AHIMA’s monthly e-newsletter exclusively for coding professionals

Contact Patty Buttner at patty.buttner@ahima.org if you wish to submit an article or have questions.

Guidelines for Clinical Articles

Purpose
The purpose of CodeWrite articles is to:
- Illustrate correct coding in ICD-10-CM, ICD-10-PCS, CPT, and/or HCPCS Level II
- Apply coding principles and guidelines
- Apply concepts of pathophysiology, pharmacology, or medical terminology
- Practice analysis of information from the health record as the source document
- Provide information on New Reimbursement Initiatives
- Provide information on the Impact of Quality Measures
- Understand the impact of CDI
- Understand topics related to the Revenue Cycle
- Provide information on coding challenges or aspects related to various healthcare settings

Content Guidelines
Suggested word count: 750–1000 words

Articles may include the following elements, as applicable:

1. The objective
   - A statement relating the purpose of the article
   - This should tell the reader the main thing he/she will learn from the article
   - It is recommended that an article have no more than one or two objectives

2. Clinical Information
   - Useful notes for correct code assignment
   - Common pitfalls that lead to incorrect code assignment

3. Official coding conventions/guidelines involved
   - Cite the official guideline by reference number
   - Reproduce the applicable guideline if space permits

4. Coding Clinic/CPT Assistant citations
   - List applicable references by issue

5. Coding scenario
   - A statement or brief description of a medical condition or surgical procedure
   - Recommended length: 2-3 sentences maximum (under 50 words)
   - This should be a snapshot of a procedure or a diagnostic statement that will illustrate the learning objective

6. Codes assigned
   - Correct code assignment
   - Either diagnosis or procedure codes, or both, whichever is necessary to illustrate the learning objective.
The article should mention that the codes assigned in the article depict the code results of one coder and the article is not intended to introduce new official coding advice or official sequencing instruction.

7. Footnotes, references, and helpful websites
- Include the full URLs for websites or online articles with helpful information on your topic.

8. Additional questions for coding discussion
- Suggest 2-3 questions for further discussion on the topic
- Should be thought provoking, not easily answerable, perhaps no one "right" answer
- Consider including other common problems associated with the code category addressed

See the sample article below in Appendix A.

Possible Topic Ideas

General
- Codes or guidelines known to be problematic or confusing
- Codes with recent changes in either the codes themselves or coding instructions
- Codes with specific instructions for sequencing or multiple code assignment
- Vague or nonspecific codes that must be used for specific procedures not elsewhere classifiable
- Challenging and/or complicated ICD-10-CM, ICD-10-PCS and CPT/HCPCS procedure codes
- Coding conventions that vary between procedural classifications (ICD-10-PCS vs. CPT/HCPCS)
- MS-DRGs
- POA/HAC
- Impact of new payment methodologies
- Revenue Cycle Topics

ICD-10-CM Diagnoses
- Heart valve disease, with/without heart disease
- Combination codes for hypertension with heart or renal failure
- Congenital disorders treated later in life
- Sequela codes (how late is late?)
- Any section of the official guidelines that has multiple instructions (neoplasms, HIV, etc.)
- Complications (confirming causative relationship, correct sequencing)
- Identifying infectious organisms
- Complicated wounds, crush injuries
- Differentiating primary from secondary neoplasms
- Symptoms (when it is appropriate to report them separately, inpt vs outpt use)
- Specified vs unspecified anemias
- Mental disorders
- CAD if native vs. bypass vessel
- Cholecystitis (acute, chronic, with/without stones)
- OB delivery with problems (multiple codes, causes of obstructed labor)

ICD-10-PCS Procedures
- Biopsy vs. excision of lesion
- Coding of multiple procedures
- Bypass procedures
- Intestinal procedures
- Fracture repairs with bone grafts
- Spinal fusion
- Coding of devices
CPT/HCPCS
- Excision of lesions
- Skin grafts
- Breast procedures
- Bronchoscopy
- Nasal/sinus endoscopy
- Arteriovenous fistulas
- Central venous access
- Laminectomies
- Strabismus surgery
- Spinal fusion
- Heart caths
- CABG
- Hemodialysis access
- Transurethral procedures
- Injections/Infusions
Appendix A: Sample Article

Digoxin Toxicity: Adverse Effect or Poisoning?
By Judy A. Bielby, MBA, RHIA, CPHQ, CCS

Objective

The objective of this article is to examine the classification of drug toxicity coding in ICD-10-CM.

Clinical Information

Digoxin is a medication used to treat conditions such as atrial fibrillation. Toxicity can be an adverse effect of digoxin taken as prescribed. Digoxin can build up in a person’s body, so blood tests are done on a regular basis to monitor for buildup of digoxin in the system. A variety of factors can impact how digoxin works in a patient's body, including reduced kidney function, interaction with certain foods or medications, and the individual's level of tolerance to the medication. In some instances what is documented as digoxin toxicity is documented further as being caused by an overdose of digoxin. Accidentally taking too much medication can cause a buildup of digoxin in the system. Coders must take care to report code assignment based on the documentation in the health record.

Coding Conventions and Guidelines Involved

ICD-10-CM Official Guidelines for Coding and Reporting describes the occurrence of drug toxicity as being classified as adverse effects, poisoning, or toxic effects. Additionally, ICD-10-CM also has classification for medication underdosing.

ICD-10-CM guidelines I.C.19.e. “Adverse Effects, Poisoning, Underdosing and Toxic Effects”: These guidelines define and provide direction on how to code and sequence adverse effects, poisoning, underdosing, and toxic effects.²

Please note that the scenarios described below depict the code results of one experienced coder. This is not intended to represent official coding advice or official sequencing instruction, but is only intended to illustrate how documentation impacts code assignment.

Coding Scenario 1
A 62-year-old female is seen for nausea and vomiting due to digoxin toxicity. It was discovered that the patient was taking twice the dose prescribed.

<table>
<thead>
<tr>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>T46.0X1A, Poisoning by cardiac-stimulant glycosides and drugs of similar action, accidental (unintentional), initial encounter</td>
</tr>
<tr>
<td>R11.2, Nausea with vomiting, unspecified</td>
</tr>
</tbody>
</table>

Table of Drugs and Chemicals:
Digoxin (Accidental Poisoning column) T46.0x1
Vomiting
-with nausea R11.2

Coding Scenario 2
A 62-year-old female is seen for nausea and vomiting due to digoxin toxicity. The patient was taking the medication as prescribed.

<table>
<thead>
<tr>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>R11.2, Nausea with vomiting, unspecified</td>
</tr>
<tr>
<td>T46.0X5A, Adverse effect of cardiac-stimulant glycosides and drugs of similar action</td>
</tr>
</tbody>
</table>

Index:
Vomiting
-with nausea R11.2

Table of Drugs and Chemicals:
Digoxin (Adverse Effect column) T46.0x5

Notes


Additional References


Judy Bielby is a clinical assistant professor at the University of Kansas and a consultant with Durst & Associates in the Kansas City, MO, area.