WELCOME TO THE CODING CORNER

Coding Corner is a monthly newsletter to provide guidance and consultation to the practice office for both coding specificity and documentation requirements. In October 2014 the most significant change to medical coding and billing will occur with the introduction of ICD 10. Along with the introduction of the coding change is the importance of including documentation in the progress notes that support the code selected and submitted for the services provided.

Arizona Integrated Physicians provides ongoing consultative support; this publication will be one way of providing ongoing coding education.

The newsletter will be published monthly and distributed via the AIP secure portal for use by all office practitioners/billers/coders. Various diagnosis codes will be featured along with key documentation requirements that are part of the practitioner evaluation and treatment plan recommendation for each diagnosis. Suggestions for using ICD 10 will also be included in the newsletter. Coding Corner is being created for our partners, your ideas and suggestions for articles are always welcomed. We want Coding Corner to be relevant and applicable to daily office practice for both our Primary Care Physicians and Specialists. Please, submit ideas and suggestions to the Provider Relations Representatives during office visits, at regularly scheduled Office Educations Sessions or by calling 623-215-9435. You are also welcome to contact Laura Hill, Senior Coding Specialist at 623-215-9451. We look forward to your suggestions and another successful and collaborative year of working together.

INSIDE THIS ISSUE:

- Complex Care Alcohol related liver disease
- The medical condition of Purpura has Complex Care value

COMING SOON

CMSANNOUNCES ICD 10 TESTING

On October 1, 2014, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. To help you prepare for this transition, CMS announces a national testing week for current direct submitters (providers and clearinghouses) from March 3 through 7, 2014. This testing week will give trading partners access to the Medicare Administrative Contractor’s (MACs) and Common Electronic Data Interchange (CEDI) for testing with real-time help desk support. The event will be conducted virtually and registration is required. Have you checked with your clearinghouse to verify participation?

If your office directly submits claims, it is strongly suggested that you participate. More information is available in MLN Matters® Article MM8465, "ICD-10 Testing with Providers through the Common Edits and Enhancements Module (CEM) and Common Electronic Data Interchange (CEDI)"
**CODING CORNER**

**CODING ALCOHOL LIVER RELATED DISEASE**

What alcohol related liver disease has HCC Complex Care value?
- 571.2 Alcoholic cirrhosis
- 571.3 Alcoholic liver damage, unspecified

(Note: 571.3 Excludes Alcoholic Fatty Liver 571.0 and Alcoholic Hepatitis 571.1 and are NOT reimbursed as complex codes, however, should be reported if medical management is occurring)

Note: When a diagnosis is alcohol related, code also for additional high risk value:
- □ 303.90 Alcohol dep, unspecified
- □ 303.91 Alcohol dep continuous
- □ 303.92 Alcohol dep episodic
- □ 303.93 Alcohol dep in remission

Documentation examples:
- HCC code 571.2 Alcoholic Cirrhosis (ICD10 code K70.30 Alcohol Cirrhosis w/o ascites)
- Assessment/Plan: Cirrhosis d/t alcohol, no ascites, asymptomatic, follow up with GI.
- NON HCC 571.1 Alcoholic Hepatitis
- Assessment/Plan: Elevated LFT d/t alcohol hepatitis, worsening, discussed abstinence and refer to AA

**CODE 287.2 PURPURA NOS (SENILE PURPURA)**

Is it true that Senile Purpura has a HCC Complex Care value?
- Yes!

Senile purpura are common in patients over 65:
* AKA solar, actinic, or Bateman purpura
* Appear on sun-damaged skin forearms, dorsal hands
* Due to ruptured blood vessels
* Usually occur after unrecognized minor trauma
* Last 1-3 weeks, without usual color stages of normal bruise
* Not due to ASA/anticoagulation/steroids alone

Documentation examples:
- Code 287.2 (ICD-10 D69.2)
- Initial Diagnosis
- Assessment/Plan: Pt with painless ecchymoses on forearms, denies abnormal bleeding other areas. Senile purpura, reassured, educated importance of sun protection.
- Established Diagnosis
- Assessment/Plan: Senile purpura continue to appear and resolve, asymptomatic, continue use of sunblock.

Arizona Integrated Physicians (AIP) is a physician organization comprised of both primary care physicians and specialty care physicians. AIP was founded in 1994 and in September 2013 merged with HealthCare Partners and is now a division of HealthCare Partners. The organization’s core values are delivering patient-centered coordinated care through integration and supporting our physicians to excel.