

BASICS

- L.O.S.T. conditions refer to commonly undocumented diagnoses.
- It is important to document anything that can impact your medical decision making and to accurately reflect the complexity to the highest level of specificity, including level of care provided.

LIMBS	ORGANS	SECONDARY DIAGNOSIS(ES)	TUBES/TUMMY
Hemiplegia	Dialysis status	Diabetic Nephropathy + Chronic Kidney Disease, stage IV Be sure to tie conditions together (because of/related to/secondary to)	Any Ostomy
Amputation(s)	Transplant status		Other Artificial Openings
Paralysis Status	Respiratory failure		Morbid Obesity

Other common conditions: Substance Abuse, HIV, Mental Health Severity

Use ALL applicable codes to accurately document a patient’s condition, more than 1 can be documented

Remember to document:

- All diagnoses at least once each calendar year
- To the highest degree of specificity and accuracy (eg. Use fourth, fifth, sixth or seventh digits, if available)
- Status
- Type and Severity
- Site and Location
- Comorbidities
- Laterality, if applicable
- Etiology
- Treatment and Medications
- Diagnostic values
- Manifestations or complications
- Signs and symptoms
- Episode of care (initial, subsequent, sequela)

MEAT

At least one of the following must be evident as supporting documentation

MONITOR	EVALUATE	ASSESS	TREAT
Signs Symptoms Disease Progression Disease Regression	Physical Examination Test Results Medication Effectiveness Response to Treatment	Ordering Tests Discussion Review Records Counseling Change in Status (stable, improving, worsening)	Medication Management Therapies/Surgery Counseling Referrals Other Modalities

COMMON CODING MISSES

- Annual recapture
- Documentation and billing match
- Documenting status (Z) codes
- MEAT criteria (above)
- Linking statements between a casual relationship for manifestation codes
- Telehealth encounters (During Public Health Emergency)
- Abbreviations or non-specific documentation

BEYOND THE BASICS

ICD₁₀ CODING CONSIDERATIONS

AMPUTATIONS

- Be sure to document lower-limb amputations in the visit note.
- Coding is based on site or extent and laterality.
- Be sure to accurately code all comorbidities, eg. diabetes, hypertension, nicotine dependence .

SITE	RIGHT	LEFT	UNSPECIFIED
Great Toe	Z89.411	Z89.412	Z89.419
Other Toe(s)	Z89.421	Z89.422	Z89.429
Foot	Z89.431	Z89.432	Z89.439
Ankle	Z89.441	Z89.442	Z89.449
Below Knee	Z89.511	Z89.512	Z89.519
Above Knee	Z89.611	Z89.612	Z89.619

DISEASE INTERACTIONS

- It is important to identify conditions that may be complex when paired with another comorbidity/condition.
- Common interactions include:

GROUP A	GROUP B
Immune Disorders	Neoplasm
Congestive Heart Failure	Diabetes
	COPD
	Renal Disease(s)
	Specified Heart Arrhythmias
Cardiorespiratory Failure	COPD

STATUS CONDITIONS

- Status conditions can impact risk adjustment, common codes include:

ICD 10 Code(s)	Description
Z94.X	Transplant Organ and Tissue Status
Z99.2 Z49.X	Renal Dialysis Dependence Encounter for Care Involving Renal Dialysis
Z93.X or Z43.X	Artificial Opening Status or Attention to Artificial Openings
Z79.4	Long Term (current) insulin use
Z68.X	Adult BMI, when relevant
J96.X	Respiratory Failure

OTHER COMMONLY MISSED DIAGNOSES

ICD 10 Code	Description
D69.2	Senile Purpura
G20	Parkinson’s Disease
F10.X-F16.X, F18.X-F19.X	Alcohol and Drug Dependency (Including Remission)
F17.X	Nicotine Dependence
I77.819	Aortic Ectasia
G35.X	Multiple Sclerosis
F32.X, F33.X	Major Depressive Disorder
E44.X	Protein Calorie Malnutrition of Moderate and Mild Degree
B20	HIV

ICD₁₀ CODING SCENARIOS

Example	ICD 10 Coding
Patient has HTN and End State Renal Disease, and is on dialysis 3 times per week.	•I12.0, Hypertensive ESRD AND •N18.6, ESRD AND •Z99.2, Dialysis Status
Patient visit for alcoholic cirrhosis with ascites. Reports previous alcoholism, but in remission. Also has type 2 diabetes.	•K70.31, Alcoholic Cirrhosis of Liver with Ascites (Primary Dx) AND •F10.21, Alcohol Dependence, In Remission AND •E11.9, Type 2 Diabetes Mellitus Without Complications (Secondary Dx)