BANNER HEALTH ICD-10- CM GENERAL PRACTICE INTERNAL MEDICINE HOSPITALIST
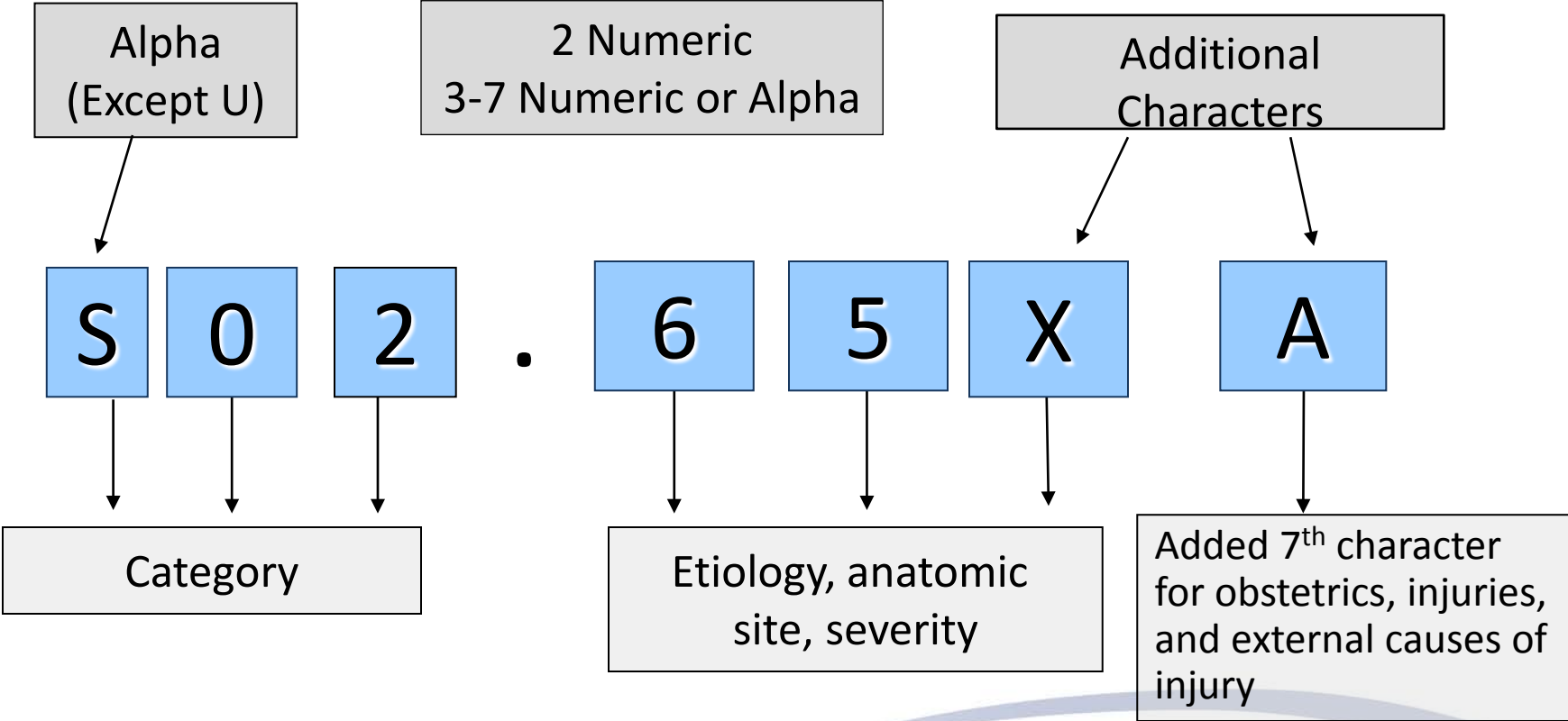
Documentation Specificity

- **Laterality** – Right/left

- **Acuity** – severe, acute, chronic

- **Site** - lobe of lung; upper, mid, lower

- **Manifestations** – link to disease process:

    HTN with CKD

- **Episode of Care:**

    Initial

    Subsequent

    Sequela

ICD-9-CM & ICD-10-CM COMPARISON

ICD-9-CM	ICD-10-CM
Three to five characters	Three to seven characters
First digits is numeric but can be alpha (E or V)	First character is always alpha, (except U is not used)
2-5 are numeric	Character 2 is always numeric: 3-7 can be alpha or numeric
Always at least three digits	Always at least three digits
Decimal Placed after the first three characters (With E codes, placed after the first four characters	Decimal placed after the first three characters
Alpha Characters – not case sensitive	Alpha characters are not case sensitive

ICD-10-CM CODE STRUCTURE

| Alpha (Except U) | | 2 Numeric 3-7 Numeric or Alpha | | | Additional Characters | |

S 0 2 . 6 5 X A

Category

Etiology, anatomic site, severity

Added 7th character for obstetrics, injuries, and external causes of injury

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Place holder X

- Where a placeholder exists, the X must be used in order for the code to be considered a valid code.

- Certain ICD-10-CM categories have applicable 7th characters. The applicable 7th character is required for all codes within the category.

- The 7th character must always be the 7th character in the data field.

- Codes that require a 7th character but no 6th, a placeholder X must be used to fill in the empty 6th place character.
  - Fall down Escalator, initial encounter
    - W100XXA

NEC and NOS

- NEC "Not elsewhere classifiable"
    - Used when no specific code is available to represent the condition

- NOS "Not otherwise specified"
    - Used when there isn't enough documentation to assign a more specific code

Excludes Notes

The ICD-10-CM has two types of excludes notes:

Excludes1

- "NOT CODED HERE" - indicates that the code excluded should **never** be used at the same time as the code above the Excludes1 note.

- Indicates that two conditions **cannot** occur together, such as a congenital form vs an acquired form of the same condition.

Excludes2

- "NOT INCLUDED HERE" – Indicates that a patient may have both conditions at the same time. Indicates it is **acceptable** to **report both** the codes together, when appropriate.

Inclusion Notes

Inclusion notes contain terms that are the condition for which that code number is to be used.

The terms may be:

- Synonyms of the code title, or
- in the case of "other specified" codes, the terms are a list of various conditions assigned to that code.
- The inclusion terms are **not** necessarily exhaustive.

Seventh Characters A, D and S

- A - initial encounter:
  - patient is receiving active treatment for the condition

- D - subsequent encounter:
  - the patient has received active treatment for the condition and is receiving routine care for the condition during the healing or recovery phase

- S – sequela:
  - complications or conditions that arise as a direct result of a condition

Code Also, Code First, Use Additional Code

- A "code also" note instructs that:
  - two codes may be required to fully describe a condition
  - this note does not provide sequencing direction.

- The "code first" and "use additional code" notes provide sequencing order of the codes.

Place of Occurrence and Activity Codes

Regardless of the number of external cause codes assigned on a particular record, there should only be one place of occurrence Code and one activity code assigned to a record.

Y92, Place of occurrence of the external cause,
- Report once, at the initial encounter for treatment with only one code from Y92 category being recorded on the medical record.

Y93, Activity Code
- Report once, at the initial encounter for treatment with only one code from Y93 category being recorded on a medical record.

Infectious and Parasitic Disease

- Includes diseases generally recognized as communicable or transmissible

- New section called infections with a predominantly sexual mode of transmission (A50.XX–A64.XX)

  - HIV is excluded from these codes

- Use additional code to identify resistance to antimicrobial drugs (Z16.XX)

Human Immunodeficiency Virus- HIV

When a patient is admitted with an HIV-related condition:

- The principal diagnosis should be B20, [HIV], followed by additional diagnosis codes for all reported HIV-related conditions.

- Should always be assigned on every subsequent admission/ encounter

Human Immunodeficiency Virus HIV

- HIV disease but admitted for an unrelated condition:

  - The code for the unrelated condition should be the principal diagnosis with B20 listed as an additional code

  - Any known prior diagnosis of an HIV-related illness should be coded

Septicemia, SIRS, Sepsis, Severe Sepsis

- Septicemia goes to sepsis

- SIRS noninfectious still exists, SIRS infectious is gone, it directs you to severe sepsis

- Severe sepsis has the same requirements:
  - a minimum of two codes
    - sepsis, or severe sepsis and any additional codes for organ dysfunction

- Septic shock no longer has a separate code, it is combined with the severe sepsis code of R65.2X

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Neoplasms

- A primary malignant neoplasm overlapping two or more contiguous 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

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Coding Melanoma

- The code is found directly in the Index rather than the Neoplasm Table

- It is incorrect to assign primary site of skin (C44.52X, C44.62X) when melanoma is documented

Melanoma in situ is classified in category D03.1X

Neoplasm Related Pain

- Is assigned to pain documented as being related to, associated, or due to cancer

- May be assigned as the principal or first-listed code when the reason for the encounter is pain control or pain management

Note: When an admission is for the treatment of the malignancy the associated pain is reported secondary with the diagnosis of the malignancy as primary

Anemia

- Specify acute / chronic
- Known or suspected cause: Post-hemorrhagic anemia, iron deficient, folate deficiency, anemia of chronic disease, aplastic anemia
- ICD-10 Guidelines state the neoplasm should be the first listed code, even if treatment is for the anemia
- Diagnosis: Anemia due to left breast cancer – C50.912 Carcinoma of left breast, D63.0 Anemia due to neoplasm

Reporting Dehydration Due to a Malignancy and/or Therapy

- Management of dehydration due to the malignancy or the therapy, or a combination of both, and only the dehydration is being treated:

  - The dehydration is sequenced first, followed by the code(s) for the malignancy

Reporting Previously Excised or Treated Neoplasm

When the documentation supports a cancer that:

- Has been excised, treated, and no longer exists
  - Report a code from category Z85

- Documentation should indicate the status of the malignant neoplasm, i.e., history of, prophylactic treatment, active cancer

Chemotherapy

When the reason for the encounter or admission Is chemotherapy:

- Chemotherapy is the first listed diagnosis - Z51.11

- The diagnosis for the neoplasm is coded as current (even though it may have been excised) due to the patient still receiving treatment or chemotherapy

ICD-9 And ICD-10 Comparison

Diabetes Codes in ICD-9	Diabetes Codes in ICD-10
249.70 - Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled 785.4 - Diabetic gangrene 443.81 - Diabetic peripheral angiopathy	E09.52 - Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
250.31 - Diabetes with other coma, type I, not stated as uncontrolled	E10.11 - Type 1 diabetes mellitus with ketoacidosis with coma
250.60 - Diabetes with neurological manifestations, type II or unspecified, not stated as uncontrolled 355.9 - Mononeuritis of unspecified site	E11.41 - Type 2 diabetes mellitus with diabetic mononeuropathy
249.40 - Secondary diabetes mellitus with renal manifestations , not stated as uncontrolled 585.9 - Chronic kidney disease, unspecified	E08.22 - Diabetes mellitus due to an underlying condition with diabetic chronic kidney disease

Diabetes Mellitus

Five updated Diabetes Mellitus categories to reflect the current clinical classification and manifestations:

- E08.XX Diabetes Mellitus due to an underlying condition
  - E08.22, Diabetes mellitus due to an underlying condition with diabetic chronic kidney disease

- E09.XX Drug or chemical induced diabetes mellitus
  - E09.52, Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene

Documentation Specificity - Endocrine

- E10.XX Type 1 DM
  - E10.11, Type 1 diabetes mellitus with ketoacidosis with coma

- E11.XX Type 2 DM
  - E11.41, Type 2 diabetes mellitus with diabetic mono-neuropathy

- E13.XX Other specified DM
  - E13.341 Other specified DM with sever non-proliferative diabetic retinopathy with macular edema

- Note: No longer use controlled and uncontrolled. Now classifies inadequately controlled, out of control, and poorly controlled DM by type with hyperglycemia.

Documentation Tips

- Must document the type of DM (e.g., type 1, type 2) and all manifestations

- Report long term use of insulin – Z79.4 - not assigned if insulin is given temporarily

- Assign as many codes within a particular category as are necessary to describe all of the complications of the disease supported in the documentation

Documentation Tips

- Sequence the diagnosis codes based on the reason for the encounter

- Note: No longer use controlled and uncontrolled. Now classifies as:

  - Inadequately controlled, out of control, and poorly controlled DM by type with hyperglycemia.

- Documentation should indicate the classification of the DM by type with hyperglycemia for specificity.
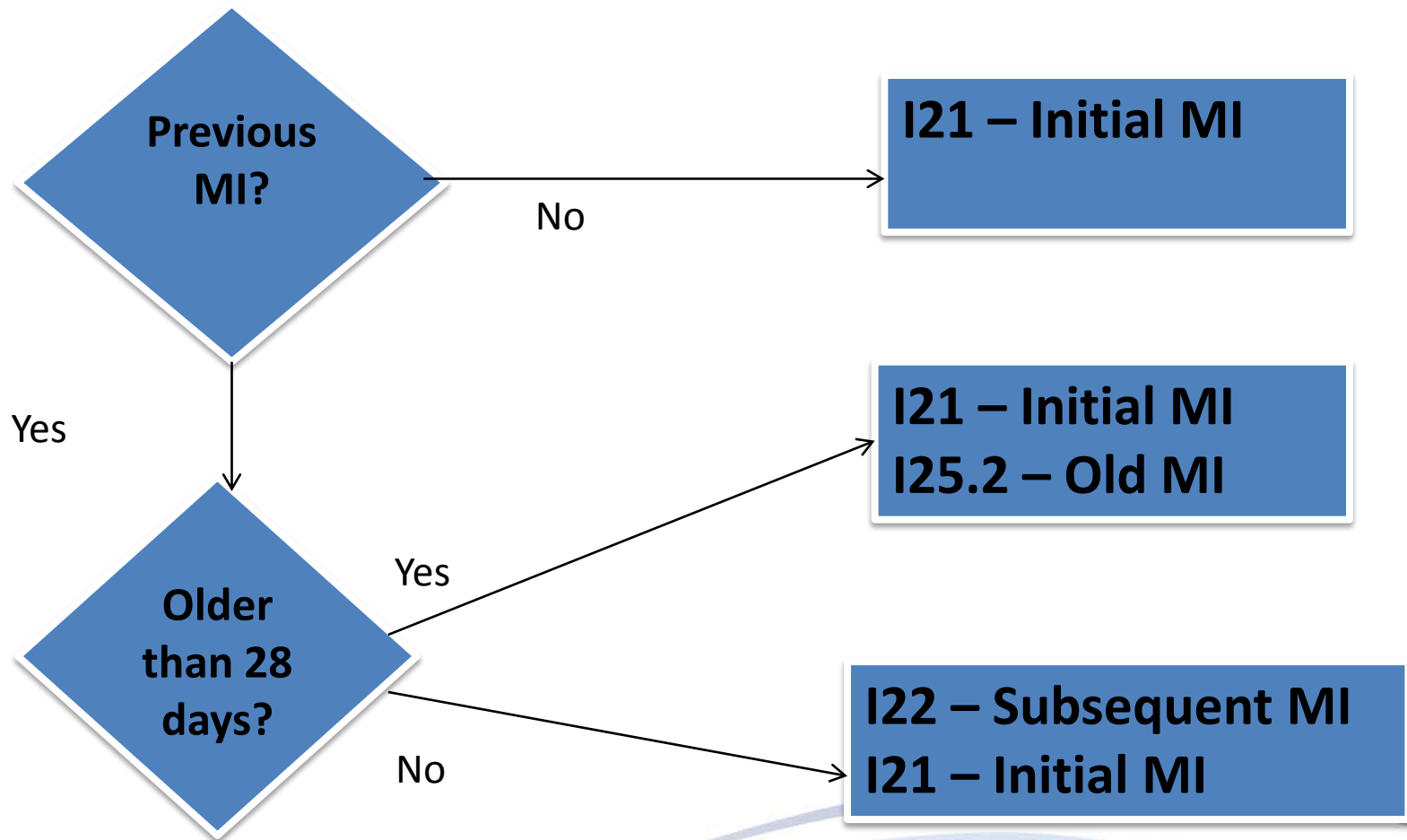
Morbid Obesity And Protein–calorie Malnutrition

- E66.01 – Obesity due to excess calories is the default code

    - Reported even if documentation does not indicate due to excess calories

- Assign an additional code for BMI(Z68.X)when known

- Protein- calorie malnutrition codes differentiate between mild and moderate

Acute Myocardial Infarction

- **Initial** (I21.01-I21.4) – duration of 4 weeks or less from onset

- **Subsequent** (I22.0-I22.9) Occurs within 4 weeks of previous AMI
  - 2 codes required: (I22.0-I22.9) + (I21.01-I21.4)
  - Sequencing depends on circumstances of admission

- **AMI Complications** (I23.0-I23.8) occurring within 28 days of AMI
  - Sequencing w/ AMI depends on circumstances of admission

- **NSTEMI w/ specified site**-coded to NSTEMI (I21.4), which does not have specific code for site

Patient Admitted with AMI

Previous MI?

No → **I21 – Initial MI**

Yes ↓

Older than 28 days?

Yes → **I21 – Initial MI**
I25.2 – Old MI

No → **I22 – Subsequent MI**
I21 – Initial MI

ATRIAL FIBRILLATION/FLUTTER

- Specify type
  - Paroxysmal (I48.0)
  - Persistent (I48.1)
  - Chronic (Permanent) (I48.2)
  - Typical atrial (I48.3)
  - Atypical atrial flutter (I48.4)
  - Unspecified atrial fibrillation (I48.91)
  - Unspecified atrial flutter (I48.92)

Paralytic Conditions

- G81.XX - Hemiplegia and hemiparesis
- G82.XX - Paraplegia and quadriplegia
- G83.XX - Other paralytic syndromes

- Used only when listed conditions are reported without further specification or are stated to be old or longstanding, with unspecified cause

CVA

Specify cause, site, artery, laterality as applicable

- **Hemorrhage** (I60.00-I62.9)
  - Subarachnoid-specify artery
  - Intracerebral-specify location
  - Intracranial –specify subdural/extradural, acute/chronic
  - Laterality
- **Infarction** (I63.00-I63.9)
  - Cause: embolic, thrombotic, other, unspecified occlusion, stenosis
  - Site: precerebral, cerebral arteries
  - Laterality
- **Procedure-related Cerebrovascular Accident**
  - Must document cause-and-effect relationship between the procedure and CVA
  - Specify whether infarction or hemorrhage
  - Specify whether intraoperative or postoperative
  - If hemorrhage, specify type of procedure performed
- **Sequelae** (I69.00-I69.998) - Specify whether dominant or nondominant side is affected (e.g., hemiplegia, hemiparesis and monoplegia); apply to old and new deficits

Asthma Terminology

Asthma Severity	Frequency of Daytime Symptoms
Intermittent	Less than or equal to 2 times per week
Mild Persistent	More than 2 times per week
Moderate Persistent	Daily. May restrict physical activity
Severe Persistent	Throughout the day. Frequent severe attacks limiting ability to breathe.

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Documentation Specificity – Skin Ulcers

Pressure or Other specified type

- Specific location including laterality
- Pressure ulcer specific stage: 1-4, unspecified, or unstageable
  - Specify skin only, muscle necrosis, exposed fat layer, or bone necrosis
- Unstageable cannot be clinically determined (covered by eschar or treated with graft)
- Etiology (i.e. pressure, vascular, diabetic PVD, diabetic neuropathy
- Combination codes in ICD-10 to report ulcer and stage
- Diagnosis: Stage 2 pressure ulcer of the sacrum – L89.152

Symptoms, Signs and Abnormal Clinical and Laboratory Findings

Codes Are Used For:

a • No more specific diagnosis can be made even after all facts have been investigated

b • Signs or symptoms existing at time of initial encounter - transient and causes not determined

c • Provisional diagnosis in patient who failed to return for further investigational care

d • Referred elsewhere before diagnosis made

e • More precise diagnosis not available

f • Certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right

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Repeated Falls Coding Tip:

May be used together

Code R29.6 (repeated falls)
- new code assigned when patient is admitted to evaluate the reason for falling

Code Z91.81 (history of falling)
  - assigned if patient has fallen in the past and is at risk for future falls

Coma Scale

- Used with traumatic brain injury or sequelae of cerebrovascular disease codes

- May be used in any setting

- Sequenced after the diagnosis code(s)

- One from each subcategory (R40.21-R40.23) needed

Coma Scale

- Seventh character indicates when recorded:

0	Unspecified time
1	In field (EMT or ambulance)
2	At arrival to ER
3	At hospital admission
4	24 hours after admission

Injury, Poisoning And Certain Other Consequences Of External Causes

Initial Encounter:

- The patient is receiving active treatment for the condition

  - Surgical treatment

  - Emergency department encounter

  - Evaluation and treatment
    by a new physician

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Poisoning, Adverse Effect, Underdose

- 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 regimen (Z91.12X, Z91.13X)

Poisoning, Adverse Effect, Under- dosing

- 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, coded to accidental

- Undetermined intent can only be used when record states that intent cannot be determined

Email questions to BHICD-10@bannerhealth.com