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Coding*Alert*

Coding & Audit Pitfalls:
Best Practices to Avoid Compliance Issues

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ICD-10-CM Coding: Steering Clear of Common Errors

According to ICD-10-CM official guidelines for FY 2019, a joint effort between the healthcare provider and the coder is essential to achieve and complete an accurate documentation, code assignment, and reporting of diagnoses and procedures. Because coding and billing claims are susceptible to human error, a thorough review of the medical record is important. Without review, accurate coding may not be achieved.

To reduce errors, here are some areas to pay close attention to:

Prepared by: Sarina Vanausdle, MBA, BS, CCS-P, CLSSGB, Consultant

1. **Coding with "Expired" Codes**
   A simple rule of thumb is to always code from a coding manual of the current fiscal year. If all codes are not active codes, there will be financial consequences for the facility that may include denials or penalties.

2. **Absent Chief Complaint**
   Without a documented chief complaint (CC), any service or encounter can and most likely will be deemed medically unnecessary and, consequently, unpayable, regardless of all other seamless and accurate documentation.

3. **Confusing Similar Numbers and Letters**
   Coding is a detail-oriented task. At any time, one may slip up and enter a number as a letter or vice-versa resulting in a completely different code or one that is nonexistent. Paying close attention to each entered code will save within a revenue cycle and reduce denials and appeals.

4. **Left, Right or Bilateral Laterality**
   Some ICD-10-CM codes indicate laterality, specifying whether the condition occurs on the left, right or is bilateral. If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side. If the

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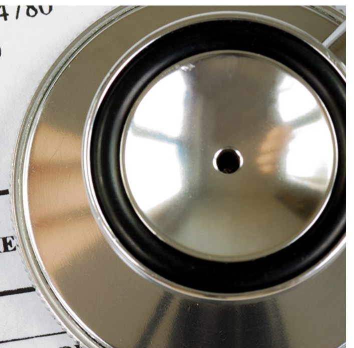

side is not identified in the medical record, assign the code for the unspecified side.

5. **Overlooking the "Code First/Use Additional Code" Note**
   This ICD-10-CM coding convention requires the underlying condition be sequenced first, if applicable, followed by the manifestation. Wherever such a combination exists, there is a "use additional code" note at the etiology code, and a "code first" note at the manifestation code. Example: If a patient comes to a medical facility for a bacterial infection, the "use additional code" note may be located at the infectious disease code, indicating a need for the organism code to be added as a secondary code. On the other hand, when there is a "code first" note and an underlying condition is present, the underlying condition should be sequenced first. Not using the proper sequencing or omitting one of the codes, with this instruction next to said code in the ICD-10-CM Manual, may result in a claim denial.

Sources:

https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2019-ICD10-Coding-Guidelines-.pdf

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To minimize costly medical billing and coding errors, it's important to stay up to date on the requirements. LW Consulting, Inc, can assist you with coding education, medical record documentation and/or compliance auditing.

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