



ICD-10-CM Coding Workbook for Orthopaedics

Specialty coding guidance for ICD-10-CM

2016

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Case Study #12—Gangrene of Foot

Answers

1. Assign the correct ICD-10-CM diagnosis codes for the above encounter.

E11.52 Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene

E11.621 Type 2 diabetes mellitus with foot ulcer

E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease

L97.419 Non-pressure chronic ulcer of right heel and midfoot with unspecified severity

N18.3 Chronic kidney disease, stage 3 (moderate)

Z79.4 Long term (current) use of insulin

This is an inpatient surgical procedure, therefore the guidelines provided in the Uniform Hospital Discharge Data Set are followed. The principal diagnosis is “that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.” In this instance, it is the diabetes with gangrene that is causing the additional surgery and is the main reason for the admission. However, in this scenario there are several other conditions that meet the criteria for additional diagnoses. Additional diagnoses are “all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay.” The foot ulcer and chronic kidney disease coexisted at the time of admission and must be coded in this inpatient record.

In this case, the bulk of the diagnostic information is coming from the “Indications for Surgery” section, although there is important information in the “Postoperative Diagnosis” section as well. It is determined that the patient has insulin dependent diabetes with Stage 3 renal failure, foot ulcers, and gangrene of the right foot. Diabetes codes make use of many combination codes, so the assignment of the diabetes code is the priority.

To determine code selection, find main term “Diabetes” in the alphabetic index, followed by subterm “Type 2.” Since the type of diabetes was not documented in the medical record, Type 2 is assigned based on information found in the ICD-10-CM Coding Guidelines Section I.C.4.a.2. Since gangrene is the principal issue causing admission, this code assignment is made initially. Subterms “Type 2” and “gangrene” direct the coder to E11.52. The tabular list confirms that this is the appropriate code. No additional codes are needed to describe the gangrene.

A code is also required to report the foot ulcer. In the alphabetic index, main term “Diabetes” and subterms “of type 2” and “foot ulcer” lead to E11.621. In the tabular list, a “Use Additional Code” instructional note is provided, stating that a code is needed to identify the site of the ulcer. The note directs the coder to L97.4- and L97.5-. It appears that the appropriate code selection is L97.419. This code identifies the right heel and midfoot, but unfortunately no description is given in the documentation regarding the severity of the ulcer.

The next code to assign is for renal failure. Again, as this is associated with the patient’s diabetes, a combination code is used. In the alphabetic index, main term “Diabetes” and subterms “Type 2” and “chronic kidney disease” lead to E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease. This code also includes a “Use Additional Code” instructional note, directing the coder to add an additional code (N18.1–N18.6) to identify the stage of chronic kidney disease. Medical record documentation states Stage 3, therefore the appropriate code assignment is N18.3 Chronic kidney disease, stage 3 (moderate).

A code must also be assigned to report the insulin dependence as described in the documentation. The ICD-10-CM Coding Guidelines Section I.C.4.a.3 state that if a patient is insulin dependent, code Z79.4 Long term (current) use of insulin, should be reported.

2. If the type of diabetes mellitus is not identified in the medical record documentation, which type of diabetes is assigned?

- a. Type 1 diabetes mellitus
- b. Type 2 diabetes mellitus**
- c. Other specified diabetes mellitus
- d. Diabetes mellitus due to underlying condition

Based on the information provided in the ICD-10-CM Draft Guidelines for Coding and Reporting, Section I.C.4.a.2, when the type of diabetes is not documented in the record, coders should use Type 2 diabetes from category E11.-. Although orthopedic specialists do not treat diabetes directly, they do treat many of the complications related to this condition. ICD-10-CM makes use of combination codes for these conditions that include the complication and the diabetes.

3. If a patient has diabetes mellitus with several related complications, as many codes from the E08–E11 code section as are necessary should be reported to describe the patient's multiple complications.

- a. True**
- b. False

Often in cases of diabetes mellitus, patients are affected with several complications across many body systems, such as renal complications, circulatory complications, neurologic complications, and more. Per the ICD-10-CM Draft Official Guidelines for Coding and Reporting, Section I.C.4.a, "assign as many codes within a particular category as are necessary to describe all of the complications of the disease."

4. If a patient has Type II diabetes and is insulin dependent, it is reported in ICD-10-CM by:

- a. Assigning the appropriate diabetes mellitus codes; it is assumed that the patient is insulin dependent
- b. Assigning Type 1 diabetes codes to indicate that the patient is insulin dependent
- c. Assigning a code from the "Other specified diabetes" section to indicate that this is a Type II diabetic, but is insulin dependent
- d. Assigning Z79.4 in conjunction with the appropriate E11.- code to indicate that this patient is insulin dependent**

Type 2 diabetes is assigned based on the information provided in the medical record. The coder indexes main term "Diabetes" and subterm "Type 2," followed by subterms for any other complications this patient may have. An instructional note is included at the top of the E11 section stating that the coder should use an additional code to identify insulin use (Z79.4). This information is also found in the coding guidelines, Section I.C.4.a.3, where it directs the coder to assign Z79.4 in the event that a patient uses insulin on a long-term basis.