ICD-10 Coding Re-Training

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Objectives

• Review basic ICD-10 Diagnosis coding concepts
• Discuss 2019 changes
• Explain the importance of accurate diagnosis coding in the PDPM payment system.
• Provide coding examples for practice
• Open discussion regarding coding challenges
ICD-10-CM

• Replaced ICD-9-CM (2015)
• Much higher level of specificity
• Structure has changed to facilitate increase specificity and allow for addition of codes as healthcare grows
• Conventions, general coding guidelines and chapter specific guidelines are included with ICD-10-CM

ICD-10-CM

• 2019 Updates:
  – 279 Codes added
  – 51 Deactivated
  – 143 Codes Revised
• 2016-2019 Changes Overview
  – Quick review of the changes since the transition to ICD-10
ICD-10 Coding: Multipurpose Use

- Collect diagnostic and statistical data about people treated by healthcare providers
- Support clinical decision making
- Support reimbursement for services provided
- Comply with federal standards for reporting diagnostic data
- Provide data to support clinical research and quality improvement activities

Coding Acute Conditions in SNF/LTC Setting

- An acute condition treated at the hospital that continues to require follow up or ongoing monitoring should be coded with an acute diagnosis code as long as the condition persists & requires continuing treatment or follow-up (i.e. PNA with nebs & antibiotics)
- The status of the acute condition would be assessed whenever the MDS is updated or in clinical review meetings (i.e. 24 hour report, PPS, or weekly Medicare meeting, etc.)
- Codes for the acute medical condition treated and resolved in the hospital are not coded or reported in the LTC facility
  - It is inaccurate to report an acute code for a resolved condition on the health record or claim because it directly contradicts the Official Guidelines for Coding and Reporting and is non-compliant with HIPAA regulations
- Z code for the aftercare may be used
Billable codes vs. Medical Record codes

• A code may be valid to report a condition, however, that condition may not be billable for the service you are providing.

• Ask yourself, is it reasonable and necessary to bill Medicare Part A for with the condition being reported with this diagnosis code?

• How does MDS, Rehab, & Clinical coding compare?

MDS Coding Assignment

• MDS staff- Although ICD coding and MDS coding are not identical, it will be necessary for the MDS coordinators to have knowledge of the appropriate codes.

• RAI guidelines for coding Section I of the MDS assessment, which contains the medical diagnosis information, have very specific criteria which limits the codes appropriate for the document.

• PPS assessments need to include the correct ICD 10 codes to support skilled services being billed to Medicare.
Auditing & QA

• Monitor appropriateness of diagnosis codes on your claims prior to submission
  – Do all diagnoses agree across various disciplines?
  – All required codes reported?
  – Were any claims denied/returned/suspended

• Update triple check processes to include diagnosis review, if not already included

Auditing & QA

• Quality Assurance & Auditing
  – Review of rejected and denied claims for correction
  – Resubmission of corrected claims
  – Who’s code is it?....
  – Do the codes reported on the claim coincide with the codes reported by MDS, rehab, or the physician?
Therapy Diagnosis Code & Primary Code

• LTC patient with Parkinson’s disease returns after hospitalization for pneumonia with Medicare Part A stay
• Therapy Plan of Care medical diagnosis = Parkinson’s Disease
• If Pneumonia is resolved - Primary diagnosis is Parkinson’s Disease
• If Pneumonia is active - Primary diagnosis is Pneumonia followed by Parkinson’s Disease

• **Granularity** - level of hierarchy and the amount of information the increase hierarchy provides to the diagnostic description.

• **Laterality**
  - right and left designation
  - right usually character 1
  - left usually character 2
  - bilateral usually character 3
  - unspecified is either 0 or 9 depending on 5th or 6th character
Alphabetical Index

List of terms and their corresponding codes are divided into 4 parts:

- Index of Diseases and Injury
- Index of External Causes of Injury
- Table of Neoplasms
- Table of Drugs and Chemicals

Tabular List

A structured list of codes divided into chapters based on body system or condition
ICD-10 CM Format & Structure

• Alphabetic Index
  • Lists main terms & corresponding codes
  • Also contains Table of Neoplasms & Table of Drugs/Chemicals

• Tabular List
  • Numerical list of codes divided by chapter, according to condition or body system
  • Defines terms, provides directions/coding instructions

❖ Never code strictly from the Alphabetic index – always confirm code choice in the Tabular List to insure the most appropriate/specific code.

Format and Structure General

• Tabular List contains categories, subcategories and codes
• Characters can be letters or numbers
• Category = 3 characters (first is always letter)
• Subcategory= 4 or 5 characters
• Codes= 3,4,5,6 or 7 characters
• Each level after category is subcategory and the final level is a code
ICD-10 CHAPTERS

- **A&B- INFECTIOUS DISEASE**
- **C- NEOPLASM**
- **D- NEOPLASM & BLOOD**
- **E- ENDOCRINE, NUTRITION, METABOLIC**
- **F- MENTAL, BEHAVIOR, & Neonatal Disorders**
- **G- NERVOUS SYSTEM**
- **H- EYE & EAR**
- **I- CIRCUITARY**
- **J- RESPIRATORY**
- **K- DIGESTIVE**
- **L- SKIN**
- **M- MUSCULOSKELETAL**
- **N- GENITOURINARY SYSTEM**
- **O- PREGNANCY**

- **P-PERINATAL**
- **Q- CONGENITAL**
- **R- SIGNS / SYMPTOMS, ABNORMAL CLINICAL & LAB FINDINGS**
- **S&T- INJURY & POISONING**
- **U- NOT USED, RESERVED FOR WHO EMERGENCE CODES**
- **V, W, X, Y- EXTERNAL CAUSE OF MORBITY (Falls, Accidents, Complications of Care)**
- **Z- FACTORS INFLUENCING HEALTH STATUS (PAST V CODES)**

Three Character Categories

Each chapter begins with a list of blocks or subchapters of three character categories

Chapter 2 Neoplasms (C00-D49)

- C00-C75 Malignant neoplasms, stated.....
- C00-C14 Lip, oral cavity and pharynx
- C15-C26 Digestive organs
Four Character Categories (subcategory)  

- Further defines site, etiology and manifestations  
- Includes 3 character category, a decimal and an additional character

Ex:  **D69** Purpura and other hemorrhagic conditions
  - **D69.0** Allergic purpura
  - **D69.1** Qualitative platelet defects

Five and Six Character Subcategory

The most precise level of specificity

Ex:  **J10.8** Influenza due to other identified virus with other manifestations  
  **J10.81** Influenza due to other identified influenza virus with encephalopathy  
  **J10.82** Influenza due to other identified virus with myocarditis
**7th Character Extension and The Dummy Placeholder**

- Some categories require 7th character
- If code is not 6 characters a dummy placeholder “X” must be used
- Mostly found in Injury and Fracture codes
- Tabular List instructions should guide assignment

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**Example - FRACTURE OF FEMUR**

- **S72.00** - Unspecified FRACTURE NECK OF FEMUR
- **S72.051** - Unspecified FRACTURE OF HEAD OF RIGHT FEMUR
- **S72.111** - DISPLACED FRACTURE OF GREATER TROCHANTER RIGHT FEMUR
- **S72.112** - DISPLACED FRACTURE OF GREATER TROCHANTER LEFT FEMUR
- **S72.109** - Unspecified FRACTURE OF Unspecified FEMUR
7th Character Example

S83.0 Subluxation and dislocation of patella
S83.00 Unspecified subluxation and dislocation of patella
S83.001_ Unspecified subluxation of right patella

The 7th character is required
A= initial encounter
D= subsequent encounter
S= sequela

Code Structure

- Etiology (Renal Impairment)
- Laterality (Left Shoulder)
- Category (Chronic Gout)
- Location (Shoulder)
- Extension (Without tophus)
Dummy Placeholder Example – 7 Characters

**S33.0XXD –**

Traumatic rupture of lumbar intervertebral disc, subsequent encounter

Fractures and The 7th Character

- 7th character in fractures includes more specificity than laterality alone
- Open or Closed as well as routine or delayed healing and mal vs non union

**Review chapter specific guidelines before assigning codes in this chapter**
TRAUMATIC FRACTURE RULES

• IF Documentation in the record does not indicate DISPLACED or NON-DISPLACED, code as DISPLACED.
• IF Documentation in the record does not indicate OPEN or CLOSED FRACTURE, code as CLOSED.
• 7th Character will usually be “D” for Subsequent Care in a SNF or another letter to note Care of Complications of Fractures such as nonunion or malunion, if documented
• Aftercare codes (Z codes) are not used, the 7th character is used instead
• Sequencing of Multiple Fractures – code in order of fracture severity

7TH Character & Traumatic Fractures

• Last Space should be “D” in SNF/LTC as a follow up or SUBSEQUENT visit
• “A” is used for INITIAL ENCOUNTER as in Acute Care
• “S” is used for Late Effects/Residual/Sequelae
• Many other letters may be used. SEE DIRECTIONS FOR EACH SECTION.
• If a code has only 5 characters & requires 7, then an “X” placeholder must be used
Coding Specificity

• Will Need to Dig Deeper For a More Accurate/Specific Code
• May need to discuss with MD/APRN
• USE of “UNSPECIFIED” Codes Discouraged
• LATERALITY (Code Left/Right/Bilateral)
  If Bilateral is Noted in Record & No Bilateral Code is Given, Use Separate Codes For Right & Left Sides.
• Combo Codes (Do Not UNBUNDLE Them)

PDPM ICD-10 Coding

• Importance of accurate coding will be emphasized
• Reimbursement will be dependent on diagnosis codes chosen
• Affects PT/OT, SLP, Nursing, and Non-therapy ancillary component
Diagnosis & Conditions – Applicable to PDPM and SNF QRP

Diagnosis & Conditions Table

<table>
<thead>
<tr>
<th>Section</th>
<th>Active Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>J0020.</td>
<td>Indicate the resident’s primary medical condition category</td>
</tr>
<tr>
<td></td>
<td>Enter Code</td>
</tr>
<tr>
<td></td>
<td>Indicate the resident’s primary medical condition category that best describes the primary reason for admission</td>
</tr>
<tr>
<td>01.</td>
<td>Stroke</td>
</tr>
<tr>
<td>02.</td>
<td>Non-Traumatic Brain Dysfunction</td>
</tr>
<tr>
<td>03.</td>
<td>Traumatic Brain Dysfunction</td>
</tr>
<tr>
<td>04.</td>
<td>Non-Traumatic Spinal Cord Dysfunction</td>
</tr>
<tr>
<td>05.</td>
<td>Traumatic Spinal Cord Dysfunction</td>
</tr>
<tr>
<td>06.</td>
<td>Progressive Neurological Conditions</td>
</tr>
<tr>
<td>07.</td>
<td>Other Neurological Conditions</td>
</tr>
<tr>
<td>08.</td>
<td>Amputation</td>
</tr>
<tr>
<td>09.</td>
<td>Hip and Knee Replacement</td>
</tr>
<tr>
<td>10.</td>
<td>Fractures and Other Multiple Trauma</td>
</tr>
<tr>
<td>11.</td>
<td>Other Orthopedic Conditions</td>
</tr>
<tr>
<td>12.</td>
<td>Disability, Cardiorespiratory Conditions</td>
</tr>
<tr>
<td>13.</td>
<td>Medically Complex Conditions</td>
</tr>
</tbody>
</table>

J0020B. ICD Code

Surgeries Applicable to PDPM

Surgeries Table

<table>
<thead>
<tr>
<th>J2100.</th>
<th>Recent Surgery Requiring Active SNF Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay?</td>
</tr>
<tr>
<td>Enter Code</td>
<td></td>
</tr>
<tr>
<td>0.</td>
<td>No</td>
</tr>
<tr>
<td>1.</td>
<td>Yes</td>
</tr>
<tr>
<td>8.</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
## Surgeries Applicable to PDPM

### Major Joint Replacement
- J2300. Knee Replacement - partial or total
- J2310. Hip Replacement - partial or total
- J2320. Ankle Replacement - partial or total
- J2330. Shoulder Replacement - partial or total

### Spinal Surgery
- J2400. Involving the spinal cord or major spinal nerves
- J2410. Involving fusion of spinal bones
- J2420. Involving lamina, discs, or facets
- J2499. Other major spinal surgery

### Other Orthopedic Surgery
- J2500. Repair fractures of the shoulder (including clavicle and scapula) or arm (but not hand)
- J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle (not foot)
- J2520. Repair but not replace joints
- J2530. Repair other bones (such as hand, foot, jaw)
- J2599. Other major orthopedic surgery

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### Neurological Surgery
- J2600. Involving the brain, surrounding tissue or blood vessels (excludes skull and skin but includes cranial nerves)
- J2610. Involving the peripheral or autonomic nervous system - open or percutaneous
- J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices
- J2699. Other major neurological surgery

### Cardiopulmonary Surgery
- J2700. Involving the heart or major blood vessels - open or percutaneous procedures
- J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords - open or endoscopic
- J2799. Other major cardiopulmonary surgery

### Genitourinary Surgery
- J2800. Involving male or female organs (such as prostate, testes, ovaries, uterus, vagina, external genitalia)
- J2810. Involving the kidneys, ureters, adrenal glands, or bladder - open or laparoscopic (includes creation or removal of nephrostomies or urostomies)
- J2899. Other major genitourinary surgery
## Surgeries Applicable to PDPM

### Section J | Health Conditions

- **Surgical Procedures - Continued**
- **Check all that apply**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J2900</td>
<td>Involving tendons, ligaments, or muscles</td>
</tr>
<tr>
<td>J2910</td>
<td>Involving the gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, or spleen - open or laparoscopic (including creation or removal of ostomies or percutaneous feeding tubes, or hernia repair)</td>
</tr>
<tr>
<td>J2920</td>
<td>Involving the endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, or thymus - open</td>
</tr>
<tr>
<td>J2930</td>
<td>Involving the breast</td>
</tr>
<tr>
<td>J2940</td>
<td>Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant</td>
</tr>
<tr>
<td>J5000</td>
<td>Other major surgery not listed above</td>
</tr>
</tbody>
</table>

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## Conventions
ICD-10-CM Conventions

• The conventions are general rules for use of the classification independent of the guidelines

• Conventions are used both in the Alphabetical Index and the Tabular List

Abbreviations

• **NEC** - “not elsewhere classifiable” same as “other specified” - a specific code is not available for a condition
  – used when the information in the medical record provides detail but a specific code does not exist.

• **NOS** - “not otherwise specified” - same as unspecified.
  – used when the information in the medical record is insufficient to assign a more specific code

• Some categories do not have an unspecified code so “other specified” may be used
Abbreviations

**Alphabetical Index**
- **NEC** = “not elsewhere classifiable” same as “other specified” - a specific code is not available for a condition (use other specified in the Tabular list)

- **NOS** = “not otherwise specified” same as unspecified.

**Tabular List**
- **NEC** = “not elsewhere classifiable” same as “other specified” this list contains a NEC entry under the code to identify the code as the “other specified”

- **NOS** = same as Alphabetical Index definition

Brackets []

- In the Tabular List to enclose synonyms, alternative wording or explanatory wording.

- In the Alphabetical Index they are used to identify manifestation codes.
Parentheses ()

• Used in both Alphabetical Index and Tabular List to enclose supplemental words that may be present or absent in the statement of disease without affecting the assignment of the code.

• Referred to as nonessential modifiers

Colon :

• Used after an incomplete term in the Tabular List needing one or more of the modifiers that follow to make it assignable to a given category
Comma,
• Words following a comma are essential modifiers.

• Ex: C50.31 Malignant neoplasm of lower-inner quadrant of breast, female

“other” and “unspecified”
• “other” and “other specified” are used when the information in the medical record provides detail but a specific code does not exist.

• “unspecified” codes are used when the information in the medical record is insufficient to assign a more specific code.

• Some categories do not have an unspecified code so “other specified” may be used
Includes Notes
• Found in the Tabular List
• Immediately under a three character code
title to further define or give examples of the
content of the category

G30 Alzheimer’s Disease

INCLUDES Alzheimer’s dementia senile and
pre-senile forms

Inclusion Terms
• List of terms included under some codes that
are conditions that the code should be used
for
• May be synonyms
• Not an exhaustive list
General Coding Instructions

• **EXCLUDES 1 NOTE:** *Cannot* be coded there. Used when two conditions cannot occur together
  
  EX: (Chronic Bronchitis J42 & COPD J44.9; R53.1 & M62.81)

• **EXCLUDES 2 NOTE:** Condition excluded is not part of condition represented by the code but the patient may have both conditions at the same time. It’s acceptable to then code both.
  
  EX: (Acute Bronchitis J20.9 & Chronic Bronchitis J42)

• “Use Additional Code”
• “Code First”
• S/S Codes and Diagnosis Codes

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Excludes Notes 1 & 2

G25.0 **Essential tremor**

Familial tremor

[Excludes 1] *tremor NOS (R25.1)*

G24 **Dystonia**

Includes dyskinesia

[Excludes 2] *athenoid cerebral palsy (G80.3)*
Code First/Use Additional Codes

• These are conventions seen in codes that have both an underlying etiology and multiple body system manifestations.
• Etiology codes use “use additional code” notes
• Manifestation codes use “code first” notes
• Manifestation code titles will include “in diseases classified elsewhere”

ICD-10-CM Official Coding Guidelines
FY 2019 I.A. 13 (page 4)

• Etiology/manifestation (“code first”, “use additional code” and “in diseases classified elsewhere” notes)
• Certain conditions have both an underlying etiology and multiple body system manifestation due to the underlying etiology. For such conditions, the ICD-10-CM has a coding convention that requires the underlying condition be sequenced first, if applicable, followed by the manifestation. Wherever such a combination exists, there is a “use additional code” note at the etiology code, and a “code first” note at the manifestation code. These instructional notes indicate the proper sequencing order of the codes, etiology followed by manifestation.
• No changes in Paragraphs 2-6.
Etiology/Manifestation Example

**H42** Glaucoma in diseases classified elsewhere

Code first underlying condition, such as:

- amyloidosis (E85.-)
- aniridia (Q13.1)
- Lowe’s syndrome (E72.03)
- Reiger’s anomaly (Q13.81)
- specified metabolic disorder (E70-E90)

“**And**”

Means either “and” or “or”
“with”
Means “associated with” or “due to” when it appears in the code title

- The word “with” should be interpreted to mean “associated with” or “due to” when it appears in a code title, the Alphabetic Index, or an instructional note in the Tabular List. The classification presumes a casual relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated. For conditions not specifically linked by these relational terms in the classification, provider documentation and must link the condition in order to code them as related.
- The word “with” in Alphabetic Index is sequenced immediately following the main term, not in alphabetical order.

“see” and “see also”
- “see” following a main term in the Alphabetic Index indicates that another term should be referenced.

- “see also” following a main term in the Alphabetic Index indicates there is another main term that may also be referenced that may provide useful additional entries.
“code also”

- Two codes may be required to fully describe a condition.
- This does not direct the sequencing of codes.

Default Codes

- A code listed next to the main term that is most commonly associated with the main term, or is the unspecified code.
- If a condition is reported yet not identified as acute or chronic and no additional information is available a default code should be used.

***Never code directly from the default code listed, always confirm choice in the tabular list***
General Coding Guidelines

ICD-10-CM Official Coding Guidelines
FY 2019 I.A. 19 (page 4)

• Code assignment and Clinical Criteria
• The assignment of a diagnosis code is based on the provider’s diagnostic statement that the condition exists. The provider’s statement that the patient has a particular condition is sufficient. Code assignment is not based on clinical criteria used by the provider to establish the diagnosis.
Locating a code

• First locate code in the Alphabetic Index
• Verify the code in the Tabular List
• Use the instructional notes to choose the most appropriate code
• Selection including laterality and character extensions can only be accomplished in the Tabular List

Level of Detail

* Diagnosis codes are to be used and reported at their highest number of characters available
* Three character codes should only be used if it is not further subdivided.
* A code is invalid if it has not been coded to the full number of characters.
Signs and Symptoms

- Signs and symptoms should not be used if definitive diagnosis is available
- Signs and symptoms integral to a diagnosis should not be reported with the diagnosis
- Signs and symptoms associated routinely with a disease process should not be assigned as additional diagnosis
- SNF specific details

Conditions not an Integral Part of Disease Process

- Additional signs and symptoms that may not be associated routinely with a disease process should be coded when present
Multiple coding for single condition

• “Use additional code” are found in Tabular List when a secondary code is useful to describe condition. (ex; bacterial infections)
• “code first” under codes not specifically manifestation codes due to an underlying cause. Code underlying cause first
• “code ..causal condition first” instructs to use this code as first listed if causal agent not known

Acute and Chronic

• May code both acute and chronic conditions if instructions allow

• Acute should be sequenced first
Combination Codes

- Single code used to classify two diagnoses, with a diagnosis with an associated sign or symptom or a diagnosis with an associated complication.
- Multiple codes should not be used
- Allows for fewer codes

Sequela (Late Effects)

- The residual effect after the acute phase of illness or injury has terminated.
- There is no time limit when using sequela
- The condition or nature of the sequela is sequence first and the sequela code is sequenced second
- Acute phase of the illness or injury is never used with a code for late effects
- *sequela with CVA has separate guidance
Limited in SNF Environment

- Impending or Threatened Condition
- Complications of Surgery and Other Medical Care
- Documentation from provider will determine code assignment. Cause and Effect must be documented.

Syndromes

- Follow Alphabetic Index guidance when coding
- When no guidance is available code manifestations
- How is the syndrome being represented?
Documentation to support BMI, non-pressure and pressure ulcers
• Documentation from clinicians not the patient’s provider may be used to assign codes. (dietician, RN)
• Associated diagnosis must be documented by the provider
• Provider should clarify any conflicting documentation

Borderline Diagnosis
• If diagnosis is noted as “borderline” and there is no specific index entry it should be coded as a confirmed diagnosis.
• Since borderline conditions are not uncertain diagnoses, no distinction is made between the care setting (inpatient versus outpatient)
Principal or First-listed Diagnosis

*Selection of principal diagnosis/first listed code is based on the conventions in the classification that provide sequencing instructions. If no specific instructions then the condition that brought the patient to the healthcare setting and was/is the primary focus of treatment*

Two Diagnoses as First Listed

- When two or more interrelated conditions potentially meeting the definition of principle diagnosis either condition may be sequenced first, unless the circumstances of the admission, the therapy provided, the Tabular List or the Alphabetic Index indicate otherwise.
Secondary Diagnosis

- Also referred to as additional or ‘Other’ diagnoses
- Affects patient care in terms of requiring clinical evaluation or therapeutic treatment or diagnostic procedures or extended length of stay or increased nursing care and/or monitoring.

Previous Conditions

- Some physicians include in the diagnostic statement resolved conditions or diagnoses and status post procedures from previous visits that have no bearing on the current treatment. Such conditions are not to be reported and are coded only if required by the hospital or physician office policy.
Abnormal Test Findings

• Should not be reported unless physician indicates their clinical significance.

• Should not be coded if abnormal test finding corresponds to a confirmed diagnosis.

Chapter Specific Coding Guidelines

Many chapters have guidelines for specific diagnoses and/or conditions in the classification.
Coding Updates

• Every year the codes are revised or deleted, or index revisions must be current with each chapter and coding guidelines.

Chapter 1 (A00-B99)
Infectious & Parasitic Diseases
Chapter Specific Guidelines Include:

A. HIV infection vs exposure
B. Infections and their causes
C. Sepsis and Septic Shock
D. MRSA
HIV

- Code only confirmed cases of HIV illness *(this is an exception to the hospital rules)*
- Confirmation is the provider’s documentation the patient is HIV+ or has HIV related illness
- Zika virus added (A92.5 for confirmed cases)
- Exposure to Zika (Z20.828)
- Chronic Viral Hepatitis (B18.1-B18.9)

B20 Human Immunodeficiency Virus Disease [HIV]

- **B20** should be first listed when being treated for HIV related illness, but can be anywhere on the claim
- This code is assigned to any patient who has EVER had an opportunistic infection related to HIV status.
- Once B20 has been assigned it is always assigned (*see Z codes for asymptomatic*)
Billable codes vs. Medical Record codes

- A code may be valid to report a condition, however, that condition may not be billable for the service you are providing.
- Ask yourself, is it reasonable and necessary to bill Medicare Part A for with the condition being reported with this diagnosis code?
- How does MDS, Rehab, & Clinical coding compare?

Infectious Agents Causing Disease

- Infections coded in other chapters may require codes from this chapter to identify the organism causing the infection
- Instructional notations should guide code assignment
- Antibiotic resistant infections may also include Z code if infection code does not specify resistance
What’s the Difference?

• **Bacteremia**: Bacteria are present in the bloodstream. **Bacteremia** can result from a serious infection or from something as harmless as vigorous toothbrushing.

• **Sepsis**: Bacteremia or another infection triggers a serious bodywide response (**sepsis**), which typically includes fever, weakness, a rapid heart rate, a rapid breathing rate, and an increased number of white blood cells.

• **Severe sepsis**: Sepsis plus either the failure of an essential system in the body or inadequate blood flow to parts of the body due to an infection is known as **severe sepsis**.

• **Septic shock**: Sepsis that causes dangerously low blood pressure (**shock**) is called **septic shock**. As a result, internal organs typically receive too little blood, causing them to malfunction. Septic shock is life threatening.

Sepsis and Septic Shock

• Review sequencing and coding guidelines when coding sepsis, severe sepsis and septic shock

• Bacteremia and Septicemia are not coded as sepsis

  R78.81 Bacteremia excludes 1: sepsis- code to specific infection (A00-B99)

• Urosepsis is not synonymous with sepsis
Test yourself

• Tim goes to the hospital and is diagnosed with **viral gastroenteritis, unspecified**.

• Where do I look first?

• What is my ICD-10 code?

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Answer

In the alphabetic index

Gastroenteritis, viral A08.4

Tabular list: A08.4 Viral intestinal infection, unspecified

A08.4
Test yourself

A patient is admitted to your facility with acute hepatitis A without a coma.

Where do I look first?

Alphabetic index

What is the ICD-10 code?

Answer

Hepatitis, type, A B15.9
In tabular list look up B15.9, how many characters are needed (4)
   Hepatitis A without hepatic coma B15.9

B15.9
MRSA and MSSA

- Combinations codes are available
- Not necessary to code from B95 when combination code identifies organism
- Code only for infections from this chapter
- Colonization is assigned in Chapter 21

Z22.322 Carrier or suspected carrier of Methicillin resistant Staphylococcus aureus

Chapter 2 (C00-D49)

Neoplasms
Guidelines highlight

Neoplasm Table
Sequencing of Codes
Anemia associated with Neoplasm
Excised Neoplasm
Neoplasm Code Assignment

• Documentation as to malignant, benign, in situ or uncertain is needed to assign a code
• The Alphabetic Index should be used to locate the appropriate term for the neoplasm
• The term is then found on the Neoplasm Table
• The Tabular List should then be referenced to assure accurate assignment of codes

2019 Updates

• C49.A0-C49.A9 added for GI stomal tumors
• C61 Malignant neoplasm of prostate
• C78 Secondary Malignant neoplasm of respiratory and digestive organs
Coding Example

- 40-year-old female patient was diagnosed with **adenocarcinoma of the breast, lower outer quadrant of the left side.** The physician’s documentation indicated it as the **primary site**.

- What do we do first?

- What is the ICD-10 code?

Answer

Start in the alphabetic index:
Adenocarcinoma-see also Neoplasm, malignant

In the Neoplasm Table: breast, lower-outer quadrant, malignant primary C50.5

In tabular list the left side of the female breast
C50.512

**C50.512**
Coding example

Your patient has a diagnosis of **osteosarcoma** of the **right metatarsals**.

What is the ICD-10 code?

---

**Answer**

**Alphabetical list:** Osteosarcoma (any form) (see neoplasm, bone, malignant)

**Neoplasm index:** Bone, toe, primary C40.3-

**Tabular list:** C40.3 Malignant neoplasm of short bone of the lower limb
  C40.31 Malignant neoplasm of short bones of the **right** lower limb

**C40.31**
Oral Cancers & PDPM-SLP

- C00-C05
  - Malignant neoplasms of
    - Lip
    - Tongue
    - Gums
    - Floor of mouth
    - Palate

Malignant Neoplasms PDPM

- C06.2 Retromolar area
- C06.80 Overlapping sites of unspecified parts of mouth
- C06.89 ‘other’ site of the mouth
- C06.9 Malignant neoplasm of the mouth unspecified (incl. minor salivary glands)
Malignant Neoplasms-PDPM

- C09.- Tonsils
- C10.- Oropharynx
- C14.- other/ill defined sites lip, oral and pharynx
- C32- Laryngeal cancer

Chapter 3 (D50-D89)

Diseases of Blood and Blood forming organs

No chapter specific guidelines

- Anemias
- Nutritional anemias
- New 2019 codes:
  - D78.31-D78.34 post procedural hematoma/seroma spleen
  - D89.40-D89.49 Mast cell activation syndrome and related disorders
Coding Example

• 66-year-old male was admitted with Biermer anemia after laboratory testing and is scheduled to receive vitamin B12 injections.

• What is the ICD-10 Code?

Answer

• Alphabetic index for:
  Anemia, Biermer D51.0
• Then in the Tabular list
  (intrinsic factor deficiency) D51.0

D51.0
Chapter 4 (E00-E90)

- Endocrine, Nutritional and Metabolic Diseases
- Significant changes from 9 to 10:
  - Types of Diabetes
  - Use of Insulin – long term vs short
  - Combination Codes
  - Manifestations
  - Insulin Pump malfunctions
- 2019 Changes:
  - E78.41 Elevated Lipo protein(a)
  - E78.49 Other hyperlipidemia, familial combined hyperlipidemia

Diabetes Specifics

* Controlled and uncontrolled does not exist
* There are 5 types of diabetes in ICD-10
* If no type of diabetes is identified default is Type II
***Combination Codes:
  - Type + Body system affected + complications
Diabetes

• Codes for Diabetes are combination codes that include:
  – Type of diabetes mellitus
  – Body system affected
  – Any complications of that body system

• May need to use multiple combination codes within a diabetes category to describe all complications

• Use additional code to identify any insulin use (Z79.4)

Diabetes Coding Guidelines

• If the type of DM is not documented, the default code category is E11- (Type II DM)

• Secondary DM, in categories E08, E09, & E13, is always caused by another condition or event

• Watch for additional coding instructions in the Tabular List, such as Code first..., Use additional code...

• Coding for Gestational Diabetes or Diabetes during pregnancy is found in Chapter 15.
CATEGORIES for DM in ICD-10

- **E08** Diabetes Mellitus due to an underlying condition
- **E09** Drug or chemical induced DM
- **E10** Type 1 DM
- **E11** Type 2 DM
- **E13** Other specified DM

Specifics Continued

- Z79.84 LT use of oral hypoglycemic agents
- Long term use of insulin should be coded Z79.4
- Temporary use of insulin in emergency should not be coded in this setting
- Insulin pump complications can be found under : Pump malfunction
Chapter 4: Endocrine, Nutritional & Metabolic Diseases (E00-E89)

• AHA Coding Clinic, 1st Quarter 2016
  – According to the ICD-10-CM Official Guidelines for Coding and Reporting I.A.15-the term “with” means “associated with” or “due to” when it appears in a code title, the Alphabetic Index, or an instructional note in the Tabular List.
  – Interpretation is intended to be used for coding Diabetes with associated manifestations and/or conditions.
  – The classification assumes a cause-and-effect relationship between Diabetes and certain diseases.

Chapter 4: Endocrine, Nutritional & Metabolic Diseases (E00-E89)

• Osteomyelitis in Diabetes
  – Code Exx.69-Other specified complication is assigned for Osteomyelitis in Diabetes
  – The Diabetes main term in the index includes “with osteomyelitis” (E11.69)
  – Osteomyelitis has a new subterm
    • In diabetes mellitus-see E08-E13 with .69
Chapter 4: Endocrine, Nutritional & Metabolic Diseases (E00-E89)

• Diabetes “With” conditions:
  • However, if the physician documentation specifies diabetes mellitus is not the underlying cause of the other condition, the condition should not be coded as a diabetic complication.
  • When the coder is unable to determine whether a condition is related to diabetes mellitus, or the ICD-10-CM classification does not provide coding instruction, it is appropriate to query the physician for clarification so that the appropriate codes may be reported.

Chapter 4: Endocrine, Nutritional & Metabolic Diseases (E00-E89)

• Laterality
  • All of the Diabetes Mellitus codes with eye complications have been expanded to allow for the capture of laterality
    – Right
    – Left
    – Bilateral
  • E08.33 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy requires a 7th character to be assigned to designate laterality of the disease:
    • 1=right eye  2=left eye  3=bilateral  9=unspecified eye
Chapter 4: Endocrine, Nutritional & Metabolic Diseases (E00-E89)

• Combination Codes
  – New combo codes were created to capture traction retinal detachment “other types” in Diabetic eye conditions.
  – See category E08 in the tabular for specific details of the changes and additions.

Chapter 4: Endocrine, Nutritional & Metabolic Diseases (E00-E89)

• New Excludes 1 note E16.0-E16.2

• New Use Additional Code (UAC) note at E08, E09, E11, E13
  – Use additional code to identify control using:
    • Insulin (Z79.4)
    • Oral antidiabetic drugs (Z79.84)
    • Oral hypoglycemic drugs (Z79.84)
Chapter 4: Endocrine, Nutritional & Metabolic Diseases (E00-E89)

• Latent Autoimmune Diabetes of Adults (LADA)
  – Latent autoimmune diabetes in adults (LADA) is a relatively new term for a type of diabetes. Although LADA more closely resembles type 1 diabetes, it can often be misdiagnosed as type 2 diabetes by health care providers who don’t specialize in diabetes care. Providers have been taught that most people who develop type 1 are typically younger than age 30.
  – Latent Pre-diabetes mellitus R73.09 has been revised to: R73.03

Chapter 4: Endocrine, Nutritional & Metabolic Diseases (E00-E89)

• E78.0 Hypercholesterolemia Expanded
• Unique codes for both Pure and Familial hypercholesterolemia
  – E78.00 Pure hypercholesterolemia, unspecified
  – E78.01 Familial hypercholesterolemia
ICD-10-CM Official Coding Guidelines
FY 2019 I.C.4.a.6.a. (page 11)

- Secondary diabetes mellitus and the use of insulin or hypoglycemic drugs
- For patients who routinely use insulin or hypoglycemic drugs, code Z79.4, Long-term (current) use of insulin, or or Z79.84, Long term (current) use of oral hypoglycemic drugs should also be assigned. Code Z79.4 should not be assigned if insulin is given temporarily to bring a patient’s blood sugar under control during an encounter.

BMI Tables
- Correct coding of Obesity includes cause of
- BMI index should be a secondary diagnosis
- Physician determines diagnosis but documentation can come from other clinicians
- Elevated Lipoprotein- 5th character
  - E78.41 Elevated LP
  - E78.49 Other Hyperlipidemia
  - Familial combined
Coding Example

• A patient with Type I diabetes has developed moderate non-proliferative diabetic retinopathy without macular edema.

• What is the ICD-10 code?

Answer

• First in the alphabetic index look for:
  Diabetes
  Then the type: type I
  With retinopathy E10.319
  Then non-proliferative E10.329 — there is no entry here that identifies without edema so look in the tabular list and review includes and excludes notes first then see E10.33 does identify moderate without as E10.339

E10.339
Coding Example

Patient is diagnosed with Type I diabetes without complications.

What is the ICD-10 code?

Answer

Alphabetic list: Diabetes, Type 1 E10.9

Tabular list: E10.9 Type I diabetes without complications

E10.9
PDPM & Diabetes Add-on Points

- Diagnosis of diabetes- 2 points
- Diabetic foot ulcer (M)- 1 point
- Proliferative &/or non-proliferative retinopathy- 1 point
  - Seek clarification for source of retinopathy (diabetes vs. another reason)

Chapter 5 (F01-F99)
Mental, Behavioral & Neurodevelopmental disorders

- Pay close attention to instructional notes:
  Psychological Pain
  Psychoactive substance use, abuse and dependence
  Schizophrenia
  Depression
  Intellectual Disabilities
Psychoactive Substance Abuse

- Provider documentation is key to assigning correct code
- Abuse and use = code for abuse
- Abuse and dependence = code for dependence
- Use and dependence = code for dependence
- Use, abuse and dependence= code for dependence

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

- Addition of inclusion term with dementia (F01-F02)
  - Major neurocognitive disorder in other diseases classified elsewhere
- Addition of more “Code First” notes
  - F02 Dementia in diseases classified elsewhere
    - Code First dementia with Parkinsonism (G31.83)
    - Huntington’s disease (G10)
    - Prion disease (A81.9)
    - Traumatic brain injury (S06.-)
Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders (F01-F99)

• Expansion of F32.8 Other depressive episodes
• F32.8 is no longer a valid code
  – F32.81 Premenstrual dysphoric disorder
  – F32.89 Other specified depressive episodes

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

• Expansion of F34.8 Other persistent mood (affective) disorders
  – F34.81 Disruptive mood dysregulation disorder
  – F34.89 Other specified persistent mood disorders
• Expansion of F42 Obsessive- compulsive disorders (new codes)
  – F42.2 Mixed obsessional thoughts and acts
  – F42.3 Hoarding disorder
  – F42.4 Excoriation (skin-picking) disorder
  – F42.8 Other obsessive-compulsive disorders
  – F42.9 Obsessive-Compulsive disorder, unspecified
Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders (F01-F99)

• Addition of many inclusion term throughout F10 Alcohol Related Disorders category
  – Anxiety disorder
  – Bipolar and related d/o
  – Depressive d/o
  – Major neurocognitive d/o, amnestic-confabulatory type
  – Major neurocognitive d/o, non amnestic-confabulatory type
  – Mild neurocognitive d/o
  – Psychotic d/o
  – Sexual dysfunction
  – Sleep d/o

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

• Disorder (of)- see also disease
  – Disorder includes several new index references, new main terms, subterm revisions and deleted terms.
  – Some of the new index entries
    • Alcohol use
    • Amphetamine-type substance use
    • Amphetamine (or other stimulant) use
    • Anxiety- new sub term illness F45.21
    • Autism spectrum F84.0
    • Binge eating F50.81
    • Caffeine use
    • Cannabis use
Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders (F01-F99)

• Disorder, communication F80.8 has a new subterm index entry
  – Social pragmatic F80.82
• Disorder, conversion- see Disorder dissociative revised to conversion (functional neurological sx disorder)
  – “With” was added under conversion as a subterm along with the addition of these subterms:
    • Abnormal movement F44.4
    • Anesthesia or sensory loss F44.6
    • Attacks or seizures F44.5
    • Mixed symptoms F44.7
    • Special sensory symptoms F44.6
    • Speech symptoms F44.4
    • Swallowing symptoms F44.4
    • Weakness or paralysis F44.4

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

• Tobacco (nicotine)
  – New subterm of abuse- see Tobacco, use
• Tobacco, withdrawal state- see Dependence, drug, nicotine
  – Revised to: withdrawal state (see also Dependence, drug, nicotine) F17.203
Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders (F01-F99)

- Use (of), alcohol F10.99
  - Revised to: ICD-10-CM code Z72.89
- Use (of), methadone F11.20
  - Revised to: methadone- see Use, opioid

Coding Example

- Patient is a 56-year-old woman who, 5 weeks prior to hospitalization, began to use SAMe on a daily basis to “boost her mood”. Patient was admitted and diagnosed with bipolar I disorder, manic, severe.

- What is the ICD-10 Code?
Answer
In the alphabetic index: Disorder, Bipolar F31.9
  manic F31.9
  without psychotic features F31.10
  no entry specific to severe here so go to tabular list F31 review includes and excludes notes and see F31.13 identifies severe

F31.13

Coding example
A patient is admitted to your facility with alcohol dementia with dependence.

What is the ICD-10 code?
Answer

Alphabetic list: Alcohol, dementia F10.97 with dependence F10.27

Tabular list: F10.27 Alcohol dependence with alcohol-induced persisting dementia

Chapter 6 (G00-G99)

• Diseases of the Nervous System
• Dominant side / Non Dominant side
• Pain- Acute and Chronic
  Postoperative
  Neoplasm
• Chronic Pain Syndrome
• 2019 Changes:
  – G51.3 Clonic hemifacial spasm
  – G51.31 Clonic hemifacial spasm right
  – G51.32 Clonic hemifacial spasm left
  – G51.33 Clonic hemifacial spasm bilateral
  – G51.39 Clonic hemifacial spasm unspecified
Dominant vs Non Dominant

- If documentation is not clear and dominant side is not known- **Right** is dominant
- For ambidextrous patients, default is dominant
- If L side affected the default is non dominant
- If R side affected the default is dominant

Pain and G89

- *A code from category G89 should not be assigned if the underlying diagnosis is known*
- May be assigned with a code for site specific pain if it gives more information
- If pain is not specified as acute or chronic, post-thoracotomy, postprocedural or neoplasm related do not assign G89 code
Additional 2019 updates
G82.20 Paraplegia (lounge) traumatic

Current and injury 7th character change

Sequela of previous injury - 7th Character S
G89.2 Chronic pain
G89.3 Neoplasm related pain
G89.0 Central pain syndrome
G89.4 Chronic pain syndrome

Coding Example

• A patient is diagnosed with Leigh’s disease.

• What is the ICD-10 code?
Answer

• In the alphabetic index see:
  Disease
  Leigh’s G31.82
• Then in the tabular list confirm that G31.82 meets any and all criteria before assigning that code

G31.82

Coding example

A patient suffers from paralysis of his upper right arm. He is left handed.

What is the ICD-10 code?
Answer

Alpha list: Paralysis, arm – see monoplegia; upper limb
monoplegia, upper limb G83.2

Tabular list: G83.2 Monoplegia of upper limb
G83.23 Monoplegia of upper limb affecting right non-dominant side

Chapter 7 (H00-H59)
Diseases of the Eye & Adnexa

• Glaucoma Codes
  Stage and Type and the use of Combination Codes
• Indeterminate stage
• Cataract types
• Added codes for post procedural hematoma/seroma of eye/adnexa
• Expanded to 7th Character
• H34.81-H34.83 Severity of retinol vein occlusion
• H35.31-H35.32 Macular degeneration stages
• H40.11 State of primary angle glaucoma
Coding Example

• Sally is diagnosed with **acute serous conjunctivitis, non-viral bilaterally**.

• What is the ICD-10 code?

---

Answer

• In the alphabetic index see: Conjunctivitis, acute, serous except viral H10.23
• Then go to the tabular list and see serous conjunctivitis except viral (bilateral) H10.233

H10.233
Chapter 8 (H60-H95) Diseases of the Ear & Mastoid process

- No specific guidelines
- Codes H65-H75 disease of the middle ear
- Codes H80-H83 disease of the inner ear
- New codes:
  - H90.A11-H90.A32 Conductive & sensorineural hearing loss with restricted hearing on the contralateral side
  - H95.51-H93.A9 Post procedural hematoma/seroma of the ear +1 mastoid process

Coding Example

- Dennis has been battling bouts of dizziness and is diagnosed with benign paroxysmal vertigo, from right ear.

- What is the ICD-10 code?
Answer

• In the alphabetic index see
  Vertigo R42
  benign paroxysmal H81.1
• This does not specify which ear so you need
  to go to the tabular list see H81.1 and look for
  Right ear....H81.11

H81.11

Chapter 9 (I00-I99)
Diseases of Circulatory System

• Hypertension with heart disease, kidney
  disease and Hypertensive heart with kidney
  disease
• MI- acute phase ≤ 4 weeks regardless of
  setting
Multiple combination codes here
Hypertension with Heart Disease (I11)

- Heart conditions for I50 and I51 are combined into codes from category I11 Hypertensive heart disease when there is a stated (due to) or implied (hypertensive) causal relationship.
- If the patient also has heart failure another code from I50 will be needed to identify the type of failure.
- If no causal relationship stated no combination can be assigned, or if provider identifies a different cause, then both codes are reported separately.

Hypertensive CKD (I12)

- Combination codes from I12 are used when both hypertension and CKD (N18) are present.
- A cause-and-effect is presumed, unless provider state otherwise.
- CKD with hypertension = hypertensive CKD.
- 2019 Revisions:
  - CKD should not be coded as hypertensive if the provider indicates it is not related.
  - Also code from N18 to identify Stage of CKD.
Hypertensive Heart and CKD (I13)

- Must have stated hypertensive heart disease and hypertensive CKD (heart & kidneys involved)
- Assume a relationship between hypertension and CKD unless stated it is not related
- A code from category N18 should be secondary to identify stage of CKD
- I10-I15- Hypertensive diseases
- I16-Reserved for Hypertensive crisis/emergency
- *Residents with both acute & CKD need the additional code to represent the acute condition

CVA Sequela (I69)

- Conditions classifiable to categories I60-I67 (cerebrovascular diseases) as the causes of neuro deficits.
- Deficits may be present at onset of CV disease/ event or may arise later
- Use ‘history of’ codes when no neurological deficits are present
Chapter 9: Diseases of the Circulatory System (I00-I99)

- Code I69.123
  - Revision of inclusion term
    - Fluency disorder following nontraumatic intracerebral hemorrhage
    - Stuttering following non-traumatic intracerebral hemorrhage
    - Term Subarachnoid was changed to intracerebral

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

- Code I69.- Expanded codes with 6th character to include specific cognitive deficits following cerebral hemorrhage or infarction to identify:
  - 0 Attention and concentration deficit
  - 1 Memory deficit
  - 2 Visuospatial deficit and spatial neglect
  - 3 Psychomotor deficits
  - 4 Frontal lobe and executive function deficit
  - 5 Cognitive social or emotional deficit
  - 8 Other symptoms and signs involving cognitive function
  - 9 Unspecified symptoms and signs involving cognitive function
Chapter 9: Diseases of the Circulatory System (I00-I99)

• Code I69.- Expanded codes to include specific cognitive deficits
• Examples:
  – Resident suffered a stroke with residual of memory loss – Code I69.311
  – Resident suffered a non traumatic subarachoid hemorrhage leaving them with social deficits - Code I69.015

CVA and PDPM

• If laterality is missing from the deficit portion of the CVA ICD-10 code, it will be returned to provider (rejected) under PDPM
MI (I21-I22)

- STEMI and NSTEMI included

If NSTEMI evolves into STEMI code STEMI
If STEMI converts to NSTEMI code STEMI

- Acute < 4 weeks (including transfers to other acute/PAC facilities 4x weekly use Z code for aftercare

- Sequencing depends on the circumstances of the encounter

- I25.2 old/healed MI

Coding Example

- A patient is admitted with a diagnosis of STEMI myocardial infarction involving left anterior descending coronary artery.

- What is the ICD-10 code?
**Answer**

- In the alphabetic index see:
  - Infarct, myocardium, myocardial (acute) (with stated duration of 4 weeks or less) I21.3
  - STEMI, involving, left anterior descending coronary artery. I21.02
- Then in the tabular list see that I21.02 meets all the necessary criteria to assign this code

**I21.02**

**Coding example**

A patient has a diagnosis of malignant hypertensive heart and Stage V chronic kidney disease, without heart failure due to hypertension.

What are the ICD-10 codes?
Answer

**Alpha list:** hypertension, cardiorenal (disease) I13.10
without heart failure I13.10
with stage 5 or end stage renal disease I13.11

**Tabular list :** I13.11  Hypertensive heart and chronic
kidney disease without heart failure, with stage 5 chronic
kidney disease, or end stage renal disease (use additional
code to identify the stage of chronic kidney disease
(N18.5, N18.6)

I13.11, N18.5

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

- Acute and Chronic COPD
- Influenza and Pneumonia
- Upper and Lower respiratory infections
Chapter 10: Diseases of the Respiratory System (J00-J99)

- J47.0 Bronchiectasis with acute lower respiratory infection
  - Use Additional code to identify the infection
  - Example:
    - Resident has bronchiectasis and pneumonia
    - Codes: J47.0; J18.9

Coding Example

- Jim has been diagnosed with Chronic obstructive Pulmonary disease, unspecified.

- What is the ICD-10 code?
Answer

See in the alphabetic index: Disease, pulmonary, chronic obstructive J44.9
Then in the tabular list:
  pulmonary, chronic obstructive unspecified J44.9

Be sure to read includes and excludes notes as well as any instructional notes before assigning any code ...especially an unspecified one.

J44.9

Coding example

A patient is admitted with influenza with pneumonia.

What is the ICD-10 code?
Answer

Alpha list: Influenza, with, pneumonia J11.00

Tabular list: J11.00 Influenza due to unidentified influenza virus with unspecified type of pneumonia

Cardiorespiratory & PDPM

- Cardio-Respiratory Failure & Shock
  - J80 Acute Respiratory distress syndrome
  - J81.0 Acute pulmonary edema
  - J95.1,2 & 3- Acute/chronic pulmonary insufficiency following surgery (thoracic surgery or other)
  - J95.82 Post procedural respiratory failure
  - J96- all codes
Cardiorespiratory & PDPM

- J47- all codes (broncietasis)
- J70- all codes (related to other external agents, i.e: smoke, radiation, etc.)
- J84- all codes Pulmonary fibrosis/interstitial lung disease

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

- No chapter specific guidelines
- Many codes in this chapter require additional codes to identify alcohol abuse and dependence (F10-)
- K22.11 ulcer of esophagus with bleeding
- F10.20 alcohol dependence without complications
Chapter 11: Diseases of the Digestive System (K00-K95)

• K52.2 Expansion
  – K52.21 Food protein-induced enterocolitis syndrome
  – K52.22 Food protein-induced enteropathy
  – K52.29 Other allergic and dietetic gastroenteritis and colitis

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

• K52.3 New Code
  – K52.3 Indeterminate colitis
  – Colonic inflammatory bowel disease unclassified (IBDU)
  – Excludes 1: unspecified colitis (K52.9)
Chapter 11: Diseases of the Digestive System (K00-K95)

- K58.- Expansion with new codes for Irritable Bowel Syndrome (IBS)
  - K58.1 Irritable bowel syndrome with constipation
  - K58.2 Mixed irritable bowel syndrome
  - K58.8 Other irritable bowel syndrome

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

- K59.0 Constipation
- New codes:
  - K59.03 Drug induced constipation
  - K59.04 Chronic idiopathic constipation
  - Including: Functional constipation
- Index changes:
  - Drug induced constipation (K59.03)
  - Previously directed the codes to- see Table of Drugs and Chemicals
  - Can now be found in the index under constipation, Drug-induced
Chapter 11: Diseases of the Digestive System (K00-K95)

• Example:
  • 79 year old male who is receiving Fentanyl to treat pain r/t primary prostate cancer which has metastasized to the bone; presents with c/o of constipation. Doctor determines that the opioid medication is the cause of constipation.
  • Diagnosis: Drug induced constipation d/t Fentanyl was documented in medical record.

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

• Question:
  • How is the Drug Induced Constipation coded?
  • Answer:
    • K59.03 Drug induced constipation along with a code to identify the adverse affect of the Fentanyl (T40.4x5-)
    • 7th character will be needed with the adverse affect code
Chapter 11: Diseases of the Digestive System (K00-K95)

- K85 Acute pancreatitis
- Inclusion terms deleted from Tabular
- Includes:
  - Abscess of pancreas
  - Acute necrosis of pancreas
  - Gangrene of pancreas
  - Hemorrhagic pancreatitis
  - Infective necrosis of pancreas
  - Supportive pancreatitis

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

- Changes to ICD-10-CM index entry for Acute Pancreatitis
- Infection, infected, infective (opportunistic), pancreas (acute) K85.9
  - Revised to: see Pancreatitis, acute
- Infection, infected, infective (opportunistic), pancreas, specified NEC K85.8
  - Revised to (see also Pancreatitis, acute) K85.90
Chapter 11: Diseases of the Digestive System (K00-K95)

• K90.0 Celiac disease
  – Includes Celiac disease with steatorrhea
  – Deleted inclusion of idiopathic steatorrhea

• Expansion of K90.4
  – K90.41 Non-celiac gluten sensitivity
  – K90.49 Malabsorption due to intolerance, NEC

Coding Example

Jennifer has been diagnosed with an incisional hernia without obstruction or gangrene.

What is the ICD-10 code?
Answer
• In the alphabetic index:
  Hernia, hernial (acquired) recurrent) K46.9
  incisional, K43.2
• Now look in the tabular list to confirm the correct code:
  Hernia, hernial (acquired) recurrent ), incisional
  without obstruction or gangrene K43.2

K43.2

Cirrhosis and PDPM
• K70.3 through K70.9 - Cirrhosis of the liver
• K74.3-K74.69- Biliary or ‘other’ Cirrhosis of the liver
Chapter 12 (L00-L99)
Diseases of the Skin and Subcutaneous Tissue

- Pressure Ulcers
- Non pressure Chronic ulcers of Lower Limbs
  - Diabetic
  - Vascular ulcers

Pressure Ulcers (L89)

- Use as many codes as needed from L89 category to describe pressure ulcers
- Assignment of the pressure ulcer stage code should be guided by clinical documentation of the stage or documentation of the terms found in the Alphabetic Index.
Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00-L99)

• Addition of code L76.3
  – Postprocedural hematoma and seroma of skin and subcutaneous tissue following a procedure
• Addition of code L98.7
  – Excessive and redundant skin and subcutaneous tissue

ICD-10-CM Official Coding Guidelines
FY 2019 I.C. 12.a.5 (page 16)

• Patients admitted with pressure ulcers documented as healing
  – Pressure ulcers described as healing should be assigned the appropriate pressure ulcer stage code on the documentation in the medical record. If the documentation does not provide information about the stage of healing pressure ulcer, assign the appropriate code for unspecified stage.
  – If the documentation is unclear as to whether the patient has a current (new) pressure ulcer or if the patient treated for a healing pressure ulcer, query the provider.
  – For ulcers that were present on admission but healed at the time of discharge, assign the code for the site and stage of the pressure ulcer, query the provider.
ICD-10-CM Official Coding Guidelines
FY 2019 I.C. 12.a.6 (page 16)

• Patient admitted with pressure ulcer evolving into another stage during the admission
  – If a patient is admitted with a pressure ulcer at one stage and it progresses to a higher stage, two separate codes should be assigned: one code for the site and stage of the ulcer on admissions and a second code for the same ulcer site and the highest stage reported during the stay.

ICD-10-CM Official Coding Guidelines
FY 2019 I.B. 14 (page 6)

• Documentation for BMI, Depth of Non-pressure ulcers, Pressure Ulcer Stages, Coma Scale, and NIH Stroke Scale
• For the Body mass Index (BMI), depth of non-pressure chronic ulcers, pressure ulcer stage, coma scale, and NIH stroke scale (NIHCC) codes, code assignment may be based on medical record documentation from clinicians who are not the patient’s provider (i.e. physician or other qualified healthcare practitioner legally accountable for establishing the patient’s diagnosis) since this information is typically documented by other clinicians involved in the care of the patient (e.g. a dietician often documents the BMI, a nurse often documents the pressure ulcer stages, and an emergency medical technician often documents the coma scale). However, the associated diagnosis (such as overweight, obesity, acute stroke, or pressure ulcer) must be documented by the patient’s provider. If there is conflicting medical record documentation either from the same clinician or different clinicians, the patient’s attending provider should be queried for classification.
• The BMI, coma scale and NIHSS codes should only be reported as secondary diagnoses.
Coding Example:

• A patient is admitted to your facility with 3 pressure ulcers: bilateral buttock ulcers, Stage 3 on the right and stage 2 on the left; and a stage 4 on the sacral area.

• What are the ICD-10 codes:

Answer
There are 3 different wounds that you need to look up;
1. Start in alphabetic index with Ulcer, pressure, L89.9 then buttock L89.3, then to the tabular list, see pressure ulcer right buttock L89.31, stage 3 L89.313
2. Then buttock L89.3 to the tabular list, see pressure ulcer left buttock L89.32, stage 2 L89.322
3. And finally see sacral L89.15, then the tabular list, pressure ulcer sacral region L89.15, stage 4 L89.154

L89.313, L89.322, L89.154
PDPM add-ons

- L40.5- psoriatic arthropathy
- L12.3- acquired epidermolysis bullosa
- L51.1 Stevens-Johnson syndrome
- L51.2 Toxic epidermal necrolysis (Lyell)
- L51.3 Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome (SJS-TEN overlap syndrome)

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

- Laterality comes into play here
- Bone vs Joint
- Osteoporosis and the coding of fractures new and old
- M79.1 Myalgia expanded to add location, M79.10-M79.18
Site and Laterality

• Most codes in this chapter require site and laterality

• Represents bone, muscle or joint

• If no multiple site code available then multiple codes should be used

ICD-10-C Official Coding Guidelines FY 2019 I.B.13 (page 5)

• Laterality

• When a patient has a bilateral condition and each side is treated during separate encounters, assign the “bilateral” code (as the condition still exists on both sides), including for the encounter to treat the first side.

• For the second encounter for treatment after one side has previously been treated and the condition no longer exists on that side, assign the appropriate unilateral code for the side where the condition still exists (e.g. cataract surgery performed on each eye in separate encounters). The bilateral code would not be assigned for the subsequent encounter, as the patient no longer has the condition in the previously- treated site. If the treatment on the first side did not completely resolve the condition, then the bilateral code would still be appropriate.
Acute Traumatic vs Chronic

• Results of healed injury found here

• Recurrent conditions coded here

• Acute injuries should be coded to chapter 19- (S & T codes)

TRAUMATIC FRACTURE RULES

• IF Documentation in the record does not indicate DISPLACED or NON-DISPLACED, code as DISPLACED.

• IF Documentation in the record does not indicate OPEN or CLOSED FRACTURE, code as CLOSED.

• 7th Character will usually be “D” for Subsequent Care in a SNF or another letter to note Care of Complications of Fractures such as nonunion or malunion, if documented

• Aftercare codes (Z codes) are not used, the 7th character is used instead

• Sequencing of Multiple Fractures – code in order of fracture severity
7th Character & Traumatic Fractures

- Last Space should be “D” in SNF/LTC as a follow up or SUBSEQUENT visit
- “A” is used for INITIAL ENCOUNTER as in Acute Care
- “S” is used for Late Effects/Residual/Sequelae
- Many other letters may be used. SEE DIRECTIONS FOR EACH SECTION.
- If a code has only 5 characters & requires 7, then an “X” placeholder must be used

Pathological Fractures and Osteoporosis

- 7th character is to be used to identify initial or subsequent encounters
- **Review definitions of initial & subsequent carefully**
- M81 osteoporosis w/o current pathological fx
- Z87.310 Personal history of healed osteoporosis fx
- M80 osteoporosis w/ current pathological fx
ICD-10-CM Official Coding Guidelines
FY 2019 I.C.13.c. (page 17)

- Coding of Pathologic Fractures
- **7th character A** is for use as long as the patient is receiving active treatment for the fracture. While the patient may be seen by a new or different provider over the course of treatment for a pathological fracture, assignment of the 7th character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time.
- **7th character D** is to be used for encounters after the patient has completed active treatment & is in the healing/recovery phase.
- The other 7th characters listed under each subcategory in the Tabular list, are to be used for subsequent encounters for treatment of problems associated with the healing, such as malunions, nonunions, and sequelae.
- Care for complications of surgical treatment for fracture repairs during the healing or recovery phase should be coded with the appropriate complication codes.

Osteoporosis and Falls

**a code from M80 not a traumatic fx code should be used for any patient with known osteoporosis who suffers a fracture, even if they had a minor fall or trauma, if that fall or trauma would not usually break a normal, healthy bone.**
Chapter 13: Diseases of the Musculoskeletal & Connective Tissue (M00-M99)

• New Code Category
  – M21.61 Bunion
  – Currently index instructs: see Deformity, toe, Hallux valgus; no separate codes assigned, it’s included in the Hallux valgus code

• New code and categories
  – M25.541-M25.549 Pain in joints of hand
  – Includes specific codes for pain in joint of hand
  – Currently Pain, joint, hand indexed to M79.64-

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

• Expansion of M50 for specificity
  – M50.02- Cervical disc disorder with myelopathy, mid-cervical region
  – M50.12- Cervical disc disorder w/radiculopathy, mid-cervical region
  – M50.22- Other cervical disc displacement, mid-cervical region
  – M50.32- Other cervical disc degeneration, mid-cervical region
  – M50.82- Other cervical disc disorders, mid cervical region
  – M50.92- Cervical disc disorder, unspecified, mid-cervical region
Chapter 13: Diseases of the Musculoskeletal & Connective Tissue (M00-M99)

Addition of Code M84.7- Non-traumatic fracture, NEC to reflect type, laterality

- M84.750- Atypical femoral fracture
- M84.751- Incomplete atypical femoral fx, rt. Leg
- M84.752- ............... Left leg
- M84.753- ............... Unspecified leg
- M84.754- Complete transverse atypical femoral fx, right leg
- M84.755- ............... Left leg
- M84.756- ............... Unspecified leg
- M84.757- Complete oblique atypical femoral fx, right leg
- M84.758- ............... Left leg
- M84.759- ............... Unspecified leg

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

- Addition of new category: M97.01-M97.9: periprosthetic fracture around prosthetic joint
- M97.0- Periprosthetic fx around internal prosthetic hip joint
- M97.1- ..................... knee joint
- M97.2- ..................... ankle joint
- M97.3- ..................... shoulder joint
- M97.4- ..................... elbow joint
- M97.8- ..................... other joint
- M97.9- ..................... unspecified joint
- Previously classified as a complication of the joint prosthesis and assigned to T84 codes
Chapter 13: Diseases of the Musculoskeletal & Connective Tissue (M00-M99)

• Alphabetic Index Changes:
  • Fx, pathologic, due to, osteoporosis M80.80 changed to M80.00
  • Fx, pathological- new subterm of “compression”
    – Fx, pathological, compression (not due to trauma)- see also collapse, vertebra M48.50-
  • Iritis, gouty M10.9
    – Revised to: (See also Gout by type) M10.9 (H22)

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

• Alphabetic Index Changes:
  • Neuritis (rheumatoid) gouty M10.00 (G63)
    – Revised to: Neuritis (see also Gout, by type) M10.0 (G63)
  • Nonunion- new subterm: joint following fusion or arthrodesis M96.0
  • Synovitis now has a default code of M65.9
  • Synovitis, gouty see Gout, idiopathic
    – Revised to: Synovitis, gouty see Gout M10.9
Coding Examples

• A patient is treated by an orthopedic surgeon for primary osteoarthritis of the right knee. The patient complains of chronic knee pain that worsens at night. The physician prescribed an anti-inflammatory drug to relieve the pain.

• What is the ICD-10 code?

Answer

• Start in the alphabetic index with:
  Osteoarthritis, primary, knee (M17.1)

• Then go to the tabular list:
  unilateral primary osteoarthritis,M17.1
  unilateral primary osteoarthritis, right knee M17.11

M17.11
Coding example

A 79-year old comes in your facility with osteoporosis and a pathological fracture of the right radius.

What is the ICD-10 code?

Answer

Alpha list: Osteoporosis, with pathological fracture
M80.00, radius M80.03

Tabular list: M80 (need 7 characters) M80.03 age-related osteoporosis with current pathological fracture, forearm
M80.031 right forearm
M80.031D Subsequent encounter for fracture with routine healing

M80.031D
PDPM add-ons

Multiple diagnosis codes from this chapter are in the NTA component for points!

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

• Chronic kidney disease – CKD
  based on severity designated by stages

• New combination codes with heart disease and hypertension
Common coding pitfalls- N

• Long term catheter placement, BPH, urinary retention
  – N40.1 BPH with LUTS, use additional code to describe the condition
    • R33.8 Urinary Retention

Coding Examples

• A patient is admitted to your facility with Chronic Kidney Disease stage 5 requiring chronic dialysis

• What is the ICD-10 code?
Answer

• In the alphabetic index:
  Disease, kidney (functional) (pelvis) N28.9
  chronic N18.5
  stage 5 N18.5

• Then in the tabular list N18 instructional notes: N18.5 chronic kidney disease stage 5 (excludes) chronic kidney disease stage 5 requiring chronic dialysis use

• End stage renal disease N18.6 and per directions in red Z99.2 needs to be coded for dialysis.

N18.6, Z99.2

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

• Addition of New Code
  – N13.0 Hydronephrosis with ureteropelvic junction obstruction
  – Expansion of N39.49 Other specified urinary incontinence
  – N39.491 Coital incontinence
  – N39.492 Postural (urinary) incontinence
Chapter 14: Diseases of the Genitourinary System (N00-N99)

• Expansion of N42.3-Dysplasia of prostate
  – N42.30 Unspecified dysplasia of prostate
  – N42.31 Prostatic intraepithelial neoplasia
  – N42.32 Atypical small acinar proliferation of prostate
  – N42.39 Other dysplasia of prostate

• Expansion of N61.- Inflammatory disorder of breast
  – N61.0 Mastitis without abscess
  – N61.1 Abscess of the breast and nipple

• Special Note: Expansion of multiple categories regarding female genital tract ranging from N83-N99... which are not common to Long Term Care
Non SNF Chapters

- Chapter 15 and 16 have very little presence in outpatient care although Never say Never.
- Codes (O00-O99) and Codes (P00-P96)

Chapter 17 (Q00-Q99)
Congenital Malformations, Deformations and Chromosomal Abnormalities

- Chromosomal abnormalities and Deformities
- Codes may be first listed or secondary
- Once corrected personal history codes should be assigned
Chapter 17: Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99)

- Expansion of Q25 Congenital malformations of great arteries
  - Q25.2- Artesia of aorta
  - Q25.4- Other congenital malformations of aorta
- Expansion of Q52.12 Longitudinal vaginal septum
- Expansion of Q66.2 Congenital metatarsus
- Addition of code Q82.6 Congenital sacral dimple
- Addition of code Q87.82 Arterial tortuosity syndrome

Coding Example

- Marcus is diagnosed with unilateral cleft lip with cleft hard palate.

- What is the ICD-10 code?
Answer

• In the alphabetic index see:
  Cleft, lip, (unilateral) Q36.9
  with cleft palate, Q37.9 hardQ37.1
• Then in the tabular list:
  Cleft hard palate with unilateral cleft lip, cleft hard palate with cleft lip NOS Q37.1

Q37.1

Chapter 18 (R00-R99)
Symptoms, Signs and Abnormal Clinical & Lab Findings
• Use signs and symptoms only when no diagnosis is present
• Not used when part of specific disease or condition
• Combination codes may include symptoms
  Functional Quadriplegia (R53.2)
Falls

• Repeated falls guidance (R29.6)
  Use of History of falls....
  Code Z91.81, history of falling, is for use when a patient has fallen in the past and is at risk for future falls.
  **history codes should not be assigned if the condition is active and being treated

Chapter 18: Symptoms, Signs and Abnormal Clinical & Lab Findings (R00-R99)

• Addition of code R73.03 Prediabetes
  – Prediabetes will no longer be found under R73.09
• Expansion of R82.7 Abnormal findings on microbiological exam of urine
  – R82.71 Bacteriuria (N39.0 previously)
  – R82.79 Other abnormal findings on microbiological examinations of urine
• Expansion of R97.2 Elevated prostate specific antigen (PSA)
  – R97.20 Elevated prostate specific antigen (PSA)
  – R97.21 Rising PSA following tx for malignant neoplasm of prostate
Coding example

• A patient was admitted to the ER and is seen by a cardiologist with chest pain and shortness of breath on exertion. The physician documents a diagnosis of bradycardia.

• What is the ICD-10 code?

Answer

• In the alphabetic index:
  Bradychardia, unspecified R00.1
• Then in the tabular list:
  Bradycardia, unspecified R00.1
  (In the example the sign/symptoms are related to the condition and would not require an additional diagnosis code).
Coding example

A patient has complaints of hematuria for the first time.

What is the ICD-10 code?

Answer

Alpha list: Hematuria R31.9

Tabular list: R31.9 Hematuria, unspecified
Chapter 19 (S00-T88)
Injury, Poisoning & Certain Other Consequences of External Caused

- Use of 7th character here has special requirements for fractures
- Traumatic Fractures
- Burns
- Use of Table of Drugs and Chemicals
- Adv Effect, Poisoning, Underdosing and Toxic effects
- Transplant complications

Chapter 19 & the 7th character

- While the patient may be seen by a new or different provider over the course of treatment for an injury, assignment of the 7th character is based on whether the patient is undergoing active treatment, and not whether the provider is seeing the patient for the first time.
ICD-10 Codes Rehab

- Encounter codes 7\textsuperscript{th} character fractures
  - A- initial encounter closed fracture
  - B- initial encounter open fracture
  - D- subsequent encounter routine healing
  - G- subsequent encounter delayed healing
  - K- subsequent encounter fx nonunion
  - P- subsequent encounter fx malunion
  - S- sequela

Complication Codes

- For complication codes, active treatment refers to treatment for the condition described by the code, even though it may be related to an earlier precipitating problem.
• Aftercare Z codes should not be used for conditions such as injuries or poisonings where 7th characters are provided to identify subsequent care.

• If laterality is missing from the ICD-10 code for fractures, it will be returned to provider (rejected)

Injuries

• Assign separate codes for each injury unless a combination code exists

• Code for the most significant injury and the focus of treatment

• Don’t code abrasions or contusions if a more serious injury is present at the same site (ie; abrasion at the site of a fracture)

• References to “middle” revised from “medial” i.e. middle phalynx
Fractures

- Multiple fractures should be coded separately unless there is a combination code.
- If fracture is not specified as open or closed then code is closed.
- If fracture is not specified as displaced or non-displaced the code displaced.
- Remember Osteoporosis fractures don’t live here.

Initial vs Subsequent

- **Initial** = surgical treatment, ER encounter and evaluation and continuing (ongoing) treatment by same or different physician. **patient delay in treatment should still be initial**
- **Subsequent** = healing or recovery phase. Cast change or removal, an xray to check healing status of fracture, removal of external or internal fixation device, medication adjustment and follow up visits.
Chapter 19: Injury, Poisoning & Certain Other Consequences of External Causes (S00-T88)

- New expanded revisions & additional codes for complications of more specific devices (T83.-, T85.-) categories
- Types of complications: mechanical, displacement, leakage, breakdown, infection and inflammation, erosion of graft, stenosis, exposure, fibrosis and pain
- Types of Devices: indwelling, urethral catheter, nephrostomy catheter, penile/testicular prosthesis, implanted electronic neurostimulator, generator, ventricular intracranial shunt, nervous system prosthetic devices

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

- Alphabetic Index Changes:
- New subterm of “compression” under fracture, pathological
  - Fracture, pathological, compression (not due to trauma) (see also collapse, vertebra) M48.5-
  - Fracture, traumatic- many new subterms related to laterality… be careful when coding.
Adverse Effects, Poisoning, Under-dosing and Toxicity

- Don’t code directly from drug table
- No limit on number of codes
- Review definitions of adverse effect, poisoning, under-dosing and toxicity

Infection Following a Procedure
Added a 5th Character

**T81.40** Infection following a procedure, unspecified

**T81.41** Infection following a procedure, superficial surgical site
- Subcutaneous abscess following a procedure
- Stitch abscess following a procedure

**T81.42** Infection following a procedure, deep incisional surgical site
- Intra-muscular abscess following a procedure

**T81.43** Infection following a procedure, organ and surgical site
- Intra-abdominal abscess following a procedure
- Subphrenic abscess following a procedure

**T81.44** Sepsis following a procedure
- Use additional code to identify the sepsis

**T81.49** Infection following a procedure, other surgical site
Coding Example

• Mr. Jones a long term resident fell in his room and was sent to the ER with a diagnosis with an extra-articular fracture of the left distal radius. He was treated and brought back to the nursing home.

• What is the ICD-10 code?

Answer

• In the alphabetic index:
  Fracture, radius, S52.9
• In the tabular list:
  -Fracture of lower end of radius S52.5
  -Other extra-articular fracture of lower end of radius S52.55
    -Left radius S52.552

Needs 7 characters-per instructions on Tabular list D=subsequent encounter for fracture with routine healing S52.552D
Coding example

• A patient is admitted to the skilled nursing facility after having surgery for an open burst fracture of the first lumbar vertebra, which became unstable.

• What is the ICD-10 code?

Answer

• In the alphabetic index see:
  Fracture, vertebra, lumbar, S32.009
  burst, unstable (S32.002)
• Then in tabular list:
  - unstable burst fracture of unspecified lumbar vertebra S32.002
• 7th character required - encounter for fracture with routine healing. (S32.002D)

S32.002D
PDPM add-ons

Multiple complication codes will apply add-on points!

Chapter 20 (V00-Y99)

• Data collection items

• *There is no national requirement for mandatory ICD-10-CM external cause code reporting. Unless a provider is subject to a state based external cause code reporting mandate or these codes are required by a particular payer.*

• Not used in LTC
Coding example

• A patient is treated for carpal tunnel syndrome from excessive, long-time computer keyboarding at work.

• What is the ICD-10 code(s)?

Answer

• Syndrome, carpal tunnel (G56.0)
• Tabular list, carpal tunnel syndrome, unspecified upper limb G56.00;
  External cause of injuries index; activity, computer, keyboarding Y93.C1,
• Tabular list Activity, computer keyboarding Y93.C1, the last code Y99 external cause status,(where the person was), Civilian activity done for income or pay Y99.0

G56.00, Y93.c1, Y99.0
Chapter 21 (Z00-Z99)
Factors Influencing Health Status & Contact with Health Services

• Review Chapter specific guidelines for specific encounters
• Can be used in any healthcare setting
• May be used as first listed/primary or secondary diagnosis
• Are not procedure codes

Categories of Z Codes
Other Outpatient Settings

• Screening
• Observation
• Follow up
• Donor
• Counseling
• Encounters for Obstetrical and Reproductive Services
• Newborns and Infants
• Routine/Admin Exams
• Encounters for Reproductive Services
• Genetic Carrier and Genetic Susceptibility to Disease
• Routine and Administrative Examinations
• Prophylactic Organ Removal
Categories of Z Codes
SNF Related

• Contact/Exposure
• Inoculations and Vaccinations
• Status
• History (of)
• Aftercare

Categories of Z Codes
In All Outpatient Settings

• Miscellaneous
• Nonspecific
• First listed/principal only
Category Z16
Resistance to Antimicrobial Drugs
• Use as additional codes to identify the resistance of a condition to antimicrobial drugs
• Must first code the infection

Z16.21 Resistance to Vancomycin
Z16.24 Resistance to multiple antibiotics
Z16.32 Resistance to antifungal drug(s)

***Does NOT include MRSA infections***

Category Z20
• Indicates contact with or exposure to a communicable disease.
• Signs and symptoms of the disease are NOT present.
• Used most commonly as a secondary to identify risk potential.
Examples of Z20
Z20.1  Contact/Exposure to TB

Z20.5  Contact/Exposure to viral hepatitis

Z20.820  Contact/Exposure to varicella

Z20.6  Contact/Exposure to HIV (excludes note)

Category Z21
• Asymptomatic human immunodeficiency virus [HIV] infection status
• Includes HIV positive NOS
• Code first note for pregnancy complications
• Excludes 1 (NEVER code with)
  Z20.6 – exposed to
  B20 – symptomatic HIV
  R75- inconclusive lab results
Categories Z40-Z53
Encounters for other specific health care

Z43 Encounter for attention to artificial openings includes closures, cleansing, toileting and removal of catheters from openings
Z43.0 encounter for attention to tracheostomy
Z43.3 encounter for attention to colostomy
Z43.4 encounter for attention to openings of the digestive tract

Categories Z40-Z53
Encounters for other specific health care

Z45 Encounter for adjustment and management of implanted device
Z45.01 encounter ..... cardiac pacemaker
Z45.02 encounter .... AICD

Z46 Encounter for fitting and adjustment of other devices
Z46.5 encounter ... other gastrointestinal appliance and device
Categories Z40-Z53
Encounters for other specific health care

**Z47** Orthopedic aftercare
  Z47.1 Aftercare following joint replacement surgery *use additional code to identify joint

**Z48** Other post procedural aftercare
  Z48.0 attention to dressings, sutures and drains

**Z49** Care involving renal dialysis
  Z49.02 encounter....peritoneal dialysis catheter

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Category Z66 & Z68

**Z66** DNR status

**Z68** BMI index
Category Z79
Long term (current) drug therapy
• Prophylactic use
• Code monitoring
Z79.01 long term use of anticoagulants
Z79.2 long term use of antibiotics
Z79.4 long term use of insulin
Z79.84 long term use of oral hypoglycemic drugs

Category Z85
• Personal history of malignant neoplasm
• Include codes to identify if alcohol or tobacco are/were an impact
Categories of Z Codes

• Z16  Resistance to antimicrobial drugs
• \textbf{Z20-Z29}  Persons with potential health hazards r/t communicable diseases (Carrier, Asymptomatic HIV, immunizations)
• Z43  Encounter for attention to artificial openings
• Z45  Encounter for adjustment and management of implanted device
• Z47  Orthopedic aftercare
• Z48  Encounter for other postprocedural aftercare
• Z79  Long term (current) drug therapy

• \textbf{Z85}  Personal history of malignant neoplasm
• \textbf{Z86-Z87}  Personal history of certain other diseases / conditions
• \textbf{Z89-Z90}  Acquired absence of limb / organs
• Z91  Personal risk factors, not elsewhere classified
• Z92  Personal history of medical treatment
• Z93  Artificial opening status – (management= Z43-)
• Z94  Transplanted organ and tissue status
• Z95  Presence of cardiac and vascular implants and grafts
• Z96  Presence of other functional implants
• Z97  Presence of other devices
• Z98  Other postprocedural states
• Z99  Dependence on enabling machines and devices, NEC
Coding example

• A patient who has Type 2 diabetes mellitus is seen by the doctor in the facility. The patient is doing well with diet and has been on insulin for five months. The physician decided to keep the patient on insulin for a couple more months to make sure his blood sugar remains stable.

• What is the ICD-10 code?

Answer

• In the Alphabetical Index:
  Diabetes, Type II, E11.9
• In the Tabular list:
  Type 2 diabetes mellitus with complications E11.9
  Therapy, drug (long term), insulin Z79.4
  Tabular list, long term current use of insulin Z79.4

E11.9, Z79.4
Coding example

Your resident is unsteady on her feet and has a history of falls.

What is the ICD-10 code?

Answer

Alpha list: history, falls or falling Z91.81

Tabular list: Z91.81 history of falling – at risk for falling

Z91.81
<table>
<thead>
<tr>
<th>Condition/Extensive Service</th>
<th>ICD10</th>
<th>MDS Item</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>B20</td>
<td>N/A—claim only</td>
<td>8</td>
</tr>
<tr>
<td>Parenteral/IV Feeding - High Intensity while a resident</td>
<td>K0510A2, K0710A2</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>IV Medication while a resident</td>
<td>O0100H2</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Ventilator/Respirator</td>
<td>O0100F2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Parenteral/IV Feeding - Low Intensity while a resident</td>
<td>K0510A2, K0710A2 &amp; B2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Lung Transplant status (Z94.2)</td>
<td>T86.3; -T86.81; -Z48.24; -Z48.26; -Z94.2; -Z94.3</td>
<td>I8000</td>
<td>3</td>
</tr>
<tr>
<td>Transfusion while a resident</td>
<td>O0100H2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Major Organ Transplant status, except lung</td>
<td>D89.81; -T86.0 thru T86.5; -T86.85; -Z48.2; -Z48.4 thru Z94.4; -Z94.81 thru Z94.84</td>
<td>I8000</td>
<td>2</td>
</tr>
<tr>
<td>Multiple Sclerosis (MS)</td>
<td>I5200</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Opportunistic Infections</td>
<td>A07.2; A31.-; B25.-; B37.1; B37.7; B37.81; B44.-; B45.-; B46.-; B48.4; B56.2; B58.3; B59</td>
<td>I8000</td>
<td>2</td>
</tr>
<tr>
<td>Asthma, COPD, Chronic Lung Disease</td>
<td>I6200</td>
<td>2</td>
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<td>Bone/Joint/Muscle Infections/Necrosis (except Aseptic Necrosis)</td>
<td>A01.04; A01.05; A02.23; A02.24; A39.83; A39.84; A50.55; A54.4; A66.6; A69.23; B06.82; B28.85; B42.82; M00.0 thru M02.9; M46.2 thru M46.39; M72.6; M86.-; M89.6;</td>
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<tr>
<td>Chronic Myeloid Leukemia</td>
<td>C92.1-</td>
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<td>Wound Infection (other than foot)</td>
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<td>Diabetes Mellitus (DM)</td>
<td>I2900</td>
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<th>Condition/Extensive Service</th>
<th>ICD10</th>
<th>MDS Item</th>
<th>Points</th>
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<td>Endocarditis</td>
<td>A01.02; A18.84; A32.82; A39.51; A52.03; A78; B33.21; B35.6; D35.9; J18; J39; M32.11</td>
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<td>Immune Disorders</td>
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<td>End-Stage Liver Disease</td>
<td>I85.1; -K70.41; -K71.11; -K72.1; -K72.9; -K76.6; K76.7; K76.81</td>
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<td>Diabetic Foot Ulcer</td>
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<tr>
<td>Narcolepsy and Cataplexy</td>
<td>G47.4-</td>
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<td>Cystic Fibrosis</td>
<td>E84.-</td>
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<td>Tracheostomy while a resident</td>
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<td>Multidrug-Resistant Organism (MDRO)</td>
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<td>Isolation/quarantine</td>
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<td>Specified Hereditary Metabolic /Immune D/O</td>
<td>D84.1; E88.01</td>
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<td>Morbid Obesity</td>
<td>E66.01; E66.2; Z68.4-</td>
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<td>Radiation while a resident</td>
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<td>Stage 4 Pressure Ulcer (points for presence, not %)</td>
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<td>Psoriatic Arthropathy &amp; Systemic Sclerosis</td>
<td>L40.5-; M34.-</td>
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<td>Chronic Pancreatitis</td>
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<td>Proliferative Diabetic Retinopathy &amp; Vitreous Hemorrhage</td>
<td>E08351; E08359; E09351; E09359; E10351; E10359; E11351; E11359; E13351; E13359; E1335;</td>
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<td>Foot Infection, Other Open Lesion of Foot (except diabetic foot ulcer)</td>
<td>M1040A, M1040C</td>
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<td>Complications of Specified Implanted Device/Graft</td>
<td>M96.6-; N99.5-; T82.3-; T82.59-; T82.6-; T82.7-; T86.842; Certain codes in the following areas - T82.8-; T83-; T84-; T85-;</td>
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<td>Intermittent Catheterization</td>
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<td>Inflammatory Bowel Disease</td>
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<td>Aseptic Necrosis of Bone</td>
<td>M87.-; M90.-</td>
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<td>Suctioning</td>
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<td>Cardio-Respiratory Failure &amp; Shock</td>
<td>J46.-; I49.0-; J90.; J91.0-; J95.1-; J95.2-; J95.3-; J95.82-; J96.-; R57.-; T81.11X-</td>
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<td>Myelodysplastic Syndromes &amp; Myelofibrosis</td>
<td>D46.-; D47.4; D75.81</td>
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<td>Systemic Lupus (SLE); Other Connective Tissue D/O; and Inflammatory Spondylopathies</td>
<td>M08.1-; M30.-; M31.-; M32.-; M33.-; M35.0-; M35.1-; M35.5-; M35.8; M35.9-; M36.0-; M36.8-; M45.-; M46.0-; M46.1-; M46.5-; M46.8-; M46.9-; M48.8-; M49.8-; Q79.6; Q87.4; Q87.42; Q87.43</td>
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<td>Diabetic Retinopathy (Nonproliferative)</td>
<td>Categories E08-E13 ophthalmic complications</td>
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<td>Feeding Tube while a resident</td>
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<td>Severe Skin Burn or Condition</td>
<td>L12.3-; L51.1; L51.2; L51.3 - Codes T31- &amp; T32- with ≥10% body</td>
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<td>Intractable Epilepsy</td>
<td>Intractable codes with or without status epilepticus starting at G40.01- thru G40.9-</td>
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<td>Malnutrition (or at risk)</td>
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<td>Disorders of Immunity (except immune d/o above)</td>
<td>D61.81-; D70.-; D74-; D72.0-; D76.-; D89.81-</td>
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<td>Cirrhosis of Liver</td>
<td>K70.3- thru K70.9; K74.3 thru K74.69</td>
<td>18000 (also of cirrhosis in 11100)</td>
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<td>Bowel/Bladder Ostomy</td>
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<td>Respiratory Arrest</td>
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<td>Pulmonary Fibrosis &amp; Other Chronic Lung D/O</td>
<td>B44.81; J47.-; J70.-; J84.-; M32.13; M33.01; M33.11; M33.21; M33.31; M34.81; M35.02</td>
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</tr>
</tbody>
</table>

Questions?

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