

Closing Gaps & Meeting Metrics

Coding Tips and Best Practices

July 2020

Amputations, Artificial Openings and Transplants

Documentation Requirements

For *continuously* assigned members, the specificity and completeness of coding and supporting documentation must remain *specific* and each chronic medical problem must be coded and documented annually (January through December) to be incorporated by the Centers for Medicare and Medicaid Services (CMS) into annual risk score recalculations.

Transplants

Medicare Conditions of Participation for organ transplant programs became effective June 28, 2007.

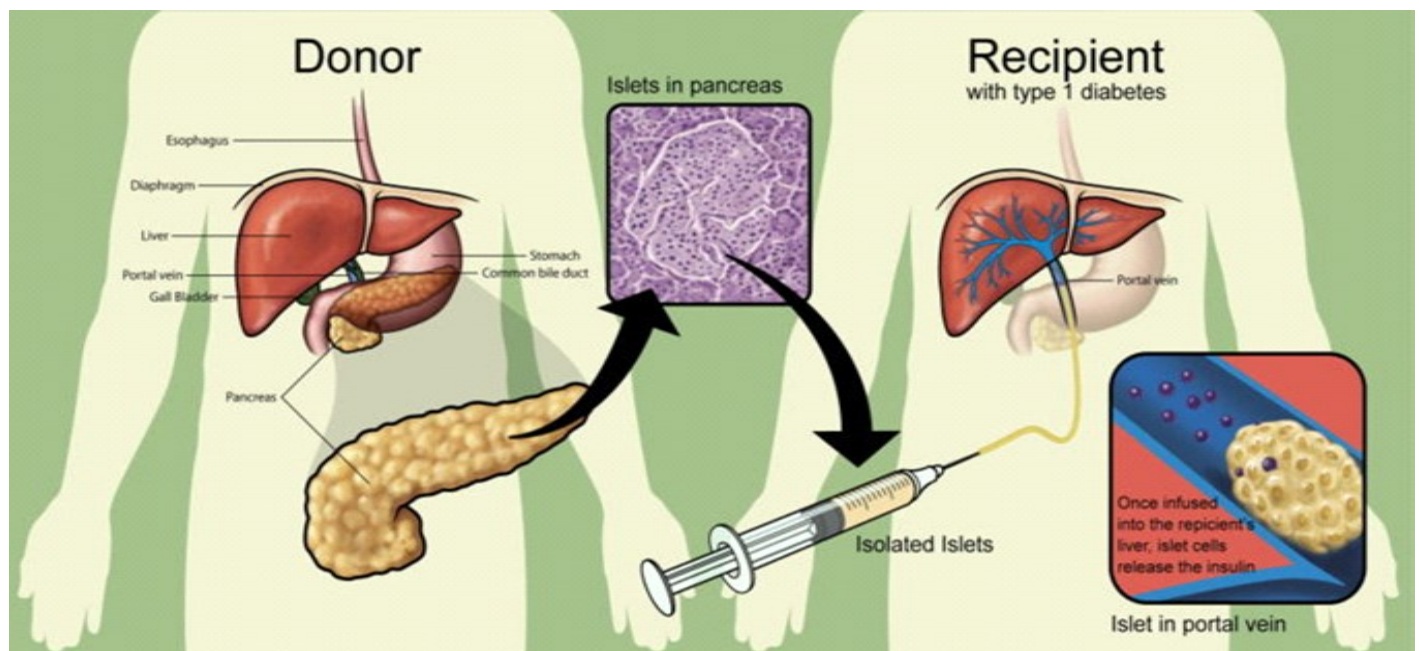
Types of organ transplant programs

- Heart
- Lung
- Liver
- Intestine
- Kidney
- Pancreas

Document Transplant Status

Use the appropriate code from the Z94 category:

- Z94.0** Kidney
- Z94.1** Heart
- Z94.2** Lung
- Z94.3** Heart and lungs
- Z94.4** Liver
- Z94.5** Skin
- Z94.6** Bone
- Z94.7** Corneal
- Z94.81** Bone marrow
- Z94.82** Intestine
- Z94.83** Pancreas
- Z94.84** Stem cells



Amputations, Artificial Openings and Transplants

Artificial Openings, If Still Present

An artificial opening infers that an opening was made to the outside of the body and is replacing or bypassing a normal body function. Most artificial openings will have two coding choices:

- status of code
- care for code

Document opening status with an appropriate code from the Z93 category

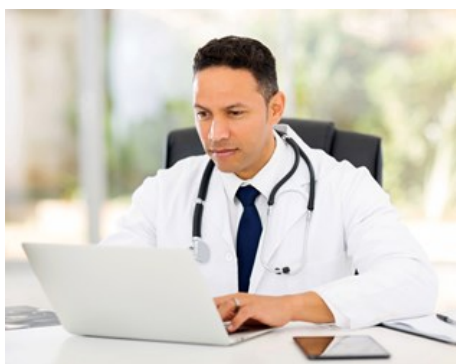
Z93.0	Status of tracheostomy
Z93.1	Status of gastrostomy
Z93.2	Status of ileostomy
Z93.3	Status of colostomy
Z93.4	Other artificial openings of gastrointestinal tract status
Z93.5	Cystostomy status
Z94.81	Bone marrow

Encounter for attention to artificial openings

Z43.0	Tracheostomy
Z43.1	Gastrostomy
Z43.2	Ileostomy
Z43.3	Colostomy
Z43.4	Openings of digestive tract
Z43.5	Cystostomy

Additional codes may be needed

- if the artificial opening is malfunctioning
- to report complications
- if an adjustment/change is made to the opening



Amputations

Removal of a limb, completely or partially as a preventative measure against malignancy or gangrene.

Documentation and Coding Tips

Supporting Documentation

- Document the site of the amputation or complication, including laterality
- Documentation of the type of amputation (complete/partial, complicated/non-complicated) assists in selection of the most specific code

Coding

- Always code laterality
- Always report the most specific code the medical record supports
- Each chronic medical problem must be coded and documented annually to be incorporated by CMS into annual risk score recalculations

Diagnosis Codes: Absence of Limb

- Z89.0** Acquired absence of thumb/other finger(s)
- Z89.4** Acquired absence of toes, foot and ankle
- Z89.1** Acquired absence of hand and wrist
- Z89.5** Acquired absence of leg below knee
- Z89.2** Acquired absence of upper limb above wrist
- Z89.6** Acquired absence of leg above knee

References

- [cms.gov](https://www.cms.gov)
- [aapc.com](https://www.aapc.com)
- American Academy of Family Physicians