ICD-10-CM CODING WORKSHOP (CHAPTERS 1-4)

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BASIC CODING TIPS

- Start looking up the codes from the top down
- Looking up codes from the middle of the page will lead you the WRONG way!
- Use colored tabs to mark the alphabet and the sections
- ALWAYS confirm your code in the Tabular

CHAPTER 1

CERTAIN INFECTIOUS AND PARASITIC DISEASES
Chapter 1: Certain infectious and parasitic diseases (A00-B99)

- Includes Note: Diseases generally recognized as communicable or transmissible
- Use additional code for any associated drug resistance to antimicrobial drugs (Z16-)
- New section called infections with a predominantly sexual mode of transmission (A50-A64)

Excludes 1: certain localized infections

- Excludes 1: Carrier or suspected carrier of infectious disease
- Infections complicating pregnancy
- Infections in the perinatal period
- Influenza and other acute respiratory infections

Categories B90-B94 are to be used to indicate conditions in categories A00-B89 as the cause of sequela, which are themselves classified elsewhere.

- Example: B90.0 Sequela of central nervous system tuberculosis
- Code first condition resulting from (sequela) the infectious or parasitic disease
When coding AIDS, it is important to review the Coding Guidelines and the notes at the category level of ICD-10-CM.

B95-B97: used as supplementary or additional codes to identify the infectious agent(s) in diseases classified elsewhere.

Infection, bacterial, as cause of disease classified elsewhere

Organism, as cause of disease classified elsewhere

GUIDELINES: HIV

Code only confirmed cases; provider’s statement is considered confirmation.

Pregnant patient: Code first O98.7-

Encounter for HIV-related condition

B20, HIV
  • Condition that is the reason for the encounter
  • Any other HIV-related condition(s)

Encounter for unrelated condition

Code first condition being treated

B20, HIV
  • Any other HIV-related condition(s)

SCENARIO 1.1

This 78-year-old gentleman is seen for continued follow-up for Clostridium difficile colitis. Cultures of the organism have found this infection to be resistant to Flagyl. A new drug regimen will be started at this time. What is the correct diagnosis code assignment?

A04.7 Colitis (acute) (catarrhal) (chronic) (noninfective) (hemorrhagic), Clostridium difficile

Z16.39 Resistance, resistant (to), organism(s), to, drug, antimicrobial (single), specified NEC
ICD-10-CM has created a range of codes to identify infections with a predominantly sexual mode of transmission (A50-A64). It is important to note that human immunodeficiency virus (HIV) disease is excluded from this range of codes.

**SCENARIO 1.2**

This young woman is seen for pelvic pain due to inflammatory disease. The source of the PID is a result of sexually transmitted chlamydia. What diagnosis codes are assigned?

A56.11 Disease, diseased, sexually transmitted, chlamydia infection – see Chlamydia, female, pelvic inflammatory disease

**SCENARIO 1.3**

This 42-year-old HIV positive male has a fever and shortness of breath. The diagnostic workup, including chest x-ray and sputum culture, resulted in a diagnosis of Pneumocystis pneumonia. This was documented as Pneumocystis pneumonia due to AIDS. What diagnosis codes are assigned?

B20 AIDS (related complex)

B59 Pneumonia, Pneumocystis (carinii) (jiroveci)
SCENARIO 1.4

This 80-year-old female patient was seen with fever, malaise, and left flank pain. A urinalysis was performed and showed bacteria more than 100,000/ml. This was followed by a culture showing E. coli growth as the cause of the Pyelonephritis. What diagnostic codes are assigned?

N10 Nephritis, nephritic (albuminuric) (azotemic) (congenital) (disseminated) (epithelial) (familial) (focal) (granulomatous) (hemorrhagic) (infantile) (nonsuppurative, excretory) (uremic), tubulo-interstitial (in), acute (infectious)

B96.20 Infection, infected, infective (opportunistic), bacterial NOS, as cause of disease classified elsewhere, Escherichia coli [E. coli] (see also Escherichia coli)
**Definitions**

Uncertain: the provider cannot determine if the neoplasm is malignant or benign.

Unspecified: the provider does not state if the neoplasm is malignant or benign.

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**General Neoplasm Guidelines**

- The Neoplasm Table in the Alphabetic Index should be referenced first. However, if the histologic or term index is uncertain, that term should be referenced first, rather than going immediately to the Neoplasm Table, in order to determine which column in the Neoplasm Table is appropriate.

- For example, small cell carcinoma of the right lower lobe, would be indexed under the histologic term “carcinoma.” This refers you to the Neoplasm Table, by site, malignant.
• ICD-10-CM includes information on a right-sided or left-sided body part.
• There is a change in terminology for neoplasm codes that could be identified with regard to admission status. The terminology in ICD-9-CM is "without mention of remission." In ICD-10-CM, "not having achieved remission" is used.
• There are ICD-10-CM guidelines related to the sequencing of neoplasm codes.

• Most neoplasm codes for contiguous (next to each other) sites end with .8 (overlapping lesion.) Always check for other combination codes.
• For multiple neoplasms of the same site that are not contiguous, such as tumors in different quadrants of the same breast, codes for each site should be assigned.
• Review "code also" notes

Specific guidelines related to sequencing of:
• Encounter for therapy
• Treatment directed at secondary site
• Anemia due to therapy
• Anemia due to malignancy
• Management of neoplasm related pain
• Complications due to therapy
• Pathological fracture due to neoplasm
ANEMIA IN NEOPLASMS

Due to neoplasm?

Yes

No

Neoplasm, anemia

Anemia, neoplasm, T45.1x5- Adverse effect

Chemo or immunotherapy

Due to treatment?

Radiation

Anemia, neoplasm, Y94.2- Abnormal reaction due to radiation

NEOPLASM RELATED CODES

Z12.3 Encounter for screening for malignant neoplasm of breast

Z12.4 Encounter for screening pap smear

Z12.5 Encounter for screening for malignant neoplasm of prostate

Z80- Family history of primary malignant neoplasm

Z85- Personal history of malignant neoplasm

SCENARIO 2.1

The diagnosis for this 61-year-old female patient is small cell carcinoma of the right lower lobe of the lung with metastases to the intrathoracic lymph nodes, brain, and right rib. What diagnostic codes are assigned?

C34.31 Neoplasm Table, (lung), malignant, primary site, lower lobe

C77.1 Neoplasm Table, lymph gland, malignant, intrathoracic, secondary site

C79.31 Neoplasm Table, brain, malignant, secondary site

C79.51 Neoplasm Table, bone, malignant, rib, secondary site
**SCENARIO 2.2**

Assign the code(s) for the following diagnosis: Subacute monocytic leukemia in remission.

C93.91 Leukemia, leukemic, monocytic (subacute), in remission

**SCENARIO 2.3**

This 25-year-old female is treated for melanoma of the left breast and left arm. What diagnosis codes are assigned?

C43.52 Melanoma (malignant), skin, breast (female) (male)

C43.62 Melanoma (malignant), skin, arm. Review the Tabular for complete code assignment

**SCENARIO 2.4**

Assign the code(s) for the following diagnosis: Benign carcinoid of the cecum.

D3A.021 Carcinoid, see Tumor, carcinoid, benign, cecum
SCENARIO 3.1

This elderly woman is receiving care for severe anemia due to her left breast carcinoma. Assign the correct diagnosis code(s).

C50.912 Neoplasm, breast (connective tissue) (glandular tissue) (soft parts)

D63.0 Anemia (essential) (general) (hemoglobin deficiency) (infantile) (primary) (profound), in (due to) (with), neoplastic disease.
SCENARIO 3.2

This patient is seen for continued follow-up regarding his periodic neutropenia. Assign the correct diagnosis code(s).

**D70.4 Neutropenia, neutropenic (chronic) (genetic) (idiopathic) (immune) (infantile) (malignant) (pernicious) (splenic), periodic**

SCENARIO 3.3

This 48-year-old female is seen for sickle-cell crisis with acute chest syndrome. Assign the correct diagnosis code(s).

**D57.01 Anemia, sickle-cell – see Disease, sickle-cell, with crisis (vasoocclusive pain), with, acute chest syndrome**

SCENARIO 3.4

Assign the code for the following diagnosis: Patient is being seen today for anemia related to inadequate iron in her diet.

**D50.8 Iron deficiency due to inadequate dietary iron intake**


<table>
<thead>
<tr>
<th>ICD-9 CM</th>
<th>ICD-10 CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Categories 249-250</td>
<td>Categories E08-E13</td>
</tr>
<tr>
<td>4th and 5th digit identify manifestation, complication, or type</td>
<td>Type of diabetes is separated by categories in ICD-10 (E10 Type 1, E11 Type 2)</td>
</tr>
<tr>
<td>Additional code for manifestation</td>
<td>Combination codes used to identify manifestation and complication</td>
</tr>
<tr>
<td>Additional code for insulin dependency V58.67</td>
<td>Z78.4 used for long term insulin use</td>
</tr>
</tbody>
</table>

- Drug induced is classified to E09 if it is an adverse effect; if caused by drug poisoning, the drug is coded first with E09 as secondary diagnosis.
- Inadequately controlled, poorly controlled, out of control are assigned to diabetes by type with hyperglycemia.

- Combination codes for diabetes
- Type of diabetes
- Body system affected
- Specific complications affecting that body system
- No longer classified as controlled or uncontrolled
- Inadequately controlled, out of control or poorly controlled: Coded by type with hyperglycemia
CATEGORIES OF DIABETES MELLITUS

- E08 – Diabetes mellitus due to underlying condition
- E09 – Drug or chemical induced diabetes mellitus
- E10 – Type 1 diabetes mellitus
- E11 – Type 2 diabetes mellitus
- E13 – Other specified diabetes mellitus

* Note: “Use additional code to identify any insulin use (Z79.4)”

SCENARIO 4.1

This 62-year-old male is being seen for mild nonproliferative diabetic retinopathy with macular edema. He has type 2 DM and takes insulin on a daily basis. He also has diabetic cataract in his right eye. What diagnosis codes are assigned?

- E11.321 Diabetes, diabetic (mellitus) (sugar), type 2, with, retinopathy, nonproliferative, mild, with macular edema
- E11.36 Diabetes, diabetic (mellitus) (sugar), type 2, with, cataract
- Z79.4 Long-term (current) (prophylactic) drug therapy (use of), insulin

SCENARIO 4.2

Assign the code(s) for the following diagnosis: Morbid obesity with a BMI of 42 in an adult.

- E66.01 Obesity, morbid
- Z68.41 Body, bodies, mass index (BMI), adult, 40.0-44.9
SCENARIO 4.3

This type 1 diabetic patient comes in with Charcot’s joints (diabetic arthropathy). Assign the appropriate diagnosis code(s).

**E10.610** Diabetes, diabetic (mellitus) (sugar), type 1, with diabetic neuropathic arthropathy

SCENARIO 4.4

This 34-year-old is being seen for ongoing management of steroid induced diabetes mellitus which was due to prolonged use of corticosteroids, which have been discontinued. The patient’s diabetes is managed with insulin which he has been taking for the last two years.

**E09.9** Diabetes, diabetic, (mellitus) (sugar) due to drug or chemical

**T38.0X5S** Refer to Table of Drugs and Chemicals, Corticosteroid, adverse effect

**Z79.4** Long-term (current) (prophylactic) drug therapy (use of), insulin
SUMMARY

• There are many new changes in ICD-10-CM and learning the new guidelines will be imperative!
  • Focus on Specific Guidelines that you will use frequently
  • Training is Critical to Practice!

ICD-10-CM SUMMARY & TIPS

1. Productivity Impact to Coding Process
2. Translation Needs to Support ICD-10 Coding
3. Specificity and Physician Documentation
4. Education needs for Staff and Physicians
5. Process Changes in Functional Areas
6. System Readiness

NEXT STEPS

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