Women's Health and BCCCP Course
For Local Health Departments and Rural Health

Unit 1

NCPH

North Carolina Public Health

Women's Health and BCCCP
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 Women's Health and BCCCP

- Demonstrate how to accurately assign ICD-10-CM codes using Women's Health and BCCCP scenarios

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

- **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 routine gynecological exam, Encounter for screening mammogram for malignant neoplasm of breast
    - 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: Acquired absence of right breast and nipple

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

- **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)

- **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

    - Includes Z01.4-, Encounter for gynecological examination

  – Z02 Encounter for administrative examination

    - Except: Z02.9, Encounter for administrative examinations, unspecified

  – Z32.0- Encounter for pregnancy test

- **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

    - **Z20.6 Contact with and (suspected) exposure to HIV**

  - Category Z77 indicates contact with and suspected exposures hazardous to health

    - **Z77.22 Contact with and (suspected) exposure to environmental tobacco smoke**

  - 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

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 **(Z90.722 , Acquired absence of ovaries, bilateral)**
  - Include such things as the presence of prosthetic or mechanical devices resulting from past treatment **(Z97.5, Presence of IUD)**
  - Are informative ~ the status may affect the course of treatment and its outcome **(Z98.51, Tubal Ligation status)**
  - Z68 Body mass index (BMI)

- **History (of) – Personal and Family**
  - Personal history codes explain a client's past medical condition that no longer exists and is not receiving any treatment
    - Has the potential for recurrence, and therefore may require continued monitoring
    - Personal history codes may be used in conjunction with **follow-up codes**
  - Family history codes are for use when a client has a family member(s) who has had a particular disease that causes the client to be at higher risk of also contracting the disease
    - Family history codes may be used in conjunction with **screening codes** to explain the need for a test or procedure
  - History codes are acceptable on any medical record regardless of the reason for visit
    - A history of an illness, even if no longer present, is important information that may alter the type of treatment ordered

- **Screening**

  – Testing for disease or disease precursors in <u>seemingly well</u> individuals so early detection and treatment can be provided for those who test positive for the disease

    - **Z12.31, Encounter for screening mammogram for malignant neoplasm of breast**
    - **Z12.4, Encounter for screening pap smear for malignant neoplasm of cervix**

  – 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

- **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
  - 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 <u>in addition</u> 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

- **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
        - » Follow up exam for breast cancer, treatment complete (Z08)
        - » History of breast cancer (Z85.3)
  - 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

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

- **Miscellaneous Z codes**
  - These codes capture a number of other health care encounters that do not fall into one of the other categories
    - May identify the reason for the encounter
    - May be used as additional codes to provide useful information on circumstances that may affect a patient's care and treatment
    - Example: Category Z53, Persons encountering health services for specific procedures and treatment, not carried out
      - Client comes in for a pap smear but the client is menstruating and the bleeding is too heavy
      - client comes in for IUD insertion and the cervix is stenosed

True/False

1. If a client comes in for a routine mammogram and a neoplasm is identified, the neoplasm is the only code needed

2. BMI codes should only be reported as additional diagnosis

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

4. If a client is seen because they found a lump during their self-breast exam and a mammogram is performed, this will be coded as a screening

5. Personal history codes are used for defining conditions that no longer exist and for which the client is not receiving treatment

- **Scenario 1:** *40 year old female seen for an annual gynecological physical exam and follow-up on her chronic gout with tophi. She has a cervical Pap smear and flu shot was administered. Mother passed away from ovarian cancer at age 44.*

- **Scenario 2:** *Health A 25-year-old female, is here for her annual well-woman exam. She and her husband are discussing beginning a family. She requests removal of her IUD.*

Women's Health and BCCCP Course

For Local Health Departments and Rural Health

Unit 2

North Carolina Public Health

1. If a client comes in for a routine mammogram and a neoplasm is identified, the neoplasm is the only code needed
2. BMI codes should only be reported as additional diagnosis
3. If a client comes in for a routine examination and a condition is discovered, the condition will be the primary diagnosis
4. If a client is seen because they found a lump during their self-breast exam and a mammogram is performed, this will be coded as a screening
5. Personal history codes are used for defining conditions that no longer exist and for which the client is not receiving treatment

- **Scenario 1:** *40 year old female seen for an annual gynecological physical exam and follow-up on her chronic gout with tophi. She has a cervical Pap smear and flu shot was administered. Mother passed away from ovarian cancer at age 44.*

- **Scenario 2:** *Health A 25-year-old female, is here for her annual well-woman exam. She and her husband are discussing beginning a family. She requests removal of her IUD.*

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)

- Primary malignant neoplasms overlapping site boundaries
  - A primary malignant neoplasm that overlaps two or more contiguous (next to each other) sites should be classified to the subcategory/code .8 ('overlapping lesion')unless the combination is specifically indexed elsewhere
    - **C50.811 Malignant neoplasm of overlapping sites of right female breast**
  - For multiple neoplasms of the same site that are **not** contiguous, codes for each site should be assigned
    - **C50.111 Malignant neoplasm of central portion of right female breast**
    - **C50.211 Malignant neoplasm of upper-inner quadrant of right female breast**
  - From Coding Guidelines: Clinician needs to specify if the multiple neoplasms are different primaries or metastatic disease (secondary)

- 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

- 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 <u>anemia</u> associated with a <u>malignancy</u>
    - 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

- 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

- 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

- 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 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

- **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

- 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

- **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

- 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)

- 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

- **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	

- **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

- **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

- **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 <u>site</u> of the pain

- **Pain - Category G89 (cont'd)**
  - Postoperative Pain
    - The default for post-thoracotomy and other postoperative pain not specified as acute or chronic is the code for the acute form
    - Routine or expected postoperative pain immediately after surgery should not be coded
    - Postoperative pain not associated with a specific postoperative complication is assigned to the appropriate postoperative pain code in category G89
    - Postoperative pain associated with a specific postoperative complication (such as painful wire sutures) is assigned to the appropriate code(s) found in Chapter 19, Injury, poisoning, and certain other consequences of external causes
      - If appropriate, use additional code(s) from category G89 to identify acute or chronic pain (G89.18 or G89.28)

- **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

1. For multiple neoplasms of the same site that are contiguous, codes for each site should be assigned

2. If a female client has an abnormal cervical pap smear, this will this be classified in Chapter 2

3. In ICD-9-CM, there was a single category for Diabetes but in ICD-10-CM, there are 5 categories

4. A client being seen for her annual exam has a documented diagnosis of Fibromyalgia. The client reports they are having pain related to the Fibromyalgia so a code from category G89, Pain not elsewhere classified, would be used

Women's Health/BCCCP Unit 2
Coding Exercises

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

- **Scenario 2:** *Female client with malignant neoplasm of central portion of the left breast with metastasis to upper-inner quadrant of the breast*

- **Scenario 3:** *38 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.*

Women's Health and BCCCP Course

For Local Health Departments and Rural Health

Unit 3

True/False

1. For multiple neoplasms of the same site that are contiguous, codes for each site should be assigned

   Answer: False (For multiple neoplasms of the same site that are **not** contiguous, codes for each site should be assigned, such as tumors in different quadrants of the same breast)

2. If a female client has an abnormal cervical pap smear, this will this be classified in Chapter 2

   Answer: False (This is a lab result, not a confirmed neoplasm)

3. In ICD-9-CM, there was a single category for Diabetes but in ICD-10-CM, there are 5 categories

   Answer: True (The five categories are:

   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)

4. A client being seen for her annual exam has a documented diagnosis of Fibromyalgia. The client reports they are having pain related to the Fibromyalgia so a code from category G89, Pain not elsewhere classified, would be used

Answer: False (If a client has Fibromyalgia, and the client reports they are having pain, if the pain is inherent to the diagnosis, then a code from category G89 would not be coded; unless the reason for the encounter was pain control or management)

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

  C50.521 The Neoplasm Table gave you a partial code (C50.5-) and you have to go to the Tabular to identify the correct code. C50.511 is for females and C50.522 is for males

- **Scenario 2:** *Female client with malignant neoplasm of central portion of the left breast with metastasis to upper-inner quadrant of the breast*
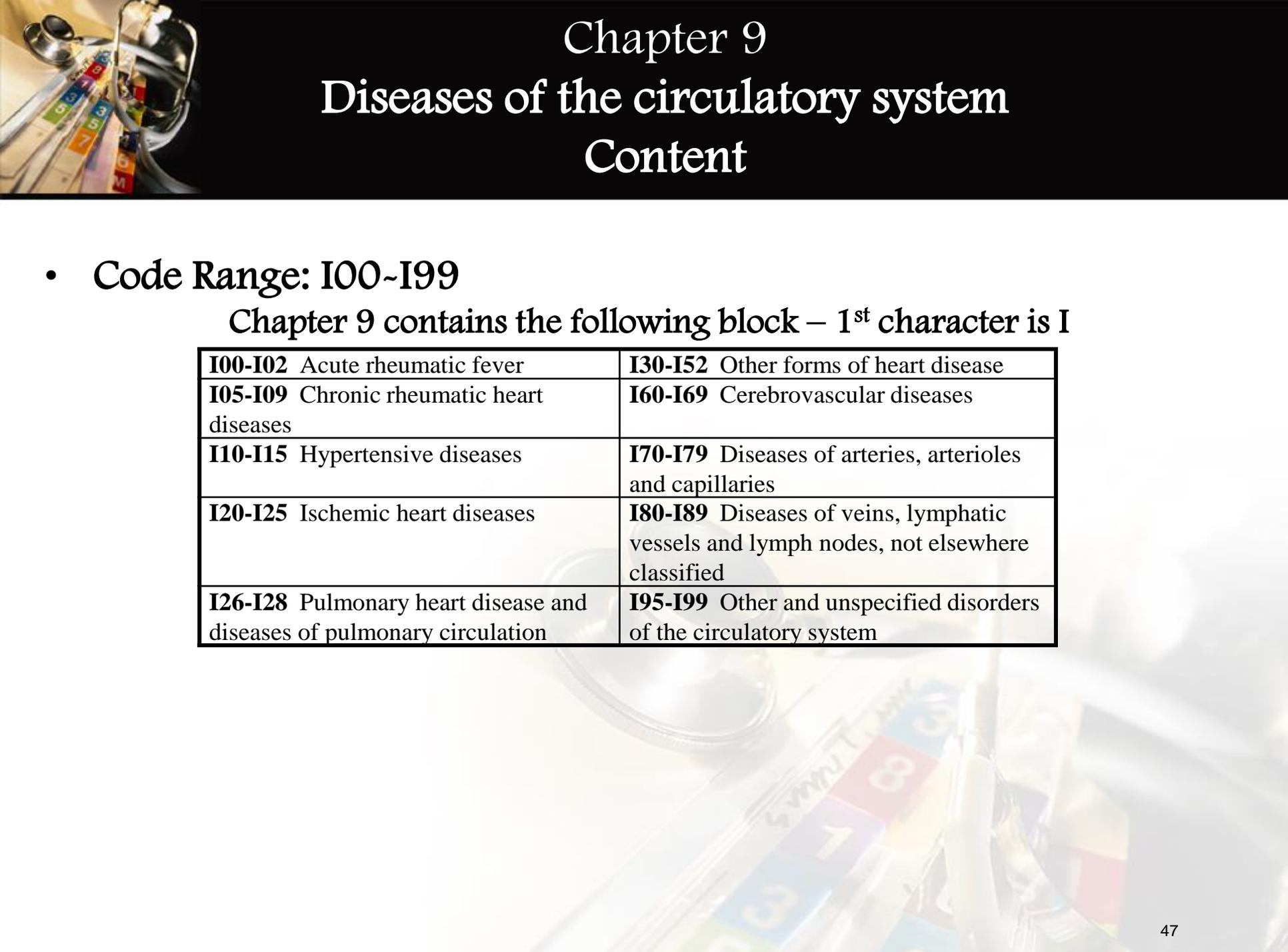
  C50.112 and C79.81 (Go to Table of Neoplasms and locate the code for Secondary malignant neoplasm of upper-inner quadrant breast, C79.81)

- **Scenario 3:** *38 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 Counseling (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)

- 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

- 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-)

- **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

- ## 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

- **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 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 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
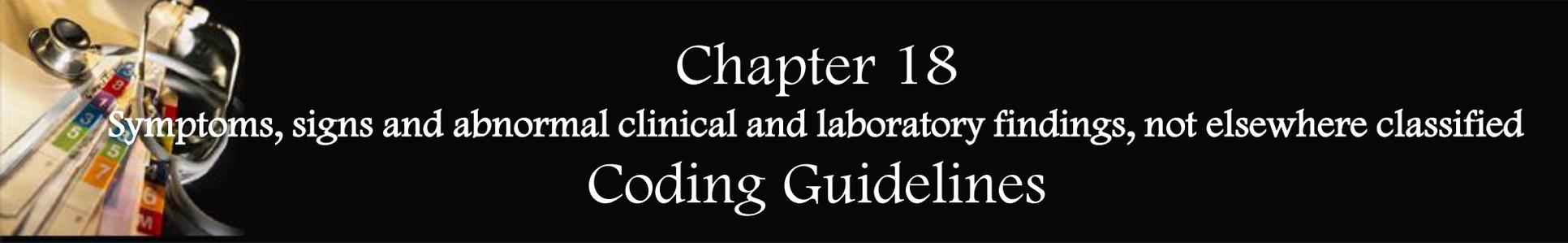
- Use of symptom codes

  - 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 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	

- **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 <u>correctly prescribed and properly administered</u>
      - 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)

- **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

- **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**:
    - <u>Errors</u> made in <u>drug prescription</u> or in the <u>administration of the drug</u> by provider, nurse, patient, or other person
    - <u>Overdose</u> of a drug <u>intentionally taken or administered</u> that results in drug <u>toxicity</u>
    - <u>Nonprescribed drug</u> or medicinal agent (e.g., NyQuil) taken in <u>combination</u> with <u>correctly prescribed and properly administered drug</u> - any <u>drug toxicity or other reaction</u> resulting from the interaction of the two drugs would be classified as a poisoning
    - Interaction of <u>drug(s) and alcohol causing a reaction</u> would be classified as a poisoning

- 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 <u>less of a medication</u> than is prescribed by a <u>provider</u> or a <u>manufacturer's instruction</u>
    - 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 <u>never be assigned as first-listed</u> codes
      - If a patient has a relapse or exacerbation of the medical condition for which the drug is prescribed <u>because of the reduction in dose</u>, 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

1. ICD-10-CM does not contain a code I10

2. 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

3. When a client has a reaction to a drug that is correctly prescribed and administered, in the Table of Drugs and Chemicals you would go to the column for Poisoning

4. A code from category M80, not a traumatic fracture code from Chap 19, should be used for any patient with known osteoporosis who suffers a fracture

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Women's Health Scenario/Diagnosis
1	**Women's Health:** Postmenopausal osteoporosis in an overweight 59 year old female with a history of healed osteoporotic fracture of the right ankle. BMI is 30.
2	**Women's Health:** A 50-year old female is diagnosed with endometrial carcinoma, primary site. She is referred to a Gynecologist for further evaluation and surgery.
3	**Women's Health:** 20 year old female seen for pelvic pain due to pelvic inflammatory disease. The source of the disease is a result of sexually transmitted Chlamydia.
4	**Women's Health:** 22 year old female complaining of painful urination and an urge to urinate frequently. Diagnosis: Acute suppurative cystitis, with hematuria due to E coli.
5	**Women's Health:** Tubo-ovarian endometriosis
6	**Women's Health**: 35 year old female complains of RUQ abdominal pain with several episodes of nausea and vomiting. Three BP readings during her visit were all elevated with highest being 155/95 but a diagnosis of hypertension is not made at this time. She reports being nervous and worries a lot about finances. Sonogram ordered.

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Women's Health Scenario/Diagnosis
7	**Women's Health**: Female patient presents with brown, vaginal discharge with moderate severity. The discharge is constant and has lasted for 1 week with no modifying factors. Associated symptoms consist of odor. Also, complaining of mild, abdominal pain (one episode last week, "sharp" and lasted a few seconds). Other pertinent information: Unprotected intercourse, multiple male partners and uses oral contraceptives but sometimes takes the oral contraceptives late. Specimen to identify bacteria as well as test for STDs and HIV was sent to State Lab for testing. Dx: Acute Vaginitis, Abdominal Pain, Promiscuous Behavior
8	**Women's Health** Patient presents with lumps in both breasts and states they have been present for 8 months. There is spontaneous, nipple discharge coming out of both breasts, but not when squeezed. Patient was scheduled for a mammogram later today. Dx: Lumps in both breasts, Nipple discharge
9	**Women's Health** 41 year old female presents to adult health clinic for annual exam. History of left ovary surgically removed; Right tube removed; LMP 6/2011; Positive for hot flashes and vaginal dryness; Desires STD testing; Husband recently diagnosed with Hepatitis B; Thyroid –stimulating hormone (TSH) and Follicle-stimulating hormone (FSH) testing for evaluation of amenorrhea; Will do follow up Gram Culture, Chlamydia, HpAgAb/RPR/HIV; Wet Prep positive - given Flagyl x 7 days; Return to clinic in 2 weeks
10	**Women's Health:** Female patient presents to clinic with symptoms of abnormal green foul smelling discharge x 3 days, painful intercourse, and right adnexa tenderness. Reports multiple male partners and unprotected intercourse. Dx: Trichomoniasis

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	BCCCP Scenario/Diagnosis
1	**BCCCP:** 42 year old female diagnosed with cancer of both breasts 4 years ago had a double mastectomy with chemo and radiation therapy. Uneventful yearly checkups. Today client complains of vomiting, dizziness, severe headaches, and blurred vision. Workup reveals metastasis from breast to the brain, accounting for the symptoms.
2	**BCCCP:** A 55 year old woman comes in to BCCCP clinic to be screened for breast and cervical cancer; she was told by a friend that at her age she should be screened.
3	**BCCCP:** A 42 year old woman with a family history of breast cancer and who found a lump in her right breast during her last self-exam comes in to BCCCP clinic for screening.
4	**BCCCP:** A 47 year old woman who was referred by her private provider because of an abnormal pap smear comes in to BCCCP clinic for a diagnostic work-up.
5	**BCCCP:** A 50 year old female presents for BCCCP screening examination. On examination the clinician finds her uterus to be enlarged and tender to palpation. Last menstrual period reported as two weeks ago and heavier than usual.

Women's Health and BCCCP Course
For Local Health Departments and Rural Health
Unit 4

True/False

1. ICD-10-CM does not contain a code I10

   Answer: False (I10 is for Essential Hypertension and is the easiest code to remember in ICD-10-CM)

2. 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

   Answer: True (It would be <u>inappropriate</u> to select a specific code from another chapter that is <u>not</u> supported by the medical record documentation)

3. When a client has a reaction to a drug that is correctly prescribed and administered, in the Table of Drugs and Chemicals you would go to the column for Poisoning

   Answer: False (For drugs that are correctly prescribed and administered, you would go to the column for Adverse Effect)

4. A code from category M80, not a traumatic fracture code from Chap 19, should be used for any patient with known osteoporosis who suffers a fracture

   Answer: True (A code from category M80, not a traumatic fracture code from Chap 19, should be used for any patient 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)

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Women's Health Scenario/Diagnosis
1	**Women's Health:** Postmenopausal osteoporosis in an overweight 59 year old female with a history of healed osteoporotic fracture of the right ankle. BMI is 30. M81.0 – osteoporosis; Z87.310 – History of fracture, osteoporosis; Overweight – E66.3; BMI – Z68.30
2	**Women's Health:** A 50-year old female is diagnosed with endometrial carcinoma, primary site. She is referred to a Gynecologist for further evaluation and surgery. C54.1 Malignant neoplasm of endometrium
3	**Women's Health:** 20 year old female seen for pelvic pain due to pelvic inflammatory disease. The source of the disease is a result of sexually transmitted Chlamydia. A56.11 – key word in Alphabetic Index is "Disease" or "Chlamydia". Whether or not there is a gynecological exam, this does not need to be coded since there is a confirmed diagnosis. CPT code will capture any special exams
4	**Women's Health:** 22 year old female complaining of painful urination and an urge to urinate frequently. Diagnosis: Acute suppurative cystitis, with hematuria due to E coli. N30.01 – Cystitis, acute, with hematuria; B96.20 – E coli as cause of disease

Use the Coding Steps to Code the following scenarios/diagnoses

#	Women's Health Scenario/Diagnosis
5	**Women's Health:** Tubo-ovarian endometriosis N80.1 – Endometriosis of ovary; N80.2 – Endometriosis of fallopian tube
6	**Women's Health**: 35 year old female complains of RUQ abdominal pain with several episodes of nausea and vomiting. Three BP readings during her visit were all elevated with highest being 155/95 but a diagnosis of hypertension is not made at this time. She reports being nervous and worries a lot about finances. Sonogram ordered. R10.11 – RUQ Abdominal pain; R11.2 – Nausea with vomiting; R03.0 – Elevated BP reading and no dx of hypertension; R45.0 – Nervousness; R45.82 – Worries
7	**Women's Health**: Female patient presents with brown, vaginal discharge with moderate severity. The discharge is constant and has lasted for 1 week with no modifying factors. Associated symptoms consist of odor. Also, complaining of mild, abdominal pain (one episode last week, "sharp" and lasted a few seconds). Other pertinent information: Unprotected intercourse, multiple male partners and uses oral contraceptives but sometimes takes the oral contraceptives late. Specimen to identify bacteria as well as test for STDs and HIV was sent to State Lab for testing. Dx: Acute Vaginitis, Abdominal Pain, Promiscuous Behavior N76.0 Acute vaginitis (With the dx of Vaginitis and Promiscuous Behavior, lab tests are justified – no need for Encounter dx. (Look at beginning of Z11)); R10.9 Unspecified abdominal pain (What documentation could be added to provide more specific diagnostic information? Upper or lower abdominal pain, did it include pelvic pain, was abdominal pain generalized?); Z72.51 High risk heterosexual behavior

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Women's Health/BCCCP Unit 3
Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Women's Health Scenario/Diagnosis
8	**Women's Health** Patient presents with lumps in both breasts and states they have been present for 8 months. There is spontaneous, nipple discharge coming out of both breasts, but not when squeezed. Patient was scheduled for a mammogram later today. Dx: Lumps in both breasts, Nipple discharge N63 Unspecified lump in breast; N64.52 Nipple discharge; Z00.00 Encounter for general adult medical examination; Z30.432 Encounter for removal of intrauterine contraceptive device
9	**Women's Health** 41 year old female presents to adult health clinic for annual exam. History of left ovary surgically removed; Right tube removed; LMP 6/2011; Positive for hot flashes and vaginal dryness; Desires STD testing; Husband recently diagnosed with Hepatitis B; Thyroid –stimulating hormone (TSH) and Follicle-stimulating hormone (FSH) testing for evaluation of amenorrhea; Will do follow up Gram Culture, Chlamydia, HpAgAb/RPR/HIV; Wet Prep positive - given Flagyl x 7 days; Return to clinic in 2 weeks Z00.01 Encounter for general adult medical examination with abnormal findings **or** Z01.411 Encounter for gynecological examination (general) (routine) with abnormal findings; Z11.4 Encounter for screening for human immunodeficiency virus [HIV]; Z11.8 Encounter for screening for other infectious and parasitic diseases (includes Chlamydia); R87.5 Abnormal microbiological findings in specimens from female genital organs; N91.2 Amenorrhea, unspecified; Z90.721 Acquired absence of ovaries, unilateral
10	**Women's Health:** Female patient presents to clinic with symptoms of abnormal green foul smelling discharge x 3 days, painful intercourse, and right adnexa tenderness. Reports multiple male partners and unprotected intercourse. Dx: Trichomoniasis A59.00 Urogenital trichomoniasis, unspecified; Z72.51 High risk heterosexual behavior

Use the Coding Steps to Code the following scenarios/diagnoses

#	BCCCP Scenario/Diagnosis
1	**BCCCP:** 42 year old female diagnosed with cancer of both breasts 4 years ago had a double mastectomy with chemo and radiation therapy. Uneventful yearly checkups. Today client complains of vomiting, dizziness, severe headaches, and blurred vision. Workup reveals metastasis from breast to the brain, accounting for the symptoms. C79.31 (Brain malignancy); Z85.3 (History of breast cancer); Z90.12 (Absence of breast, acquired); Z92.21 (History of chemo for neoplastic condition); Signs/symptoms not coded since definitive diagnosis.
2	**BCCCP:** A 55 year old woman comes in to BCCCP clinic to be screened for breast and cervical cancer; she was told by a friend that at her age she should be screened. Z12.39 Encounter for other screening for malignant neoplasm of breast (If documentation had been more specific about the type of screening, may have been able to use Z12.31, Encounter for screening mammogram for malignant neoplasm of breast); Z12.72 ~ pap smear
3	**BCCCP:** A 42 year old woman with a family history of breast cancer and who found a lump in her right breast during her last self-exam comes in to BCCCP clinic for screening. N63 Unspecified lump in breast; Z80.3 Family history of malignant neoplasm of breast

Use the Coding Steps to Code the following scenarios/diagnoses

#	BCCCP Scenario/Diagnosis
4	**BCCCP:** A 47 year old woman who was referred by her private provider because of an abnormal pap smear comes in to BCCCP clinic for a diagnostic work-up. **R87.619** Unspecified abnormal cytological findings in specimens from cervix uteri; **R87.629** Unspecified abnormal cytological findings in specimens from vagina (If pap smear results are not sent with the client, need to query referring physician to determine type of pap smear. Also, if actual results are available, can provide a much more specific code)
5	**BCCCP:** A 50 year old female presents for BCCCP screening examination. On examination the clinician finds her uterus to be enlarged and tender to palpation. Last menstrual period reported as two weeks ago and heavier than usual. **Z12.79** Encounter for screening for malignant neoplasm of other genitourinary organs; **N85.2** Hypertrophy of uterus (There are more specific codes for screenings for malignant neoplasm of vagina (Z12.72) or ovary (Z12.73). More specificity as to type exam needed. If a gynecological exam was performed, could code as Z01.411, Encounter for gynecological examination (general) (routine) with abnormal findings and then N85.2 describes the abnormal findings)

1. If a client comes in for a routine mammogram and a neoplasm is identified, the neoplasm is the only code needed

    Answer: False (A 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)

2. BMI codes should only be reported as additional diagnosis

    Answer: True (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 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)

4. If a client is seen because they found a lump during their self-breast exam and a mammogram is performed, this will be coded as a screening

    Answer: False (Screening codes are to be used when a client <u>does not</u> have symptoms related to the screening. Testing of a person to rule out or confirm a <u>suspected</u> 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.)

5. Personal history codes are used for defining conditions that no longer exist and for which the client is not receiving treatment

    Answer: True

- **Scenario 1:** *40 year old female seen for an annual gynecological physical exam and follow-up on her chronic gout with tophi. She has a cervical Pap smear and flu shot was administered. Mother passed away from ovarian cancer at age 44.*

    Z01.419 ~ routine gynecological exam ; Z12.72 ~ pap smear (unless this is routinely done during GYN exam); M1A.9xx1 – gout, chronic; Z23 – vaccination; Z80.41 – Family history, malignant neoplasm of ovary

- **Scenario 2:** *Health A 25-year-old female, is here for her annual well-woman exam. She and her husband are discussing beginning a family. She requests removal of her IUD.*

    Z00.00 Encounter for general adult medical examination; Z30.432 Encounter for removal of intrauterine contraceptive device

True/False

1. For multiple neoplasms of the same site that are contiguous, codes for each site should be assigned

   Answer: False (For multiple neoplasms of the same site that are **not** contiguous, codes for each site should be assigned, such as tumors in different quadrants of the same breast)

2. If a female client has an abnormal cervical pap smear, this will this be classified in Chapter 2

   Answer: False (This is a lab result, not a confirmed neoplasm)

3. In ICD-9-CM, there was a single category for Diabetes but in ICD-10-CM, there are 5 categories

   Answer: True (The five categories are:

   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)

4. A client being seen for her annual exam has a documented diagnosis of Fibromyalgia. The client reports they are having pain related to the Fibromyalgia so a code from category G89, Pain not elsewhere classified, would be used

Answer: False (If a client has Fibromyalgia, and the client reports they are having pain, if the pain is inherent to the diagnosis, then a code from category G89 would not be coded; unless the reason for the encounter was pain control or management)

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

  C50.521 The Neoplasm Table gave you a partial code (C50.5-) and you have to go to the Tabular to identify the correct code. C50.511 is for females and C50.522 is for males

- **Scenario 2:** *Female client with malignant neoplasm of central portion of the left breast with metastasis to upper-inner quadrant of the breast*

  C50.112 and C79.81 (Go to Table of Neoplasms and locate the code for Secondary malignant neoplasm of upper-inner quadrant breast, C79.81)

- **Scenario 3:** *38 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 Counseling (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)

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