

## COFFEE & CODING

Monday, February 12, 2024

### How do you code a broken heart? Plus: We answer your questions about toxicity monitoring.

First things first: While remembering to apply the proper codes and include sufficient documentation, providers and coders must not lose sight of one essential fact: **Wednesday, February 14, is Valentine's Day!**

So that you don't forget a card or gift for the special person in your life, here are a few ICD-10 codes that might apply this week:

- With so many people buying and handling roses this week, you may have patients who qualify for W60.XXXA (Contact with plant thorns, spines, and sharp leaves).
- Being in love isn't just an emotional state; it manifests itself in physical ways. We've all been there: feeling our heart race, having trouble breathing, or sweating uncontrollably. However, when these symptoms require a doctor's care, you'll need to know these codes to keep the patient's electronic health record up to date: R00.2 Palpitations, R06.4 Hyperventilation, and R61 Hyperhidrosis. Can love (or some other intense emotional experience) break your heart? Unfortunately, yes. The condition, which affects the heart's ability to pump blood, is called Takotsubo syndrome (or stress cardiomyopathy). Here's how to code for it: I51.81.
- Some people get engaged on Valentine's Day. If they're not careful in sizing the ring, you might need to apply this code: W49.04XA (Ring/jewelry causing external constriction).

#### And now for something completely different:

We continue to see a lot of interest in a topic we first addressed last August – drug therapy that requires intensive monitoring for toxicity. It's complicated, so it's little wonder that we regularly receive questions.

### Here's a quick refresher on some key rules to remember:

- A therapeutic agent with the potential to cause serious morbidity or death meets the standard for requiring toxicity monitoring. Drugs with low toxicity (i.e., high therapeutic index) do not qualify.
- You must treat the condition being monitored at that encounter to meet the standard. You cannot count monitoring by history.
- Only monitoring for the risk of morbidity or death qualifies under this category; monitoring for the drug's therapeutic effect does not.
- Short-term drug therapy does not qualify since there is no advantage to monitoring in such cases. Long-term intensive monitoring must occur at least once per quarter.
- You may perform monitoring with imaging studies, blood tests, ECG electrocardiogram monitoring, and baseline assessments, among others. (Make sure, of course, that specifics are fully documented!)
- Some drugs with a narrow therapeutic window may qualify for intensive monitoring because they can show toxicity when concentrations are close to the upper limits of the therapeutic range. For examples, see our earlier newsletter on this topic:

<https://calmwatersai.com/news/level-5-drug-therapy-requiring-intensive-monitoring-for-toxicity/>

### Don't miss our "Ask the Experts" Q&A webinar on March 27!

Click here to register: [https://zoom.us/webinar/register/WN\\_DR96ITB4QVWgI5b2wxmKuw](https://zoom.us/webinar/register/WN_DR96ITB4QVWgI5b2wxmKuw)

If you have an E/M coding question you'd like our experts to address during the webinar, please submit it here: <https://survey.hsforms.com/1AI9VoMe-SK6MSUuAypFnmgng0s>



**Michelle Sergei-Casiano**

*CPC, CFPC, CEMC, CPMA*

*Senior Manager, Regulatory and Coding Compliance*