ICD-10-CM Specialized Coding Training

http://publichealth.nc.gov/lhd/icd10/training.htm

Primary Care and Chronic Disease Course

For Local Health Departments and Rural Health

Unit 1

NCPH

North Carolina Public Health

Primary Care and Chronic Disease Training Objectives

- Develop a general understanding of the coding guidelines for those chapters in ICD-10-CM that will be utilized by health department staff for coding encounters in Primary Care and Chronic Disease
- Demonstrate how to accurately assign ICD-10-CM codes using Primary Care and Chronic Disease scenarios

NOTE: Basic ICD-10-CM Coding training is a prerequisite for this course

Chapter 21

Factors influencing health status and contact with health services

Instructional Notes

- **Code Range: Z00-Z99**
- Z codes represent reasons for encounters
- CPT code must accompany Z codes if a procedure is performed
- Provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00-Y89 are recorded as 'diagnoses' or 'problems'
  - This can arise in two main ways:
    - When a person who may or may not be sick encounters health services for some specific purpose
      - Examples: Encounter for adult annual examination
    - When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury
      - Example: Colostomy status

Chapter 21

Factors influencing health status and contact with health services

Content

Chapter 21 contains the following block – 1st character is Z

Z00-Z13	Persons encountering health services for examinations	Z40-Z53	Encounters for other specific health car
Z14-Z15	Genetic carrier and genetic susceptibility to disease	Z55-Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances
Z16	Resistance to antimicrobial drugs	Z66	Do not resuscitate status
Z17	Estrogen receptor status	Z67	Blood type
Z18	Retained foreign body fragments	Z68	Body mass index (BMI)
Z20-Z28	Persons with potential health hazards related to communicable diseases	Z69-Z76	Persons encountering health services in other circumstances
Z30-Z39	Persons encountering health services in circumstances related to reproduction	Z77-Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Routine and administrative examinations**
  - Includes encounters for routine examinations and examinations for administrative purposes (e.g., a pre-employment physical)
    - Do not use these codes if the examination is for diagnosis of a suspected condition or for treatment purposes; in such cases the diagnosis code is used
  - During a routine exam, any diagnosis or condition discovered during the exam should be coded as an additional code
  - Pre-existing and chronic conditions and history codes may be included as additional codes as long as the examination is for administrative purposes and not focused on any particular condition
  - Some codes for routine health examinations distinguish between "with" and "without" abnormal findings
    - Code assignment depends on the information that is known at the time the encounter is being coded
    - When assigning a code for "with abnormal findings," additional code(s) should be assigned to identify the specific abnormal finding(s)

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Routine and administrative examinations**
  - Pre-operative examination and pre-procedural laboratory examination Z codes are for use only in those situations when a client is being cleared for a procedure or surgery and no treatment is given
- **Z codes/categories for routine and administrative examinations**
  - Z00 Encounter for general examination without complaint, suspected or reported diagnosis
  - Z01 Encounter for other special examination without complaint, suspected or reported diagnosis
  - Z02 Encounter for administrative examination
    - Except: Z02.9, Encounter for administrative examinations, unspecified
  - Z32.0- Encounter for pregnancy test

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Contact/Exposure (Categories Z20 and Z77)**
  - Category Z20 indicates contact with, and suspected exposure to, communicable diseases
    - Do not show any sign or symptom of a disease
    - Suspected to have been exposed to a disease by close personal contact with an infected individual or are in an area where a disease is epidemic
    - **Z20.4 Contact with and (suspected) exposure to rubella**
  - Category Z77 indicates contact with and suspected exposures hazardous to health
    - **Z77.011 Contact with and (suspected) exposure to lead**
  - Contact/exposure codes may be used as a first-listed code to explain an encounter for testing, or, more commonly, as a secondary code to identify a potential risk

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Status Codes**
  - Indicate a client is either
    - carrier of a disease **(Z21, Asymptomatic HIV infection status)**
    - has the sequelae or residual of a past disease or condition **(Z93.3, Colostomy status)**
  - Include such things as the presence of prosthetic or mechanical devices resulting from past treatment **(Z97.0, Presence of artificial eye)**
  - Are informative - the status may affect the course of treatment and its outcome **(Z94.1, Heart transplant status)**
  - Should not be used with a diagnosis code from one of the body system chapters, if the diagnosis code includes the information provided by the status code **(Z94.1, Heart transplant status, should not be used with a code from subcategory T86.2, Complications of heart transplant)**
  - Z68 Body mass index (BMI)

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Screening**
  - Testing for disease or disease precursors in seemingly well individuals so early detection and treatment can be provided for those who test positive for the disease **(Z13.1 Encounter for screening for diabetes mellitus)**
  - Screening code may be a first-listed code if the reason for the visit is specifically the screening exam
    - Should a condition be discovered during the screening then the code for the condition may be assigned as an additional diagnosis
  - Screening code may also be used as an additional code if the screening is done during an office visit for other health problems
  - Screening code is not necessary if the screening is inherent to a routine examination
  - In addition to the Z code, a procedure code is required to confirm that the screening was performed

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Observation**
  - **Two observation Z code categories:**
    - Z03 Encounter for medical observation for suspected diseases and conditions ruled out
    - Z04 Encounter for examination and observation for other reasons
      - Except: Z04.9, Encounter for examination and observation for unspecified reason
  - Used in very limited circumstances
    - Person is observed for suspected condition that is ruled out
    - Administrative and legal observation status
  - Observation codes are not for use if an injury or illness or any signs or symptoms related to the suspected condition are present
    - In such cases, the diagnosis/symptom code is used

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Aftercare**
  - Aftercare visit codes cover situations when the initial treatment of a disease has been performed and the client requires continued care during the healing or recovery phase, or for the long-term consequences of the disease
  - The aftercare Z code should not be used if treatment is directed at a current, acute disease
    - The diagnosis code is to be used in these cases
    - Exceptions to this rule are codes **Z51.0, Encounter for antineoplastic radiation therapy,** and codes from subcategory **Z51.1, Encounter for antineoplastic chemotherapy and immunotherapy**
      - These codes are to be first-listed, followed by the diagnosis code when a client's encounter is solely to receive radiation therapy, chemotherapy, or immunotherapy for the treatment of a neoplasm
      - If the reason for the encounter is more than one type of antineoplastic therapy, code Z51.0 and a code from subcategory Z51.1 may be assigned together, in which case one of these codes would be reported as a secondary diagnosis.

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Aftercare**
  - Do not use aftercare Z codes for aftercare for injuries
    - Assign the acute injury code with the appropriate 7th character (for subsequent encounter)
  - The aftercare codes are generally first-listed to explain the specific reason for the encounter
    - An aftercare code may be used as an additional code when some type of aftercare is provided in addition to the reason for encounter and no diagnosis code is applicable
      - An example of this would be change or removal of nonsurgical wound dressing during an encounter for treatment of another condition
  - Certain aftercare Z code categories need a secondary diagnosis code to describe the resolving condition or sequelae
    - For others, the condition is included in the code title

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Aftercare Z category/codes:**
  - Z42 Encounter for plastic and reconstructive surgery following medical procedure or healed injury
  - Z43 Encounter for attention to artificial openings
  - Z44 Encounter for fitting and adjustment of external prosthetic device
  - Z45 Encounter for adjustment and management of implanted device
  - Z46 Encounter for fitting and adjustment of other devices
  - Z47 Orthopedic aftercare
  - Z48 Encounter for other post-procedural aftercare
  - Z49 Encounter for care involving renal dialysis
  - Z51 Encounter for other aftercare

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Follow-up**
  - Codes used to explain continuing surveillance following completed treatment of a disease, condition, or injury
    - They imply that the condition has been fully treated and no longer exists
    - Not aftercare codes, or injury codes with a 7th character for subsequent encounter, that explain ongoing care of a healing condition or its sequelae
    - Follow-up codes may be used in conjunction with history codes to provide the full picture of the healed condition and its treatment
      - Follow-up code is sequenced first, followed by the history code
        - » Medical surveillance following completed treatment (Z09)
        - » Personal history of recurrent pneumonia (Z97.01)
  - A follow-up code may be used to explain multiple visits
  - Should a condition be found to have recurred on the follow-up visit, then the diagnosis code for the condition should be assigned in place of the follow-up code

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Counseling**
  - Client/family member receives assistance in aftermath of illness/ injury, or support is required in coping with family/social problems
    - Not used with a diagnosis code when counseling component is considered integral to standard treatment
- **Counseling Z codes/categories:**
  - Z30.0- Encounter for general counseling and advice on contraception
  - Z31.5 Encounter for genetic counseling
  - Z31.6- Encounter for general counseling and advice on procreation
  - Z32.2 Encounter for childbirth instruction
  - Z32.3 Encounter for childcare instruction
  - Z69 Encounter for mental health services for victim and perpetrator of abuse
  - Z70 Counseling related to sexual attitude, behavior and orientation
  - Z71 Persons encountering health services for other counseling and medical advice, not elsewhere classified
  - Z76.81 Expectant mother prebirth pediatrician visit

Primary Care/Chronic Disease Unit 1 – Review Questions

True/False

1. A follow-up code may be used to explain multiple visits
2. BMI codes can be primary or additional
3. If you are seeing a client for a confirmed or suspected condition or for a specific treatment, then codes under "Examination" should not be used
4. If a client comes in for a routine examination and a condition is discovered, the condition will be the primary diagnosis
5. If a client complains of frequent urination, increased thirst and hunger, and shakiness, and the clinician checks the client's blood sugar, this will be coded as a screening

Primary Care/Chronic Disease Unit 1 Coding Exercise

- **Scenario 1:** *A 43 year old male is seen for adult health physical and fasting labs. Examination is normal.*

- **Scenario 2:** *79 year old man is receiving home health for his coronary artery disease and a cardiac pacemaker inserted during his hospitalization last week. He requires wound checks and dressing changes ongoing. He has history of MI 5 years ago and smokes ½ pack cigarettes daily.*

Specialized ICD-10-CM Coding Training

Primary Care and Chronic Disease Course

For Local Health Departments and Rural Health

Unit 2

NCPH

North Carolina Public Health

Primary Care/Chronic Disease Unit 1 – Review Questions

True/False

1. A follow-up code may be used to explain multiple visits
2. BMI codes can be primary or additional
3. If you are seeing a client for a confirmed or suspected condition or for a specific treatment, then codes under "Examination" should not be used
4. If a client comes in for a routine examination and a condition is discovered, the condition will be the primary diagnosis
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Primary Care/Chronic Disease Unit 1 Coding Exercise

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Chapter 2 ~ Neoplasms Content

Chapter 2 contains the following blocks – 1st character C or D

C00-C14 Malignant neoplasms of lip, oral cavity and pharynx	C73-C75 Malignant neoplasms of thyroid and other endocrine glands
C15-C26 Malignant neoplasms of digestive organs	C7A Malignant neuroendocrine tumors
C30-C39 Malignant neoplasms of respiratory and intrathoracic organs	C7B Secondary neuroendocrine tumors
C40-C41 Malignant neoplasms of bone and articular cartilage	C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites
C43-C44 Melanoma and other malignant neoplasms of skin	C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue
C45-C49 Malignant neoplasms of mesothelial & soft tissue	D00-D09 In situ neoplasms
C50 Malignant neoplasms of breast	D10-D36 Benign neoplasms, except benign neuroendocrine tumors
C51-C58 Malignant neoplasms of female genital organs	D3A Benign neuroendocrine tumors
C60-C63 Malignant neoplasms of male genital organs	D37-D48 Neoplasms of uncertain behavior, polycythemia vera & myelodysplastic syndromes
C64-C68 Malignant neoplasms of urinary tract	D49 Neoplasms of unspecified behavior
C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system	

Chapter 2 –Neoplasms Instructional Notes

- **Code Range: C00-D49**
- All neoplasms are classified in Chapter2 , whether functionally active or not
- An additional code from Chapter 4 may be used, to identify functional activity associated with any neoplasm
- Morphology [Histology]
  - Neoplasms classified primarily by site (topography), with broad groupings for behavior (e.g., malignant, in situ, benign, etc.)
  - The Table of Neoplasms should be used to identify the correct topography code
  - In a few cases the morphology is included in the category and codes (e.g., Category C43, Malignant melanoma)

Chapter 2 – Neoplasms Coding Guidelines

- Treatment directed at the malignancy
  - If client encounter is related to the primary malignancy, the primary malignancy will be the first-listed diagnosis
  - If client encounter is solely related to a secondary (metastatic) malignancy, the secondary malignancy will be the first-listed diagnosis

Chapter 2 – Neoplasms Coding Guidelines

- Coding and Sequencing of Complications
  - If client encounter is only for treatment/management of a complication associated with a neoplasm (e.g., dehydration)
    - Complication is first-listed
    - Neoplasm (or history of) is a secondary diagnosis
  - EXCEPTION: If client encounter is for management/treatment of anemia associated with a malignancy
    - Malignancy is first-listed
    - Anemia is a secondary diagnosis (e.g., D63.0, Anemia in neoplastic disease)
  - If client encounter is for management of anemia associated with an adverse effect of the administration of chemotherapy, immunotherapy or radiotherapy
    - Anemia is first-listed
    - Malignancy is a secondary diagnosis
    - Adverse effect is a secondary diagnosis (e.g., T45.1x5, Adverse effect of antineoplastic and immunosuppressive drugs

Chapter 2 – Neoplasms Coding Guidelines

- Coding and Sequencing of Complications (cont'd)
  - If client encounter is for the purpose of radiotherapy, immunotherapy or chemotherapy and complications occur (e.g., uncontrolled nausea and vomiting, dehydration)
    - Reason for the encounter is first-listed (e.g., Z51.0, Encounter for antineoplastic radiation therapy)
    - Type of complication(s) are secondary diagnoses
  - If client encounter is for a pathological fracture due to a neoplasm
    - If focus of treatment is the fracture
      - First-listed will be a code from subcategory M84.5, Pathological fracture in neoplastic disease
      - Neoplasm is a secondary diagnosis
    - If focus of treatment is the neoplasm
      - First-listed will be the neoplasm
      - A code from subcategory M84.5, Pathological fracture in neoplastic disease will be a secondary diagnosis

Chapter 2 – Neoplasms Coding Guidelines

- Malignant neoplasm in pregnant client
  - A code from subcategory O9A.1~is first~listed
    - Example: **O9A.113 Malignant neoplasm complicating pregnancy, third trimester**
  - The type of neoplasm (from Chapter 2) is a secondary diagnosis
- Primary malignancy previously excised or eradicated from its site
  - If further treatment (e.g., additional surgery, chemo) is directed to the site, code the primary malignancy code until treatment is complete
  - If no further treatment is directed to the site and no evidence of any existing primary malignancy
    - A code from Z85, Personal history of malignant neoplasm should be used to indicate the former site of the malignancy
      - Example: **Z85.3 Personal history of malignant neoplasm of breast**
    - Any mention of extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm to that site
      - The secondary site would be first listed
      - The Z85 code would be a secondary diagnosis

Chapter 2 – Neoplasms Coding Guidelines

- Disseminated malignant neoplasm, unspecified
  - Use Code C80.0 only in cases where
    - Client has advanced metastatic disease
    - No known primary or secondary sites are specified
- Malignant neoplasm without specification of site
  - Use Code C80.1 only in cases where no determination can be made as to the primary site of a malignancy

C80 Malignant neoplasm without specification of site

Excludes1: malignant carcinoid tumor of unspecified site (C7A.00)
malignant neoplasm of specified multiple sites- code to each site

C80.0 Disseminated malignant neoplasm, unspecified
Carcinomatosis NOS
Generalized cancer, unspecified site (primary) (secondary)
Generalized malignancy, unspecified site (primary) (secondary)

C80.1 Malignant (primary) neoplasm, unspecified
Cancer NOS
Cancer unspecified site (primary)
Carcinoma unspecified site (primary)
Malignancy unspecified site (primary)

Excludes1: secondary malignant neoplasm of unspecified site (C79.9)

Chapter 3 ~ Diseases of the Blood…and Certain Disorders Involving the Immune Mechanism

Content

Chapter 3 contains the following blocks – 1st character D

D50-D53 Nutritional anemias	D70-D77 Other disorders of blood and blood-forming organs
D55-D59 Hemolytic anemias	D78 Intraoperative and postprocedural complications of the spleen
D60-D64 Aplastic and other anemias and other bone marrow failure syndromes	D80-D89 Certain disorders involving the immune mechanism
D65-D69 Coagulation defects, purpura and other hemorrhagic conditions	

Chapter 3
Diseases of the Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism

- **Code Range: D50-D89**
- Classification codes for folate deficiency anemia have been expanded to distinguish between dietary, drug-induced and other causal factors
- Thalassemia codes have been expanded to identify the disorder by the clinical type (e.g., Alpha, Delta-beta, etc)
- Sickle cell crisis codes are a combination code reportable by a single classification code
  - Example: **D57.01 Hb-SS disease with acute chest syndrome**
- Instructional notes in Chapter 3 provide direction for first-listed codes

Chapter 4
Endocrine, Nutritional and Metabolic Diseases
Content

Chapter 4 contains the following blocks – 1st character is E

E00-E07	Disorders of thyroid gland	E40-E46	Malnutrition
E08-E13	Diabetes mellitus	E50-E64	Other nutritional deficiencies
E15-E16	Other disorders of glucose regulation and pancreatic internal secretion	E65-E68	Overweight, obesity and other hyperalimentation
E20-E35	Disorders of other endocrine glands	E70-E88	Metabolic disorders
E36	Intraoperative complications of endocrine system	E89	Postprocedural endocrine and metabolic complications and disorders, not elsewhere classified

Chapter 4
Endocrine, Nutritional and Metabolic Diseases
Diabetes Mellitus

- **Code Range: E00-E89**
- Instead of a single category as in ICD-9-CM, there are 5 categories
  - 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
- The diabetes mellitus codes are combination codes that include:
  - type of diabetes mellitus
  - body system affected
  - complications affecting that body system

Chapter 4
Endocrine, Nutritional and Metabolic Diseases
Coding Guidance – Diabetes Mellitus

- For Diabetes Mellitus codes:
  - 4th Character = underlying conditions with specified complications
  - 5th Character = specific manifestations
  - 6th Character = even further manifestations
- As many codes within a particular category as are necessary to describe all of the complications of the disease may be used
- Most Type 1 diabetics develop the condition before reaching puberty but age is not the sole determining factor
- All of the categories, except E10, have an instructional note to use an additional code for any long term insulin use (Z79.4)
- If the Type is not documented, the default is E11.-, Type 2 Diabetes Mellitus

Chapter 4
Endocrine, Nutritional and Metabolic Diseases
Coding Guidance – Diabetes Mellitus

- Complications due to insulin pump malfunction
  - Underdose of insulin due to insulin pump failure
    - Assign first-listed code from subcategory T85.6, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts
    - Secondary code is T38.3x6-, Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs
    - Also assign additional codes for the type of Diabetes and any associated complications due to the underdosing
  - Overdose of insulin due to insulin pump failure
    - Assign first-listed code from subcategory T85.6, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts
    - Secondary code is T38.3x1-, Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional)
    - Also assign additional codes for the type of Diabetes and any associated complications due to the overdosing

Chapter 4
Endocrine, Nutritional and Metabolic Diseases
Coding Guidance – Diabetes Mellitus

- Secondary Diabetes Mellitus
  - Secondary codes are in categories
    - E08, Diabetes mellitus due to underlying condition
    - E09, Drug or chemical induced diabetes mellitus
    - E13, Other specified diabetes mellitus
  - Always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm of pancreas, adverse effect of drug, or poisoning)
  - Follow Tabular List instructions to determine sequencing of codes
  - If diabetes mellitus is due to the surgical removal of all or part of the pancreas (postpancreatectomy)
    - Assign code E89.1, Postprocedural hypoinsulinemia as first-listed
    - Assign secondary code from category E13, Other specified Diabetes Mellitus
    - Assign secondary code from subcategory Z90.41-, Acquired absence of pancreas
    - Assign secondary code for long term insulin use, Z79.4

Chapter 4
Endocrine, Nutritional and Metabolic Diseases
Documentation Differences

- Diabetes Mellitus
  - Controlled and Uncontrolled are no longer a factor in code selection
    - Uncontrolled is coded to Diabetes, by type, with hyperglycemia
      - **E10.65 Type 1 diabetes mellitus with hyperglycemia**
- More specific information is needed to assign codes in Chapter 4
  - Metabolic disorders require greater detail related to specific amino acid, carbohydrate, or lipid enzyme deficiency responsible for the metabolic disorder
  - Cushing's syndrome is now differentiated by type and cause
  - More specific information is required to code disorders of the parathyroid gland
  - Vitamins, mineral, and other nutritional deficiencies require more information on the specific vitamin(s) and mineral(s)

Chapter 4
Endocrine, Nutritional and Metabolic Diseases
Obesity

- Obesity codes are expanded

E66 Overweight and obesity

Code first obesity complicating pregnancy, childbirth and the puerperium, if applicable (O99.21-)

Use additional code to identify body mass index (BMI), if known (Z68.-)

Excludes1: adiposogenital dystrophy (E23.6)
lipomatosis NOS (E88.2)
lipomatosis dolorosa [Dercum] (E88.2)
Prader-Willi syndrome (Q87.1)

E66.0 Obesity due to excess calories

E66.01 Morbid (severe) obesity due to excess calories

Excludes1: morbid (severe) obesity with alveolar hypoventilation (E66.2)

E66.09 Other obesity due to excess calories

Body mass index [BMI] (Z68)

Z68 Body mass index [BMI]
Kilograms per meters squared

Note: BMI adult codes are for use for persons 21 years of age or older

BMI pediatric codes are for use for persons 2-20 years of age. These percentiles are based on the growth charts published by the Centers for Disease Control and Prevention (CDC)

Z68.1 Body mass index (BMI) 19 or less, adult

Z68.2 Body mass index (BMI) 20-29, adult

Z68.20 Body mass index (BMI) 20.0-20.9, adult

Z68.21 Body mass index (BMI) 21.0-21.9, adult

Primary Care/Chronic Disease Unit 2 – Review Questions

True/False

1. Neoplasms are classified primarily by site
2. Only one Diabetes Mellitus code can be assigned for each encounter
3. Type 2 Diabetes Mellitus is the default if Type is not documented
4. Code Z79.4, Long-term (current) use of insulin, is always used for all 5 categories of Diabetes Mellitus
5. If Obesity is coded, the BMI must always be coded as well

Primary Care/Chronic Disease Unit 2 Coding Exercise

- **Scenario 1:** *45 year old male diagnosed with small cell carcinoma of left upper lobe of lung with metastasis to the intrathoracic lymph nodes and left rib. Seen today because of severe anemia. Client continues to smoke cigarettes~1 pack/day.*

- **Scenario 2:** *43 year old obese female with secondary diabetes mellitus due to acute idiopathic pancreatitis. She has been on insulin for 3 years and today her blood sugar is 300. Height – 5'4"; Weight – 190 lbs*

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Primary Care and Chronic Disease Course

For Local Health Departments and Rural Health

Unit 3

NCPH

North Carolina Public Health

Primary Care/Chronic Disease Unit 2 – Review Questions

True/False

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5. If Obesity is coded, the BMI must always be coded as well

Primary Care/Chronic Disease Unit 2 Coding Exercise

- **Scenario 1:** *Male client with malignant neoplasm of the lower-outer quadrant of the right breast*

- **Scenario 2:** *43 year old obese female with secondary diabetes mellitus due to acute idiopathic pancreatitis. She has been on insulin for 3 years and today her blood sugar is 300. Height – 5'4"; Weight – 190 lbs*

Chapter 6
Diseases of the Nervous System

- **Code Range: G00-G99**

Chapter 6 contains the following blocks – 1st character is G

G00-G09 Inflammatory diseases of the central nervous system	G50-G59 nerve, nerve root and plexus disorders
G10-G14 Systemic atrophies primarily affecting the central nervous system	G60-G65 Polyneuropathies and other disorders of the peripheral nervous system
G20-G26 Extrapyramidal and movement disorders	G70-G73 Diseases of myoneural junction and muscle
G30-G32 Other degenerative diseases of the nervous system	G80-G83 Cerebral palsy and other paralytic syndromes
G35-G37 Demyelinating diseases of the central nervous system	G89-G99 Other disorders of the nervous system
G40-G47 Episodic and paroxysmal disorders	

Chapter 6
Diseases of the Nervous System
Coding Guidelines

- **Dominant/nondominant side**
  - Codes from category G81, Hemiplegia and hemiparesis, and subcategories, G83.1, Monoplegia of lower limb, G83.2, Monoplegia of upper limb, and G83.3, Monoplegia, unspecified, identify whether the dominant or nondominant side is affected
    - Should the affected side be documented, but not specified as dominant or nondominant, and the classification system does not indicate a default, code selection is as follows:
      - For ambidextrous patients, the default should be dominant
      - If the left side is affected, the default is non-dominant
      - If the right side is affected, the default is dominant

G81.0 Flaccid hemiplegia

- **G81.00 Flaccid hemiplegia affecting unspecified side**
- **G81.01 Flaccid hemiplegia affecting right dominant side**
- **G81.02 Flaccid hemiplegia affecting left dominant side**
- **G81.03 Flaccid hemiplegia affecting right nondominant side**
- **G81.04 Flaccid hemiplegia affecting left nondominant side**

Chapter 6
Diseases of the Nervous System
Coding Guidelines

- **Pain ~ Category G89**
  - May be used in conjunction with codes from other categories and chapters to provide more detail about acute or chronic pain and neoplasm-related pain, unless otherwise indicated
  - If the pain is not specified as acute or chronic, post-thoracotomy, postprocedural, or neoplasm-related, do not assign codes from category G89
  - A code from category G89 should <u>not</u> be assigned if the underlying (definitive) diagnosis is known (except for neoplasms), unless the reason for the encounter is pain control/ management and not management of the underlying condition
    - If pain control/management is reason for the encounter, G89 codes would be first-listed and underlying cause would be additional diagnosis
  - If there is not a definitive diagnosis and the encounter is not for pain control/management, site-specific pain will be first-listed

Chapter 6
Diseases of the Nervous System
Coding Guidelines

- **Pain ~ Category G89 (cont'd)**
  - Chronic pain is classified to subcategory G89.2
    - No time frame defining when pain becomes chronic pain
  - Central pain syndrome (G89.0) and chronic pain syndrome (G89.4)
    - Different than the term "chronic pain"
    - Pain syndrome codes should only be used when the clinician has specifically documented this condition

Chapter 6
Diseases of the Nervous System
Coding Guidelines

- **Pain - Category G89 (cont'd)**
  - Code G89.3 is assigned to pain documented as being related, associated or due to cancer, primary or secondary malignancy, or tumor
    - Use whether the pain is acute and/or chronic
    - Code may be assigned as first-listed code when the stated reason for the encounter is documented as pain control/pain management
      - Underlying neoplasm is additional diagnosis
  - When reason for the encounter is management of the neoplasm and the pain associated with the neoplasm is also documented
    - Code G89.3 will be an additional diagnosis
    - Do not assign an additional code for the site of the pain

Chapter 6
Diseases of the Nervous System
Coding Guidelines

- **Migraine (G43)**
  - 32 available codes
  - Documentation must include the following when appropriate
    - Intractable (pharmacologically resistant, treatment resistant, refractory and poorly controlled)
    - Not intractable
    - With status migrainosus (lasts more than 24 hrs) or without status migrainosus
    - With vomiting
    - Ophthalmoplegic
    - Menstrual
    - With or without aura
    - Hemiplegic
    - With or without cerebral infarction
    - Periodic
    - Abdominal

Chapter 6
Diseases of the Nervous System
Epilepsy

- **Epilepsy and Recurrent Seizures (G40)**
  - Code descriptions include:
    - Intractable (pharmacologically resistant, treatment resistant, refractory and poorly controlled) or not intractable
    - With status epilepticus (serious medical condition where prolonged or clustered seizures develop into non-stop seizures) or without status epilepticus
    - Documentation must address both of these
  - Examples:
    - G40.B01 Juvenile myoclonic epilepsy, not intractable, with status epilepticus
    - G40.B09 Juvenile myoclonic epilepsy, not intractable, without status epilepticus
    - G40.B11 Juvenile myoclonic epilepsy, intractable, with status epilepticus
    - G40.B19 Juvenile myoclonic epilepsy, intractable, without status epilepticus

Chapter 7
Diseases of the eye and adnexa
Content

- **Code Range: H00-H59**

Chapter 7 contains the following block – 1st character is H

H00-H05 Disorders of eyelid, lacrimal system and orbit	**H43-H44** Disorders of vitreous body and globe
H10-H11 Disorders of conjunctiva	**H46-H47** Disorders of optic nerve and visual pathways
H15-H22 Disorders of sclera, cornea, iris and ciliary body	**H49-H52** Disorders of ocular muscles, binocular movement, accommodation and refraction
H25-H28 Disorders of lens	**H53-H54** Visual disturbances and blindness
H30-H36 Disorders of choroid and retina	**H55-H57** Other disorders of eye and adnexa
H40-H42 Glaucoma	**H59** Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified

Chapter 8
Diseases of the ear and mastoid process
Content

- **Code Range: H60-H95**

Chapter 8 contains the following block – 1st character is H

H60-H62 Diseases of external ear	**H90-H94** Other disorders of ear
H65-H75 Diseases of middle ear and mastoid	**H95** Intraoperative and postprocedural complications and disorders of ear and mastoid process, not elsewhere classified
H80-H83 Diseases of inner ear	

H72 Perforation of tympanic membrane

Includes: persistent post-traumatic perforation of ear drum
postinflammatory perforation of ear drum

Code first any associated otitis media (H65.-, H66.1-, H66.2-, H66.3-, H66.4-, H66.9-, H67.-)

Excludes1: acute suppurative otitis media with rupture of the tympanic membrane (H66.01-)
traumatic rupture of ear drum (S09.2-)

Chapter 8
Diseases of the ear and mastoid process
Content

H65 Nonsuppurative otitis media

Includes: nonsuppurative otitis media with myringitis

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

H65.0 Acute serous otitis media
Acute and subacute secretory otitis

H65.00 Acute serous otitis media, unspecified ear

H65.01 Acute serous otitis media, right ear

H65.02 Acute serous otitis media, left ear

Chapter 9
Diseases of the circulatory system
Content

- **Code Range: I00-I99**

Chapter 9 contains the following block – 1st character is I

I00-I02 Acute rheumatic fever	**I30-I52** Other forms of heart disease
I05-I09 Chronic rheumatic heart diseases	**I60-I69** Cerebrovascular diseases
I10-I15 Hypertensive diseases	**I70-I79** Diseases of arteries, arterioles and capillaries
I20-I25 Ischemic heart diseases	**I80-I89** Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified
I26-I28 Pulmonary heart disease and diseases of pulmonary circulation	**I95-I99** Other and unspecified disorders of the circulatory system

Chapter 9
Diseases of the circulatory system
Coding Guidelines

- Hypertension no longer classified by type
- Additional code for any tobacco use of exposure

Hypertensive diseases (I10-I15)

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

Excludes1: hypertensive disease complicating pregnancy, childbirth and the puerperium (O10-O11, O13-O16)
neonatal hypertension (P29.2)
primary pulmonary hypertension (I27.0)

I10 Essential (primary) hypertension

Includes: high blood pressure
hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic)

Excludes1: hypertensive disease complicating pregnancy, childbirth and the puerperium (O10-O11, O13-O16)

Excludes2: essential (primary) hypertension involving vessels of brain (I60-I69)
essential (primary) hypertension involving vessels of eye (H35.0-)

Chapter 9
Diseases of the circulatory system
Coding Guidelines

- **Hypertension, Secondary**
  - Secondary hypertension is due to an underlying condition
  - Two codes are required
    - Underlying etiology
    - Code from category I15 to identify the hypertension
    - Sequencing of codes is determined by reason for admission/encounter
- **Hypertension, Transient**
  - Assign code R03.0, Elevated blood pressure reading without diagnosis of hypertension, unless patient has an established diagnosis of hypertension
  - Assign code O13.-, Gestational hypertension without significant proteinuria, or O14.-, Pre-eclampsia, for transient hypertension of pregnancy
- **Hypertension – controlled or uncontrolled**
  - Assign appropriate code from categories I10-I15

Chapter 9
Diseases of the circulatory system
Coding Guidelines

- **Hypertension with Heart Disease**
  - Heart conditions classified to I50.- or I51.4-I51.9, are assigned to, a code from category I11, Hypertensive heart disease, when a causal relationship is stated (due to hypertension) or implied (hypertensive)
    - Use an additional code from category I50, Heart failure, to identify the type of heart failure in those patients with heart failure
  - The same heart conditions (I50.-, I51.4-I51.9) with hypertension, but without a stated causal relationship, are coded separately
    - Sequence according to the circumstances of the admission/encounter

Chapter 9
Diseases of the circulatory system
Coding Guidelines

- **Sequelae of Cerebrovascular Disease – I69**
  - Category I69 is used for conditions classifiable to categories I60-I67 as the causes of sequela (neurologic deficits), themselves classified elsewhere
    - These "late effects" include neurologic deficits that persist after initial onset of conditions classifiable to categories I60-I67
    - Neurologic deficits caused by cerebrovascular disease may be present from the onset or any time thereafter
  - Codes from category I69 that specify hemiplegia, hemiparesis and monoplegia identify whether the dominant or nondominant side is affected . For codes that specify laterality with dominant or nondominant, and the classification system does not indicate a default, code selection is as follows:
    - For ambidextrous patients, the default should be dominant
    - If the left side is affected, the default is non-dominant
    - If the right side is affected, the default is dominant
  - History of cerebrovascular disease but no neurological deficits-Z86.73

Chapter 9
Diseases of the circulatory system
Coding Guidelines

- Angina pectoris – Category I20
- Myocardial Infarction – Categories I21-I23
  - STEMI & NSTEMI included in code titles and anatomic specificity
  - Time frame for acute MI has changed from 8 weeks or less to 4 weeks or less (within 28 day period)
  - Category I21 – Initial MI
    - Encounters related to MI that occur after 4 weeks, use aftercare code
  - Category I22 – Subsequent MI within 4 weeks of initial
    - Use with Category I21 code
  - Category I23 complication codes must also include a code from I21 or I22
- For codes in categories I20, I21 and I22, use additional code for tobacco use or exposure, if applicable
- Old MI's <u>not requiring further care</u> – I25.2, Old MI

Chapter 10
Diseases of the respiratory system
Instructions/Content

- **Code Range: J00-J99**
  - When a 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 (e.g. tracheobronchitis to bronchitis in J40)
  - Use additional code, where applicable, to identify tobacco use or exposure

Chapter 10 contains the following block – 1st character is J

J00-J06 Acute upper respiratory infections	**J80-J84** Other respiratory diseases principally affecting the interstitium
J09-J18 Influenza and pneumonia	**J85-J86** Suppurative and necrotic conditions of the lower respiratory tract
J20-J22 Other acute lower respiratory infections	**J90-J94** Other diseases of the pleura
J30-K39 Other diseases of upper respiratory tract	**J95** Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified
J40-J47 Chronic lower respiratory diseases	**J96-J99** Other diseases of the respiratory system
J60-J70 Lung diseases due to external agents	

Chapter 10
Diseases of the respiratory system
Coding Guidelines

- **Chronic Obstructive Pulmonary Disease [COPD] and Asthma**
  - Codes in categories J44 and J45 distinguish between uncomplicated cases and those in acute exacerbation
    - Acute exacerbation is a worsening or a decompensation of a chronic condition
    - Acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection
  - Asthma terminology is updated to reflect current clinical classification of asthma
    - Mild intermittent
    - Mild persistent
    - Moderate persistent
    - Severe persistent
  - Intrinsic (nonallergic) and extrinsic (allergic) asthma are both classified to J45.909 – Unspecified asthma, uncomplicated

Chapter 10
Diseases of the respiratory system
Severity of Asthma Classification

Presentation of Asthma before (without) Treatment			
Type of Asthma	**Symptoms**	**Nighttime Symptoms**	**Lung Function**
Severe persistent	•Continual symptoms •Limited physical activity •Frequent exacerbations	Frequent	• FEV_1 or PEF ≤ 60% predicted •PEF variability > 30%
Moderate persistent	•Daily symptoms •Daily use of inhaled short-acting $beta_2$-agnonist •Exacerbation of affect activity •Exacerbation ≥ 2 times/week ≥ 1 day(s)	> 1time/week	• FEV_1 or PEF 60-80% predicted •PEF variability > 30%
Mild persistent	•Symptoms > 2 times/week but < 1 time/day •Exacerbation may affect activity	> 2 times/month	• FEV_1 or PEF ≥ 80% predicted •PEF variability 20-30%
Mild intermittent	•Symptoms ≤ 2 times/week •Asymptomatic and normal PEF between exacerbations •Exacerbations of varying intensity are brief (a few hours to a few days)	≤ 2 times/month	• FEV_1 or PEF ≥ 80% predicted •PEF variability < 20%

FEV_1 = The maximal amount of air a person can forcefully exhale over one second accounting for the variables of height, weight, and race used to denote the degree of obstruction with asthma

PEF= Peak Expiratory Flow is the maximum flow of expelled air during expiration following full inspiration (big breath in and then big breath out)

Source: National Heart, Lung, and Blood Institute - http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm

Chapter 10
Diseases of the respiratory system
Coding Guidelines

- **Influenza due to certain identified influenza viruses**
  - Code only confirmed cases of influenza due to certain identified influenza viruses (category J09), and due to other identified influenza virus (category J10)
    - "Confirmation" does not require documentation of positive laboratory testing specific for avian or other novel influenza A or other identified influenza virus
    - Coding may be based on the provider's diagnostic statement that the client has avian influenza, or other novel influenza A, for category J09, or has another particular identified strain of influenza, such as H1N1 or H3N2, but not identified as novel or variant, for category J10
  - If the provider records "suspected" or "possible" or "probable" avian influenza, or novel influenza, or other identified influenza
    - Use the appropriate influenza code from category J11, Influenza due to unidentified influenza virus
    - Do Not assign codes from category J09 or J10

Chapter 11
Diseases of the digestive system
Content

- **Code Range: K00-K95**

Chapter 11 contains the following block – 1st character is K

K00-K14 Diseases of oral cavity and salivary glands	**K55-K64** Other diseases of intestines
K20-K31 Diseases of esophagus, stomach and duodenum	**K65-K68** Diseases of peritoneum and retroperitoneum
K35-K38 Diseases of appendix	**K70-K77** Diseases of liver
K40-K46 Hernia	**K80-K87** Disorders of gallbladder, biliary tract and pancreas
K50-K52 Noninfective enteritis and colitis	**K90-K95** Other diseases of the digestive system

- Contains 2 new sections
  - Diseases of Liver
  - Disorders of gallbladder, biliary tract and pancreas

Chapter 12
Diseases of the skin and subcutaneous tissue
Content

- **Code Range: L00-L99**

Chapter 12 contains the following block – 1st character is L

L00-L08 Infections of the skin and subcutaneous tissue	**L55-L59** Radiation-related disorders of the skin and subcutaneous tissue
L10-L14 Bullous disorders	**L60-L75** Disorders of skin appendages
L20-L30 Dermatitis and eczema	**L76** Intraoperative and postprocedural complications of skin and subcutaneous tissue
L40-L45 Papulosquamous disorders	**L80-L99** Other disorders of the skin and subcutaneous tissue
L49-L54 Urticaria and erythema	

Chapter 12
Diseases of the skin and subcutaneous tissue
Coding Guidelines

- **Pressure ulcer stage codes**
  - **Pressure ulcer stages**
    - Codes from category L89, Pressure ulcer, are combination codes that identify the site of the pressure ulcer as well as the stage of the ulcer
    - Pressure ulcer stages are classified based on severity
      - Stages 1-4
      - Unspecified stage
      - Unstageable
    - Assign as many codes from category L89 as needed to identify all the pressure ulcers the client has, if applicable
- **Unstageable pressure ulcers**
  - Code assignment for unstageable pressure ulcer (L89.--0) should be based on clinical documentation when the stage cannot be clinically determined and pressure ulcers documented as deep tissue injury but not documented as due to trauma.
  - If no documentation regarding stage, assign unspecified stage (L89.--9).

Chapter 12
Diseases of the skin and subcutaneous tissue
Coding Guidelines

- **Documented pressure ulcer stage**
  - Assignment of the pressure ulcer stage code should be guided by clinical documentation of the stage or documentation of the terms found in the Alphabetic Index
  - Code assignment for pressure ulcer stage may be based on non-physician documentation since this information is typically documented by other clinicians involved in the care of the client (e.g., nurses)
    - Physician must document that client has pressure ulcer
  - For clinical terms describing the stage that are not found in the Alphabetic Index, and there is no documentation of the stage, the provider should be queried
- **Pressure ulcers documented as healed**
  - No code is assigned if the documentation states that the pressure ulcer is completely healed.

Chapter 13
Diseases of the musculoskeletal system and connective tissue
Content

- **Code Range: M00~M99**

Chapter 13 contains the following block – 1st character is M

M00-M02 Infectious arthropathies	**M60-M63** Disorders of muscles
M05-M14 Inflammatory polyarthropathies	**M65-M67** Disorders of synovium and tendon
M15-M19 Osteoarthritis	**M70-M79** Other soft tissue disorders
M20-M25 Other joint disorders	**M80-M85** Disorders of bone density and structure
M26-M27 Dentofacial anomalies [including malocclusion] and other disorders of jaw	**M86-M90** Other osteopathies
M30-M36 Systemic connective tissue disorders	**M91-M94** Chondropathies
M40-M43 Deforming dorsopathies	**M95** Other disorders of the musculoskeletal system and connective tissue
M45-M49 Spondylopathies	**M96** Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhereclassified
M50-M54 Other dorsopathies	**M99** Biomechanical lesions, not elsewhere classified

Chapter 13
Diseases of the musculoskeletal system and connective tissue
Coding Guidelines

- **External Cause of Injury**

Chapter 13

Diseases of the musculoskeletal system and connective tissue (M00-M99)

Note: Use an external cause code following the code for the musculoskeletal condition, if applicable, to identify the cause of the musculoskeletal condition

- **Site and laterality**
  - Most codes within Chapter 13 have site and laterality designations
    - Site represents the bone, joint or the muscle involved.
    - For some conditions where more than one bone, joint or muscle is usually involved, such as osteoarthritis, there is a "multiple sites" code available
      - For categories where no multiple site code is provided and more than one bone, joint or muscle is involved, multiple codes should be used to indicate the different sites involved
  - Bone versus joint
    - For certain conditions, the bone may be affected at the upper or lower end, (e.g., avascular necrosis of bone, M87, Osteoporosis, M80, M81)
    - Though the portion of the bone affected may be at the joint, the site designation will be the bone, not the joint

Chapter 13
Diseases of the musculoskeletal system and connective tissue
Coding Guidelines

- **Acute traumatic versus chronic or recurrent musculoskeletal conditions**
  - Many musculoskeletal conditions are a result of previous injury or trauma to a site, or are recurrent conditions
    - Chronic or recurrent conditions should generally be coded with a code from chapter 13
  - Any current, acute injury should be coded to the appropriate injury code from chapter 19
- **Pathologic Fractures**

The appropriate 7th character is to be added to each code from subcategory M84.3:
A - initial encounter for fracture
D - subsequent encounter for fracture with routine healing
G - subsequent encounter for fracture with delayed healing
K - subsequent encounter for fracture with nonunion
P - subsequent encounter for fracture with malunion
S - sequela

Chapter 13
Diseases of the musculoskeletal system and connective tissue
Coding Guidelines

- **Osteoporosis**
  - Osteoporosis <u>with</u> current pathological fracture – Category M80
    - Site codes under category M80, Osteoporosis with current pathological fracture, identify fracture site - not the osteoporosis
    - Use for clients who have a current pathologic fracture at the time of an encounter
    - Do not use traumatic fracture codes (Chapter 19) for clients with known osteoporosis who suffer a fracture, even if the client had a minor fall or trauma, if that fall or trauma would not usually break a normal, healthy bone
  - Osteoporosis <u>without</u> pathological fracture – Category M81
    - For use for patients with osteoporosis who do not currently have a pathologic fracture due to the osteoporosis, even if they have had a fracture in the past
    - For clients with a history of osteoporosis fractures, status code Z87.310, Personal history of (healed) osteoporosis fracture, should follow M81codes

Chapter 14
Diseases of the genitourinary system
Content

Code Range: N00-N99

Chapter 14 contains the following block – 1st character is N

N00-N08 Glomerular diseases	**N40-N53** Diseases of male genital organs
N10-N16 Renal tubulo-interstitial diseases	**N60-N65** Disorders of breast
N17-N19 Acute kidney failure and chronic kidney disease	**N70-N77** Inflammatory diseases of female pelvic organs
N20-N23 Urolithiasis	**N80-N98** Noninflammatory disorders of female genital tract
N25-N29 Other disorders of kidney and ureter	**N99** Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhereclassified
N30-N39 Other diseases of the urinary system	

Chapter 14
Diseases of the genitourinary system
Coding Guidelines

- **Chronic kidney disease (CKD)**
  - CKD is classified based on severity
    - The severity of CKD is designated by stages 1-5
    - Stage 2, code N18.2, equates to mild CKD
    - Stage 3, code N18.3, equates to moderate CKD
    - Stage 4, code N18.4, equates to severe CKD
    - Code N18.6, End stage renal disease (ESRD), is assigned when the provider has documented end-stage-renal disease (ESRD)
    - If both a stage of CKD and ESRD are documented, assign code N18.6 only
  - Clients who have undergone kidney transplant may still have some form of CKD because the kidney transplant may not fully restore kidney function
    - Presence of CKD alone does not constitute a transplant complication
    - Assign appropriate N18 code for the client's stage of CKD and code Z94.0, Kidney transplant status.

Primary Care/Chronic Disease Unit 3 – Review Questions
True/False

1. Most codes in Chapter 7, Diseases of the Eye and Adnexa, include anatomic site and/or laterality.
2. A diagnosis of "Otitis Media" will surely be paid by Medicaid, no questions asked.
3. Hypertension is no longer classified by type such as benign, malignant or unspecified hypertension.
4. It is OK to code suspected avian influenza from Category J09.

Primary Care/Chronic Disease Unit 3 Coding Exercise

- **Code the following:**
  - *Chronic Back Pain*
  - *Ear Infection*
- **Scenario 1:** *43 year old female reports being light-headed and has not felt well the past week. Blood pressure is 210/140 Client is dependent on cigarettes smoking 2 packs/day. She has a history of a MI 2 years ago. Diagnosis: Uncontrolled essential hypertension*
- **Scenario 2:** *33 year old male states he has had a bad cough and diarrhea for two days. Dx: Intestinal flu; Acute URI*
- **Scenario 3:** *5 year old male diagnosed with Severe persistent asthma with acute exacerbation*

Specialized ICD-10-CM Coding Training

Primary Care and Chronic Disease Course

For Local Health Departments and Rural Health

Unit 4

NCPH

North Carolina Public Health

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Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

Content

Chapter 18 contains the following block – 1st character is R

R00-R09	Symptoms and signs involving the circulatory and respiratory systems	R50-R69	General symptoms and signs
R10-R19	Symptoms and signs involving the digestive system and abdomen	R70-R79	Abnormal findings on examination of blood, without diagnosis
R20-R23	Symptoms and signs involving the skin and subcutaneous tissue	R80-R82	Abnormal findings on examination of urine, without diagnosis
R25-R29	Symptoms and signs involving the nervous and musculoskeletal systems	R83-R89	Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis
R30-R39	Symptoms and signs involving the genitourinary system	R90-R94	Abnormal findings on diagnostic imaging and in function studies, without diagnosis
R40-R46	Symptoms and signs involving cognition, perception, emotional state and behavior	R97	Abnormal tumor markers
R47-R49	Symptoms and signs involving speech and voice	R99	Ill-defined and unknown cause of mortality

Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

Instructional Notes

- Chapter 18 includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded
- **Code Range: R00-R94** The conditions and signs or symptoms included in this code range consist of:
  - cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated
  - signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined
  - provisional diagnosis in a patient who failed to return for further investigation or care
  - cases referred elsewhere for investigation or treatment before the diagnosis was made
  - cases in which a more precise diagnosis was not available for any other reason
  - certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right

Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

CMS Guidance Related to Chapter 18 codes

- Specific diagnosis codes should be reported when they are supported by:
  - medical record documentation, and
  - clinical knowledge of the patient's health condition
- Codes for signs/symptoms have acceptable, even necessary, uses
  - There are instances when signs/symptom codes are the best choice for accurately reflecting a health care encounter
  - If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis
- Each health care encounter should be coded to the level of certainty known for that encounter

Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

Coding Guidelines

- Use of symptom codes
  - Codes that describe symptoms and signs are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider
- Use of a symptom code with a definitive diagnosis code
  - Codes for signs and symptoms may be reported in addition to a related definitive diagnosis
    - When the sign or symptom is not routinely associated with that diagnosis, such as the various signs and symptoms associated with complex syndromes
    - The definitive diagnosis code should be sequenced before the symptom code
  - Signs or symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification

Chapter 18
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
Coding Guidelines

- Combination codes that include symptoms
  - ICD-10-CM contains a number of combination codes that identify both the definitive diagnosis and common symptoms of that diagnosis
    - When using one of these combination codes, an additional code should not be assigned for the symptom

I70.222 Atherosclerosis of native arteries of extremities with rest pain, left leg

- Repeated falls
  - Code **R29.6, Repeated falls**, is for use for encounters when a patient has recently fallen and the reason for the fall is being investigated
  - Code **Z91.81, History of falling**, is for use when a patient has fallen in the past and is at risk for future falls
  - When appropriate, both codes R29.6 and Z91.81 may be assigned together

Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

Coding Guidelines

- Coma scale
  - The coma scale codes (R40.2-) can be used in conjunction with:
    - traumatic brain injury codes
    - acute cerebrovascular disease, or
    - sequelae of cerebrovascular disease codes
  - The coma scale codes are primarily for use by trauma registries, but they may be used in any setting where this information is collected
    - Coma scale codes should be sequenced after the diagnosis code(s)
  - At a minimum, report the initial score documented on presentation during the initial encounter
  - If desired, a facility may choose to capture multiple coma scale scores
  - Assign code **R40.24, Glasgow coma scale, total score**, when only the total score is documented in the medical record and not the individual score(s)

Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

Coding Guidelines

- Functional quadriplegia
  - Functional quadriplegia (code R53.2) is the lack of ability to use one's limbs or to ambulate due to extreme debility
    - For example, clients with severe arthritis or advanced (bedridden) dementia
  - It is not associated with a neurologic deficit or injury
    - Code R53.2 should not be used for cases of neurologic quadriplegia
  - R53.2 should only be assigned if functional quadriplegia is specifically documented in the medical record

Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

Coding Guidelines

- Systemic Inflammatory Response Syndrome (SIRS) due to Non-Infectious Process
  - SIRS can develop as a result of certain non-infectious disease processes, such as trauma, malignant neoplasm, or pancreatitis
  - When SIRS is documented with a noninfectious condition, and no subsequent infection is documented:
    - Code-first the underlying condition, such as an injury
    - Use an additional code for SIRS
      - **R65.10, Systemic inflammatory response syndrome (SIRS) of non-infectious origin without acute organ dysfunction**, or
      - **R65.11, Systemic inflammatory response syndrome (SIRS) of non-infectious origin with acute organ dysfunction**
        - » If an associated acute organ dysfunction is documented, the appropriate code(s) for the specific type of organ dysfunction(s) should be assigned in addition to code R65.11
        - » If acute organ dysfunction is documented, but it cannot be determined if the acute organ dysfunction is associated with SIRS or due to another condition (e.g., directly due to the trauma), the provider should be queried

Chapter 19

Injury, poisoning, and certain other consequences of external causes

Content

Chapter 19 contains the following block – 1st characters are S and T

S00-S09 Injuries to the head	T15-T19 Effects of foreign body entering through natural orifice
S10-S19 Injuries to the neck	T20-T32 Burns and corrosions
S20-S29 Injuries to the thorax	T20-T25 Burns and corrosions of external body surface, specified by site
S30-S39 Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals	T26-T28 Burns and corrosions confined to eye and internal organs
S40-S49 Injuries to the shoulder and upper arm	T30-T32 Burns and corrosions of multiple and unspecified body regions
S50-S59 Injuries to the elbow and forearm	T33-T34 Frostbite
S60-S69 Injuries to the wrist, hand and fingers	T36-T50 Poisoning by, adverse effect of and underdosing of drugs, medicaments and biological substances
S70-S79 Injuries to the hip and thigh	T51-T6 Toxic effects of substances chiefly nonmedicinal as to source
S80-S89 Injuries to the knee and lower leg	T66-T78 Other and unspecified effects of external causes
S90-S99 Injuries to the ankle and foot	T79 Certain early complications of trauma
T07 Injuries involving multiple body regions	T80-T88 Complications of surgical and medical care, not elsewhere classified
T14 Injury of unspecified body region	

Chapter 19

Injury, poisoning, and certain other consequences of external causes

Instructional Notes

- **Code Range S00-T88**
- Chapter 19 uses categories beginning with "S" for coding different types of injuries related to single body regions
- Chapter 19 uses categories beginning with "T" to cover injuries to unspecified body regions as well as poisoning and certain other consequences of external causes
- For injury codes, use codes from Chapter 20, External causes of morbidity, to indicate cause of injury unless cause of injury is specified

Chapter 19
Injury, poisoning, and certain other consequences of external causes
Coding Guidelines

- Application of 7th Characters in Chapter 19
  - Most categories in this chapter have <u>three</u> **7th character values** (with the exception of fractures which have <u>more than 3</u> 7th character selections):
    - **A**- initial encounter
      - used when client is receiving active treatment for the **condition**
      - Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and treatment by a **new** physician
    - **D**- subsequent encounter
      - used for encounters after client has received active treatment of the **condition** and is receiving routine care for the **condition** during the healing or recovery phase
      - Aftercare 'Z' codes not needed when 7th character 'D' code is used
      - Examples of subsequent care are: cast change or removal, medication adjustment, aftercare and follow up visits following **treatment of the injury or condition**
    - **S** - sequela
      - use for complications or conditions that arise as a direct result of a **condition**
      - Example: scar formation after a burn - the scars are sequelae of the burn

Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Coding of Injuries
  - When coding injuries, assign separate codes for each injury unless a combination code is provided
  - Traumatic injury codes (S00-T14.9) are not to be used for normal, healing surgical wounds or to identify complications of surgical wounds
  - The code for the most serious injury, as determined by the provider and the focus of treatment, is first-listed
  - Superficial injuries such as abrasions or contusions are not coded when associated with more severe injuries of the same site
  - Primary injury with damage to nerves/blood vessels
    - If minor damage to peripheral nerves or blood vessels, primary injury is first-listed
    - When the primary injury is to the blood vessels or nerves, that injury should be sequenced first

Chapter 19
Injury, poisoning, and certain other consequences of external causes
Coding Guidelines

- Coding of Traumatic Fractures
  - The principles of multiple coding of injuries should be followed in coding fractures
  - Fractures of specified sites are coded individually by site in accordance with both the provisions within categories S02, S12, S22, S32, S42, S49, S52, S59, S62, S72, S79, S82, S89, S92 and the level of detail furnished by medical record content
  - A fracture not indicated as open or closed should be coded to **closed**
  - A fracture not indicated whether displaced or not displaced should be coded to **displaced**
  - The number of fracture codes have exploded compared to ICD-9-CM and account for much of the code expansion
    - A single fracture code can include type of fracture, specific anatomical site, displaced vs nondisplaced, laterality, routine vs delayed healing, nonunion, malunion and type of encounter (e.g., initial, subsequent, sequela)

Chapter 19
Injury, poisoning, and certain other consequences of external causes
Coding Guidelines

- Coding of Traumatic Fractures (cont'd)
  - Initial vs. Subsequent Encounter for Fractures
    - Traumatic fractures are coded using the appropriate 7th character for initial encounter (A, B, C) while the patient is receiving active treatment for the fracture
      - Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and treatment by a new physician
    - The appropriate 7th character for initial encounter should also be assigned for a patient who delayed seeking treatment for the fracture or nonunion
    - Fractures are coded using the appropriate 7th character for subsequent care for encounters after the patient has completed active treatment of the fracture and is receiving routine care for the fracture during the healing or recovery phase
      - Examples of fracture aftercare are: cast change or removal, removal of external or internal fixation device, medication adjustment, and follow-up visits following fracture treatment

Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Coding of Traumatic Fractures (cont'd)
  - Initial vs. Subsequent Encounter for Fractures (cont'd)
    - Care for complications of surgical treatment for fracture repairs during the healing or recovery phase should be coded with the appropriate complication codes
    - Care of complications of fractures, such as malunion and nonunion, should be reported with the appropriate 7th character for subsequent care with nonunion (K, M, N,) or subsequent care with malunion (P, Q, R)
    - A code from category **M80, Osteoporosis with current pathological fracture,** (not a traumatic fracture code) should be used for any client with known osteoporosis who suffers a fracture
      - even if the client had a minor fall or trauma, if that fall or trauma would not usually break a normal, healthy bone
    - The aftercare Z codes should not be used for aftercare for traumatic fractures
      - For aftercare of a traumatic fracture, assign the acute fracture code with the appropriate 7th character
  - Sequence multiple fractures based on severity of the fracture

Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Coding of Burns and Corrosions
  - ICD-10-CM makes a distinction between burns and corrosions
    - The burn codes are for:
      - thermal burns, except sunburns, that come from a heat source, such as a fire or hot appliance
      - burns resulting from electricity and radiation
    - Corrosions are burns due to chemicals
    - The coding guidelines are the same for burns and corrosions
  - Current burns (T20-T25) are classified by depth, extent and by agent (X code)
    - Burns are classified by depth as first degree (erythema), second degree (blistering), and third degree (full-thickness involvement)
    - Burns of the eye and internal organs (T26-T28) are classified by site, but not by degree

Chapter 19
Injury, poisoning, and certain other consequences of external causes
Coding Guidelines

- Coding of Burns and Corrosions (cont'd)
  - Sequencing of burn and related condition codes
    - Sequence first the code that reflects the highest degree of burn when more than one burn is present
      - When the reason for the encounter is for treatment of external multiple burns, sequence first the code that reflects the burn of the highest degree
      - When a client has both internal and external burns, the circumstances of the encounter govern the selection of the first-listed diagnosis
      - When a client is seen for burn injuries and other related conditions, such as smoke inhalation and/or respiratory failure, the circumstances of the encounter govern the selection of the first-listed diagnosis
  - Burns of the same local site
    - Classify burns of the same local site (three-character category level, T20-T28) but of different degrees to the subcategory identifying the highest degree recorded in the diagnosis

Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Coding of Burns and Corrosions (cont'd)
  - Non-healing burns
    - Non-healing burns are coded as acute burns
    - Necrosis of burned skin should be coded as a non-healed burn
  - Infected Burn
    - For any documented infected burn site, use an additional code for the infection
  - Assign separate codes for each burn site
    - Category **T30, Burn and corrosion, body region unspecified** is extremely vague and should rarely be used

Chapter 19
Injury, poisoning, and certain other consequences of external causes
Coding Guidelines

- Coding of Burns and Corrosions (cont'd)
  - Burns and Corrosions Classified According to Extent of Body Surface Involved
    - When the site of the burn is not specified or when there is a need for additional data, assign codes from Category:
      - **T31, Burns classified according to extent of body surface involved**, or
      - **T32, Corrosions classified according to extent of body surface involved**
      - Use category T31 as <u>additional</u> coding:
        - » when needed to provide data for evaluating burn mortality, such as that needed by burn units
        - » for reporting purposes when there is mention of a third-degree burn involving 20 percent or more of the body surface
  - Encounters for treatment of *sequela* of burns
    - Encounters for the treatment of the late effects of burns or corrosions (i.e., scars or joint contractures) should be coded with a burn or corrosion code with the 7th character "S" for sequela

Chapter 19
Injury, poisoning, and certain other consequences of external causes
Coding Guidelines

- Coding of Burns and Corrosions (cont'd)
  - Sequelae with a late effect code and current burn
    - When appropriate, both a code for a current burn or corrosion with 7th character "A" or "D" and a burn or corrosion code with **7th character** "S" may be assigned on the same record (when both a current burn and sequelae of an old burn exist)
    - Burns and corrosions do not heal at the same rate and a current healing wound may still exist with sequela of a healed burn or corrosion
  - Use of an external cause code with burns and corrosions
    - An external cause code should be used with burns and corrosions to identify the source and intent of the burn, as well as the place where it occurred

Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects
  - Codes in categories T36-T65 are combination codes that include the substance that was taken as well as the intent
    - These codes **do not** need an additional external cause code

T63 Toxic effect of contact with venomous animals and plants

Includes: bite or touch of venomous animal
pricked or stuck by thorn or leaf

Excludes2: ingestion of toxic animal or plant (T61.-, T62.-)

The appropriate 7th character is to be added to each code from category T63
A - initial encounter
D - subsequent encounter
S - sequela

T63.0 Toxic effect of snake venom

T63.00 Toxic effect of unspecified snake venom

T63.001 Toxic effect of unspecified snake venom, accidental (unintentional)
Toxic effect of unspecified snake venom NOS

T63.002 Toxic effect of unspecified snake venom, intentional self-harm

T63.003 Toxic effect of unspecified snake venom, assault

T63.004 Toxic effect of unspecified snake venom, undetermined

Chapter 19
Injury, poisoning, and certain other consequences of external causes
Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
  - **Do not** code directly from the Table of Drugs and Chemicals. The Alphabetic Index will direct you to the Table of Drugs and Chemicals and then always refer back to the Tabular List
    - From the Tabular, look at the instructional notes at the beginning of the code block as well as the beginning of each category
  - Use as many codes as necessary to describe completely all drugs, medicinal or biological substances
  - If the same code would describe the causative agent for more than one adverse reaction, poisoning, toxic effect or underdosing, assign the code only once
  - The occurrence of drug toxicity is classified in ICD-10-CM as follows:
    - **Adverse Effect** - When coding an adverse effect of a drug that has been correctly prescribed and properly administered
      - assign the appropriate code for the nature of the adverse effect
        - » Examples: Tachycardia, delirium, vomiting
      - followed by the appropriate code for the adverse effect of the drug (T36-T50)

Chapter 19
Injury, poisoning, and certain other consequences of external causes
Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
  - The occurrence of drug toxicity is classified in ICD-10-CM as follows: (cont'd)
    - **Poisoning**-When coding a poisoning or reaction to the improper use of a medication (e.g., overdose, wrong substance given or taken in error, wrong route of administration)
      - First assign the appropriate code from categories T36-T50
        - » The poisoning codes have an associated intent as their 5th or 6th character (accidental, intentional self-harm, assault and undetermined)
      - Use additional code(s) for all manifestations of poisonings
      - If there is also a diagnosis of abuse or dependence of the substance, the abuse or dependence is assigned as an additional code

T36.3x1A Poisoning by macrolides, accidental (unintentional)

R10.10 Upper abdominal pain, unspecified

Chapter 19
Injury, poisoning, and certain other consequences of external causes
Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
  - The occurrence of drug toxicity is classified in ICD-10-CM as follows: (cont'd)
  - Examples of **Poisoning**:
    - Errors made in drug prescription or in the administration of the drug by provider, nurse, patient, or other person
    - Overdose of a drug intentionally taken or administered that results in drug toxicity
    - Nonprescribed drug or medicinal agent (e.g., NyQuil) taken in combination with correctly prescribed and properly administered drug - any drug toxicity or other reaction resulting from the interaction of the two drugs would be classified as a poisoning
    - Interaction of drug(s) and alcohol causing a reaction would be classified as a poisoning

Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
  - The occurrence of drug toxicity is classified in ICD-10-CM as follows: (cont'd)
  - **Underdosing**
    - Taking less of a medication than is prescribed by a provider or a manufacturer's instruction
    - For underdosing, assign the code from categories T36-T50 (fifth or sixth character "6")
      - Example: **T38.2X6- Underdosing of antithyroid drugs**
    - Codes for underdosing should never be assigned as first-listed codes
      - If a patient has a relapse or exacerbation of the medical condition for which the drug is prescribed because of the reduction in dose, then the medical condition itself should be coded (e.g., Goiter develops)
    - Noncompliance (Z91.12-, Z91.13-) or complication of care (Y63.8-Y63.9) codes are to be used with an underdosing code to indicate intent, if known

Z91.130 Patient's unintentional underdosing of medication regimen due to age-related debility

Y63.8 Failure in dosage during other surgical and medical care

Chapter 19
Injury, poisoning, and certain other consequences of external causes
Coding Guidelines

- Adult and child abuse, neglect and other maltreatment
  - Sequence first the appropriate code from one of the following categories for abuse, neglect and other maltreatment :
    - **T74.- Adult and child abuse, neglect and other maltreatment, confirmed**
    - **T76.- Adult and child abuse, neglect and other maltreatment, suspected**
  - Any accompanying mental health or injury code(s) are additional codes
  - If the documentation in the medical record states abuse or neglect, it is coded as confirmed (T74.-)
    - For cases of confirmed abuse or neglect, an external cause code from the assault section (X92-Y08) should be added to identify the cause of any physical injuries
      - **X94.0xxA Assault by shotgun**
    - A perpetrator code (Y07) should be added when the perpetrator of the abuse is known
      - **Y07.01 Husband, perpetrator of maltreatment and neglect**

Chapter 19
Injury, poisoning, and certain other consequences of external causes
Coding Guidelines

- Adult and child abuse, neglect and other maltreatment
  - If the documentation in the medical record states **suspected** abuse or neglect, it is coded as suspected (T76.-)
  - For suspected cases of abuse or neglect, do not report external cause or perpetrator code
  - If a suspected case of abuse, neglect or mistreatment is ruled out during an encounter, assign one of the following codes (do not use (T76.-):
    - **Z04.71 Encounter for examination and observation following alleged physical adult abuse, ruled out**
    - **Z04.72 Encounter for examination and observation following alleged child physical abuse, ruled out**
  - If a suspected case of alleged rape or sexual abuse is ruled out during an encounter, assign one of the following codes (do not use (T76.-):
    - **Z04.41 Encounter for examination and observation following alleged physical adult abuse, ruled out**
    - **Z04.42, Encounter for examination and observation following alleged rape or sexual abuse, ruled out**

Chapter 19
Injury, poisoning, and certain other consequences of external causes
Coding Guidelines

- Complications of Care
  - Documentation of complications of care
    - Code assignment (key word, "Complication") is based on the provider's documentation of the relationship between the condition and the care or procedure
    - The guideline extends to any complications of care, regardless of the chapter the code is located in
      - **Example: O08 Complications following ectopic and molar pregnancy**

        This category is for use with categories O00-O02 to identify any associated complications
    - It is important to note that not all conditions that occur during or following medical care or surgery are classified as complications
      - There must be a cause-and-effect relationship between the care provided and the condition, and
      - an indication in the documentation that it is a complication
      - Query the provider for clarification, if the complication is not clearly documented

Chapter 19
Injury, poisoning, and certain other consequences of external causes
Coding Guidelines

- Complications of Care (cont'd)
  - Pain due to medical devices, implants or grafts left in a surgical site (e.g., hip prosthesis)
    - Assign to the appropriate code(s) found in Chapter 19
      - Specific codes for pain due to medical devices are found in the T code section
    - Use additional code(s) from category G89 to identify acute or chronic pain due to presence of the device, implant or graft (G89.18 or G89.28)
  - Transplant complications <u>other than kidney</u>
    - Codes under category **T86, Complications of transplanted organs and tissues**, are for use for both complications and rejection of transplanted organs
    - A transplant complication code is only assigned if the complication affects the function of the transplanted organ. Two codes are required to fully describe a transplant complication:
      - Appropriate code from category T86
      - Secondary code that identifies the complication
    - Pre-existing conditions or conditions that develop after the transplant are not coded as complications unless they affect the function of the transplanted organs

Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Complications of Care (cont'd)
  - Kidney transplant complications
    - Clients who have undergone kidney transplant may still have some form of chronic kidney disease (CKD) because the kidney transplant may not fully restore kidney function
      - Code T86.1- should be assigned for documented complications of a kidney transplant, such as transplant failure or rejection or other transplant complication
      - Code T86.1- should <u>not</u> be assigned for post kidney transplant patients who have CKD unless a transplant complication such as transplant failure or rejection is documented
      - If the documentation is unclear as to whether the patient has a complication of the transplant, query the provider
    - For conditions that affect the function of the transplanted kidney, other than CKD
      - Assign a code from subcategory, **T86.1, Complications of transplanted organ, Kidney**
      - Assign a secondary code that identifies the complication

Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Complications of Care (cont'd)
  - Complication codes that include the external cause
    - Some of the complications of care codes have the external cause included in the code
      - The code includes the nature of the complication as well as the type of procedure that caused the complication

T82.6 Infection and inflammatory reaction due to cardiac valve prosthesis

Use additional code to identify infection

- No external cause code indicating the type of procedure is necessary for these codes

  - Complications of care codes within the body system chapters
    - Intraoperative and post-procedural complication codes are found within the body system chapters with codes specific to the organs and structures of that body system
      - These codes should be sequenced first
      - Additional code(s) for the specific complication should be coded, if applicable

Chapter 20
External Causes of Morbidity
Instructional Notes

- This chapter permits the classification of environmental events and circumstances as the cause of injury, and other adverse effects
  - Where a code from this section is applicable, it is intended that it shall be used secondary to a code from another ICD-10-CM Chapter where the nature of the condition is indicated
  - Most often, the condition will be classifiable to **Chapter 19, Injury, poisoning and certain other consequences of external causes (S00-T88)**
  - Other conditions that may be stated to be due to external causes are classified in Chapters 1-18
    - For these conditions, codes from Chapter 20 should be used to provide additional information as to the cause of the condition
- There is no national requirement for reporting external cause codes

Chapter 20
External Causes of Morbidity
Content

- **Code Range V00-Y99**

  Chapter 20 contains the following block – 1st characters are V, W, X, Y

V00-X58	Accidents	V70-V79	Bus occupant injured in transport accident
V00-V99	Transport accidents	V80-V89	Other land transport accidents
V00-V09	Pedestrian injured in transport accident	V90-V94	Water transport accidents
V10-V19	Pedal cycle rider injured in transport accident	V95-V97	Air and space transport accidents
V20-V29	Motorcycle rider injured in transport accident	V98-V99	Other and unspecified transport accidents
V30-V39	Occupant of three-wheeled motor vehicle injured in transport accident	W00-X58	Other external causes of accidental injury
V40-V49	Car occupant injured in transport accident	W00-W19	Slipping, tripping, stumbling and falls
V50-V59	Occupant of pick-up truck or van injured in transport accident	W20-W49	Exposure to inanimate mechanical forces
V60-V69	Occupant of heavy transport vehicle injured in transport accident	W50-W64	Exposure to animate mechanical forces

Chapter 20
External Causes of Morbidity
Content

Chapter 20 contains the following block (cont'd) – 1st characters are V, W, X, Y

W65-W74	Accidental non-transport drowning and submersion	Y21-Y33	Event of undetermined intent
W85-W99	Exposure to electric current, radiation and extreme ambient air temperature and pressure	Y35-Y38	Legal intervention, operations of war, military operations, and terrorism
X00-X08	Exposure to smoke, fire and flames	Y62-Y84	Complications of medical and surgical care
X10-X19	Contact with heat and hot substances	Y62-Y69	Misadventures to patients during surgical and medical care
X30-X39	Exposure to forces of nature	Y70-Y82	Medical devices associated with adverse incidents in diagnostic and therapeutic use
X52-X58	Accidental exposure to other specified factors	Y83-Y84	Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
X71-X83	Intentional self-harm	Y90-Y99	Supplementary factors related to causes of morbidity classified elsewhere
X92-Y08	Assault		

Chapter 20
External Causes of Morbidity
Coding Guidelines

- General External Cause Coding Guidelines
  - Used with any code in the range of A00.0-T88.9, Z00-Z99 that is a health condition due to an external cause
    - Though they are most applicable to injuries, they are also valid for use with such things as infections or diseases due to an external source, and other health conditions, such as a heart attack that occurs during strenuous physical activity
  - External cause code used for length of treatment
    - Assign the external cause code, with the appropriate 7th character (initial encounter, subsequent encounter or sequela) for each encounter for which the injury or condition is being treated
  - Use the full range of external cause codes
    - Completely describe the cause, the intent, the place of occurrence, and if applicable, the activity of the patient at the time of the event, and the patient's status, for all injuries, and other health conditions due to an external cause

Chapter 20
External Causes of Morbidity
Coding Guidelines

- General External Cause Coding Guidelines (cont'd)
  - Assign as many external cause codes as necessary to fully explain each cause
  - Selection of appropriate external cause code(s) is guided by the Alphabetic Index of External Causes and by Inclusion and Exclusion notes in the Tabular List
  - An external cause code can never be a first-listed diagnosis
  - Certain external cause codes are combination codes that identify sequential events that result in an injury
    - Example: A fall which results in striking against an object
    - The injury may be due to either event or both
    - The combination external cause code used should correspond to the sequence of events regardless of which caused the most serious injury
  - External cause codes are not needed if the external cause and intent are included in a code from another chapter
    - Example: **T36.0X1- Poisoning by penicillins, accidental (unintentional)**

Chapter 20
External Causes of Morbidity
Coding Guidelines

- Place of Occurrence Guideline
  - Codes from category **Y92, Place of occurrence of the external cause**, are secondary codes for use after other external cause codes to identify the location of the patient at the time of injury or other condition
  - A place of occurrence code is used only once, at the initial encounter for treatment
  - No 7th characters are used for Y92
  - Only one code from Y92 should be recorded on a medical record
  - Do not use place of occurrence code **Y92.9, Unspecified place or not applicable**, if the place is not stated or is not applicable
  - A place of occurrence code should be used in conjunction with an activity code, Y93
    - Example: **Y93.01 Activity, walking, marching and hiking**

Chapter 20
External Causes of Morbidity
Coding Guidelines

- Activity Code
  - Assign a code from category Y93, Activity code, to describe the activity of the patient at the time the injury or other health condition occurred
  - An activity code is used only once, at the initial encounter for treatment
  - Only one code from Y93 should be recorded on a medical record
  - An activity code should be used in conjunction with a place of occurrence code, Y92
  - The activity codes are not applicable to poisonings, adverse effects, misadventures or **sequela**
  - Do not assign **Y93.9, Unspecified activity**, if the activity is not stated
  - A code from category Y93 is appropriate for use with external cause and intent codes if identifying the activity provides additional information about the event

Chapter 20
External Causes of Morbidity
Coding Guidelines

- Place of Occurrence, Activity, and Status Codes Used with other External Cause Code
  - When applicable, place of occurrence, activity, and external cause status codes are sequenced after the main external cause code(s)
  - Regardless of the number of external cause codes assigned, there should be only one place of occurrence code, one activity code, and one external cause status code assigned to an encounter
- If the Reporting Format Limits the Number of External Cause Codes
  - Report the code for the cause/intent most related to the reason for the encounter
  - If the format permits capture of some additional external cause codes, the cause/intent, including medical misadventures, of the additional events should be reported rather than the codes for place, activity, or external status

Chapter 20
External Causes of Morbidity
Coding Guidelines

- Initial encounters generally require four secondary codes from Chapter 20
  - External cause codes – utilize 7th character extension
    - Initial encounter (A)
    - Subsequent encounter (D)
    - Sequelae (S)
      - Example: **X11.xxxA, Contact with hot tap water**
  - Place of Occurrence – initial encounter only
    - Example: **Y92.130, Kitchen on military base as the place of occurrence of the external cause**
  - Activity Code – initial encounter only
    - Example: **Y93.G1, Activity, food preparation and clean up**
  - External Cause Status – initial encounter only
    - Example: **Y99.1, Military activity**

Chapter 20
External Causes of Morbidity
Coding Guidelines

- Multiple External Cause Coding Guidelines
  - More than one external cause code is required to fully describe the external cause of an illness **or** injury
  - The assignment of external cause codes should be sequenced in the following priority:
    - If two or more events cause separate injuries, an external cause code should be assigned for each cause
    - The first-listed external cause code will be selected in the following order:
      - External codes for child and adult abuse take priority over all other external causes
      - External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse
      - External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse and terrorism
      - External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, child and adult abuse and terrorism
      - Activity and external cause status codes are assigned following all causal (intent) external cause codes
      - The first-listed external cause code should correspond to the cause of the most serious diagnosis due to an assault, accident, or self-harm, following the order of hierarchy listed above

Chapter 20
External Causes of Morbidity
Coding Guidelines

- Child and Adult Abuse Guideline
  - Adult and child abuse, neglect and maltreatment are classified as assault
    - Any of the assault codes may be used to indicate the external cause of any injury resulting from the confirmed abuse
  - For confirmed cases of abuse, neglect and maltreatment, when the perpetrator is known, a code from **Y07, Perpetrator of maltreatment and neglect**, should accompany any other assault codes
- Unknown or Undetermined Intent Guideline
  - If the intent (accident, self-harm, assault) of the cause of an injury or other condition is unknown or unspecified, code the intent as accidental intent
    - All transport accident categories assume accidental intent
  - External cause codes for events of undetermined intent are only for use if the documentation in the record specifies that the intent cannot be determined

Chapter 20
External Causes of Morbidity
Coding Guidelines

- *Sequelae* (Late Effects) of External Cause Guidelines
  - *Sequelae* external cause codes are reported using the external cause code with the 7th character "S" for sequela
    - These codes should be used with any report of a late effect or sequela resulting from a previous injury
  - A sequela external cause code should never be used with a related current nature of injury code
  - Use a late effect external cause code for subsequent visits when a late effect of the initial injury is being treated
    - Do not use a late effect external cause code for subsequent visits for follow-up care (e.g., to assess healing, to receive rehabilitative therapy) of the injury when no late effect of the injury has been documented

Chapter 20
External Causes of Morbidity
Coding Guidelines

- Terrorism Guidelines
  - When the cause of an injury is identified by the Federal Government (FBI) as terrorism, the first-listed external cause code should be a code from category Y38, Terrorism
    - The definition of terrorism employed by the FBI is found at the inclusion note at the beginning of category Y38
    - Use additional code for place of occurrence (Y92.-)
    - More than one Y38 code may be assigned if the injury is the result of more than one mechanism of terrorism
  - When the cause of an injury is suspected to be the result of terrorism a code from category Y38 should not be assigned
    - Suspected cases should be classified as assault
  - Assign code **Y38.9, Terrorism, secondary effects**, for conditions occurring subsequent to the terrorist event (i.e, not due to the initial terrorist act)
  - It is acceptable to assign code Y38.9 with another code from Y38 if there is an injury due to the initial terrorist event and an injury that is a subsequent result of the terrorist event

Chapter 20
External Causes of Morbidity
Coding Guidelines

- **Y99 External cause status**
  - A code from Y99 should be assigned whenever any other external cause code is assigned for an encounter, including an Activity code, unless otherwise noted below
  - Assign a code from Y99 to indicate the work status of the person at the time the event occurred
    - The status code indicates whether the event occurred during military activity, whether a non-military person was at work, whether an individual including a student or volunteer was involved in a non-work activity at the time of the causal event
  - A code from Y99 should be assigned, when applicable, with other external cause codes, such as transport accidents and falls
  - Y99 codes are not applicable to poisonings, adverse effects, misadventures or late effects
  - Do not assign a Y99 code if no other external cause codes (cause, activity) are applicable for the encounter
  - A Y99 code is used only once, at the initial encounter for treatment
  - Do not assign code **Y99.9, Unspecified external cause status**, if the status is not stated.

Primary Care/Chronic Disease Unit 4 – Review Questions

True/False

1. Codes for signs and symptoms are not reported in addition to a related definitive diagnosis
2. When coding injuries, assign separate codes for each injury unless a combination code is provided
3. For adverse effects due to drugs or chemicals, always use the Table of Drugs and Chemicals
4. Codes from Chapter 20 are used only with injury codes

Primary Care/Chronic Disease Unit 4 Coding Exercise

Use the Coding Steps to Code the following scenarios/diagnoses

#	Primary Care Scenario/Diagnosis
1	**Primary Care:** 4 year old male is brought in by his mother. She states he fell out of a swing at the park and complained of his ankle hurting. Some swelling of the right ankle is noted but no signs of fracture. Diagnosis: Sprained right ankle
2	**Primary Care:** 25 year old female complains of persistent, stubborn headache. The client reports she has been taking more than the recommended dose of Tylenol since her surgery 2 months ago. Client was on post-op opiates for one week following the surgery but when the opiates were discontinued, she has continued to experience pain so she has been taking additional doses of Tylenol. The clinician documents that the client has drug-induced, intractable headache due to Tylenol overuse with chronic post-op pain.
3	**Primary Care:** Chalazion, right lower and upper eyelid
4	**Primary Care:** 4 year old female is experiencing acute pain in both ears. This child has been seen on several occasions for serous otitis media, right ear. Both parents are heavy cigarette smokers. Diagnosis: Acute serous otitis media, left year; Total perforated tympanic membrane due to chronic serous otitis media, right ear.
5	**Primary Care:** A 70 year old female patient is seen in the adult health clinic and has an elevated blood pressure, swelling in both lower extremities and severe headache with light sensitivity. Clinic phones EMS to transport patient to the Emergency Department.
6	**Primary Care:** Pregnant female is seen for cough, fever, body aches, sinus pressure. Diagnosis: Upper respiratory infection due to novel influenza A virus and acute frontal sinusitis.

Primary Care/Chronic Disease Unit 4 Coding Exercise

Use the Coding Steps to Code the following scenarios/diagnoses

#	Primary Care Scenario/Diagnosis
7	**Primary Care:** Home Health client with carcinoma of descending colon has extensive cellulitis of the abdominal wall and existing colostomy site is infected. The organism is confirmed as MRSA.
8	**Primary Care:** 6 year old female diagnosed with Erythema multiforme minor due to azithromycin prescribed for recurrent acute suppurative otitis media, both ears. Client has approximately 9 percent body surface exfoliation, primarily on her arms and legs.
9	**Primary Care:** 75 year old female with senile osteoporosis is seen for severe back pain with no history of trauma. X-ray confirms compression fracture of 4th lumbar vertebra. The client is on Lisonopril for hypertension and Heparin for atrial fibrillation. Client was given a back brace for support and prescriptions for Calcitonin, Lisonopril, Heparin.
10	**Primary Care:** 54 year old male with bleeding, pain and swelling in the anal area. He reports having frequent constipation. Diagnosis: External hemorrhoids, chronic constipation
11	**Primary Care:** 22 year old female has had a fever as high as 102.5 degrees Fahrenheit with chills and body aches for 3 days. She reports no nausea, vomiting or cough. Lab tests including a CBC and urinalysis were performed with normal results. The physician documented: Fever of undetermined origin with chills, possible viral syndrome.

Primary Care/Chronic Disease Unit 4 Coding Exercise

Use the Coding Steps to Code the following scenarios/diagnoses

#	Primary Care Scenario/Diagnosis
12	**Primary Care:** 28 year old female reports walking her dog on the beach barefooted and stepped on a sharp metal object. There is a 2cm laceration of the left heel with some type of metal lodged in the heel. Metal was removed and wound cleaned and dressed. Tetanus shot given.
13	**Primary Care:** A 9-month old girl is seen in the health department. The mother reports the child has been crying inconsolably and tugging at her right ear. On exam, the tympanic membrane of the right ear is noted to be red and inflamed with suppuration behind the tympanic membrane. She has a history of otitis media. Dx: Otitis Media
14	**Primary Care:** A 45-year old man is seen at the health department with a temperature of 102. Blood cultures returned positive. The physician documentation included the patient had pneumonia due to staphylococcal aureus and acute renal failure. The physician also documented the patient had tachycardia and hypotension. EMS was called and the patient was sent to the hospital.
15	**Primary Care:** A 51-year old male walks into the clinic complaining of chest pain. The physician examines the client and documents a diagnosis of acute coronary insufficiency with a possible impending myocardial infarction. The patient is sent to the hospital emergency room for further evaluation.

Primary Care/Chronic Disease Unit 4 Coding Exercise

Use the Coding Steps to Code the following scenarios/diagnoses

#	Chronic Disease Scenario/Diagnosis
1	**Chronic Disease:** 62 year old female was seen last week for annual examination. Blood work is consistent with Hypercholesterolemia. She returns today for follow-up and is given a prescription for Pravastatin. Since she is a Type 2 diabetic on insulin, her blood sugar is checked and is 140. She is obese at 240 pounds with a BMI of 41. Dietary counselling was provided.
2	**Chronic Disease:** 43 year old female with secondary diabetes mellitus due to acute idiopathic pancreatitis. She has been on insulin for 3 years and today her blood sugar is 300.
3	**Chronic Disease:** 57 year old male has Hypertension with Stage 4 chronic kidney disease. He walked into clinic reporting blood in urine and severe lower abdominal pain. Urine was positive for heavy blood and abdomen is distended. EMS was called.
4	**Chronic Disease/Primary Care:** 45 year old female with Arteriosclerosis of bilateral lower extremities with rest pain. She was dependent on cigarettes for 20+ years but in remission for 6 months.
5	**Chronic Disease:** Sickle cell arthropathy of the left knee in Hb-C disease
6	**Chronic Disease:** A 69-year old female with chronic asthma presents with difficulty breathing. The physician documents that she has acute respiratory failure due to acute exacerbation of extrinsic asthma. She reports that she smokes cigarettes. She is sent to the hospital via EMS.

Specialized ICD-10-CM Coding Training

Primary Care and Chronic Disease Course

For Local Health Departments and Rural Health

Unit 5

North Carolina Public Health

Primary Care/Chronic Disease Unit 4 – Review Questions

True/False

1. Codes for signs and symptoms are not reported in addition to a related definitive diagnosis

   Answer: False (Codes for signs and symptoms may be reported in addition to a related definitive diagnosis – When the sign or symptom is not routinely associated with that diagnosis, such as the various signs and symptoms associated with complex syndromes; The definitive diagnosis code should be sequenced before the symptom code)

2. When coding injuries, assign separate codes for each injury unless a combination code is provided

   Answer: True

3. For adverse effects due to drugs or chemicals, always use the Table of Drugs and Chemicals

   Answer: False (Alphabetic Index will guide you)

4. Codes from Chapter 20 are used only with injury codes

   Answer: False (Though they are most applicable to injuries, they are also valid for use with such things as infections or diseases due to an external source, and other health conditions, such as a heart attack that occurs during strenuous physical activity)

Primary Care/Chronic Disease Unit 4 Coding Exercise

Use the Coding Steps to Code the following scenarios/diagnoses

#	Primary Care Scenario/Diagnosis
1	**Primary Care:** 4 year old male is brought in by his mother. She states he fell out of a swing at the park and complained of his ankle hurting. Some swelling of the right ankle is noted but no signs of fracture. Diagnosis: Sprained right ankle **S93.401** Sprain of unspecified ligament of right ankle; **W09.1xxA** Fall from playground swing; **Y92.830** Public park as the place of occurrence of the external cause
2	**Primary Care:** 25 year old female complains of persistent, stubborn headache. The client reports she has been taking more than the recommended dose of Tylenol since her surgery 2 months ago. Client was on post-op opiates for one week following the surgery but when the opiates were discontinued, she has continued to experience pain so she has been taking additional doses of Tylenol. The clinician documents that the client has drug-induced, intractable headache due to Tylenol overuse with chronic post-op pain. **T39.1x5A** Adverse effect of 4-Aminophenol derivatives, initial encounter; **G44.40** Drug-induced headache, NEC, intractable; **G89.28** Other chronic postprocedural pain (Look at the instructional note at subcategory G44.4 - code first code from T36-T50 to identify the drug. Since there is not a specific post-op complication, G89.28 is used)
3	**Primary Care:** Chalazion, right lower and upper eyelid **H00.11** (Chalazion, right upper eyelid) and **H00.12** (Chalazion, right lower eyelid)

Primary Care/Chronic Disease Unit 4 Coding Exercise

Use the Coding Steps to Code the following scenarios/diagnoses

#	Primary Care Scenario/Diagnosis
4	**Primary Care:** 4 year old female is experiencing acute pain in both ears. This child has been seen on several occasions for serous otitis media, right ear. Both parents are heavy cigarette smokers. Diagnosis: Acute serous otitis media, left year; Total perforated tympanic membrane due to chronic serous otitis media, right ear. **H65.02** – Acute serous otitis media, left ear; **H65.21** – chronic serous otitis media, right ear; H72.821 – Total perforation of tympanic membrane, right year; **Z77.22** – Contact with and exposure to environmental tobacco smoke
5	**Primary Care:** A 70 year old female patient is seen in the adult health clinic and has an elevated blood pressure, swelling in both lower extremities and severe headache with light sensitivity. Clinic phones EMS to transport patient to the Emergency Department. **R03.0** Elevated blood-pressure reading, without diagnosis of hypertension; **M79.89** Soft tissue disorder, unspecified (Could provide more specific dx if 'lower extremities' was more specific (e.g., leg, ankle, foot); **R51** Headache
6	**Primary Care:** Pregnant female is seen for cough, fever, body aches, sinus pressure. Diagnosis: Upper respiratory infection due to novel influenza A virus and acute frontal sinusitis. **J09.x2** – Influenza due to identified novel influenza A virus with other respiratory manifestations; **J01.10** – Acute frontal sinusitis, unspecified; **Z33.1** – Pregnant state (Do not use a code from Chapter 15 since there is no documentation that the virus is complicating the pregnancy)

Primary Care/Chronic Disease Unit 4 Coding Exercise

Use the Coding Steps to Code the following scenarios/diagnoses

#	Primary Care Scenario/Diagnosis
7	**Primary Care:** Home Health client with carcinoma of descending colon has extensive cellulitis of the abdominal wall and existing colostomy site is infected. The organism is confirmed as MRSA. **K94.02** – Infection, colostomy; **L03.311** – Cellulitis, abdominal wall; **C18.6** – Neoplasm, intestine, large, colon, descending, malignant, primary; **B95.62** – Infection, as cause of disease classified elsewhere, aureus, methicillin resistant
8	**Primary Care:** 6 year old female diagnosed with Erythema multiforme minor due to azithromycin prescribed for recurrent acute suppurative otitis media, both ears. Client has approximately 9 percent body surface exfoliation, primarily on her arms and legs. **L51.9** – Erythema multiforme, unspec (Use Additional Code Note: to identify percentage of skin exfoliation L49.-); **L49.0** -Exfoliation due to erythematous condition involving less than10% body surface; **T36.3x5A** – Adverse effect of macrolides, initial encounter (For adverse effects, code first note: code first the nature of the adverse effect); **H66.003** -Acute suppurative otitis media, without spontaneous rupture of eardrum, bilateral
9	**Primary Care:** 75 year old female with senile osteoporosis is seen for severe back pain with no history of trauma. X-ray confirms compression fracture of 4th lumbar vertebra. The client is on Lisonopril for hypertension and Heparin for atrial fibrillation. Client was given a back brace for support and prescriptions for Calcitonin, Lisonopril, Heparin. **M80.08xA** –pathologic fracture due to osteoporosis (External cause code not needed since no history of trauma); **I10** – Hypertension; **I48.0** – Atrial fibrillation (established); **Z79.01** – Long term (current) drug therapy (use of) anticoagulants

Primary Care/Chronic Disease Unit 4 Coding Exercise

Use the Coding Steps to Code the following scenarios/diagnoses

#	Primary Care Scenario/Diagnosis
10	**Primary Care:** 54 year old male with bleeding, pain and swelling in the anal area. He reports having frequent constipation. Diagnosis: External hemorrhoids, chronic constipation **K64.4** – Hemorrhoids, external; **K59.09** – Other constipation
11	**Primary Care:** 22 year old female has had a fever as high as 102.5 degrees Fahrenheit with chills and body aches for 3 days. She reports no nausea, vomiting or cough. Lab tests including a CBC and urinalysis were performed with normal results. The physician documented: Fever of undetermined origin with chills, possible viral syndrome. **R50.9** – Fever (of unknown origin) (with chills) – From Coding Guidelines for Outpatient: Do not code diagnoses documented as "probable", "suspected," "questionable," "rule out," or "working diagnosis" or other similar terms indicating uncertainty. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reason for the visit
12	**Primary Care:** 28 year old female reports walking her dog on the beach barefooted and stepped on a sharp metal object. There is a 2cm laceration of the left heel with some type of metal lodged in the heel. Metal was removed and wound cleaned and dressed. Tetanus shot given. **S91.322A** Laceration with foreign body, left foot, initial encounter (Index identifies both the laterality and the presence or absence of the foreign body with the laceration code. The seventh character extension of "A" is used to indicate the initial encounter.); **W22.8xxA** Striking against or struck by other objects, initial encounter (In Index, look at "Stepping on – object"); **Y93.K1** Activity, walking an animal; **Y92.838** Beach as the place of occurrence of the external cause (Reported for initial encounter only)

Primary Care/Chronic Disease Unit 4 Coding Exercise

Use the Coding Steps to Code the following scenarios/diagnoses

#	Primary Care Scenario/Diagnosis
13	**Primary Care:** A 9-month old girl is seen in the health department. The mother reports the child has been crying inconsolably and tugging at her right ear. On exam, the tympanic membrane of the right ear is noted to be red and inflamed with suppuration behind the tympanic membrane. She has a history of otitis media. Dx: Otitis Media **H66.91** Otitis media, unspecified, right ear (Documentation substantiates specifying right ear but clinicians should always specify laterality in their dx. Need more documentation in order to code to higher level of specificity such as chronic or acute, suppurative, with or without rupture of ear drum)
14	**Primary Care:** A 45-year old man is seen at the health department with a temperature of 102. Blood cultures returned positive. The physician documentation included the patient had pneumonia due to staphylococcal aureus and acute renal failure. The physician also documented the patient had tachycardia and hypotension. EMS was called and the patient was sent to the hospital. **J15.211** Pneumonia due to Methicillin susceptible Staphylococcus aureus (Includes: Pneumonia due to Staphylococcus aureus NOS); **N17.9** Acute kidney failure, unspecified; **R00.0** Tachycardia, unspecified; **I95.9** Hypotension, unspecified
15	**Primary Care:** A 51-year old male walks into the clinic complaining of chest pain. The physician examines the client and documents a diagnosis of acute coronary insufficiency with a possible impending myocardial infarction. The patient is sent to the hospital emergency room for further evaluation. **I24.8** Other forms of acute ischemic heart disease ("Possible" dx are not coded)

Primary Care/Chronic Disease Unit 4 Coding Exercise

Use the Coding Steps to Code the following scenarios/diagnoses

#	Chronic Disease Scenario/Diagnosis
1	**Chronic Disease:** 62 year old female was seen last week for annual examination. Blood work is consistent with Hypercholesterolemia. She returns today for follow-up and is given a prescription for Pravastatin. Since she is a Type 2 diabetic on insulin, her blood sugar is checked and is 140. She is obese at 240 pounds with a BMI of 41. Dietary counselling was provided. **E78.0** Pure Hypercholesterolemia; **E11.65** Type 2 Diabetes mellitus with hyperglycemia; **E66.9** Obesity, unspecified; **Z68.41** – BMI 40.0-44.9, adult; **Z71.3** Dietary Counselling (Follow up codes are used when treatment for a disease, condition or injury is complete and it may be used to explain multiple visits. Since treatment is not complete, would not code the follow-up)
2	**Chronic Disease:** 43 year old female with secondary diabetes mellitus due to acute idiopathic pancreatitis. She has been on insulin for 3 years and today her blood sugar is 300. **K85.0** – Pancreatitis (in tabular, says to code first underlying condition); **E08.65** – DM due to underlying condition with hyperglycemia; **Z79.4** long term insulin use
3	**Chronic Disease:** 57 year old male has Hypertension with Stage 4 chronic kidney disease. He walked into clinic reporting blood in urine and severe lower abdominal pain. Urine was positive for heavy blood and abdomen is distended. EMS was called. **I12.9** – Hypertensive chronic kidney disease with stage 1 – 4 CKD, or unspec CKD (There is a Use additional code note to code the stage of the CKD); **N18.4** – Chronic kidney disease, stage 4; **R31.9** Hematuria; **R14.0** Abdominal distension

Primary Care/Chronic Disease Unit 4 Coding Exercise

Use the Coding Steps to Code the following scenarios/diagnoses

#	Chronic Disease Scenario/Diagnosis
4	**Chronic Disease/Primary Care:** 45 year old female with Arteriosclerosis of bilateral lower extremities with rest pain. She was dependent on cigarettes for 20+ years but in remission for 6 months. **I70.223** Atherosclerosis of native arteries of extremities with rest pain, bilateral legs; **F17.211** Nicotine dependence, cigarettes, in remission (if clinician had not stated 'in remission', would use Z87.891 Personal history of nicotine dependence)
5	**Chronic Disease:** Sickle cell arthropathy of the left knee in Hb-C disease **D57.20** – Sickle cell/Hb-C disease without crisis; **M14.862** – Arthropathies in other specified diseases classified elsewhere, left knee (Instructional note at M14.8 states to code first the underlying disease so Sickle cell is first listed)
6	**Chronic Disease:** A 69-year old female with chronic asthma presents with difficulty breathing. The physician documents that she has acute respiratory failure due to acute exacerbation of extrinsic asthma. She reports that she smokes cigarettes. She is sent to the hospital via EMS. **J96.00** Acute respiratory failure, unspecified whether with hypoxia or hypercapnia; **J45.901** Unspecified asthma with (acute) exacerbation; **Z72.0** Tobacco use

Primary Care/Chronic Disease Unit 1 – Review Questions

True/False

1. A follow-up code may be used to explain multiple visits

   Answer: True

2. BMI codes can be primary or additional

   Answer: False (The BMI codes should only be reported as additional diagnoses and there will be code notes when BMI should be an additional code. The coding guidelines state the associated diagnosis (such as overweight, obesity, underweight) must be documented by the patient's provider and BMI codes should only be assigned when they meet the definition of a reportable additional diagnosis)

3. If you are seeing a client for a confirmed or suspected condition or for a specific treatment, then codes under "Examination" should not be used

   Answer: True

4. If a client comes in for a routine examination and a condition is discovered, the condition will be the primary diagnosis

   Answer: False (If a client comes in for a routine examination and a condition is discovered, the condition will be an additional diagnosis)

Primary Care/Chronic Disease Unit 1 – Review Questions

True/False

5. If a client complains of frequent urination, increased thirst and hunger, and shakiness, and the clinician checks the client's blood sugar, this will be coded as a screening

Answer: False (Screening codes are to be used when a client does not have symptoms related to the screening – for example, screening for diabetes since the client has a strong family history for diabetes. Testing of a person to rule out or confirm a suspected diagnosis because the person has some sign or symptom is a **diagnostic examination**, not a screening. In these cases, the **sign or symptom** is used to explain the reason for the test.)

Primary Care/Chronic Disease Unit 1 Coding Exercise

- **Scenario 1:** *A 43 year old male is seen for adult health physical and fasting labs. Examination is normal.*

  Z00.00 Encounter for general adult medical examination without abnormal findings

- **Scenario 2:** *79 year old man is receiving home health for his coronary artery disease and a cardiac pacemaker inserted during his hospitalization last week. He requires wound checks and dressing changes ongoing. He has history of MI 5 years ago and smokes ½ pack cigarettes daily.*

  Z48.812 – aftercare following surgery, circulatory system; **Z48.01** – Aftercare following surgery, attention to dressings, surgical; **I25.10** – Atherosclerosis, coronary artery; **Z95.0** Status post cardiac pacemaker; **I25.2** (History, personal, myocardial infarction); **Z72.0** Tobacco use (if you look up Smoker, refers you to Dependence, drug, nicotine; however, when you look up in the tabular, there is Excludes1 note for Tobacco Use. Since clinician did not document tobacco dependence, cannot code this)

Primary Care/Chronic Disease Unit 2 – Review Questions

True/False

1. Neoplasms are classified primarily by site

   Answer: True

2. Only one Diabetes Mellitus code can be assigned for each encounter

   Answer: False (As many codes within a particular category as are necessary to describe all of the complications of the disease may be used; They should be sequenced based on the reason for a particular encounter; Assign as many codes from categories E08 – E13 as needed to identify all of the associated conditions that a client has)

3. Type 2 Diabetes Mellitus is the default if Type is not documented

   Answer: True

4. Code Z79.4, Long-term (current) use of insulin, is always used for all 5 categories of Diabetes Mellitus

   Answer: False (Do not use for Type 1 Diabetes since use is implied by type; for other 4 categories, only use if client uses insulin long-term)

Primary Care/Chronic Disease Unit 2 – Review Questions
True/False

5. If Obesity is coded, the BMI must always be coded as well

Answer: True or False (Either answer is correct. Use additional code, if known.
BEST PRACTICE: BMI should be documented and coded)

Primary Care/Chronic Disease Unit 2 Coding Exercise

- **Scenario 1:** *45 year old male diagnosed with small cell carcinoma of left upper lobe of lung with metastasis to the intrathoracic lymph nodes and left rib. Seen today because of severe anemia. Client continues to smoke cigarettes~1 pack/day.*

  C34.12 Neoplasm, lung, upper lobe, malignant primary; **C77.1** – Neoplasm, lymph, gland, intrathoracic, malignant secondary; **C79.51** – Neoplasm, rib, malignant secondary; **D63.0** Anemia in neoplastic disease; **F17.210** – nicotine dependence, cigarettes, uncomplicated.

- **Scenario 2:** *43 year old obese female with secondary diabetes mellitus due to acute idiopathic pancreatitis. She has been on insulin for 3 years and today her blood sugar is 300. Height – 5'4"; Weight – 190 lbs*

  K85.0 – Pancreatitis (in tabular, says to code first underlying condition); **E08.65** – DM due to underlying condition with hyperglycemia; **Z79.4** ~ long term insulin use; BMI = 33 – Code **Z68.33**

Primary Care/Chronic Disease Unit 3 – Review Questions

True/False

1. Most codes in Chapter 7, Diseases of the Eye and Adnexa, include anatomic site and/or laterality.

   Answer: True

2. A diagnosis of "Otitis Media" will surely be paid by Medicaid, no questions asked.

   Answer: False (At a minimum, must specify location (e.g., media, externa), type (e.g., supparative) and laterality (e.g., right, left, bilateral))

3. Hypertension is no longer classified by type such as benign, malignant or unspecified hypertension.

   Answer: True (Code I10 incorporates all of these types)

4. It is OK to code suspected avian influenza from Category J09.

   Answer: False (suspected cases need to be coded to J11)

Primary Care/Chronic Disease Unit 3 Coding Exercise

- **Code the following:**
  - *Chronic Back Pain*

    M54.9 and **G89.29**
  - *Ear Infection*

    Not enough information to code – need to know if interna, externa or media. Even if you assume Otitis Media, the only code you can use is H66.90, Otitis media, unspecified, unspecified ear. However, documentation will not support that diagnosis
- **Scenario 1:** *43 year old female reports being light-headed and has not felt well the past week. Blood pressure is 210/140 Client is dependent on cigarettes smoking 2 packs/day. She has a history of a MI 2 years ago. Diagnosis: Uncontrolled essential hypertension*

  I10 for the hypertension; **F17.210** – Nicotine dependence, cigarettes, uncomplicated; **I25.2** – Old MI

Primary Care/Chronic Disease Unit 3 Coding Exercise

- **Scenario 2:** *33 year old male states he has had a bad cough and diarrhea for two days. Dx: Intestinal flu; Acute URI*

  A08.4 – Intestinal flu; **J06.9** - Acute URI

- **Scenario 3:** *5 year old male diagnosed with Severe persistent asthma with acute exacerbation*

  J45.51 – Severe persistent asthma with (acute) exacerbation

Evaluation and Questions

Evaluation Forms are in the ICD-10- CM Specialized Coding Training Workbook and at:

http://publichealth.nc.gov/lhd/icd10/docs/training

Submit Evaluation Forms and Questions to:

Marty.Melvin@dhhs.nc.gov