Expanding on ICD-10-CM

What You Need To Know To Code It

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THE DELAY

• October 1, 2013 compliance date
• February 14, 2012 – Acting Administrator of CMS promises the AMA to “reexamine” the deadline
• February 16, 2012 – Secretary of HHS announces initiation of rulemaking process to delay implementation

HOPSCOTCH?

• Some have suggested that we skip ICD-10 and go straight to ICD-11

• Why won’t this work?
  – ICD-10 is a basis for ICD-11
  – Clinical Modifications for ICD will take at least 10 years
Understanding disease processes is critical to correct coding in ICD-10.

As a physician coder, you are already proficient in CPT – now you need to understand the disease process in order to most accurately code ICD-10-CM.

TOO EARLY?

It may be too early for the heads-down, hands-on coding training, but it’s not too early to
• Get better at ICD-9-CM
• Examine documentation to determine additional needs for correct coding

CHAPTER 1 – CERTAIN INFECTIOUS AND PARASITIC DISEASES

• Includes: diseases generally recognized as communicable or transmissible
• Use additional code for any associated drug resistance (Z16)
• New section called infections with a predominantly sexual mode of transmission (A50-A64) – HIV is not in this section
• When coding sepsis or AIDS, it is important to review the Coding Guidelines and the notes at the category level of ICD-10-CM.

• Categories B90-B94 are to be used to indicate conditions in categories A00-B89 as the cause of sequelae, which are themselves classified elsewhere.

• Sepsis – must understand coding distinction –
  – Septicemia – systemic disease associated with the presence of pathological microorganisms or toxins in the blood
  – Systemic inflammatory response syndrome (SIRS) – systemic response to infection, trauma/burns, or other insult (such as cancer) with symptoms including fever, tachycardia, tachypnea, or leukocytosis (In ICD-10-CM, SIRS is classified with the symptom codes.)
  – Sepsis – SIRS due to infection
  – Severe sepsis – sepsis with associated acute organ dysfunction

• Requires a minimum of 2 codes
  – Code for underlying infection must be coded before 995.9* code
  – Sepsis and severe sepsis require code for the systemic infection and either 995.91 – sepsis or 995.92 – severe sepsis
  – If causal organism not specified, code 038.9, unspecified septicemia
  – Severe sepsis requires additional codes for the associated acute organ dysfunction.
EXAMPLE

Patient is being treated with IV antibiotics for E. coli sepsis

ICD-9-CM
• 038.42 – sepsis due to E. coli
• 995.91 – sepsis

ICD-10-CM:
• A41.51 – Sepsis (generalized), E.coli

CHAPTER 2 - NEOPLASMS

1.C.2 General Neoplasm Guidelines
• The neoplasm table in the Alphabetic Index should be referenced first. However, if the histological term is documented, that term should be referenced first, rather than going immediately to the Neoplasm Table, in order to determine which column in the Neoplasm Table is appropriate.

CODING MALIGNANCY

By location, then -
• Primary
• Secondary
• Carcinoma In Situ
• Benign
• Undetermined Behavior
• Unspecified
A primary malignant neoplasm overlapping two or more contiguous (next to each other) sites should be classified to the subcategory/code .8 ("overlapping lesion"), unless the combination is specifically indexed elsewhere.

For multiple neoplasms of the same site that are not contiguous, such as tumors in different quadrants of the same breast, codes for each site should be assigned.

Coding for history of neoplasm follows the same rule as in ICD-9-CM.

**EXAMPLE**

Benign carcinoid of the cecum

ICD-9-CM:
- 209.52 – benign carcinoid tumor of the cecum

ICD-10-CM:
- D3a.021 – Tumor, carcinoid, benign, cecum

**CHAPTER 3 – DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS**

- ICD-10-CM offers greater specificity in the coding of many of these conditions
- When an encounter is for the management of anemia associated with a malignancy, and the treatment is only for anemia, the appropriate code for the malignancy is sequenced first, followed by code D63.0 – anemia in neoplastic disease
- Unless the anemia is noted to be caused by the TREATMENT, then the late effects coding rules apply.
Chapter 4 – Endocrine, Nutritional, and Metabolic Diseases

Diabetes mellitus
• Combination codes
• No longer classified as controlled or uncontrolled
• Inadequately, out of control or poorly controlled
coded by type with hyperglycemia

Five Categories
• E08 – DM due to underlying condition
• E09 – Drug or chemical-induced DM
• E10 – Type 1 DM
• E11 – Type 2 DM
• E13 – Other specified DM

Diabetic Complications
Identified by fourth digit in ICD-9-CM
4 – renal manifestations
5 – ophthalmic manifestations
6 – neurological manifestations
7 – peripheral circulatory manifestations
8 – other specified
9 – unspecified
Need additional code to further describe complications
INCIDENCE OF COMPLICATIONS

- Diabetic retinopathy - estimated at 90% of patients with diabetes, and is the leading cause of new cases of blindness each year.
- Diabetic nephropathy - Diabetes is the leading cause of kidney failure, accounting for 44% of new cases in 2005.
- Diabetic neuropathy - 60% to 70% of people with diabetes have mild to severe forms of nervous system damage.
- Peripheral circulatory disorders - More than 60% of amputations performed in people with diabetes. The rate of amputation for people with diabetes is 10 times higher than for people without diabetes.
- Periodontal (gum) disease - One-third of people with diabetes have severe periodontal disease with loss of attachment of the gums to the teeth measuring 5 millimeters or more.
- Sexual Dysfunction
  - Men with diabetes are 2 times as likely to experience erectile dysfunction as men without diabetes.
  - Women with type 1 diabetes are twice as likely to experience prevalence of sexual dysfunction compared with women without diabetes.

EXAMPLE

Patient is a type I diabetic with diabetic chronic kidney disease, stage 3 – he is on insulin and his blood sugar is stated to be uncontrolled

ICD-9-CM:
- 250.43 – Diabetes mellitus with renal manifestations, type 1
- 585.3 – Chronic kidney disease, stage 3

ICD-10-CM:
- E10.22 – Diabetes, type 1 with chronic kidney disease
- N18.3 – Chronic kidney disease, stage 3

CHAPTER 5 – MENTAL AND BEHAVIORAL DISEASES

- Unique codes for alcohol and drug use and 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.-)
- Now parallel the DSM-IV TR in most cases
DSM-IV TR

Differences between ICD-9 and DSM are resolved
• More specific diagnostic coding
• Ordering rules
• 5th digits

DSM-V expected in 2013

USE, ABUSE, DEPENDENCE

• When the provider documentation refers to use, abuse, and dependence of the same substance, only one code should be used
  – Use and abuse – code abuse
  – Abuse and dependence – code dependence
  – Use and dependence – code dependence

EXAMPLE

The 18yo patient has been drinking since he was 13. He is admitted due to acute alcohol intoxication. His blood alcohol level is 22mg/100ml. The discharge diagnosis is acute and chronic alcoholism, continuous.

ICD-9-CM:
• 303.01 – Acute alcoholic intoxication, continuous drunkenness (includes acute drunkenness in alcoholism)

ICD-10-CM:
• F10.229 – Alcohol dependence with intoxication, unspecified
• Y90.1 – Blood alcohol level, 20-39mg/100ml
CHAPTER 6 – DISEASES OF THE NERVOUS SYSTEM

- Diseases of the sense organs have been given their own chapters – 7 for eyes and adnexa, 8 for ear and mastoid process
- Category G81, G82, G83 – hemiplegia and paralysis
  - Used only when listed conditions are reported without further specification, or are stated to be old or longstanding, with unspecified cause
- Paralytic sequelae of infarct/stroke are in Chapter 9 – Diseases of Cardiovascular system

DOMINANT/NONDOMINANT SIDE

- Should the affected side be documented but not specified as dominant or nondominant...
  - Left side, default is nondominant
  - Right side, default is dominant

Represents a guideline change for 2011

- Epilepsy terminology updated
  - Localization-related idiopathic
  - Generalized idiopathic
  - Special epileptic syndromes
- Provides specificity for:
  - Seizures of localized onset
  - Complex partial seizures
  - Intractable - the following terms are equivalent to intractable: pharmacoresistant (pharmacologically resistant), treatment resistant, refractory (medically), and poorly controlled.
  - Status epilepticus
CHAPTER 7 – DISEASES OF THE EYE AND ADNEXA

• Concept of laterality
  – Right
  – Left
  – Bilateral
  – Unspecified

If bilateral is not available, assign code for right and left.

• Age-related instead of senile cataract

CHAPTER 8 – DISEASES OF THE EAR AND MASTOID PROCESS

Otitis media

• Use additional code for any associated perforated tympanic membrane (H72.-)

• Use additional code to identify:
  – exposure to 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.-)
  – tobacco use (Z72.0)

EXAMPLE

The patient is seen for acute ear pain. Examination reveals bilateral acute serous otitis media with a total perforated tympanic membrane of the right ear.

ICD-9-CM:

• 381.01 – Acute serous otitis media

ICD-10-CM:

• H65.03 – Acute serous otitis media, bilateral
• H72.821 – Total perforations of the tympanic membrane, right ear

Additional codes for exposure to tobacco smoke
CHAPTER 9 – DISEASES OF THE CIRCULATORY SYSTEM

• Type of hypertension not used as an axis
• Acute MI codes changed from 8 weeks to 4 weeks or less
• Terminology changed – for example, “acute coronary syndrome” has been retitled “unstable angina”
• Late effects of CVA now titled sequelae of cerebrovascular disease – specific to laterality and type of stroke

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.

EXAMPLE
Patient is being treated for an acute non-ST elevation anterior wall myocardial infarction which she suffered 5 days ago. She also has atrial fibrillation.

ICD-9-CM:
• 410.70 – Acute MI, non-STEMI, unspecified episode of care
• 427.31 – Atrial fibrillation

ICD-10-CM:
• I21.4 – Myocardial infarction, non-ST elevation, with stated duration of 4 weeks or less
• I48.0 – Fibrillation, atrial or auricular
EXAMPLE
This same patient presented to the ER two weeks later and was diagnosed with an acute inferior wall myocardial infarction. She is still being monitored following her initial heart attack three weeks earlier and continues to have atrial fibrillation.

ICD-9-CM:
• 410.41 – Acute MI, inferior wall, initial episode of care
• 410.72 – Acute MI, subendocardial (non-STEMI), subsequent episode of care
• 427.31 – Atrial fibrillation

ICD-10-CM:
• I22.1 – Myocardial infarction with stated duration of 4 weeks or less, subsequent, inferior
• I21.4 – Myocardial infarction with stated duration of 4 weeks or less, non-ST elevation
• I48.0 – Fibrillation, atrial or auricular

CVA or Stroke in ICD-9-CM
• Without any further information, stroke is coded 434.91.
• Current CVA or stroke is coded 430-437
• Late effects of a CVA or stroke are coded from the 438 series – the late effect may be present from the onset or may occur at a later time.
• History of CVA without any residual effects is coded V12.54

EXAMPLE
Acute cerebral infarction, thrombosis of the left anterior cerebral artery with residual right-sided hemiplegia

ICD-9-CM:
• 434.01 – Cerebral thrombosis with cerebral infarction
• 438.20 – Hemiplegia affecting unspecified side

ICD-10-CM:
• I63.322 – Cerebral infarction due to thrombosis of left anterior cerebral artery
• I69.351 – Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
CHAPTER 10 – DISEASES OF THE RESPIRATORY SYSTEM

• New terminology for asthma - persistent, intermittent – mild, moderate, severe
• Respiratory condition in more than 1 site (not specifically indexed) classified to lower anatomic site
• Additional code notes
  • Certain codes moved from other locations, for example, streptococcal sore throat

EXAMPLE

Aspiration pneumonia concomitant with bacterial pneumonia caused by Streptococcus A

ICD-9-CM:
• 507.0 – Pneumonitis to inhalation of food or vomitus, includes aspiration pneumonia NOS
• 482.31 – Pneumonia due to streptococcus, Group A

ICD-10-CM:
• J69.0 – Pneumonitis due to inhalation of food or vomit
• J15.4 – Pneumonia due to other streptococci

CHAPTER 11 – DISEASES OF THE GASTROINTESTINAL SYSTEM

• Diseases of the liver have their own category
• The term "hemorrhage" is used when referring to ulcers
• The term "bleeding" is used when classifying gastritis, duodenitis, diverticulosis, diverticulitis
• Obstruction is no longer a classification for ulcers
• Crohn’s disease expanded
CHAPTER 12 – DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE

• Complete restructuring
• Subchapter for radiation-related disorders
• Combination code for pressure ulcers

WOUND STAGES

• Stages 1-4 determined by -
  Depth, texture, undermining, tunneling,

• Remember: You can code this from the nurse’s documentation

EXAMPLE

Stage II ulcer of the sacral area

ICD-9-CM:
• 707.03 – Pressure ulcer, lower back (coccyx, sacrum)
• 707.22 – Pressure ulcer stage II

ICD-10-CM:
• L89.152 – Pressure ulcer of sacral region, stage 2
CHAPTER 13 – DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE

- Almost every code has been expanded to include very specific sites and laterality
- Type of osteoporosis specified in addition to the site of a current pathological fracture in one code
- Some codes require the use of 7th character extension

CHAPTER 14 – DISEASES OF THE GENITOURINARY SYSTEM

- Differentiation in causes of erectile dysfunction
- Many codes require gender specificity
- Distinction between age-related, natural causing menopause and perimenopause
- Specific guidelines for chronic kidney disease, similar to ICD-9-CM
- Some situations require additional codes for symptoms

EXAMPLE

Patient is being treated for chronic kidney disease, stage 3. She has previously undergone a kidney transplant but still continues to suffer from chronic kidney disease.

ICD-9-CM:
- 585.3 – Chronic kidney disease, stage 3
- V42.0 – History of transplanted kidney

ICD-10-CM:
- N18.3 – Chronic kidney disease, stage 3
- Z94.0 – Kidney transplant status
CHAPTER 15 – PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

- The classification is now based on trimester, not on episode of care
- Time frame for differentiating abortion from fetal death has changed from 22 weeks to 20 weeks
- Certain codes require a 7th character extension to identify the fetus in a multiple gestation

EXAMPLE

The patient is 26 weeks pregnant and being seen for gestational hypertension.

ICD-9-CM:
- 642.33 – Transient hypertension of pregnancy, antepartum

ICD-10-CM:
- O13.2 – Gestational hypertension without significant proteinuria, second trimester

EXAMPLE

Patient is G1P0 at 39 weeks with twin gestation. The delivery is complicated by nuchal cord, without compression of fetus 2. Both infants were liveborn and healthy.

ICD-9-CM:
- 663.31 – Other and unspecified cord entanglement, without mention of compression, complicating labor and delivery, delivered
- 651.01 – Twin pregnancy, delivered
- V27.2 – Twins, both liveborn

ICD-10-CM:
- O30.003 – Twin pregnancy, unspecified, third trimester
- O69.81z2 – Delivery complicated by cord around neck, without compression
- Z37.2 – Outcome of delivery: twins, both liveborn
CHAPTER 16 AND 17

- Division between certain conditions originating in perinatal period – chapter 16 – and congenital malformations, deformations, and chromosomal abnormalities – chapter 17
- Categories for birth weight and gestational age – both should be coded if documented
- Chapter 17 codes used throughout the life of the patient

CHAPTER 18 – SYMPTOMS, SIGNS, AND OTHER ABNORMAL FINDINGS, NOT ELSEWHERE CLASSIFIED

- Symptoms that point to a given diagnosis have been classified in the chapter for that diagnosis.

SYMPTOMS

Rules for coding symptoms in chapter 18 are the same as in ICD-9-CM:
- When no more specific diagnosis can be made
- Signs and symptoms proved to be transient
- Provisional diagnosis when a patient fails to return
- Cases referred elsewhere before diagnosis was made
- Certain symptoms that represent important problems in medical care in their own right
GLASGOW COMA SCALE

- Primarily used for trauma registries, but can be coded whenever this information is documented.
- Coded after the diagnosis code.
- Requires 3 codes with a 7th character extension for when the scale was recorded.
  - Eye opening response
  - Best motor response
  - Best verbal response

CHAPTER 19 – INJURY, POISONING, AND OTHER EXTERNAL CAUSES

- Injuries grouped by body part rather than by type of injury
- Encompasses 2 alpha characters
  - S
    - Injuries related to body region
  - T
    - Injuries to unspecified region
    - Poisonings, external causes
- NOTE: Use secondary code(s) from Chapter 20 to indicate cause of injury
- Codes within T section that include the external cause do not require an additional external cause code
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

Fracture 7th character

- A – Initial closed
- B – Initial open
- D – Subsequent routine
- G – Subsequent delayed
- K – Subsequent nonunion
- P – Subsequent malunion
- S – Sequela

Some fracture categories provide for seventh character extensions to designate the specific type of open fracture based on the Gustilo open fracture classification:
- 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
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

EXAMPLE

Nonunion of left trimalleolar fracture

ICD-9-CM:
- 733.82 – Nonunion of fracture

ICD-10-CM:
- S82.852K – Nonunion of displaced trimalleolar fracture of left leg

Poisoning

<table>
<thead>
<tr>
<th>Poisoning</th>
<th>Overdose of substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse effect</td>
<td>“Hypersensitivity,” “reaction,” or correct substance properly administered</td>
</tr>
<tr>
<td>Underdosing</td>
<td>Taking less of medication than is prescribed or instructed by manufacturer either inadvertently or deliberately</td>
</tr>
</tbody>
</table>
**EXAMPLE**

Toddler ate several acetaminophen when he found an open bottle at home.

**ICD-9-CM:**
- 965.4 – Poisoning by aromatic analgesics, not elsewhere classified
- E840.4 – Accidental poisoning by aromatic analgesics, not elsewhere classified
- E849.0 - Home

**ICD-10-CM:**
- T39.1x1A – Poisoning by 4-Aminphenol derivatives, accidental (unintentional), initial encounter
- Y92.019 – unspecified area in home (only on first encounter)

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**Chapter 20**

- 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
- 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 – i.e. infections or heart attack occurring during strenuous physical activity.

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**Transport Accidents**

- A transport accident is one in which vehicle must be moving or running or in use for transport purposes at the time of the accident
- Definitions of transport vehicles provided in classification
Use additional code to identify:
- Airbag injury (W22.1)
- Type of street or road (Y92.4-)
- Use of cellular telephone at time of transport accident (Y93.c-)

EXAMPLE
Patient was the driver of a car that collided with a pickup truck on the interstate highway. He admitted to using his cellphone to text his girlfriend while driving. Assign the external cause codes only.

ICD-9-CM:
- E812.0 – Other motor vehicle collision with motor vehicle, injuring driver of motor vehicle other than motorcycle
- E011.1 – Use of hand held interactive electronic device

ICD-10-CM:
- V43.53a – Car driver injured in collision with pickup truck in traffic accident, initial encounter
- Y92.411 – Interstate highway as the place of occurrence
- Y93.c2 – Use of handheld interactive electronic device

Consequences of Poor Preparation for ICD-10-CM
- Increased claims rejections and denials
- Increased delays in processing authorizations and reimbursement claims
- Improper claims payment
- Coding backlogs
- Compliance issues
- Decisions based on inaccurate data
**RESOURCES**

- AHIMA (see next page)
- AAPC

**AHIMA Resources**

- [http://www.ahima.org/icd10](http://www.ahima.org/icd10)
  - Practical guidance (free)
    - Putting the ICD-10-CM/PCS GEMs into Practice
    - ICD-10 Preparation Checklist
    - Role-based implementation models
    - ICD-10 Readiness and Prioritization Tool
  - Books
    - Pocket Guide of ICD-10-CM/PCS
    - ICD-10-CM/PCS Preview
    - Implementing ICD-10-CM in Hospitals
    - Essential Guide to GEMs
  - Online courses
    - ICD-10-CM and ICD-10-PCS overview courses
    - Fundamentals of GEMs course
  - Proficiency assessments
    - Academy for ICD-10
      - Trainer Academy for ICD-10-CM/PCS (3 days)
    - Academy for ICD-10-CM only (1 ½ days)
  - E-newsletter (free)
  - Articles (many are free)
  - Webinars/Conferences

**AAPC on ICD-10-CM**

- You will be given two (2) years to take and pass, beginning October 1, 2012 (one year before implementation of ICD-10) and ending September 30, 2014 (one year after implementation)
- There will be 75 questions
- It will be open-book, online and un-proctored
- Coders will have two (2) attempts at passing for the $60 administration fee
AHIMA on ICD-10-CM

• Depending on certification held, the individual will need to earn a number of CEUs specifically related to ICD-10 between January 1, 2011 and December 31, 2013
  – CCS-P – 12 CEUs
  – RHIT – 6 CEUs
  – RHIA – 6 CEUs
  – CCS – 18 CEUs
  – CCA – 18 CEUs

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