ICD-10-CM: What Does Your Coder Really Need To Know
Part II

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Changes to terminology, guidelines and sequencing
CHAPTER UPDATES
Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99)

• Includes diseases generally recognized as communicable or transmissible
• Use additional code to identify resistance to antimicrobial drugs (Z16)
• New section called infections with a predominantly sexual mode of transmission (A50–A54)

Chapter 1

• When coding sepsis or AIDS, it is important to review the Coding Guidelines and the notes at the category level of ICD-10-CM
• Streptococcal sore throat is now found in Chapter 10: Diseases of the respiratory system
• Term sepsis replaces septicemia

Chapter 1

Terminology changes in ICD-10-CM

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
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</table>
| The coding of SIRS, sepsis, and severe sepsis requires a minimum of two codes:  
• a code for the underlying cause (such as infection or trauma)  
• a code from subcategory 995.9, Systemic inflammatory response syndrome (SIRS) | Sepsis can be coded using only the appropriate systemic infection code.  
Severe sepsis requires at least two codes:  
• the underlying systemic infection, followed by a code from subcategory R65.2 (severe sepsis), and  
• code(s) for acute organ dysfunction(s), if applicable. |
Chapter 1

• Sequelae changes
  – Categories Infectious and Parasitic Diseases (B90-B94) are to be used to indicate conditions in categories A00-B89 as the cause of sequelae, which are themselves classified elsewhere
  – Code first condition resulting from (sequela) the infectious or parasitic disease
  – Bacterial and viral infectious agents (B95-B97) are provided for use as supplementary or additional codes to identify the infectious agent(s) in diseases classified elsewhere

Chapter 1: Example

Infectious Agent

• 80 year old female patient was seen with fever, malaise, and left flank pain. A urinalysis was performed and showed bacteria more than 100,000/ml. This was followed by a culture, showing E. coli growth as the cause of the UTI

Chapter 1: Example

UTI

Rationale: The symptoms associated with the UTI should not be coded. The “use additional code” note under N39.0 instructs the coder to an additional code (B95-B97) to identify the infectious agent.
Chapter 1: Example Resistance to Drug

- This 78-year-old gentleman is seen for continued follow-up for C. diff colitis. Cultures of the organism have found this infection to be resistant to Flagyl. A new drug regimen will be started at this time.

Chapter 1: Example Antimicrobial Resistance

Rationale: ICD-10-CM provides a code to identify resistance to antimicrobial drugs (Z16.). The "use additional code" note is found at the beginning of Chapter 1.

Chapter 1: Example Urosepsis

- The default code is 599.0, Urinary tract infection, unspecified
- Alphabetic Index: Urosepsis 599.0 meaning sepsis 995.91 meaning urinary tract infection 599.0

- Urosepsis is not a codeable term – no default code
- Alphabetic Index: Urosepsis - code to condition. Physician must specify – Is it a UTI, a bladder infection or sepsisemia
Chapter 1: 
NCHS Guidelines

• Chapter-specific guidelines for Chapter 1 of ICD-10-CM:
  – Guideline I.C.1.b. Infectious agents as the cause of diseases classified to other chapters
  – Guideline I.C.1.c. Infections resistant to antibiotics
  – Guideline I.C.1.d. Sepsis, severe sepsis, and septic shock

Chapter 2: Neoplasms (C00-D49)

• Most guidelines are consistent with ICD-9-CM
• Improvement in classifications such as a separate fifth character for extranodal and solid organ sites for lymphoma and Hodgkin’s

• Exceptions include:
  – I.C.2.c.1 Anemia associated with malignancy
    • When admission is for management of anemia associated with malignancy – the appropriate code for the malignancy is sequenced as the primary diagnosis followed by the anemia code
Chapter 2: NCHS Guidelines

• Exceptions include:
  – I.C.2.c.2 Anemia associated with chemotherapy, immunotherapy and radiation therapy
    • When admission for management of anemia is associated with an adverse effect of chemo or immunotherapy, the anemia code is sequenced first followed by the neoplasm and the adverse effect
    • Adverse effect of the radiotherapy, code the anemia, followed by the neoplasm code and code Y84.2, Radiological procedure and radiotherapy as the cause

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Chapter 2: Example
Anemia Due To Neoplasm

• Patient admitted for management of severe anemia due to colon cancer but the focus of the care is for the anemia
  – C18.9 Colon cancer unspecified
  – D63.0 Anemia in neoplastic disease

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Chapter 2: Example
Anemia - Chemotherapy

• Patient with known carcinoma of the pancreatic head is admitted with an Hgb of 9.1. She has been receiving Docetaxel chemotherapy and the physician diagnoses this new anemia as an adverse effect of the chemotherapy. The patient is treated with darbepoetin alpha and IV iron. The patient is discharged with an improvement in the Hgb to 11.3.
Chapter 2: Example Anemia - Chemotherapy

- **D64.81** Anemia (essential) (general) (hemoglobin deficiency) (infantile) (primary) (profound), due to (in) (with), antineoplastic chemotherapy
- **C25.0** Carcinoma (malignant) – see also Neoplasm Table, by site, malignant Neoplasm Table, Pancreas, head, malignant primary column
- **T45.1X5A** Table of Drugs and Chemicals, Antineoplastic NEC

Chapter 3: Diseases of Blood and Blood Forming Organs and Certain Disorders Involving the Immune Mechanism (D50-D89)

- Improved organizational structure
- Grouped into subchapters by type of condition

Classification changes

- Immunodeficiency disorders reclassified from chapter 4: Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders in ICD-9-CM to this chapter in ICD-10

Chapter 3: Examples Subchapters

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
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<tbody>
<tr>
<td>281.1</td>
<td><strong>D51</strong></td>
</tr>
<tr>
<td>Other B12 deficiency anemia</td>
<td>Vitamin B12 deficiency anemia</td>
</tr>
<tr>
<td>- <strong>D51.0</strong> due to intrinsic factor deficiency</td>
<td></td>
</tr>
<tr>
<td>- <strong>D51.1</strong> selective B12 malabsorption with proteinuria</td>
<td></td>
</tr>
<tr>
<td>- <strong>D51.2</strong> transcobalamin II deficiency</td>
<td></td>
</tr>
<tr>
<td>- <strong>D51.3</strong> Other dietary B12 deficiency anemias</td>
<td></td>
</tr>
<tr>
<td>- <strong>D51.8</strong> Other B12 deficiency anemias</td>
<td></td>
</tr>
<tr>
<td>- <strong>D51.9</strong> B12 deficiency anemia, unspecified</td>
<td></td>
</tr>
</tbody>
</table>
Chapter 4: Endocrine, nutritional and metabolic diseases (E00-E89)

- New subchapters added
  - Diabetes mellitus and malnutrition have their own subchapters
- Instructions for late effects have been expanded
- New guidelines to clarify code usage
- NCHS chapter-specific guidelines for Diabetes Mellitus I.C.4.a

Chapter 4: Diabetes Mellitus

- Diabetes Mellitus categories increase from one category (250) in ICD-9-CM to five categories in ICD-10-CM:
  - E08, Diabetes mellitus due to underlying condition
  - E09, Drug or chemical induced diabetes mellitus
  - E10, Type 1 diabetes mellitus
  - E11, Type 2 diabetes mellitus
  - E13, Other specified diabetes mellitus

Chapter 4: Diabetes Mellitus

- Use as many of the diabetes codes as necessary to describe all of the complications
  - Sequencing should be based on reason for care
- Diabetes mellitus codes are no longer classified as controlled or uncontrolled
Chapter 4: Diabetes Mellitus

• Inadequately, out of control or poorly controlled diabetes is coded by type with hyperglycemia
• Diabetes has many combination codes that include the type of diabetes, the body system affected and the complications affecting the body system

Chapter 4: Example Diabetes Mellitus

• 62-year-old male is being seen for mild nonproliferative diabetic retinopathy with macular edema. He has type 2 DM and takes insulin on a daily basis. He also has a diabetic cataract in his right eye.

Chapter 4: Example Diabetes Mellitus

- Diabetes, diabetic (mellitus) (sugar), type 2, with, retinopathy, nonproliferative, mild, with macular edema
  - E11.321

- Diabetes, diabetic (mellitus) (sugar), type 2, with, cataract
  - E11.36

- Long-term (current) (prophylactic) drug therapy (use of), insulin
  - Z79.4
Chapter 4: Example Diabetes Mellitus

• Rationale: There is a combination code for the type 2 diabetes with nonproliferative diabetic retinopathy with macular edema. The diabetic cataract was documented and should be coded, but it requires a separate code. Since the patient has type 2 DM, and is on insulin, code Z79.4 should be assigned to indicate that as indicated by the note at category E11: Use additional code to identify any insulin use (Z79.4).

Chapter 4: Example Diabetes Mellitus

• Patient, a type 1 diabetic with diabetic chronic kidney disease, stage 3, is being seen for regulation of insulin dosage. The patient has an abscessed right molar, which was determined, in part, to be responsible for elevation of the patient's blood sugar.

Chapter 4: Example Diabetes Mellitus

E10.22 • Diabetes, diabetic (mellitus) (sugar) type 1, with, chronic kidney disease
N18.3 • Disease, diseased, kidney (functional) (pelvis), chronic, stage 3 (moderate)
K04.7 • Abscess, tooth, teeth (root)
Chapter 4: Example Diabetes Mellitus

- **Rationale**: The Tabular instructs the coder to use an additional code to identify the stage of the chronic kidney disease, N18.3. In this case the hyperglycemia would not be coded because it was not documented by the physician as out of control in this limited documentation (may need to ask the physician for more information).

Chapter 5: Mental, behavioral and Neurodevelopmental Disorders (F01-F99)

- Reorganized (grouped) differently than ICD-9-CM (ex: ICD-9 296.0 = Bipolar I disorder, single manic episode, ICD -10 = Manic episode)
- More subchapters, categories, subcategories and codes
- NCHS guideline I.C.5.c.2 describes hierarchy rules for coding substance use, abuse and dependence

Chapter 5

- Separate category F17 for nicotine dependence with subcategories to identify tobacco product and disorders
- Substantial classification change to codes for drug and alcohol abuse and dependence (I.C.5.c)
Chapter 5

• Unique codes for alcohol and drug use, abuse, and dependence
• Continuous or episodic no longer classified
• History of drug or alcohol dependence coded as “in remission”
• Combination codes
• Blood alcohol level (Y90.-)

Chapter 5

• Codes parallel DSM-IV TR in chapter 5 of ICD-9-CM
• Some changes to guideline adjustments

<table>
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<tr>
<td>316, Psychological factors associated with diseases classified elsewhere, has a note to “use additional code to identify the associated physical condition”</td>
<td>F54, Psychological and behavioral factors associated with disorders or diseases classified elsewhere, there is a note that states to “code first the associated physical disorder”</td>
</tr>
</tbody>
</table>

Chapter 5: Example

In Remission

• 43-year-old male, is currently receiving treatment for alcohol dependence. As a result of his drinking he is also on medication for chronic alcoholic gastritis. He also has a history of cocaine dependence.
Chapter 5: Example
In Remission

**Rationale:** The cocaine dependence is coded as "in remission" because there is not a history code for drug dependence.

Chapter 6:
Diseases of the Nervous System (G00-G99)

• Contains ONLY diseases of nervous system, diseases of the sense organs have their own chapter
  • NCHS chapter specific guidelines for dominant/nondominant side and pain

Chapter 6

• A number of codes have been expanded
  – Category for Alzheimer's disease (G30) has been expanded to reflect onset (early versus late)
  – ICD-10-CM has two codes for phantom limb syndrome, differentiating whether pain is present or not
Chapter 6

• Guideline changes include:
  – Excluded conditions at the beginning of Chapter 6 that are applicable to all conditions within the nervous system chapter
  – Additional guidelines for specific codes

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<td>338, Pain, not elsewhere classified, the note instructs to &quot;use additional code to identify pain associated with psychological factors (307.89)&quot;</td>
<td>G89, Pain, not elsewhere classified, there is a note that states &quot;code also related psychological factors associated with pain&quot;</td>
</tr>
</tbody>
</table>

Chapter 6

• Epilepsy terminology has been updated
  – Epilepsy and recurrent seizures are classified as:
    • Localization-related idiopathic epilepsy
    • Generalized idiopathic epilepsy
    • Special epileptic syndromes
  – Identified as intractable or not intractable

Category G40 (Epilepsy and Recurrent Seizures) and G43 (Migraine)

Note: The following terms are equivalent to intractable: pharmacoresistant (pharmacologically resistant), treatment resistant, refractory (medically), and poorly controlled.
Basilar and carotid artery syndromes, Transient Global amnesia and Transient cerebral ischemic attack (TIA) have been moved from Diseases of the Circulatory System to Chapter 6: Diseases of the Nervous System.

The following categories are to be used only when the conditions are reported without further specification, or stated as old or longstanding but of unspecified cause:
- G81 Hemiplegia and hemiparesis
- G82 Paraplegia and quadriplegia
- G83 Other paralytic syndromes

Paralytic sequelae of cerebral infarct/stroke are in Chapter 9: Diseases of the circulatory system.

Example Hemiplegia

78 year old male patient admitted with evidence of hemiplegia of his left side, there is no further information available.
Chapter 6: Example Hemiplegia

**G81.94**  
- Hemiplegia, unspecified  
affecting left nondominant side

**Rationale:** Under the term Hemiplegia in the index, the only code option for this diagnosis is G81.9-. Review the Tabular under G81.9-, which offers five code choices. Coding Guideline I.C.6.a states, "Should the affected side be documented, but not specified as dominant or nondominant and the classification system does not indicate a default, code selection is as follows: If the left side is affected the default is nondominant"

Chapter 6: Example Dementia

- This 85-year-old man is admitted to hospice following hospitalization for dehydration due to pneumonia. He has progressing dementia resulting from Parkinson’s disease. His past medical history includes mitral valve regurgitation, kyphosis, mild asthma, and type 2 diabetes.

Chapter 6: Example Dementia

- **G20**  
  Parkinson’s disease
- **F02.80**  
  Dementia in other diseases classified elsewhere without behavioral disturbances
- **I34.0**  
  Regurgitation, mitral (valve)
- **M40.209**  
  Kyphosis, kyphotic (acquired)
- **J45.909**  
  Unspecified asthma, uncomplicated
- **E11.9**  
  Diabetes, diabetic (mellitus) (sugar) type 2
Chapter 7: Diseases of the eye and Adnexa (H00-H59)

• Entirely new chapter
• Terminology changes to reflect terms used today- (Ex: Age-related cataracts in place of senile cataract)

Excluded conditions at the beginning of Chapter 7 are applicable to all conditions within the chapter

Chapter 7

• Changes to guidelines for code usage
  – Ex: Under ICD-10-CM subcategory H54, Blindness and low vision, is a note to code first any associated underlying cause of the blindness. No such note appears under ICD-9-CM category 369, Blindness and low vision.

• Codes expanded to increase anatomic specificity and add laterality
  – If option bilateral is not available and condition is present in both eyes, assign a code for right and left.

Chapter 7: Category H40

• Multiple codes in the H40 category (Glaucoma) require a seventh character to designate stage of the glaucoma. Stages include:
  – 0 - stage unspecified
  – 1 – mild stage
  – 2 – moderate stage
  – 3 – severe stage
  – 4 – indeterminate stage
Chapter 7: Category H40

Multiple codes in the H40 category (Glaucoma) require a seventh character to designate stage of the glaucoma...continued

- The seventh character 4 indeterminate stage, should be based on the clinical documentation
- Used for Glaucoma whose stage cannot be clinically determined
- Should not be confused with seventh character 0, unspecified (no documentation regarding stage)

Chapter 7: Example Cataract

- 62-year-old male is being seen for mild nonproliferative diabetic retinopathy with macular edema. He has type 2 DM and takes insulin on a daily basis. He also has a diabetic cataract in his right eye.
- Which chapter would I find the code for this patient's cataract?
  A. Chapter 7 - Eye
  B. Chapter 4 - Diabetes
  C. Chapter 4 and Chapter 7

Chapter 7: Example Cataract

- 62-year-old female with type 2 DM and takes insulin on a daily basis. She has a cataract in her left eye.
- Which chapter would I find the code for this patient's cataract?
  A. Chapter 7 - Eye
  B. Chapter 4 - Diabetes
  C. Chapter 4 and Chapter 7
Chapter 7: Example Glaucoma

- Patient with moderate primary open-angle glaucoma of the left eye - the correct diagnosis code is: H40.11 = Primary open-angle glaucoma

Chapter 7: Glaucoma Requires Staging

- Stages include:
  - 0 - stage unspecified
  - 1 - mild stage
  - 2 - moderate stage
  - 3 - severe stage
  - 4 - indeterminate stage

- What's the next character in the code?
Chapter 7:
Open Angle Glaucoma

• What’s the next character in the code H40.11?
  A. 0
  B. 2
  C. 3
  D. None of the above

Chapter 8:
Diseases of the ear and mastoid process (H60-H95)

• Entirely new chapter
• The conditions in this chapter are located in Chapter 6 of ICD-9-CM
  (Diseases of the Nervous System and Sense Organs)

Chapter 8

• Changes include greater specificity, laterality and many more “code first underlying disease” notes
• Unlike ICD-9-CM, Nonsuppurative otitis media and Eustachian tube disorders have been split into two categories
Chapter 8

- New guideline found in otitis media instructs coding professionals to use an additional code to identify exposure to tobacco smoke or tobacco use:
  - Environmental tobacco smoke (Z77.22)
  - Exposure to tobacco smoke in the perinatal period (P96.81)
  - History of tobacco use (Z87.891)
  - Occupational exposure to environmental tobacco smoke (Z57.31)
  - Tobacco dependence (F17.1/2)
  - Tobacco use (Z72.0)

Chapter 9: Diseases of the Circulatory System (I00-I99)

- Terminology has changed to reflect more current medical practice

Chapter 9: STEMI

ICD-9-CM

- 410, Acute myocardial infarction

ICD-10-CM

- I21, ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
Chapter 9: Unstable Angina

- ICD-10-CM: I20.0, Unstable angina

Chapter 9: Coronary Thrombosis

- ICD-9-CM: 411.81, Acute coronary occlusion without myocardial infarction
- ICD-10-CM: I24.0, Acute coronary thrombosis not resulting in myocardial infarction

Chapter 9

- Gangrene is now located in this chapter
- Hypertension type (benign, malignant, unspecified) is no longer classified
- Acute MI codes changed from _____ weeks to _____ weeks or less
Chapter 9: Initial and Subsequent AMI

- I21 – Initial AMIs
- I22 – Subsequent AMIs

A code from category I22 must be used in conjunction with a code from category I21.
Category I22 is never used alone.
The sequencing of the I22 and I21 codes depends on the circumstances of the encounter.

Chapter 9: AMI Decision Tree

- Previous MI
  - I21 Initial MI
  - Older than 28 days?
    - No
      - I21 Initial MI
    - Yes
      - I25.2 Old MI
      - I22 Subsequent MI
      - I21 Initial MI

Chapter 9: Hypertension

- I10 Essential hypertension includes:
  - Arterial, benign, essential, malignant, primary, systemic, unspecified
- Assign code R03.0, Elevated blood pressure reading without diagnosis of hypertension, unless patient has an established diagnosis of hypertension.
Chapter 9: Hypertension

• Use additional code to identify
  – Environmental tobacco smoke (Z77.22)
  – History of tobacco use (Z87.891)
  – Occupational exposure to environmental tobacco smoke (Z57.31)
  – Tobacco dependence (F17.-)
  – Tobacco use (Z72.0)

Chapter 9

• Chapter-specific guidelines for Chapter 9 of ICD-10-CM:
  – Guideline I.C.9.c. Intraoperative and postprocedural cerebrovascular accident
  – Guideline I.C.9.e. Acute myocardial infarction

Chapter 9: Cerebral Infarction

• Sequela of Cerebral Infarction
  – Generally requires two codes with the residual condition or nature of late effect sequenced first
  – Exception when sequela includes manifestation
    • Cerebrovascular sequela codes include manifestation and only require one code
    • Note appears in the Tabular under code I69.391 – (Dysphagia following cerebral infarction) to use an additional code to identify the type of Dysphagia, if known (R13.1-)
Chapter 9: Example CVA

• Patient admitted following a hospital stay for an acute cerebral infarction. The patient will receive multiple therapies for the resulting left hemiplegia of the nondominant side, dysphasia, and facial droop.

Chapter 9: CVA Sequela

- Hemiplegia, following, cerebrovascular disease, cerebral infarction, or Sequela (of), infarction, cerebral, hemiplegia
- Dysphasia, following, cerebrovascular disease, cerebral infarction or Sequela (of), infarction, cerebral, dysphasia
- Sequelae (of), infarction, cerebral, facial droop

Chapter 10: Diseases of the Respiratory System (J00-J99)

• Diseases have been rearranged
• Terminology updated
• Acute bronchitis expanded to include manifestations of the acute bronchitis
• Asthma is classified as mild intermittent, mild persistent, moderate persistent and severe persistent
Chapter 10: Asthma Severity

Asthma Severity
- Intermittent
- Mild Persistent
- Moderate Persistent
- Severe Persistent

Frequency of Daytime Symptoms
- Less than or equal to 2 times per week
- More than 2 times per week
- Daily. May restrict physical activity
- Throughout the day. Frequent severe attacks limiting ability to breathe

Chapter 10

• Guideline at beginning of chapter states that when a respiratory condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the lower anatomic site
• Tracheobronchitis is classified to bronchitis J40
• Bronchitis is not specified as acute or chronic
• Code tobacco use/exposure
• Code virus associated with Influenza

Chapter 10: Example

• Home care skilled nursing visits are ordered for a patient who is on home oxygen for chronic obstructive pulmonary disease

ICD-10-CM
- J44.9 Disease, diseased, pulmonary, chronic obstructive
- Z99.81 Dependence (on) (syndrome), oxygen (long term) (supplemental)

Add any exposure to or use of tobacco
Chapter 10: NCHS Guidelines

- Chapter-specific guidelines for Chapter 10 of ICD-10-CM:
  - Guideline I.C.10.a. Chronic obstructive pulmonary disease and asthma
  - Guideline I.C.10.b. Acute respiratory failure
  - Guideline I.C.10.c. Influenza due to certain identified influenza viruses

Chapter 11: Diseases of the Digestive System (K00-K95)

- New subchapters added
  - Diseases of the liver (K70-K77)
  - Disorders of gallbladder, biliary tract, and pancreas (K80-K87)

Chapter 11

- Terminology changes
  - Hemorrhage is used when referring to ulcers
  - Bleeding is used with gastritis, duodenitis, diverticulosis, diverticulitis
- Ulcers are no longer classified by presence or absence of obstruction
- Hernias with both gangrene and obstruction are classified to hernia with gangrene
Chapter 11: Hemorrhage and Bleeding

- K25.0: Acute gastric ulcer with hemorrhage
- K29.01: Acute gastritis with bleeding
- K57.31: Diverticulosis of large intestine without perforation or abscess with bleeding

Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00-L99)

- 3 subchapters in ICD-9 expanded to nine in ICD-10
- Restructuring which brings groups of diseases together
  - Examples:
    - Radiation related disorders of the skin
    - Dermatitis and eczema

Chapter 12

- Pressure ulcers
  - Site, laterality, and severity specified in single code
  - Severity identified as stage 1–4
  - Last character in code represents the stage
    - 1=stage 1, 2=stage 2, 3=stage 3, 4=stage 4
- Non-pressure chronic ulcers
  - Site, laterality, and severity
  - Important note – category L97- Code first any underlying condition such as: Atherosclerosis of lower extremities, Diabetic ulcer, Varicose ulcer etc.
Chapter 12: Pressure Ulcers

- The fifth character in L89 usually identifies the right, left or unspecified side and the sixth character usually identifies the stage, exceptions include:
  - L89.9 site unspecified, the 5th character = stage and sixth character = n/a
  - L89.1 site back, the 5th character = location on back and the 6th character = stage
  - L89.8 other site, the 5th character = head or other site and the 6th character = stage
  - L89.4 site contiguous, the 5th character = stage and the 6th = n/a

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Chapter 12

- Chapter-specific guidelines for Chapter 12 of ICD-10-CM:
  - Guideline I.C.12.a. Pressure ulcer stage codes
    - Unstageable (L89.- -0) versus Unspecified stage (L89.- -9)
    - Not to be confused with L89.8- Pressure ulcer of “other specified site” or L89.9- Pressure ulcer of unspecified site
Chapter 12

- Guideline I.C.12.a. Pressure ulcer stage codes …continued
  • Ulcers documented as healed – do not assign a code
  • Ulcers documented as healing – assign code based on documented stage - if unclear whether it is a current (new) ulcer or if patient is being treated for a healing pressure ulcer, “query the provider”
  • Evolving pressure ulcers – if referral information indicates one stage but stage has progressed, assign code for the highest stage reported

Chapter 13:
Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)

- ICD-10-CM contains many more subchapters, categories and codes than ICD-9-CM
- A number of codes have moved from various chapters in ICD-9-CM to Chapter 13 in ICD-10-CM
  – Example: Category 274, Gout in ICD-9-CM, Chapter 3 is classified as M10, Gout, in Chapter 13 of ICD-10-CM

Chapter 13

- Almost every code has been expanded
- Chronic or recurrent conditions are coded from Chapter 13
  – Current/acute injuries are coded from Chapter 19
- Some categories and subcategories require the use of a seventh character
Pathological or Stress Fracture Seventh Characters

- Initial encounter
- Subsequent – routine healing
- Subsequent – delayed healing
- Subsequent – nonunion
- Subsequent – malunion
- Sequela

Chapter 13: M80 Osteoporosis

- M80 uses one combination code for the type of Osteoporosis in addition to the site of current pathological fracture
- Any patient with known osteoporosis who suffers a fracture, even if minor fall or trauma occurred (if the fall or trauma would not usually break a normal healthy bone) should be coded from category M80
  - This interpretation must be made by the physician

Chapter 13: Example Osteoporosis

- Julia is an 80-year-old female with senile osteoporosis. She complains of severe back pain following a minor fall in the home. X-rays revealed pathological compression fractures of several lumbar vertebrae
  - M80.08XD Age-related osteoporosis with current pathological fracture, vertebrae, subsequent encounter for fracture with routine healing
ICD-10-CM has three different categories for pathologic fractures due to neoplastic disease due to osteoporosis due to other specified disease.

Chapter 13

• Chapter-specific guidelines for Chapter 13 of ICD-10-CM:
  – Guideline I.C.13.a. Site and laterality
  – Guideline I.C.13.b. Acute traumatic versus chronic or recurrent musculoskeletal conditions
  – Guideline I.C.13.c. Coding of pathologic fractures

Chapter 14:
Diseases of Genitourinary System (N00-N99)

• Codes have been moved from other chapters in ICD-9-CM to chapter 14 in ICD-10-CM
• Chapter-specific guidelines
  • I.C.14.a. Chronic kidney disease
• Several notes throughout chapter indicating that an additional code should be used
Chapter 14:

N17 Acute kidney failure
   Code also underlying condition

N18 Chronic kidney disease
   Code first etiology

N30 Cystitis
   Additional code infectious agent

N31 Neuromuscular dysfunction
   Additional code urinary incontinence

N33 Trauma disorders in diseases classified elsewhere
   Code first underlying disease

N40.1 Enlarged prostate with lower urinary tract symptoms
   Additional code for associated symptoms

Chapter 15, 16, 17

15: Pregnancy, childbirth and Puerperium (O00-O9A)

16: Certain conditions originating in the perinatal period (P00-P96)

17: Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)

Chapter 18:

Symptoms, Signs and Abnormal Clinical and Laboratory Findings (R00-R99)

- To be used when no diagnosis classifiable elsewhere is recorded

- All categories in this chapter could be designated Not Otherwise Specified, Unknown Etiology, or Transient
Chapter 18

• In the comparison of Chapter 18 of ICD-10-CM to Chapter 16 of ICD-9-CM some codes have been moved from one chapter to another - Examples:
  – ICD-9-CM (Chapter 7) 427.89, Other specified cardiac dysrrhythmias is now found in ICD-10-CM (Chapter 18) R00.1, Bradycardia, unspecified
  – ICD-9-CM (Chapter 8) 511.0, Pleurisy without mention of effusion or current tuberculosis is now found in ICD-10-CM (Chapter 18) R09.1, Pleurisy

Chapter 18

• Hematuria not included with the underlying condition such as acute cystitis with hematuria should be classified from chapter 18
• New code R29.6, Repeated falls, is to be used when a patient has recently fallen and reason for the fall is being investigated
  – Code Z91.81, History of falling, is for use when a patient has fallen in the past and is at risk for future falls (both codes may be used when appropriate)

Chapter 18

• Codes identify SIRS of non-infectious origin with and without acute organ dysfunction and severe sepsis with and without septic shock
• Instructional note indicates underlying condition or infection should be coded first
• Sepsis not classified to R65 - coded to infection. e.g., A41.9 assigned for sepsis, unspecified
Chapter 18: NCHS Guidelines

- Chapter-specific guidelines for Chapter 18:
  - Guideline I.C.18.a. Use of symptom codes
  - Guideline I.C.18.b. Use of a symptom code with a definitive diagnosis code
  - Guideline I.C.18.c. Combination codes that include symptoms
  - Guideline I.C.18.d. Repeated falls
  - Guideline I.C.18.e. Coma scale
  - Guideline I.C.18.f. Functional quadriplegia
  - Guideline I.C.18.g. SIRS due to non-infectious process
  - Guideline I.C.18.h. Death NOS

Chapter 19: Injury, Poisoning and Certain other Consequences of External Causes (S00-T88)

- Significant modification made to the organization of this chapter
- ICD-10 groups all injuries together in Chapter 19, by anatomical location & then by type of injury within that location

Chapter 19

- The listings of conditions that follow the site:
  - Superficial injury
  - Open wound
  - Fracture
  - Dislocation and sprain
  - Injury of nerves
  - Injury of blood vessels
  - Injury of muscle and tendon
  - Crushing injury
  - Traumatic amputation
  - Other and unspecified injuries
Chapter 19: Fractures

- Greater specificity
  - Type of fracture
  - Specific anatomical site
  - Displaced vs nondisplaced
  - Laterality
  - Routine vs delayed healing
  - Nonunion
  - Malunion
  - Type of encounter (Initial, Subsequent, Sequela)

Chapter 19: Fractures - Seventh Character

- A fracture not indicated as displaced or nondisplaced should be coded to displaced
- A fracture not designated as open or closed should be coded to closed
- Some fracture categories provide for seventh characters to designate the specific type of open fracture based on the Gustilo open fracture classification
Gustilo Classification

- Low energy, Wound less than 1 cm
- Greater than 1 cm with moderate soft tissue damage
- High energy wound greater than 1 cm with extensive soft tissue damage
- Adequate soft tissue cover
- Inadequate soft tissue cover
- Associated with arterial injury

Fractures of forearm (S52), Fractures of Femur (S72) and Fractures of Patella (S82)

Caution!! A – Initial closed
B – Initial open, Type I or II
C – Initial open, Type IIIA, IIIB, IIIC
D – Subsequent, closed, routine
E – Subsequent, Type I or II, routine
F – Subsequent, Type IIIA, IIIB, IIIC, routine
G – Subsequent, open, Type I or II, delayed
H – Subsequent, Type IIIA, IIIB, IIIC, delayed
I – Subsequent, closed, malunion
J – Subsequent, open, Type I or II, malunion
K – Subsequent, open, Type IIIA, IIIB, IIIC, malunion
L – Sequela

S52, S72 & S82 have additional seventh character coding

Chapter 19

Note: The aftercare Z codes should not be used for aftercare for conditions such as injuries or poisonings, where seventh characters are provided to identify subsequent care.
Chapter 19: Poisoning, Adverse Effect, Underdosing

- Poisoning: Overdose of substances, Wrong substance given or taken in error
- Adverse effect: "Hypersensitivity," "reaction," or correct substance properly administered
- Underdosing: Taking less of medication than is prescribed or instructed by manufacturer either inadvertently or deliberately

• Use additional code(s) for manifestations of poisoning
• Assign code for the nature of the adverse effect followed by code for the drug
• Use additional code for intent of underdosing:
  - Failure in dosage during medical and surgical care (Y63.61, Y63.8-Y63.9)
  - Patient's underdosing of medication regime (Z91.12-, Z91.13-)

• Combination codes for poisonings/external cause (accidental, intentional self-harm, assault, undetermined)
• Table of Drugs and Chemicals groups all poisoning columns together
  - Followed by adverse effect and underdosing
• When no intent of poisoning is indicated, code to accidental
  - Undetermined intent is only for use when there is specific documentation in record that intent cannot be determined
Chapter 20: External Causes of Morbidity (V00-Y99)

- External cause code may be used with any code in range A00.0-T88.9, Z00-Z99, that is health condition due to external cause
- Encompasses alpha characters V, W, X, and Y
- Never used as Primary diagnosis

Formerly Known as “E” Codes

Chapter 20

- Assign external cause code, with appropriate seventh character for each encounter for which injury or condition is being treated
  - Initial encounter
  - Subsequent encounter
  - Sequela
- Most applicable to injuries, also valid for other use – e.g., infections or heart attack occurring during strenuous physical activity

Chapter 20

- Y92 – Place of occurrence, is used with activity codes, but only on initial encounter
- Y93 – Activity, is used with Y92 and Y99, but only on initial encounter
- Y99 – External cause status, used to indicate work status
Chapter 21: Factors Influencing Health Status and contact with health services (Z00-Z99)

• Z codes represent reasons for encounters
• Used when circumstances other than a disease, injury or external cause are recorded as diagnoses or problems

Chapter 21

• When person who may or may not be sick encounters health services for some specific purpose, i.e. to receive limited care or service for current condition, donate an organ or tissue, receive prophylactic vaccination, discuss problem
• When some circumstance or problem is present which influences person’s health status but is not a current illness or injury

Chapter 21

• V57 codes (encounters for rehab) NO LONGER EXIST
  – Report the underlying condition for which therapy is being provided
• Aftercare Z codes should not be used for aftercare for injuries
• Z68, Body Mass Index (BMI) is divided into adult and pediatric codes
• Personal and family history codes have been expanded