PRACTICAL SOLUTIONS FOR THE GI PRACTICE

ASGE — AMERICAN SOCIETY FOR GASTROINTESTINAL ENDOSCOPY

ICD-10-CM: Are You Ready?

Presented by:

Kathleen Mueller, RN, CPC, CCS-P, CGCS, CMSCS, PCS, CCC

AskMueller Consulting, LLC

Putting the pieces together

Presenter:

Kathleen A. Mueller, RN, CPC, CCS-P, CCC, CMSCS, CGCS

President, AskMueller Consulting, LLC

CONTACT INFORMATION:

573.332.8348

http://www.askmuellerconsulting.com

Disclosure

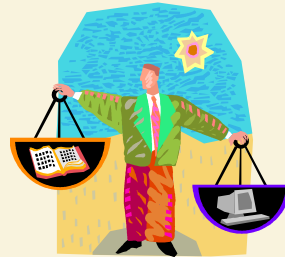- I have no financial interests to disclose.

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

Putting the pieces together

The Comparison

ICD-9	ICD-10
14,000+ codes	90,000+ codes
3-5 characters in length	3-7 characters in length
Mostly numeric only (E codes/V codes)	Character 1-Alpha, Character 2-Numeric, Characters 3-7-Alpha or Numeric
Lacks detail	Very specific
Limited space for new codes	Flexible for adding new codes ("x" placeholder)

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.

Putting the pieces together

ASGE

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.

Putting the pieces together

ASGE

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 (7th Character)

- Some codes within ICD-10 have a 7th character
- Most common for Chapter 19 (Injury/Poisoning)
- Most categories give a choice of three options for 7th 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

Putting the pieces together

ASGE

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.

Putting the pieces together

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)*

Putting the pieces together

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

colitis NOS (K52.9)

diarrhea NOS (R19.7)

EXCLUDES 1

enteritis NOS (K52.9)

gastroenteritis NOS (K52.9)

noninfectious gastroenteritis and colitis, (K52.9)

Infectious and Parasitic Diseases (A00-B99)

Viral Hepatitis (B15-B19)

EXCLUDES 1   sequalae of viral hepatitis (B94.2)

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

                  Chronic (viral) hepatitis B

    B18.2   Chronic viral hepatitis C

    B18.8   Other chronic viral hepatitis

    B18.9   Chronic viral hepatitis, unspecified

Neoplasms (C00-D49)

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)

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

Putting the pieces together

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.

Neoplasms (C00-D49)

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.

Putting the pieces together

Neoplasms (C00-D49)

✓4th C15 – Malignant neoplasm of esophagus

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

Abdominal – C15.5	Cervical – C15.3
Distal (third) – C15.5	Lower (third) – C15.5
Middle (third) – C15.4	Overlapping lesion – C15.8
Proximal (third) – C15.3	Thoracic – C15.4
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

EXCLUDES 1
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*

Endocrine, Nutritional and Metabolic Diseases (E00-E90)

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.

ASGE

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 sequeala poisoning

ASGE

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.-)

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

ASGE

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

Putting the pieces together

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.

Putting the pieces together

Mental and Behavioral Disorders (F01-F99)

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)

Putting the pieces together

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.*

Putting the pieces together

Disease of the Nervous System (G00-G99)

- ✓5th G93.4 Other and unspecified encephalopathy

  EXCLUDES 1   *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-)

Putting the pieces together

ASGE

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

Diseases of the Respiratory System (J00-J99)

✓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.-)

EXCLUDES 1

erosion of esophagus (K22.1-)

esophagitis with GERD (K21.0)

reflux esophagitis (K21.0)

ulcerative esophagitis (K22.1-)

eosinophilic gastritis or gastroenteritis (K52.81)

K20.0   Eosinophilic esophagitis

K20.8   Other esophagitis

Abscess of esophagus

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

K22.710   Barrett's Esophagus with low grade dysplasia

K22.711   Barrett's Esophagus with high grade dysplasia

K22.719   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

✓5th 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)

✓ **4th** K64 - Hemorrhoids and perianal venous thrombosis

Includes: piles

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:

diabetic chronic kidney disease (E08.22, E09.22, E10.22, E11.22, E13.22)

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)

Pregnancy, Childbirth and Puerperium (O00-O99)

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:

1st Trimester: less than 14 weeks 0 days

2nd Trimester: 14 weeks 0 days to less than 28 weeks 0 days

3rd 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   M

Hyperemesis gravidarum, mild or unspecified, starting before the end of the 20th week of gestation

O21.1   Hyperemesis gravidarum with metabolic   M
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

Putting the pieces together

Pregnancy, Childbirth and Puerperium (O00-O99)

O21.2 Late vomiting of pregnancy — M

Excessive vomiting starting after 20 completed weeks of gestation.

O21.8 Other vomiting complicating pregnancy — M

Vomiting due to diseases classified elsewhere, complicating pregnancy

Use additional code, to identify cause

O21.9 Vomiting of pregnancy, unspecified — M

Coding Tips: *The symbol* M *indicates a maternity age diagnosis for ages 12-55 only*

Putting the pieces together

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

Putting the pieces together

ASGE

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

Putting the pieces together

ASGE

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.

ASGE

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)

✓**5th** 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)

Putting the pieces together

ASGE

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

EXCLUDES 1   *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

EXCLUDES 1

personal history of failed moderate sedation (Z92.83)

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

External Causes of Morbidity
(V01-Y98)

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

Putting the pieces together

ASGE

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

Putting the pieces together

ASGE

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.

Putting the pieces together

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

Putting the pieces together

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-inflammatories (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.

ASGE

Preparing your Coders & 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

ASGE