

ICD-10 Coding for Palliative Care, Socio-economic, and other factors.

Presenter: Eva Gregorek, RHIT, CCS

Jzanus Consulting, Inc.

515 Hempstead Turnpike
West Hempstead, New York
(516)240-8147

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Objectives

- Understand the uses of coded data
- Recognize the importance of physician documentation
- The use of “Z-codes” to accurately represent the clinical picture of the patient

Uses of Coded Data

- Exchange meaningful health data with other organizations and government agencies
- Evaluate resource utilization
- Track public health threats (E.g., avian flu, Ebola)
- Measure quality of care
- Accurate reimbursement
- Assist with advocacy work for healthcare policy matters

Benefits of complete coding

- Supports the necessity of treatments and services.
- Complete coding should be performed regardless of impact on reimbursement.

Clinical Representation of the Patient

Good documentation and coding paints an accurate clinical picture of the patient.



Palliative Care

- Care given to improve the quality of life of patients who have serious or life-threatening disease.
- The goal is to prevent or treat as soon as possible the symptoms and side effects of the disease and its treatment.
- Addresses related issues of psychological, social, and spiritual problems.
- Referred to as: comfort care, supportive care, and symptom management.
- Can still receive active treatment.

Palliative Care

- Palliative care is delivered in variety of healthcare settings.
 - Physician office
 - Long term care hospital
 - Skilled nursing facility
 - Home
 - Acute care hospital

Palliative Care Documentation

- Code assignment can only be based on physician documentation.
- Accurate documentation is needed to reflect the utilization of resources, acuity of patient care provided and the accuracy of research and quality reporting.
- The provider documentation in the medical record must clearly state whether palliative care is being given.
- The provider documentation should indicate if the admission is for palliative care or for treatment of an acute condition.

Palliative Care Documentation

- The documentation should support why the level of care is necessary.
- Providers also need to document the acute and chronic medical diagnoses under treatment. Such as:
 - COPD
 - Acute on Chronic Diastolic Congestive Heart Failure
 - Acute Hypoxic Respiratory failure
 - Acute Renal Failure/Acute Tubular Necrosis

Palliative Care Documentation

- Physicians need to be specific when documenting a condition
 - Location
 - Laterality
 - Severity/Stage
 - Type
 - Status – current/active vs history/resolved
 - Causal relationships

Documentation Impact

Bullet points of admission

- Payer -Medicare
- Discharge Diagnosis – Acute on Chronic Diastolic CHF
- Receiving palliative care
- The physician documented hx of CVA w/left side residuals.

Result of Documentation

- MS-DRG = 293
- Average LOS = 3.1
- Geometric LOS = 2.6
- Reimbursement = \$5100

Documentation Impact

Bullet points of admission

- Payer -Medicare
- Discharge Diagnosis – Acute on Chronic Diastolic CHF
- Receiving palliative care
- The physician documents hx of CVA with hemiparesis of left side.

Result of Documentation

- MS-DRG = 292
- Average LOS = 4.5
- Geometric LOS = 3.7
- Reimbursement = \$7300

Factors Influencing Health Status and Contact with Health Services

- The “Z-Codes”
 - V-Codes in ICD-9
- Part of the classification in ICD-10
 - Supplemental classification in ICD-9
- These codes are used to capture a status or problem impacting the patient that is other than a disease or external cause.
- They are used in conjunction with other diagnosis codes.

Factors Influencing Health Status and Contact with Health Services

Z00 – Z13 Health services for exams

Z14 – Z15 Genetic carrier and genetic susceptibility to disease

Z16 Resistance to antimicrobial drugs

Z17 Estrogen receptor status

Z18 Retained foreign body fragments

Z20 – Z28 Potential health hazards related to communicable diseases

Factors Influencing Health Status and Contact with Health Services

Z30 – Z39 Health services in circumstances related to reproduction

Z40 – Z53 Encounters for other specific aftercare

Z55 – Z65 Potential health hazards related to socioeconomic and psychosocial circumstances

Z66 Do not resuscitate

Factors Influencing Health Status and Contact with Health Services

Z67 Blood type

Z68 Body mass index

Z69 – Z76 Health services in other circumstances

Z77 – Z99 Potential health hazards related to family and personal history and certain conditions influencing health status

Factors Influencing Health Status and Contact with Health Services

- Z codes are for use in any healthcare setting.
- May be used as either a first-listed (principal diagnosis code in the inpatient setting) or secondary code, depending on the circumstances of the encounter and guidelines/instructions for specific codes.
- Certain Z codes may only be used as first-listed or principal diagnosis and some may never be assigned as the principal.

Factors Influencing Health Status and Contact with Health Services

The ICD-10-CM code book describes the two main reasons for these use of this code set

“When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination (immunization), or to discuss a problem which is in itself not a disease or injury.”

OR

“When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury.”

Factors Influencing Health Status and Contact with Health Services

- These codes provide additional information about the
 - Status of a condition/disease process
 - Do not use if there is an assigned diagnosis code that includes the status
 - For example, code Z94.1, Heart transplant status, should not be used with a code from subcategory T86.2, Complications of heart transplant.
 - Socio-economic issues
 - Reason for readmission
 - Other issues that can impact patient treatment and outcomes

Factors Influencing Health Status and Contact with Health Services

- Reliant on the physician's documentation
- Supported by ancillary documentation
- In some cases these codes can impact reimbursement

Factors Influencing Health Status and Contact with Health Services

These codes must meet the criteria as a

Principal

OR

Secondary/additional diagnosis

in order to be coded

Secondary Diagnosis Criteria

Acute Care/Long Term Care/Home Health/Rehab/SNF

Clinical evaluation; or
Therapeutic treatment; or
Diagnostic procedures; or
Extended length of stay; or
Increased nursing care
and/or monitoring

Outpatient

Reason for services
Chronic conditions
Co-existing conditions

Encounters for Other Specific Healthcare Z40-Z53

Palliative Care

- Z51.5 (ICD-10) – encounter for palliative care
 - Instruction for category Z51 state to *code also condition requiring care*

Compare to

- V66.7 (ICD-9) – encounter for palliative care
 - Instruction for code V66.7 state to *code first underlying disease*

Palliative Care

- Gives the impression that Z51.5 should be the principal diagnosis.
- Medicare Code Editor V33 effective October 1, 2015 states otherwise.
 - Code Z51.5 is an *unacceptable principal diagnosis* for inpatient admission

Palliative Care

- Possible sequencing guidance
 - The American Hospital Association publishes Coding Clinic for ICD-10-CM
 - The AHA has decision making in it's pipeline regarding the sequencing of code Z51.5
 - **No official decision at this time**
 - Consideration is to allow code Z51.5 as the principal diagnosis depending on the reason for admission
 - Documentation will be even more important.
 - May have claim submission implications
 - Keep your eyes open for this guidance
 - May need to work with payers

Attention to Artificial Openings

- Use category Z43 when routine care, adjustment, or fitting is performed on an artificial opening.
- This is more than status
 - Status merely indicates that an artificial opening is present.
 - It is important that documentation indicate if care is directed towards the opening or if it is self-maintained.

Attention to Artificial Openings

- Z43.0 - Encounter for attention to tracheostomy
- Z43.1 - Encounter for attention to gastrostomy
- Z43.2 - Encounter for attention to ileostomy
- Z43.3 - for attention to colostomy
- Z43.4 - Encounter for attention to other artificial openings of digestive tract
- Z43.5 - Encounter for attention to cystostomy
- Z43.6 - Encounter for attention to other artificial openings of urinary tract
- Z43.7 - Encounter for attention to artificial vagina
- Z43.8 - Encounter for attention to other artificial openings
- Z43.9 - Encounter for attention to unspecified artificial opening

Potential health hazards related to
socioeconomic and psychosocial issues
Z55 – Z65

Socioeconomic Issues

- The link between socio-economic status and health issues is constantly under review and links have been established between these issues and disease management.
- Coded data provides information for research.
- Provides information to explain issues with the patient's disease process or treatment.

History of Abuse and Neglect

Z62.810 - Personal history of physical and sexual abuse in childhood

Z62.811 - Personal history of psychological abuse in childhood

Z62.812 - Personal history of neglect in childhood

Z62.819 - Personal history of unspecified abuse in childhood

Family Issues

Z62.820 - Parent-biological child conflict

Z62.821 - Parent-adopted child conflict

Z62.822 - Parent-foster child conflict

Z62.890 - Parent-child estrangement NEC

Z63.0 - Problems in relationship with spouse or partner

Z63.1- Problems in relationship with in-laws

Z63.31 - Absence of family member due to military deployment

Z63.32 - Other absence of family member

Family Issues

Z63.4 - Disappearance and death of family member

Z63.5 - Disruption of family by separation and divorce

Z63.6 - Dependent relative needing care at home

Z63.71 - Stress on family due to return of family member from military deployment

Z63.72 - Alcoholism and drug addiction in family

Z63.79 - Other stressful life events affecting family and household

Housing and Resource Problems

Z59.0 - Homelessness

Z59.1 - Inadequate housing

- Lack of heating
- Restriction of space
- Technical defects in home preventing adequate care
- Unsatisfactory surroundings

Z59.2 - Discord with neighbors, lodgers and landlord

Z59.4 - Lack of adequate food and safe drinking water

Housing and Resource Problems

Z59.5 - Extreme poverty

Z59.6 - Low income

Z59.7 - Insufficient social insurance and welfare support

Z59.8 - Other problems related to housing and economic circumstances

- Foreclosure on loan
- Isolated dwelling
- Problems with creditors

Z59.9 - Problem related to housing and economic circumstances, unspecified

Z60.2 - Problems related to living alone

Do Not Resuscitate Z66

Do Not Resuscitate

- Per the *ICD-10 Official Coding Guidelines* code Z66 may be used when it is documented by the provider that a patient has a do not resuscitate status at **any time** during the stay.

Body Mass Z68

Body Mass Index

- The body mass index (BMI) should be coded when there is a weight related issue.
- The weight related issue such as obesity, cachexia, malnutrition is also coded.
 - The physician must document the diagnosis associated with low or high BMI.
- The BMI can be obtained from ancillary documentation such as nursing or nutritionist.
- Separate pediatric (under 21) BMI based on growth charts.

Body Mass Index

- Obesity
 - Z68.30-Body mass index (BMI) 30.0-30.9, adult
 - Z68.31-Body mass index (BMI) 31.0-31.9, adult
 - Z68.32-Body mass index (BMI) 32.0-32.9, adult
 - Z68.33-Body mass index (BMI) 33.0-33.9, adult
 - Z68.34-Body mass index (BMI) 34.0-34.9, adult
 - Z68.35-Body mass index (BMI) 35.0-35.9, adult
 - Z68.36-Body mass index (BMI) 36.0-36.9, adult
 - Z68.37-Body mass index (BMI) 37.0-37.9, adult
 - Z68.38-Body mass index (BMI) 38.0-38.9, adult
 - Z68.39-Body mass index (BMI) 39.0-39.9, adult

Body Mass Index

- Morbid Obesity
 - Z68.41- Body mass index (BMI) 40.0-44.9, adult
 - Z68.42 - Body mass index (BMI) 45.0-49.9, adult
 - Z68.43 - Body mass index (BMI) 50-59.9 , adult
 - Z68.44 - Body mass index (BMI) 60.0-69.9, adult
 - Z68.45 - Body mass index (BMI) 70 or greater, adult

Body Mass Index

- Low weight issues: *i.e.* underweight, cachexia, malnutrition, anorexia
 - Z68.1 - Body mass index (BMI) 19 or less, adult
 - Use for BMI under 19 and from 19 – 19.9

ICD-10-CM Diagnoses

#	GF	Code	POA	Description
1		J44.1	⚠	Chronic obstructive pulmonary disease with (acute) exacerbation
2		R63.4	⚠	Abnormal weight loss
3		Z51.5		Encounter for palliative care
4		I10	⚠	Essential (primary) hypertension
5		E03.9	⚠	Hypothyroidism, unspecified

ICD-10-PCS Procedures

#	GF	Code	Description	Episode	Provider
>					

CPT/HCPCS Procedures

#	Code	Description	Modifiers	Units	Ep	Provider	Date
>							

DRG: 192 Chronic obstructive pulmonary disease w/o CC/MCC MDC: 4 MS-DRG ver.33.0, Medicare IPPS/Medicare Managed Care ▾

Weight: **0.7313** AMLOS: **3.3** GMLOS: **2.7** Cost Outlier: **N** Reimb: **\$6,947.61**

ICD-10-CM Diagnoses

#	GF	Code	POA	Description
1		J44.1	⚠	Chronic obstructive pulmonary disease with (acute) exacerbation
2	CC	Z68.1		Body mass index (BMI) 19 or less, adult
3		R63.4	⚠	Abnormal weight loss
4		Z51.5		Encounter for palliative care
5		I10	⚠	Essential (primary) hypertension
6		E03.9	⚠	Hypothyroidism, unspecified

ICD-10-PCS Procedures

#	GF	Code	Description	Episode	Provider	Date
>						

CPT/HCPCS Procedures

#	Code	Description	Modifiers	Units	Ep	Provider	Date
>							

DRG: 191 Chronic obstructive pulmonary disease w CC MDC: 4 MS-DRG ver.33.0, Medicare IPPS/Medicare Managed Care ▾

Weight: **0.9321** AMLOS: **4** GMLOS: **3.3** Cost Outlier: **N** Reimb: **\$8,707.23**

Resistance to antimicrobial drugs

Z16

Resistance to Antibiotics

- Used as an additional code for antibiotic resistant infections.
- The infection is coded first.
- Also code the organism.
 - MRSA and MSSA are each combined into the organism code
 - **B95.61 Methicillin susceptible Staphylococcus aureus infection as the cause of diseases classified elsewhere**
 - **B95.62 Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere**

Resistance to other agents

Z16.2 Resistance to other antibiotics

Z16.20 Resistance to unspecified antibiotic

Resistance to antibiotics NOS

Z16.21 Resistance to vancomycin

Z16.22 Resistance to vancomycin related antibiotics

Z16.23 Resistance to quinolones and fluoroquinolones

Z16.24 Resistance to multiple antibiotics

Z16.29 Resistance to other single specified antibiotic

Resistance to aminoglycosides

Resistance to macrolides

Resistance to sulfonamides

Resistance to tetracyclines

Z16.3 Resistance to other antimicrobial drugs

Excludes1: resistance to antibiotics (Z16.1-, Z16.2-)

Z16.30 Resistance to unspecified antimicrobial drugs

Drug resistance NOS

Z16.31 Resistance to antiparasitic drug(s)

Resistance to quinine and related compounds

Z16.32 Resistance to antifungal drug(s)

Z16.33 Resistance to antiviral drug(s)

Z16.34 Resistance to antimycobacterial drug(s)

Resistance to tuberculostatics

Z16.341 Resistance to single antimycobacterial drug

Resistance to antimycobacterial drug NOS

Z16.342 Resistance to multiple antimycobacterial drugs

Z16.35 Resistance to multiple antimicrobial drugs

Excludes1: Resistance to multiple antibiotics only (Z16.24)

Z16.39 Resistance to other specified antimicrobial drug

Resistance to Antibiotics

Example

- 78 year old woman was found to have a UTI with ESBL E. Coli. Assign codes
 - N39.0 – urinary tract infection
 - B96.20 – escherichia coli
 - Z16.12 - extended spectrum beta lactamase (ESBL) resistance

Health Service in Other Circumstances Z69-Z76

Care dependency

- These codes are used to describe issues such as:
 - Confinement
 - Difficulties accessing another level of care
 - Need for relief care

Care dependency

Z74.01 - Bed confinement status

Z74.09 - Other reduced mobility

Z74.1 - Need for assistance with personal care

Z74.2 - Need for assistance at home and no other household member able to render care

Z74.3 - Need for continuous supervision

Z74.8 - Other problems related to care provider dependency

Z74.9 - Problem related to care provider dependency, unspecified

Z75.0 - Medical services not available in home

Care dependency

Z75.1 - Person awaiting admission to adequate facility elsewhere

Z75.2 - Other waiting period for investigation and treatment

Z75.3 - Unavailability and inaccessibility of health-care facilities

Z75.4 - Unavailability and inaccessibility of other helping agencies

Z75.5 - Holiday relief care

Z75.8 - Other problems related to medical facilities and other health care

Z75.9 - Unspecified problem related to medical facilities and other health care

Potential Health Hazards Related to
Family and Personal History and
Certain Conditions Influencing
Health Status
Z77 – Z99

Personal History of Malignant Neoplasm

- Category Z85 is used when a primary malignancy has been previously excised or eradicated from its site and there is no further treatment directed to that site and there is no evidence of any existing primary malignancy.
- Extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm to that site. The secondary site may be the principal or first-listed with the Z85 code used as a secondary code.

Personal History of Malignant Neoplasm

Z85.01 - Personal history of malignant neoplasm of esophagus

Z85.020 - Personal history of malignant carcinoid tumor of stomach

Z85.028 - Personal history of other malignant neoplasm of stomach

Z85.030 - Personal history of malignant carcinoid tumor of large intestine

Z85.038 - Personal history of other malignant neoplasm of large intestine

Example - Personal History of Malignant Neoplasm

- A 64 year old female with history of breast cancer. Patient had a mastectomy and chemotherapy with eradication of the primary site. Now found to have spread to intra-abdominal lymph nodes and bone.
 - C77.2 Secondary malignant neoplasm of intra-abdominal lymph nodes
 - C79.51 – Secondary malignant neoplasm of bone
 - Z85.3 Personal history of malignant neoplasm of breast

Presence of Devices

- There are a multitude of codes in categories Z95 – Z97 for devices placed in a patient.
 - Cardiac
 - Orthopedic
 - Nervous system
 - Many others
- Not used for complications.

Heart Devices

- Z95.810 - Presence of automatic (implantable) cardiac defibrillator
- Z95.811 - Presence of heart assist device
- Z95.812 - Presence of fully implantable artificial heart
- Z95.818 - Presence of other cardiac implants and grafts
- Z95.820 - Peripheral vascular angioplasty status with implants and grafts
- Z95.828 - Presence of other vascular implants and grafts

Heart Devices

- Z95.2 - Presence of prosthetic heart valve
- Z95.3 - Presence of xenogenic heart valve
- Z95.4 - Presence of other heart-valve replacement
- Z95.5 - Presence of coronary angioplasty implant and graft

Dependence on Medical Devices

- These codes are used to indicate that the patient requires certain external devices in order to manage a disease.

Dependence on Medical Devices

Z99.0 - Dependence on aspirator

Z99.11 - Dependence on respirator [ventilator] status

Z99.12 - Encounter for respirator [ventilator] dependence during power failure

Z99.2 - Dependence on renal dialysis

Z99.3 - Dependence on wheelchair

Z99.8 - Dependence on other enabling machines and devices

Z99.81 - Dependence on supplemental oxygen

Z99.89 - Dependence on other enabling machines and devices

ICD-10-CM Diagnoses

#	GF	Code	POA	Description
1	SP, RP	I50.33		Acute on chronic diastolic (congestive) heart failure
2	R2	J44.9		Chronic obstructive pulmonary disease, unspecified
3	S3, R2	J96.11		Chronic respiratory failure with hypoxia
4		Z51.5		Encounter for palliative care
5		I10		Essential (primary) hypertension

ICD-10-PCS Procedures

#	GF	Code	Description

CPT/HCPCS Procedures

#	Code	Description	Modifiers	Units	Ep

DRG: **194 Heart failure** MDC: **5** SOI: **2** ROM: **2** APR ver.32.0 (HAC), APR Weights and Trims (Simple Pricing) ▾

Weight: **0.6127** Long Stay: **11** Short Stay: **1** AMLOS: **3.57** GMLOS: **3.03** Cost Outlier: **N** Reimb: **\$4,103.25**

ICD-10-CM Diagnoses

#	GF	Code	POA	Description
1	SP, RP	⚠️ I50.33	⚠️	Acute on chronic diastolic (congestive) heart failure
2	S2	J44.9	⚠️	Chronic obstructive pulmonary disease, unspecified
3	S3, R2	J96.11	⚠️	Chronic respiratory failure with hypoxia
4	S2, R2	Z99.81		Dependence on supplemental oxygen
5		Z51.5		Encounter for palliative care
6		I10	⚠️	Essential (primary) hypertension

ICD-10-PCS Procedures

#	GF	Code	Description
>			

CPT/HCPCS Procedures

#	Code	Description	Modifiers	Units	Ep	P
>						

DRG: 194 Heart failure MDC: **5** SOI: **3** ROM: **2** APR ver.32.0 (HAC), APR Weights and Trims (Simple Pricing) ▾

Weight: **0.9591** Long Stay: **17** Short Stay: **1** AMLOS: **5.36** GMLOS: **4.46** Cost Outlier: **N** Reimb: **\$6,423.09**

Organ Status

- ICD-10-CM provides codes that describe certain organ status' such as:
 - Transplant
 - Absence

Transplant Status

- Z94.0 - Kidney transplant status
- Z94.1 - Heart transplant status
- Z94.2 - Lung transplant status
- Z94.3 - Heart and lungs transplant status
- Z94.4 - Liver transplant status
- Z94.5 - Skin transplant status
- Z94.6 - Bone transplant status
- Z94.7 - Corneal transplant status
- Z94.81 - Bone marrow transplant status
- Z94.82 - Intestine transplant status
- Z94.83 - Pancreas transplant status
- Z94.84 - Stem cells transplant status
- Z94.89 - Other transplanted organ and tissue status
- Z94.9 - Transplanted organ and tissue status, unspecified

Absence of an Organ

- Z89.511 - Acquired absence of right leg below knee
- Z89.512 - Acquired absence of left leg below knee
- Z89.611 - Acquired absence of right leg above knee
- Z89.612 - Acquired absence of left leg above knee

Absence of an Organ

- Z90.410 - Acquired total absence of pancreas
- Z90.411 - Acquired partial absence of pancreas
- Z90.49 - Acquired absence of other specified parts of digestive tract
- Z90.5 - Acquired absence of kidney

Presence of Artificial Openings

- Assign these codes to indicate that the patient has an artificial opening not requiring care
 - Z93.0 - Tracheostomy status
 - Z93.1 - Gastrostomy status
 - Z93.2 - Ileostomy status
 - Z93.3 - Colostomy status
 - Z93.4 - Other artificial openings of gastrointestinal tract status
 - Z93.50 - Unspecified cystostomy status
 - Z93.51 - Cutaneous-vesicostomy status
 - Z93.52 - Appendico-vesicostomy status
 - Z93.59 - Other cystostomy status
 - Z93.6 - Other artificial openings of urinary tract status
 - Z93.8- Other artificial opening status
 - Z93.9 - Artificial opening status, unspecified

Long-term Use of Medication

- Category Z79 is used to indicate that the patient is being treated with medications on a long-term basis.
- The status is not used for toxic or adverse effects of a drug.

Long-term Use of Medication

- Do not assign a code from category Z79 for medication being administered for a brief period of time to treat an acute illness or injury (such as a course of antibiotics to treat acute bronchitis). *ICD-10-CM Guidelines*

Long-term Use of Medication

- **Z79.01 - Long term (current) use of anticoagulants**
- **Z79.02 - Long term (current) use of antithrombotics/antiplatelets**
- **Z79.1 - Long term (current) use of non-steroidal anti-inflammatory (NSAID)**
- **Z79.2 - Long term (current) use of antibiotics**
- **Z79.3 - Long term (current) use of hormonal contraceptives**
- **Z79.4 - Long term (current) use of insulin**
- **Z79.51 - Long term (current) use of inhaled steroids**
- **Z79.52 - Long term (current) use of systemic steroids**

Non-Compliance

- Managing a non-compliant patient can be difficult and can increase resource use.
- Non-compliance causes readmissions.
- There are many different reasons for non-compliance.
- ICD-10-CM provides codes that help describe the reason for non-compliance.

Non-Compliance

- Z91.11 - Patient's noncompliance with dietary regimen
- Z91.120 - Patient's intentional underdosing of medication regimen due to financial hardship
- Z91.128 - Patient's intentional underdosing of medication regimen for other reason
- Z91.130 - Patient's unintentional underdosing of medication regimen due to age-related debility
- Z91.138 - Patient's unintentional underdosing of medication regimen for other reason
- Z91.14 - Patient's other noncompliance with medication regimen
- Z91.15 - Patient's noncompliance with renal dialysis
- Z91.19 - Patient's noncompliance with other medical treatment and regimen

Underdosing

- New concept with ICD-10
- Taking less of a medication than is prescribed by a provider or a manufacturer's instruction
- Reason for hospitalization or service will be the relapse of the condition under treatment or the condition that the underdosing caused
- Benefit of good supportive documentation
 - Provides a clear picture for readmissions/revisits

Underdosing

- The physician must document
 - The effect on the condition under treatment or the condition that the underdosing caused
 - The fact the underdosing occurred
 - The reason the underdosing happened

Intentional Underdosing

- Z91.12 Patient's intentional underdosing of medication regimen
 - Z91.120 - Patient's intentional underdosing of medication regimen due to financial hardship
 - Z91.128 - Patient's intentional underdosing of medication regimen for other reason

Un-Intentional Underdosing

- Z91.13- Patient's unintentional underdosing of medication regimen
 - Z91.130 - Patient's unintentional underdosing of medication regimen due to age-related debility
 - Z91.138 - Patient's unintentional underdosing of medication regimen for other reason

Unspecified Underdosing

- Z91.14 Patient's other noncompliance with medication regimen
 - Patient's underdosing of medication NOS

Example 1 - Underdosing

A patient is being treated with prednisone for bone pain from metastatic bone cancer from primary left upper lobe lung cancer. The patient abruptly stopped taking the medication, due to forgetfulness from brain metastasis and developed secondary adrenal insufficiency.

E27.40 - Adrenocortical insufficiency

T38.0X6A - Underdosing of glucocorticoids and synthetic analogues

Z91.138 - Patient's unintentional underdosing of medication regimen for other reason

Also code - lung cancer, secondary bone cancer, secondary brain cancer, neoplasm related pain

Example 2 - Underdosing

A 77 year-old patient is admitted with acute on chronic diastolic CHF. The physician documents that the exacerbation is because the patient had no money to purchase medications.

I50.33 – Acute on chronic diastolic (congestive) heart failure

T50.1X6A – Underdosing of loop (high-ceiling) diuretics, initial encounter

Z91.120 - Patient's intentional underdosing of medication regimen due to financial hardship

Conclusion

- There is benefit to taking the “extra step” in coding.
 - Provides a complete clinical picture.
 - Can help explain outcomes, readmission, and resource use.
 - Provides data for research an advocacy.

Resources

- *ICD-10 –CM Official Coding Guidelines*
- *American Hospital Association Coding Clinic*
- *National Institute of Health; National Cancer Institute-What is Palliative Care*
- *New England Journal of Medicine 2015 373;747-755;Palliative Care for the Seriously Ill; Amy Kelley M.D. and R. Sean Morrison, M.D. ; August 20, 2015*
- *J Gen Intern Med. 2003 Oct; 18(10): 864–870. doi: 10.466/j.1525-1497.2003.20918.x PMID: 1494926 The Long-term Health Outcomes of Childhood Abuse - An Overview and a Call to Action; Kristin Springer, MPH, MA; Jennifer Sheridan, PhD; Daphne Kua, PhD; Molly Carnes, MD, MS*
- *Robert Wood Johnson Foundation*

Questions?
Thank you!