# New Anemia Codes Address Chronic Illness



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As of October 2000, there were three new codes for the assignment of Anemia of Chronic Disease. These codes are 285.21, Anemia in end-stage renal disease, 285.22, Anemia in neoplastic disease, and 285.29, Anemia of other chronic illness.

These three codes will help to better describe patients with chronic illnesses and the resulting anemia, thus improving data collection and clinical study of this patient population. Often the healthcare encounter will be due to anemia as a result of a chronic disease or illness. These new codes can be the principal diagnosis when the anemia is found to be the responsible condition. These codes can also be assigned as a secondary diagnosis. In these cases, patients assigned one of these new codes will have an underlying chronic condition or disease that should be documented in the medical record by the physician.

If you look in the 280-289 section of the tabular index, codes are represented for Diseases of the Blood and Blood-forming Organs. The three new codes appear in the new subcategory 285.2. These codes can be used for either inpatient or outpatient encounters.

From a clinical perspective, it is important for a physician to define the causes of anemia because not all anemias respond to treatment. For example, a Sickle Cell patient can take iron but as long as the patient has crises and deposits cells in the spleen and other organs, there will be anemia.

Recently, these categories of anemia have been determined important enough to deserve their own codes. The reasons again are clinical as well as epidemiological. The codes have clinical importance because the treatments vary and epidemiological importance because there has been no method of tracking the frequency in which these categories of anemia occur.

## Anemia in End-stage Renal Disease

We often see anemia in the inpatient setting associated with inpatients with chronic or end-stage renal disease. Following is an example of a situation when to assign 285.21:

A 78-year-old male patient has end-stage renal disease and is on dialysis three times a week. The patient has been feeling weak and more tired than normal. The physician ordered blood work and the Hgb was 8.0 and the Hct was 24. The physician orders the patient to come to the hospital as an outpatient and receive a blood transfusion. The physician documentation stated, "Anemia due to ESRD."

This case would be assigned to code 285.21 as the principal diagnosis, with a secondary diagnosis code of 585.

Chronic renal failure can occur because of destruction of cells of the kidney. When there is acute tubular necrosis, the tubules die and sometimes they can regenerate. When there is chronic glomerulonephritis, the glomeruli (the filters) scar and die. Sometimes they can regenerate. When there is inadequate blood flow to the kidneys, there can be loss of the whole kidney, little by little.

Erythropoietin, the substance that stimulates the bone marrow to produce red blood cells, is produced by cells within the kidney. With the exception of polycystic kidney disease, these cells are destroyed along with most other processes that result in kidney damage. Without erythropoietin production, the bone marrow shuts down and the patient develops anemia.

When a patient is undergoing periodic hemodialysis, the process allows for some blood to be left inside the patient and act as an ongoing system of transfusion. But not all renal patients are on hemodialysis. Some chronic renal failure patients don’t need dialysis yet but still have anemia that needs treatment. Or some of these patients get peritoneal dialysis or other methods of

treatment that do not involve the transfusion of blood and still get anemia. See "Anemia in End-stage Renal Disease" for an example of this condition.

## Anemia in Neoplastic Disease

Patients who have a neoplasm disease or condition often have a resulting anemia. Following is an example of a situation in which to assign 285.22:

A female patient has a known (documented) carcinoma of the sigmoid colon. A resection was performed and now there is a recurrence, but the patient refuses to have any additional surgery performed. The patient also has known bone mets to the spine that was diagnosed recently and documented on the history and physical. The patient is admitted for red blood cell transfusion to treat the anemia, which is documented to be due to carcinoma of the colon; no other treatment or workup is done.

In this case, the principal diagnosis is code 285.22 with secondary diagnoses 153.3, Malignant neoplasm of the sigmoid colon, and 198.5, Secondary neoplasm of the bone.

Patients with cancer may have anemia for many different reasons, including:

- A gastrointestinal tract malignancy can be discovered because of a chronic, low-level blood loss (the first thing to rule out in an elderly lady with new iron deficiency anemia is cancer of the right colon)
- A patient with cancer may be taking antineoplastic drugs (chemotherapy), with a side effect of bone marrow suppression
- A patient may have cancer of the blood-forming organs and not produce red cells
- A patient with cancer that is overwhelming the body's defenses, causing malnutrition and weight loss, will develop anemia because of the inability to mobilize energy needed to metabolize protein into new cell growth. Red cell formation will suffer and the patient will develop anemia of neoplastic disease

See "Anemia in Neoplastic Disease" for an example of this condition.

## Anemia of Chronic Disease

Chronic infectious processes can result in anemia of chronic disease. Common conditions include tuberculosis, osteomyelitis, and multiple decubitus ulcers. Most are related to competition for protein-building resources of the body or alterations in metabolism.

Following is an example of a situation when to assign 285.29:

A 70-year-old female patient comes to the ER with documented weakness and fatigue. The history reveals that the patient has chronic hepatitis per physician documentation. The ER physician orders blood work and evaluates the patient. The final diagnosis is anemia due to chronic hepatitis A.

This encounter would be assigned 285.29 and 070.1 as a secondary code.

Chronic inflammatory (not infectious) diseases can result in the same type of anemia. Anemia associated with rheumatoid arthritis or systemic lupus would fall into this category. Chronic pancreatitis and hepatitis can be associated with anemia as well.

These anemias are usually mild. The life span of the red cells is reduced and fewer cells are produced to replace them. There is sequestration of iron in storage areas in the body, leaving it not available for red cell production. Erythropoietin, which is effective in most forms of renal failure, is ineffective in this type of anemia, but iron, B-12, and transfusion therapy is often undertaken.

## Application of New Codes

Physician education is key whenever new codes are available. The physician documentation must be written in the medical record and available to the coder. It may be helpful to present these examples to your medical staff via newsletters, articles, fliers, posters, or a formal educational in-service. Nursing education is also important because outpatients often come to the hospital for a transfusion from a "verbal order." Educate the nursing staff to include diagnostic information in the order because this will provide validation for medical necessity and coding specificity.

Case management education on coding changes and updates is also valuable. When case managers concurrently query or communicate with physicians regarding more specific diagnostic information, the coding staff and physicians will benefit, thus saving time. Keep in mind that every time there are coding updates, there should be coder and physician education because documentation is the key to correct code assignment.

## Anemia in End-Stage Renal Disease

Minnie, an elderly lady with hypertension, adult onset diabetes, and diabetic renal failure, has decent control of her blood sugars with diet, exercise, and Diabinese. One morning, she was preparing to go to the dialysis center but first took her dog for a walk. When she got home, she had a sip of coffee and developed crushing chest pain. She took a nitroglycerine pill but felt no relief. Frantically, she called 911 and told the EMTs of her problem. A truck was dispatched and, upon arrival, Minnie still had chest pain, radiating to the left arm and the neck. Oxygen was started and a nitroglycerine pill was administered but still, there was no relief. Minnie was transported to the neighborhood hospital.

Minnie was admitted to the ER and rushed to the heart room. Here, the physician examined her, took a brief history, applied oxygen, ordered an EKG, and drew blood for enzymes. He gave her a nitroglycerine pill but it had no effect. Then he tried two nitroglycerine pills without success. A nitroglycerine drip was started, but because nitroglycerine is a potent vasodilator, Minnie’s blood pressure dropped and the drip had to be stopped. The pain persisted. The ER doctor gave Minnie 4 mg of morphine and called her private physician, a nephrologist.

The nephrologist asked, "What’s her hemoglobin?"

The ER physician replied, "I gave her nitroglycerine, the EKG shows some minor ischemic changes but nothing dramatic, and the first set of enzymes is normal. What do you want the hemoglobin for?"

The nephrologist responded, "Get a hemoglobin and call me back."

Frustrated, the ER doctor ordered a CBC. When the results returned, he called back the private doctor. "The hemoglobin is 5.8."

"Give her two units of blood." said the nephrologist. "Every time Minnie’s hemoglobin drops below 7, she gets angina."

## Anemia in Neoplastic Disease

Twenty-eight-year-old James developed a mass in his left thigh that he noticed after a skiing accident. He related it to a fall and didn’t think about it. After six months, James noticed that it was growing and that it bothered him to do certain exercises. He saw a physician who referred him to an oncologic surgeon. Biopsy revealed discovered a sarcoma that was rather aggressive in appearance. An amputation was performed.

After a year of physiotherapy and much psychological adjustment to an artificial limb, James went back for his periodic check-up. This time he was noticing shortness of breath with his physical therapy. A chest film revealed multiple "cannon balls" through both lung fields. There was not much hope.

Chemotherapy was offered but recognizing the futility, James decided to spend as much quality time as possible with his family and refused chemotherapy. He accepted radiation therapy to the chest.

Over the next several months, he lost weight and his appetite, but he was still able to be productive at work and to spend time with his family. James grew weaker. Follow-up blood tests suggested liver involvement and progressive anemia. He accepted transfusion of packed cells and actually felt better after this treatment. For the next few months, James required transfusions of red cells every two weeks.

## Reference

American Hospital Association. *Coding Clinic* 17, no. 4. Chicago, IL: American Hospital Association, 2000.

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