



WEBINAR SERIES (PART TWO)

PDPM coding:

Avoid these common traps

Lisa Selman-Holman and Mary Madison

1

Purchase 1 contact hour

<https://selmanholman.thinkific.com/courses/part2>

Available for purchase — \$10

- Complete the two-question quiz and evaluation to receive your certificate
- Awards one contact hour for nurses
- 1 CEU approved by AHIMA

2

Number 2 The 'with' convention

- The ICD-10-CM conventions presume a cause and effect relationship even in the absence of physician documentation when the words 'with' or 'in' are used in the index or in the title of a code.
- Diabetes with ESRD (index)
- Hypertension with heart failure (index)
- Benign prostatic hypertrophy with lower urinary tract symptoms (title of code)

3

Conventions—Relational Terms

2018

- The word “with” or “in” should be interpreted to mean “associated with” or “due to” when it appears in a code title, the Alphabetic Index, **(either under a main term or subterm)** or an instructional note in the Tabular List.

2019

4

4

With



The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List. *These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated or when another guideline exists that specifically requires a documented linkage between two conditions (e.g., sepsis guideline for “acute organ dysfunction that is not clearly associated with the sepsis”).*

5

5

“With” or “in”


For conditions not specifically linked by these relational terms in the classification or when a guideline requires that a linkage between two conditions be explicitly documented, provider documentation must link the conditions in order to code them as related.

If the condition is not specifically listed under with or in, then it cannot be linked without the physician’s say-so.
Does a guideline say it requires physician documentation?

6

6

Examples of 'With'

- Reference diabetes in the index **AS AN EXAMPLE**
- Diabetes with
 - amyotrophy
 - arthropathy NEC 
 - autonomic (poly) neuropathy
 - cataract (yes, even cataracts)
 - Charcot's joints
 - And so on...
- **Not limited to diabetes...**see dementia, with...
 - Dementia, with, Parkinson's
 - Anemia in...



7

Diabetic Manifestations (and Others)

- It's not the coder that assumes—the classification assumes a cause and effect relationship between diabetes and the listed manifestations
- The only time you do not code those manifestations specifically listed, as diabetic is if the physician has documented the conditions are *unrelated*.
 - It is imperative that all documentation be reviewed for indications that there is another cause or is unrelated before assigning the manifestation to diabetes.

8

Examples

- The physician documents foot ulcer on a diabetic patient.
- The physician documents pressure ulcer on the right buttock on a diabetic patient.
- The patient has diabetes and also has polyneuropathy.
- The patient has diabetes and also has alcoholic polyneuropathy documented.
- The diabetic has a gangrenous pressure ulcer.

9

Examples

- The diabetic patient has PVD
- The diabetic patient has *arterial* ulcers.
 - "Arterial" does not provide a diagnosis.
- The diabetic has an ulcer on his lower *leg* associated with stasis dermatitis with hemosiderin staining and a beefy wet appearance.
 - Know when you should really ask



10

10



- Arthropathy NEC
 - Circulatory complication NEC
 - Complication, specified NEC
 - Kidney complications NEC
 - Neurologic complication NEC
 - Oral complication NEC
 - Skin complication NEC
 - Skin ulcer NEC
- *For conditions not specifically linked by these relational terms in the classification, provider documentation must link the conditions in order to code them as related.*

CC Q4 2017 Do NOT link conditions not specifically listed!

11

11

- The patient has diabetes and OA. Do we code that as diabetic arthropathy?
- What if the doctor documents diabetes and arteriosclerosis of the extremities?
- The patient has diabetes and CAD. Is that diabetic CAD? No, but...
 - (If diabetic CAD is documented: E11.59, I25.10)



12

12

Scenario

- The patient has a documented gangrenous stage 3 pressure ulcer to the left medial ankle and also has diabetes. The physician states "Stage 3 necrotic decubitus ulcer of left heel associated with diabetic neuropathy and peripheral vascular disease."
- I96 Gangrene, not elsewhere classified
- L89.623 Pressure ulcer, left heel, stage 3
- E11.51, Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene, and
- E11.40, Type 2 diabetes mellitus with neurological complications

13

13

Rationale

- In this case, the gangrene is associated with the pressure ulcer rather than the diabetes mellitus, and ICD-10-CM instructs to code first any associated gangrene. The primary reason for the admission was for treatment of the gangrenous pressure ulcer. This was not a diabetic ulcer. Diabetic ulcers typically involve the foot starting on the toes and moving upward. Pressure ulcers typically develop in tissue near bony prominences, such as the elbows, tailbone, greater trochanters or heels. Although diabetes mellitus may increase the risk of pressure ulcers because of its association with neuropathy and angiopathy, ICD10-CM does not classify pressure ulcers the same as diabetic ulcers. The classification does not provide index entries for diabetes with pressure ulcer as the code categories for diabetes were not intended to describe pressure ulcers. CC 3rd Q 2018

14

14

Scenario

- The patient has a documented gangrenous ulcer with necrosis to the muscle to the left medial ankle and also has diabetes. *Confirm the ulcer is related to diabetes.*
- In this case the gangrene is assumed related to the diabetes, but the ulcer is NOT.
- E11.622 Type 2 Diabetes with other skin ulcer
- L97.323 Non-pressure ulcer of left ankle with necrosis of muscle
- E11.52 Type 2 Diabetes with peripheral angiopathy and gangrene

No requirement to code gangrene first.

15

Diabetes and Ulceration

- Diabetes
 - With
 - Foot ulcer E11.621
 - Skin ulcer NEC E11.622
- What does NEC mean?
 - a. did NE one c that?
 - b. Code it this way unless it should be coded another way

16

16

Diabetic Ulceration

- Patient with Diabetes developed an ulcer on dorsal aspect of left 2nd toe that the patient stated was caused by a "shoe insert" he was wearing. Stated it was getting better then all of a sudden got worse with drainage and erythema. Admitted to home care for wound care for the ulceration. The nurse documents fatty tissue in the ulcer.
 - How to code?
- Visit to the physician who diagnosed cellulitis and gangrene and admitted patient to the hospital for amputation. No mention of PVD or Venous Insufficiency. Referral just states wound care to amputation site. Antibiotics continue at SNF.
 - How to code?

17

17

Answers

- Admission to home health diagnosis:
 - E11.621 Diabetes with foot ulcer
 - L97.522 Non-pressure ulcer of other part of left foot, fat layer exposed
- SNF diagnoses:
 - Query physician regarding complication of amputation? or just prophylactic antibiotics? If routine care after amputation...
 - Z47.81 Aftercare, amputation
 - E11.51 Diabetes with peripheral angiopathy without gangrene Active Diagnoses
 - Z89.422 Acquired absence of other left toe
 - Z86.31 History of diabetic foot ulcer
- Major surgery J2599

18

18

Non Pressure ulcers (L97.- and L98.-)

Laterality (5th character)

6th character-- Based on depth of wound, defined by anatomical depth and may be based on clinician documentation

- 1 Skin only
- 2 Subcutaneous tissue layer (fat layer exposed)
- 3 Muscle tissue layer *necrosis*
- 4 Bone *necrosis*
- 5 Muscle involvement without evidence of necrosis
- 6 Bone involvement without evidence of necrosis
- 8 With other specified severity
 - E.g., Can see tendon, ligament
- 9 Unspecified (the nurse didn't care to look???)

19

19

Diabetes, with

• Peripheral arteriosclerosis, peripheral vascular disease and peripheral arterial disease in a diabetic patient should be linked and coded as "diabetic peripheral angiopathy."

• Source: AHA Coding Clinic Volume 5 Second Quarter Number 2 2018

- Coding Clinic Third Quarter 2018
 - E11.51 Diabetes with peripheral angiopathy
 - I70.2- Atherosclerosis of lower extremity
- Coding Clinic Letter 4/2019
 - Peripheral angiopathy includes arterial, venous and capillary issues
 - Venous stasis is presumed related to diabetes
- Only foot ulcers are related to diabetes

20

20

Diabetes with Atherosclerosis of Lower Extremities

Atherosclerotic ulcer in a diabetic

- E11.51
- I70.2-6
- L97.-

Diabetic ulcer in a patient with atherosclerosis????


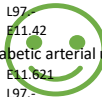
- E11.62-
- L97.-
- E11.51
- I70.2-

21

21

Diabetic ulcers

<ul style="list-style-type: none"> • Diabetic neuropathic ulcer <ul style="list-style-type: none"> • E11.42 • L97.- • Diabetic arterial ulcer <ul style="list-style-type: none"> • E11.51 • L97.- 	<ul style="list-style-type: none"> • Diabetic neuropathic ulcer <ul style="list-style-type: none"> • E11.621 • L97 • E11.42 • Diabetic arterial ulcer <ul style="list-style-type: none"> • E11.621 • L97.- • E11.51
---	---

22

22

Diabetic Ulcers

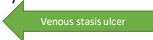
- What if the physician says diabetic arterial ulcer?
 - E11.621 DM with foot ulcer
 - L97.- Ulcer
 - E11.51 DM with peripheral angiopathy without gangrene
- What if the physician says diabetic neuropathic ulcer?
 - E11.621 DM with foot ulcer
 - L97.- Ulcer
 - E11.40(2) DM with neuropathy
- What if the physician says diabetes and atherosclerotic gangrenous ulcer on right foot?
 - E11.52 Diabetes with peripheral angiopathy with gangrene
 - I70.261 Atherosclerosis of right foot with gangrene
 - L97.419 Ulcer right foot

23

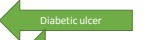
23

Diabetic Ulcers (Venous)

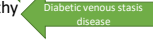
- What if the physician says diabetic venous stasis?
 - E11.51 DM with peripheral angiopathy
 - I87.2 Chronic Venous Insufficiency
- What if the physician says venous stasis ulcer and the patient is diabetic?
 - E11.51 DM with peripheral angiopathy
 - I87.2 Chronic Venous Insufficiency
 - L97.- Ulcer
- What if the physician says diabetic ulcer and the patient has venous stasis?
 - E11.621 DM with foot ulcer
 - L97.- Ulcer
 - E11.51 DM with peripheral angiopathy
 - I87.2 Chronic Venous Insufficiency



Venous stasis ulcer



Diabetic ulcer



Diabetic venous stasis disease

24

24

Why 2 Codes for Peripheral Angiopathy?

- E11.51 Diabetes with Peripheral Angiopathy
- I70.2- Atherosclerosis of lower extremities
- E11.51 Diabetes with Peripheral Angiopathy
- I87.2 Chronic venous insufficiency

Assign only the combination code when that code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple coding should not be used when the classification provides a combination code that clearly identifies all of the elements documented in the diagnosis. When the combination code lacks necessary specificity in describing the manifestation or complication, an additional code should be used as a secondary code.

25

25

Guideline: Hypertension

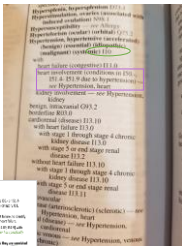
- The classification presumes a causal relationship between hypertension and heart involvement and between hypertension and kidney involvement, as the two conditions are linked by the term "with" in the Alphabetic Index.
- These conditions should be coded as related even in the absence of provider documentation explicitly linking them, *unless the documentation clearly states the conditions are unrelated.*
- For hypertension and conditions not specifically linked by relational terms such as "with," "associated with" or "due to" in the classification, provider documentation must link the conditions in order to code them as related.

26

26

Index

- 2019 Change
- List of heart conditions *should* exclude I51.81
 - Takotsubo Syndrome is not related to hypertension. It is related to stress, so it was omitted from the list of conditions assumed caused by hypertension.



27

27

Hypertension

- Hypertension with heart conditions classified to I50.- or I51.4-I51.7, I51.89, I51.9, are assigned to a code from category I11, Hypertensive heart disease.
- Use an additional code from category I50, Heart failure, to identify the type of heart failure in those patients with heart failure.
- The same heart conditions (I50.-, I51.4-I51.7, I51.89, I51.9) with hypertension are coded separately *if the provider has specifically documented a different cause.* 2018
- *New language:* if the provider has **documented they are unrelated to the hypertension.** 2019

28

28

Hypertensive Heart Disease

- Look at I11
- *I51.4-I51.9 (but not I51.81) are included* however use an additional code for heart failure, if present.
 - Specific sequencing required
 - The hypertension must be coded prior to the heart failure.
 - Note the 'code first' note at I50
 - The conditions included in I11 are not coded separately.
 - Patient has hypertension and cardiomegaly (I51.7), then code I11.9 ONLY

29

29

Practice

- Hypertensive left ventricular hypertrophy
 - a. I11.9
 - b. I11.9, I51.7
- End stage heart disease patient also has hypertension
 - a. I11.9
 - b. I11.9, I51.9
- Senile degeneration of heart with hypertension
 - a. I11.9
 - b. I11.9, I51.5

30

30


Practice

- Hypertensive left ventricular hypertrophy
 - a. I11.9
 - b. I11.9, I51.7
- End stage heart disease patient also has hypertension
 - a. I11.9
 - b. I11.9, I51.9
- Senile degeneration of the heart with hypertension
 - a. I11.9
 - b. I11.9, I51.5

31

31

Hypertensive Chronic Kidney Disease

- The classification assumes a relationship between hypertension and chronic kidney disease.
- CKD should not be coded as hypertensive if the **provider indicates the CKD is not related to the hypertension.** 
- Code to I12.-
 - Stage 5 or ESRD with hypertension I12.0
 - Stage 1-4 or unspecified CKD with hypertension I12.9
 - Specific sequencing required with CKD

32

32

Hypertensive Heart and Kidney

- Assign codes from combination category I13, Hypertensive heart and chronic kidney disease, when there is hypertension with both heart and kidney involvement.
- If heart failure is present, assign an additional code from category I50 to identify the type of heart failure.
- The appropriate code from category N18, Chronic kidney disease, should be used as a secondary code with a code from category I13 to identify the stage of chronic kidney disease.

33

33

Diabetes, Hypertension and CKD

- Diabetes and hypertension are assumed related to CKD.
- What if the physician says 'diabetic CKD' or 'hypertensive CKD'?
- Code them all related.
 - Exception is if the physician specifically says the diabetes or the hypertension is NOT related.

34

34

Examples

- The patient has diabetes, HTN and CKD
 - E11.22, I12.9, N18.9 *OR*
 - I12.9, E11.22, N18.9

These are coded like this even if the physician states "diabetic CKD" or "hypertensive CKD"
- The patient has diabetes, HTN, heart failure and CKD
 - E11.22, I13.0, I50.9, N18.9 *OR*
 - I13.0, E11.22, I50.9, N18.9 *OR maybe*
 - I13.0, I50.9, E11.22, N18.9

35

35

Diagnostic Statements

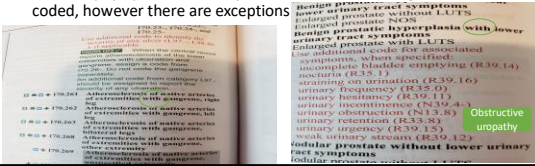
- Hypertension and ESRD I12.0, N18.6
- Hypertension and CHF I11.0, I50.9
- Systolic heart failure due to hypertension I11.0, I50.20
- Malignant hypertension I10
- Patient has CKD and hypertensive cardiomegaly I13.10, N18.9

36

36

Example of 'with' in Tabular

- Benign prostatic hyperplasia with lower urinary tract symptoms
- Atherosclerosis of lower extremities with gangrene
- Ordinarily symptoms routinely associated with the diagnosis are NOT coded, however there are exceptions



37

Q&A

38

Purchase 1 contact hour

<https://selmanholman.thinkific.com/courses/part2>

Available for purchase — \$10

- Complete the two-question quiz and evaluation to receive your certificate
- Awards one contact hour for nurses
- 1 CEU approved by AHIMA

40

Thank you for attending!

Recording and slides available at
www.simpleltc.com/pdpm-coding-webinar
and www.selmanholman.com