

**SKIN CANCER AWARENESS MONTH (MAY):
Brush up on Skin Cancer Anatomy, and ICD-10/CPT Coding!**

The more you know about skin cancer and anatomy, the easier it will be to code for benign and malignant neoplasms diagnoses using ICD-10-CM guidelines and be sure to use the proper sequencing. Most importantly don't forget to wear your sunscreen!

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**** BILLING REMINDER ****

Please use 99499 Unlisted E & M level (Other Evaluation and Management Services) to report additional HCC's on a claim. All offices should have received an example from coders or provider reps. If you need additional clarification of the usage of the code, please contact our PrimeCare Billing Specialist, Melissa Moore at (352) 427-7817 or mmoore@primecarellc.com

Obesity and BMI Coding

- Always report BMI when it is documented with obesity and morbid obesity.
- Do not report a diagnosis of overweight without additional support.
- A specific weight-related diagnosis is required for reporting a BMI code.
- Never convert a BMI code to a weight diagnosis.
- Code and provide diagnosis, regardless of documented BMI.
- BMI codes are not intended to be used for routine reporting.
- Comorbidities do not change a documented diagnosis of morbid obesity.
- Never report BMI codes during pregnancy.
- Double check inpatient claims for attending physician's weight diagnosis.

HELPFUL LINKS

- https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm
- <https://www.cdc.gov/nchs/icd/data/10cmguidelines-FY2019-final.pdf>

Coding/Documentation reminders:

The following codes are generally not used in the primary care office setting:

Acute Renal Failure: (N17.x)

- These are generally inpatient codes used for the INITIAL EPISODE of care for ARF.
- After hospital discharge:
 - If condition still being treated, then Assign appropriate "Aftercare Z code" (Z42-Z49, Z51)
 - If treatment completed and continuing surveillance, then Assign appropriate "Follow up Z code" (Z08, Z09, Z39)

Ischemic or Unspecified Stroke: (I63.x, I97.8x)

- These codes can be used in the office **ONLY** if you are providing the **INITIAL EPISODE** of care for an acute Cerebrovascular Accident (CVA) and the patient hasn't already received care for it elsewhere.
 - If neurological deficits such as hemiparesis or hemiplegia are present, the documentation should indicate "sequelae of CVA," "late effects of CVA," or "residual effects of CVA." (HCC 103: Hemiplegia/Hemiparesis).
 - When managing an old CVA, if there are no neurologic deficits, the assessment is correctly documented as "History of CVA."

Acute Myocardial Infarction: (I21.x-I23.x, I51.x)

- If applicable, Acute Myocardial Infarction (AMI) can be coded if the initial episode of AMI is no more than 28 days old. Must document date of MI in the progress note.
- Includes subsequent MI's occurring within 28 days of previous MI.
- If the AMI is more than 28 days old it should be assessed as "h/o MI" or "old MI.>"; ICD-10 code I25.2 (Old Myocardial Infarction) may be applicable.

Unstable Angina and Other Acute Ischemic Heart Disease: (I20.0, I23.x-I24.x, I25.110, I25.7x)

- These codes are to be used within 28 days or less after an acute MI and for **unstable** angina only.
- Unstable Angina (I20.0) includes:
 - Accelerated angina
 - Crescendo angina
 - Intermediate coronary syndrome
 - Preinfarction syndrome
 - Worsening effort angina
- These diagnoses do not apply to "r/o MI, atypical chest pain, possible unstable angina, non-cardiac chest pain," etc.