

# Acute Conditions Not Usually Treated in an Office Setting



Although patients occasionally present to the physician's office (POS 11) with life-threatening conditions, in general, patients are treated in a hospital setting (POS 21) for any of the below diagnoses. Some of these diagnoses have been identified at high risk of being miscoded resulting in inaccurate payments for Medicare Advantage plans.

## Acute Ill-Defined Cerebrovascular Disease, Cerebrovascular Accident

Acute CVA code should only be used for patients in the acute care setting. After the patient is discharged from the facility, the correct documentation and coding is "history of CVA." The office visit note must indicate the late effect of CVA, if any, and its cause (for example, L hemiparesis 2° to CVA) to use the late effect diagnosis code.

## Acute Myocardial Infarction, or MI

Acute MI is an emergent condition, requiring hospitalization. While we recognize patients may occasionally present to their physician's office at the onset of symptoms of MI, it's expected that the patient would be transported to the hospital setting for additional testing and treatment. During chart reviews, we often find that the medical record indicates "MI" with no indication of when the MI occurred. The use of codes in this series is restricted to the acute event itself and the subsequent four weeks. If the patient is being seen or treated after that four-week period, the documentation should reflect that this is a history of MI.

## Unstable Angina/Acute Coronary Syndrome/Non-ST Elevation MI

Unstable angina/NSTEMI is a clinical syndrome subset of acute coronary syndrome that is usually caused by atherosclerotic coronary artery disease and associated with an increased risk of cardiac death and subsequent myocardial infarction. Because it's an acute condition with the potential for impending MI, the American College of Cardiology and American Heart Association guidelines recommend initial treatment in an emergency department or other facility capable of acute evaluation when UA/ACS is suspected. The diagnosis of UA, ACS or NSTEMI should not be reported in a physician office setting unless the patient is evaluated in the physician's office prior to being sent to the hospital for treatment.

## Sepsis/Septicemia

Sepsis/septicemia code is often submitted when a history of the condition is supported and documented in the medical record. Once the infection has resolved, the condition should no longer be coded as acute. As with other conditions noted, it's unlikely the patient would be treated in the outpatient setting for this condition.

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## Acute Respiratory Failure/Acute on Chronic Respiratory Failure

Acute respiratory failure is an emergency, generally requiring hospitalization. We would not expect a patient with acute respiratory failure to be treated in a physician's office setting. As with other conditions listed above, it would be appropriate to code acute respiratory failure in the office setting only if the patient was initially treated in your office for the condition prior to being transported to the hospital.

ICD-10-CM diagnosis codes are ICD-10-CM Official Guidelines for Coding and Reporting are subject to change. It's the responsibility of the provider to ensure that current ICD-10-CM diagnosis codes and the current ICD-10-CM Official Coding Guidelines for Coding and Reporting are reviewed prior to the submission of claims.

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