

Home Health ICD-9/ICD-10 Alert

READER QUESTION ~ Keep These Co-Morbidities In Mind

Question: A co-worker of mine tells me that we must always code certain co-morbidities even if they don't affect the plan of care. I have been unable to find documentation to support or explain this. Can you tell me if this is true? If so, which co-morbidities should we always report and why?

Wisconsin Subscriber

Answer: Yes, there are such lists found in the AHA's Coding Clinic. Chronic conditions such as hypertension, congestive heart failure, asthma, emphysema, COPD, Parkinson's and diabetes mellitus should be reported even in the absence of documented active intervention.

In the absence of active intervention, the severity rating may be a '0'. You should also code for other conditions, such as blindness, status-post amputations and peripheral vascular disease because they have an impact on the plan of care.

List additional conditions that affect patient care because they require:

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