

Orthostatic hypotension, PVCs, bradycardia

A 69-year-old female is referred for skilled nursing for home health following hospitalization for orthostatic hypotension. While hospitalized, it was also determined that the patient was experiencing frequent premature ventricular contractions (PVCs) and intermittent bradycardia, but the cause was not determined. The patient will be following up with cardiology and home health will be observing and assessing to report to the physician.

Description	Code
Primary: Orthostatic hypotension	I95.1
Secondary: Ventricular premature depolarization	I49.3
Secondary: Bradycardia, unspecified	R00.1

The focus of care and reason for admission is orthostatic hypotension, so this should be first assigned. However, nursing will also be monitoring the other cardiovascular abnormalities, PVCs and bradycardia, so these should also be listed. No specific cause is known for the bradycardia, so R00.1 is the most appropriate code. While there is an excludes 1 note at I49 for R00.1, there is an excludes 2 note at R00 indicating that specified arrhythmias (I47-I49) may be assigned with codes from R00. Q2 2020 Coding Clinic guidance has specified that these conditions may be assigned together when the excludes 2 conditions are met.

Heart failure with aortic aneurysm, valve disease

An elderly male patient is admitted to home health for nursing and therapy after hospitalization for exacerbation of end stage acute on chronic diastolic heart failure. The patient's history also indicates hypertension, mitral valve calcification, and an infrarenal aortic aneurysm that is being monitored by cardiology and vascular surgery. The patient also has new oxygen, which he must use 24/7.

Description	Code
Primary: Hypertensive heart disease with heart failure	I11.0
Secondary: End stage heart failure	I50.84
Secondary: Acute on chronic diastolic (congestive) heart failure	I50.33
Secondary: Nonrheumatic mitral (valve) annulus calcification	I34.81
Secondary: Infrarenal abdominal aortic aneurysm, without rupture	I71.43
Secondary: Dependence on supplemental oxygen	Z99.81

Coding conventions require that the “with” convention be followed when a code term falls under the subterm “with” or “in” within the alphabetic index, as the term heart failure does (below “with”) under hypertension. For this reason, a combination code for hypertensive heart failure is assigned per the index, followed by the code(s) for heart failure as directed by code also notes in the tabular index. End stage heart failure is assigned as diagnosed by the physician and requires that an additional code be listed to specify the type of heart failure, which is acute on chronic diastolic (I50.33) in this case. Specific codes for the patient's other cardiovascular conditions are also assigned. Because the aneurysm has not ruptured, the code for without rupture, specific to infrarenal site is assigned.

Chapter 1 Scenarios: Certain infectious and parasitic diseases (A00-B99)

Streptococcal sepsis, COVID-19

A patient is admitted following hospitalization for streptococcal sepsis with organ dysfunction due to pneumonia (streptococcal), noted to have developed following COVID-19 infection with associated viral pneumonia. Acute renal failure with tubular necrosis, type 1 diabetes mellitus, and chronic kidney disease stage 2 is documented by the provider. The patient will continue oral antibiotics for two weeks.

Description	Code
Primary: Streptococcal sepsis, unspecified	A40.9
Secondary: COVID-19	U07.1
Secondary: Pneumonia due to coronavirus disease 2019	J12.82
Secondary: Pneumonia due to other streptococci	J15.4
Secondary: Severe sepsis without septic shock	R65.20
Secondary: Acute kidney failure with tubular necrosis	N17.0
Secondary: Type 1 diabetes mellitus with diabetic chronic kidney disease	E10.22
Secondary: Chronic kidney disease, stage 2 (mild)	N18.2

This patient experienced a COVID-19 infection that led to sepsis. While the focus of this patient's episode is the infection, coding guidelines for the coding of COVID-19 infections are clear that guidelines for coding sepsis must still be followed and these guidelines require that the code for the systemic infection be listed first, which is streptococcal sepsis. Guidelines for coding of positive COVID-19 cases state that pneumonia associated with COVID-19 is coded to J12.82 and should follow the U07.1 code. This patient also developed complicating streptococcal pneumonia due to COVID-19, so this is listed following the J12.82 code. Guidelines for coding of severe sepsis require that any associated organ failure must be stated by the provider and the code should follow the appropriate R65.2- code. Type 1 diabetics generally use insulin, but do not assign an additional code for insulin use in type 1 diabetics.

HIV, cryptosporidiosis

A patient is admitted with an AIDS-related infection specified as Cryptosporidiosis. His symptoms include dehydration and diarrhea. Medical records indicate that the patient had an allergic reaction following the first dose of the Moderna COVID-19 vaccine and it was determined that the second dose was contraindicated despite the patient's high risk, so he remains only partially vaccinated.

Description	Code
Primary: HIV	B20
Secondary: Other protozoal intestinal diseases, cryptosporidiosis	A07.2
Secondary: Partially vaccinated for COVID-19	Z28.311
Secondary: Immunization not carried out because of patient allergy to vaccine or component	Z28.04

Cryptosporidiosis is an infection of the small intestine caused by a protozoal organism and is frequently a complication of HIV and AIDS. The ICD-10 guidelines state that if a patient is admitted for an HIV-related condition, the principal diagnosis should be B20, followed by additional codes for all reported HIV-related conditions. The patient's symptoms of dehydration and diarrhea are not coded as they are integral to the Cryptosporidiosis infection. Note that many states prohibit reporting HIV as a primary diagnosis or reporting it at all. Check with your state's OASIS coordinator to determine the appropriate sequencing of an HIV diagnosis, based on your state's regulations. If prohibited, report the associated condition(s). Because the patient is only partially vaccinated against COVID-19, this should also be coded along with the reason for partial vaccination if known.