Course

Send an Inquiry through HIMExperts.com

2022 ICD-10 UPDATES

Author: Marsha Diamond , CPC, COC, CCS, CPMA, AAPC Fellow

2022 ICD-10-CM will see a total of 159 additions, 25 deletions, 27 revisions all effective *October 1, 2021*.

Breakdown by chapter is as follows:

Chapter 1

Infectious and Parasitic Diseases

A00-B99

A79.82 Anaplasmosis [A. phago-cytophilum]

Additions to exclude notes

Chapter 2

Neoplasms

C00-D49

C84.7A Anaplastic large cell lymphoma, ALK -negative, breast

New codes for bilateral ovarian malignancy, primary and secondary

Chapter 3

Diseases of Blood and Blood-Forming Organs/Immune Mechanism

D50-D89

D55.21 Anemia due to pyruvate kinase deficiency

D55.29 Anemia due to other disorders of glycolytic enzymes

D75.838 Other thrombocytosis (including secondary and reactive)

D75.839 Thrombocytosis, unspecified

D89.44 Hereditary alpha tryptasemia

Chapter 4

Endocrine, Nutritional and Metabolic Diseases

E00-E89

E75.244 Niemann-Pick disease type A/B

Chapter 5

Mental, Behavioral and Neurodevelop-mental Disorders

F01-F99

F32.A Depression, unspecified

F78.A1 SYNGAP1-related intellectual disability

F78.A9 Other genetic related intellectual disability

Chapter 6

Diseases of Nervous Systems

G00-G99

G04.82 Acute flaccid myelitis

G44.86 Cervicogenic headache

G92.8 Other toxic encephalopathy

G92.9 Unspecified toxic encephalopathy

New subcategory G92.0 Immune effector cell-associated neurotoxicity syndrome by grade (6 codes)

Chapter 9

Diseases of Circulatory System

I00-I99

I5A Non-ischemic myo-cardial injury (non-traumatic)

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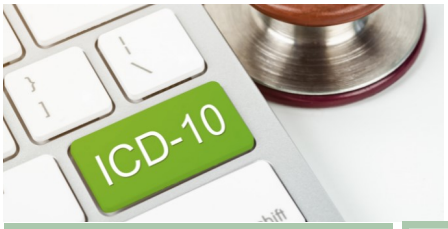

2022 ICD-10 UPDATES

Author: Marsha Diamond , CPC, COC, CCS, CPMA, AAPC Fellow

Breakdown by chapter (continued):

Chapter 11

Diseases of Digestive System

K00-K95

K22.81 Esophageal polyp

K22.82 Esophagogastric junctioan polyp

K22.89 Other specified disease of esophagus (hemorrhage of esophagus NOS)

New subcategory K31.A- Gastric intestinal metaplasia by location/ presence of dysplasia (10 codes)

Chapter 12

Diseases of Skin and Subcutaneous Tissue

L00-L99

New subcategories:

L24.A Irritant contact dermatitis due to friction or contact with body fluids, by type of fluid (4 codes)

L24.B Irritant contact dermatitis related to stoma or fistula, by type of stoma/fistula (4 codes)

Chapter 13

Diseases of Musculoskeletal System/Connective Tissue

M00-M99

M54.5 Low back pain expanded as follows:

M54.50 Low back pain, unspecified

M54.51 Vertebrogenic low back pain

New codes under subcategories:

M31.1- Reporting hematopoietic stem cell transplant-associated thrombotic microangiopathy (3 codes)

M45.A Non-radiographic axial spondyloarthritis (10 codes

M54.59 Other low back pain

New codes under subcategories:

M31.1 - Reporting hematopoietic stem cell transplant-associated thrombotic microangiopathy (3 codes)

M45.A Non-radiographic axial spondyloarthritis (10 codes)

Chapter 16

Conditions Originating in Perinatal Period

P00-P96

8 new codes specific abnormal findings on neonatal screening

Chapter 18

Symptoms, Signs, Abnormal Clinical/ Laboratory Findings

R00-R99

R05.- 6 new codes including

R05.9 Cough unspecified

R45.88 Nonsuicidal self-harm

R79.83 Abnormal findings of blood amino-acid level

R63.30 Feeding difficulties, unspecified

R63.31 Pediatric feeding disorder, acute

R63.32 Pediatric feeding disorder, chronic

R63.39 Other feeding difficulties

Chapter 19

Injury, Poisoning and Certain Other Consequences External Causes

S00-T88

New subcategory:

S06.A- Traumatic brain compression and herniation (6 codes)

T40.71 Cannabis (derivatives)

T40.72 Synthetic cannabinoids (Total of 36 new codes)

T80.82- Now requires 7th digit of A, D, or S

Chapter 21

Factors Influencing Health Status and Contact with Health Services

Z00-Z99

Additions to Social Determinants of Health:

Z55.5 Less than High School diploma

Z58.6 Inadequate drinking-water supply

Z59.0- Now includes sheltered vs unsheltered codes

Z59.4- Now includes:

Z59.41 Food insecurity

Z59.48 Other specified lack of adequate food

Z59.8 Now includes:

Z59.81 Housing instability

Z59.89 Other problems relating to housing

Z71.85 Encounter for immunization safety counseling

Z91.5- Codes to differentiate history of suicidal behavior vs non-suicidal self-harm

Chapter 22

Codes for Special Purposes

U00-U85

U09.9 Post COVID-29 condition, unspecified

Code first note to list the code for the specific condition related to COVID-19 first

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UNSTABLE ANGINA

Author: Carol Vidovich, CPC Auditor/Coder Medical Audit Resource Services, Inc

Definition:

A condition representing an intermediate stage between angina of effort and acute myocardial infarction.

HCC Category 87

ICD – 10 Code:

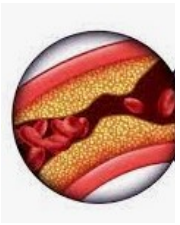
I20.0 Unstable angina

- Accelerated angina
- Crescendo angina
- De Novo effort angina
- Intermediate coronary syndrome
- Preinfarction syndrome
- Worsening effort angina

Unstable Angina is a severe, unexpected pain, or discomfort felt within the chest, typically when an individual is resting. In this condition, the heart does not get a sufficient amount of blood and oxygen, predisposing an individual to a heart attack. An Unstable Angina can be indicative of a serious heart disease.

Unstable angina is also classified as a type of *acute coronary syndrome*. It can be difficult to distinguish unstable angina from non-ST elevation myocardial infarction. They differ mainly in whether the ischemia is severe enough to cause sufficient damage to the heart's muscular cells to release detectable quantities of a marker of injury.

The most common cause of Unstable angina is reduced blood flow to the heart muscle because the coronary arteries are narrowed by fatty deposits (atherosclerosis) which can rupture causing injury to the coronary blood vessel resulting in blood clotting which blocks the flow of blood to the heart muscle.



Treatment

Unstable angina should be treated as an emergency.

First, ***cardiac catherization*** is done to identify the blocked parts of the coronary arteries.

This means a catheter is guided through an artery in the arm or leg and into the coronary arteries, then injected with a liquid dye through the catheter. High-speed X-ray movies record the course of the dye as it flows through the arteries, and doctors can identify blockages by tracing the flow.

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Depending on the extent of coronary artery blockage the next step would be either a Percutaneous coronary intervention (PCI) or a Coronary bypass graft surgery.

A PCI involves undergoing cardiac catherization using a catheter with a small inflatable balloon at the tip. The balloon is inflated, squeezing open the fatty plaque deposit located on the inner lining of the coronary artery. Then the balloon is deflated, and the catheter is withdrawn. This procedure is often followed by insertion of a stent to then keep the coronary artery vessel propped open to allow for improved blood flow to the heart muscle.

In the Coronary bypass graft surgical procedure, a blood vessel is used to route blood around the blocked part of the artery, forming a kind of detour.

HCC review rules

1. Since unstable angina is an acute condition, if the provider is coding this condition in an outpatient setting then a query might be necessary to clarify if the patient was experiencing this condition at the time of the visit.
2. If the patient has stable angina and appears to be on medication to support angina (Nitroglycerine), then stable angina (I20.8) or angina unspecified (I20.9) might be a better reflection of what the patient has. This too would need to be clarified by the provider by way of query with the provider providing documentation with MEAT.
3. When performing an HCC review, Unstable angina is considered an acute condition, so this condition would not be suspected by the provider.
4. When following hierarchy rules, a Myocardial infarction (HCC 86) trumps Unstable angina (HCC 87) which trumps Angina (stable/unspecified) (HCC 88).

SOURCES

1. The American Heart Association

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A NOTE FROM DR. HUSTY

There has been a lot in the medical news lately about whistle blower suits. Many of these have been due to an employee seeing a disregard for overcoding or perhaps even purposeful overcoding.

We at MARSI have always looked for both over codes and undercodes for our clients. We are basically part of our clients' compliance programs. We constantly remind our clients that they need to pay attention to overcodes as much as to undercodes.

What should someone do if they are concerned about overcoding that they do not feel is being addressed by the company they work for?

All medical entities are supposed to have a compliance program and a compliance officer. The first thing a concerned employee should do is take the issue to the compliance officer.

This should initiate a review by the compliance officer and the concerned employee should be kept informed of the results of the review. This gives the medical entity the opportunity to identify problems and to take corrective action. By law, there is not supposed to be any action taken against the employee for raising the concerns.

QUI TAM WHISTLEBLOWER

Whistle blower suits or as they are called, Qui tam actions, are frequently in the tens to hundreds of millions of dollars. The whistle blower can participate in the rewards of a judgment. On the surface, it seems that entering into a whistle blower suit could have high rewards. But, if someone does not follow the Directives of their company's compliance program, taking the complaint to other attorneys will have little merit.

Everyone that codes and audits charts knows that there is a certain amount of error and quite frequently there can be or should be more focus on accuracy but, even the federal government knows that a certain amount of error is normal and acceptable. But, even with that said, there are medical entities that stretch the rules on a constant basis and have a plan or scheme that consistently results in overbilling the government, which is one definition of ***fraud***.

I know that MARSI does not want to participate in anything fraudulent. I want my folks at MARSI to immediately go to our compliance officer with concerns. I also know that we will address them immediately. That is the right thing for all of us to do and I think most medical entities probably feel the same way. If you see something is broken let's try to fix it.