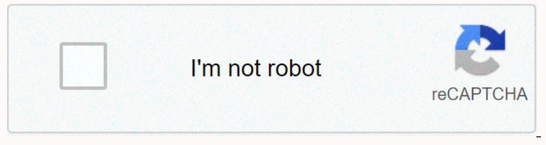

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Cpt official guidelines 2019

Changes related to the official ICD-10-CM 2019 guidelines have been published official guidelines for coding and reporting ICD-10-CM, which certainly include some significant changes as always. Changes occur in conventions, general guidelines, as well as several chapter guidelines. Narration changes appear in bold text below; underlined that since the 2018 financial year, the guidelines; and italic are used to indicate corrections to header changes. The effective date of these amendments is October 1, 2018.As part of the coding conventions, Convention No. 15, z, added the wording in bold: the word z or w should be interpreted as related to or due to when it appears in the code title, alphabetical index (under the main term or subleasure) or instructional note in the tabular list. In the case of General Guidelines 14, the title is amended and includes new instructions, as well as the addition of guidelines on social determination. Health Information Management (HIM) coding specialists should carefully review this change in the guidelines. In the case of General Guidelines 14, the documentation of doctors other than the Patient Provider, the assignment of the code shall be based on the documentation of the patient's supplier (i.e. the doctor or other qualified physician responsible for determining the patient's diagnosis). There are a few exceptions, such as body mass index (BMI) codes, the depth of non-pressure chronic ulcers, the stage of pressure ulcers, the scale of the coma and the stroke scale of the NIH National Institutes of Health (NIHSS). The assignment of the code may be based on the medical records of doctors who are not the patient's provider (i.e. a doctor or other qualified healthcare professional legally responsible for determining the patient's diagnosis), as this information is usually documented by other doctors involved in patient care (e.g. a nutritionist often documents bmi, a nurse often documents the stages of weight loss, and emergency medical techniques often document the scale of coma). For social health conditions (SDoH), such as information found in categories Z55-Z65, Individuals with potential health risks related to socioeconomic and psychosocial circumstances, the assignment of the code may be based on medical records from physicians caring for the patient who are not the patient's provider, as this information constitutes social information and not medical diagnoses. BMI, coma scale, NIHSS codes and Z55-Z65 categories should only be reported as secondary diagnoses. The General Guidelines section contains the new general guideline 19: Encoding health care meetings in the aftermath of a hurricane. To wit: a. Use of external morbidity cause codes: Assign an external cause of the morbidity code to identify the cause of injury (or injury) sustained as a result of a hurricane. the use of external cause and disease codes is complementary to the use of ICD-10-CM codes. External codes for causal illness are never recorded as the main diagnosis (first listed in hospital settings). The corresponding injury code should be sequenced against any external cause codes. External cause-and-disease codes capture how the injury or health condition (cause), intent (inadvertent or accidental, or intentional, such as suicide or assault), the place where the incident occurred, the patient's activity at the time of the incident, and the status of the person (e.g. civilian, military). They should not be assigned to meetings in the treatment of diseases of hurricane victims, when there are no injuries, adverse effects or poisoning. External morbidity causal codes should be assigned to each meeting for the care and treatment of injuries. External codes for the causes of morbidity can be assigned to all healthcare facilities. In order to capture full and accurate ICD-10-CM data in the aftermath of a hurricane, the setting of health care should be considered as any place where medical care is provided by licensed health care professionals. B. Sequencing external causes of morbidity Codes: Codes for disaster events, such as hurricanes, take precedence over all other external cause codes except violence against children and adults and terrorism and should be sequenced against other external cause codes. Assign as many external causal morbidity codes as necessary to fully explain each cause. For example, if damage occurs as a result of a building collapsing during a hurricane, the external cause codes for the hurricane and building collapse should be assigned, with the external cause code for the hurricane being sequenced as the first external reason code. In the event of damage resulting from a hurricane, the appropriate injury code(s) shall be assigned, followed by code X37.0-, Hurricane (with the corresponding seventh sign) and any other applicable external codes for the causes of damage. Code X37.0- should also be assigned when damage is suffered as a result of flooding caused by levee hurricane-related violations. Code X38.-, Flood (with corresponding seventh sign), should be assigned when the damage is due to flooding resulting directly from the storm. Code X36.0.-, The collapse of a dam or man-made structure, should not be assigned when the cause of the fall is due to a hurricane. The use of code X36.0- is limited to falls of artificial structures due to movements of the earth's surface, and not because of storms directly due to the hurricane. c. Other external causes of problems with the Morbidity Code: In the case of injuries that are not a direct result of a hurricane, such as an evacuee who has suffered injuries as a result of a car accident, assign the appropriate external disease cause code to describe the cause of the injury, but do not assign the code X37.0-, Hurricane. If it is not clear whether the was a direct result of a hurricane, suppose that's the case and assign code X37.0-, Hurricane, as well as any other applicable external cause-and-morbidity codes. In addition to the code X37.0-, Hurricane, other possible external cause of morbidity codes are: W54.0-, Bitten by a dog; X30-, Exposure to excessive natural heat; X31-, Exposure to excessive natural cold; or X38-, Flood. d. The use of Z-codes: Z-codes (other reasons for healthcare appointments) may be assigned, where appropriate, to further explain the reasons for the provision of healthcare services, including transfers between healthcare facilities. The official ICD-10-CM encoding and reporting guidelines determine which codes can only be assigned as the main or first diagnosis in the list, only secondary or primary/first diagnosis on the list or secondary (depending on the circumstances). The possible use of Z codes is: Z59.0, Homelessness; Z59.1, Inadequate Enclosures; Z59.5, Extreme poverty; Z75.1, Person awaiting admission to the appropriate facility elsewhere; Z75.3, Unavailability and unavailability of healthcare facilities; Z75.4, Unavailability and unavailability of other aid agencies; Z76.2, Meeting for health surveillance and care of other healthy infant and child; or Z99.12, encountering a dependency for a ventilator (ventilator) during a power failure. The external cause codes and Z codes listed above are not an all-inclusive list. Other codes may apply to meetings based on documentation. Assign as many codes as necessary to fully explain each healthcare meeting. Since patient history information may be very limited, use any available documentation to assign the appropriate external cause of morbidity and Z codes. In the case of infections following surgery, code from T81.40 to T81.43, infection after surgery, or code from O86.00 to O86.03, obstetric surgical wound infection that identifies the site of infection should be encoded first if known. Assign an additional sepsis code after surgery (T81.44) or sepsis after obstetric surgery (O86.04). Use additional code to identify an infectious agent. If the patient has severe sepsis, the corresponding code from subcategory R65.2 should also be assigned with an additional code(s) for each acute organ dysfunction. In the case of infections following infusion, transfusion, therapeutic injection or vaccination, you must first encode the code from subcategory T80.2, Infections after infusion, transfusion and therapeutic injection or code T88.0-, infection after vaccination, followed by the code of a specific infection. If you have severe soothing, also assign the appropriate code from subcategory R65.2, together with additional codes for each acute organ of the organ Infection after procedural resulted in septic shock after procedural, assign the codes indicated above for sepsis due to infection after procedural, followed by code T81.12-, After procedural septic shock. Do not assign code R65.21, Severe sepsis sepsis. Additional codes should be assigned to any acute organ dysfunction. In Chapter 1, there is also a slight change/revision with Zika virus infection. In Chapter 2, Tumors, the following small change was made in the sections Primary malignancy previously excised and present malignancy compared with the personal history of the tumor: When the primary malignancy was previously cut or eliminated from its place, there is no further treatment (malignancy) directed to this place, and there is no evidence of any existing primary malignancy in this place, the code of category Z85, personal history of the malignant tumor, should be used to indicate the former place of malignancy. In the case of a notch of the primary malignant tumor, but further treatment, such as additional tumor surgery, radiotherapy or chemotherapy, is directed to this place, use the basic malignant code until the end of treatment. Subcategories Z85.0-Z85.7 should be assigned only to the former site of the primary malignant tumor, and not to the site of the secondary tumor. Codes in subcategory Z85.8- can be assigned to the former site(s) of the primary or secondary tumor contained in this subcategory. For Chapter 5, Mental, Behavioral, and Neurodevelopmental Disorders, the following significant changes and addition of Factitious Disorder guidelines have been made:3) Psychoactive use of the substance, Indefinite: As with all other unspecified diagnoses, codes for unspecified psychoactive use of the substance (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-, F18.9-, F19.9-) should be assigned only on the basis of supplier documentation and if they meet the definition of the reportable diagnosis (see Section III, Reporting additional diagnoses). Factitious self-imposed disorder, or Munchausen syndrome, is a disorder in which a person falsely reports or causes his or her own physical or psychological symptoms. For patients with a documented factoritive disorder on self-syndrome or Munchausen syndrome, assign the appropriate code from subcategory F68.1-, factitious disorders superimposed on each other. Munchausen Syndrome by Proxy (MSBP) is a disorder in which a caregiver (perpetrator) falsely reports or causes illness or injury to another person (victim) in his or her care, such as a child, elderly person or disabled person. The condition is also referred to as a factitious disorder imposed on another or factitious disorder by a proxy. The offender, not the victim, receives this diagnosis. Assign code F68. And, factitious disorder imposed on another, to the record offender. In victims of MSBP patients should be assigned the appropriate code in categories T74, T74, and child abuse, neglect and other maltreatment, confirmed, or T76, adult and child abuse, negligence and other mistreatment, suspects. See Section I.C.19.f. Abuse of adults and children, neglect and other maltreatmentFormer change/changes in the following chapters, to be read carefully: Chapter 9, Cardiovascular Diseases (Hypertension with Heart Disease; Hypertension chronic kidney disease; and another acute myocardial infarction) Chapter 15, Pregnancy, Childbirth and Puerperium (Drug Use During Pregnancy, Childbirth and Puerperium) Chapter 18, Symptoms, Symptoms and Abnormal Results of Clinical and Laboratory Trials, Not Elsewhere Classified (Glasgow Coma Scale) Chapter 19, Trauma, Intoxication and Certain Other Consequences of External Causes (Burns of the Same Anatomical Site; Non-Addiency; Abuse of Adults and Children, Neglect and Other Maltreatment) Chapter 21, Factors Affecting Health and Health Care Contact (Body Mass Index; Prophylactic organ removal) Be sure to learn more about these and other changes and be ready for October 1. All hospital and outpatient clinics (including the doctor's office) code specialists to apply the new discharge guidelines from 1 October 2018 to 30 September 2019. It is also important for clinical documentation improvement specialists (CDI) to review changes. Access the full official guidelines for online encoding and reporting at: Note: Listen to Gloryanne Bryant's report on this topic today on Talk Ten Tuesday, 10 a.m. EDT.Comment on this article