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## ACIDOSIS

Author: Cynthia Falen, RHIT, CCS

**Acidosis**, regardless of type (except for diabetic and renal tubular acidosis), has been historically coded to E87.2. However, with the new FY 2023 ICD-10-CM codes, code E87.2 has been deleted with “acidosis” being further classified.

### The new codes include:

- E87.20 – acidosis, unspecified to type
- E87.21 – acute metabolic acidosis
- E87.22 – chronic metabolic acidosis
- E87.29 – other acidosis

*Fortunately, the new acidosis codes will remain as a “cc” for FY 2023.*

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Per definition, **acidosis** is “a condition in which there is too much acid in the body fluids. It is the opposite of alkalosis, a condition in which there is too much base in the body fluids.”<sup>1</sup>

Metabolic acidosis occurs when the kidneys and lungs are not able to maintain your body’s pH in balance. The acidity of your blood is determined by the measurement

of pH in your body’s blood. A low pH means you are more acidic whereas a higher pH indicates your blood is more basic. A normal level of pH is around 7.4, with acidosis being classified with a pH of 7.35 or lower (alkalosis, a higher basic level, is characterized by a pH of 7.45 or higher).<sup>2</sup>

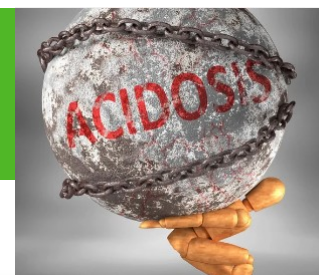
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## ACIDOSIS (Cont'd)

Author: Cynthia Falen, RHIT, CCS



### Acute metabolic acidosis

- can last from minutes to several days
- often occurs with serious illness or hospitalizations<sup>3</sup>
- can often impact the cardiovascular system

Symptoms of acute metabolic acidosis can include an altered mental status, palpitations, headache, weakness, and rapid and shallow breathing.

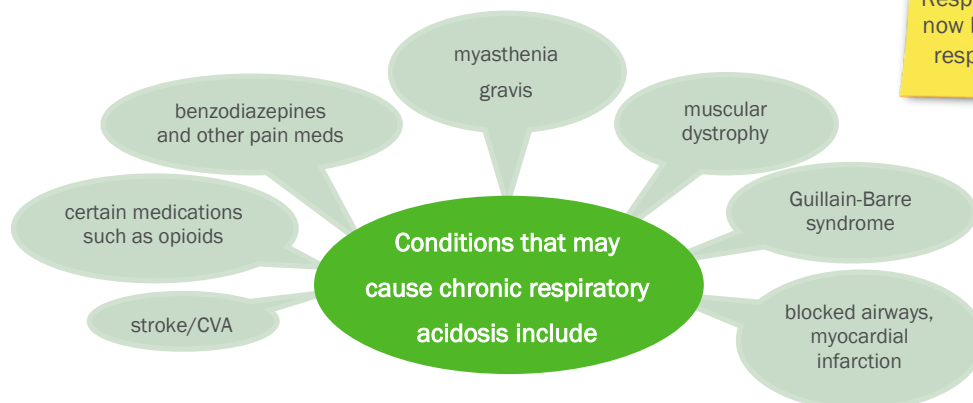
### Chronic metabolic acidosis

- can last several weeks or years
- affects muscles, bones, kidneys and cardiovascular system
- often the result of chronic kidney disease

Chronic metabolic acidosis has vague symptoms but can be diagnosed by testing serum bicarbonate levels in patients with chronic kidney disease.<sup>3</sup>

Risk factors for developing metabolic acidosis may include: a high fat diet that is low in carbohydrates, kidney failure, obesity, dehydration, and certain medication poisonings.<sup>6</sup>

**Respiratory acidosis** is “a condition that occurs when the lungs cannot remove all the carbon dioxide that the body produces. This causes the body fluids, especially the blood, to become acidic.”<sup>1</sup>



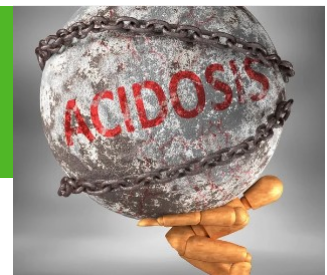
**\*Note:**  
Respiratory acidosis now being coded as respiratory failure

Chronic respiratory acidosis may be caused by COPD, asthma, pulmonary fibrosis, obesity and sleep apnea.<sup>4</sup>

- ◇ **Hyperchloremic acidosis**, which results from a loss of sodium bicarbonate, is another form of acidosis. Both diarrhea and vomiting can cause this type of acidosis.<sup>6</sup>
- ◇ **Lactic acidosis** occurs when there's too much lactic acid in your body. Causes can include chronic alcohol use, heart failure, cancer, seizures, liver failure, prolonged lack of oxygen, and low blood sugar. Even prolonged exercise can lead to lactic acid buildup.<sup>6</sup>

## ACIDOSIS (Cont'd)

Author: Cynthia Falen, RHIT, CCS



- ◇ **Lactic acidosis** occurs when there's too much lactic acid in your body. Causes can include chronic alcohol use, heart failure, cancer, seizures, liver failure, prolonged lack of oxygen, and low blood sugar. Even prolonged exercise can lead to lactic acid buildup.<sup>6</sup>

### *Renal tubular acidosis*

- Assigned code N25.89
- Classified to the renal section of ICD-10-CM

### *Diabetic acidosis, without coma*

- Assigned code E08.10, E09.10, E10.10, E11.10 depending on type of diabetes
- Classified within the diabetes section of ICD-10-CM

- ◇ **DKA (diabetic ketoacidosis)** is “a life-threatening problem that affects people with diabetes. It occurs when the body starts breaking down fat at a rate that is much too fast. The liver processes the fat into a fuel called ketones, which causes the blood to become acidic.”<sup>4</sup> This condition is very serious and can lead to death if not immediately treated.

## ? What does this mean for a coder?

Perhaps additional review of the record to determine if the patient has any underlying conditions that may indicate if the acidosis is acute or chronic or if the patient is a diabetic. Acute acidosis should be easier to establish due to the patient's condition in the hospital. If, however, the patient is not seriously ill, or lack of sufficient documentation, it will most likely result in querying the physician to get the most precise code!

#### Sources:

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3. [https://en.wikipedia.org/wiki/metabolic\\_acidosis](https://en.wikipedia.org/wiki/metabolic_acidosis)
4. [https://www.webmd.com/lung/what\\_is\\_respiratory\\_acidosis](https://www.webmd.com/lung/what_is_respiratory_acidosis)
5. <https://medlineplus.gov/ency/article/000320.htm>
6. <https://www.healthline.com/health/acidosis>

## CONGESTIVE HEART FAILURE - HCC 85

Author: Robyn Pommier-Quigley, CPC



### What is Heart failure (HF)?

Heart failure –also known as **congestive heart failure (CHF)** – is a chronic condition that means your heart can't pump blood as efficiently as it should to meet the body's needs.

This can cause a weakening of the heart's main function; therefore, causing blood and fluid to back up into the lungs and lower extremities (referred to as edema).<sup>1</sup> Ultimately, this can spread to major organs and worsen over time, if not treated accordingly.

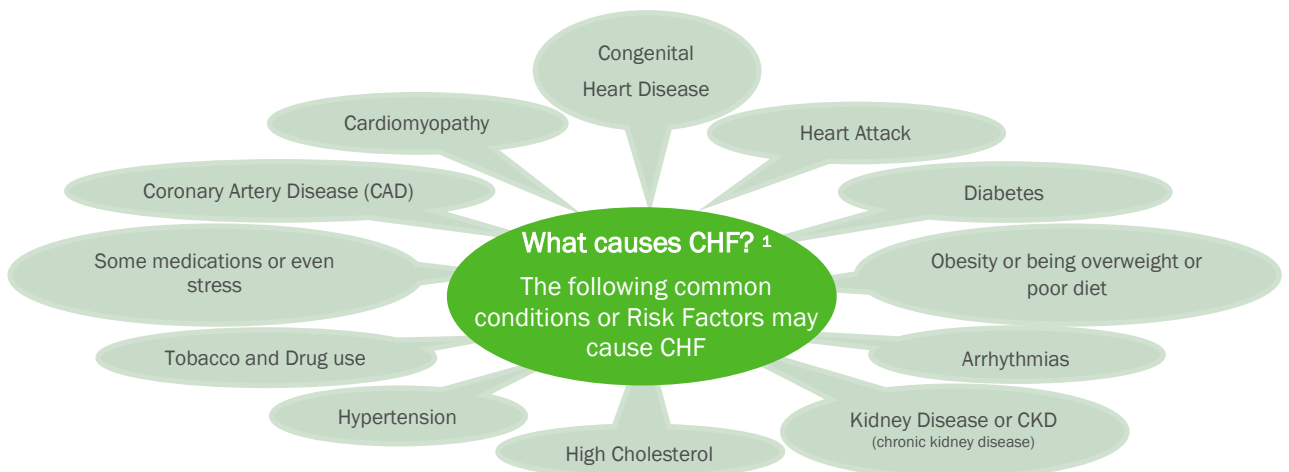
### Types of CHF\*

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Acute            | <input checked="" type="checkbox"/> Systolic                          |
| <input checked="" type="checkbox"/> Chronic          | <input checked="" type="checkbox"/> Diastolic                         |
| <input checked="" type="checkbox"/> Acute on chronic | <input checked="" type="checkbox"/> Combined systolic and diastolic   |
| <input checked="" type="checkbox"/> Right            | <input checked="" type="checkbox"/> Biventricular (right and left HF) |
| <input checked="" type="checkbox"/> Left             | <input checked="" type="checkbox"/> High output                       |
|  | <input checked="" type="checkbox"/> End stage/stage D                 |

Often Heart Failure will only affect the left or right side of the heart but can affect both. The following are considerations to differentiate between the 3 different forms.<sup>2</sup>

- ◇ **Left-sided heart failure** (most common form) occurs when the left ventricle of the heart does not pump enough blood around the body, building up blood in the pulmonary veins. Commonly causing shortness of breath. This is also caused by CAD (Coronary Artery Disease), a heart attack or long-term hypertension.
- ◇ **Right-sided heart failure** occurs from weakened right ventricle of the heart, causing the blood to build up in the veins. The expansion of the veins pushes fluid into surrounding tissue (edema). This generally develops from advanced left-sided heart failure.
- ◇ **Biventricular heart failure** affects both sides of the heart and causes the same symptoms seen individually.

**\*Note:**  
Providers should always code to the highest specificity, if known.



## CONGESTIVE HEART FAILURE - HCC 85

### (Cont'd)

Author: Robyn Pommier-Quigley, CPC

#### Stages of CHF<sup>3</sup>

According to the ACC/AHA Classification system, there are four heart failure stages (Stage A, B, C, and D).

Stage A and B may have several risk factors for heart disease but no signs/symptoms of HF.

Stage C is a heart failure diagnosis and currently has or previously had signs and symptoms of the condition.

Stage D applies to people who have a reduced EF, (or advanced HF) that require specialized treatments.



## NYHAC

The New York Heart Association Classification uses a scale that groups heart failure into four categories:

Class I – Class IV

### Signs/Symptoms of CHF<sup>4</sup>

- Shortness of breath (SOB) with activity or laying down
- Persistent cough or wheezing with white or pink blood tinged mucus
- Chest pain if heart failure is caused by a heart attack
- Very rapid weight gain from fluid buildup
- Difficulty concentrating or decreased alertness
- Swelling of the abdomen
- Swelling in the legs, ankles, and feet (edema)
- Rapid or irregular heartbeat
- Feeling tired (fatigue) and weakness
- Nausea and lack of appetite
- Reduced ability to exercise

### How is CHF diagnosed?

The following tests can be performed to assess the cause of HF:

- Stress test
- Electrocardiogram (EKG/ECG)
- Echocardiogram (ECHO)
- Chest X-ray
- MRI or CT (Computed Tomography) scan
- Blood tests including BNP
- Cardiac catheterization or coronary angiogram
- Myocardial biopsy

**Treatment :** Medications and lifestyle changes are essential to every treatment plan which can include but not limited to restriction of sodium (salt) in your diet, losing weight, regular exercise/being active, avoiding smoking or drinking alcohol.

**Angiotensin-converting enzyme (ACE)** inhibitors open narrowed blood vessels to improve blood flow. Vasodilators are an alternative if you cannot tolerate ACE inhibitors.<sup>5</sup>

**Beta-blockers** decrease the work the heart must do and can reduce blood pressure and slow a rapid heart rhythm.<sup>5</sup>

**Diuretics** (also known as “water pills”) are a class of drugs that help you flush out excess water and salt from the kidneys through urine.

**Advanced treatment options** may include ICD or pacemaker, heart transplant, heart surgery, ventricular assist devices, continuous infusion of IV inotropic drugs, and palliative or hospice care.<sup>5</sup>

## CONGESTIVE HEART FAILURE - HCC 85

(Cont'd)

Author: Robyn Pommier-Quigley, CPC



### HCC Coding and Documenting

Per AHA Coding Clinic, 1st Qtr, 2009, pg. 7, it is not appropriate to assume a patient is in heart failure, when only 'diastolic dysfunction' or 'systolic dysfunction' is documented. Additionally, there is no code within the ICD-10-CM code set for diastolic dysfunction.

When you look this up in the ICD-10-CM Alphabetic Index, it will lead you to code I51.89, Other ill-defined heart disease.

*The following abbreviations for heart failure have been accepted for specificity documentation purposes by AHA Coding Clinic: <sup>6</sup>*

- HFpEF (CHF with preserved EF or diastolic HF)
- HFrEF (CHF with reduced EF or systolic HF)

2022 Final HCC Mappings for ICD-10 lists Heart Failure and Heart Failure combination codes with a value of **HCC 85**.<sup>7</sup>

Do you have **Denials?**  
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Sound **Appealing?**

For more information reach out to your

**MARSI** point of contact or **MARSI Denial Management**

Sources:

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## WHY WE NEED TO DO A BETTER JOB ON E & M IMPLEMENTATION IN 2023 THAN WE DID IN 2021

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



As we mentioned in our previous newsletter, big changes are coming to the Evaluation and Management (E & M) codes for 2023. Many coders saw changes to the Office/Outpatient E & M codes in 2021, and this is probably a good time to reflect on how we did on that implementation:

- MDM (medical decision-making) is still not being properly documented in over 50% of the encounters audited since the implementation of the new guidelines for Office/Outpatient E & M services.
- Time is still not documented (or documented appropriately) in the majority of Office/Outpatient E & M encounters since the implementation of the new guidelines in 2021.

The good news is, that for those providers who documented their MDM and/or time appropriately for Office/Outpatient encounters since 2021, their average E & M level has increased from a **99213** to a **99214** as a result.

Following suit to the 2021 Office/Outpatient guidelines, the majority of “level-based” Evaluation and Management codes in 2023 will be determined based on either medical decision-making or time, whichever is most beneficial to the provider. This will now apply to hospital care codes, which now encompass both inpatient and observation (initial, and subsequent), nursing facility, consultations and home/residence encounters (which now includes rest home, domiciliary and assisted living).

There's plenty that needs to be done to successfully implement over 50 changes to E & M codes for 2023 such as:

- ⇒ Implement time documentation into EMR templates to “prompt” documenter for time documentation
- ⇒ Educate not only coders but documenters on MDM and time requirements for documentation and that these changes will now be effective for other places of services
- ⇒ Update chargemaster/procedure code files with deletions, additions, possible crosswalks
- ⇒ Provide crosswalk from deleted codes to suggested replacements
- ⇒ Provide sufficient time to implement above and test chart sampling prior to 01/01/23

Ensuring that the above steps have been successfully implemented prior to the 01/01/23 implementation date for these changes will:

- ⇒ Increase potential revenue from improved documentation of time/MDM
- ⇒ Avoid denials from deleted or redefined codes
- ⇒ Avoid refund requests for documentation needed for new guidelines
- ⇒ Eliminate delays in claims submission and resulting payment delays
- ⇒ Decrease the possibility of third-party audits due to documentation issues and “target” area issues

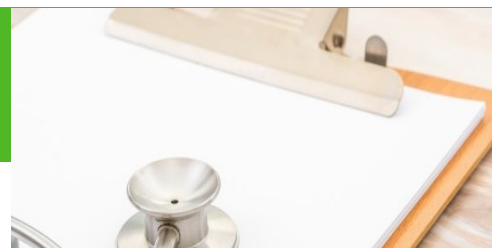
There's more at stake in 2023, with the larger number of code changes, and the majority of the code changes for 2023 representing larger reimbursement amounts than the Office/Outpatient encounter codes in 2021.

The time is now to get started.

Enhancement to the facility or practice's EMR can take months to get accomplished.

January seems some time away, but, not really!

## A NOTE FROM DR. HUSTY



I was just reminded that I was to write an article for the October newsletter.

I love doing it, but I've never been so busy in my entire life!

When we joined forces with HMA, I knew there would be a busy transition. But I underestimated the scope of HMA services and how much interest there would be in the **MARSI** acquisition and what we do. HMA needed an expert coding/



auditing company to provide a service to the myriad of clients that have grown to trust

them to find solutions in this complicated business of healthcare. **MARSI** has been a

trusted resource for very close clients across the country for 30 years, but we were limited in scope. We had to turn down requests for services that we simply did not provide.

But the rest of HMA does! They have developed a reputation as experts in many other aspects of healthcare, especially in the government-funded arena. They have added experts in *actuarial services, data analytics, revenue cycle management, and of course documentation and coding*. It is exciting to be a part of an organization that provides end-to-end, wraparound services to clients but, even better, the focus is to assist those who provide service to the most important people, the patients.



Many healthcare organizations state that they are working on healthcare inequities, but HMA started in the Medicaid space dealing with these inequities. It is clearly a part of their corporate culture. As an ER doctor, I have always been



involved in taking care of those that had nowhere else to go by providing everyone with quality care...and documenting that. Now, with HMA, we not only get to continue our efforts to change the quality of care, documentation and coding, but we also are participating in initiatives to improve mental health and substance use disorder care, initiatives that I have been deeply

involved with locally for the past 10 years.

This change is good for **MARSI**, our clients, and also for people with difficult and underserved healthcare needs... expected and unexpected wins!