

# ICD-10-CM Essentials

CCEP 2022: Class 1

Meri Harrington, CPC, CEMC



## Agenda:



ICD-10-CM  
Introduction



ICD-10-CM  
Coding  
Conventions &  
Guidelines



Alphabetic Index



Tabular List



Hypertension  
Lesson



Diabetes Lesson



# ICD-10-CM Guidelines

## *The First Page/Introduction*

- ICD-10-CM is a morbidity classification published by the United States for classifying diagnoses and reason for visits in all health care settings.
- ICD-10-CM is based on ICD-10, the statistical classification of disease published by the World Health Organization (WHO).
- Guidelines provided by three federal government agencies:
  1. Centers for Medicare and Medicaid Services (CMS)
  2. National Center for Health Statistics (NCHS)  
*Official Guidelines published on NCHS Website ❖  
Guidelines are listed in most books but may not be current*
  3. Department of Health and Human Services (DHHS)
- Guidelines approved by **Cooperating Parties** for ICD-10-CM.
  1. American Hospital Association (AHA)
  2. American Health Information Management Association (AHIMA)
  3. Centers for Medicare and Medicaid Services (CMS)
  4. National Center for Health Statistics (NCHS)

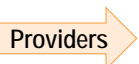
# Guidelines represent a set of rules

*to accompany and complement the official conventions & instructions*

1. Adherence to guidelines is required under HIPAA.
2. The term 'encounter' is used for all health care settings.
3. The term 'provider' means physician or any qualified health care practitioner who is legally accountable for establishing diagnoses.
4. Only approved guidelines are those approved by the Cooperating Parties (**AHA, AHIMA, CMS and NCHS**).

# ICD-10-CM Official Guidelines

*Sections I & IV are used FOR coding Physician Services*

 **Section I** includes structure and conventions of the classification and general guidelines that apply to the entire classification.

**Section II** include guidelines for assigning “principal” diagnoses by hospitals for inpatients.

 Hospital

**Section III** includes guidelines for reporting “additional” diagnoses by hospitals for inpatients.

 Hospital

 **Section IV** is for outpatient coding and reporting



7

## ICD-10-CM Section 1

*3 subdivisions*

### Section 1A Conventions for the ICD-10-CM

- The conventions take precedence over guidelines
- The instructions take precedence over guidelines

### Section 1B General Coding Guidelines

- These guidelines apply to the entire classification

### Section 1C Chapter Specific Guidelines

- These are disease/condition specific guidelines

*The Conventions (1A), General guidelines (1B) and Chapter-specific guidelines (1C) are applicable to all health care settings.*



8

# ICD-10-CM Section 1A

## 19 Conventions

1. Alphabetic Index
2. Format and Structure
3. Use of codes for reporting purposes
4. Placeholder character
5. 7<sup>th</sup> Characters
6. Abbreviations
  - a. Alphabetic Index Abbreviations
  - b. Tabular List abbreviations
7. Punctuation
8. Use of “and”
9. Other and Unspecified codes
10. Includes Notes
11. Inclusion Terms
12. Excludes Notes
  - a. Excludes1
  - b. Excludes2
13. Etiology/manifestation
14. “And”
15. “With”
16. “See” and “See Also”
17. “Code Also Note”
18. Default codes
19. Code Assignment and Clinical Criteria

## Convention 1 – Index & Tabular

ICD-10-CM is a classification system

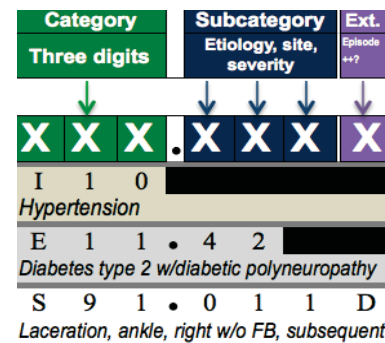
- **Alphabetic Index**
  - Index to Diseases and Injury
  - Table of Neoplasms
  - Table of Drugs and Chemicals
  - Index of External Causes of Injury
- **Tabular List** – Structured list of codes divided into chapters based on body systems/conditions

# Convention 2 - Format/Structure

## *of the Tabular List, Category, Subcategories & Codes*

1. Each ICD-10-CM code is 3 to 7 characters.
2. First character is alpha.
3. Second character is numeric.
4. Characters 3-7 are either alpha or numeric with a decimal after 3<sup>rd</sup> character.
  - *Alpha characters are not case sensitive*

- Category – 3 characters
- Subcategory 4-5 characters
- Code 3-7 characters



# Conventions 4 & 5 – Special Characters

4. Placeholder “X” is used at certain codes to permit future expansion.

*Example: M86.8x7 Other osteomyelitis, ankle and foot*

5. The 7<sup>th</sup> Character is required to indicate.... “X” placeholders may be required for data fields prior to the 7<sup>th</sup> character data field.

*Example: S01.01xA Laceration without foreign body of scalp, initial encounter*



# Convention 6 - Abbreviations

## *Index and Tabular List*

**NEC** *Not Elsewhere Classified*: Conditions that have not been classified anywhere else.

.8 = NEC

*Example: I15.8 Other secondary HTN*

**NOS** *Not Otherwise Specified*: Documentation is insufficient to assign a more specific code

.0 or .9 = NOS or unspecified

*Example: I15.9 Secondary HTN, unspecified*

# Convention 7 – Punctuation

## *Index and Tabular List*

### ( ) Parentheses

Used in the **Index** to individually enclose nonessential modifiers

#### *EXAMPLE FROM INDEX:*

**Pneumonia** (acute)(double)(migratory)  
(purulent)(septic)(unresolved)

### - Dash

Additional characters required

#### *EXAMPLES FROM INDEX:*

**Fracture, pathologic** Ankle M84.47-

#### *EXAMPLES FROM TABULAR:*

**Use additional code to identify:**  
tobacco dependence (F17.-)

### [ ] Brackets

Used in the **Index** to identify manifestation codes

#### *EXAMPLE FROM INDEX:*

**Parkinsonism**  
dementia G31.83 [F02.80]

Used in the **Tabular List** to enclose synonyms, alternative wording or explanatory phrases

#### *EXAMPLE FROM TABULAR LIST:*

A41.51 Sepsis due to Escherichia coli [E. coli]

## Convention 10 - Includes Notes

### *Tabular List*

“Includes Note” found in **Tabular List** under some three-digit category codes to define or provide examples of category content.

#### *Example from Tabular List:*

#### **E11 Type 2 diabetes mellitus**

diabetes (mellitus) due to insulin secretory defect

**INCLUDES**

diabetes NOS

Insulin resistant diabetes (mellitus)

Use additional code to identify control using:

insulin (Z79.4)

oral antidiabetic drugs (Z79.84)

oral hypoglycemic drugs (Z79.84)

## Convention 11 - Inclusion terms

### *Tabular List*

#### **Conditions for which the code is to be used:**

- A list of terms is included under some codes.
- May be synonyms of code title, or, in the case of “other specified” codes, the terms are a list of various conditions assigned to that code.
- Not an exhaustive list.
- Additional terms found only in the Index may also be assigned to a code.

#### *Example:*

I74.09 Other arterial embolism and thrombosis of abdominal aorta

Aortic bifurcation syndrome

Aortoiliac obstruction

Leriche’s syndrome

# Convention 12 - Excludes Notes

## Tabular List

*Excludes 1* - An *Excludes 1* note is a pure excludes.

- It means “NOT CODED HERE!” Indicates that the code excluded should not be used at the same time as the code above the *Excludes 1* note.
- Used when two conditions cannot occur together, such as a congenital form & an acquired form of the same condition.
- **Exception:** When conditions are unrelated to each other.

*Example from Tabular List:*

E11 Type 2 diabetes mellitus

**EXCLUDES 1** *diabetes due to underlying condition (E08.-)  
gestational diabetes (O24.4-)  
type 1 diabetes mellitus (E10.-)*

# Convention 12 - Excludes Notes

## Tabular List

*Excludes 2* – Not included here!

- It means you may code both conditions, but the excluded condition is not reported by this code.

*Example from Tabular List:*

S02.1- Fracture of base of skull

**EXCLUDES 2** *orbital floor (S02.3-)*

# Convention 13 - Etiology/Manifestation

## *Index & Tabular List*

### Applicable Notes:

- “code first”
- “use additional code”
- “in diseases coded elsewhere”

At least two codes which should be considered “companion codes” for the problem coded today.

1. Etiology = underlying cause – *sequence first*
  - “use additional code” found at the etiology code
2. Manifestation = body system problem
  - “code first” at the manifestation code

# Convention 13 - Etiology/Manifestation

## *Index & Tabular List*

### *Code this diagnostic statement:*

**DX: Polyneuropathy due to vitamin B6 deficiency**

1. Sequence *first* the etiology code
2. Sequence *second* the manifestation

# Convention 14 - Term “And”

## *In a Tabular List Title*

When the word “And” is read in a **Tabular List** title it means “and” or it means “or.”

### *Examples from Tabular List:*

#### **A18.0 Tuberculosis of bones and joints**

Read: Tuberculosis of bones and *[and/or]* joints

#### **C76.0 Malignant neoplasm of the head, face and neck**

Read: Malignant neoplasm of the head *[and/or]* face *[and/or]* and neck

# Convention 15 - the term “With”

## *Tabular List*

15. When the term “With” is read in
- a code title in the **Tabular List**,
  - in an instructional note in the **Tabular List** or
  - in the **Alphabetic Index**
- it means “associated with” or “due to”

### *EXAMPLE FROM INDEX:*

Pneumonia  
with

Influenza – see Influenza, with, pneumonia  
lung abscess J85.1

### *EXAMPLE FROM TABULAR LIST:*

J09.x1 Influenza due to identified novel influenza A  
virus with pneumonia

## Convention 15 - the term “With”

### *Tabular List*

- These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation:
  - Clearly states the conditions are unrelated, or...
  - When another guideline exists that specifically requires a documented linkage between two conditions (e.g., sepsis guideline for “acute organ dysfunction that is not clearly associated with the sepsis”).

## Convention 16 - “See” & “See also” Convention 17 - “Code Also” Notes

“See” & “See Also” conventions are in the **Index**

- “See” following a main term indicates you *should reference* another term to locate code
- “See Also” indicates there is another main term which *may provide* better code consideration
- “Code Also” instructs that two codes may be needed to fully describe condition in the **Tabular List**

*EXAMPLE:*

H35.0 Background retinopathy and retinal vascular changes

Code also any associated hypertension (I10.-) (*red in my book*)

# Convention 18 - Default Code

## *Alphabetic Index*

- Code listed next to main term is default code
- Code most commonly associated with main term
- May be the unspecified code for condition
- More detail may result in a better code

*Example from Index:*

**Diabetes, diabetic (mellitus) (sugar) E11.9**

← Default Code

*Example from Tabular List:*

E11.9 Type 2 diabetes mellitus w/o complications

# Convention 19 –

## *Code Assignment & Clinical Criteria*

The provider's statement that the patient has a particular condition is sufficient proof that the condition exists.

- Not based on clinical criteria used by the provider to establish the diagnosis.

## Section 1A Questions

1. My clinician documents a vague diagnosis. When I look at the main term, there are several essential modifiers. I don't have enough information to select one of them. What abbreviation from Section 1A represents this situation – NEC or NOS?
2. Next to the main term in the Alphabetic Index are some additional words in parentheses. What are these called and what do they mean?

## Section 1A Questions

3. Which note means, “STOP! You are in the wrong code section – go back to the Index and begin your search again?”
4. If a code description includes the word “and”, do both of the referenced conditions have to be in my diagnostic statement?

# ICD-10-CM Section 1B

## *19 General Coding Guidelines (GCG)*

1. Locating a code in ICD-10-CM
2. Level of Detail in Coding
3. Code(s) from A00.0-T88.9, Z00-Z99.8
4. Signs and symptoms
5. Conditions that are an integral part...
6. Conditions that are not an integral part...
7. Multiple coding for a single condition
8. Acute and Chronic Conditions
9. Combination code
10. Sequela (Late Effects)
11. Impending or Threatened Condition
12. Reporting Same Dx. More Than Once
13. Laterality
14. Doc. By Clinicians Other than Pt's Provider
15. Syndromes
16. Documentation of Complications of Care
17. Borderline Diagnosis
18. Use of Sign/Symptom/Unspecified Codes
19. Coding for Healthcare Encounters in Hurricane Aftermath

# General Coding Guidelines

## *GCG #2-4 & #18 Detail, signs/symptoms & unspecified*

2. Always code to the highest level of specificity known at the end of the encounter. Use all the characters required for the selected code.
4. When a definitive diagnosis hasn't yet been established, report the signs and symptoms.
18. Unspecified codes may be used if nothing further is known about the condition and/or further testing is not medically necessary.

# General Coding Guidelines

## *GCG #5 & #6 DX which are/are not integral part of disease*

5. If signs and symptoms are present which are associated routinely with a disease process, code only the disease.

6. However, if the signs and symptoms are not typical or routinely associated, code both the disease and the signs and symptoms.

### *Example:*

Pneumonia with cough and fever, code pneumonia only.

Pneumonia with dysuria, code pneumonia and dysuria.

# General Coding Guidelines

## *GCG #8 Acute and Chronic Conditions*

If the diagnosed condition is noted to be acute and chronic, and codes for each exist, sequence first the acute condition followed by the chronic.

### *Example:*

*Acute and chronic pulmonary embolism requires two codes:*

I26.99 Other pulmonary embolism without acute cor pulmonale  
Acute pulmonary embolism NOS

I27.82 Chronic pulmonary embolism

*Acute and chronic respiratory failure requires one code:*

J96.21 Acute and chronic respiratory failure with hypoxia

# General Coding Guidelines

## *GCG #9 Combination code*

**9. Combination Code** - A single code used to classify:

Two diagnoses that commonly occur together or

A diagnosis with an associated secondary process (manifestation) or associated complication.

### *Example:*

R11.2 Nausea with vomiting, unspecified

E11.36 Type 2 diabetes with diabetic cataract

D64.81 Anemia due to antineoplastic chemotherapy

# General Coding Guidelines

## *GCG #10 Sequela (Late effects)*

**10. Sequela (Late Effects)** A residual effect which was produced by a condition and remains after the acute problem has resolved.

- No time requirement; may be early or very late onsite
- Generally requires two codes; the presenting condition is first, the sequela is second.
- 7<sup>th</sup> character application

# General Coding Guidelines

## *GCG #11-13 Threatened condition, Once/visit & Laterality*

11. **Impending or threatened Condition** - If it did occur, code the dx. If it did not occur, check main term “Impending” or “Threatened”. May also code signs/symptoms as appropriate.

12. **Assign a code once per encounter.**

13. **Laterality** - If condition is bilateral, assign a bilateral code or if not available, assign separate codes for left and right. This is true even when only one side is being treated today.

# General Coding Guidelines

## *GCG #14 BMI and #15 Syndromes*

14. Coder may use documented BMI, pressure ulcer stages, depth of non-pressure ulcers, coma scale and NIH stroke scale. Include SDOH, laterality, and blood alcohol level, even when other clinicians involved in their care other than the patient's provider. However, clinical diagnoses of ulcers, obesity, coma and stroke are decided and documented only by qualifying primary care clinicians. Social determinants represent social information, rather than a medical diagnosis.

15. If the clinician diagnoses a **syndrome** for which there is no established code, assign codes for the manifestations of the syndrome.

# General Coding Guidelines

## *GCG #16 & 17, 19*

16. **Complications of Care** - The clinician must document any causal relationship of a clinical condition.
17. A **borderline** diagnosis is coded as confirmed, unless the Index provides “borderline” specificity. **Query clinician** for clarification when documentation is unclear.
19. **Coding for Healthcare Encounters in Hurricane Aftermath**
  - a. Use of External Cause of Morbidity Codes
  - b. Sequencing of External Causes of Morbidity Codes
  - c. Other External Causes of Morbidity Code Issues
  - d. Use of Z codes

## Talking Points

1. A/P: Nausea, vomiting and pneumonia.  
Which condition(s) should be coded?
2. A/P: Fractured right radius w/ leg contusion.  
Which condition(s) should be coded?
3. How long after the initial event can a sequela (late effect) occur?

# Talking Points

4. A/P: Bilateral carpal tunnel syndrome, only treating left side today.

G56.00 Carpal tunnel syndrome, unspecified upper limb

G56.01 Carpal tunnel syndrome, right upper limb

G56.02 Carpal tunnel syndrome, left upper limb

G56.03 Carpal tunnel syndrome, bilateral upper limbs

*Assign the correct code(s)*

## ICD-10-CM - Section 1C

### *Chapter-Specific Guidelines*

#### Table of Contents

- |  |                                 |
|--|---------------------------------|
| 1. Infections A00-B99, includes U07.1, U09.9 | 12. Skin L00-L99                |
| 2. Neoplasms C00-D49                         | 13. Musculoskeletal M00-M99     |
| 3. Blood and Immune D50-D89                  | 14. Genitourinary N00-N99       |
| 4. Endocrine E00-E89                         | 15. Pregnancy O00-O9A           |
| 5. Mental and Behavior F01-F99               | 16. Perinatal Period P00-P96    |
| 6. Nervous System G00-G99                    | 17. Congenital Q00-Q99          |
| 7. Eye and Adnexa H00-H59                    | 18. Signs/Symptoms R00-R99      |
| 8. Ear and Mastoid H60-H95                   | 19. Injury/Poisoning S00-T88    |
| 9. Circulatory System I00-I99                | 20. External Causes V00-Y99     |
| 10. Respiratory System J00-J99               | 21. Factors Influencing Z00-Z99 |
| 11. Digestive System K00-K95                 | 22. Special Purposes U00-U85    |

## Section IV (PHYSICIAN/CLINICIAN)

### 17 Guidelines A-Q

#### A. First-listed diagnosis

1. **Outpatient Surgery** – Code reason for surgery, even if the surgery is not performed due to a contraindication.
2. **Observation Stay** – When patient is admitted for a medical condition, assign code for condition as first-listed Dx.

If patient presents for outpatient surgery and develops a complication requiring admission to Observation, code the reason for surgery as first-listed followed by the code for the complication.

- B. Codes from A00.0 through T88.9, Z00-Z99, U00-U85** Appropriate codes used to identify diagnoses, symptoms, conditions, problems, complaints or other reason for encounter/visit.

## Section IV

- C. **Accurate reporting** of diagnosis codes. Documentation must support reported diagnoses.
- D. Report signs/symptoms **when no definitive** dx is determined.
- E. Circumstances other than disease are coded from Chapter 21, *Factors Influencing Health Status and Contact with Health Services* (Z00-Z99)  
*See Section I.C.21*
- F. Report **highest specificity** - use all characters for code
- G. **List first** the diagnosis representing the greatest level of clinician work during encounter. List additional codes that describe coexisting condition(s).
- H. **Do not assign “rule-out”** diagnoses, assign sign/symptoms.
- I. Chronic diseases are coded when treated.

## Section IV

J. **Code all coexisting diagnoses** that affect patient care, treatment or management. Do not code previous conditions that no longer exist. May code secondary history codes (Z80-Z87) if they impact current care.

K. **Diagnostic services**

For diagnostic-only services during encounter sequence first the diagnosis or reason for diagnostic service.

For routine lab/radiology testing in the absence of medical diagnoses, **assign Z01.89, Encounter for other specified special examinations**. If also performing studies for medical diagnoses assign both the Z code and medical diagnosis(es).

**Final reports available at time of coding identify dx** for coding.

## Section IV

L. If today's encounter is for therapeutic services, report medical record diagnosis for requested therapeutic service. May code applicable chronic conditions as additional diagnoses.

Exception: If today's therapy encounter is for chemo/radiation report appropriate Z code as first-listed with 'reason for therapy' as secondary code(es).

M. **Preoperative evaluation**, assign first-listed from subcategory Z01.81, *Encounter for preprocedural examinations*. Assign dx code which identifies the reason for the planned procedure. Assign also any findings related to the pre-op evaluation.

N. For ambulatory **surgery, code postop diagnosis** if known.

## Section IV

- O. Routine pre-natal visits *See Section I.C.15 Routine prenatal*
- P. **General medical exams** Z00.0- and encounter for routine child health examination Z00.12-, provide code with or without abnormal findings. Should a general medical exam result in abnormal findings, the code for GME or WCE with abnormal findings is first-listed. A secondary code for the finding should also be reported.
- Q. Encounter for routine health screenings *See Section I.C.21 Factors influencing health status and contact with health services, screening*

## Section IV Questions

1. Does it matter if my documentation matches my code assignment? For example, my clinician coded a condition that is not covered by the payer, may I change the order of the diagnoses for billing?
2. A type 2 diabetic presents to the urgent care center for treatment of a laceration on the left foot. What condition(s) is coded?
3. Pt with a family history of breast cancer is evaluated today because of right breast pain, small lump found on exam; US ordered to rule out breast cancer. What dxs should be coded?

# BCA Twelve Step Program for Competent Diagnosis Coding

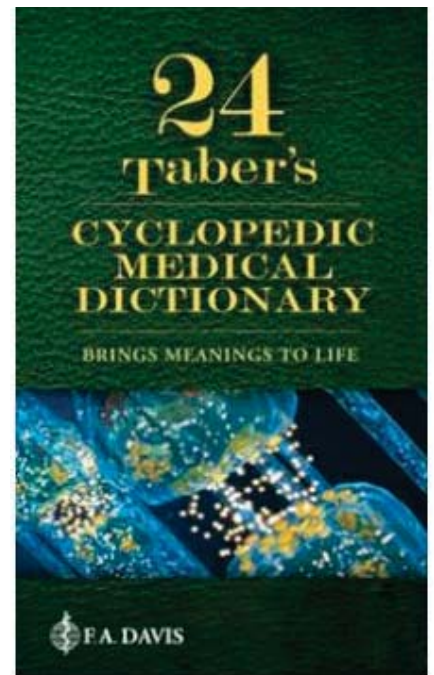
1. Research *anatomy/disease*
2. Select the *main term*
3. *Index* the main term
4. Refer to *subterms/essential modifiers*
5. Follow any *cross references*
6. Go to the *Tabular List*
7. Check below category code for excludes1 & excludes2, code first and other *notes*
8. Apply 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> *characters* & 7<sup>th</sup> character extension need
9. Review any age, gender *symbols* for guidance
10. *Review* subcategory, block and chapter heading for guidance
11. Consult the Section 1, Disease Specific and Section IV, Physician service *Guidelines*
12. Confirm and *assign* the code.

## Name the Main Term

1. Nausea and vomiting
2. Low back pain
3. Degenerative arthritis of the left knee
4. Abscess
5. Skene's gland abscess
6. Acute bronchitis
7. Fracture and dislocation of the patella
8. ASHD
9. Carpal tunnel syndrome
10. Elevated blood pressure
11. Malignant hypertension
12. Streptococcal pneumonia
13. Impetigo of eyelid
14. Breast lump and pain
15. Personal history of uterine cancer
16. Family history of stroke
17. BP ↑

# HYPERTENSION

A chronic medical condition in which the blood pressure in the arteries is elevated. Blood pressure consists of two measurements, systolic and diastolic, which depend on whether the heart muscle is contracting (systole) or relaxed between beats (diastole).



## HYPERTENSION

### *Assessment and Plan:*

Patient has benign, essential hypertension, stable on medication. He continues to smoke 5-6 cigarettes per day; he understands how this addiction can affect his HTN and increase his chance for a stroke, but he is not interested in quitting at this time. Refilled med x6 months.



# TWELVE Step Program to Correct Coding:

## Steps 1-5

1. Do we need to research anything?
2. What is the main term?
3. Find the main term in the Alphabetic Index
4. Review subterms/essential modifiers. Do any apply to our diagnostic statement?
5. Are there any cross references we are instructed to follow?

## Look up Main Term in Alphabetic Index

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

- With
- heart failure (congestive) I11.0
- heart involvement (conditions in I50.- or I51.4-I51.7, I51.89, I51.9, due to hypertension) — *see* Hypertension, heart
- kidney involvement — *see* Hypertension, kidney
- benign, intracranial G93.2
- cardiorenal (disease) I13.10
  - with heart failure I13.0
    - with stage 1 through stage 4 chronic kidney disease I13.0
    - with stage 5 or end stage renal disease I13.2
  - without heart failure I13.10
    - with stage 1 through stage 4 chronic kidney disease I13.10

# TWELVE Step Program to Correct Coding: Steps 6-10

6. Look up our code from the Alphabetic (I10) in the Tabular List
7. Look for instructional notes like Excludes1, Excludes2, Includes, code also, use additional code
8. Does this code require additional characters?
9. Are there any symbols for age or sex appropriateness?
10. Review the subcategory, block and chapter headings for additional instructions

## Verify I10 to the Tabular List

### Hypertensive diseases (I10-I16)

#### Use additional code to identify:

exposure to environmental tobacco smoke (Z77.22)  
history of tobacco dependence (Z87.891)  
occupational exposure to environmental tobacco smoke (Z57.31)  
tobacco dependence (F17.-)  
tobacco use (Z72.0)

**EXCLUDES 1** neonatal hypertension (P29.2)

primary pulmonary hypertension (I27.0)

**EXCLUDES 2** hypertensive disease complicating pregnancy, childbirth, puerperium (O10-O11, O13-O16)

### I10 Essential (primary) hypertension

**INCLUDES** high blood pressure  
hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic)

**EXCLUDES 1** hypertensive disease complicating pregnancy, childbirth, puerperium (O10-O11, O13-O16)

**EXCLUDES 2** essential (primary) hypertension involving vessels of brain (I60-I69)  
essential (primary) hypertension involving vessels of eye (H35.0-)

### I11 Hypertensive heart disease

**INCLUDES** any condition in I50.-, I51.4-I51.7, I51.89, I51.9 due to hypertension

# Chapter 9 Circulatory System “Blocks”

## Tabular List Work

Chapters are subdivided into “Blocks” (subchapters) and contain related groups of three-digit category codes. Provide an overview of the chapter categories:

- I00-I02 Acute rheumatic fever
- I05-I09 Chronic rheumatic heart diseases
- I10-I16 Hypertensive diseases
- I20-I25 Ischemic heart diseases
- I26-I28 Pulmonary heart dis. & diseases of pulmonary circulation
- I30-I52 Other forms of heart disease
- I60-I69 Cerebrovascular diseases
- I70-I79 Diseases of arteries, arterioles and capillaries
- I80-I89 Diseases of veins, lymphatic vessels, lymph nodes, NEC
- I95-I99 Other and unspecified disorders of circulatory system

## Verify I10 to the Tabular List

### Hypertensive diseases (I10-I16)

#### Use additional code to identify:

- exposure to environmental tobacco smoke (Z77.22)
- history of tobacco dependence (Z87.891)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17.-)
- tobacco use (Z72.0)

#### **EXCLUDES 1**

- neonatal hypertension (P29.2)*
- primary pulmonary hypertension (I27.0)*

# Details of the Dash (-)

## The Dash (-)

In the Tabular List and preceded by a decimal point (-) indicates an incomplete code; see category or subcategory and review options.

*Use additional code to identify:*  
tobacco dependence (F17.-)

### F17.21 Nicotine dependence, cigarettes

F17.210 Nicotine dependence, cigarettes, uncomplicated

F17.211 Nicotine dependence, cigarettes, in remission

F17.213 Nicotine dependence, cigarettes, with withdrawal

F17.218 Nicotine depend, cigarettes, w/other nicotine-induced disorders

F17.219 Nicotine depend, cigarettes, w/unspec. nicotine-induced dis.

F17.20 unspecified, F17.22 chewing tobacco, F17.29 other tobacco product

# Lessons from Coding HTN

## *Tobacco use/exposure in ICD-10-CM*

Many codes to fully define tobacco's impact on patient health:

- F17.2xxx Nicotine dependence
  - Type of tobacco product
  - Nature of dependence
- Z72.0 Problems related to lifestyle, tobacco use NOS
- Z77.22 Contact w/ and (suspected) exposure to environmental tobacco smoke (acute) (chronic)
- Z87.891 Personal history of nicotine dependence
- O99.33x Tobacco use disorder complicating pregnancy, childbirth, and the puerperium
- P96.81 Exposure to (parental) (environmental) tobacco smoke in the perinatal period
- P04.2 Newborn affected by maternal use of tobacco

# TWELVE Step Program to Correct Coding:

## Steps 11-12

11. Where do I look for **Hypertension** guidelines?
  - a. Section I and Section IV general guidelines apply
  - b. Section I Chapter Specific guidelines apply
  - c. Which chapter? (Hint: What chapter are we looking at in the Tabular?)
12. Assign our final code!  
**I10 and F17.210**

## Other Hypertension Categories

- **I11 Hypertensive Heart Disease**
  - The cause-and-effect relationship is presumed.
  - Use additional code to identify type of heart failure (I50.-)
- **I12 Hypertensive Chronic Kidney Disease**
  - The cause-and-effect relationship is presumed.
  - Use additional code to identify the stage of CKD (N18.1-N18.6, N18.9)
  - If HTN-CKD with acute renal failure, an additional code for the acute renal failure is required.

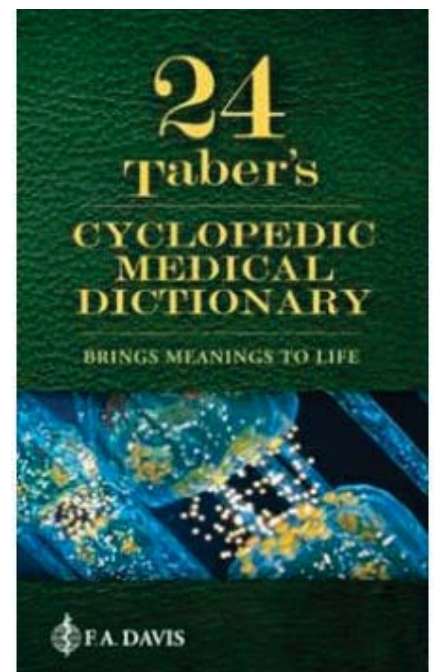
# Other Hypertension Categories

## cont'd

- **I13 Hypertensive Heart and CKD**
  - When both conditions are stated in the diagnosis.
    - Presumed cause-and-effect relationship.
  - Use additional code to identify type of heart failure (I50.-)
  - Use additional code to identify the stage of CKD (N18.1-N18.6)
- **R03.0 Elevated BP w/o diagnosis of HTN**

# DIABETES MELLITUS

A metabolic disease in which the body's inability to produce any or enough insulin causes elevated levels of glucose in the blood .



# DIABETES

## *Assessment and Plan:*

Type 2 diabetes with neuropathy;  
continue current insulin regimen.



## TWELVE Step Program to Correct Coding: Steps 1-5

1. Do we need to research anything?
2. What is the main term?
3. Find the main term in the Alphabetic Index
4. Review subterms/essential modifiers. Do any apply to our diagnostic statement?
5. Are there any cross references we are instructed to follow?

# Look up Main Term in Alphabetic Index

Diabetes, diabetic (mellitus) (sugar) E11.9

*(skip down to Type 2)*

- type 2 E11.9

-- with

--- amyotrophy E11.44

--- autonomic (poly)neuropathy E11.43

--- complication E11.8

---- specified NEC E11.69

---- kidney complications NEC E11.29

---- necrobiosis lipoidica E11.620

---- neuropathy E11.21

---- neuropathic arthropathy E11.610

---- neuropathy E11.40

---- ophthalmic complication NEC E11.39



## TWELVE Step Program to Correct Coding: Steps 6-10

6. Look up our code from the Alphabetic (E11.40) in the Tabular List
7. Look for instructional notes like Excludes1, Excludes2, Includes, code also, use additional code
8. Does this code require additional characters?
  - There are no additional characters indicated
9. Are there any symbols for age or gender appropriateness?
  - Doesn't apply here
10. Review the subcategory, block, and chapter headings for additional instructions
  - Instructions found at the block and chapter level

# Verify E11.40 in the Tabular List

## E11.4 Type 2 diabetes mellitus with neurological complications

**E11.40** Type 2 diabetes mellitus with diabetic neuropathy, unspecified

**E11.41** Type 2 diabetes mellitus with diabetic mononeuropathy

**E11.42** Type 2 diabetes mellitus with diabetic polyneuropathy

Type 2 diabetes mellitus with diabetic neuralgia

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

Type 2 diabetes mellitus with diabetic gastroparesis

**E11.44** Type 2 diabetes mellitus with diabetic amyotrophy

**E11.49** Type 2 diabetes mellitus with other diabetic neurological complication

# Verify E11.40 to the Tabular List

## INCLUDES

### E11 Type 2 diabetes mellitus

diabetes (mellitus) due to insulin secretory defect

diabetes NOS

insulin resistant diabetes (mellitus)

Use additional code to identify control using:

insulin (Z79.4)

oral antidiabetic drugs (Z79.84)

oral hypoglycemic drugs (Z79.84)

## EXCLUDES

diabetes mellitus due to underlying condition (E08.-)

drug or chemical induced diabetes mellitus (E09.-)

gestational diabetes (O24.4-)

neonatal diabetes mellitus (P70.2)

postpancreatectomy diabetes mellitus (E13.-)

postprocedural diabetes mellitus (E13.-)

secondary diabetes mellitus NEC (E13.-)

type 1 diabetes mellitus (E10.-)

# TWELVE Step Program to Correct Coding: Steps 11-12

11. Where do I look for **Diabetes** guidelines?
  - a. Section I and Section IV general guidelines apply
  - b. Section I Chapter Specific guidelines apply
  - c. Which chapter? (Hint: What chapter are we looking at in the Tabular?)
12. Assign our final code!



## Interesting lessons coding DM

- Codes include the related manifestation.
- 5 Categories – Axis is type of DM, and 4<sup>th</sup> and 5<sup>th</sup> characters specify complication or manifestation
  1. **E08** DM due to underlying condition
  2. **E09** Drug or chemical induced DM
  3. **E10** Type 1 DM
  4. **E11** Type 2 DM
  5. **E13** Other specified DM
- **Insulin Use:** Additional code needed for all DM categories except for Type 1 diabetics (E10).
- Control issues coded as diabetes with hyper- or hypoglycemia



# Interesting lessons coding DM

## Index:

- Diabetes inadequately controlled
- Diabetes poorly controlled
- Diabetes uncontrolled
- Assign the code for '*inadequately controlled*' type 1 diabetes.
- Assign the code for '*inadequately controlled*' type 2 diabetes.

## At the end of the day we know:

- How to apply the 12-Steps for correct coding.
- The instructional terms in the Alphabetic Index and Tabular List.
- Where to find chapter-specific instructions and how to apply them.
- The format and conventions of ICD-10-CM.

## Messages for your clinicians:

- Identify episode of care; follow-up vs. initial evaluation
- Identify laterality
- Use site specific codes; e.g. cellulitis left forearm, epigastric abdominal pain, asthma w/ exacerbation.
- Identify status of problem (A/P); improved, controlled, worsening, improved but not yet at goal, recurrent...

## General Training Disclaimer

- “CPT” is a registered trademark of the American Medical Association. Their codes, descriptions and manual content are copyright by the AMA. All rights are reserved by the AMA.
- The content of this presentation has been abbreviated for a focused presentation for a specific audience. Verify all codes and information in a current CPT book.
- This information is considered valid at the time of presentation, but changes may occur through the year.
- Information presented is not to be considered legal or medical advice.
- Third-party payment guidelines vary. Confirm payment guidelines with your payers of interest.