



Active vs. History

Scenario: My patient had a CVA

- Unless you are treating the acute event in the ER or inpatient setting, use **Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits (Z86.73)** even if you are seeing them in follow up immediately after the hospitalization
 - Even if they're anticoagulated for stroke prevention? **Yes**
- What if they're having residual effects?
 - Document and code the effects as a late/residual effect of CVA, for example **Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side (I69.951)**
 - Document residual effects as long as they're present, there is no time limit

Scenario: My patient had an MI

- For the first 28 days after the acute event, code the active MI with site and type when known. After 4 weeks, use **Old myocardial infarction (I25.2)**
 - Even if they're getting aftercare, such as cardiac rehab? **Yes**

Scenario: My patient was just released after having [major medical issue] and I'm seeing them for a hospital follow-up

- If the issue was surgically resolved, use personal history of [major medical issue]
 - Even if there is still active wound care/suture removal? **Yes**
- If they are still having active treatment and the condition has not completely resolved, such as antibiotics for pneumonia, use active condition code. If the condition is resolved, use personal history code
 - If they had a DVT/PE that is resolved but still treated with anticoagulants, can I code the active condition? **No**

Scenario: My patient has a solid tumor cancer

- If they are currently receiving active treatment, such as radiation, chemotherapy, or *will* undergo active treatment, code active cancer
- If the cancer is no longer being actively treated, use personal history of [cancer type] code
 - Even if they're getting surveillance testing, such as PSAs or mammograms? **Yes**
 - Even if the oncologist uses phrases such as "no evidence of reoccurrence" or "no active disease" and still codes active cancer? **Yes**
- Do not code active cancer if:
 - Biopsy results are pending
 - Cancer is suspected but not confirmed

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