ICD-10-CM CODING WORKSHOP (CHAPTERS 10-13)

Presented By: Kaley Calise, RHIA, CPC, AHIMA Approved ICD-10-CM/PCS Trainer

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 10

DISEASES OF THE RESPIRATORY SYSTEM

National Cancer Institute

AHIMA
Diseases of the Respiratory System

Chapter 10: Diseases of the Respiratory System (J00-J99)

Now in Chapter 10: Streptococcal sore throat

Chapter Note: Respiratory condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the lower anatomic site.

Example: Tracheobronchitis to bronchitis in J40.

DISEASES OF THE RESPIRATORY SYSTEM

- Additional code notes:
  - Use additional code to identify infectious agent
  - Use additional code to identify the virus
  - Code first any associated lung abscess
  - Code first any associated disease
  - Use additional code to identify other conditions such as tobacco use or exposure

- Many instructions specific to COPD have been eliminated.

THE STAGES OF ASTHMA

- New terminology for Asthma!

<table>
<thead>
<tr>
<th>Asthma Severity</th>
<th>Frequency of Daytime Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermittent</td>
<td>Less than or equal to 2 times per week</td>
</tr>
<tr>
<td>Mild Persistent</td>
<td>More than 2 times per week</td>
</tr>
<tr>
<td>Moderate</td>
<td>Daily: May restrict physical activity</td>
</tr>
<tr>
<td>Severe Persistent</td>
<td>Throughout the day: Frequent severe attacks limiting ability to breathe</td>
</tr>
</tbody>
</table>
Coding Note: In the Tabular there is an Excludes2 note under category J45 for asthma with chronic obstructive pulmonary disease. By definition, when an Excludes2 note appears under a code, it is acceptable to use both the code and the excluded code together if the patient has both conditions at the same time.

**SCENARIO 10.1**

A four-year-old child was seen with a high fever, cough, and chest pain. Diagnosis of diffuse bronchopneumonia was made. Gram stain of the sputum showed number small gram-negative coccobacilli. Diagnosis: H. influenza pneumonia. What diagnosis codes are assigned?

J14 Pneumonia (acute) (double) (migratory) (purulent) (septic) (unresolved), Hemophilus influenza (broncho) (lobar)

**SCENARIO 10.2**

This 10-year-old female is being seen because of severe persistent asthma with acute exacerbation. What diagnosis codes are assigned?

J45.51 Asthma, asthmatic (bronchial) (catarrh) (spasmotic), persistent, severe, with exacerbation (acute)
SCENARIO 10.3

The physician has documented the following diagnoses for this elderly patient: COPD with emphysema, CHF, hypertension, and atrial fibrillation. What diagnosis codes are assigned?

J43.9 Emphysema (atrophic) (bullous) (chronic) (interlobular) (lung) (obstructive) (pulmonary) (senile) (vesicular)

I50.9 Failure, failed, heart (acute) (senile) (sudden), congestive (compensated) (decompensated)

I10 Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic)

I48.91 Fibrillation, atrial or auricular (established)

SCENARIO 10.4

A mother is treated for cough, fever, body aches, and headache. Diagnosis: Upper respiratory tract infection due to novel influenza A virus. What diagnosis code(s) are assigned?

J09.X2 Influenza (bronchial) (epidemic) (respiratory) (upper) (unidentified influenza virus), due to identified novel influenza A virus, with respiratory manifestations, NEC

CHAPTER 11

DISEASES OF THE DIGESTIVE SYSTEM
Chapter 11: Diseases of the Digestive System (K00-K93)

Two New Sections:
- Diseases of liver (K70-K77)
- Disorders of gallbladder, biliary tract, and pancreas (K80-K87)

Hemorrhage: Ulcers
Bleeding: Gastritis, Duodenitis, Diverticulosis, Diverticulitis

Hernia with both gangrene and obstruction is classified to hernia with gangrene
Hernia codes now grouped by site

Gastric ulcers, Gastritis, and Duodenitis are no longer classified as with or without mention of obstruction

IBS – Irritable bowel syndrome must be documented as with or without diarrhea

Combination Codes for complications commonly associated with Crohn’s Disease
- Rectal bleeding
- Intestinal obstruction
- Fistula

Diverticulosis and diverticulitis must be documented as with or without perforation or abscess as well as with or without bleeding

Abscess of anal and rectal regions must be documented as to specific site
DISEASES OF THE DIGESTIVE SYSTEM (K00-K94)

- Alcoholic diseases of the liver must be documented as with or without ascites
- Hepatitis must be documented as acute, subacute or chronic, and with or without coma
- Chronic Hepatitis must be more specifically identified as persistent, lobular or active

Toxic liver disease is no longer classified as unspecified hepatitis and requires documentation of
- Cholestasis
- Hepatic necrosis
- Acute or chronic hepatitis and site
- Ascites
- Coma

Coding Note: Hernia with both gangrene and obstruction is classified to Hernia with gangrene.
SCENARIO 11.1

This patient is seen for treatment of a recurrent right inguinal hernia with gangrene and obstruction. What is the correct code assignment for this case?

K40.41 Hernia, hemial, (acquired) (recurrent) inguinal (direct) (external) (funicular) (indirect) (internal) (oblique) (scrotal) (sliding), unilateral, with, gangrene (and obstruction), recurrent

SCENARIO 11.2

Assign the diagnosis code(s) for Acute gastric ulcer with hemorrhage.

K25.0 Ulcer, stomach (eroded) (peptic) (round), acute, with, hemorrhage

SCENARIO 11.3

This 30-year-old woman has been treated for Crohn’s disease of the small intestine since she was 18-years-old. She has had several exacerbations of the disease in the past years. At this time, small bowel x-ray shows a small bowel obstruction. The obstruction was found to be a result of an exacerbation of her Crohn’s disease. What is the correct diagnosis code(s)?

K50.012 Crohn’s disease – see Enteritis, regional, Enteritis (acute) (diarrheal) (hemorrhagic) (noninfective) (septic), regional (of), small intestine, with complication, intestinal obstruction
Scenario 11.4

Patient complains of chest pain and has GERD. Diagnosis is atypical chest pain (angina) due to gastroesophageal reflux disease.

I20.9 Angina (attack) (cardiac) (chest) (heart) (pectoris) (syndrome) (vasomotor)
K21.9 Disease, diseased, gastroesophageal reflux (GERD)

Chapter 12

- Diseases of the skin and subcutaneous tissue (L00-L99)
  - L00-L06 Infections of the skin and subcutaneous tissue
  - L10-L14 Bullous disorders
  - L20-L30 Dermatitis and eczema
  - L40-L45 Papulosquamous disorders
  - L46-L54 Urticaria and erythema
  - L55-L59 Radiation-related disorders of the skin and subcutaneous tissue
  - L60-L75 Disorders of skin appendages
  - L76 Intraoperative and post procedural complications of skin and subcutaneous tissue
  - L80-L99 Other disorders of the skin and subcutaneous tissue
**SCENARIO 12.1**

The patient was seen for treatment of a fine rash that had developed on the patient's trunk and upper extremities over the last three to four days. The patient was diagnosed with hypertension seven days ago and started on Ramipril 10 mg daily. The physician determined the rash to be dermatitis due to the Ramipril. The Ramipril was discontinued and the patient was prescribed a topical cream for the localized dermatitis. What diagnosis codes are assigned?

- **L27.1** Dermatitis (eczema, toxic) due to drugs and medicaments, (generalized) (internal use) localized skin eruption
- **T46.4x5A** Table of Drugs and Chemicals, Ramipril, Adverse Effect, initial encounter
- **I10** Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic)

**SCENARIO 12.2**

This patient has a gangrenous pressure ulcer of the right hip and a pressure ulcer of the sacrum documented by the physician. The nursing assessment indicates a stage 2 pressure ulcer of the sacrum with a stage 3 decubitus ulcer of the right hip. What diagnosis codes are assigned?

- **I96** Ulcer, gangrenous – see Gangrene. Gangrene, gangrenous (connective tissue) (dry) (mold) (skin) (ulcer) (see also necrosis).
- **L89.213** Ulcer, ulcerated, ulcerating, ulceration, ulcerative, pressure (pressure area) stage 3, (healing) (full thickness skin loss involving damage or necrosis of subcutaneous tissue), hip.
- **L89.125** Ulcer, ulcerated, ulcerating, ulceration, ulcerative, pressure (pressure area) stage 2, (healing) (abrasion, blister, partial thickness skin loss involving epidermis and/or dermis) sacral region (tailbone).

**SCENARIO 12.3**

Assign Code(s) for patient with discoid lupus and RA

- **L93.0** Lupus, discoid erythematosus
- **M06.9** Rheumatoid Arthritis
SCENARIO 12.4

Assign Code(s) for patient that comes in with interphalangeal (distal) psoriatic arthropathy

L40.51 Arthropahy, distant interphalangeal, psoriatic

Coding Note: An instructional note appears in the Tabular, under codes L27.0 and L27.1, stating to use additional code for adverse effect, if applicable, to identify substance (T36-T50).
Chapter 13: Diseases of the musculoskeletal system and connective tissue M00-M99

Classifications for assigning joint specific versus bone specific codes

Pathological fractures now require 7th digit for episode of care

Gout codes moved to here from Chapter 3

Site specificity and laterality added

Coding Note: ICD-10-CM has three different categories for pathologic fractures – due to neoplastic disease, due to osteoporosis, and due to other specified disease.

Fractures in neoplastic disease: code also underlying neoplasm

Pathological fractures in other diseases: code also underlying condition

Non-age-related osteoporosis: use additional code for adverse effect, if applicable, to identify drug
Chapter 13: Diseases of the musculoskeletal system and connective tissue M00-M99

Bone, joint, or muscle conditions that are the result of a healed injury and recurrent bone, joint, or muscle conditions are usually found in Chapter 13.

Current, acute injury should be coded to the appropriate injury code from Chapter 19.

Almost every code in Chapter 13 or ICD-10-CM has been expanded in some way.

Specific sites & Laterality

FRACTURES

Fractures require additional documentation of displaced/non-displaced.

Further classification of open fractures using Gustilo open fracture classification system.

Codes for specific fractures are classified to type of fracture: greenstick, spiral, transverse, oblique, segmented.

SEQUELA

Pathological fractures now require 7th digit for episode of care.
"While the patient may be seen by a new or different provider over the course of treatment for a pathological fracture, assignment of the 7th character is based on whether patient is undergoing active treatment and not whether the provider is seeing the patient for the first time."

OSTEOPOROSIS

- Code M81 for patients with osteoporosis who do not have a current fracture
- Use code Z87.310 to indicate a history of healed osteoporosis fractures
- Category M80 should be used for patients with known osteoporosis who suffers a fracture, unless that fracture is indicated as traumatic [Guideline I.C.13.d.2]

ADDITIONAL TERMS

- Spontaneous Rupture
  - Occurs when normal force is applied to tissues that are inferred to have less than normal strength
- Fragility Fracture
  - Sustained with trauma no more than a fall from a standing height or less occurring under circumstances that would not cause a fracture in a normal healthy bone.
The interpretation of Coding Guideline I.C.13.d.2 must be made by the physician. It is not appropriate for the coder to interpret if the patient had a minor fall or trauma that would not usually break a normal, healthy bone. The physician provides a connection between the fall and fracture due to osteoporosis.

SCENARIO 13.1

This young man is being treated for his ongoing juvenile rheumatoid arthritis. This condition is found only in both ankles. What diagnosis codes are assigned?

M08.071 Arthritis, arthritic (acute) (chronic) (nonpyogenic) (subacute), rheumatoid, juvenile (with or without rheumatoid factor), ankle. Review the Tabular for assignment of laterality.

M08.072 Arthritis, arthritic (acute) (chronic) (nonpyogenic) (subacute), rheumatoid, juvenile (with or without rheumatoid factor), ankle. Review the Tabular for assignment of laterality.

SCENARIO 13.2

Julia is an 80-year-old female with senile osteoporosis. She complains of severe back pain with no history of trauma. X-rays revealed pathological compression fractures of several lumbar vertebrae. What diagnosis code is assigned?

M80.08xA Fracture, pathological (pathologic), due to osteoporosis, specified cause NEC – see Osteoporosis, age related with current pathological fracture, vertebra(e)
SCENARIO 13.3

A Type 1 diabetic patient was seen complaining of persistent, recurrent pain left knee pain which hurts more when squatting and bending. He has a normal arthritis series. X-rays as noted are normal. His MRI results are positive for torn medial meniscus (complex) and sprain of his MCL.

S83.232A Torn – see Tear, meniscus, medial, complex
S83.412A Sprain medial collateral, knee – see Sprain, knee, collateral, medial
E10.9 Type 1 diabetes mellitus

SCENARIO 13.4

This 48 year old female complains of pain in joint of right arm. She says the joint pain wakes her when sleeping. She has to move it to pop and release it as it catches. That helps relieve the pain. Further tests show primary osteoarthritis of the shoulder and a incomplete rotatory cuff tear.

M19.011 Osteoarthritis, primary, shoulder, right
M75.111 Tear, rotator cuff (non traumatic), incomplete, right

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

Thank you for your attendance!
This webinar qualifies you for 1 CEU.

To receive your CEU a validation quiz is required.
Please email icd10info@ucf-rec.org with the subject line:
PCPWW