ICD-10-CM Documentation Requirements
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Question 1
- The change from ICD-9-CM to ICD-10-CM adds approximately how many more diagnosis codes?
  - A. 12,500
  - B. 18,000
  - C. 35,000
  - D. 55,000

Answer
- D – 55,000
Question 2

- Why is medical record review important?
  - A. Identify charting deficiencies to improve documentation prior to implementation
  - B. Educate providers on information necessary to correctly select codes
  - C. Gradual transition makes a large change like this easier to handle
  - D. All of the above

Answer

- D. All of the above

Question 3

- How do you choose which medical records to review and audit first?
  - A. Oldest to the newest
  - B. Most frequently coded diagnosis
  - C. Patients with more visits
  - D. It doesn’t matter, just pick some
Answer

- B. Most frequently coded diagnosis

Question 4

- ICD-10-CM will have up to ____ character extensions?
  - A. 5
  - B. 7
  - C. 2
  - D. 4

Answer

- B. 7
Question 5

- ICD-10-CM format is:
  - A. Alphabetical
  - B. Numeric
  - C. Alphanumeric
  - D. ?

Answer

- C. Alphanumeric

What is ICD-10-CM?

- ICD-10-CM was authorized by the World Health Organization (WHO).
- Implemented for mortality coding and classification from death certificates in the U.S. in 1999
- U.S. developed a Clinical Modification for medical diagnoses based on WHO’s ICD-10 which replaces ICD-9-CM
Why change?
- ICD-9-CM is not broad enough to serve the health care needs of the future.
- Content is no longer clinically accurate and has limited data about patient’s medical conditions
- Number of available codes is limited
- Structure too restrictive
- U.S. cannot directly compare morbidity diagnosis data to state and national mortality data (mortality data has already transitioned)

Additionally,
- Most developed countries have already made the transition to ICD-10 code sets
- U.S. cannot compare U.S. morbidity diagnosis data at the international level

ICD-10-CM will enhance the quality of data for:
- Tracking public health conditions
- Improved data for epidemiological research
- Measuring outcomes and care provided
- Making clinical decisions
- Identifying fraud and abuse
- Designing payment systems
- Processing claims
Code Set Differences

- Nearly 5 times as many diagnosis codes
- ICD-10 has alphanumeric categories, not just numeric
- Order of some chapters have changed
- Some titles have been renamed
- Conditions have been grouped differently

ICD-9-CM
- 14,025 codes
- 3-5 characters
- First character is numeric or alpha
- Characters 2 through 5 are numeric

ICD-10-CM
- 69,823 codes
- 3-7 characters
- Character 1 is alpha
- Character 2 is numeric
- Characters 3-7 can be alpha or numeric

Benefits to public health

- Easier comparison of mortality and morbidity data
- Improved quality of data
- Greater level of detail
- Terminology and disease classification consistent with new technology
- Injuries, poisonings and external causes are more detailed
Pregnancy trimester is designated
Postoperative codes are expanded
New concepts such as underdosing, blood type, Glasgow Coma Scale and alcohol level

Increased documentation
Because of greater specificity in code selection many injuries, diseases, disorders, other conditions and signs/symptoms will require more specific documentation.
Review current medical records to determine deficiencies prior to ICD-10-CM implementation

21 Chapters
1 – Certain Infectious and Parasitic Diseases
2 – Neoplasms
3 – Diseases of the Blood and Blood-Forming Organs and Certain Endocrine Disorders Involving the Immune Mechanism
4 – Endocrine, Nutritional and Metabolic Diseases
5 – Mental, Behavioral and Neurodevelopmental Disorders
6 – Diseases of the Nervous System
7 – Diseases of the Eye and Adnexa
8 – Diseases of the Ear and Mastoid Process
9 – Diseases of the Circulatory System
10 – Diseases of the Respiratory System
11 – Diseases of the Digestive System
12 – Diseases of the Skin and Subcutaneous Tissue
13 – Diseases of the Musculoskeletal System and Connective Tissue
14 – Diseases of the Genitourinary System
15 – Pregnancy, Childbirth and the Puerperium
16 – Certain Conditions Originating in the Perinatal Period
17 – Congenital Malformations, Deformations and Chromosomal Abnormalities
18 – Symptoms, Signs, and Abnormal Clinical and Laboratory Findings
19 – Injury, Poisoning and Certain Other Consequences of External Causes
20 – External Causes of Mortality
21 – Factors Influencing Health Status
Alphabetic Index

- Organized the same as ICD-9-CM, codes are listed by "Main Term"
- Contains notes that define terms, provide direction and provide coding instructions

Definitions

- Combination Codes – single code to classify two diagnoses
- Granularity – level of hierarchy and amount of information this provides to the description
- Laterality – codes include a right (1), left (2), bilateral (3) designation, or unspecified (0 or 9)

Code Structure

- Tabular List contains categories, subcategories, and codes
- All categories are three characters, the first character of any category is a letter
- The second and third characters may be either numbers or alpha characters
- A three-character category that has no further subdivision is a code
Subcategories
- Subcategories are either four or five characters
- Subcategory characters may be either letters or numbers
- Codes are three, four, five or six characters
- Final character in a code may be either a letter or number
- Certain categories have seventh character extensions

Seventh Character Extension
- Certain categories have applicable seventh characters
- Indicates encounter
- If the code requires the seventh (encounter) character and is not a six digit code, a placeholder X must be used to fill the empty character spaces (dummy placeholder)

Locating a Code in ICD-10-CM
- Locate the term in the alphabetic index
- Verify the code in the tabular list
- Read the instructional notations and follow the directions
ICD-10-CM Coding Conventions

- Code First/Use additional code notes – etiology/manifestation paired codes have a specific index entry structure
- NEC – alphabetic index entry directs the coder to an “other specified” code in the tabular list
- NOS – “not otherwise specified” is the equivalent of unspecified

Punctuation

- [ ] Brackets are used to enclose synonyms, alternate or explanatory wording
- ( ) Parentheses are used to enclose supplemental words that do not affect the code number
- : Colon is used after an incomplete term that needs additional modifiers
- ) Brace encloses a series of terms modified by the statement to the right of the brace
- , Comma—words following a comma are essential modifiers

Other Coding Conventions

- Code Also – this note instructs that two codes may be required to fully explain the condition
- “See” – following a main term in the index indicates another term should be referenced.
- “See Also” – indicates that there is another main term that should be referenced
Default Codes – a code listed to a main term is a default code. Never code directly from the default code, always confirm your code selection in the tabular list.

Code First/Use Additional Code Notes – follow these rules for correct code sequencing

Excludes Notes

- Excludes 1 – indicates that the codes listed in this note should NEVER be coded with the code you are looking up
- Excludes 2 – indicates that the codes listed in this note are not included in the above diagnosis and should be coded if the patient presents with both.

Basic Documentation Requirements

- Increased site specificity
- Laterality (right, left, bilateral)
- Episode of care (initial, subsequent, sequela)
- Increased specificity for injury type
- Use of fracture classification systems
- Increased specificity for histologic behavior of certain neoplasms
Identification of the fetus affected by certain complications of pregnancy, childbirth and puerperium in multiple gestation pregnancies
Identification of the trimester for complications occurring during pregnancy
Intraoperative and postprocedural complications codes
Reclassification of codes into new categories or chapters

Chapter 1 Certain Infectious & Parasitic Diseases

Most of the guidelines for Chapter 1 are the same as ICD-9-CM
Most of the codes are chosen with the same information needed to choose a code from ICD-9-CM
Many of the codes are a one-to-one match

Listeriosis

027.0 Listeriosis
A32.0 Cutaneous listeriosis
A32.11 Listerial meningitis
A32.12 Listerial meningoencephalitis
A32.1 Listerial sepsis
A32.81 Oculoglandular listeriosis
A32.82 Listerial endocarditis
A32.89 Other forms of listeriosis
A32.9 Listeriosis unspecified
Identify site/manifestations

- Cutaneous
- Endocarditis
- Meningitis
- Meningoencephalitis
- Oculoglandular
- Other form/manifestation which includes Cerebral arteritis
- Sepsis
- Unspecified listeriosis

Streptococcal sore throat

- J03.0 Streptococcal sore throat
- J02.0 Streptococcal pharyngitis
- J03.00 Acute streptococcal tonsillitis, unspecified
- J03.01 Acute recurrent streptococcal tonsillitis

Identify condition

- Pharyngitis
- Tonsillitis
- For tonsillitis identify:
  - Not recurrent/unspecified
  - Recurrent
Scarlet Fever

- 034.1 Scarlet Fever
- A38.0 Scarlet fever with otitis media
- A38.1 Scarlet fever with myocarditis
- A38.8 Scarlet fever with other complications
- A38.9 Scarlet fever, uncomplicated

Identify with or without complications

- Scarlet fever without complications
- Scarlet fever with complications
  - Otitis media
  - Myocarditis
  - Other complications

Meningococcemia

- 036.2 Meningococcemia
- A39.2 Acute meningococcemia
- A39.3 Chronic meningococcemia
- A39.4 Meningococcemia, unspecified
Identify

- Acute
- Chronic
- Unspecified

Streptococcal Septicemia/Sepsis

- 038.0 Streptococcal septicemia, AND
- 995.91 Sepsis
- A40.0 Sepsis due to streptococcus Group A
- A40.1 Sepsis due to streptococcus, Group B
- A40.3 Sepsis due to streptococcus pneumoniae
- A40.8 Other streptococcal sepsis
- A40.9 Streptococcal sepsis, unspecified

Identify

- Group A
- Group B
- S. pneumoniae
- Other
- Unspecified
For Severe Sepsis

- Assign a code from subcategory R65.2 and specify:
  - With septic shock
  - Without septic shock
  - Identify and code any acute organ function

Chapter 2 Neoplasms

- Documentation requirements for neoplasms have changed significantly
- Many codes require documentation of the site of malignancy and the laterality
- More codes that require documentation of morphology
- Greatest expansion with lymphomas, myelomas and leukemias

Solid Organ/Tissue Neoplasms

- Site
- Histologic behavior
- Histologic type
- Laterality, for paired organs or extremities
- Sex, for neoplasm of the breast
Malignant Neoplasm of Liver and Intrahepatic Bile Ducts

- 155.9 Malignant neoplasm of liver, primary
  - C22.0 Liver cell carcinoma (includes hepatocellular carcinoma and hepatoma)
  - C22.2 Hepatoblastoma
  - C22.3 Angiosarcoma of liver (includes Kupffer cell sarcoma)
  - C22.4 Other sarcomas of liver
  - C22.7 Other specified carcinomas of liver
  - C22.8 Malignant neoplasm of liver, primary, unspecified as to type

Identify site

- Liver
- Intrahepatic bile ducts

Identify morphology (histologic type), primary malignancies

- Carcinoma (includes hepatocellular carcinoma and hepatoma)
- Hepatoblastoma
- Angiosarcoma
- Other sarcoma
- Unspecified histologic type
Malignant Neoplasm of Connective and Other Soft Tissue

- C47.10 Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
- C47.11 Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
- C47.12 Malignant neoplasm of peripheral nerves of right upper limb, including shoulder

Code expansion

- ICD-9-CM codes combined connective, nerves and other soft tissue into one code
- ICD-10-CM codes separate peripheral nerves from connective and soft tissue
- ICD-9-CM codes did not differentiate between right and left
- ICD-10-CM codes include laterality

Identify connective/soft tissue

- Peripheral nerve/autonomic nervous system
- Other connective/soft tissue, which include
  - Blood vessel
  - Cartilage
  - Fascia
  - Fat
  - Ligament, except uterine
  - Lymphatic vessel
  - Muscle
  - Synovia
  - Tendon (sheath)
Identify site

- Head/face/neck
- Upper limb including shoulder (right, left, unspecified)
- Lower limb including hips (right, left, unspecified)
- Thorax
- Abdomen
- Pelvis
- Trunk, unspecified
- Overlapping sites
- Unspecified site

Malignant Neoplasm of Breast

- C50.211 Malignant neoplasm of upper-inner quadrant of right female breast
- C50.212 Malignant neoplasm of upper-inner quadrant of left female breast
- C50.219 Malignant neoplasm of upper-inner quadrant of unspecified female breast

Identify

- Gender
- Site
- Laterality
Nodular/Other Lymphoma

- ICD-9-CM has two subcategories for reporting nodular lymphomas (aka follicular lymphomas)
- ICD-10-CM Nodular lymphoma has been replaced with follicular lymphoma, subdivided into different types and then further differentiated by grade

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>C82.0</td>
<td>Follicular lymphoma grade I</td>
</tr>
<tr>
<td>C82.1</td>
<td>Follicular lymphoma grade II</td>
</tr>
<tr>
<td>C82.2</td>
<td>Follicular lymphoma grade III, unspecified</td>
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<tr>
<td>C82.3</td>
<td>Follicular lymphoma grade IV</td>
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<tr>
<td>C82.4</td>
<td>Follicular lymphoma grade V</td>
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<tr>
<td>C82.5</td>
<td>Follicular lymphoma grade VI</td>
</tr>
<tr>
<td>C82.6</td>
<td>Cutaneous follicle center lymphoma</td>
</tr>
<tr>
<td>C82.7</td>
<td>Other types of follicular lymphoma</td>
</tr>
<tr>
<td>C82.8</td>
<td>Unspecified follicular lymphoma</td>
</tr>
</tbody>
</table>

Identify Specific Type

- Follicular lymphoma
  - Grade I
  - Grade II
  - Grade III, unspecified (as to a or b)
  - Grade IIIa
  - Grade IIIb

- Diffuse follicle center lymphoma
- Cutaneous follicle center lymphoma
- Other types of follicular lymphoma
- Unspecified type follicular lymphoma
Identify site (fifth character)
- Lymph nodes
- Spleen
- Extranodal/solid organ sites
- Unspecified site

Lymphoid Leukemia
- ICD-9-CM classified leukemia as
  - Acute
  - Chronic
  - Subacute
  - Other type
  - Unspecified

In ICD-10-CM
- Acute lymphoblastic leukemia
- Chronic lymphocytic leukemia of B-cell type
- Prolymphocytic leukemia of B-cell type
- Hairy cell leukemia
- Adult T-cell leukemia
- Prolymphocytic leukemia of T-cell type
- Mature B-cell Burkitt type
- Other specified type
Other lymphoid leukemia in relapse

- 204.82 Other lymphoid leukemia in relapse
- C91.32 Prolymphocytic leukemia of B-cell type in relapse
- C91.52 Adult T-cell lymphoma/leukemia (HTLV-1 associated) in relapse
- C91.62 Prolymphocytic leukemia of T-cell type in relapse
- C91.A2 Mature B-cell leukemia Burkitt type in relapse
- C91.Z2 Other specified type lymphoid leukemia in relapse

Identify type

- Acute lymphoblastic leukemia
- Chronic lymphocytic leukemia, B cell type
- Prolymphocytic leukemia (B-cell, T-cell)
- Adult T-cell lymphoma/leukemia
- Mature B-cell leukemia Burkitt type
- Other specified type
- Unspecified type

Specify disease status

- In remission
- In relapse
- Not having achieved remission
Benign Neoplasms of Skin

- ICD-9-CM codes do not differentiate nevi from other benign neoplasms of the skin, all are reported using category 216.
- ICD-10-CM has assigned a unique category to melanocytic nevi (D22) and other benign neoplasms are in a second category (D23).

Benign neoplasm of skin of lower limb, including hip

- 216.7 Benign neoplasm of skin of lower limb, including hip
  - D22.70 Melanocytic nevi of unspecified lower limb, including hip
  - D22.71 Melanocytic nevi of right lower limb, including hip
  - D22.72 Melanocytic nevi of left lower limb, including hip
  - D23.70 Other benign neoplasm of skin of unspecified lower limb, including hip
  - D23.71 Other benign neoplasm of skin of right lower limb, including hip
  - D23.72 Other benign neoplasm of skin of left lower limb, including hip

Chapter 3

- Diseases of the Blood and Blood Forming Organs and Certain Disorders Involving the Immune Mechanism
Changes in ICD-10-CM

- Certain disorders involving the immune mechanism have been moved to Chapter 3
- Added intraoperative and postprocedural complications of the spleen
- Exclusions from Chapter 3 include HIV and related conditions (Chapter 1)
- Increased documentation including laterality

General Documentation Requirements

- Severity and/or status of the disease
- Precise documentation necessary to avoid confusion between disorders
- Clearly specify the cause-and-effect relationship between medical intervention and the blood or immune disorder
- Specify if complication occurred intraoperatively or postoperatively

Anemia

- Documentation must include type and cause of the anemia
  - Deficiency anemia
  - Hemolytic anemia
  - Aplastic anemia and other bone marrow failure syndromes
Folate-deficiency anemia

- 281.2 Folate-deficiency anemia
- D52.0 Dietary folate deficiency anemia
- D52.1 Drug-induced folate deficiency anemia
- D52.8 Other folate deficiency anemias
- D52.9 Folate deficiency anemia, unspecified

Neutropenia

- Documentation must include type and cause
  - Chronic granulocytopenia
  - Congenital (primary)
  - Cyclic
  - Due to infection
  - Fever
  - Periodic
  - Toxic
  - Secondary

Neutropenia, Drug Induced

- Secondary to cancer chemotherapy
  - Specify the drug (T45.1x5)
  - Identify the underlying neoplasm
- Other drug-induced agranulocytosis
  - Specify the drug (T36-T50)
Chapter 4

- Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders

Changes in ICD-10-CM

- ICD-9-CM combined endocrine, nutritional and metabolic diseases, and immune systems disorders in one Chapter (3). They are divided into two chapters in ICD-10-CM
- Neoplasms of endocrine glands are located in the neoplasm chapter

Intraoperative and Postprocedural Complications NEC

- Codes are generally found in the same code block at the end of the chapter, EXCEPT for endocrine, nutritional and metabolic diseases:
  - The codes for intraoperative complications are found in category E36
  - Postoperative complications are found at the end of the chapter in category E89
Reclassification

- Gout has been moved from Other Metabolic and Immunity Disorders (ICD-9-CM, 270-279) to Chapter 13, Diseases of the Musculoskeletal System and Connective Tissue
- Degenerative disorders are now classified in category E75 Disorders of sphingolipid metabolism (ICD-9-CM classified as disorders of the nervous system)

Combination Codes

- Diabetes Mellitus codes are combination codes that include:
  - Type of diabetes
  - Body system affected
  - Specific complication

Secondary diabetes

- 249.60 Secondary diabetes mellitus with neurological manifestations, not states as uncontrolled, or unspecified; WITH
  - 354.0-355.9 Mononeuritis upper limb/lower limb/unspecified site
- E08.41 Diabetes mellitus due to underlying condition with diabetic mononeuropathy
- E09.41 Drug or chemical induced diabetes mellitus due to underlying condition with diabetic mononeuropathy
- E13.41 Other specified diabetes mellitus with diabetic mononeuropathy
Documentation Requirements

- The type of diabetes
  - Drug or chemical induced (E09)
  - Due to an underlying condition (E08)
  - Type 1 (E10)
  - Type 2 (E11)
  - Other specified diabetes mellitus (E13)

- The body system affected
  - Circulatory complications
  - Hyperosmolarity
  - Kidney complications
  - Neurological complications
  - Ophthalmic complications
  - Other specified complications
  - Unspecified complications
  - Without complications

Disorders of Thyroid Gland

- Many codes are a one-to-one match
- Eight categories (previously seven)
- More specificity in congenital iodine deficiency, hypothyroidism
- “Other specified” codes now have specific codes
Documentation for Thyroid Disorders

- Differentiate between
  - Iodine deficiency related
  - With congenital hypothyroidism
  - Other non-toxic multinodular

Disorders of Lipoid Metabolism

- ICD-9-CM category 272 Disorders of lipoid metabolism includes codes for a wide variety of disorders
- ICD-10-CM has reclassified single codes into multiple categories with much greater specificity for some conditions, particularly those classified as lipidoses.

Expanded categories

- E75 Disorders of sphingolipid metabolism and other lipid storage disorders
- E76 Disorders of glycosaminoglycan metabolism
- E77 Disorders of glycoprotein metabolism
- E78 Disorders of lipoprotein metabolism and other lipidemias
- E88 Other and unspecified metabolic disorders
Other disorders of lipoid metabolism

- 272.8 Other disorders of lipoid metabolism
- E75.5 Other lipid storage disorders
- E78.79 Other disorders of bile acid and cholesterol metabolism
- E78.81 Lipoid dermatoarthritis
- E78.89 Other lipoprotein metabolism disorders
- E88.2 Lipomatosis, not elsewhere classified

Identify the Disorder

- Defects of glycoprotein metabolism
- Disorders of glucosaminoglycan metabolism
- Disorders of sphigolipid metabolism and other lipid storage disorders
- Disorders of lipoprotein metabolism and lipidemias

Chapter 5
Mental, Behavioral Disorders

- Broad categories remain the same
- Some conditions classified differently and in much greater detail
- More categories, subcategories and codes
For example,

- 295-299 Other psychoses are now divided into two code blocks
  - F20-F29 Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
  - F30-F39 Mood [affective] disorders
- Regrouping disorders based on common characteristics

Drug-induced psychotic disorder

- 292.12 Drug-induced psychotic disorder with hallucinations
- Use additional code for any associated drug dependence (304.0-304.9)
  - Report drug abuse (365.2-365.9)
  - Use additional E code to identify drug

  - F11.151 Opioid abuse with opioid-induced psychotic disorder with hallucinations
  - F11.251 Opioid dependence with opioid-induced psychotic disorder with hallucinations
  - F11.951 Opioid use, unspecified, with opioid-induced psychotic disorder with hallucinations
  - F12.151 Cannabis abuse with cannabis-induced psychotic disorder with hallucinations
  - F12.251 Cannabis abuse with cannabis-induced psychotic disorder with hallucinations
  - F12.951 Cannabis use, unspecified, with cannabis-induced psychotic disorder with hallucinations

AND MANY MORE

Alcohol-Induced/Drug-Induced Mental Disorders

- Identify substance
- Identify type of disorder
  - Abuse
  - Dependence
  - Use, unspecified
For abuse, identify mental/behavioral complications (excludes nicotine)

- Uncomplicated
- With intoxication (uncomplicated, with intoxication delirium, unspecified)
- With substance-induced mood disorder
- With substance-induced psychotic disorder (with delusions, with hallucinations, unspecified)
- With other substance-induced disorders (anxiety, sexual dysfunction, sleep disorder, other)
- Unspecified complication

For dependence, identify mental/behavioral complications

- Uncomplicated
- In remission
- With intoxication (uncomplicated, with intoxication delirium, unspecified)
- With persisting amnesiac disorder
- With substance-induced mood disorder
- With substance-induced psychotic disorder (with delusions, with hallucinations, unspecified)
- With other substance-induced disorders (anxiety, sexual dysfunction, sleep disorder, other disorder)
- With withdrawal (uncomplicated, with delirium, with perceptual disturbance, unspecified)

For use, identify mental/behavioral complications (excludes nicotine)

- With intoxication (uncomplicated, with intoxication delirium, unspecified)
- With persisting amnesiac disorder
- With persisting dementia
- With substance-induced mood disorder
- With substance-induced psychotic disorder (with delusions, with hallucinations, unspecified)
- With other substance-induced disorders (anxiety, sexual dysfunction, sleep disorder, other disorder)
- Unspecified complication
For nicotine dependence

- Identify nicotine product
- Identify dependence status/complications
  - Uncomplicated
  - In remission
  - With withdrawal
  - With other nicotine-induced disorder
  - Unspecified

Chapter 6
Diseases of the Nervous System

- ICD-10-CM captures a greater level of specificity in nervous system coding
- Includes updated clinical terms, commonly used synonyms for “intractable” migraine, more current terminology for epilepsy.
- Epilepsy and seizure disorders are regrouped
- Dual coding may be required for infectious diseases of the CNS
- Additional elements which include laterality

Alzheimer’s disease

- G30.0 Alzheimer’s disease
- G30.0 Alzheimer’s disease with early onset
- G30.1 Alzheimer’s disease with late onset
- G30.8 Other Alzheimer’s disease
- G30.9 Alzheimer’s disease, unspecified
**Documentation, Alzheimer’s**

- Identify type/onset
  - Early
  - Late
  - Other Alzheimer’s disease
  - Unspecified Alzheimer’s disease
- Use additional code when Alzheimer’s disease is associated with
  - Delirium (F05)
  - Dementia with behavioral disturbance (F02.81)
  - Dementia without behavioral disturbance (F02.80)

**Pain Not Elsewhere Classified**

- Pain codes in category G89 are used with codes from other categories and chapters to provide more detail about acute or chronic pain and neoplasm-related pain.
- Pain must be documented in the record as acute, chronic, post-thoracotomy, postprocedural, or neoplasm-related to use codes from G89.
- Codes from G89 are not used when the underlying or definitive diagnosis is known unless the encounter is for pain management and not treatment of the underlying cause.
- Codes from G89 must be used with site-specific pain codes to identify the site of the pain.

**Headache**

- Documentation requirements for ICD-10-CM differ only in identifying response to treatment
  - Intractable
  - Not intractable
Hemiplegia, Monoplegia

- Dominant and nondominant side affected has been expanded to include laterality:
  - Right
    - Dominant
    - Nondominant
  - Left
    - Dominant
    - Nondominant

Epilepsy and Recurrent Seizures

- Medical record documentation must clearly indicate epilepsy, a code of epilepsy cannot be assigned unless it is clearly diagnosed by the provider.
- Seizures and convulsions are reported with codes from the signs and symptoms chapter.
- Documentation should clearly differentiate epilepsy and recurrent seizures from conditions reported elsewhere.

Epilepsy, grand mal status

- 345.3 Grand mal status
  - G40.301 Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
  - G40.311 Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
  - G40.319 Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
**Documentation Requirements**

- Identify the type of epilepsy or recurrent seizures
- Identify response to treatment
- Identify as with/without status epilepticus

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**Chapter 7**

**Eye and Adnexa**

- General documentation requirements include
  - Severity or status of disease
  - Site
  - Etiology
  - Any secondary disease process
  - Any cause and effect relationship
  - Laterality

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**Senile atrophy of choroid**

- 363.41 Senile atrophy of choroid
  - H31.111 Age-related choroidal atrophy, right eye
  - H31.112 Age-related choroidal atrophy, left eye
  - H31.113 Age-related choroidal atrophy, bilateral
  - H31.119 Age-related choroidal atrophy, unspecified eye
Glaucoma

- ICD-10-CM has two categories for Glaucoma
  - H40 Glaucoma is specific to type, laterality and stage
    - 7th character is appended to capture stage
  - H42 Glaucoma in diseases classified elsewhere

Glaucoma, primary angle

- 365.06 Primary angle closure without glaucoma damage
- H40.061 Primary angle closure without glaucoma damage, right eye
- H40.062 Primary angle closure without glaucoma damage, left eye
- H40.063 Primary angle closure without glaucoma damage, bilateral
- H40.069 Primary angle closure without glaucoma damage, unspecified eye

Documentation requirements

- Identify type
- Identify laterality
- Identify stage
- Use additional code for adverse effect to identify the drug in cases of glaucoma secondary to drugs
- Code also the underlying condition for glaucoma secondary to eye trauma
Chapter 8
Ear and Mastoid Process

- Greater detail in codes included at the fourth, fifth and sixth character levels
- Laterality
- Detail included in codes to indicate the cause of noninfective otitis externa

Acute swimmer’s ear

- 38012 Acute swimmer’s ear
- H60.331 Swimmer’s ear, right ear
- H60.332 Swimmer’s ear, left ear
- H60.333 Swimmer’s ear, bilateral
- H60.339 Swimmer’s ear, unspecified ear

Documentation requirements

- Identify type
  - Abscess of external ear
  - Acute noninfective otitis externa (actinic, chemical, contact, eczematoid, reactive, other)
  - Cellulitis of external ear
  - Cholesteatoma of external ear
  - Chronic otitis externa, unspecified
  - Disorders of external ear in diseases classified elsewhere
- Malignant otitis externa
- Other infective otitis externa
- Other otitis externa
- Unspecified otitis externa
- Identify laterality
  - Right external ear
  - Left external ear
  - Bilateral
  - Unspecified

**Conductive, Sensorineural and Mixed Hearing Loss**
- Documentation requirements are fewer with ICD-10-CM
  - Identify type (conductive, sensorineural, mixed)
  - Identify laterality and extent of hearing loss

**Chapter 9 Diseases of the Circulatory System**
- Significant changes to frequently diagnosed diseases
- Essential hypertension has one code
- Secondary hypertension codes expanded
- Coronary atherosclerosis codes are combination codes
- Acute phase of myocardial infarction has been shortened to 4 weeks
Diseases of the Circulatory System

- No fifth digit episode of care for myocardial infarction
- Cardiac arrhythmias are now more specific as to type
- Laterality is required for many conditions, including cerebrovascular diseases and diseases of the arteries, arterioles, capillaries and diseases of the veins of the extremities

Hypertension

- No longer classified as benign, malignant or unspecified.
- Hypertension without associated heart or kidney disease is coded as I10 Essential hypertension.
- ICD-9-CM rules are essentially unchanged

Intraoperative and Postprocedural Complications NEC

- Subcategory I97 covers postprocedural complications
- Documentation is required to show whether the complication occurred during or after the procedure and the site of the complication
Combination Codes

- Conditions frequently occurring together are now reported with combination codes
- Causal relationship assumed unless provider documents otherwise
- May need an additional code to completely document condition
  - Specify type of heart failure with essential hypertensive heart disease with heart failure
  - Specify stage of chronic kidney disease with essential hypertension with chronic kidney disease

Code combining

- 402.0 Hypertensive heart disease, malignant, with heart failure
- 402.11 Hypertensive heart disease, benign, with heart failure
- 402.91 Hypertensive heart disease, unspecified, with heart failure
- I11.0 Hypertensive heart disease with heart failure

Documentation requirements

- Essential hypertension only
- Hypertensive heart disease (with/without heart failure)
- Hypertensive chronic kidney disease (Stage I-IV or Stage V)
- Hypertensive heart and chronic kidney disease
- Use additional code to identify any exposure, history or use of tobacco
Secondary Hypertension

- Identify type/cause
- Code also underlying condition
- Use additional code to identify any exposure, history or use of tobacco

Myocardial Infarction

- Acute – not documented as subsequent or not occurring within 28 days of a previous myocardial infarction – category I21
- Subsequent AMI occurring within 28 days of a previous AMI – category I22
- Encounters for care after the first 4 weeks are reported with appropriate aftercare code.
- Old or healed MI – I25.2 Old myocardial infarction

Acute myocardial infarction

- 410.0- Acute myocardial infarction of anterolateral wall
- I21.09 ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
- I22.0 Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
Documentation, AMI

- Identify episode of care
  - Initial
  - Subsequent (care for a subsequent, new AMI occurring within the 4 week time frame of the initial AMI)

- Identify the type of myocardial infarction
  - ST elevation myocardial infarction (STEMI)
  - Non-ST elevation myocardial infarction (NSTEMI)

- Identify site for initial episode of care of STEMI:
  - Anterior wall
    - Left main coronary artery
    - Left anterior descending artery
    - Other coronary artery of anterior wall
  - Inferior wall
    - Right coronary artery
    - Other coronary artery of inferior wall
  - Other specified sites
  - Unspecified site

- Identify site for subsequent episode of care of STEMI
  - Anterior wall
  - Inferior wall
  - Other sites

- For initial or subsequent NSTEMI
  - No site specific information required
  - Select code based on episode of care only
Identify any current complications of STEMI or NSTEMI that occur within the initial 28 day period and report additionally.

Use additional code to identify any exposure, history or use of tobacco.

Coronary Atherosclerosis

- Combination codes for coronary atherosclerosis and angina when they occur together.

Atherosclerosis

- 414.01 Atherosclerosis of native coronary artery
- 413.1 Printzmetal angina
- I25.111 Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
Documentation requirements

- Identify site of coronary atherosclerosis
- Identify presence or absence of angina pectoris
- Use additional code for
  - Chronic total occlusion of coronary artery
  - Coronary atherosclerosis due to calcified coronary lesion or lipid rich plaque
  - Any exposure, history or use of tobacco

Acute Pulmonary Embolism

- Documentation should include
  - If the condition is complicated by acute cor pulmonale
  - Septic embolism, saddle embolus or other type
- Pulmonary embolism due to complications of surgical and medical care is reported in Chapter 19

Nontraumatic Subarachnoid Hemorrhage

- There is a single code in ICD-9-CM for nontraumatic subarachnoid hemorrhage
- ICD-10-CM has multiple codes specific to site, documentation must include location and laterality (except basilar artery)
Nontraumatic Intracerebral Hemorrhage

- There is a single code in ICD-9-CM for nontraumatic intracerebral hemorrhage
- ICD-10-CM has multiple codes specific to region, documentation must include site
- Multiple localized intracerebral hemorrhages also has a specific code

Occlusion

- Identify infarction status of occlusion and stenosis (with or without cerebral infarction)
- With cerebral infarction
  - Identify etiology
  - Identify site
  - Identify laterality
- With cerebral infarction
  - Identify site
  - Identify laterality

Transient Cerebral Ischemia

- Identify the transient cerebral ischemia or related syndrome
  - Amaurosis fugax
  - Carotid artery syndrome
  - Multiple or bilateral precerebral artery syndrome
  - Transient global amnesia
  - Vertebro-basilar artery syndrome
  - Other specified transient cerebral ischemic attacks
  - Unspecified transient cerebral ischemia
Late Effects of Cerebrovascular Disease

- Category I69 captures both the condition that caused the sequela and the specific sequela being treated
- More specific documentation needed for monoplegia and hemiplegia/hemiparesis

Late effect of CVD

- 438.21 Late effect of cerebrovascular disease, hemiplegia affecting dominant side
  - I69.051 Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
  - I69.052 Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
  - I69.151 Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
  - I69.152 Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side

Documentation requirements

- Identify the cause of the sequela
- Identify the late effect of the cerebrovascular disease
- Identify limb or side affected, and whether or not it is the dominant side
Chapter 10
Diseases of the Respiratory System

- Documentation requirements for coding respiratory system diseases are not as extensive as those affecting other body systems
- Some of the more commonly reported conditions require additional information

Acute Sinusitis

- Identify affected sinus(es)
- Identify as recurrent or unspecified (default without documentation is unspecified)
- Use additional code to identify infectious organism when documented

Acute Bronchitis and Bronchiolitis

- Identify condition
  - Acute bronchitis due to identified organism
  - Acute bronchitis, unspecified
  - Acute bronchiolitis due to identified organism
  - Acute bronchiolitis, unspecified
Influenza

- Identify type of influenza and manifestations/complications
  - Novel influenza A virus
  - Other identified influenza virus
  - Unidentified type of influenza virus

Chapter 11
Diseases of the Digestive System

- Some of the more frequently diagnosed digestive system diseases and conditions require more specific documentation
- Combination codes for cholelithiasis with cholecystitis, calculus of the bile duct documented as with cholangitis
- More codes require precise documentation of site and whether acute or chronic

Barrett’s Esophagus

- ICD-9-CM has a single code for Barrett's esophagus
- ICD-10-CM is now classified as with or without dysplasia
- Dysplasia must be documented as low grade or high grade
**Gastrointestinal Ulcer**

- Codes for ulcers are combination codes
- Include complications of hemorrhage and/or perforation
- Obstruction is no longer a component of gastrointestinal ulcer codes
- Use additional code if ulcer was drug induced or caused by alcohol abuse

**Regional Enteritis (Crohn’s Disease)**

- Still specific to site, but now includes information on complications of the disease
  - Identify site
  - Identify as with or without complication

**With or without complications**

- Ulcerative Colitis
- Irritable Bowel Syndrome
Abscess of Anal and Rectal Regions

- Expanded to five codes
- Identify site of abscess
  - Anal abscess
  - Anorectal abscess
  - Intrasphincteric abscess
  - Ischiorectal abscess
  - Rectal abscess

Fibrosis/Cirrhosis of Liver

- Specific code for hepatic fibrosis
- Two codes for cirrhosis
- Biliary cirrhosis must now be documented as primary or secondary

Documentation requirements

- Identify the condition
  - Cirrhosis
    - Biliary (primary, secondary, unspecified)
    - Liver (not due to alcohol)
    - Other specified type
      - Unspecified
    - Fibrosis (with or without sclerosis)
    - Sclerosis alone
Hepatitis, Unspecified/Toxic Liver Disease

- Toxic liver disease is now in its own category
- Codes are combination codes that identify both the condition and the manifestation
- In addition, new codes also identify complications

Hepatitis

- 573.3 Hepatitis, unspecified (this code is reported for toxic, noninfectious liver disease)
- Use additional E-code to identify cause

- K71.0 Toxic liver disease with cholestasis
- K71.10 Toxic liver disease with hepatic necrosis, without coma
- K71.11 Toxic liver disease with hepatic necrosis, with coma
- K71.2 Toxic liver disease with acute hepatitis
- K71.3 Toxic liver disease with chronic persistent hepatitis
- K71.4 Toxic liver disease with chronic lobular hepatitis

Documentation requirements

- Identify the toxic liver disease with its manifestations/complications
  - Cholestasis
  - Fibrosis/cirrhosis
  - Hepatic necrosis (with or without coma)
  - Hepatitis (acute or chronic)
  - Other specified disorders
  - Unspecified disorders
If the condition was due to drug or toxin poisoning use an additional code from T36-T65 as the first listed diagnosis
- Identify drug or toxin
  - Accidental
  - Assault
  - Intentional self harm
  - Underdosing
  - Undetermined

Cholelithiasis
- Identify site of calculus (cholelithiasis)
  - Bile duct only
    - Gallbladder only
    - Gallbladder and bile duct
    - Other
- For calculus of gallbladder only, identify
  - With cholecystitis
    - Acute
    - Acute and chronic
    - Chronic
    - Other

- For calculus of bile duct only, identify
  - With cholangitis
    - Acute
    - Acute and chronic
    - Chronic
    - Unspecified
  - With cholecystitis
    - Acute
    - Acute and chronic
    - Chronic
    - Unspecified
For calculus of gallbladder and bile duct, identify
  - With cholecystitis
    - Acute
    - Acute and chronic
    - Chronic
    - Unspecified
  - Without cholecystitis
  - Identify as with or without obstruction

Acute Pancreatitis
- One code in ICD-9-CM
- In ICD-10-CM:
  - Identify acute pancreatitis
    - Alcohol-induced
    - Biliary (gallstone)
    - Drug-induced
    - Idiopathic
    - Other specified type
    - Unspecified

Chapter 12
Diseases of the Skin and Subcutaneous Tissue
- ICD-10-CM codes include additional detail and specificity, including laterality and site designation
- Updated and standardized terminology
- Codes greatly expanded to include additional detail such as laterality and site designation
Documentation requirements

- Identify
  - Condition (carbuncle, furuncle, abscess, ulcer)
  - Identify site
  - Identify laterality (extremities)
  - Stage (pressure ulcers)
  - Additional codes needed to identify
    - Organism
    - Any additional cause of non-pressure ulcers

Chapter 13
Diseases of the Musculoskeletal System and Connective Tissue

- Greatly expanded from ICD-9-CM
- Site for many conditions is more specific
- Laterality is included
- Episode of care required on some codes

Lumbosacral spondylosis

- 721.3 Lumbosacral spondylosis without myelopathy
  - M47.016 Anterior spinal artery compression syndromes, lumbar region
  - M47.26 Other spondylosis, with radiculopathy, lumbosacral region
  - M47.27 Other spondylosis, with radiculopathy, lumbosacral region
  - M47.28 Other spondylosis, with radiculopathy, sacral and sacrococcygeal region
  - M47.816 Spondylosis without myelopathy or radiculopathy, lumbar region
  - M47.817 Spondylosis without myelopathy or radiculopathy, lumbosacral region
  - M47.818 Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
Spondylosis

- ICD-10-CM Category M47 contains codes for spondylosis
- Includes conditions documented as arthrosis or osteoarthritis of the spine and degeneration of the facet joints
- Multiple sub-categories

Documentation requirements

- Spondylosis
  - Identify condition
  - Identify site
- Intervertebral Disc Disorders
  - Identify condition
  - Identify site

Lumbago/Sciatica

- ICD-9-CM has a single code for lumbago (low back pain) and a single code for sciatica
- ICD-10-CM has a code for lumbago alone, and codes for sciatica alone and lumbago with sciatica.
- Codes for sciatica require documentation of laterality to identify the side to the sciatic nerve pain
Tendons

- Contractures – included with muscle spasm codes as an alternate term
  - Documentation requires site and laterality
- Rupture of tendon, nontraumatic – codes are specific to general site (i.e. shoulder, upper arm, lower leg)
  - Documentation requires site and ACTION of tendon (extensor, flexor, other)

Stress Fracture

- In addition to identifying specific location of stress fracture, documentation must also include
  - Laterality
  - Episode of care
    - Initial encounter
    - Subsequent encounter
      - With routine healing
      - With delayed healing
      - With nonunion
      - With malunion
  - Sequela

Chapter 14
Diseases of the Genitourinary System

- ICD-10-CM Moves codes into different categories, includes new blocks of codes
- New category to classify all intraoperative and postprocedural complications
- New code block - Renal Tubulo-Interstitial Diseases
- Terminology has been updated
**Hydronephrosis**

- 591 Hydronephrosis
  - N13.1 Hydronephrosis with ureteral stricture, not elsewhere classified
  - N13.2 Hydronephrosis with renal and ureteral calculous obstruction
  - N13.30 Unspecified hydronephrosis
  - N13.39 Other hydronephrosis
  - N13.6 Pyonephrosis

**Documentation requirements**

- ICD-9-CM has a single code for hydronephrosis
- For acquired hydronephrosis, identify cause:
  - With infection
  - With renal and ureteral calculous obstruction
  - With ureteral stricture
  - Other specified hydronephrosis
  - Unspecified hydronephrosis

**Acute cystitis**

- 595.0 Acute cystitis
- 595.1 Chronic interstitial cystitis
- 595.3 Trigonitis

- N30.00 Acute cystitis without hematuria
- N30.01 Acute cystitis with hematuria
- N30.10 Interstitial cystitis (chronic) without hematuria
- N30.11 Interstitial cystitis (chronic) with hematuria
- N30.30 Trigonitis without hematuria
- N30.31 Trigonitis with hematuria
Documentation requirements

- Identify type of cystitis
  - Acute (with/without hematuria)
  - Chronic (with/without hematuria)
  - Irradiation (with/without hematuria)
  - Trigonitis (with/without hematuria)
  - Other specified type (with/without hematuria)
  - Unspecified (with/without hematuria)
- Use additional code to identify any infectious agent

Urethral stricture

- N98.2 Postoperative urethral stricture
  - N99.110 Postprocedural urethral stricture, male, meatal
  - N99.111 Postprocedural bulbous urethral stricture
  - N99.112 Postprocedural membranous urethral stricture
  - N99.113 Postprocedural anterior urethral stricture
  - N99.114 Postprocedural urethral stricture, male, unspecified
  - N99.115 Postprocedural urethral stricture, female

Documentation requirements

- Identify cause of urethral stricture
  - Postinfective
  - Postprocedural
  - Post-traumatic
  - Other specified cause
  - Unspecified cause
- Identify gender
- For male, identify site
- For female, identify cause
Male infertility

- 606.1 Oligospermia
  - N46.11 Organic oligospermia
  - N46.121 Oligospermia due to drug therapy
  - N46.122 Oligospermia due to infection
  - N46.123 Oligospermia due to obstruction of efferent ducts
  - N46.124 Oligospermia due to radiation
  - N46.125 Oligospermia due to systemic disease

Documentation requirements

- Identify the specific type and cause of infertility
  - Azoospermia
  - Oligospermia
  - Other type
  - Unspecified type

Code additions, ICD-10-CM

- Separate codes for salpingitis alone and oophoritis alone
- Separate codes for vaginitis and vulvovaginitis, both are subclassified as acute or subacute/chronic. If unspecified, default is acute
- Differentiation between primary and secondary dysmenorrhea
- Differentiation between primary and secondary amenorrhea
Chapter 15
Complications of Pregnancy, Childbirth and the Puerperium

- Trimester and episode of care captured by the fourth, fifth or sixth characters
- Seventh character identifying fetus in some categories
- Codes that occur in only one trimester of pregnancy do not identify trimester
- Codes in Chapter 15 have sequencing priority over codes from other chapters

Documentation requirements

- Trimester
  - Most codes require identification of trimester. Provider may document either trimester or weeks of gestation.
- Fetus
  - 14 code categories require identification of the fetus affected by the complication. Provider must clearly identify each fetus affected by each identified complication by assigning a number to the fetus

Combination codes

- In category O30 Multiple gestation, the code identifying the twin, triplet, quadruplet or other multiple gestation includes the multiple gestation placenta status.
  - For twin pregnancies, documentation must include number of placentas and amniotic sacs
  - For other multiple gestations, documentation must identify placenta status (i.e. two or more monochorionic fetuses)
Additional documentation

- Many codes are documented as in ICD-9-CM, with the addition of trimester.
- Infections require an additional code to identify organism (B95.-, B96.-).
- Other conditions related to pregnancy (O26.-) require documentation of the specific complication of pregnancy (i.e., low weight gain, retained intrauterine contraceptive device).
- Anesthesia complications (O29.-) require documentation of specific complication (i.e., pulmonary, cardiac, central nervous system, etc).

Chapter 16
Certain Conditions Originating in the Perinatal Period

- Codes from this chapter are used only on the newborn medical record, never on the maternal medical record.
- Two code categories are added in ICD-10-CM for reporting prematurity and fetal growth retardation.
- Greater code specificity for conditions originating in the perinatal period.
- Greater number of combination codes.

Congenital Pneumonia

- ICD-9-CM has a single code.
- For ICD-10-CM, identify congenital pneumonia due to:
  - Bacterial agent
    - Chlamydia
    - Escherichia coli
    - Pseudomonas
    - Staphylococcus
    - Streptococcus, group B
    - Other bacterial agents (use additional code from category B95 or B96 to identify organism)
  - Viral agent (use additional code from category B97 to identify organism)
  - Unspecified organism
Septicemia [Sepsis] of Newborn
- ICD-9-CM has a single code
- For ICD-10-CM, identify bacterial sepsis of newborn due to:
  - Anaerobes
  - Escherichia coli
  - Streptococcus (group B, other specified, unspecified)
  - Staphylococcus (S. aureus, other specified, unspecified)
  - Other specified sepsis of newborn (use additional code from B96 to identify organism)
  - Unspecified sepsis of newborn

Disorders of Stomach function and Feeding Problems in Newborn
- Additional documentation required to identify newborn condition:
  - Failure to thrive
  - Feeding problems
  - Vomiting

Chapter 17 Congenital Malformations, Deformations and Chromosomal Abnormalities
- Codes for congenital malformations, deformations and chromosomal abnormalities are more specific in ICD-10-CM.
- Codes are specific to site and must be documented as such
- Coding guidelines are essentially the same
- Codes from Chapter 17 may be used throughout the life of the patient
Encephalocele

- ICD-9-CM has a single code
- For ICD-10-CM, identify the site
  - Frontal
  - Nasofrontal
  - Occipital
  - Other specified site
  - Unspecified site

Congenital Hydrocephalus

- ICD-9-CM has a single code
- For ICD-10-CM, identify the type of congenital hydrocephalus:
  - Atresia of foramina of Magendie and Luschka
  - Malformations of aqueduct of Sylvius
  - Other specified type of congenital hydrocephalus
  - Unspecified congenital hydrocephalus

Site specific documentation

- Cleft Palate and Cleft Lip
- Atresia and Stenosis Small/Large Intestine
- Anomalies of Gallbladder/Bile Ducts/Liver
Condition specific

- Undescended/Ectopic/Retractile Testes
  - Identify condition
  - Identify laterality
- Hypospadias/Congenital Chordee
  - Identify condition
  - For hypospadias identify site of urethral meatus
- Renal Agenesis/Dysgenesis
  - Identify condition
  - Identify laterality

Down’s Syndrome

- ICD-9-CM has a single code
- For ICD-10-CM, it is necessary to identify the form of Trisomy 21:
  - Mosaicism
  - Nonmosaicism
  - Translocation
  - Unspecified

Chapter 18
Symptoms, Signs, Ill-defined Conditions

- Signs, symptoms, abnormal test results and ill-defined conditions without a definitive diagnosis
- Seven code blocks that identify symptoms and signs for a specific body system, followed by a code block for general signs and symptoms
- Five code blocks report abnormal findings for laboratory tests, imaging studies, tumor markers
- Codes are expanded and more specific in ICD-10-CM
- Signs and symptoms are not coded in addition to a definitive diagnosis if the sign/symptom is part of the coded disease process
Alteration of Consciousness

- Coma scale primarily used by trauma facilities but may be reported by other providers and facilities wanting to capture this information
- Documentation must be collected on:
  - Eye opening response
  - Verbal response
  - Motor response

Condition specific

- Abnormal Involuntary Movements
  - Identify condition
- Disturbance of Skin Sensation
  - Identify condition

Chapter 19
Injury, Poisoning and Other Consequences of External Causes

- Coding to the highest level of specificity will require extensive documentation changes
- Additional documentation related to the injury
- Additional documentation for external cause
- Table of Drugs and chemicals has new column related to underdosing
- Combination codes for adverse effects that capture both the drug and the external cause
Organization of injury codes

- Organized first by body site and then by type of injury (opposite ICD-9-CM)

Fractures

- Documentation must include:
  - Fracture site
  - Open or closed
  - Laterality (if appropriate)
  - Episode of care
    - Initial
    - Subsequent
    - Sequela

Additional documentation

- Skull fractures
  - Identify nature of any intracranial injury
  - Identify loss of consciousness
  - Coma scale scores
  - Identify episode of care

- Fracture of Cervical Vertebra with Spinal Cord Injury
  - Identify type of spinal cord injury
  - Identify highest level of cervical spinal cord injury
  - Identify episode of care
Internal Injury of the Thorax

- Identify general region of open wound of thorax
- Identify penetration (with or without)
- Identify type of wound
  - Laceration (with/without foreign body)
  - Puncture (with/without foreign body)
  - Bite
  - Unspecified
- Identify episode of care

Additionally,

- Identify any associated injury and report with additional codes as needed:
  - Heart
  - Other intrathoracic organs
  - Intrathoracic blood vessels
  - Rib fracture
  - Spinal cord injury
  - Traumatic hemothorax
  - Traumatic hemopneumothorax
  - Traumatic pneumothorax

Internal Injury of Abdomen

- Identify general region of open wound of abdominal wall:
  - Right upper quadrant
  - Left upper quadrant
  - Epigastric region
  - Right lower quadrant
  - Left lower quadrant
  - Parietal region
  - Unspecified quadrant
- Identify penetration status (with or without)
- Identify type of wound
  - Laceration (with/without foreign body)
  - Puncture (with/without foreign body)
  - Bite
  - Unspecified open wound
Additionally,
- Identify episode of care
- Identify any associated injury to intra-abdominal organs and report with additional codes as needed

Additional documentation
- Injuries to blood vessels
  - Location
  - Identify artery/vein
  - Identify laterality if applicable
  - Identify episode of care

- Sprains/strains of Joints and Adjacent muscles
  - Identify type of injury (sprain, strain, rupture)
  - Identify site
    - Identify location, joint/muscle/tendon/ligament
  - Identify laterality
  - Identify episode of care
Open wound of extremities
- Identify site – be specific
- Identify type of wound
  - Bite, puncture, laceration
  - With or without foreign body
- Identify laterality
- Identify episode of care

Burns
- Classified in ICD-10-CM first by type (chemical or thermal)
  - Chemical burns are classified as corrosions
  - Thermal burns are classified as burns
- Then by depth and extent
- Additional code(s) needed to identify the chemical and intent

- Identify type of burn
  - Corrosion (acids, alkalines, caustics, chemicals)
  - Thermal (electricity, flame, heat, radiation, steam)
- Identify site
- Identify laterality
- Identify depth
  - First, second, third, unspecified degree
- Identify total body surface area
- Identify agent and intent
In ICD-10-CM:
- Corrosions are chemical burns
- Chemical substance must be identified
- First listed diagnosis
- Found in Table of Drugs and Chemicals
  - Poisoning, Accidental

Poisoning by Drugs, Medicinal, and Biological Substances

- New in ICD-10-CM
  - New general classification added to capture underdosing of drugs (taking less of a medication that was prescribed)
  - Never a principal (first listed) diagnosis
  - Code also the intent (noncompliance or complication) for the underdosing

Chapter 20
External Causes of Morbidity

- External cause codes classify environmental events and circumstances – mechanism, activity, place
- Codes are always reported as a secondary code (injury is first listed diagnosis)
- Most frequently reported with Injury codes in Chapter 19
- Can be reported with codes from other chapters if the diagnosis was the result of an activity (myocardial infarction suffered as a result of shoveling snow)
- Not all payers require reporting of cause codes
- Index for external causes follows the Table of Drugs and Chemicals
Chapter 21
Factors Influencing Health

- Reasons for health care encounters
- Reorganized in ICD-10-CM to group similar items together (wellness codes are all grouped together)
- Used as main diagnosis when:
  - Person who is not sick receives health services
  - Problem is present but is not an illness or injury
- Status codes
  - Person is either a carrier of a disease or has sequelae
  - Presence of mechanical device
  - Transplant status
  - Underimmunization status
  - Do Not Resuscitate

- History (of) codes (personal, family)
- Screening codes (testing for a disease)
- Pregnancy state (Z33.1) – secondary when the pregnancy does not complicate the reason for the visit
- Normal Pregnancy (identify trimester)
- Drug-Resistant microorganisms (identify drug)

Step One

- Learn the differences between ICD-9-CM and ICD-10-CM
- For some conditions, there are no changes to the information needed to capture the correct code
- Many codes are more specific
- More combination codes
Step Two

- Review medical records –
  - Use EMR or PM software to identify your most common diagnoses
  - Review the chart notes and determine if you are able to select an ICD-10-CM code based on current documentation
  - If not, determine what documentation is needed and create a documentation checklist for physician education
- Remember physicians may use an alternate term that describes a patient’s condition with the necessary level of specificity

Step Three

- Documentation improvement
  - Provide a checklist for physicians feedback that can be used to identify missing documentation elements required to assign the most specific code
  - Routinely review medical records for improvement and feedback

Question 1

- ICD-10-CM uses dummy placeholders defined by the letter
  - A. A
  - B. R
  - C. X
  - D. Y
Answer
- C. X

Question 2
- Laterality is indicated by the _____ character of the code
  - A. First
  - B. Last
  - C. Sixth

Answer
- B. Last
Question 3

- One change to any diagnosis that includes pregnancy is
  - A. No change
  - B. Sequencing
  - C. Addition of trimester

Answer

- C. Addition of trimester

Question 4

- Injury coding has undergone significant changes, including
  - A. Laterality
  - B. More specificity
  - C. Both
The Table of Drugs and Chemicals has a new column for ICD-10-CM. It is
- A. Poisoning, intentional
- B. Poisoning, undetermined
- C. Adverse effect
- D. Underdosing

Answer
- D. Underdosing
Thank you!

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About the presenter

- Robin Black is a Certified Professional Coder (CPC) specializing in E&M (CEMC) and Family Practice (CFPC) and is a Certified Medical Manager (CMM).
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