Home Health Line™

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Super flu on the rise: Know what codes to assign to ensure accuracy

With the increase in influenza cases floating around this season, it is important to ensure that coders know how to accurately capture these illnesses.

This year, there is a flu strain on the rise called Subclade K — also known as the "super flu," notes Celeste Miller, executive director of quality assurance for Aegis Healthcare. "This is a variant of the H3N2 virus which is a subtype of influenza A."

The CDC attributes 90% of flu cases this season to this mutated strain, and it is causing more severe illness than previous strains, she adds.

"The majority of our home health patients are elderly," Miller says. "And elderly patients (65 or older) are at higher risk of complications related to the flu that require hospitalization and, in some cases, can even cause death."

Given the impact that the flu can have on the home health population, it's essential that coders and clinicians are well versed on the different strains circulating this year and how to accurately code for them.

Avoid common snafus with flu coding

Keep in mind that only confirmed cases of the flu should be coded, states Jennifer Osburn, clinical consultant with Healthcare Provider Solutions Inc., based in Nashville, Tenn.

"A provider's statement is sufficient for confirmation that the patient has influenza," she adds.

Influenza codes are J09 - J11 codes, Miller notes. And most influenza codes are combination codes that include pneumonia, other respiratory manifestation, GI manifestations and other manifestation.

The coder should understand how the code set classifies types of influenza.

"There are several types of influenza," Miller states. "Don't confuse Influenza A and Novel Influenza A as they are not coded the same."

"Only those noted as, 'Avian; Bird; H5N1; other animal origin, not bird or swine; Swine' belong in the novel A category at J09," Osburn advises.

When the provider documents “flu” or “influenza” *but does not document the specific type,* the coder would assign a code from the J11 (Influenza due to unidentified influenza virus) category since the type has not been confirmed by the provider, she adds.

Documentation that states ‘suspected,’ ‘possible’ or ‘probable’ avian, swine or novel influenza would also be assigned a code from the J11-.

Confirmed influenzas type A (non-novel), type B and type C are coded to the J10- (Influenza due to other identified influenza virus) category.

***Tip**: Be sure to keep an eye out for any ‘Code First,’ ‘Use additional code’ and ‘Code also’ instructions when coding for influenza.*

Provider documented manifestations should be coded to the highest level of specificity known.

“Note that influenza alone is not considered a lower respiratory infection when coding COPD conditions (those classified to the J44- category),” Osburn states.

However, she adds, pneumonia caused by influenza in a patient with COPD would be coded to J44.0, whereas a COPD patient with influenza alone would not be coded using J44.0.

Comorbidities caused by the flu

Common comorbidities of influenza include pneumonia, lung abscess, pleural effusions, sinusitis, viral gastroenteritis, encephalopathy, myocarditis and otitis media.

When the patient has any of these comorbidities documented as “caused by the flu,” be sure to follow the “code also” and “use additional codes” noted at the J09, J10 and J11 categories to identify these conditions, Osburn states.

For example, if a patient has influenza type A/H1N1 and the provider documents they also have pneumonia due to H1N1, sinusitis, otitis media in both ears and laryngitis due to this influenza, the coder will assign:

- **J10.01** (Influenza due to other identified influenza virus with the same other identified influenza virus pneumonia)
- **J10.1** (Influenza due to other identified influenza virus with other respiratory manifestations) — for laryngitis and sinusitis; “use additional note” states to code associated sinusitis
- **J01.90** (Acute sinusitis unspecified)
- **J10.83** (Influenza due to other identified influenza virus with otitis media)

“THERE ARE SEVERAL TYPES OF INFLUENZA,” MILLER STATES. “DON’T CONFUSE INFLUENZA A AND NOVEL INFLUENZA A AS THEY ARE NOT CODED THE SAME.”

Consider these additional scenarios for accurately capturing influenza cases in home health:

***Scenario 1:** A patient was admitted to the hospital due to H3N2 with variant subclade K influenza with pneumonia due to the same. The patient was in the hospital for 10 days and then discharged with home health. Comorbidities include hypertension, chronic systolic heart failure and hypothyroidism.*

Code the scenario:

Code description	Code
M1021a: Influenza due to other identified influenza virus with the same other identified influenza virus pneumonia	J10.01
M1023b: Hypertensive heart disease with heart failure	I11.0
M1023c: Chronic systolic (congestive) heart failure	I50.22
M1023d: Hypothyroidism, unspecified	E03.9

***Scenario 2:** A patient has COPD exacerbated by influenza A and bacterial pneumonia documented. Hypertension and congestive heart failure are also documented as comorbidities. Pneumonia and COPD are the focus of care with the patient's oxygen level falling with activity, even with continuous oxygen use. PT, OT and nursing are ordered on the referral and home O2 is ordered to continue at 2L/minute continuously with tubing to be changed on arrival to the home.*

Code the scenario:

Code description	Code
M1021a: COPD with acute lower respiratory infection	J44.0
M1023b: Influenza due to other identified influenza virus with other specified pneumonia	J10.08
M1023c: Unspecified Bacterial pneumonia	J15.9
M1023d: COPD with acute exacerbation	J44.1
M1023e: Hypertensive heart disease with heart failure	I11.0
M1023f: Heart failure, unspecified	I50.9

***Additional codes:** Z99.81 (Dependence on supplemental oxygen)*

Scenario 3: *A female with a history of chronic COPD presented to the emergency department with progressive weakness, lethargy and severe shortness of breath worsening over six weeks, with persistent loose stools and diarrhea. Hospital evaluation and diagnostic workup resulted in a final impression of bacterial pneumonia superimposed on influenza A, acute exacerbation of COPD and norovirus infection. The patient is admitted to home health primarily to treat the influenza virus, IV fluids administration for dehydration related to the norovirus and oxygen use protocol.*

Code the scenario:

Code description	Code
M1021a: Influenza due to other identified virus with other specified PNA	J10.08
M1023b: COPD with acute lower respiratory infection	J44.0
M1023c: Unspecified bacterial PNA	J15.9
M1023d: Exacerbation of COPD	J44.1
M1023e: Acute gastroenteropathy due to Norovirus	A08.11
M1023f: Dehydration	E86.0

Additional codes: *Z45.2 (Encounter for adjustment of vascular device) and Z99.81(O2 dependency)*

Editor's note: *Scenario 1 was provided by Celeste Miller, executive director of quality assurance for Aegis Healthcare, scenario 2 was provided by Jennifer Osburn, clinical consultant with Healthcare Provider Solutions Inc., based in Nashville, Tenn., and scenario 3 was provided by Adriana Molina, coding and OASIS educator for Trilogy/Humana CenterWell. For a quick guide to common viruses this flu season, see insert.*

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