Home Health ICD-9/ICD-10 Alert

YOU BE THE CODER: LOOK TO MOST ACUTE CONDITION FOR CHF AND DIABETES

Question: We have been caring for a patient with type II diabetes and congestive heart failure (CHF). During the first episode, we taught him about his recent diabetes diagnosis and instructed him on care and monitoring of this new condition as well as monitoring his cardiopulmonary status related to the CHF.

At reassessment for the second episode, the patient is doing well with care and monitoring of his diabetes. But he has experienced some increased lower-extremity edema and weight gain. We will continue to monitor his cardiorespiratory status, weight, and diabetes. How should we code for him?

Arizona Subscriber

Answer: This scenario requires only two codes, says **Trish Twombly, RN, BSN, HCS-D,** director of coding for Denton, TX-based **Foundation Management Services:**

• M0230a: 428.0 (Congestive heart failure, unspecified) and

• M0240b: 250.00 (Diabetes mellitus without mention of complication; Type II or unspecified type, not stated as uncontrolled).

The focus of care for this certification period is on the CHF due to the increased edema and weight gain, Twombly notes. So, the cardiac diagnosis should be in M0230a to indicate that this is his most acute condition.

Hint: Don't code for the increased edema or weight gain because coding guidelines advise that signs and symptoms which are integral to the disease process should not be assigned as additional codes, Twombly says. Additional clarification in the Coders' Desk Reference states that if fluid overload is identified in conjunction with congestive heart failure, it should not be coded separately because it is a component of the CHF.

Continue to code the diabetes as a comorbidity in M0240b to indicate continued assessment by the nurse and to follow the coding guidelines requirement to code diabetes for all patients with this condition, Twombly says.