

2019

# Guide to Clinical Validation, Documentation and Coding

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clinical documentation



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# Candidiasis

<b>B37.2</b>	<b>Candidiasis of skin and nail</b>	
<b>B37.41</b>	<b>Candidal cystitis and urethritis</b>	CC HAC
<b>B37.49</b>	<b>Other urogenital candidiasis</b>	CC HAC
<b>B37.7</b>	<b>Candidal sepsis</b>	MCC+
<b>T80.211A</b>	<b>Bloodstream infection due to central venous catheter</b>	CC HAC
<b>T83.51XA</b>	<b>Infection and inflammatory reaction due to indwelling urinary catheter, initial encounter</b>	CC HAC
<b>T83.59XA</b>	<b>Infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system, initial encounter</b>	CC

**Diagnosis:** *Candida* (candidosis) (monilial); sepsis (disseminated) (systemic) (candidemia); urinary tract infection (unspecified) (pyelonephritis) (candiduria); UTI due to CVC, indwelling catheter, cystostomy catheter

**Note:** This clinical review is limited to *Candida* infections related to sepsis/candidemia, urinary tract infections/candiduria, and diaper rash.

## Discussion

*Candida* is a yeast fungal microorganism and some species are endogenous or part of the body's normal flora in certain surface areas and organs. Pathogenic infection, candidiasis, develops when certain conditions promote overgrowth. The conditions that promote overgrowth are predisposing factors or high-risk physiological factors: damaged skin, antibiotic (broad-spectrum) use, which alters the body's normal flora, immunocompromised state (AIDS, chemotherapy, cancer/leukemia, transplant status, dialysis status, steroid use), burns, diabetes, neutropenic state, presence of invasive or indwelling catheter, CVC, or urinary stent, low birth weight newborn, ICU patient, xerostomia, extremes of age, female, bladder dysfunction/stasis or urinary tract obstruction/abnormality, urinary tract instrumentation.

### Excluded

- Neonatal candidiasis, see P37.5.
- Sepsis due to non-*Candida albicans* is reported with B48.8 Other specified mycoses.

Candidemia is the fourth most common nosocomial (hospital acquired) bloodstream infection in the U.S. and two species, *C. glabrata* and *C. albicans*, are the most prevalent. *C. tropicalis* candidemia is frequently seen in leukemia and s/p bone marrow/stem cell transplant patients and *C. parapsilosis* in vascular catheters. Candiduria with *C. parapsilosis* is common in the presence of indwelling urinary catheters or stents. An emerging pathogen is *C. rugosa* in hospitalized patients, causing sepsis and UTI associated with catheters.

Sepsis due to *Candida* is also known as disseminated or systemic Candidiasis and reported using B37.7 Candidal sepsis. Sepsis due to fungus is not located in category A41 Other sepsis,

# Control of Hemorrhage, Postprocedural

**Control. Stopping or attempting to stop, postprocedural bleeding.**

<b>ØW3*</b>	<b>Control/Anatomical Regions, General</b>
<b>ØX3*</b>	<b>Control/Anatomical Regions, Upper Extremities</b>
<b>ØY3*</b>	<b>Control/Anatomical Regions, Lower Extremities</b>

Procedure: (initial) (successful) control of post-op bleed/hemorrhage (not requiring a more definitive root operation procedure of bypass, detachment, excision, extraction, reposition, replacement or resection)

## Discussion

ICD-10-PCS defines the root operation Control as, "stopping, or attempting to stop, postprocedural bleeding." Procedures that fall under root operation Control include:

- Irrigating or evacuating a hematoma at the operative site
- Ligation of arterial bleeders
- Cautery or fulguration of hemorrhage with blood clot evacuation
- Drainage at previous operative site to stop bleeding
- Tamponade (i.e., balloon inflation)
- Vasopressin injection or infusion
- Silver nitrate instillation, irrigation, or chemical cautery with sticks
- Oversewing
- Packing
- Absorbable Hemostats (i.e., SURGICEL®, Arista™ AH)
- Bakri balloon

The site of the bleeding is coded as an anatomical region and not to a specific body part. For example, control of post-tonsillectomy hemorrhage is reported with ØW33XZZ Control bleeding in oral cavity and throat, external approach.

According to ICD-10-PCS guideline B3.7, if an initial attempt to stop postprocedural bleeding is unsuccessful, and another definitive procedure is performed to stop the bleeding either at the same or a subsequent operative session, with root operations such as Bypass, Detachment, Excision, Extraction, Reposition, Replacement, or Resection, then that root operation is coded instead of Control.

### **Example:**

Resection of spleen to stop postprocedural bleeding is coded to Resection instead of Control.

If the objective of the procedure is to evacuate a clot, rather than to stop bleeding, the correct root operation is Extirpation, defined as taking or cutting out solid matter from a body part.

Control of intraoperative bleeding, rather than postoperative, is integral and inherent to the procedure and should not be coded separately.

\* Indicates the ICD-10-PCS table where the remainder of the code is constructed.

**Sedimentation Rate-Increased Level****Reference Range: Male 0-20 mm/hr; Female 0-30 mm/hr****Hospital Range:** \_\_\_\_\_

Condition	Signs & Symptoms	Treatment
Cancer of stomach	Weakness, constipation, abdominal pain, anorexia, weight loss, hematemesis, melena	Chemotherapy, radiation therapy, surgery, pain medications
Endocarditis, bacterial	Skin lesions, weight loss, weakness, sweating, fever, heart murmur	Intravenous fluids, antibiotic therapy
Infarction, myocardial, acute, initial episode of care	Severe chest pain, gallop rhythm and other cardiac arrhythmias, shortness of breath, diaphoresis	Continuous monitoring, O <sub>2</sub> therapy, pain medication, intravenous fluids, intravenous medications, possible resuscitation
Infections (acute)	Fever, malaise, chills	Intravenous fluids, antibiotic therapy

**Serum Glutamic-Oxaloacetic Transaminase (SGOT)-Increased Level****Reference Range: 0-35 Units/L.****Hospital Range:** \_\_\_\_\_

Condition	Signs & Symptoms	Treatment
Embolism, pulmonary	Dyspnea, rales in lungs, sudden onset of substernal pain, dizziness, pallor	Heparin, diuretics
Failure, heart, congestive, all forms except unspecified	Peripheral edema, shortness of breath; cyanosis is present on occasion; heart rate is irregular; moist rales at base of lungs with productive cough; confusion is usually present	Sodium-restricted diet, digitalis regulation, O <sub>2</sub> therapy, diuretics
Infarction, myocardial, acute, initial episode of care	Severe chest pain, gallop rhythm and other cardiac arrhythmias, shortness of breath, diaphoresis	Continuous monitoring, O <sub>2</sub> therapy, pain medication, intravenous fluids, intravenous medications, possible resuscitation

**Serum Glutamic-Pyruvic Transaminase (SGPT) (ALT)-Increased Level****Reference Range: 0-35 Units/L****Hospital Range:** \_\_\_\_\_

Condition	Signs & Symptoms	Treatment
Infarction, myocardial, acute, initial episode of care	Severe chest pain, gallop rhythm and other cardiac arrhythmias, shortness of breath, diaphoresis	Continuous monitoring, O <sub>2</sub> therapy, pain medication, intravenous fluids, intravenous medications, possible resuscitation
Failure, heart, congestive, all forms except unspecified	Peripheral edema, shortness of breath; cyanosis is present on occasion; heart rate is irregular; moist rales at base of lungs with productive cough; confusion is usually present	Sodium-restricted diet, digitalis regulation, O <sub>2</sub> therapy, diuretics