HCC Department Coding Newsletter

Arizona Priority Care™

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MONTHLY CODING SPOTLIGHT

VISUAL DIAGNOSING

The physical exam portion of the progress note contains useful information that can be used for HCC diagnosis coding and often gets overlooked. Conditions that can be assessed through observation can include:

- ***Senile Purpura*** *(HCC 48)*; this can be seen on the skin; however, it is often referred to as bruising or ecchymosis. Unfortunately this type of wording will not capture the true diagnosis of purpura.
  *__Purpura must be documented__
- ***Cachexia*** *(HCC 21);* wasting of the body weight and muscle loss is sometimes referred to as underweight, weight loss or failure to thrive. This terminology will not reflect a diagnosis of cachexia. If the patient is truly malnourished or cachectic, we want to be certain to document for this and include the BMI or other conditions for additional support.
  *__Often the exam will contradict stating "*well-nourished*"__
- ***Amputations of the lower extremities*** *(HCC 189)*; any portion of the extremity from the toe to the leg can be noted in the physical exam. This is a status condition that will not change, but must be reported each year.
  *__Exam cannot contradict by referring to "*normal musculoskeletal*"__
- ***Ostomies*** *(HCC 188);* an artificial opening should be documented in the physical exam along with the status. Catheters and other methods of draining fluids are not included in this category.
  *__These should be noted under the *organ system or body area*__
- ***Severe Obesity*** *(HCC 21);* can be documented as such as well as morbid obesity but should be supported with a BMI. Documentation of obese or overweight, will not fall into this category.
  *__*Morbid or severe* should be noted in the general portion of the physical exam__

VISUAL DIAGNOSING

Things to consider during the Physical Exam:

- It is important to know when the physical portion of the note is used from a template and if that template is carried over from a previous visit. Each exam should be unique to the visit of that day and all observations documented.

- *Senile Purpura*: This is not a chronic condition and should only be documented when the discoloration can be seen on the skin even if it seems normal for an aging member.

- *Cachexia:* This is not a chronic condition and can resolve so should only be documented when there is supporting evidence.

- *Amputations of the lower extremities:* This of course will never change but must be reported every year to CMS so it needs to be noted during a physical exam or when the condition is pertinent to the visit.

- *Ostomies:* These can be for a short duration of time or indefinite so they should be documented at each visit. Many ostomies are reversed but continue to be carried over in the physical exam through copy and paste.

- *Morbid Obesity:* This can change through diet and/or surgery so it is important to authenticate at each visit and have supporting documentation of BMI, or weight changes. If a provider feels that morbid obesity may be a sensitive diagnosis for the patient, severe obesity will result in the same conclusion.

Many diagnoses are made through tests and patient histories or are acute conditions that will eventually resolve. The physical exam can support a diagnosis through inspection and helps substantiate many diagnoses while offering proof for others. It can fill in the blanks for incomplete documentation elsewhere in the note or offer laterality specifics when otherwise missing. Skin ulcers, paraplegia, hemiplegia, hemiparesis and respiratory dependence on a ventilator (in a hospital setting) are also diagnoses that can be coded from the physical exam. It is always preferred to have a status and plan for every diagnosis and this may be done outside of the exam portion of the note.

Be sure to match the exam to the diagnoses within the note and eliminate any confusing or contradicting statements.