

## Home Health ICD-9/ICD-10 Alert

### You Be the Coder: Choose Comorbidity Sequence with Care

Question: Our patient was admitted for aftercare following a coronary artery bypass graft (CABG) due to coronary artery disease (CAD). He also has type 2 diabetes, exacerbated chronic obstructive pulmonary disease (COPD), anemia, and depression. He had also been receiving treatment for his prostate cancer, but that has been put on hold until his cardiac condition is stabilized. How should we code for this patient?

North Carolina Subscriber

Answer: List the following codes for this patient, says **Trish Twombly, BSN, RN, HCS-D, CHCE, COS-C, HCS-O**, director of coding with **Foundation Management Services** in Denton, Texas:

- M1020a: V58.73 (Aftercare following surgery of the circulatory system, NEC);
- M1022b: 414.00 (Coronary atherosclerosis; of unspecified type of vessel, native or graft);
- M1022c: 250.00 (Diabetes mellitus without mention of complication; type II or unspecified type, not stated as uncontrolled);
- M1022d: 491.21 (Obstructive chronic bronchitis; with [acute] exacerbation);
- M1022e: 311 (Depressive disorder not elsewhere classified);
- M1022f: 185 (Malignant neoplasm of prostate); and

Other pertinent diagnoses: 285.9 (Anemia, unspecified).

Your focus of care is aftercare for your patient's CABG, so V58.73 is the principal diagnosis for this patient. Next, list the CAD -- the reason for your patient's surgery. While the surgery addresses the damage done by the CAD, it doesn't cure this condition, so it's appropriate to list this diagnosis in M1022.

When it comes to the codes you'll list in M1022, remember, the sequencing you choose for your patient's comorbidities should accurately reflect your patient's condition and the care you are providing. The first step is to consider which other diagnoses need active intervention.

Next, determine which of these other diagnoses will impact the healing or recovery of the primary diagnosis the most. In your patient's case, the diabetes and COPD diagnoses are likely choices.

Now it's time to consider which other diagnoses will impact the care your agency provides even if you aren't providing any interventions. The depression, prostate cancer, and anemia may fall into this category. List those comorbidities most likely to impact care in the later M1022 slots and include the remaining diagnoses on the plan of care in item 13 or item 21, if your software doesn't allow more diagnoses in item 13 (other pertinent diagnoses).