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ICD-10-CM Basics for Gastroenterology

Presented by:
MAXINE I COLLINS, MBA, CPA, CMC, CMOM, CMIS
Faculty, Practice Management Institute

- To provide an overview of the history and basics of the ICD-10-CM coding system
- To identify important principles of ICD-10 that pertain specifically to the GASTROENTEROLGY
- To provide recommendations for effective preparation for conversion to the new system of diagnosis coding
Introduction to ICD-10-CM Coding System

- On October 1, 2015, the United States is scheduled to transition to the next generation of diagnosis coding – ICD-10-CM.
  - Set of diagnosis and inpatient procedure codes
  - This course and testing will cover diagnostic codes only.
  - Version currently being used by most developed countries throughout the world.
  - Inpatient procedures – ICD-10-PCS increased from 11,000 codes to 87,000 codes!
  - Attempt to achieve standardization of systems nationwide and eventually worldwide.

- SNOMED – “(Systematized Nomenclature of Medicine–Clinical Terms) is a comprehensive clinical terminology, originally created by the College of American Pathologists (CAP) and, as of April 2007, owned, maintained, and distributed by the International Health Terminology Standards Development Organization (IHTSDO), a not-for-profit association in Denmark.)
World Wide Adoption of ICD-10

- The only industrialized country not using ICD-10 for morbidity reporting

Benefits of Adopting ICD-10?

COSTS
Medical Necessity

QUALITY

PAY FOR PERFORMANCE
INTEROPERABILITY
ICD-10-CM: An Overview

• Benefits of Adopting ICD-10:
  – Greater coding accuracy and specificity
  – Higher quality information for measuring healthcare service quality, safety and efficiency
  – Improved efficiencies and lower costs
  – Reduced coding errors
  – Greater achievement of the benefits of an electronic health record
  – Recognition of advances in medicine and technology
  – Alignment of the US with coding systems worldwide
  – Improved ability to track and respond to international public health threats
  – Enhanced ability to meet HIPAA electronic transaction/code set requirements

Why Do We Need a New Coding System?

- ICD-9
  35 YRS OLD
- LACKS SPECIFICITY
- RUNNING OUT OF CAPACITY
- OBSOLETE (TECHNOLOGY)
- HAMPERS INTEROPERABILITY
- DOES NOT SUPPORT NEW SYSTEMS OF REIMBURSEMENT
Recent News: CMS – Clarification
Issued 08/03/2015

• “CMS and AMA recently developed guidance on new ICD-10 flexibility for physicians during the first year of compliance. Now, at the request of stakeholders who found errors, CMS has substantially changed the guidance in Questions 3 and 5.

• Below is background on policy changes that necessitated the guidance.

• Under pressure from the AMA and other provider organizations, CMS agreed to:
  • * Not deny claims solely based on the specificity of diagnosis codes as long as they are in the appropriate family of codes, so physicians won’t be penalized because of a coding error;
  • * Not audit Medicare claims in the first year of ICD-10 based on specificity of diagnosis codes if in the appropriate family of codes;
  • * Authorize advance payments if Medicare contractors cannot process physician claims coded with ICD-10;
  • OMBUDSMAN (Provider Rep) to be available on Oct. 1, 2015 to answer questions and issues regarding ICD-10-CM.

• Resources available to help providers on CMS website.

“Question” : Will the commercial payers observe the one-year period of claims payment review leniency for ICD-10 codes that are from the appropriate family of codes?

“Answer” : No. The official Guidance only applies to Medicare fee-for-service claims from physician or other practitioner claims billed under the Medicare Fee-for-Service Part B physician fee schedule. Each commercial payer will have to determine whether it will offer similar audit flexibilities.

Concerning CMS’ Announcement Concerning Flexibility in the First Months of Conversion To “10”

- From the Texas Medical Association –
- “The Centers for Medicare & Medicaid Services (CMS) released a “Clarifying Questions and Answers” document to help explain its July 6 announcement of a year's worth of slightly relaxed standards on the new ICD-10 coding system. As questions still appear to outnumber answers, Texas physicians should turn to the Texas Medical Association’s extensive set of tools and resources to help prepare for the transition. - See more at: http://www.texmed.org/Template.aspx?id=34208#sthash.tqLEYOMf.dpuf

- Warning –If we start off wrong, we probably won’t be ready this time next year and it will have a major impact on reimbursement!
Texas Medical Association

• "Meanwhile, commercial health plans are telling TMA that the CMS announcement last month will have little to no impact on how they process claims after the Oct. 1 switch to ICD-10. All of the plans TMA has contacted say they are making no changes to their ICD-10 implementation plans, and they have received no directive from CMS to make any changes. The plans will not make advance payments available, nor will they honor the 12-month denial period.

• Texas Medicaid officials tell TMA they do not expect the CMS announcement to have any impact on how Medicaid adjudicates claims, as it usually does not match the diagnosis code (ICD) and CPT code at the front end of claim processing. Instead, the 12-month grace period will make a difference if a Medicaid claim is audited. If the physician uses an incomplete ICD-10 code but provides one from the correct family of codes, Medicaid would honor the claim.

• Says the TMA – “Remember: The sooner you learn to code claims and document services to the full level of specificity, the sooner you can get paid most accurately for your services.”

• - See more at: 

Medicare Fee-For-Service 2013 Improper Payments Report

EXECUTIVE SUMMARY

89.9 Percent Compliance Rate

The estimated 2013 Medicare fee-for-service (FFS) compliance rate – the percentage of Medicare dollars paid correctly - was 89.9 percent. This calculation included claims submitted during the 12-month period from July 2011 through June 2012. This means that Medicare paid an estimated $321.4 billion correctly during this time.

10.1 Percent Improper Payment Rate

The estimated 2013 Medicare FFS improper payment rate – the percentage of Medicare dollars paid incorrectly - was 10.1 percent. This means that Medicare paid an estimated $36.0 billion incorrectly between July 2011 and June 2012. For 2013, CMS adjusted the improper payment rate by 0.6 percent ($2.2 billion) from 10.7 percent to 10.1 percent to account for the effect of retilling inpatient hospital claims denied under Medicare Part A. The methodology for calculating the 2013 FFS improper payment rate was unchanged from 2012.

Common Causes of Improper Payments

The most common cause of improper payments during the 2013 report period (accounting for 56.8 percent of total improper payments) was lack of documentation to support the services or supplies billed to Medicare.

The service types driving the 2013 improper payment rate were home health, hospital outpatient, skilled nursing facility, physician lab/ambulance, durable medical equipment prosthetics orthotics and supplies (DMEPOS), and inpatient hospital services.

The Medicare Fee-For-Service Improper Payments Report


1 The 2013 Medicare FFS improper payment rate is published in the Fiscal Year (FY) 2013 HHS Agency Financial Report. However, the time period from which the sample of Medicare FFS claims was selected does not correspond with the FY due to practical constraints with the claims review and rate calculation methodologies. The Federal FY runs from October to September.
The reason for the improper payment determines the error category for the claim. There are five major error categories.

No Documentation

Claims are placed into this category when either the provider or supplier fails to respond to repeated requests for the medical records or the provider or supplier responds that they do not have the requested documentation.

Insufficient Documentation

Claims are placed into this category when the medical documentation submitted is inadequate to support payment for the services billed. In other words, the CERT contractor reviewers could not conclude that some of the allowed services were actually provided, were provided at the level billed, and/or were medically necessary. Claims are also placed into this category when a specific documentation element that is required as a condition of payment is missing, such as a physician signature on an order, or a form that is required to be completed in its entirety.

Medical Necessity

Claims are placed into this category when the CERT contractor reviewers receive adequate documentation from the medical records submitted to make an informed decision that the services billed were not medically necessary based upon Medicare coverage policies.

Incorrect Coding

Claims are placed into this category when the provider or supplier submits medical documentation supporting (1) a different code than that billed, (2) that the service was performed by someone other

Table 8: Projected Improper Payments, Overpayment and Underpayments by State
(Dollars in Millions)“

<table>
<thead>
<tr>
<th>State</th>
<th>Improper Payment Amount</th>
<th>Improper Payment Rate</th>
<th>Overpayments</th>
<th>Improper Payment Amount</th>
<th>Improper Payment Rate</th>
<th>Underpayments</th>
<th>Improper Payment Amount</th>
<th>Improper Payment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td>$3,696.5</td>
<td>11.7%</td>
<td>$3,588.8</td>
<td>11.4%</td>
<td>$107.7</td>
<td>0.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FL</td>
<td>$3,309.0</td>
<td>12.3%</td>
<td>$3,223.7</td>
<td>12.0%</td>
<td>$85.3</td>
<td>0.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TX</td>
<td>$3,110.1</td>
<td>10.5%</td>
<td>$3,010.8</td>
<td>10.2%</td>
<td>$79.2</td>
<td>0.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NY</td>
<td>$2,736.7</td>
<td>11.3%</td>
<td>$2,641.8</td>
<td>10.9%</td>
<td>$95.0</td>
<td>0.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IL</td>
<td>$2,065.7</td>
<td>11.0%</td>
<td>$2,002.4</td>
<td>10.7%</td>
<td>$63.2</td>
<td>0.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MI</td>
<td>$1,814.8</td>
<td>11.7%</td>
<td>$1,684.0</td>
<td>10.8%</td>
<td>$130.8</td>
<td>0.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OH</td>
<td>$1,645.0</td>
<td>11.0%</td>
<td>$1,620.0</td>
<td>12.8%</td>
<td>$25.0</td>
<td>0.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA</td>
<td>$1,354.5</td>
<td>9.3%</td>
<td>$1,231.0</td>
<td>8.4%</td>
<td>$123.5</td>
<td>0.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NJ</td>
<td>$1,179.3</td>
<td>9.9%</td>
<td>$1,152.6</td>
<td>9.7%</td>
<td>$26.6</td>
<td>0.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NC</td>
<td>$1,158.1</td>
<td>9.4%</td>
<td>$1,053.7</td>
<td>8.6%</td>
<td>$104.4</td>
<td>0.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>$38,228.0</td>
<td>10.7%</td>
<td>$36,804.3</td>
<td>10.3%</td>
<td>$1,423.6</td>
<td>0.4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Value-based Purchasing 
Reimbursement Methodology

• Value-based purchasing system
  – Required by ACA
  – Value-based modifier
  – Started for claims filed in 2013 for large group practice – 100+ physicians
  – 2014 – Affected groups with 10+ physicians
  – 2015 - Affects all physicians
    • Only way to prevent a possible reduction is to participate in the PQRS for Medicare
  – Private carriers have also announced plans to move to Value-based Purchasing system in future contracts

Contents of ICD-10-CM Coding Manual

• Table of Contents
• Introduction
• Official Guidelines for Coding and Reporting
• Alphabetic Index – Look up “condition” Locate a possible code(s).
• Tables
  – Neoplasm Table
  – Table of Drugs and Chemicals
  – Index to External Causes
• Tabular List - Verify code(s) and follow instructions
ICD-9-CM Format

- Consist of 3 to 5 characters/digits
  - Do have “V” and “E” character codes in ICD-9-CM
  - If a code requires a 4th and/or 5th digit, must use for an acceptable claim code.

ICD-10-CM Code Format

- Consist of up to seven characters:
  - The 1st character is always alpha
  - The 2nd character is always numeric
  - The remaining five characters can be any combination
ICD-9-CM 3 – 5 DIGITS – Common “Default”
Codes Used In ICD-9-CM

• EXAMPLE:
• 4 0 1 . 9

• Hypertension, unspecified
  – For an elevated blood pressure with no diagnosis of
disease, ICD-9 code is 796.2 – Elevated blood pressure w/o
diagnosis of hypertension.

Coding Example – ICD-10-CM

• Hypertension:
  1. Look up term in Alphabetical Index
     Hypertension, hypertensive (accelerated) (benign) (essential)
     (idiopathic) (malignant) (systemic) I10
  2. Verify code in Tabular
     I10 Essential (primary) hypertension
     Includes: high blood pressure, hypertension (arterial) (benign)
     (essential) (malignant) (primary) (systemic)
     Excludes 1: hypertensive disease complicating pregnancy,
     childbirth and the puerperium (O10-O11, O13-O16)
     Excludes 2: essential (primary) hypertension involving the vessels
     of the brain (I60-I69) essential (primary) hypertension involving vessels of eye (H35.0)
Hypertension In Alphabetic Index – Volume II

• (No Hypertension Table in “10”)

Hypertension Listing – Alphabetic Index

Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic) I10
- with
  -- heart involvement (conditions in I51.4 - I51.9 due to hypertension) —see Hypertension, heart
  -- kidney involvement —see Hypertension, kidney
  -- benign, intracranial G93.2
  -- borderline R03.0
  -- cardiorenal (disease) I13.10
  -- with heart failure I13.0
  -- with stage 1 through stage 4 chronic kidney disease I13.0
  -- with stage 5 or end stage renal disease I13.2
  -- without heart failure I13.10
  -- with stage 1 through stage 4 chronic kidney disease I13.10
  -- with stage 5 or end stage renal disease I13.11

Example of Hypertension Coding in ICD-10-CM

• I 1 0

• Hypertension, hypertensive (malignant, benign, essential, systemic, etc.) (A good 3 character code in ICD-10-CM – does not require additional characters)

  – But, if is just Elevated or Borderline hypertension, the code in ICD-10-CM is :
    • R03.0 (Elevated blood pressure without diagnosis of disease hypertension)
ICD-9-CM 3 – 5 Digits
Another Favorite “Default” Code in “9”

• EXAMPLE:

• 2 5 0 . 0 0

• DM, type 2, without complications, not stated as uncontrolled – Default code for DM if no further information documented.

Alphabetic Index – Look Up “Diabetes, Diabetic (Mellitus) (Sugar)”

• Default code - E11.9
  – With
    • Amyotrophy E11.44
    • Arthropathy NEC E11.618
    • Autonomic (poly) neuropathy E11.43
    • Cataract E11.36
    • ................................
  – Due to drug or chemical E09.9
  – Due to underlying condition E08.9
  – Gestational (in pregnancy) O24.419
    • Affecting newborn P70.0
    • Diet controlled O24.410
    • In childbirth O24.429
    • ................................
  – Specified type NEC E13.9
  – Type I E10.9
  – Type 2 E11.9
Example of Diabetes Coding in ICD-10-CM

• E 1 1 . 9

Look up Diabetes Mellitus in ICD-10-CM Alphabetic Index – Default code is E11.9 (Requires 4 characters)

E08- DM due to underlying condition (Code first underlying condition; use additional code for insulin use, Z79.4)
E09- DM drug induced........
E10- DM, type 1
E11- DM, type 2
(Combination codes for DM and manifestations)

ICD-9-CM 3 – 5 Digits

• EXAMPLE:
• 4 1 0 . 0 1

• Acute myocardial infarction of anterolateral wall, initial episode of care.
• Acute - 0 – 8 weeks
Example of MI Coding in ICD-10-CM

- I 2 1 . 0 1
  ST elevation (STEMI) myocardial infarction of anterior wall involving left main coronary artery.
- I 2 1 . 0 2 = ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
- I 2 1 . 0 9 = ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall.
- Acute – 0-4 weeks.

‘10’ Shows Laterality

- Laterality
  - C50.212 Malignant neoplasm of upper-inner quadrant of left female breast
  - R10.32 Left lower quadrant abdominal pain
  - R10.821 Right upper quadrant rebound abdominal tenderness
  - K40.20 Bilateral inguinal hernia, with gangrene, not specified as recurrent
7th Character Extension Information

4th S36 Injury of intra-abdominal organs
Code also any associated open wound (S31-)
The appropriate 7th character is to be added to each code from category S36.
A initial encounter
D subsequent encounter
S sequela

5th S36.0 Injury of spleen
6th S36.02 Contusion of spleen
7th S36.020 Minor contusion of spleen
Contusion of spleen less than 2 cm
7th S36.021 Major contusion of spleen
Contusion of spleen greater than 2 cm
7th S36.029 Unspecified contusion of spleen

5th S36.1  Injury of liver and gallbladder and bile duct
6th S36.11 Injury of liver
7th S36.112 Contusion of liver
7th S36.113 Laceration of liver, unspecified degree
7th S36.114 Minor laceration of liver
Laceration involving capsule only, or, without significant involvement of hepatic parenchyma (i.e., less than 1 cm deep)
7th S36.115 Moderate laceration of liver
Lacerations involving parenchyma but without major disruption of parenchyma (i.e. less than 10 cm long and less than 3 cm deep)
7th S36.116 Major laceration of liver
Laceration with significant disruption of hepatic parenchyma (i.e. greater than 10 cm long and 3 cm deep)
hematoma
Multiple moderate lacerations, with or without
Stellate laceration of liver
7th Character Extension Information – Injuries

- 5th S36.3 Injury of stomach
- 5th S36.4 Injury of small intestine
- 6th S36.41 Primary blast injury of small intestine (Blast injury of small intestine NOS)
- 7th S36.410 Primary blast injury of duodenum
- 7th S36.418 Primary blast injury of other part of small intestine
- 7th S36.419 Primary blast injury of unspecified part of small intestine.

7th Character Extension Information – Injuries

- 5th S36.5- Injury of colon
- Excludes injury of rectum (S36.6-)
- 6th S36.52 Contusion of colon
  - 7th S36.520 Contusion of ascending {right} colon
  - 7th S36.521 Contusion of transverse colon
  - 7th S36.522 Contusion of descending {left} colon
  - 7th S36.523 Contusion of sigmoid colon
  - 7th S36.528 Contusion of other part of colon
  - 7th S36.529 Contusion of unspecified part of colon
ICD-10 Example 7th S38.1 – Crushing Injury of Abdomen, Lower Back, and Pelvis – Initial Encounter

–X7th  S38.1  Crushing injury of abdomen, lower back, and pelvis
–Use additional code for all associated injuries such as:
  •Fracture of thoracic or lumbar spine and pelvis (S22.0-, S32.-)
  •Injury to intra-abdominal organs (S36.-)
  •Injury to urinary and pelvic organs (S37.-)
  •Open wound of abdominal wall (S31.-)
  •Spinal cord injury (S34.0, S34.1-)
–The appropriate 7th character is to be added to each code from category S24:
  –A initial encounter
  –D subsequent encounter
  –S sequela

S  3  8  1  X  X  A

“DUMMY” PLACEHOLDER “X”.

ICD-10 Example – Crushing Injury of Abdomen, Lower Back, and Pelvis, Subsequent Encounter

–X7th  S38.1  Crushing injury of abdomen, lower back, and pelvis
–Use additional code for all associated injuries such as:
  •Fracture of thoracic or lumbar spine and pelvis (S22.0-, S32.-)
  •Injury to intra-abdominal organs (S36.-)
  •Injury to urinary and pelvic organs (S37.-)
  •Open wound of abdominal wall (S31.-)
  •Spinal cord injury (S34.0, S34.1-)
–The appropriate 7th character is to be added to each code from category S24:
  –A initial encounter
  –D subsequent encounter
  –S sequela

S  3  8  1  X  X  D

“DUMMY” PLACEHOLDER “X”.

35

36
ICD-10-CM Example: Patient Suffers With Unilateral Post-traumatic Osteoarthritis Of The Right Hip Due To A Previous Fracture Of Neck Of Femur, Right Hip.

1st Code - 5th M16.5 Unilateral post-traumatic osteoarthritis of hip
   • M16.51 Unilateral post-traumatic osteoarthritis of right hip

2nd Code - 5th S72.0 Fracture of head and neck of femur
   • S72.00 Fracture of unspecified part of neck of femur
   • S72.001 Fracture of unspecified part of neck of right femur

The appropriate 7th character is to be added to each code from category S24:
   • A initial encounter for closed fracture
   • B initial encounter for open fracture
   • S sequela

Example of a Fracture Code

• 7th Character identifies if the fx is open or closed for an initial encounter or if a subsequent encounter is for routine healing, delayed healing, nonunion, malunion, or sequelae. The extensions are:
  • A Initial encounter for closed fx
  • B Initial encounter for open fx
  • D Subsequent encounter for fx with routine healing
  • G Subsequent encounter for fx with delayed healing
  • K Subsequent encounter for fx with nonunion
  • P Subsequent encounter for fx with malunion
  • S Sequelae

Example: S42.321A Displaced transverse fx of shaft of humerus, right arm, initial encounter for closed fx

Note: Would also have to have External Causes code(s).
Addition of 7th Character

- Again, 7th Character used in certain chapters (e.g. Obstetrics, Injury, Musculoskeletal, and External Cause chapters)

- 7th Character is not used in every chapter for coding.

- Different uses of the 7th character for information depending on section in which coding

- When required, must always use in the 7th character position.

- When 7th character applies, missing the 7th character is invalid on a claim form

How Will ICD-10 Impact Reimbursement?

- Reimbursement
  - ICD-10 will improve claims processing and payment
    - Greater specificity & detail
    - Coding examples
      - Hernia (K40 – K46)
        - K40.0 Bilateral inguinal hernia, with obstruction, without gangrene
        - K40.00 Bilateral inguinal hernia, with obstruction, without gangrene, not specified as recurrent
    - Symptoms and signs:
      - R10.1- Pain localized to upper abdomen
      - R10.11 Right upper quadrant pain
  - Ability to code laterality
  - Help prevent medical errors and improve quality of care
Major Changes – Characteristics Of ICD-10-CM

• Major changes:
  ➢ Alphanumeric codes
  ➢ Much more specific clinical information
  ➢ Expanded injury codes, grouped according to site rather than type of injury
  ➢ Combination of diagnosis/symptom codes
  ➢ Addition of a sixth character with some codes, with some extended out to the seventh character
  ➢ Laterality (left, right, bilateral) specified where applicable
  ➢ Current V and E code information incorporated into the main classification
  ➢ Obstetric codes that identify trimester
  ➢ Diabetes category that differentiates between Type I and Type II diabetes, drug or chemically induced diabetes, and diabetes due to an underlying condition
  ➢ The additions of ambulatory and managed care encounter information.
  ➢ Postoperative complications expanded and located within the individual chapters.
  ➢ Separate chapters for the Eye and the Ear
The Similarities

• Divided into Alphabetical Index and Tabular Index
  – **Alphabetic Index** list main terms in alphabetical order
  – Index is divided into 2 parts:
    • Index to Diseases and Injuries; and
    • Index to External Causes
  – ICD-10 similar to ICD-9 as it uses an **indented format** for ease of reference.
  – **Bold type print** used
  – A code in the Alpha Index in ICD-10 that appears with an ending (-) indicates that the code requires additional characters.
  – Coder should never use Alphabetic Index only to assign a code; Code must be verified and all instructions read in the Tabular List to accurately assign a correct code.

ICD-10-CM: Locating A Code

• Code(s) assigned must correspond to diagnosis(es) or reason(s) for visit as indicated in the patient’s medical record for the encounter.
• **First, locate the term in the Index** (usually looking for condition); find a possible code.
• **Second, verify the code in the Tabular List**
  – Read, read, read
  – Instructional notations appear in both the Index and the Tabular List
Alphabetic Index – Same Indented Format as ICD-9-CM

Aarskog's syndrome U51.1
Abandonment — see Maltreatment
Abasia (senility) (hypertension) F44.4
Abderhalden-Kaufmann-Lignac syndrome (cystinosis) E72.04
Abdomen, abdominal — see also condition
- acute R10.0
- angina K55.1
- muscle deficiency syndrome Q79.4
Abdominalgia — see Pain, abdominal
Abduction contracture, hip or other joint — see Contraction, joint
Aberrant (congenital) — see also Malposition, congenital
- adrenal gland Q89.1
- artery (peripheral) Q27.8
- basal NEC Q28.1
- cerebral Q28.3
- coronary Q24.5
- digestive system Q27.8
- eye Q15.8
- lower limb Q27.8
- precentral Q28.1
- pulmonary Q25.79
- renal Q27.2
- retina Q14.1
- specified site NEC Q27.8
- subclavian Q27.8
- upper limb Q27.8
- vertebro Q28.1
- X-ray Q72.1
- endocrine gland NEC Q89.2
- endocrine gland D44.5
- pancreas Q45.3
- parathyroid gland Q88.2
- pituitary gland Q49.2
- sebaceous glands, mucous membrane, mouth, congenital Q39.6
- sebaceous Q89.09

Alphabetic Index – Look Up Condition of Patient; Not Site

Abnormal, abnormality, abnormalities — see also Anomaly
- acid-base balance (mixed) E87.4
- albumin R77.0
- alpha-fetoprotein R77.2
- alveolar ridge K08.1
- anatomical relationship Q99.9
- apertures, congenital, diaphragm Q79.1
- ataxia Q15.8
- bilirubin — see Bilirubin
- diplopia — see Diplopia
- hyperacidity — see Hyperacidity
- recruitment — see Recruitment, auditory
- threshold shift — see Shift, auditory threshold
- autosomal Q99.9
- fragile site Q99.5
- basal metabolic rate R94.8
- byosynthesis, lactatocarotenogen E29.1
- bleeding time R75.1
- blood-gas level R79.81
- blood level (of)
  - cobalt R79.0
  - copper R79.0
  - iron R79.0
  - lithium R76.99
  - magnesium R79.0
  - mineral NEC R79.0
  - zinc R79.0
- blood pressure
  - elevated R03.0
  - low reading (nonspecific) R03.1
- blood sugar R73.09
- bowel sounds R19.15
- absent R19.11
- hyperactive R19.12
- decreased R19.10
- breathing R05.8
- caloric test R04.138
Alphabetic Index – Hernia

Hernia, hernial (acquired) (recurrent) K46.9
- with
  - gangrene —see Hernia, by site, with, gangrene
  - incarceration —see Hernia, by site, with, obstruction
  - irreducible —see Hernia, by site, with, obstruction
  - obstruction —see Hernia, by site, with, obstruction
  - strangulation —see Hernia, by site, with, obstruction
- abdomen, abdominal K46.9
  - with
    - gangrene (and obstruction) K46.1
    - obstruction K46.0
    - femoral —see Hernia, femoral
    - incisional —see Hernia, incisional
    - inguinal —see Hernia, inguinal
    - specified site NEC K46.8
  - with
    - gangrene (and obstruction) K45.1
    - obstruction K45.0
    - umbilical —see Hernia, umbilical
  - wall —see Hernia, ventral
  - appendix —see Hernia, abdomen
  - bladder (mucocele) (ephelenter)
    - congenital (female) (male) Q79.51
    - female —see Cystocele
    - male N32.89
  - brain, congenital —see Encephalocoele
  - cartilage, vertebra —see Displacement, intervertebral disc
  - cerebral, congenital —see also Encephalocoele
  - diverticulum Q01.9
  - ciliary body (traumatic) S05.2
  - colon —see Hernia, abdomen

The Similarities

• Tabular List:
  – Chapters structured similarly with minor exceptions
  – Presented in code number order
  – Same hierarchal structure
  – Codes are invalid if they are missing as applicable character
  – Codes are looked up same way.
  – Conventions – many have same meaning and usage;
    Non-specific codes are available to use when detailed documentation to support more specific code is not available.
Acute Nasopharyngitis (Common Cold – (J00) Has Two Types Of “Excludes Notes”)

- Another example of Excludes notes in ICD-10-CM
- Excludes 1 – “not coded here” – never used with the code – (Same as the “Excludes” note in “9”)
  - Example (J00) Acute nasopharyngitis (common cold)
    - Has an Excludes1 for acute Pharyngitis (402.-); acute sore throat NOS (J02.9); rhinitis NOS (J31.0); and sore throat (J02.9); and an

- Excludes 2 – “not included here”,–not part of the condition; it is acceptable to use both codes together if patient has both conditions
  - Example: (J00) Acute nasopharyngitis (common cold) –
    - Has an Excludes2 for allergic rhinitis (J30.1-J10.9); chronic Pharyngitis NOS (J31.2); chronic sore throat (J31.2); nasopharyngitis, chronic (J31.1); and vasomotor rhinitis (J30.0)

ICD-10-CM – Review of Three Digit Categories

- Coding System Consists of 21 Chapters:
  - CHAPTER 1: (A00-B99) Certain Infectious And Parasitic Diseases
  - CHAPTER 2: (C00-D48) Neoplasms
  - CHAPTER 3: (D50-D89) Diseases Of Blood/Blood-Forming Organs & Certain Disorders Involving Immune Mechanism
  - CHAPTER 4: (E00-E90) Endocrine, Nutritional, And Metabolic Diseases
  - CHAPTER 5: (F01-F99) Mental And Behavioral Disorders
  - CHAPTER 6: (G00-G99) Diseases Of The Nervous System
  - CHAPTER 7: (H00-H59) (New) Diseases Of The Eye And Adnexa
  - CHAPTER 8: (H60-H95) (New) Diseases Of The Ear And Mastoid Process
  - CHAPTER 9: (I00-I97) Diseases Of The Circulatory System
  - CHAPTER 10: (J00-J99) Diseases Of The Respiratory System
  - CHAPTER 11: (K00-K93) Diseases Of The Digestive System
  - CHAPTER 12: (L00-L99) Diseases Of Skin And Subcutaneous Tissue
### Review of Chapters

- **CHAPTER 13**: (M00-M99) Diseases Of Musculoskeletal System/Connective System
- **CHAPTER 14**: (N00-N99) Diseases Of The Genitourinary System
- **CHAPTER 15**: (O00-O99) Pregnancy, Childbirth, And The Puerperium
- **CHAPTER 16**: (P04-P94) Certain Conditions Originating In The Perinatal Period
- **CHAPTER 17**: (Q00-Q94) Congenital Malformations, Deformations, & Chromosomal Abnormalities
- **CHAPTER 18**: (R00-R99) Symptoms, Signs, Abnormal Clinical/Laboratory Findings, NEC
- **CHAPTER 19**: (SOO-T98) Injury, Poisoning Certain Other Consequences Of External Causes
- **CHAPTER 20**: (V01-Y87) External Causes Of Morbidity
- **CHAPTER 21**: (Z00-Z99) Factors Influencing Health Status/Contact w/Health Services

### Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Nec

- **R10 – R19** Symptoms and signs involving the digestive system and abdomen
- **R50 - R69** General symptoms and signs
- **R70 – R79** Abnormal findings on examination of blood, without diagnosis
- **R80 – R82** Abnormal findings on examination of urine, without diagnosis
- **R83 – R89** Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis
- **R90 – R94** Abnormal findings on diagnostic imaging and in functions studies, without diagnosis
- **R97** Abnormal tumor markers
Reduced Coding Errors?

• **Wide range of coding errors reported by researchers.**
• Errors that differentiate the ICD code from the true disease, including both random and systematic measurement errors.
• **ICD – 10:**
  – Enhanced structure that accomplishes clarity and detail that will help **to curtail the number of vague and incorrect claims.**
  – Will bring the coding and healthcare information for the **U.S. in line with coding systems worldwide.**

ICD-10-CM

“**TABLES for Use In Coding**”
### Neoplasm Table

<table>
<thead>
<tr>
<th>Category</th>
<th>Malignant Primary</th>
<th>Malignant Secondary</th>
<th>Carcinoma in situ</th>
<th>Benign</th>
<th>Uncertain Behavior</th>
<th>Unspecified Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neoplasm, neoplastic</td>
<td>C80.1</td>
<td>C79.9</td>
<td>D09.9</td>
<td>D96.9</td>
<td>D48.9</td>
<td>D49.9</td>
</tr>
<tr>
<td>- abdomen, abdominal</td>
<td>C76.2</td>
<td>C79.9</td>
<td>D09.9</td>
<td>D96.7</td>
<td>D48.7</td>
<td>D48.88</td>
</tr>
<tr>
<td>- bladder</td>
<td>C76.2</td>
<td>C79.9</td>
<td>D09.9</td>
<td>D96.7</td>
<td>D48.7</td>
<td>D48.88</td>
</tr>
<tr>
<td>- organ</td>
<td>C76.2</td>
<td>C79.9</td>
<td>D09.9</td>
<td>D96.7</td>
<td>D48.7</td>
<td>D48.88</td>
</tr>
<tr>
<td>- rectum</td>
<td>C76.2</td>
<td>C79.9</td>
<td>D09.9</td>
<td>D96.7</td>
<td>D48.7</td>
<td>D48.88</td>
</tr>
<tr>
<td>- skin</td>
<td>C44.509</td>
<td>C79.2</td>
<td>D04.5</td>
<td>D23.5</td>
<td>D48.5</td>
<td>D49.2</td>
</tr>
<tr>
<td>- basal cell carcinoma</td>
<td>C44.519</td>
<td>-</td>
<td>-</td>
<td>D21.4</td>
<td>D48.1</td>
<td>D49.2</td>
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<tr>
<td>- squamous cell carcinoma</td>
<td>C44.529</td>
<td>-</td>
<td>-</td>
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<td>-</td>
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</tbody>
</table>

### Table of Drugs and Chemicals

#### ICD-10-CM TABLE of DRUGS and CHEMICALS

<table>
<thead>
<tr>
<th>Substance</th>
<th>Poisoning (Accidental)</th>
<th>Poisoning (Intentional)</th>
<th>Poisoning, Assault</th>
<th>Poisoning, Undetermined</th>
<th>Adverse effect</th>
<th>Underdosing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-propanol</td>
<td>T51.3K1</td>
<td>T51.3K2</td>
<td>T51.3K3</td>
<td>T51.3K4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>2-propanol</td>
<td>T51.2K1</td>
<td>T51.2K2</td>
<td>T51.2K3</td>
<td>T51.2K4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>2,4-Diacetylphenoxacetic acid</td>
<td>T60.3K1</td>
<td>T60.3K2</td>
<td>T60.3K3</td>
<td>T60.3K4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>2,4-Dinitrophenol</td>
<td>T65.5K1</td>
<td>T65.0K2</td>
<td>T65.0K3</td>
<td>T65.0K4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>2,4,5-Triphenylphenoxacetic</td>
<td>T60.1K1</td>
<td>T60.1K2</td>
<td>T60.1K3</td>
<td>T60.1K4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>14-Hydroxyhydroxymorphone</td>
<td>T40.2K1</td>
<td>T40.2K2</td>
<td>T40.2K3</td>
<td>T40.2K4</td>
<td>T40.2K5</td>
<td>T40.2K6</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance</th>
<th>Poisoning (Accidental)</th>
<th>Poisoning (Intentional)</th>
<th>Poisoning, Assault</th>
<th>Poisoning, Undetermined</th>
<th>Adverse effect</th>
<th>Underdosing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>T37.5K1</td>
<td>T37.5K2</td>
<td>T37.5K3</td>
<td>T37.5K4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Alcohol (beverage)</td>
<td>T51.6K1</td>
<td>T51.0K2</td>
<td>T51.0K3</td>
<td>T51.0K4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Absinthe</td>
<td>T51.6K1</td>
<td>T51.0K2</td>
<td>T51.0K3</td>
<td>T51.0K4</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>
# External Cause Index

## ICD-10-CM External Cause of Injuries Index

| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | R | S | T | U | V | W |
| Abandonment (causing exposure to weather conditions) (with intent to injure or kill) NEC X56 | Abuse (adult) (child) (mental) (physical) (sexual) X58 |
| Accident (to) X58 | Aircraft (in transit) (powered) — see also Accident, transport, aircraft |
| - due to, caused by, caused by forces of nature, by type |
| - animal-rider — see Accident, transport, animal-rider |
| - animal-drawn vehicle — see Accident, transport, animal-drawn vehicle occupant |
| - automobile — see Accident, transport, car occupant |
| - bare foot water skier V94.4 |
| - boat, boating — see also Accident, watercraft |
| - - striking swimmer |
| - - powered V94.11 |
| - - unpowered V94.12 |
| - bus — see Accident, transport, bus occupant |
| - cable car, not on rails V88.0 |
| - on rails — see Accident, transport, streetcar occupant |

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# ICD-10-CM

## Tabular List – A Closer Look
Tabular List – 21 Chapters In ICD-10-CM

ICD-10-CM TABULAR LIST of DISEASES and INJURIES

Table of Contents
1. Certain infectious and parasitic diseases (A00-B99)
2. Neoplasms (C00-C97)
3. Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D00-D96)
4. Endocrine, nutritional and metabolic diseases (E00-E89)
5. Mental, behavioral and neurodevelopmental disorders (F01-F99)
6. Diseases of the nervous system (G00-G90)
7. Diseases of the eye and adnexa (H00-H59)
8. Diseases of the ear and mastoid process (H60-H95)
9. Diseases of the circulatory system (I00-I99)
10. Diseases of the respiratory system (J00-J98)
11. Diseases of the digestive system (K00-K93)
12. Diseases of the skin and subcutaneous tissue (L00-L99)
13. Diseases of the musculoskeletal system and connective tissue (M00-M99)
14. Diseases of the genitourinary system (N00-N99)
15. Pregnancy, childbirth and the puerperium (O00-O99)
16. Certain conditions originating in the perinatal period (P00-P96)
17. Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
18. Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
19. Injury poisoning and certain other consequences of external causes (S00-T98)
20. External causes of morbidity (V00-Y99)
21. Factors influencing health status and contact with health services (Z00-Z99)

Instructional Notes In Tabular List

Instructional Notations
Includes:
The word 'includes' appears immediately under certain categories to further define, or give examples of, the content of the category.

Excludes Notes
The ICD-10-CM has two types of excludes notes. Each note has a different definition for use but they are both similar in that they indicate that codes excluded from each other are independent of each other.

Excludes1
A type 1 Excludes note is a pure excludes. It means NOT CODED HERE! An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

Excludes2
A type 2 excludes note represents Not included here! An Excludes2 note indicates that the condition excluded is not part of the condition it is excluded from but a patient may have both conditions at the same time. When an Excludes2 note appears under a code it is acceptable to use both the code and the excluded code together.
Instructional Notes In Tabular List (Rules Of Coding)

Code First/Use Additional Code notes (etiology/manifestation paired codes)
Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology.
For such conditions the ICD-10-CM has a coding convention that requires the underlying condition be sequenced first 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.
In most cases the manifestation codes will have in the code title. In diseases classified elsewhere, ‘Codes with this title are a component of the etiology/manifestation convention. The code title indicates that it is a manifestation code. In diseases classified elsewhere’ codes are never permitted to be used as first listed or principal diagnosis codes. They must be used in conjunction with an underlying condition code and they must be listed following the underlying condition.

Code Also:
A code also note instructs that 2 codes may be required to fully describe a condition but the sequencing of the two codes is discretionary, depending on the severity of the conditions and the reason for the encounter.

Chapter Blocks In Tabular List - Example

• Chapter 11 – Disease of the Digestive System
  – Excludes2 - certain conditions originating in the perinatal period (P04-P96)
  – certain infectious and parasitic disease (A00-B99)
  – complications of pregnancy, childbirth and the puerperium (O00-O9A)
  – congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
  – endocrine, nutritional and metabolic diseases (E00-E88)
  – injury, poisoning and certain other consequences of external causes (S00-T88)
  – neoplasm (C00-D49)
  – symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)
Chapter Blocks In the Digestive System

This chapter contains the following blocks:

<table>
<thead>
<tr>
<th>Block</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K00-K14</td>
<td>Diseases of oral cavity and salivary glands</td>
</tr>
<tr>
<td>K20-K31</td>
<td>Diseases of esophagus, stomach and duodenum</td>
</tr>
<tr>
<td>K35-K38</td>
<td>Diseases of appendix</td>
</tr>
<tr>
<td>K40-K46</td>
<td>Hernia</td>
</tr>
<tr>
<td>K50-K52</td>
<td>Noninfective enteritis and colitis</td>
</tr>
<tr>
<td>K55-K64</td>
<td>Other diseases of intestines</td>
</tr>
<tr>
<td>K65-K68</td>
<td>Diseases of peritoneum and retroperitoneum</td>
</tr>
<tr>
<td>K70-K77</td>
<td>Diseases of liver</td>
</tr>
<tr>
<td>K80-K87</td>
<td>Disorders of gallbladder, biliary tract and pancreas</td>
</tr>
<tr>
<td>K90-K95</td>
<td>Other diseases of the digestive system</td>
</tr>
</tbody>
</table>

Digestive System

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K00</td>
<td>Disorders of tooth development and eruption</td>
</tr>
<tr>
<td></td>
<td>Excludes2: embedded and impacted teeth (K01,-)</td>
</tr>
<tr>
<td>K00.0</td>
<td>Anodontia</td>
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<tr>
<td></td>
<td>Hypodontia</td>
</tr>
<tr>
<td></td>
<td>Oligodontia</td>
</tr>
<tr>
<td></td>
<td>Excludes1: acquired absence of teeth (K08,1-)</td>
</tr>
<tr>
<td>K00.1</td>
<td>Supernumerary teeth</td>
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<tr>
<td></td>
<td>Distomolar</td>
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<tr>
<td></td>
<td>Fourth molar</td>
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<tr>
<td></td>
<td>Mesiodens</td>
</tr>
<tr>
<td></td>
<td>Paramolar</td>
</tr>
<tr>
<td></td>
<td>Supplementary teeth</td>
</tr>
<tr>
<td></td>
<td>Excludes2: supernumerary roots (K00.2)</td>
</tr>
<tr>
<td>K00.2</td>
<td>Abnormalities of size and form of teeth</td>
</tr>
<tr>
<td></td>
<td>Congrescence of teeth</td>
</tr>
<tr>
<td></td>
<td>Fusion of teeth</td>
</tr>
<tr>
<td></td>
<td>Germination of teeth</td>
</tr>
<tr>
<td></td>
<td>Dens evaginatus</td>
</tr>
</tbody>
</table>
Terms and Exercises

• Oral mucositis (ulcerative) (K12.3-) Inflammation and ulceration of the mouth – often a result of chemotherapy. Mucositis can affect the mucous membranes at any location along the GI tract.

• Coding exercise:
• 1. Patient being treated for a primary malignant neoplasm of the lung with chemotherapy presents to the physician’s office with painful oral ulcerative mucositis of the mouth. This is the initial encounter for this condition.
### Tabular List

**K12 Stomatitis and related lesions**

Use additional code to identify:
- alcohol abuse and dependence (F10.--) 
- exposure to environmental tobacco smoke (Z77.22)
- history of tobacco use (Z87.891)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17.0)
- tobacco use (Z72.0)

**Excludes1:** cancrum oris (A69.0)
- cheilitis (K13.0)
- gangrenous stomatitis (A69.0)
- herpesviral [herpes simplex] gingivostomatitis (B00.2)
- noma (A69.0)

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### Tabular List

**K12.3 Oral mucositis (ulcerative)**
- Mucositis (oral) (oropharynx)

**Excludes2:** gastrointestinal mucositis (ulcerative) (K52.81)
- mucositis (ulcerative) of vagina and vulva (N79.81)
- nasal mucositis (ulcerative) (J34.81)

**K12.30 Oral mucositis (ulcerative), unspecified**

**K12.31 Oral mucositis (ulcerative) due to antineoplastic therapy**
- Use additional code for adverse effect, if applicable, to identify antineoplastic and immunosuppressive drugs (T45.1X5)
- Use additional code for other antineoplastic therapy, such as: radiological procedure and radiotherapy (Y94.2)

**K12.32 Oral mucositis (ulcerative) due to other drugs**
- Use additional code for adverse effect, if applicable, to identify drug (T30-T35 with fifth or sixth character 5)

**K12.33 Oral mucositis (ulcerative) due to radiation**
- Use additional external cause code (W86-W99, X39.0-1) to identify cause

**K12.39 Other oral mucositis (ulcerative)**
- Viral oral mucositis (ulcerative)
Chapter 19: Poisoning/Adverse Effects

Poisoning by, adverse effects of and underdosing of drugs, medicaments and biological substances (T36-T50)
- Includes: adverse effect of correct substance properly administered
- poisoning by overdose of substance
- poisoning by wrong substance given or taken in error
- underdosing by (inadvertently) (deliberately) taking less substance than prescribed or instructed

Code first, for adverse effects, the nature of the adverse effect, such as:
- adverse effect NOS (T88.7)
- aspirin gastritis (K29.9)
- blood disorders (D56-D76)
- contact dermatitis (L23-L28)
- dermatitis due to substances taken internally (L77)
- nephropathy (N14.0-N14.2)

Note: The drug giving rise to the adverse effect should be identified by use of codes from categories T36-T50 with fifth or sixth character 5.

Use additional code(s) to specify:
- manifestations of poisoning
- underdosing or failure in dosage during medical and surgical care (Y63.5, Y63.8-Y63.9)
- underdosing of medication regimen (Z31.12, Z31.13)

Excludes1: toxic reaction to local anesthesia in pregnancy (O29.3)

Excludes2: abuse and dependence of psychoactive substances (F10-F19)
- abuse of non-dependence-producing substances (F55.9)
- drug reaction and poisoning affecting newborn (P05-P08)
T45.1X5A – If Initial Encounter

- Poisoning by, adverse effect of and underdosing of antineoplastic and immunosuppressive drugs
  - Excludes1: poisoning by, adverse effect of and underdosing of tamoxifen (T38.5)
  - Poisoning by, adverse effect of and underdosing of antineoplastic and immunosuppressive drugs

  - T45.1X1 Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional)
    Poisoning by antineoplastic and immunosuppressive drug NOS

  - T45.1X2 Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm

  - T45.1X3 Poisoning by antineoplastic and immunosuppressive drugs, assault

  - T45.1X4 Poisoning by antineoplastic and immunosuppressive drugs, undetermined

  - T45.1X5 Adverse effect of antineoplastic and immunosuppressive drugs

  - T45.1X6 Underdosing of antineoplastic and immunosuppressive drugs

Y84.2

Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure (Y80-Y94)

Excludes1: misadventures to patients during surgical and medical care, classifiable to (Y62-Y69)

Y84 Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Y84.0 Cardiac catheterization as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Y84.1 Kidney dialysis as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Y84.2 Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Y84.3 Shock therapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Y84.4 Aspiration of fluid as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Y84.5 Insertion of gastric or duodenal sound as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Y84.6 Urinary catheterization as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Answer(s)

1. K13.21 – Oral mucositis (ulcerative) due to antineoplastic therapy
2. T45.1x5A – Adverse effects of antineoplastic and immunosuppressive drugs
3. Y84.2 – Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure.
4. C34.90- Lung cancer NOS
ANOTHER EXAMPLE - EFFECTS OF FOREIGN BODY ENTERING THROUGH NATURAL ORIFICE (T15-T19)

- Excludes2 foreign body accidentally left in operation wound (T81.5-)
- foreign body in penetrating wound – See open wound by body region
- residual (old) foreign body in penetrating wound of orbit and eye ball (H05.5-, H44.6-, H44.7-)
- superficial foreign body of eyelid and periocular area (S00.25-)
- The appropriate 7th character is to be added to category T15
- A initial encounter
- D subsequent encounter
- S sequela
- 4th T18 Foreign body in alimentary tract
- 6th Gastric contents in esophagus (Vomitus in esophagus)
- 7th T18.110 Gastric contents in esophagus causing compression of trachea (Gastric contents in esophagus causing obstruction of respiration).

Some Codes Will Affect Almost All Specialties
Diabetes Coding Will Affect Almost Every Specialty

• Expanded to include the classification of the diabetes and the manifestation; updated to reflect current clinical classification of diabetes and no longer classified as controlled/uncontrolled:
  • E08.22 DM due to an underlying condition with diabetic chronic kidney disease
  • E09.52 Drug or chemical induced DM with diabetic peripheral angiopathy with gangrene
  • E10.11 Type I DM with ketoacidosis with coma
  • E11.41 Type 2 DM with diabetic mononeuropathy

Deficiency, Deficient Nutrition, Nutritional E63.9

• 4th E63 Other nutritional deficiencies
  Excludes2: dehydration (E86.0)
  • failure to thrive, adult (R62.7)
  • failure to thrive, child (R62.51)
  • feeding problems in newborn (P92.-)
  • sequelae of malnutrition and other nutritional deficiencies (E64.-)
    • E63.0 Essential fatty acid “EFA} deficiency
    • E63.1 Imbalance of constituents of food intake
    • E63.8 Other specified nutritional deficiencies
    • E63.9 Nutritional deficiency, unspecified.
Overweight, Obesity, and Other Hyperalimentation (E65-E60)

- E65 Localized adiposity (Fat pad)
- 4th E66 Overweight and obesity
- Code first obesity complicating pregnancy, childbirth and the puerperium, if applicable (O99.21-)
- Use additional code to identify body mass index (BMI), if known (Z68.-)
- 5th E66.0 Obesity due to excess calories
- E66.01 Morbid (severe) obesity due to excess calories

Some “V” Code Examples In “10”

- V03 Pedestrian injured in collision with car, pick-up truck or van
  - The appropriate 7th character is to be added to each code from category V03
  - A - initial encounter
  - D - subsequent encounter
  - S – sequela
  - V03.0 Pedestrian injured in collision with car, pick-up truck or van in nontraffic accident
  - V03.00 Pedestrian on foot injured in collision with car, pick-up truck or van in nontraffic accident
  - Pedestrian NOS injured in collision with car, pick-up truck or van in nontraffic accident
  - V03.01 Pedestrian on roller-skates injured in collision with car, pick-up truck or van in nontraffic accident
  - V03.02 Pedestrian on skateboard injured in collision with car, pick-up truck or van in nontraffic accident
  - V03.09 Pedestrian with other conveyance injured in collision with car, pick-up truck or van in nontraffic accident
  - Pedestrian with baby stroller injured in collision with car, pick-up truck or van in nontraffic accident
### Comparison Coding For “9” VS “10” – Complications

- **ICD-9-CM:**
  - Mechanical complication of other vascular device, implant and graft
  - 1 code – 996.1

- **ICD-10-CM:**
  - Mechanical complication of other vascular grafts
  - 156 codes – Here is an example of a few:
    - T82.310 – Breakdown (mechanical) of aortic (bifurcation) graft (replacement)
    - T82.311 - Breakdown (mechanical) of carotid arterial graft (bypass)
    - T82.312 – Breakdown (mechanical) of femoral arterial graft (bypass)
    - T82.318 - Breakdown (mechanical) of other vascular grafts
    - T82.319 - Breakdown (mechanical) of unspecified vascular grafts
    - T82.320 – Displacement of aortic (bifurcation) graft (replacement)
    - T82.321 - Displacement of carotid arterial graft (bypass)
    - T82.322 - Displacement of femoral arterial graft (bypass)
    - T82.328 – Displacement of other vascular grafts

### Additional Examples - Poisoning

- **Combination Codes for Poisoning and the External Cause:**
  - T39.011 Poisoning by aspirin, accidental (unintentional)
  - T39.012 Poisoning by aspirin, intentional self-harm
  - T39.013 Poisoning by aspirin, assault
  - T39.014 Poisoning by aspirin, undetermined
Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

- History (of):
- There are two types of history “Z” codes:
  - 1. Personal
  - 2. Family
  - Personal history codes explain a patient’s past medical condition that no longer exists and is not receiving any treatment, but that has the potential for recurrence, and therefore may require continued monitoring.
  - Family history codes are for use when a patient has a family member(s) who has had a particular disease that causes the patient to be at higher risk of also contracting the disease.
  - Personal history codes may be used in conjunction with follow-up codes and family history codes may be used in conjunction with screening codes to explain the need for a test or procedure.
  - History codes are also acceptable on any medical record regardless of the reason for the visit.

“Z” Codes in ICD-10-CM

- Categories:
  - Inoculations and vaccinations - Z23-
  - Status – Z14- thru Z99-
  - History of – Z80- thru Z92-
  - Screening – Z11--Z36-
  - Observation – Z03 & Z04
  - Aftercare – Z42- thru Z51-
  - Follow-up – Z08; Z09; Z39
  - Counseling – Z30.0- thru Z76.81
  - Encounters for OB and Reproductive Services – Z34-; Z3A-; Z37.-Z30- thru Z36-; Z39-; Z76.81
  - Newborns and infants – Z76.1-; Z00.1-; Z38
  - Routine and administrative exams – Z00-; Z01-; Z02-; Z32.0-
  - Contact/Exposure – Z20-; Z77-
  - Miscellaneous Z codes
  - Z Codes that may only be first-listed diagnosis
**ICD-10-CM**

Other Conditions In Digestive System & Some Comparisons With ICD-9

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**Inguinal Hernia – ICD-9-CM**

- **550-**
- Includes: bubonocele
- inguinal hernia (direct) (double) (indirect) (oblique) (sliding)
- scrotal hernia

The following fifth-digit subclassification is for use with category 550:

- 0 unilateral or unspecified (not specified as recurrent) (Unilateral NOS)
- 1 unilateral or unspecified, recurrent
- 2 bilateral (not specified as recurrent) (Bilateral NOS)
- 3 bilateral, recurrent

**ICD-9 Subcategories/Subclassifications:**

- 550.0 Inguinal hernia with gangrene
- 550.1 Inguinal hernia with obstruction without mention of gangrene
- 550.9 Inguinal hernia without mention of obstruction or gangrene

**Category Notes:** Includes: hernia: acquired; congenital, except diaphragmatic or hiatal
<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>530 – 539</strong> DISEASES OF ESOPHAGUS, STOMACH AND DUODENUM</td>
<td>+ <strong>K20 – K31</strong> – DISEASES OF ESOPHAGUS, STOMACH AND DUODENUM</td>
</tr>
<tr>
<td>- <em>(4th)</em> 537 - Other disorders of stomach and duodenum</td>
<td>+4th - <strong>K31</strong> Other Diseases of stomach and duodenum</td>
</tr>
<tr>
<td>537.4 - Fistula of stomach/duodenum</td>
<td>Includes: functional disorders of stomach</td>
</tr>
<tr>
<td></td>
<td>(Excludes 2: diabetic gastroparesis (E08.43, E09.43, E10.43, E11.43, E13.43))</td>
</tr>
<tr>
<td></td>
<td>diverticulum of duodenum (K57.00-K57.13)</td>
</tr>
<tr>
<td></td>
<td><strong>K31.0</strong> Acute dilatation of stomach (Acute distention of stomach)</td>
</tr>
<tr>
<td></td>
<td><strong>K31.1</strong> Adult dilatation of stomach (Pyloric stenosis NOS)</td>
</tr>
<tr>
<td></td>
<td>Excludes 1: congenital hourglass stomach (Q40.2)</td>
</tr>
<tr>
<td></td>
<td>hourglass contraction of stomach (K31.89)</td>
</tr>
<tr>
<td></td>
<td>Excludes 1: congenital or infantile pyloric stenosis (Q40.0)</td>
</tr>
<tr>
<td></td>
<td>pylorospasm, not elsewhere classified</td>
</tr>
<tr>
<td></td>
<td>Excludes 1: congenital or infantile pylorospasm (Q40.0)</td>
</tr>
<tr>
<td></td>
<td>neurotic pylorospasm (F45.8)</td>
</tr>
<tr>
<td></td>
<td>psychogenic pylorospasm (F45.8)</td>
</tr>
<tr>
<td></td>
<td><strong>K31.4</strong> Gastric diverticulum</td>
</tr>
<tr>
<td></td>
<td>Excludes 1: congenital stenosis of duodenum (Q41.0)</td>
</tr>
<tr>
<td></td>
<td><strong>K31.5</strong> Obstruction of duodenum (Constriction of duodenum; Duodenal ileus (chronic); Stenosis of duodenum; Stricture of duodenum; Vovulus of duodenum)</td>
</tr>
<tr>
<td></td>
<td>Excludes 1: congenital stenosis of duodenum (Q41.0)</td>
</tr>
<tr>
<td></td>
<td><strong>K31.6</strong> – Fistula of stomach and duodenum</td>
</tr>
<tr>
<td></td>
<td>Gastrocotic fistula</td>
</tr>
<tr>
<td></td>
<td>Gastrojejunocolic fistula</td>
</tr>
</tbody>
</table>

**Category Notes:**
- Diseases of esophagus, stomach and duodenum (K20-K31)
- Excludes 2: hiatus hernia (K44.-)
Appendix - Examples of Coding In ICD-10-CM
From CMS Training

Abdominal Pain and Tenderness

ABDOMINAL PAIN AND TENDERNES
Increased Specificity
When documenting abdominal pain, include the following:
1. Location
e.g. Generalized, Right upper quadrant, periumbilical, etc.
2. Pain or tenderness type
e.g. Colic, tenderness, rebound

ICD-10 Code Examples

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R10.31</td>
<td>Right lower quadrant pain</td>
</tr>
<tr>
<td>R10.32</td>
<td>Left lower quadrant pain</td>
</tr>
<tr>
<td>R10.33</td>
<td>Periumbilical pain</td>
</tr>
</tbody>
</table>
Commonly Used Codes for Abdominal Pain

- Abdominal Pain – ICD9-CM 789.00 to 789.09 code range:
  - R10.0 Acute abdomen
  - R10.10 Upper abdominal pain, unspecified
  - R10.11 Right upper quadrant pain
  - R10.12 Left upper quadrant pain
  - R10.13 Epigastric pain
  - R10.2 Pelvic and perineal pain
  - R10.30 Lower abdominal pain
  - R10.31 Right lower abdominal pain
  - R10.32 Left lower quadrant pain
  - R10.33 Periumbilical pain
  - R10.84 Generalized abdominal pain
  - R10.9* Unspec. abdominal pain

* Codes with a greater degree of specificity should be considered first.

Clinical Documentation - Hypertension

HYPERTENSION
Definition Change
In ICD-10, hypertension is defined as essential (primary). The concept of “benign or malignant” as it relates to hypertension no longer exists.

When documenting hypertension, include the following:
1. Type  e.g. essential, secondary, etc.
2. Causal relationship  e.g. Renal, pulmonary, etc.

ICD-10 Code Examples
- I10 Essential (primary) hypertension
- I11.9 Hypertensive heart disease without heart failure
- I15.0 Renovascular hypertension
**Diabetes**

**DIABETES MELLITUS, HYPOGLYCEMIA AND HYPERGLYCEMIA**

*Increased Specificity*

The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system.

When documenting diabetes, include the following:

1. **Type**
   - e.g. Type 1 or Type 2 disease, drug or chemical induced, due to underlying condition, gestational

2. **Complications**
   - What (if any) other body systems are affected by the diabetes condition? e.g. Foot ulcer related to diabetes mellitus

3. **Treatment**
   - Is the patient on insulin?

A second important change is the concept of "hypoglycemia" and "hyperglycemia." It is now possible to document and code for these conditions without using "diabetes mellitus." You can also specify if the condition is due to a procedure or other cause.

The final important change is that the concept of "secondary diabetes mellitus" is no longer used; instead, there are specific secondary options.

**ICD-10 Code Examples**

- E08.65: Diabetes mellitus due to underlying condition with hyperglycemia
- E09.01: Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
- R73.9: Transient post-procedural hyperglycemia
- R79.9: Hyperglycemia, unspecified

---

**Injuries – Classified By Site Rather Than Type In “10”**

**INJURIES**

*Increased Specificity*

ICD-10 used separate “E” codes to record external causes of injury. ICD-10 better incorporates these codes and expands sections on poisonings and toxins.

When documenting injuries, include the following:

1. **Episode of Care**
   - e.g. Initial, subsequent, sequelae

2. **Injury Site**
   - Be as specific as possible

3. **Etiology**
   - How was the injury sustained (e.g. sports, motor vehicle crash, pedestrian, slip and fall, environmental exposure, etc.)?

4. **Place of Occurrence**
   - e.g. School, work, etc.

Initial encounters may also require, where appropriate:

1. **Intent**
   - e.g. Unintentional or accidental, self-harm, etc.

2. **Status**
   - e.g. Civilian, military, etc.
Family Practice Scenario/Internal Medicine #1 –
www.cms.org – Abdominal Pain

Scenario 1: Abdominal Pain

Scenario Details

Chief Complaint
• "My stomach hurts and I feel full of gas."

History
• 47 year old male with mid-abdominal epigastric pain, associated with severe nausea & vomiting; unable to keep down any food or liquid. Pain has become "severe" and constant.
• Has had an estimated 15 pound weight loss over the past month.
• Patient reports eating 12 sausages at the Sunday church breakfast five days ago which he believes initiated his symptoms.
• Patient admits to a history of alcohol dependence. Consuming 5 – 6 beers per day now, down from 10 – 12 per day 6 months ago. States that he has nausea and vomiting with "the shakes" when he does not drink.

Exam
• V/S: T 99.8°F, otherwise normal.
• Mild jaundice noted.
• Abdomen distended and tender across upper abdomen. Guarding is present. Bowel sounds diminished in all four quadrants.
• Oral mucosa dry, chapped lips, decreased skin turgor

Assessment and Plan
• Dehydration and suspected acute pancreatitis.
• Admit to the hospital. Orders written and sent to on-call hospitalist.
• IV NS started in office. Blood drawn for labs.
• Recommend behavioral health counseling for substance abuse assessment and possible treatment.
• Patient’s wife notified of plan; she will transport to hospital by private vehicle.

Summary of ICD-10-CM Impacts

Clinical Documentation
1. Describe the pain as specifically as possible based on location.
2. When addressing alcohol related disorders you should distinguish alcohol use, alcohol abuse, and alcohol dependence. ICD-10-CM has changed the terminology and the parameters for coding substance abuse disorders. In this scenario note, as the acute pancreatitis is suspected, and the patient's alcohol intake status is stated, the associated alcoholism code is listed.
3. Abdominal tenderness may be coded. Ideally, the documentation should include right or left upper quadrant and indicate if there is rebound in order to identify a more specific code. Currently the ICD-10 code would be R10.819, Abdominal tenderness, unspecified site as the documentation is insufficient in latency and specificity.
Coding Scenario #1 – Per CMS

- **ICD-9-DIAGNOSIS CODES**
  - 789.06  Abdominal pain, epigastric
  - 789.60  Abdominal tenderness, unspecified site
  - 782.4  Jaundice NOS
  - 276.51  Dehydration
  - 303.90  Other and Unspec. alcohol dependence, unspec.

- **ICD-10-DIAGNOSIS CODES**
  - R10.13  Epigastric pain
  - R10.819  Abdominal unspecified site
  - R17  Unspec. Jaundice
  - E86.0  Dehydration
  - F10.20  Alcohol dependence, uncomplicated

Family Practice – Scenario #4

**Scenario 4: Anemia**

- **Scenario Details**
- **Chief Complaint**
  - Discuss laboratory results.
- **History**
  - 34 year old established female seen by me over one week ago for decreased exercise tolerance and general malaise over the past four weeks when doing her daily aerobic class.
  - Labs were ordered on that visit. She presents today with pale skin, weakness, and epigastric pain; symptoms are unchanged since previous visit. Laboratory studies reviewed today are as follows: HGB 8.5 g/dL; HCT 27%, platelets 160,000/mmcL, reticulocytes 0.24%, MCV 75, serum iron 41 mcg/dL, serum ferritin 5 mcg/mL, TIBC 457 mcg/dL; Fecal occult blood test is positive.
  - She takes Esomeprazole daily for GERD with esophagitis and reports taking OTC antiacids at bedtime for epigastric pain for the past three months. She also uses ibuprofen as needed for headaches.
  - Current pain is 0/10.
  - Medical history significant for GERO, papillary ulcer; pre-eclampsia with last pregnancy.
  - LMP two weeks ago, normal flow, unchanged in last three months.
  - Menstrual: three children ages 15, 12, and 1 year old.
  - Patient does not use tobacco, alcohol, or illicit drugs.
  - No known allergies.
  - No changes in interval history and review of systems noted from encounter 8 days ago.
Scenario #4

- Well-nourished, well groomed, pleasant female who shows good judgment and insight. Oriented X 3. Good recent and remote memory. Appropriate mood and affect.
- Vital signs: T 98.7, RR 18, BP: 118/75, standing 120/80, HR: 90.
- HEENT: PERRLA.
- Neck: Supple. No thyromegaly.
- Lungs: clear to auscultation with normal respiratory effort.
- Cardiovascular: Regular rate and rhythm. No pedal edema.
- Integumentary: Pale, clear of rashes and lesions, no ulcers. Early cheilosis noted.
- Rectal: No gross blood on exam one week ago; stool sample results noted above.
- Lymphatics: No lymphadenopathy.
- Musculoskeletal: The patient had good, stable gait.

Conclusion of Scenario #4 Provided by www.cms.org

Scenario 4: Anemia (continued)

Assessment and Plan
- Iron-deficiency anemia secondary to blood loss.
- Continue esomeprazole as prescribed.
- Replace ibuprofen use with acetaminophen extra strength for headaches, dosage as per label.
- Prescribed iron sulfate supplements for three month trial. Counseled patient on appropriate use of iron supplementation and side effects.
- Patient to return in one week for repeat laboratory studies.

Summary of ICD-10-CM Impacts

Clinical Documentation
1. In ICD-10-CM, gastro-esophageal reflux disease is differentiated by noting “with esophagitis” versus “without esophagitis.” “With esophagitis” must be documented in the record.
Coding Scenario #4

<table>
<thead>
<tr>
<th>Coding</th>
<th>ICD-9-CM Diagnosis Codes</th>
<th>ICD-10-CM Diagnosis Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>280.0</td>
<td>Iron deficiency anemia</td>
<td>D50.0</td>
</tr>
<tr>
<td></td>
<td>secondary to blood loss</td>
<td>Iron deficiency anemia</td>
</tr>
<tr>
<td></td>
<td>(chronic)</td>
<td>secondary to blood loss</td>
</tr>
<tr>
<td>530.81</td>
<td>Disease, Gastroesophageal</td>
<td>K21.0</td>
</tr>
<tr>
<td></td>
<td>reflux (GERD)</td>
<td>Gastro-esophageal reflux</td>
</tr>
<tr>
<td></td>
<td></td>
<td>disease with esophagitis</td>
</tr>
</tbody>
</table>

Other Impacts

- 530.11 Reflux esophagitis is not coded when GERD is coded in ICD-9-CM because 530.11 is an “excluded code” from 530.81 in ICD-9-CM but it is a combination code in ICD-10-CM.

Scenario: Abdominal Pain

Scenario Details

Chief Complaint
- “My stomach hurts.”

History
- Patient is a 65-year-old male admitted to the hospital with abdominal pain. He has a history of Crohn’s disease of the large intestine. He also has a history of coronary artery disease, had a heart attack 5 years ago, but has had no problems since then. He smoked cigarettes for 45 years, but quit after his myocardial infarction. He also has a history of allergic reactions to Penicillins and Cephalosporins.

Review of Systems, Physical Exam, Laboratory Tests
- 99.8
- Abdomen: diffuse tenderness over entire abdomen
- CT scan of abdomen: abscess secondary to Crohn’s disease of descending colon

Assessment and Plan
- Crohn’s disease, large intestine with abscess,
- Awaiting GI consultation
Abdominal Pain - Continued

• Summary of ICD-10-CM Impacts:
  – Clinical Documentation
    • Crohn's disease in ICD-10 is separated by small, large intestine or both (small and large intestine);
    • With or without complications of:
      – Rectal bleeding
      – Obstruction
      – Fistula; or
      – Abscess (combination codes)

Coding The Abdominal Pain Scenario Per CMS

<table>
<thead>
<tr>
<th>ICD-9-CM DIAGNOSIS CODES</th>
<th>ICD-10-CM DIAGNOSIS CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>555.1 Regional enteritis, large intestine</td>
<td>K50.114 Crohn's disease of large intestine with abscess</td>
</tr>
<tr>
<td>567.22 Abscess, abdominal</td>
<td>I25.2 Old myocardial infarction</td>
</tr>
<tr>
<td>412 Old myocardial infarction</td>
<td>Z87.891 Personal history of nicotine dependence or personal history of tobacco use</td>
</tr>
<tr>
<td>V15.82 History of tobacco use</td>
<td>Z88.0 Allergy status to Penicillin</td>
</tr>
<tr>
<td>V14.0 History of allergy to Penicillin</td>
<td>Z86.1 Allergy status to other antibiotic agent</td>
</tr>
<tr>
<td>V14.1 History of allergy to other antibiotic (cephalosporins)</td>
<td></td>
</tr>
</tbody>
</table>
Other Impacts

- Coding allergies to specific medications allows the providers who share a common EHR to be notified of these allergies. They can be placed into the ongoing problem list therefore becoming available whenever relevant for coding on the claim.
- At the beginning of Chapter 10 Respiratory conditions this instruction is found: Use additional code, where applicable, to identify:
  - exposure to environmental tobacco smoke (Z77.22)
  - exposure to tobacco smoke in the perinatal period (P96.81)
  - history of tobacco use (Z57.891)
  - occupational exposure to environmental tobacco smoke (Z57.31)
  - tobacco dependence (F17.7)
  - tobacco use (Z72.0)
- These tobacco-related codes should also be coded into the ongoing problem list for future coding situations as indicated in ICD-10-CM.
Internal Medicine – Scenario #2 - Continued

Exam
- Chest clear. Heart sounds normal.
- EKG shows no changes from prior, does show left ventricular hypertrophy.
- CXR is unchanged from previous.
- Abdomen is soft, non-tender to exam except to epigastric area. No guarding.
- Vitals: BP is 112/60, HR is 65, O₂ saturation is 99% on room air. No fever noted.

Assessment and Plan
- GERD
- Modify diet to avoid spicy foods, alcohol. Avoid eating three hours before bedtime. Continue sleeping with head of bed elevated until symptoms subside.
- Continue OTC antacid per label instructions to control symptoms
- Begin esomeprazole 20 mg PO daily x 4 weeks.
- Follow up in four weeks if symptoms not improved.

Scenario 2: Epigastric Pain (continued)

Summary of ICD-10-CM Impacts

Clinical Documentation
1. Document the acuity (i.e., chronic, acute, acute on chronic) and type (i.e., systolic, diastolic or both) of heart failure, as there are discrete ICD-10-CM codes for each type.
2. Document the type of diabetes and if appropriate, any effects due to the disease (e.g. a foot ulcer, diabetic retinopathy, etc.).
3. If asthma symptoms were present, then the provider should note whether or not the asthma is persistent, triggers (if known) how many attacks per day, week or month are typically experienced, and the functional impact. ICD-10 does not include the concept of extrinsic or intrinsic as represented in ICD-9-CM. In ICD-10-CM one must document whether asthma is mild intermittent, persistent, or moderate and severe persistent. Furthermore, ICD-10-CM guidelines now require the use of an additional code to indicate if a patient is exposed to tobacco smoke.
4. In ICD-10-CM, gastroesophageal reflux disease is differentiated by noting “with esophagitis” (K21.0) versus “without esophagitis” (K21.9). As there is no documentation under the physical exam noting that esophagitis was evident gastroesophageal reflux disease without esophagitis is coded.
### Internal Medicine – Scenario #2

#### Coding

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Codes</th>
<th>ICD-10-CM Diagnosis Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>S30.81</td>
<td>K21.9</td>
</tr>
<tr>
<td>428.1</td>
<td>I50.1</td>
</tr>
<tr>
<td>250.00</td>
<td>E11.9</td>
</tr>
<tr>
<td>V68.67</td>
<td>Z79.4</td>
</tr>
<tr>
<td>493.10</td>
<td>J46.20</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Other Impacts

Management of chronic conditions such as diabetes, asthma or heart failure should be described in the record. The documentation of the clinical management may lead to increased reimbursement via clinical quality measures, or quality improvement pay-for-performance physician incentives, regardless of clinical presentation/complications.

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### Questions?

- **Q & A**

- **THANK YOU!**

- **CONTACT: MCOLLINS@PMIMD.COM**