ICD-10-CM CODING WORKSHOP (CHAPTERS 5-9)

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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

MENTAL & BEHAVIORAL DISORDERS

ICD-10-CM

CHAPTER 5

MENTAL & BEHAVIORAL DISORDERS
Chapter 5: Mental and Behavioral Disorders (F01-F99)

- Includes disorders of psychological development, but excludes symptoms, signs and abnormal clinical findings (Chapter 18)

Contains more subchapters, categories, subcategories

Changes due to outdated terminology
- Example: Nicotine effects in the last 20 years and specific nicotine products
- Unique codes for alcohol and drug use, abuse, and dependence

MENTAL AND BEHAVIOR DISORDERS

- History of:
  - ICD-9-CM: Continuous or episodic
  - ICD-10-CM: “In Remission”
- Combination coded
  - Drug and alcohol use with associated conditions
  - Withdrawal, sleep disorders, or psychosis
- Blood alcohol level codes (Y90-)
  - Can be assigned as an additional code when documentation indicates its use
- Sequencing changes (F70-F79)
When the provider documentation refers to use, abuse, and dependence of the same substance, only one could should be assigned:

- Use + abuse = assign code for abuse
- Abuse + dependence = assign code for dependence
- Use + dependence = assign code for dependence
- Use + abuse + dependence = assign code for dependence

**Coding Note:**

The ICD-10-CM classification system does not provide separate "history" codes for alcohol and drug abuse. These conditions are identified as "in remission" in ICD-10-CM.

**SCENARIO 5.1**

This young man is seen for continued follow-up for treatment of his dependence on amphetamines. How should this diagnosis be coded?

- **F15.20** Dependence (on) (syndrome), amphetamine(s) (type), see Dependence, drug, stimulant, NEC
SCENARIO 5.2

Code the following diagnosis: Alcohol abuse with intoxication.

**F10.129** Abuse, alcohol (non-dependent), with, intoxication

SCENARIO 5.3

This 25-year-old male presents to the clinic with acute exacerbated moderate persistent asthma and requesting assistance for cessation of chewing tobacco use.

**Z71.6** Counseling (for), tobacco use

**F17.220** Dependence, (on) (syndrome), nicotine, see Dependence, drug, nicotine. Dependence, drug, nicotine, chewing tobacco

**J45.41** Moderate persistent asthma with (acute) exacerbation

SCENARIO 5.4

Mother brings in her nine-year-old son with inattentive ADHD for six-month follow-up on his medication.

**F90.0** Disorder, attention-deficit hyperactivity (adolescent) (adult) (child), inattentive type
Chapter 6: Diseases of the nervous system (G00-G99)

- Sense organs (Eyes and Ears) have been separated from nervous system disorders
- Codes for TIA are now included in the nervous system chapter of ICD-10-CM
- Codes for migraine have been expanded to 5th and 6th characters to reflect additional specificity
- Codes for secondary Parkinsonism have been expanded

Hemi/Monoplegia

- Codes for hemiplegia and monoplegia identify dominant or non-dominant side
- If not documented:
  - If the Right Side is affected, the default is Dominant
  - If the Left Side is affected, the default is Nondominant
  - For Ambidextrous patients, the default should be Dominant
GREATER SPECIFICITY

- Epilepsy terminology updated
  - Localization-related idiopathic
  - Generalized idiopathic
  - Special epileptic syndromes

- Provides specificity for:
  - Seizures of localized onset
  - Complex partial seizures
  - Intractable
  - Status epilepticus

Note: The following terms are equivalent to intractable: pharmacoresistant (pharmacologically resistant), treatment resistant, refractory (medically), and poorly controlled.

Types of epilepsy: Juvenile myoclonic, Complex partial seizures, Intractable epilepsy, Status epilepticus
G89: PAIN NOT ELSEWHERE CLASSIFIED

- Can be used with codes from other categories to provide more detail, including site-specific codes
- Do not use G89 if there is a definitive diagnosis unless the reason for the encounter is pain control/management
- Chronic pain syndrome is different than “chronic pain,” and must be documented by the provider
- Excludes: pain NOS and pain disorders exclusively related to psychologic factors

Scenario 6.1

This 52-year-old male has been having increasing dementia and forgetfulness. He has been wandering off and leaving his home and forgetting where he is or where he is going. The diagnosis of dementia due to early-onset Alzheimer’s was established. What diagnosis codes are assigned?

- G30.0 Disease, Alzheimer’s, early onset, with behavioral disturbance
- F02.81 Dementia, in Alzheimer’s disease
- Z91.83 Wandering, in diseases classified elsewhere

Scenario 6.2

Assign the code(s) for the following diagnosis: Left-sided hemiplegia.

- G81.94 Hemiplegia. Review Tabular for complete code assignment
SCENARIO 6.3
A 15-year-old female is being seen for management of juvenile myoclonic epilepsy.

G40.B19 Epilepsy, epileptic, epilepsy (attack) (cerebral) (convulsion) (fit) (seizure), juvenile myoclonic, intractable

SCENARIO 6.4
Patient comes in and is treated for an intractable classical migraine. What diagnosis code(s) are assigned?

G43.119 Migraine, classical – see Migraine, with aura
Migraine, with aura, intractable
NEW! Chapter 7: Diseases of the eye and adnexa (H00-H59)

Anatomy knowledge will become more and more important

Several structures and parts from the lens (H25-H28) to conjunctiva (H10-H11) to the cornea (H15-H22), etc.

Codes have been expanded to increase anatomic specificity and laterality

Concept of laterality

- Right
- Left
- Bilateral
- Unspecified

*If bilateral is not available, assign code for right and left

The term "senile" is not used in ICD-10-CM to describe a cataract - "Age-related" cataract instead of senile cataract.

Glaucoma

Codes require a 7th character to identify stage

- If both eyes are documented as having the same type and stage, assign the appropriate bilateral code
  H40.1231, low tension glaucoma, bilateral, mild stage
- If each eye is documented as having a different type or stage, assign the appropriate code for each eye
  H40.1211 Low tension glaucoma, mild, right eye
  H40.1324 pigmentary glaucoma, severe, left eye
- If each eye is documented as having the same type but different stages, assign the appropriate code for each eye
  H40.1211 low tension glaucoma, mild, right eye
  H40.1222 low tension glaucoma, moderate left eye
**SCENARIO 7.1**

This 40-year-old woman presents to her physician with bilateral eye pain. Her condition is diagnosed as nonulcerative bilateral blepharitis of the upper eyelids. What is the correct diagnosis coding for this case?

- **H01.001** Blepharitis (angularis) (ciliaris) (eyelid) (marginal) (nonulcerative) right, upper
- **H01.004** Blepharitis (angularis) (ciliaris) (eyelid) (marginal) (nonulcerative) left, upper

**SCENARIO 7.2**

This elderly woman is seen in the clinic for follow-up of her age-related nuclear cataract. At this time, it is only in her left eye. Code the diagnosis for this case.

- **H25.12** Cataract (cortical) (immature) (incipient), age-related – see Cataract, senile, nuclear (sclerosis)

**SCENARIO 7.3**

This is a visit for this patient with moderate primary open-angle glaucoma of the left eye. What is the correct diagnosis code for this case?

- **H40.11x2** Glaucoma, open angle, primary. See Tabular for complete code assignment.
DISEASES OF THE EAR AND MASTOID PROCESS

THE ANATOMY OF THE EAR

- NEW! Chapter 8: Diseases of Ear and Mastoid Process (H60-H95)
  - Block 1: External Ear
  - Block 2: Middle Ear and Mastoid
  - Block 3: Inner Ear
  - Block 4: Other disorders of the ear
  - Block 5: Intraoperative and post procedural complications
DISEASES OF EAR AND MASTOID PROCESS

• Codes expanded to increase anatomic specificity and add concept of laterality
• Infective otitis externa includes specificity for specific causes
• Acute/subacute nonsuppurative otitis have recurrent status codes
• Ménière's no longer coded as active/inactive, cochlear/vestibular, but is classified by laterality

CHAPTER 8

Note: Chapter note states to use an external cause code following the code for ear condition, if applicable to identify the cause of the ear condition.

DISEASES OF THE EAR AND MASTOID PROCESS

Otitis Media, H65 & H66 Note:
Use additional code for any associated perforated tympanic membrane (H72.)
Use additional code to identify:
• Exposure to environmental tobacco smoke (Z77.22)
• Exposure to tobacco smoke in the perinatal period (P96.81)
• History of tobacco use (Z77.891)
• Occupational exposure to environmental tobacco smoke (Z57.31)
• Tobacco dependence (F17-)
• Tobacco use (Z72.0)
SCENARIO 8.1

A five-year-old female is seen for acute ear pain. Examination reveals left acute serous otitis media. Further examination revealed a total perforated tympanic membrane of the right ear due to chronic otitis media. What diagnosis codes are assigned?

H65.02 Otitis media, nonsuppurative, acute or subacute, serous
H66.91 Otitis (acute), media (hemorrhagic) (staphylococcal) (streptococcal), chronic
H72.821 Perforation, perforated (nontraumatic) (of), tympanum, tympanic (membrane) (persistent post-traumatic) (postinflammatory), total

SCENARIO 8.2

Assign the code for the following diagnosis: Meniere’s vertigo of left ear.

H81.02 Vertigo, Ménière’s – see subcategory H81.0

SCENARIO 8.3

40-year-old patient is brought in by his wife. She says he is having to talk louder to get her husband’s attention, and that people often have to repeat themselves in conversations with him. He has no ear pain or vertigo, and no trauma to the ear or head. The provider diagnoses him with sensorineural hearing loss in both ears. Assign the appropriate diagnosis code(s).

H91.13 Loss, hearing, sensorineural deafness, bilateral
**Chapter 9: Diseases of the Circulatory System**

- Chapter 9: Diseases of Circulatory system (I00-199)
- Type of hypertension (benign, malignant, unspecified) not used as an axis – only one essential hypertension code: I10

**Previously Chapter 7 in ICD-9-CM**

- Intraoperative/postoperative CVAs
  - Now included here in Chapter 9
  - Previously in Injuries and Poisonings
- New combination codes for atherosclerotic heart disease with angina
Non-traumatic Subarachnoid Hemorrhage now requires laterality and specific artery.
Atherosclerosis of extremities now sub-classified into legs and other extremities.
Varicose Veins of legs requires laterality.
Thrombosis, embolism, phlebitis, and thrombophlebitis of veins requires documentation of laterality and specific lower extremity vein.

Acute MI codes timeframe changed
- ICD-9-CM: 8 weeks or less
- ICD-10-CM: 4 weeks or less
ST elevation (STEMI) and non-ST elevation (NSTEMI) are in the ICD-10-CM code titles instead of just inclusion terms.

DISEASES OF THE CIRCULATORY SYSTEM (I00-I99)

I21 Initial AMIs
I22 Subsequent AMIs
I25.2 Old AMI
A code from category I22 (subsequent) must be used in conjunction with a code from category I21 (initial).

Category I22 is never used alone.

The sequencing of the I22 and I21 codes depends on the circumstances of the encounter.

Patient admitted with AMI

Note: Sequencing depends on circumstances of admission.

ICD-10-CM

Coding Note: A code from category I23 must be used in conjunction with a code from category I21 or I22. The I23 code should be sequenced first, if it is the reason for encounter. If the complication of the MI occurring during the encounter for the MI, it should be sequenced after the I21 and/or I22 codes.
COMPARISONS: DISEASES OF THE HEART VALVES

ICD-9-CM | ICD-10-CM
---|---
424.0 Mitral Valve Disorders
I34.0 Mitral valve insufficiency
I34.1 Mitral valve prolapse
I34.2 Mitral valve stenosis
I34.8 Other mitral valve disorders
I34.9 Unspec mitral valve disorders

424.1 Aortic Valve Disorders
I35.0 Aortic valve stenosis
I35.1 Aortic valve insufficiency
I35.2 Aortic valve stenosis w/insufficiency
I35.8 Other aortic valve disorders
I35.9 Unspec aortic valve disorders

424.2 Tricuspid Valve Disorders
I36.0 Tricuspid valve stenosis
I36.1 Tricuspid valve insufficiency
I36.2 Tricuspid valve stenosis w/insufficiency
I36.8 Other tricuspid valve disorders
I36.9 Unspec tricuspid valve disorders

424.3 Pulmonary Valve Disorders
I37.0 Pulmonary valve stenosis
I37.1 Pulmonary valve insufficiency
I37.2 Pulmonary valve stenosis w/insufficiency
I37.8 Other pulmonary valve disorders
I37.9 Unspec pulmonary valve disorders

SCENARIO 9.1
This patient is seen today for follow-up for his benign hypertension. What is the correct diagnosis code?

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

SCENARIO 9.2
This 54-year-old female is being treated for an acute non-ST anterior wall myocardial infarction which she suffered 5 days ago. She also has atrial fibrillation. What is the correct diagnosis code(s)?

I21.4 Infarct, Infarction, myocardium, myocardial (acute) (with stated duration of 4 weeks or less), non-ST elevation (NSTEMI)

I48.91 Fibrillation, atrial or auricular (established)
SCENARIO 9.3

Code the following diagnoses: Stage 3 chronic kidney disease with congestive heart failure (CHF) due to hypertension.

- I13.0 Hypertension, hypertensive, (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic), cardiorenal (disease), with heart failure, with stage 1 though stage 4 chronic kidney disease
- I50.9 Failure, failed, heart (acute) (senile) (sudden), congestive (compensated) (decompressed)
- N18.3 Disease, diseased, kidney (functional) (pelvis), chronic, stage 3 (moderate)

SCENARIO 9.4

This 75-year-old man is seen today for treatment of his congestive heart failure. After study, the final diagnosis was documented as acute on chronic diastolic congestive heart failure. What is the correct diagnosis code assignment?

- I50.33 Failure, failed, heart (acute) (senile) (sudden), diastolic (congestive), acute (congestive), and (on) chronic (congestive)

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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