

---

December 18, 2025

---

Welcome to the latest edition of the McLaren High Performance Network ACO Newsletter. Thank you for the dedication you bring to our patients and communities every day. Because of your hard work, our network continues to earn the Exceptional quality scores designation from CMS, and over the course of the last six years has generated \$84 million in savings. We're grateful for your partnership and proud to share the latest resources to support your continued success. In the content below, you'll find key updates and guidance to help you stay aligned with best practices.

---

### IN THIS EDITION:

- Influenza Immunization Refusal Coding
  - Inpatient Code Use in an Outpatient Setting
- 

## INFLUENZA IMMUNIZATION REFUSAL CODING

With the move to electronic quality reporting, appropriate coding for refusal as well as administration of flu immunizations is imperative to capture the data needed.

### For flu shot refusal:

You should use an ICD-10-CM code for the reason the immunization was not performed. The appropriate code depends on the specific circumstances:

- **Z28.21:** Immunization not carried out because of patient refusal.
- **Z28.82:** Immunization not carried out because of caregiver refusal.
- **Z28.1:** Immunization not carried out because of patient decision for reasons of belief or group pressure.

For Medicare patients, use HCPCS II codes for refusal:

- **G8484:** Influenza immunization was not administered, reason not given.
  - **Note:** *G8483: Influenza immunization was not administered for reasons documented by clinician; eg, patient allergy or tother medical reasons, **was terminated 12/30/24.***
-

# INPATIENT CODE USE IN AN OUTPATIENT SETTING

Coding quality reviews have identified some use of inpatient-only diagnosis codes in outpatient encounters, mainly during hospital follow-up visits. These practices may lead to compliance risks and inaccurate reporting.

## Why This Matters

Using inpatient-only codes in the ambulatory setting creates significant compliance risks. These codes are considered red flags by payers, including CMS, because they imply the presence of conditions that require intensive inpatient level interventions.

## Incorrect coding in the outpatient setting may:

- Trigger CMS audits or peer reviews for medical necessity
- Result in denials or recoupments during claims review
- Increase the organization's exposure to potential fraud and abuse investigations.

Ensuring appropriate code selection helps maintain compliance with federal regulations and protects against external scrutiny.

## Key Guidance:

### Sepsis (A41.xx)

- Issue: Sepsis treatment requires specialized inpatient care (e.g., IV fluids, antibiotics) that is not typically available in the outpatient setting.
- Action: Avoid using A41.xx (Sepsis) codes in ambulatory encounters.
- Alternative Codes:
- Z51.A – Encounter for sepsis aftercare (effective 10/1/2024)
- Z86.19 – Personal history of other infectious and parasitic diseases

### Cerebral Infarction (I63.xx)

- Issue: Acute stroke is typically diagnosed and managed in an inpatient setting. Rarely, a CVA may occur in clinic, but this should be confirmed before assigning an acute code.
- Action: Avoid using I63.xx (Cerebral Infarction) in outpatient settings unless confirmed in-clinic.
- Alternative Codes:
- I69.xx – Sequelae of cerebrovascular disease (for residual deficits)
- Z86.73 – Personal history of CVA without residual deficits

### Acute Renal Failure (N17.xx)

- Issue: Acute renal failure is primarily identified in hospitalized patients.
- Action: Avoid using N17.xx (Acute Renal Failure) in outpatient encounters.

- Alternative Codes:
- Z87.448 – Personal history of other diseases of urinary system
- Z51.89 – Encounter for other specified aftercare

### General Coding Reminder:

- Code all documented conditions that coexist at the time of the encounter if they require or affect patient care, treatment, or management.
- Chronic diseases may be coded as often as the patient receives treatment and care for them.

Please ensure all coding aligns with these guidelines to maintain compliance and accurate reporting.

**For more coding tools and resources, please visit:**

<https://www.mclaren.org/mclaren-physician-partners/coding-resources>

*Thank you for reading the seventh edition  
of the MHPN ACO Newsletter.*

[More ACO Information](#)

[Contact MHPN](#)

McLaren Physician Partners | 2701 Cambridge Court Suite 200 | Auburn Hills, MI 48326 US

[Unsubscribe](#) | [Update Profile](#) | [Constant Contact Data Notice](#)



Try email marketing for free today!