

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

### You Be the Coder: Try Your Hand at This Cancer Coding Scenario

Question: Our patient has ovarian cancer and is receiving chemotherapy at her doctor's office. She also has chronic interstitial lung disease, a urinary tract infection (UTI), a colostomy, osteoarthritis in her knee, an alteration in gait, and deep vein thrombosis in her lower extremities.

We are providing nursing twice a week for anti-coagulant therapy (Coumadin) and PT-INR (prothrombin time-international normalized ratio) tests and cardiopulmonary assessment for her lung disease. Physical therapy is making more frequent visits to assist with the alteration in gait due to weakness caused by the lung disease. The clinician has indicated that the focus of care is the interstitial lung disease, but I'm not sure how to sequence her other co-morbidities. How should we code for this patient?

Alabama Subscriber

Answer: You aren't caring specifically for your patient's cancer and you aren't providing the chemotherapy, but these are important aspects of your patient's overall health picture, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** and **CoDR -- Coding Done Right** in Denton, Texas.

You would code for this patient as follows:

- M1020a: 515 (Postinflammatory pulmonary fibrosis);
- M1022b: 183.0 (Malignant neoplasm of ovary);
- M1022c: 453.40 (Acute venous embolism and thrombosis of unspecified deep vessels of lower extremity);
- M1022d: 715.36 (Osteoarthritis, localized; not specified whether primary or secondary, involving lower leg);
- M1022e: 599.0 (Urinary tract infection, site not specified); and
- M1022f: V58.83 (Encounter for therapeutic drug monitoring).

The focus of care is the patient's lung disease, so you'll list 515 in M1020.

Follow this with 183.0 for your patient's ovarian cancer, provided it is a primary cancer. Most ovarian cancers are primary, but, if you don't have this detail in the record and you code the cancer as unspecified (239.5) rather than verifying with the physician, you'll lose an opportunity to accumulate case mix points. Plus, you should never list an unspecified code when coding cancer, Selman-Holman says.

Next, list the venous thrombosis. Query the physician regarding the presence of the thrombosis or whether it should be reported with a history of code. Venous thrombosis is considered acute unless the physician designates that it is chronic and it routinely takes three to six months for a thrombosis to resolve with the assistance of anticoagulants. If you can get more information as to where the thrombus is located, such as proximal versus distal veins, you can code the thrombus more specifically.

On the other hand if the physician indicates that the anti-coagulant is being used as a prophylactic, list the history code V12.51 (Personal history of venous thrombosis and embolism) to indicate that your patient is being treated with anticoagulants as a prophylactic measure for the DVT of the lower extremities.

List 715.36 for your patient's osteoarthritis (one joint is considered localized), followed by 599.0 for the UTI. But make sure the UTI is current. If the UTI is resolved but the patient is at risk for further UTIs, you should use the code for personal history of UTI -- V13.02.

Don't stop there: You will also want to list these additional diagnoses on the plan of care: V58.61 (Long-term [current] use of anticoagulants) and V44.3 (Artificial opening status; colostomy) because there is no mention that home health will

be attending to the colostomy. Also, document in the medical record that the patient is receiving chemotherapy at the physician's office.

Your patient receives chemotherapy at the physician's office, but does she have a central line or mediport that the home health staff or patient will have to flush with heparin and saline between treatments? If so, you should add V58.81 (Fitting and adjustment of vascular catheter) to the list of codes.