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ICD-10 Coding: Fourth Quarter Coding Clinic Sheds Light on BMI

By Gloryanne Bryant, RHIA, CDIP, CCS, CCDS, AHIMA-Approved ICD-10-CM/PCS Trainer

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New coding clinic edition offers much to review and follow.

Everyone in health information management (HIM), coding, and CDI (clinical documentation improvement) is abuzz about the fourth-quarter AHA (American Hospital Association) Coding Clinic on ICD-10-CM/PCS.

We just received the third-quarter issue at the end of September, which everyone is still digesting. This fourth-quarter issue brings together the FY 2019 Official Guidelines changes and the ICD-10-CM/PCS code changes (new and revised), with greater clarity and coding advice.

In addition to these two large topics in this new issue, there is a focused section on the coding of body mass index (BMI), pages 77-83. This includes guidance to always code the documented diagnosis of obesity and morbid obesity due to their clinical significance, even in the absence of any workup or treatment directed to these diagnoses. The Coding Clinic guidance also instructs to only code a documented “overweight and BMI” when they meet the definition of an “other” secondary diagnosis.

Let’s remember also that for inpatient reporting of other/secondary diagnoses, the definition for “other diagnoses” is interpreted as additional conditions that affect patient care, in terms of requiring the following:

- Clinical evaluation;
- Therapeutic treatment;
- Diagnostic procedures;
- Extended length of hospital stay; or
- Increased nursing care and/or monitoring.

For outpatient reporting purposes, however, the Official Guidelines for Coding and Reporting, Section IV-J. states the following: “code all documented conditions that coexist at the time of the encounter/visit and require or affect patient care treatment or management.”

When there is documentation of “underweight” and the BMI, guidance states to code both the underweight diagnosis and the BMI. The Official Guidelines do not limit the associated BMI diagnosis to obesity and morbid obesity; diagnoses such as malnutrition, cachexia, eating disorders, abnormal weight loss or gain, and being underweight all support the code assignment of the documented BMI.

Included in the BMI guidance is the FY 2018 (effective Oct. 1, 2018) guideline change, which instructs, “do not assign BMI codes during pregnancy.” Be sure to read thoroughly the full content of this BMI section within Coding Clinic and share it with your CDI staff and physician colleagues.

When it comes to the “documentation” needed for coding (reporting), it’s critical to remember that per this Coding Clinic issue, documentation from physicians other than the attending physician (i.e., consultants, residents, anesthesiologists, etc.) is acceptable, as long as there is no conflicting information from the attending physician.

Reading and adhering to the AHA Coding Clinic advice is the ethical responsibility of every HIM coding professional. When an individual (i.e. consultant or auditor) disagrees with AHA Coding Clinic advice or even disregards the advice, this can be interpreted as being unethical (see pages 90-92 of the new Coding Clinic for more details).

There is a wealth of informational guidance and advice contained in this fourth-quarter issue of Coding Clinic, so I strongly encourage you to read the full content. The advice and guidance in this issue is effective for discharges/encounters on and after Oct. 8, 2018.

Program Note:

Listen to Gloryanne Bryant report this story this morning on Talk Ten Tuesday, 10-10:30 a.m. ET.

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