Coding and Documentation Tips: Acute vs Chronic Conditions

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When performing chart audits, it is often noted that some conditions are coded as acute when they should be a history of code, or a chronic code. This leads to erroneous payments and can lead to repayment if/when there is an audit.

Some of these conditions include:

- Stroke/CVA
- MI
- DVT/Blood clots

When documenting and reporting/coding in an outpatient setting, it is important to watch for those conditions that can be acute and/or chronic.

Acute Stroke

An audit by the Office of Inspector General (OIG), done in 2020 of 2015 and 2016 dates of service, "For 2 of the 582 reviewed transferred enrollees, the medical records supported the selected acute stroke diagnosis codes that physicians submitted to CMS under traditional Medicare. CMS later used these codes to make payments to MA organizations. For the remaining 580 reviewed transferred enrollees, **the selected acute stroke diagnosis codes did not comply** with Federal requirements. Specifically, the medical records did not support the acute stroke diagnosis codes that the physicians submitted to CMS. Thus, the **HCCs for Ischemic or Unspecified Stroke were not validated and should not have been used in the transferred enrollees' risk scores.** For 285 of these instances, the billing entities determined that a history of stroke diagnosis should have been documented. These errors caused inaccurate payments from CMS to the MA organizations." [1]

Examples (unacceptable):

- **I63.9 - Stroke, unspecified** – Noted in A/P with no other explanation.
    - If there is no other documentation of stroke in the note, this **would not** be reported/coded.
    - If there is documentation in the note of the stroke happening in the past, **T86.73 - Personal history of stroke**, would be reported/coded.

Example (acceptable):

- **R47.81 - Slurred speech, R29.818 - Other symptoms and signs involving the nervous system** – Patient presenting with slurred speech, and right sided weakness. Suspect stroke. Called ambulance, sent to ER.

[1] Incorrect Acute Stroke Diagnosis Codes Submitted by Traditional Medicare Providers Resulted in Millions of Dollars in Increased Payments to Medicare Advantage Organizations, A-07-17-01176 (hhs.gov)

- If the patient has signs and symptoms of a stroke in the provider's office and they are sent to the ER/hospital, only the signs and symptoms would be reported/coded.
- *Guidelines state that once a patient is discharged from the hospital after a Stroke/CVA, it is no longer acute.*

Acute Myocardial Infarction (AMI)/Heart Attack

CMS identifies two types of MI

- Initial AMI
  - "An initial AMI is coded to **I21, Acute myocardial infarction,** when a patient has suffered an initial ST elevation (STEMI) or non-ST elevation (NSTEMI) myocardial infarction that is **specified as acute** or with a **stated duration of 4 weeks (28 days) or less from onset**."
- Subsequent AMI
  - "A subsequent AMI is coded to **I22, Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction**, when a patient has suffered a type 1 or unspecified AMI and has a **new AMI within the 4-week timeframe (28 days) of the initial AMI**. A code from category I22 must be used in conjunction with a code from category I21. The sequencing of the I22 and I21 codes depends on the circumstances of the encounter."[2]
- If a patient presents for a visit and has a history of AMI and is outside of the four-week period, **I25.2 Old myocardial infarction** would be reported/coded.

Acute/Chronic/History of Deep Vein Thrombosis (DVT)

- When coding for deep vein thrombosis (DVT) review provider documentation carefully to ensure it supports coding acute or chronic DVT.
- Don't assume the patient has a current acute or chronic DVT just because they are on anticoagulants or have an embolism protection device, such as an inferior vena cava filter, in place.
- If the DVT has resolved, report **Z86.718** *Personal history of other venous thrombosis and embolism*.
- *A diagnosis for current DVT should only be reported when the condition is active and present."*[3]

Documentation is KEY to ensuring correct reporting/coding!

[2] Coding For Acute Myocardial Infarction - Medical Coding Buff
[3] Top Miscoded HCCs - AAPC Knowledge Center

315 SW Fifth Ave, Portland, OR 97204 • 800-224-4840 • careoregon.org