Top 5 Tricky Conditions to Document and Code

Complete and accurate diagnostic coding can be tricky. Below are some coding tips to keep in mind.

Condition	Tips

Health Status	• Document and code for status codes at least once a year:
	  o Current artificial openings
	  o Status of transplants and/or amputations
	• Document Body Mass Index (BMI) as a percentile any time you take height and weight. Code if BMI affects the patient's condition (underweight, obese, etc.)

Diabetes (DM) and Diabetic Screening	• Use screening codes to substantiate rationale for diabetes screening for non-diabetic patients. Don't code DM; instead code the reason for the screening.
	• When documenting DM, specify the type, and note insulin use and any complications
	• When coding DM with complications, you many need to provide additional codes. For DM with:
	  o Kidney complications, use additional code to identify stage of CKD
	  o Ophthalmic complications, use additional code to identify manifestation
	  o Skin complications, use additional code to identify the site of ulcer

Hypertensive Heart Disease	• Document the causal relationship between hypertension and heart disease (caused by, due to, etc.) and use a combination code for hypertensive heart disease

Neoplasms	• Code neoplasm as active if documentation shows current treatment; documentation should indicate either:
	  o Current chemotherapy, radiation treatment, or drug therapy
	  o Reason for refusal of treatment by patient, or watchful waiting
	• Only document/code a neoplasm as historical if there isn't evidence of active treatment
	• After a malignancy has been excised, you can continue to code it as active if the patient still receives treatment directed to the site of excised cancer.
	• You can code leukemia, multiple myeloma, and malignant plasma cell neoplasms without current treatment as active if documented as in remission; use the appropriate fifth digit.

Major Depressive Disorder (MDD)	• ICD-10 guidelines instruct coding documentation of "depression" (without further specifications) as MDD, single episode, unspecified. If you aren't diagnosing a patient with MDD, consider avoiding documentation of

	"depression" and instead document the presenting symptoms.
	• If MDD doesn't exist, consider these diagnosis codes:
	o Dysthymia, when symptoms are intermittent, milder, and last more than 2 years in adults and 1 year in adolescents and children
	o Unhappiness or reaction to severe stress
	o Adjustment disorders
	• When documenting MDD always indicate:
	o Severity (mild, moderate, or severe; with or without psychotic features)
	o Episode (single or recurrant)
	o Status of the episode (in partial or full remission)
	• You can't code MDD with bipolar disorder or manic episodes

Check out Premera's interactive, quick and easy-to-use **Documentation and Coding Web Training** series for clinicians at https://www.premera.com/wa/provider/reference/coding-resources/.

To learn more or to request training on documentation and coding best practices, email ProviderClinicalConsulting@premera.com.