Optum360 Learning: Detailed Instruction for Appropriate ICD-10-CM Coding

An educational guide to the structure, conventions, and guidelines of ICD-10-CM coding

2017

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Increased Granularity

The primary reason for creating a coding system that assigns a number to the diagnosis or condition is simply to record and retrieve information in an efficient way. One of the main purposes this is used —and always has been— is to gather data for research and statistics.

Nosologists, medical researchers, and epidemiologists are constantly tracking disease in the United States based on the coded data. A coding system for documenting and reporting cases allows the researchers, the statisticians, and the epidemiologists to gather the information upon which many important health care decisions are made. As such, the integrity of statistics and research findings is extremely important. Data drives health care reform, supports decisions regarding most effective and appropriate treatments, determines which clinical research endeavors to pursue, and aids in structuring and funding social programs concerned with health and well-being.

Data affects outcomes. Good data can help change the health care delivery system for the better. Coders are literally building the database that drives our future every time they choose the codes that are used for painting our statistical pictures and conducting research.

The increased granularity, or in other words, the greater level of detail afforded by ICD-10-CM, provides the quality data needed to support improved clinical outcomes and more cost-effective disease management.

Improving Treatment Management

ICD-10-CM can improve the management and treatment of disease for the individual. Code classifications for complications of medical and surgical care have been expanded to include the following categories:

Y62	**Failure of sterile precautions during surgical and medical care**
Y63	**Failure in dosage during surgical and medical care**
Y64	**Contaminated medical or biological substances**
Y7Ø–Y82	**Medical devices associated with adverse incidents in diagnostic and therapeutic use**

The increased level of detail in chapter 20, "External Causes of Morbidity (VØØ–Y99)," provides a means to improve care by putting forth a mechanism for increased efficiency in tracking nosocomial and iatrogenic incidents that were previously either loosely defined by the code categories 996–999 in ICD-9-CM, or missing from the classification altogether.

Establishing Better Clinical Outcomes and Treatment Protocols

ICD-10-CM will not only aid in improving disease management and treatment for all individuals within a certain diagnostic group, but will also assist in achieving better treatment protocols that yield improved clinical outcomes for future cases. The increased data granularity of ICD-10-CM enables researchers to study diseases, together with the current treatments being used, on a more refined level. Statistical patterns are easily identified, linking critical connections necessary to expedite research and develop new treatments.

For example, carcinoma in situ of the breast can be tracked by only one code in ICD-9-CM, 233.Ø. There are 12 separate codes in the category for carcinoma in situ of the breast (DØ5) in ICD-10-CM, with axes for lobular, intraductal, other, and unspecified carcinoma. Together with the ICD-10-PCS system for reporting the procedures with greater detail, researchers can track the specific outcomes of the different types of radioactive materials versus surgical procedures used in treating

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Laterality

In the past, there have been proposals to the ICD-9-CM coordination and maintenance committee to add laterality codes (i.e., right, left, or bilateral). This has been done in ICD-10-CM; however, ICD-10-CM does not add laterality in all cases. Many codes affected by this modification are found in the neoplasm and injury chapters.

ICD-10

C56 Malignant neoplasm of ovary

ICD-10-CM

C56 Malignant neoplasm of ovary
Use additional code to identify any functional activity

C56.Ø Malignant neoplasm of right ovary

C56.1 Malignant neoplasm of left ovary

C56.9 Malignant neoplasm of unspecified ovary

Trimester Specificity Obstetrical Coding

Neither ICD-9 nor ICD-10 expands the codes in the "Pregnancy, Childbirth and the Puerperium" chapter to specify circumstances surrounding the pregnancy. In ICD-9-CM, a fifth-digit subdivision denotes the current episode of care. The episode of care is defined as the encounter in which the patient is receiving care, whether delivery occurred during that encounter, or an antepartum or postpartum condition is being treated without delivery occurring during that episode of care. The fifth digits from ICD-9-CM were not adopted for ICD-10-CM. Instead, the last character in the code reports the patient's trimester. Because certain obstetric conditions or complications occur at only one point in the obstetric period, not all codes will include all three trimesters or a character to describe the trimester at all.

ICD-10

O6Ø Preterm labour and delivery
Onset (spontaneous) of labour before 37 completed weeks of gestation.

ICD-10-CM

O6Ø Preterm labor
INCLUDES onset (spontaneous) of labor before 37 completed weeks of gestation
EXCLUDES 1 *false labor (O47.Ø-)*
threatened labor NOS (O47.Ø-)

O6Ø.Ø Preterm labor without delivery

O6Ø.ØØ Preterm labor without delivery, unspecified trimester

O6Ø.Ø2 Preterm labor without delivery, second trimester

O6Ø.Ø3 Preterm labor without delivery, third trimester

Expansion of Alcohol and Drug Codes

Although ICD-10 had already made major changes to chapter 5, "Mental and Behavioural Disorders," analysis of the codes for disorders due to alcohol and drug use has resulted in further modifications. The ICD-10 codes were reviewed for ways to better describe these disorders due to psychoactive substance use.

The result is the identification of the effects of use (e.g., abuse and dependence) at the fourth-character level, the specific aspects to the use (e.g., withdrawal), at the fifth-character level, and some of the manifestations (e.g., delirium), at the sixth-character level.

CLINICAL NOTE

The first trimester is the period of pregnancy from the first day of the last normal menstrual period through the completion of 13 weeks of gestation. The second trimester is the period of pregnancy from the beginning of the 14th through the 27th completed week of gestation. The third trimester is the period of pregnancy from the beginning of the 28th week until delivery.

DEFINITIONS

trimester. Period of three months.

KEY POINT

In ICD-10-CM, the sixth character may identify:

- Trimester
- Laterality
- Certain manifestations

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Chapter 4 Coding Guidance

Diabetes Mellitus

Diabetes mellitus classification has been significantly revised in ICD-10-CM. Currently, ICD-9-CM includes diabetes code categories with other endocrine diseases classifiable to the same code grouping or code block (e.g., 252 Disorders of parathyroid gland, 254 Disorders of thymus gland). ICD-10-CM has designated a unique code block specifically for diabetes codes. Classification categories have been restructured as follows:

ICD-9-CM

Diseases of other endocrine glands (249–259)

249 **Secondary diabetes mellitus**

25Ø **Diabetes mellitus**

ICD-10-CM

Diabetes mellitus (EØ8–E13)

EØ8 **Diabetes mellitus due to underlying condition**

EØ9 **Drug or chemical induced diabetes mellitus**

E1Ø **Type 1 diabetes mellitus**

E11 **Type 2 diabetes mellitus**

E13 **Other specified diabetes mellitus**

Whereas ICD-9-CM incorporated the use of fifth-digit subclassifications to designate diabetes by type, ICD-10-CM classifies diabetes to separate categories by cause or type within a single code block (EØ8–E13), as noted above.

Additionally, ICD-10-CM no longer distinguishes between controlled and uncontrolled disease. The alphabetic index provides the following instruction:

Diabetes, diabetic
inadequately controlled—code to Diabetes, by type, with hyperglycemia
out of control—code to Diabetes, by type, with hyperglycemia
poorly controlled—code to Diabetes, by type, with hyperglycemia

In ICD-10-CM, the diabetic manifestation is represented by the fourth-, fifth-, and sixth-code characters. The etiology/manifestation coding convention of ICD-9-CM has been replaced by combination codes. As such, certain manifestations of diabetes, formerly requiring mandatory dual coding, are reportable with a single code in ICD-10-CM. These combination codes classify diabetes by type, body system, and certain complications. For example:

Diagnosis: Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy and macular edema

ICD-9-CM

25Ø.5Ø **Diabetes with ophthalmic manifestations**

362.Ø5 **Moderate nonproliferative diabetic retinopathy**

362.Ø7 **Diabetic macular edema**

ICD-10-CM

E11.331 **Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema**

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Furthermore, note how the following classifications specify the manifestation within the ICD-10-CM code. For example:

ICD-9-CM

250.60 Diabetes with neurological manifestations
Use additional code to identify manifestation

ICD-10-CM

E11.41 Type 2 diabetes mellitus with diabetic mononeuropathy

E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy

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

E11.44 Type 2 diabetes mellitus with diabetic amyotrophy

Although these combination codes streamline diabetes classification, multiple codes are often necessary to report a condition in its entirety. Instructional notes within the ICD-10-CM text prompt the coder when additional codes are necessary. For example:

Diagnosis: Type 2 diabetes mellitus with stage 3 chronic kidney disease

E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease
Use additional code to identify stage of chronic kidney disease (N18.1–N18.6)

N18.3 Chronic kidney disease, stage 3 (moderate)
Code first any associated:
diabetic chronic kidney disease (E08.22, E09.22, E10.22, E11.22, E13.22)

In the alphabetic index, the main terms "Nephropathy" and "Nephritis" list subterms that reference diabetes codes E08–E13 with characters .21:

Nephropathy (*see also* Nephritis) N28.9
diabetic—*see* E08–E13 with .21

Review of the tabular list for code E11.22 indicates that diabetic renal complications classifiable to E11.21 are reported with E11.22 when the condition results in chronic kidney disease, which takes precedence in code assignment. This classification provides a severity mechanism to report disease progression. An additional code is required to report the specific stage of disease (N18.1–N18.6). Similar hierarchies exist within diabetes classifications E08–E13.

Instructions regarding the coding and reporting of diabetes mellitus in ICD-10-CM mirror those for ICD-9-CM. Although guideline content has been edited to apply to the classification changes inherent in ICD-10-CM, the underlying concepts and sequencing rules for diabetes remain largely unchanged. These key concepts include:

- Assign as many codes as necessary and appropriate to describe the complications of the disease.
- When multiple body system complications coexist (E08–E13), report all complications as documented. Sequencing is determined by the reason for the encounter.
- If the type of diabetes is not documented, assign type 2 (E11.-) by default.
- Report code Z79.4 for patients requiring long-term insulin therapy. Do not assign Z79.4 for temporary insulin to administered to bring a type 2 patient's blood sugar under control.
- Insulin pump malfunction resulting in either underdosing or overdosing of insulin is reported with the subcategory T85.6 mechanical complication code listed first, followed by the appropriate T38.3X6- code for the poisoning or underdosing. Assign additional codes to report the type of diabetes mellitus and any associated complications.

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Z71.3 Dietary counseling and surveillance
Use additional code for any associated underlying medical condition
Use additional code to identify body mass index (BMI), if known (Z68.-)

Chapter 21 Coding Exercises

Assign the appropriate ICD-10-CM diagnoses codes for all reportable diagnoses, excluding external causes of morbidity (V00–Y99).

Answers to coding exercises are listed in appendix A by ICD-10-CM chapter.

1. Newborn health check, 14-day-old infant _____

   _____

2. Single liveborn, delivered vaginally in the hospital, blood type O negative

   _____

   _____

3. Yearly GYN examination with HPV screening and vaginal PAP smear

   _____

   _____

Chapter 21 Coding Scenarios

Assign the appropriate ICD-10-CM diagnoses codes for all reportable diagnoses, excluding external causes of morbidity (V00–Y99):

Answers to coding scenarios are listed in appendix A by ICD-10-CM chapter.

1. An otherwise healthy post-menopausal 60-year-old female with endometrial hyperplasia presents for repeat endometrial biopsy. She has a history of estrogen therapy, which has been discontinued in recent years.

   _____

   _____

2. A patient presents for management of insulin-dependent secondary diabetes status post partial pancreatectomy for benign insulinoma.

   _____

   _____

3. A 5-year-old adoptee presents for a preschool admission examination. Upon review of record, the physician documents under-immunization status and orders antibody testing.

   _____

   _____

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