ICD-10-CM: Are You Ready?

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Disclosure

I have no financial interests to disclose.
ICD-10 Overview

• ICD-9 is no longer supported by the World Health Organization (WHO)
  – Majority of other countries have already adapted to ICD-10
• ICD-9 can’t accommodate emerging disease affecting us internationally due to lack of specificity
• ICD-10 allows for improved disease management
• Fewer rejected claims with ICD-10
# The Comparison

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>14,000+ codes</td>
<td>90,000+ codes</td>
</tr>
<tr>
<td>3-5 characters in length</td>
<td>3-7 characters in length</td>
</tr>
<tr>
<td>Mostly numeric only (E codes/V codes)</td>
<td>Character 1-Alpha, Character 2-Numeric, Characters 3-7-Alpha or Numeric</td>
</tr>
<tr>
<td>Lacks detail</td>
<td>Very specific</td>
</tr>
<tr>
<td>Limited space for new codes</td>
<td>Flexible for adding new codes (“x” placeholder)</td>
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</tbody>
</table>
ICD-10 Guidelines

- Divided into alphabetic index and the tabular list.
  - Do not code strictly from the alpha-index
  - Always confirm your code in the tabular list to verify notes, exclusions, digits required
- Format and structure
  - Tabular list contains categories, subcategories and codes.
    - All categories are 3 characters: A 3 character category that has no further subdivision is equivalent to a code.
    - Subcategories are either 4 or 5 characters.
    - Codes may be 3, 4, 5, 6 or 7 characters.
ICD-10 Guidelines

Placeholder Character

– Placeholder “x” is used to fill in for a code that can be expanded upon in the future.
– Usually found in the poisoning, adverse effect and underdosing codes.
– Where a placeholder exists, the x must be used in order for the code to be considered a valid code.
ICD-10 (Placeholders)

- Some codes within ICD-10 assign “X” placeholders for the 4th, 5th, and 6th characters.

Examples:
- T88.52XA  Failed moderate sedation during procedure, initial encounter
- T88.52XD  Failed moderate sedation during procedure, subsequent encounter
- T88.52XS  Failed moderate sedation during procedure, sequela
ICD-10 (7\textsuperscript{th} Character)

- Some codes within ICD-10 have a 7\textsuperscript{th} character
- Most common for Chapter 19 (Injury/Poisoning)
- Most categories give a choice of three options for 7\textsuperscript{th} character:
  - A – initial encounter
    - Used when the condition or problem is actively being treated during initial encounter (evaluation by new provider)
  - D – Subsequent encounter
    - Used when the condition or problem is treated during the healing or recovery phase (follow up visits/medication adjustments)
  - S – Sequela encounter
    - Used for complications or late effects of the condition or problem (chronic)
ICD-10 (7th Character)

Examples:

Initial Encounter
Patient presents to ER for food in esophagus causing swallowing problems:
✓ 7th T18.128 Food in esophagus causing other injury

Since this is the first encounter, A is added: T18.128A

Subsequent Encounter
• Patient had ERCP with exchange of bile duct stent that was displaced.
  Patient is following up in the office today and is doing well.
✓ 7th T85.520 Displacement of bile duct prosthesis

Since this was a subsequent encounter, D is added: T85.520D
ICD-10 (7th Character)

Examples:

Sequela Encounter

Patient seen in hospital for elevated transaminase due to intentional acetaminophen overdose:

Primary diagnosis would be:

R74.8  Nonspecific elevation of levels of transaminase and lactic acid dehydrogenase (LDH)

✓ 7th T39.1X2  Poisoning by 4-Aminophenol derivatives, intentional self-harm

Since this was a sequela, S is added:

T39.1X2S
Abbreviations

• Alphabetic index:
  NEC  “Not elsewhere classifiable
  This represents “other specified”. When a specific code is not available for a condition, the Alphabetic Index directs the coder to the “other specified” code in the Tabular List.
  NOS  “Not otherwise specified”
  This means unspecified.

– Tabular List:
  NEC  “Not elsewhere classifiable
  This represents “other specified”. When a specific code is not available for a condition, the Tabular List includes an NEC entry under a code to identify the code as the “other specified” code.
  NOS  “Not otherwise specified”
  This means unspecified.
ICD-9 versus ICD-10

Right upper quadrant abdominal pain

*ICD-9*: 789.01
*ICD-10*: R10.11 same

Vomiting

*ICD-9*: 787.03
*ICD-10*: R11.11 without nausea
R11.12 projectile

RLQ abdominal tenderness

*ICD-9*: 789.63
*ICD-10*: R10.813 same
R10.823 rebound
ICD-9 versus ICD-10

Benign neoplasm of colon (colon polyps)
*ICD-9:* 211.3
*ICD-10:* D12.0 cecum
  - D12.1 appendix
  - D12.2 ascending colon
  - D12.3 transverse colon
  - D12.4 descending colon
  - D12.5 sigmoid colon
  - D12.6 colon, unspecified
    - Adenomatosis of colon
    - Polyposis (hereditary) of colon
ICD-10 Structure

Tabular List
Chapter 1  Certain Infectious and Parasitic Diseases (A00-B99)
Chapter 2  Neoplasms (C00-D49)
Chapter 3  Diseases of Blood/Blood forming organs/Immune mechanisms (D50-D89)
Chapter 4  Endocrine, Nutritional and Metabolic Diseases (E00-E90)
Chapter 5  Mental and Behavioral Disorders (F01-F99)
Chapter 6  Diseases of the Nervous System (G00-G99)
Chapter 7  Disorder of Eye and Adnexa (H00-H59)
Chapter 8  Diseases of Ear and Mastoid Process (H60-H95)
Chapter 9  Diseases of Circulatory System (I00-I99)
Chapter 10 Diseases of Respiratory System (J00-J99)
Chapter 11 Diseases of Digestive System (K00-K94)
Chapter 12 Diseases of Skin and Subcutaneous Tissue (L00-L99)
ICD-10 Structure

Tabular List (continued)
Chapter 13 Diseases of Musculoskeletal System and Connective Tissue (M00-M99)
Chapter 14 Diseases of Genitourinary System (N00-N99)
Chapter 15 Pregnancy, Childbirth and Puerperium (O00-O99)
Chapter 16 Conditions originating in Perinatal Period (P00-P96)
Chapter 17 Congenital Malformations, eformations/Chromosomal Abnormalities (Q00-Q99)
Chapter 18 Symptoms, Signs, Abnormal Clinical & Laboratory Findings (R00-R99)
Chapter 19 Injury, Poisoning & other Consequences External Cause (S00-T88)
Chapter 20 External Causes of Morbidity (V01-Y98) (OLD E CODES)
Chapter 21 Factors Influencing Health (Z00-Z99) (OLD V CODES)
Infectious and Parasitic Diseases (A00-B99)

A04.7 - Enterocolitis due to Clostridium Difficile
  Foodborne intoxication by Clostridium Difficile
  Pseudomembranous colitis
A09 – Infectious Colitis
  Infectious colitis NOS
  Infectious enteritis
  Infectious Gastroenteritis NOS
  
  \hspace{1cm} \textit{colitis NOS (K52.9)}
  \textit{diarrhea NOS (R19.7)}
  \textit{enteritis NOS (K52.9)}
  \textit{gastroenteritis NOS (K52.9)}
  \textit{noninfectious gastroenteritis and colitis, (K52.9)}

EXCLUDES 1
Viral Hepatitis (B15-B19)

- **EXCLUDES 1** sequalae of viral hepatitis (B94.2)
- **EXCLUDES 2** cytomegaloviral hepatitis (B25.1)
- **EXCLUDES 2** herpes viral [herpes simplex] hepatitis (B00.81)

- **✓ 4th B18** Chronic viral hepatitis

  - **B18.0** Chronic viral hepatitis B with delta-agent
  - **B18.1** Chronic viral hepatitis B without delta-agent
  - **B18.2** Chronic viral hepatitis C
  - **B18.8** Other chronic viral hepatitis
  - **B18.9** Chronic viral hepatitis, unspecified
Neoplasms (C00-D49)

Note:

Functional activity
All neoplasms are classified in this chapter, whether they are functionally active or not. An additional code from Chapter 4 may be used, to identify functional activity associated with any neoplasm.

*Translation: If there are any metabolic issues documented on pathology, these are to be reported separately.*

Morphology (Histology)
Chapter 2 classifies neoplasms primarily by site, with broad groupings for behavior, malignant, in situ, benign, etc. The table of neoplasms should be used to identify the correct topography code.
Neoplasms (C00-D49)

Note continued

Primary malignant neoplasms overlapping site boundaries
A primary malignant neoplasm that overlaps two or more contiguous (next to each other) sites should be classified to the subcategory/code .8 (overlapping lesion), unless the combination is specifically indexed elsewhere. For multiple neoplasms of the same site that are not contiguous, such as tumors in different locations of the large intestine, codes for each site should be assigned.

Malignant neoplasm of ectopic tissue
Malignant neoplasms of ectopic tissue are to be coded to the site mentioned, e.g., ectopic pancreatic malignant neoplasms are coded to pancreas, unspecified (C25.9).
Neoplasms (C00-D49)

1. Treatment directed at the malignancy
If treatment is directed at the malignancy, the malignancy is the primary diagnosis. Any secondary sites would be reported as additional diagnosis.

2. Treatment of secondary site
When a patient is seen because of a primary neoplasm with metastasis and treatment is directed toward the secondary site only, the secondary neoplasm is designated as the principal diagnosis.

Example: Patient is being seen in consultation for carcinoma metastatic to the liver.
Diagnosis would be:
C78.7 Secondary malignant neoplasm of liver and intrahepatic bile duct
Neoplasms (C00-D49)

3. Primary malignancy previously excised

When the primary malignancy has previously been excised or eradicated from its site and there is no evidence of any existing primary malignancy, a code from category Z85, Personal history of malignancy neoplasm, should be used to indicate previous site of malignancy. Any mention of secondary malignancy is coded as secondary malignant neoplasm to that site. The secondary site would be the principal diagnosis with the personal history of malignancy as the secondary diagnosis.
4. Neoplasms of uncertain behavior are only assigned when histologic confirmation of whether the neoplasm is malignant or benign cannot be made. It should not be used in lieu of waiting for pathology report or just because the lesion “looked” funny.

5. Neoplasms of unspecified behavior are those of unspecified morphology and behavior.

NOTE: NEOPLASM IS NOT TO BE USED UNLESS THE GROWTH IS NEOPLASTIC IN NATURE. THE TERM MASS DOES NOT MEAN THE MASS IS NEOPLASTIC.
Neoplasms (C00-D49)

✓ 4th C15 – Malignant neoplasm of esophagus

Use additional code to identify: alcohol abuse and dependence (F10.-)

- Abdominal – C15.5
- Distal (third) – C15.5
- Middle (third) – C15.4
- Proximal (third) – C15.3
- Upper (third) – C15.3
- C15.9 - malignant neoplasm esophagus, unspecified

Coding Tips: The neoplasm table in the Alpha index should be referenced first, however, if the histological term is documented such as “adenoma”, that term should be researched to determine whether or not this would be considered a neoplastic process.
Diseases of the blood/blood forming organs/Immune mechanisms (D50-D89)

D62 – Acute posthemorrhagic anemia
  - anemia due to chronic blood loss (D50.0)
  - blood loss anemia NOS (D50.0)
  - congenital anemia from fetal blood loss (P61.3)

D63.0 - Anemia associated with malignancy

Coding tips: When the encounter is specifically for the treatment of the anemia due to malignancy, the appropriate code for the malignancy is sequenced primary, followed by D63.0
1. Diabetes Mellitus
   a. Type of diabetes
      The age of a diabetic is not the sole determining factor, though most type 1 diabetics develop the condition before reaching puberty. For this reason, type 1 diabetes mellitus is also referred to as juvenile diabetes.
   b. Type of diabetes mellitus not documented
      If the type of diabetes mellitus is not documented in the medical record, assign E11.-, Type 2 diabetes mellitus
   c. Diabetes mellitus and the use of insulin
      If the documentation in the medical record does not indicate the type of diabetes but that the patient uses insulin, Code E11.-, Type 2 diabetes and code Z79.4, Long term (current) use of insulin should be assigned.
Endocrine, Nutritional and Metabolic Diseases (E00-E90)

1. Diabetes Mellitus (continued)
   
d. Secondary diabetes mellitus
   
   Secondary diabetes is always caused by another condition or even (e.g., cystic fibrosis, malignancy neoplasm of pancreas, pancreatectomy, adverse effect of drug or poisoning)

   - **Secondary diabetes mellitus due to pancreatectomy**
     
     For postpancreatectomy diabetes mellitus (lack of insulin due to the surgical removal of all or part of the pancreas), assign code E89.1, Postprocedural hypoinsulinemia plus code from category E13 and a code for subcategory Z90.41-, Acquired absence of pancreas.

   - **Secondary diabetes due to drugs**
     
     For secondary diabetes due to drugs, utilize codes from poisoning or sequela poisoning
Endocrine, Nutritional and Metabolic Diseases (E00-E90)

E11.43 Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy

Type 2 diabetes with diabetic gastroparesis

E11 subcategory: Use addition code to identify any use of insulin Z79.4

E66.01 Morbid (severe) obesity due to excess calories

**Excludes 1:** morbid (severe) obesity with alveolar hypoventilation (E66.2)

E66 subcategory: Use additional code to identify BMI, if known (Z68.-)
Endocrine, Nutritional and Metabolic Diseases (E00-E90)

• Malnutrition (E40-E46)

✓ 4th E44  Protein-calorie malnutrition of moderate and mild degree
  E44.0  Moderate protein-calorie malnutrition
  E44.1  Mild protein-calorie malnutrition

E46  Unspecified protein-calorie malnutrition
Malnutrition NOS
Protein-calorie imbalance NOS

*nutritional deficiency NOS (E63.9)*
Endocrine, Nutritional and Metabolic Diseases (E00-E90)

- 4th E66 Overweight and obesity

  Code first obesity complicating pregnancy, childbirth and the puerperium, if applicable (O99.21-)

  Use additional diagnosis code to identify body mass index (BMI), if known (Z68.-)

  adiposagenital dystrophy (E23.6)
  lipomatosis NOS (E88.2)
  lipomatosis dolorosa [Dercum] (E88.2)
  Prader-Willi syndrome (Q87.1)

EXCLUDES 1
Endocrine, Nutritional and Metabolic Diseases (E00-E90)

✓ 5th  E66.0  Obesity due to excess calories
       E66.01  Morbid obesity due to excess calories
       EXCLUDES 1  morbid obesity with alveolar hypoventilation (E66.2)
       E66.09  Other obesity due to excess calories
       E66.1  Drug induced obesity
              Use additional code for adverse effect, to identify drug (T36-T50 with 5th or 6th character
       E66.2  Morbid obesity with alveolar hypoventilation
       E66.3  Overweight
       E66.8  Other obesity
       E66.9  Obesity, unspecified
Mental and Behavioral Disorders (F01-F99)

These codes are only to be assigned with provider documentation of a mental or behavioral disorder not just based upon symptoms presented by the patient but by the clinical judgment of the provider.
F10.229 – Alcohol Dependence with intoxication, unspecified
Acute drunkenness (in alcoholism)

Excludes 1: alcohol dependence with withdrawal (F10.23-)

Coding Tips: If use and abuse are both documented, only code abuse. If both abuse and dependence are both documented, only code dependence. If all three use, abuse and dependence are documented, again only code dependence.
Mental, Behavioral, and Neurodevelopmental Disorders (F01-F99)

• ✓ 4th F50 Eating disorders
  EXCLUDES 1 anorexia NOS (R63.0)
  feeding difficulties (R63.3)
  polyphagia (R63.2)

✓ 5th F50.0 Anorexia nervosa
  EXCLUDES 1 loss of appetite (R63.0)
  psychogenic loss of appetite (F50.8)

F50.00 Anorexia nervosa, unspecified
  F50.01 Anorexia nervosa, restricting type
  F50.02 Anorexia nervosa, binge eating/purging type
      bulimia nervosa (F50.2)
Disease of the Nervous System (G00-G99)

G47.33 – Obstructive sleep apnea (adult) (pediatric)

G89.28 – Other chronic postprocedural pain
other chronic postoperative pain

Coding Tips: *There is no time frame when the pain becomes chronic. Routine or expected postoperative pain should not be coded.*
Disease of the Nervous System (G00-G99)

- \(5^{th}\) G93.4 Other and unspecified encephalopathy
  - alcoholic encephalopathy (G31.2)
  - hypertensive encephalopathy (I67.4)
  - toxic (metabolic) encephalopathy (G92)
  - G93.40 Encephalopathy, unspecified
  - G93.41 Metabolic encephalopathy
    - Septic encephalopathy
  - G93.49 Other encephalopathy

G94 Other disorders of brain in diseases classified elsewhere

- Code first underlying disease

Example: Encephalopathy and primary biliary cirrhosis
  - K74.5 Primary biliary cirrhosis
  - G94 Encephalopathy
Disease of the Circulatory System (I00-I99)

✓ 4th I12  Hypertensive chronic kidney disease
   Includes: hypertensive nephropathy
   nephrosclerosis

I12.0  Hypertensive chronic kidney disease 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)

I12.9  Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease
Disease of the Circulatory System (I00-I99)

I25.2 – Old myocardial infarction
   Healed myocardial infarction
   Past myocardial infarction diagnosed by ECG or other investigation, but currently presenting no symptoms

I48.2 – Chronic atrial fibrillation
   Permanent atrial fibrillation

I69.891 – Dysphagia following unspecified cerebrovascular disease
   Use additional code to identify the type of dysphagia, if known (R13.1-)
Disease of the Circulatory System (I00-I99)

✓ 4th I85  Esophageal varices
  Use additional code to identify:
  alcohol abuse and dependence (F10.-)
✓ 5th I85.0 Esophageal varices
  Idiopathic esophageal varices
  Primary esophageal varices
  I85.00  Esophageal varices without bleeding
  I85.01  Esophageal varices with bleeding
Disease of the Circulatory System (I00-I99)

4th I86 Varicose veins of other sites
I86.0 Sublingual varices
I86.1 Scrotal varices
I86.2 Pelvic varices
I86.3 Vulval varices
I86.4 Gastric varices
I86.8 Varicose veins of other specified sites
Varicose ulcer of nasal septum
Disease of the Circulatory System (I00-I99)

5th I85.1  Secondary esophageal varices
Esophageal varices secondary to alcoholic liver disease
Esophageal varices secondary to cirrhosis of liver
Esophageal varices secondary to schistosomiasis
Esophageal varices secondary to toxic liver disease

Code first underlying disease

I85.10  Secondary esophageal varices without bleeding
I85.11  Secondary esophageal varices with bleeding
4th J44 Other chronic obstructive pulmonary disease (COPD)

Includes: asthma with COPD
  chronic asthma with obstructive bronchitis
  chronic bronchitis with emphysema
  chronic obstructive bronchitis

Code also type of asthma, if applicable (J45.-)

Use additional code to identify:
  Exposure to environmental tobacco smoke (Z77.22)
  History of tobacco abuse (Z87.891)
  Occupational exposure to environmental tobacco smoke (Z57.31)
  Tobacco dependence (F17.-)
  Tobacco use (Z72.0)
Diseases of the Respiratory System (J00-J99)

- **4th J69**  Pneumonia due to solids and liquids

  - EXCLUDES 1: neonatal aspiration syndrome (P94.-)  
  - postprocedural pneumonitis (J95.4)

- **J69.0**  Pneumonitis due to inhalation of food and vomit
  - Aspiration pneumonia
  - Aspiration pneumonia due to gastric secretions

  Code also any associated foreign body in respiratory tract (T17.-)

  - EXCLUDES 1: chemical pneumonitis due to anesthesia (J95.4)
Diseases of the Digestive System (K00-K94)

- K00-K14  Diseases of oral cavity and salivary glands
- K20-K31  Diseases of esophagus, stomach and duodenum
- K35-K38  Diseases of appendix
- K40-K46  Hernia
- K50-K52  Noninfective enteritis and colitis
- K55-K64  Other diseases of intestines
- K65-K68  Diseases of peritoneum and retroperitoneum
- K70-K77  Diseases of liver
- K80-K87  Disorder of gallbladder, biliary tract and pancreas
- K90-K95  Other diseases of the digestive system
Diseases of the Digestive System (K00-K94)

✔️ 4th K20 Esophagitis

Use additional code to identify:

- alcohol abuse and dependence (F10.-)
- erosion of esophagus (K22.1-)
- esophagitis with GERD (K21.0)
- reflux esophagitis (K21.0)
- ulcerative esophagitis (K22.1-)

EXCLUDES 1

- eosinophilic gastritis or gastroenteritis (K52.81)

K20.0 Eosinophilic esophagitis

K20.8 Other esophagitis

K20.9 Esophagitis, unspecified
Diseases of the Digestive System (K00-K94)

✓ 4th K21  Gastro-esophageal reflux disease (GERD)

K21.0  GERD with esophagitis
       Reflux esophagitis
K21.9  GERD without esophagitis
       Esophageal reflux NOS
Diseases of the Digestive System (K00-K94)

5th

K22.7  Barrett's esophagus
      Barrett’s Esophagus
      Barrett’s disease

EXCLUDES 1

Barrett’s ulcer (K22.1)

Malignant neoplasm of esophagus (C15.-)

K22.70  Barrett’s Esophagus without dysplasia
        (Barrett’s Esophagus NOS)

6th

K22.71  Barrett's esophagus with dysplasia
        Barrett’s Esophagus with low grade dysplasia
        K22.710  Barrett’s Esophagus with high grade dysplasia
        K22.711  Barrett’s Esophagus with dysplasia, unspecified
Diseases of the Digestive System (K00-K94)

Noninfective enteritis and colitis (K50-K52)

- **4th** K50  Includes: granulomatous enteritis

  **EXCLUDES 1**  irritable bowel syndrome (K58.-)

  Use additional code to identify manifestations, such as pyoderma gangrenosum (L88)

- **5th** K50.1  Crohn’s disease of large intestine
  - Crohn’s disease of colon
  - Crohn’s disease of large bowel
  - Crohn’s disease of rectum
  - Granulomatous colitis
  - Regional colitis

  **EXCLUDES 1**  Crohn’s disease of both small and large intestine (K50.8)
Diseases of the Digestive System (K00-K94)

K50.10 Crohn’s disease of large intestine without complications

✔️ K50.11 Crohn’s disease of large intestine with complications
   K50.111 Crohn’s disease of large intestine with bleeding
   K50.112 Crohn’s disease of large intestine with obstruction
   K50.113 Crohn’s disease of large intestine with fistula
   K50.114 Crohn’s disease of large intestine with abscess
   K50.118 Crohn’s disease of large intestine with other complications
   K50.119 Crohn’s disease of large intestine with unspecified complications
Diseases of the Digestive System (K00-K94)

✓ 4th K58 – Irritable Bowel Syndrome
   Includes: irritable colon, spastic colon
   K58.0 – Irritable bowel syndrome with diarrhea
   K58.9 – Irritable bowel syndrome without diarrhea
   Irritable bowel syndrome NOS

K76.6 – Portal Hypertension
   Use additional code for any associated complications, such as: portal hypertensive gastropathy (K31.89)
Diseases of the Digestive System (K00-K94)

- **K64 - Hemorrhoids and perianal venous thrombosis**
  - Includes: piles
  - **EXCLUDES 1**
    - **EXCLUDES 1**
      - hemorrhoids complicating childbirth and the puerperium (O87.2)
      - hemorrhoids complicating pregnancy (O22.4)
  
  K64.0 – First degree hemorrhoids; grade/stage I; hemorrhoids (bleeding) without prolapse outside of anal canal
  K64.1 – Second degree hemorrhoids; grade/stage II; hemorrhoids (bleeding) that prolapse with straining, but retract spontaneously
  K64.2 – Third degree hemorrhoids; grade/stage III; hemorrhoids (bleeding) that prolapse with straining and require manual replacement back inside anal canal
  K64.3 – Fourth degree hemorrhoids; grade/stage IV; hemorrhoids (bleeding) with prolapsed tissue that cannot be manually replaced
Diseases of the Digestive System (K00-K94)

K92    Other diseases of digestive system
K92.0   Hematemesis
K92.1   Melena

**EXCLUDES 1**  *occult blood in feces (R19.5)*
K92.2   Gastrointestinal hemorrhage, unspecified
  Gastric hemorrhages NOS
  Intestinal hemorrhage

**EXCLUDES 1**  *acute hemorrhagic gastritis*
  *hemorrhage of anus and rectum*
  *angiodysplasia of stomach with hemorrhage*
  *diverticular disease with hemorrhage*
  *gastritis and duodenitis with hemorrhage*
Diseases of the Genitourinary System (N00-N99)

- 4th N18 Chronic kidney disease (CKD)
  - Code first any associated:
    - hypertensive chronic kidney disease (I12-, I13-)
  - N18.1 CKD, stage 1
  - N18.2 CKD, stage 2 (mild)
  - N18.3 CKD, stage 3 (moderate)
  - N18.4 CKD, stage 4 (severe)
  - N18.5 CKD, stage 5
  - N18.6 End stage renal disease
    - Chronic kidney disease requiring chronic dialysis

Use additional code to identify dialysis status (Z99.2)
Coding Tips: Codes from this chapter are for maternal records only and are never to be used on newborn records.

The majority of codes have a final character indicating the trimester of pregnancy:

1\textsuperscript{st} Trimester: less than 14 weeks 0 days
2\textsuperscript{nd} Trimester: 14 weeks 0 days to less than 28 weeks 0 days
3\textsuperscript{rd} Trimester: 28 weeks 0 days until delivery

If the pregnancy is incidental to the encounter, then code Z33.1 for pregnancy state, incidental should be indicated
Pregnancy, Childbirth and Puerperium (O00-O99)

✓ 4th O21  Excessive vomiting of pregnancy
  O21.0  Mild hyperemesis gravidarum
  Hyperemesis gravidarum, mild or unspecified, starting before the end of the 20th week of gestation
  O21.1  Hyperemesis gravidarum with metabolic disturbance
  Hyperemesis gravidarum, starting before the end of the 20th week of gestation, with metabolic disturbance such as dehydration
  Hyperemesis gravidarum, starting before the end of the 20th week of gestation, with metabolic disturbance such as electrolyte imbalance
Pregnancy, Childbirth and Puerperium (O00-O99)

O21.2 Late vomiting of pregnancy
   Excessive vomiting starting after 20 completed weeks of gestation.

O21.8 Other vomiting complicating pregnancy
   Vomiting due to diseases classified elsewhere, complicating pregnancy
   Use additional code, to identify cause

O21.9 Vomiting of pregnancy, unspecified

Coding Tips: The symbol indicates a maternity age diagnosis for ages 12-55 only
Congenital Malformations, Deformations/Chromosomal Abnormalities (Q00-Q99)

Codes from this chapter may be used throughout the life of the patient. If a congenital malformation or deformity has been corrected, a personal history code should be used to identify the history of the malformation or deformity. Although present at birth, malformation/deformation/or chromosomal abnormality may not be identified until later in life. Whenever the condition is diagnosed by the physician, it is appropriate to assign a code from this chapter.
Congenital Malformations, Deformations/Chromosomal Abnormalities (Q00-Q99)

Q39.0 – Atresia of esophagus without fistula
   Atresia of esophagus NOS

Q39.3 – Congenital stenosis and stricture of esophagus
   Note: K22.2 is used for acquired stenosis and stricture of esophagus

Q43.1 – Hirschprung’s Disease
   Aganglionosis
   Congenital (aganglionic) megacolon
Congenital Malformations, Deformations/Chromosomal Abnormalities (Q00-Q99)

✓ 4th Q44  Congenital malformations of gallbladder, bile ducts and liver
  Q44.0  Agenesis, aplasia, and hypoplasia of gallbladder
          Congenital absence of gallbladder
  Q44.1  Other congenital malformation of gallbladder
          Intrahepatic gallbladder
  Q44.3  Congenital stenosis and stricture of bile ducts
  Q44.4  Choledochal cyst
  Q44.5  Other congenital malformations of bile ducts
          Biliary duct duplication
          Accessory hepatic duct
  Q44.6  Cystic disease of liver
  Q44.7  Other congenital malformations of liver
Symptoms, Signs, Abnormal Clinical & Lab Findings (R00-R99)

- R00-R09  Involving the circulatory and respiratory system
- R10-R19  Involving the digestive system and abdomen
- R20-R23  Involving the skin and subcutaneous tissue
- R25-R29  Involving the nervous and musculoskeletal systems
- R30-R39  Involving the genitourinary system
- R40-R46  Involving cognition, perception, emotional state and behavior
- R47-R49  Involving speech and voice
- R50-R69  General signs and symptoms
Symptoms, Signs, Abnormal Clinical & Lab Findings (R00-R99)

- R70-R79 Abnormal findings on exam of blood, without diagnosis
- R80-R82 Abnormal findings on exam of urine without diagnosis
- R83-R89 Abnormal findings on exam of other body fluids, tissues without diagnosis
- R90-R94 Abnormal findings on diagnostic imaging and function studies, without diagnosis
- R97 Abnormal tumor markers
- R99 Ill-defined and unknown causes of mortality
Symptoms, Signs, Abnormal Clinical & Lab Findings (R00-R99)

Coding Tips: Signs, symptoms and abnormal findings are to be used when no definitive diagnosis has been established by the provider. Signs and symptoms that point specifically to a given diagnosis should not be coded.

Example:
Diarrhea and Irritable Bowel Syndrome are not to be reported separately since there is a combination code of IBS and diarrhea.

Example:
If the patient is having diarrhea and no diagnosis has been established, then diarrhea should be the primary diagnosis.
Symptoms, Signs, Abnormal Clinical & Lab Findings (R00-R99)

✓ 4th R10 Abdominal and pelvic pain

EXCLUDES 1

renal colic (N23)
dorsalgia (M54.‐)
flatulence and related condition (R14.‐)

R10.0 Acute abdomen

Severe abdominal pain (generalized) (with abdominal rigidity)

EXCLUDES 1

abdominal rigidity NOS (R19.3)
generalized abdominal pain (R10.84)
localized abdominal pain (R10.1-R10.3‐)
Symptoms, Signs, Abnormal Clinical & Lab Findings (R00-R99)

R10.1 Pain localized to upper abdomen
   R10.10 Upper abdominal pain, unspecified
   R10.11 RUQ pain
   R10.12 LUQ pain
   R10.13 Epigastric pain

  Dyspepsia

EXCLUDES 1 functional dyspepsia (K30)

R10.2 Pelvic and perineal pain

EXCLUDES 1 vulvodynia (N94.81)
Symptoms, Signs, Abnormal Clinical & Lab Findings (R00-R99)

✔️ 5th R10.3 Pain localized to other parts of lower abdomen
   R10.30 Lower abdominal pain, unspecified
   R10.31 RLQ pain
   R10.32 LLQ pain
   R10.33 Periumbilic pain

R10.84 Generalized abdominal pain
   \textit{generalized pain with acute abdomen (R10.0)}
Symptoms, signs, Abnormal Clinical & Lab Findings (R00-R99)

Example:
R19.4 – Change in bowel habits

*EXCLUDES 1*  
constipation (K59.0-), functional diarrhea (K59.1)

R74.0 – Nonspecific elevation of levels of transaminase and lactic acid dehydrogenase (LDH)

R93.3 – Abnormal findings on diagnostic imaging of other parts of the digestive tract
Injury, Poisoning, & other Consequences of External Causes (S00-T88)

T18.128A  Food in esophagus causing other injury, initial encounter
   Bones in esophagus
   Seeds in esophagus
T18.2XXA – Food in stomach, initial encounter
T88.52XA – Failed moderation sedation during a procedure
   Failed conscious sedation during procedure
   personal history of failed moderate sedation (Z92.83)

EXCLUDES 1
External Causes of Morbidity (V01-Y98)

• These codes are secondary and never primary codes.
• These codes are intended to provide data for injury research and evaluation of injury prevention strategies. These codes capture how the injury or health condition happened (cause), the intent (unintentional or accidental; or intentional, such as suicide or assault), the place where the event occurred, the activity of the patient at the time of the event, and the person’s status (e.g., civilian, military).
• These codes should be used for the length of treatment
• External codes for child and adult abuse take priority over all other external cause codes
• External cause codes for terrorism take priority over all other external cause codes except child and adult abuse
External Causes of Morbidity (V01-Y98)

Y63.6 – Underdosing and nonadministration of necessary drug, medicament, or biological substance

Y90 Evidence of alcohol involvement determined by blood alcohol level

Code first any associated alcohol related disorders (F10)

Y90.0 - BAL of less than 20mg
Y90.1 - BAL of 20-39mg
Y90.2 - BAL of 40-59mg
Y90.3 - BAL of 60-79mg
Y90.4 - BAL of 80-99mg
Y90.5 - BAL of 100-119mg
Y90.6 - BAL of 120-199mg
Y90.7 - BAL of 120-199mg
Y90.8 - BAL of 200-239mg
Y90.9 - BAL of 240mg of more
Example:
Don came in to the ER after being found at the bus station unconscious due to alcohol toxicity with level of 270.

Primary diagnosis would be:
T51.0X4A  Toxic effect of ethanol, undetermined, initial encounter

Secondary diagnosis would be:
Y90.9  BAL of 240mg of more

Y92.521  Bus station as the place of occurrence of the external cause
Factors Influencing Health Status (Z00-Z99)

- Z00-Z13 Persons encountering health services for examinations
- Z14-Z15 Genetic carrier and genetic susceptibility to disease
- Z16 Resistance to antimicrobial drugs
- Z17 Estrogen receptor status
- Z18 Retained foreign body fragments
- Z20-Z28 Persons with health hazards related to communicable diseases
- Z30-Z39 Persons encountering health services related to reproduction
Factors Influencing Health Status (Z00-Z99)

- **Z40-Z53** Encounters for other specific health care
- **Z55-Z65** Persons with potential health hazards related to socioeconomic and psychosocial circumstances
- **Z66** Do not resuscitate status
- **Z67** Blood type
- **Z68** Body mass index (BMI)
- **Z69-Z76** Persons encountering health services in other circumstances
- **Z77-Z99** Persons with potential health hazards related to family and personal history and certain conditions influencing health status
Factors Influencing Health Status (Z00-Z99)

• These codes are used when a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care for a current condition, to donate an organ, to receive prophylactic vaccination, or receive a screening procedure/service.

• These codes can also be used when the circumstance or problem is present which influences the person’s health status but is not in itself a current illness or injury. Such as personal or family history situations.
Factors Influencing Health Status (Z00-Z99)

✓ 4th Z12  Encounter for screening for malignant neoplasms
  Note: Screening is the testing for disease or disease precursors in asymptomatic individuals so that early detection and treatment can be provided for those who test positive for the disease
  Z12.0  Screening of stomach

✓ 5th Z12.1  Screening of intestinal tract
  Z12.11  Screening of colon
  Encounter for screening colonoscopy
  Z12.12  Screening of rectum
  Z12.13  Screening of small intestine
Factors Influencing Health Status (Z00-Z99)

Z23  Encounter for immunization
Code first any routine childhood examination
Note: Procedure codes are required to identify the types of immunizations given

Z48.23  Encounter for aftercare following liver transplant
Factors Influencing Health Status (Z00-Z99)

✓ 4th Z79  Long term (current) drug therapy

   Includes: long term (current) drug use for prophylactic purposes

   Code also any therapeutic drug level monitoring (Z51.81)

Z79.0  Anticoagulants and antithrombotics/antiplatelets
   Z79.01  Anticoagulants
   Z79.02  Antithrombotics/antiplatelets

Z79.1 – Long term (current) use of non-steroidal anti-inflammatory (NSAID)

EXCLUDES 1  long term (current) use of aspirin (Z79.82)
Factors Influencing Health Status (Z00-Z99)

- 4th Z85  Personal history of malignant neoplasm

  Code first any follow-up examination after treatment of malignancy neoplasm (Z08)

  Use additional code to identify:

  alcohol use and dependence

Example:

- 5th Z85.0  Personal history of malignant neoplasm of digestive organs

- 6th Z85.04  Personal history of malignant neoplasm of rectum

  Z85.040 Personal history of malignant carcinoid
  Z85.048 Personal history of other malignant neoplasm
Preparing your Providers

• Providers need to be more specific in their documentation
  – Identify errors and nonspecific code use
  – Train each provider based on current lack of specificity and errors in your ICD-9 system and continue into ICD-10.

• Improving documentation will support medical necessity
  – Documentation is often requested by payers to ensure medical necessity is met

• Better quality and accurate medical record
  – Decrease in claim denials

• Improved documentation and accurate medical records translate into good patient care

• Documentation is not just a billing tool but a medical legal document. Accuracy is a must.
Preparing your Coder & Billers

- Anatomy and ICD-10 training sessions for Coders
- Don’t forget your Billers, Schedulers, Clinicians, Managers, Administrators and other staff members. I encourage you to share this with all members of your team to ensure proper selection of codes according to specificity based on the documentation in the medical record. Specificity is the key to preauthorization of services. Specificity is the key to timely payment of services. Lack of specificity in both procedure and evaluation & management records can stall payments as well as trigger claims reviews before payment is rendered.

- Coders must retest to maintain certifications
  - Certified coders are given 2 years to pass ICD-10 exam
  - Test will be open book and online
ICD-10 Conclusions

• Reimbursement
  – If we continue to use unspecified diagnosis codes, we could see claim denials (Many payers have informed practices/organizations that denial of non-specific diagnosis codes will become routine after October 1, 2015.) The average cost of a denied claim per MGMA statistical analysis is $40.

• Improvement of medical record documentation
  – Medical necessity results in fewer claim denials
  – Improve quality of patient care
  – Less likely a target for the OIG, RAC or ZPICS audits

• Better quality of data analysis and research