1. ***What category does an accident with a motorized wheelchair fall under?***

Assuming that the question is in reference to the external cause codes: It depends on the specific circumstances. Most often V00 or V09.

2. ***With the non-compliance - if the clinician finds the patient is intentionally underdosing or not taking their med and has notified the provider, can we then code the non-compliance?***

Only if the physician confirms the diagnosis of noncompliance. This could be stated in an encounter note or through a physician query/ confirmation. Noncompliance codes cannot be based on clinician documentation in the absence of provider (physician, PA, NP) documentation.

3. ***If a patient has fatigue post viral infection but was not specifically mentioned as G93, is it still ok to code it?***

There is not a presumed relationship between fatigue and post-infections status; the provider (physician, NP, PA) must state the relationship.

4. ***What if PFOC is dementia (no mention of alz, etc, but medical history indicates hypothyroidism , B12 def, etc per coding guidelines you would code these prior to the dementia, would this result in a denial***

Coding guidelines state that these diagnoses should be coded prior to dementia. Doing so often results in auditing issues (denials) and non-affirmations in RCD if dementia is the primary diagnosis/ focus of home care. The ideal solution is physician addendum documentation to the F2F that clearly states that these diagnoses are not the etiology of the dementia (then the dementia is coded first) or that they are the etiology of the dementia and then go on to state how the etiology diagnosis is also being actively treated.

5. ***If pt has lymphedema as dx. and this is now going to wound care, pt is receiving PT ....that is not a therapy code for 2023?***

Lymphedema can be used as the primary diagnosis to support therapy if the physician documentation, clinician documentation and POC clearly detail and support why patient requires therapy services for the treatment of lymphedema. CMS recognizes that occasionally focus of care diagnosis will fall into a primary diagnosis group with skilled care that is outside of the care usually associated with that group. Good documentation is required to support these exceptions and avoid auditing issues. (Rare and well documented is a good rule-of-thumb.)

6. ***Can you tease out a little more about what to expect with the changes to dementia diagnosed?***

Each type of dementia "with behavioral disturbance" set of codes (F03.91, F02.81, F01.51) are being expanded to include

> Severity of dementia: unspecified, mild, moderate, or severe
>
> Specific behavioral disturbance: agitation, other behavioral disturbance, psychotic disturbance, mood disturbance, or anxiety

Also, the code description for dementia without behavior disturbance (F03.90, F02.80, F01.50) is changing to "without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety."

7. Can we adjust the SOC date when the F2F is done more than 30 days after the SOC date?

The answer is yes! For example if the original SOC date is July 1 and the F2F is completed on August 5 then you would adjust your SOC date to be July 7.

8. Is there a COVID vaccine injury code?

There is not a code specifically for "injury." There are not codes now or in the new code set specifically for the COVID vaccine.
Existing codes that cover issues related to COVID vaccinations are:
T50.B95- Adverse effect of other viral vaccines (for side effects/ adverse effects)
T80.52X- Anaphylactic reaction due to vaccination (for anaphylactic reaction)
T78.49X- Other allergy (for allergic reaction)

9. If a patient has fatigue post viral infection but was not specifically mentioned as G93, is it still ok to code it?

Answered above/ Duplicate question