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Q&A: Coding
'aspiration without
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When a patient has
both influenza and
pneumonia due to the
influenza, per coding
conventions, the

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influenza will be sequenced first, under code J14 Pneumonia due to H Flu. There is a "code first" note for associated influenza, if applicable.

justcoding.com

Q: Is pneumonia in HIV disease patients always considered an HIV-related condition?

A: There are Official

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Guidelines for Coding and Reporting that must be adhered to when coding and reporting of HIV disease. If the documentation is not clear about the reason for the admission or whether the condition is related to the HIV disease, a query may ...

Guest Post: Pneumonia

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Use encoders alongside of critical reasoning ... - hcpro.com

25 Supporting the Diagnosis of Complex Pneumonia Aspiration pneumonia • Need all three 1. High?risk host

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- Diabetes mellitus, etc.
- 2. High-risk setting •
Resides in nursing home, etc.

Pneumonia with a negative chest x-ray:
Clinical ... - HCPro
During this 90-minute program, Colleen M. Rafferty, MD, MPH, will unpack the new pneumonia guidelines, provide practical tips

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for navigating the coding classifications and the diagnostic reality, and offer advice for developing organizationwide clinical criteria to aid in query formation.

Q&A: Pneumonia in an HIV disease patient | ACDIS

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Ask ACDIS: Clarifying requirements for ... - hcpro.com

As the weather cools, the heat is on coders to properly report the high number of pneumonia cases they tend to see during the winter months. It's not always

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easy, considering the changing face of pneumonia testing and treatment and the number of documentation requirements for coding. In particular, cases "without a smoking gun," such as pneumonia without a positive chest x-ray, can be ...

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Q&A: Coding
guidelines for COPD
and pneumonia |
ACDIS

Coding Clinic states
that coders should
report postobstructive
pneumonia with code
486 (pneumonia,
organism unspecified)
when the physician
doesn't document the
cause. If the physician
identifies the causative

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organism of the pneumonia, then coders should use the more specific pneumonia code.

Good documentation will clear up pneumonia coding problems ...

Aspiration pneumonia and aspiration bronchitis both map to the same ICD-9-CM

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code, 507.0

(pneumonitis due to inhalation of food or vomitus). Because ICD is an international classification system maintained by the World Health Organization, it tends to group similar conditions under the same code.

Clinical and Coding

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Conundrums - ACDIS

QUESTION: A patient is admitted with pneumonia and atrial fibrillation and both are present on admission. The patient receives antibiotics for the pneumonia and a pacemaker during the stay, but undergoes no other procedures. Does the procedure automatically make

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ICD-9-CM code 427.31
for the atrial fibrillation
the principal diagnosis?

Q&A: Sequencing for
influenza, pneumonia,
and ... - hcpro.com
Association of Clinical
Documentation
Improvement
Specialists, April 1,
2014. The most
accurate code 997.32,
post pocedural

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aspiration pneumonia, which can also be described as “chemical pneumonitis resulting from a procedure.” An additional code to specify aspiration pneumonia would not be used.

Pneumonia: Clinical

Criteria and

Documentation ...

Per the Coding Clinic,

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acute bronchitis and pneumonia are both included in code J44.0 (lower respiratory infections). Influenza, on the other hand, is not included in code J44.0 because it is considered both an upper and lower respiratory infection. Additionally, the type of pneumonia needs to be clarified.

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Pneumonia is an inflammatory process that affects the lung tissue. Robert S. Gold, MD, and Shelley C. Safian, PhD, MAOM/HSM, CCS-P, CPC-H, CHA, explain the clinical and documentation pieces

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of pneumonia coding.

Q&A: Assigning a principal diagnosis for a ... - hcpro.com

If a provider maintains that a patient has pneumonia, especially when it is documented with uncertainty at the time of an inpatient discharge or in response to a clinical validation query, then

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we are on solid ground to code the condition. Coding Clinic, Fourth Quarter, 2016, page 149, is a valid defense of this principle.

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JustCoding's Inpatient Documentation Pocket Cards

Sarah Nehring, CCS, CCDS , writes that CDI and coding professionals must

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understand the guidelines for coding myocardial infarctions (MI) as well as the clinical difference between type 1 MIs and type 2 MIs so they can be clinically validated, queried, and reported effectively to avoid negative reimbursement ramifications.

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