

Risk Adjustment Coding Guidance

Amputations

Context

CareSource reviews provider documentation to ensure the accuracy of diagnoses codes reported. Recent chart reviews have demonstrated an opportunity to improve the accuracy of ICD-10-CM codes reported for capturing status codes specific to amputations.

Scenario

A male, age 64 is seen by the provider on July 10, 2020. Documentation supports that an office visit was performed. The note documents that the patient was seen for weight loss, right-hand pain and history of congestive heart failure and diabetes with neuropathy. The documentation supports all conditions were evaluated. The note also details a surgical history of a below the knee amputation of the left leg.

- The claim submitted to the insurance carrier reports the CPT code for the office visit and the ICD-10-CM codes R63.4 (weight loss), M79.641 (right hand pain), I50.9 (CHF) and E11.40 (DM with Neuropathy)
 - The ICD-10-CM for the amputation of left leg below knee, Z89.512 was **not** reported on the claim.

Coding Guidance

It is important to report all conditions that exist at the time of the visit and that affect patient care.

- If the patient has an amputation and it is documented in the record, remember to report the appropriate Z code on your claim.
- Per the ICD-10-CM Official Guidelines for Coding and Reporting, 2020: Code all documented conditions that co-exist at the time of the face to face encounter/visit and require or affect patient care, treatment, or management.

Importance

Complete, specific and accurate coding helps to ensure CareSource is able to connect our members, your patients, to appropriate disease management and case management resources.

Questions

For questions about risk adjustment coding, please send your inquiries to:

raprovidereducation@caresource.com

Source

ICD-10-CM Official Guidelines for Coding and Reporting 2020

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