



Malignant Code Syndrome



By Ulrich Hacker, MD

WE RECENTLY HAD A MEETING with our hospital's coding auditor to bring us up to speed on coding. For a good hour and a half we discussed how to code.

We did learn a lot. There was a list of new codes from the CDC website - 10 pages. Among many that seemed straightforward, there were others that were less so - such as 24 (TWENTY FOUR!!!!) codes for headaches, 30 codes for migraines, 10 codes for "exfoliation due to an erythematous condition involving" from 10-19 percent up to 90 percent or more "of body surface." And this was only a selection of new codes!

I am sure that somewhere on the surface of the planet there will be physicians in need of each one of those codes. I also know that there are unfortunate patients suffering from each one of the afflictions described.

However, I had codes coming out of my ears after this meeting. I needed to put some order to this crazy world of numbers, put a face on it, and some human emotion into it, AND let off some steam. Here's the result (with my apologies and all due respect and sympathy to patients suffering from these problems).

A Visit with Dr. Eye C.D. Nyne, MD

Jacob Creutzfeldt (046.11) came to visit his Doctor, Eye C. D. Nyne, MD. He stated he had Hungry Bone Syndrome (275.5) probably brought on by an ORTHOpoxvirus-infection (059.0). The doctor's initial reaction was that the patient must have Dysplasia of Anus (569.44) to think he had Hungry Bone Syndrome (275.5); it was much more likely that his symptoms were due to Monkeypox (059.01), which had morphed into a Yatapoxvirus-infection (059.20) likely brought on by Yaba Monkey Tumor Virus (059.22) and yada yada yada double-o-seven.

The patient complained that the doctor showed Partial Androgen Insensitivity (259.52), accused him of Acute Graft-Versus-Host Disease (279.51), and developed a Primary Thunderclap Headache (339.43). This was followed by a Short Lasting Unilateral Neuralgiform Headache With Conjunctival Injection And Tearing (339.05) whereupon the doctor remarked that his working diagnosis now was Pingueculitis (372.34), possibly complicated by Plateau Iris Syndrome (364.82). His recommendation for treatment included Prophylactic Use Of Aromatase Inhibitors (V07.52).

Jacob Creutzfeldt (046.11) stuck his nose up at this suggestion and slapped the doctor, giving him an Acute Post-Traumatic Headache (339.21), which evolved into a Chronic Post-Traumatic Headache (339.22) once everyone had calmed down. Not being able to deal with his Hemicrania Continua (339.41) alone, the patient called in his friends, Gerstmann, Straeußler, and Scheinker (046.71) to help him.

As they put their heads together to discuss the episode, they developed Episodic Tension Type Headache (339.11), and the doctor announced that he was about to succumb to his Coronary Atherosclerosis Due To Lipid-Rich Plaque (414.3). To his aid came his colleagues, Drs. Stevens and Johnson (695.13). They had recently joined forces in the Stevens-Johnson -Toxic Epidermal Necrolysis Overlap Syndrome (695.14).

Soon all in the room were involved in a bargaining session as to whether Exfoliation Due To Erythematous Condition should involve 10-19 percent Of Body Surface (695.51) or 20-29 percent Of Body Surface (695.52) or 30-39 percent Of Body Surface (695.53) or even 40-49 percent Of Body Surface (695.54).

This discussion caused everyone to develop Pressure Ulcer, Unstageable (707.25), and Functional Urinary Incontinence (788.91). Functional quadriplegia (780.72) ensued, everyone had to sit down, and all went into a Postprocedural Fever (780.62).

After an endless heated discussion, no Final Unequivocal Diagnosis (V911.411 - see if you can find THAT code!!!!!!) was reached, and finally both Doctor Eye C.D. Nyne, his patient Jacob Creutzfeldt (046.11), and their cronies, Gerstmann, Straeussler, Scheinker (046.71) and Drs. Stevens and Johnson (695.13) expired from Fatal Familial Insomnia (046.72).

This is what discussion of codes DOES to you!!

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