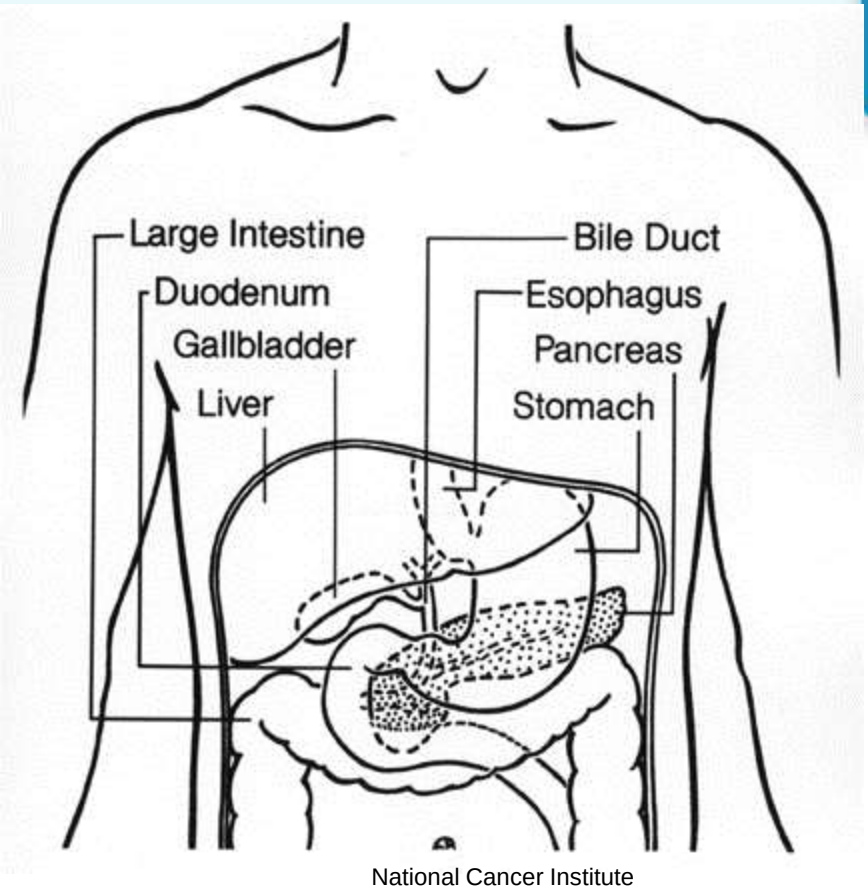
ICD-10-CM
Day 1
2015

American Health Information Management Association®

ICD-10



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ICD-10-CM

DISEASES OF THE DIGESTIVE SYSTEM

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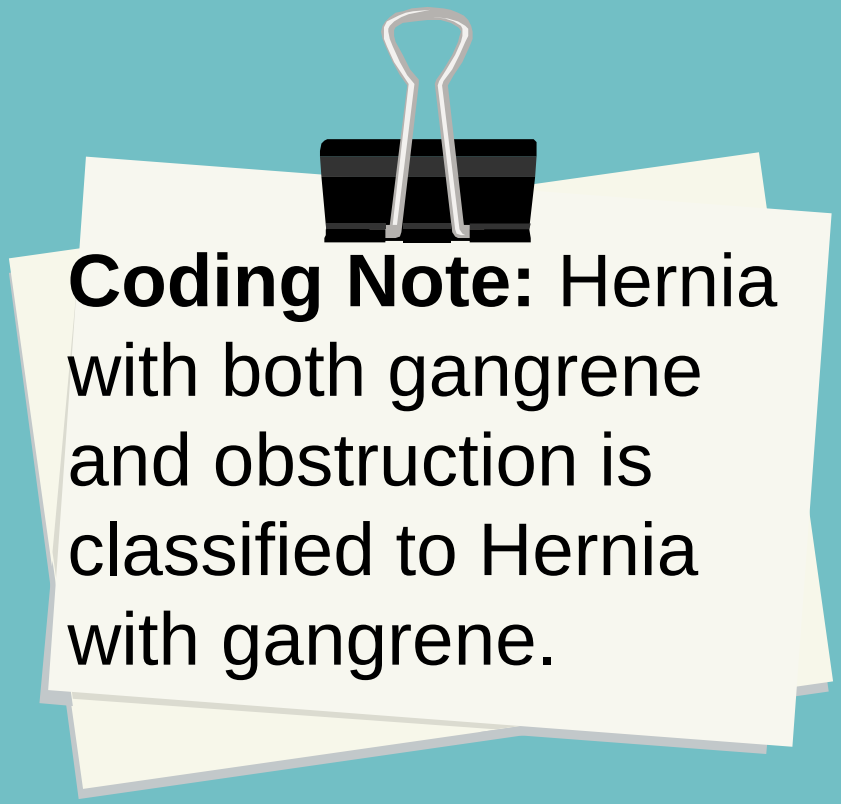

Coding Note: Hernia with both gangrene and obstruction is classified to Hernia with gangrene.

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Case 1.81

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

Rationale: When coding hernias, ICD-10-CM provides specificity by type, laterality, with or without obstruction and recurrence.

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Case 1.82

K25.0 Ulcer, ulcerated, ulcerating, ulceration, ulcerative, gastric – *see* Ulcer, stomach (eroded) (peptic) (round), acute, with, hemorrhage

Rationale: Gastric ulcers are subdivided by severity and then further subdivided by hemorrhage and/or perforation.

Case 1.83

K80.33 Choledocholithiasis (common duct) (hepatic duct) – *see* Calculus, bile duct (common) (hepatic), with, cholangitis, acute, with, obstruction

Rationale: ICD-10-CM has provided a combination code for bile duct calculus with cholangitis.

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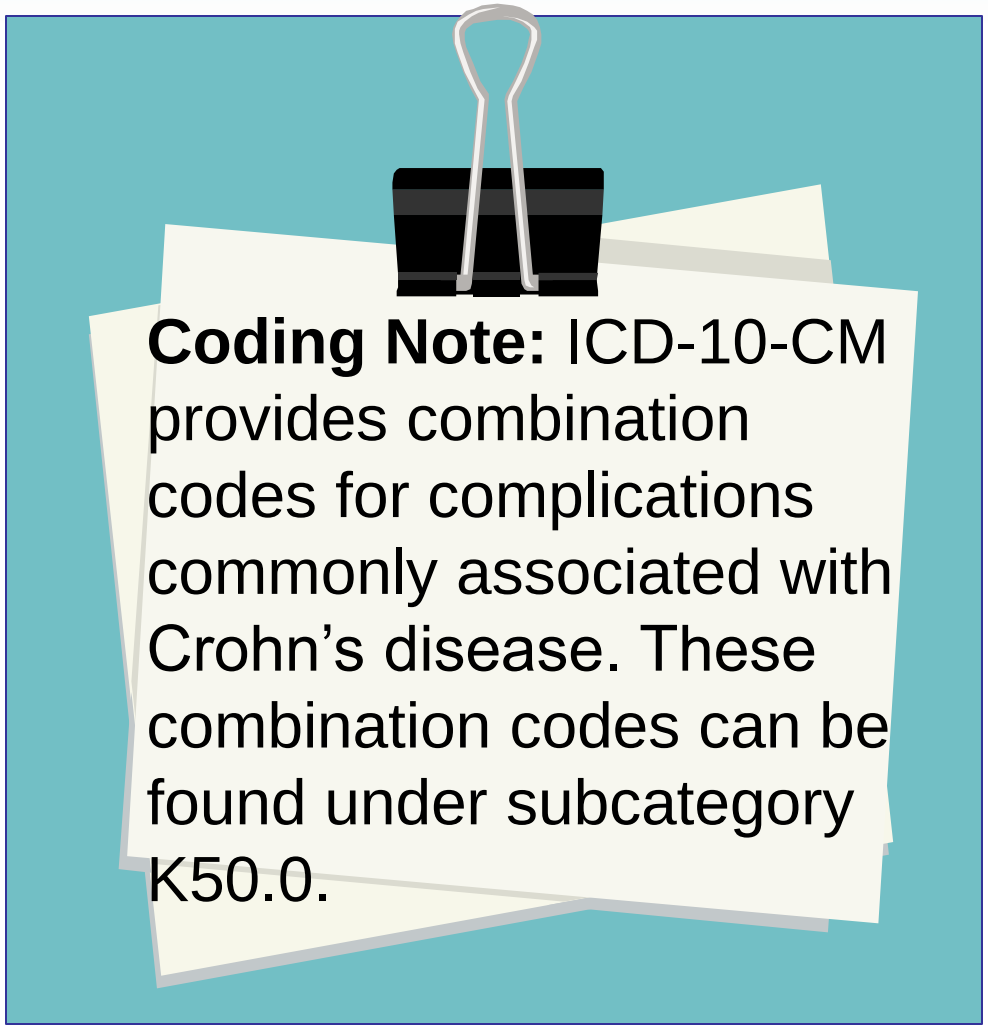

Coding Note: ICD-10-CM provides combination codes for complications commonly associated with Crohn's disease. These combination codes can be found under subcategory K50.0.

Case 1.84

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

Rationale: An additional code for the small bowel obstruction is not required as the combination code in ICD-10-CM identifies both the Crohn's disease and the small bowel obstruction. Exacerbation is not a qualifier for Crohn's disease.

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Case 1.85

K25.4 Ulcer, ulcerated, ulcerating, ulceration, ulcerative, gastric – *see* ulcer, stomach (eroded) (peptic) (round), chronic, with hemorrhage

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

I48.0 Fibrillation, atrial or auricular (established)

Case 1.85 (continued):

Rationale: Even though a complete diagnostic workup was not completed due to the patient's wishes, the hemorrhage should be included in the coding as it was documented by the physician.

Case 1.86

K40.20	**Hernia, hernial (acquired) (recurrent), inguinal (direct) (external) (funicular) (indirect) (internal) (oblique) (scrotal) (sliding), bilateral**
R07.2	**Pain(s) (*see also* Painful), chest (central), precordial**
J44.9	**Disease, diseased, pulmonary, chronic obstructive**
M54.5	**Pain(s) (*see also* Painful), low back**
G89.29	**Pain, Chronic**
I10	**Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic)**
Z53.09	**Canceled procedure (surgical), because of contraindication**

Rationale: The inguinal hernia is the first-listed diagnosis as it was the reason for admission, even though surgery was canceled.

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Case 1.87

K94.22	Complication(s) (from) (of), gastrostomy (stoma), infection
L03.311	Cellulitis (diffuse) (phlegmonous) (septic) (suppurative), abdominal wall
C15.4	Neoplasm Table, by site (esophagus), malignant, primary
B95.62	Infection, infected, infective (opportunistic), staphylococcal, as cause of disease classified elsewhere, aureus, methicillin resistant

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Case 1.87 (continued):

Rationale: The infection of the gastrostomy is sequenced first. The note under K94.22 states to "Use an additional code to specify type of infection," such as cellulitis of abdominal wall. The organism (methicillin resistant Staph aureus) is also coded per instructional note which appears directly under the section "Infections of the Skin and Subcutaneous Tissue (L00-L08)." The note states "Use additional code (B95-B97) to identify infectious agent."

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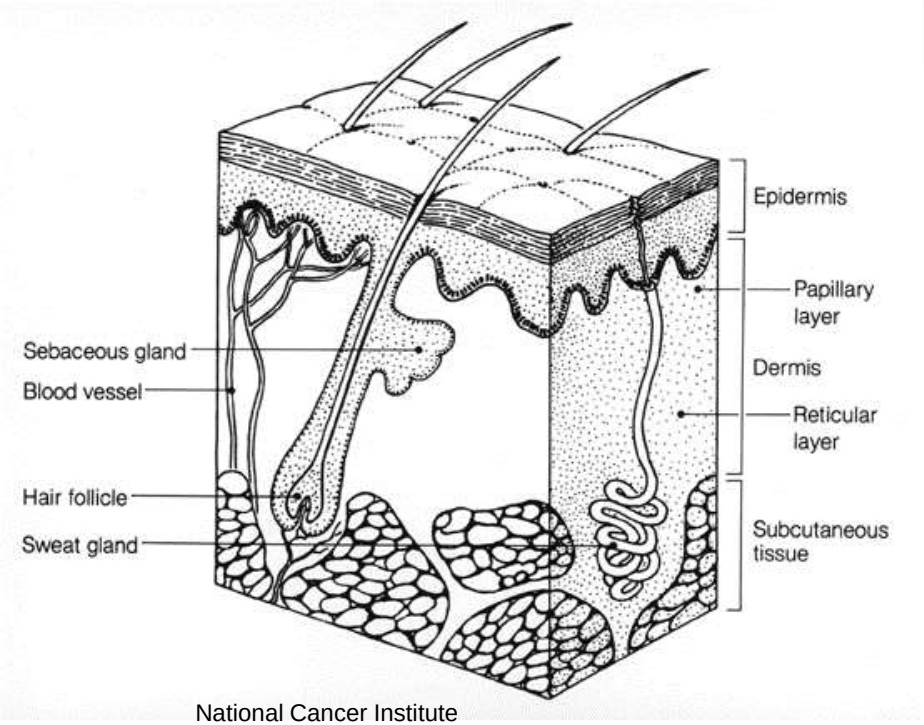

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DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE

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- Pressure ulcers
  - Site, laterality, and severity specified in single code
  - Severity identified as stage 1–4
- Non-pressure chronic ulcers
  - Site, laterality, and severity
  - Important note – category L97

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Coding Note:
An instructional note appears in the Tabular, under codes L27.0 and L27.1, stating to use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5).

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Case 1.88

L27.0 **Dermatitis (eczematous) due to drugs and medicaments (generalized) (internal use)**

T36.0X5A **Table of Drug and Chemicals, Penicillin (any), Adverse Effect, initial encounter**

Rationale: The reason for this encounter is the extensive dermatitis which is an adverse effect to the penicillin. An instructional note in the Tabular under code L27.0 states "use additional code for adverse effect, if applicable, to identify drug." Following this instructional note, T36.0x5A is sequenced as the secondary diagnosis code. The seventh character of T36.0x5A indicates this is the initial encounter (A) for this condition.

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Case 1.89

I96 Ulcer, gangrenous – *see* Gangrene.
Gangrene, gangrenous (connective tissue) (dropsical) (dry) (moist) (skin) (ulcer) (*see also* necrosis). Necrosis, skin or subcutaneous tissue NEC

L89.213 Ulcer, ulcerated, ulcerating, ulceration, ulcerative, pressure (pressure area) stage 3, (healing) (full thickness skin loss involving damage or necrosis of subcutaneous tissue), hip. Review Tabular for complete code assignment.

Case 1.89 (continued):

L89.152 **Ulcer, ulcerated, ulcerating, ulceration, ulcerative, pressure (pressure area) stage 2, (healing) (abrasion, blister, partial thickness skin loss involving epidermis and/or dermis), sacral region (tailbone). Review Tabular for complete code assignment.**

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Case 1.89 (continued):

Rationale: Decubitus ulcers are classified to pressure ulcers. The note at the beginning of category L89 indicates the sequencing. Any associated gangrene is listed first. Subcategory L89.2 classifies pressure ulcers of the hip. It is necessary to review the Tabular to select the correct stage and laterality to identify code L89.213 for stage 3 of the right hip. The pressure ulcer of the sacral region is documented as stage 2, and code L89.152 is assigned. The sacral region includes the tailbone and the coccyx. Coding Guideline I. B. 14 states that the stage of the pressure ulcer may be documented by another healthcare clinician and coded as long as the pressure ulcer is documented by the provider.

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Case 1.90

I70.233 Atherosclerosis, *see also* arteriosclerosis. Arteriosclerosis, arteriosclerotic (diffuse) (obliterans) (of) (senile) (with calcification), extremities (native arteries) leg, right, with ulceration (and intermittent claudication and rest pain), ankle

L97.311 Ulcer, ulcerated, ulcerating, ulceration, ulcerative, lower limb (atrophic) (chronic) (neurogenic) (perforating) (pyogenic) (trophic) (tropical) ankle, right, with skin breakdown only

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Case 1.90 (continued):

Rationale: In the Index under arteriosclerosis, the bypass graft codes of the extremities are listed first. It is important to scan until one comes to the Leg, and then locate left, right, and such. At subcategory I70.23, the following note appears: Use additional code to identify severity of ulcer (L97.- with fifth character 1). A note at category L97 further dictates sequencing of these codes: Code first any associated underlying condition. A code from L97 may be used as a principal or first listed code if no underlying condition is documented as the cause of the ulcer. If one of the underlying conditions listed below is documented with a lower extremity ulcer, a causal condition should be assumed—atherosclerosis of the lower extremities; chronic venous hypertension; diabetic ulcers, postphlebitic syndrome, varicose ulcer. The codes must be listed in this order.

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Case 1.91

L02.612 **Abscess (connective tissue) (embolic) (fistulous) (infective) (metastatic) (multiple) (pernicious) (pyogenic) (septic), toe (any) *see also* Abscess, foot. Abscess, foot**

I96 **Gangrene, gangrenous (connective tissue) (dropsical) (dry) (moist) (skin) (ulcer) (*see also* necrosis). Necrosis, skin or subcutaneous tissue NEC**

Rationale: In ICD-10-CM, there are individual categories for abscess (L02) and cellulitis (L03). In ICD-9-CM, these were combined. Note in the Index that abscess of the toe classifies to abscess of the foot, while abscess of the toe nail, classifies to cellulitis, toe. There are no "includes" or "excludes" notes that preclude the use of the abscess and gangrene code together, nor is there any sequencing guideline available.

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Case 1.92

L03.115 **Cellulitis, leg – *see* Cellulitis, lower limb. Lower limb**

B95.1 **Infection, bacterial NOS, as cause of disease classified elsewhere, Streptococcus group B**

L89.312 **Ulcer, ulcerated, ulcerating, ulceration, ulcerative, decubitus – *see* Ulcer, pressure, by site. Pressure (pressure area) stage 2, (healing) (abrasion, blister, partial thickness skin loss involving epidermis and/or dermis), buttock**

Case 1.92 (continued):

L89.321 **Ulcer, ulcerated, ulcerating, ulceration, ulcerative, decubitus – *see* Ulcer, pressure, by site. Pressure (pressure area) stage 1, (healing) (pre-ulcer skin changes limited to persistent focal edema), buttock**

Case 1.92 (continued):

Rationale: Documentation supports that cellulitis is the first listed diagnosis. Review of the Tabular shows that ICD-10-CM classifies the laterality of cellulitis of the lower extremity, with L03.115 being the right lower extremity. A note appears in the Tabular under the section Infections of the Skin and Subcutaneous Tissue (L00-L08) instructing to use an additional code (B95-B97) to identify infectious agent. ICD-10-CM also classifies decubitus ulcers of the buttocks both by stage and laterality. Gluteus is not listed in the classification, but it refers to the buttock region.

Case 1.93

L27.1	Dermatitis, (eczematous) due to drugs and medicaments, (generalized) (internal use) localized skin eruption
T46.4X5A	Table of Drugs and Chemicals, Ramipril, Adverse Effect, initial encounter
I10	Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic)

Case 1.93 (continued):

Rationale: The reason, after study, for this encounter is the dermatitis which is an adverse effect to the Ramipril. An instructional note in the Tabular under code L27.1 states "use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)." Following this instruction note, the T46.4X5A is sequenced as a secondary diagnosis code. The seventh character of T46.4X5A indicates this is the initial encounter (A) for this condition. Documentation states localized dermatitis, and there is a specific code for that. This documentation does not indicate long-term use of the drug since it was recently started.

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Case 1.94

L24.3	**Dermatitis (eczematous), contact, irritant, due to, cosmetics**
H01.114	**Dermatitis (eczematous), eyelid, contact – *see* Dermatitis, eyelid, allergic, left, upper**
H01.111	**Dermatitis (eczematous), eyelid, contact – *see* Dermatitis, eyelid, allergic, right, upper**
T49.8X1A	**Table of Drugs and Chemicals, cosmetics, poisoning accidental (unintentional)**
L70.0	**Acne, cystic**

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Case 1.94 (continued):

Rationale: The reason for this encounter was the contact dermatitis due to the adverse reaction with the use of new eye cosmetics. The seventh character of A indicates this is the initial encounter for the condition. There are several different Index terms for the dermatitis. This was documented as irritant contact dermatitis, but not allergic, so Index contact, irritant, due to cosmetics, L24.3. Under contact, allergic, due to cosmetics there is a different code L23.2, if documentation supported that code. Contact dermatitis (not documented as irritant) due to cosmetics is coded L25.0.

Case 1.94 (continued):

Careful review of the record and Index is indicated. In addition, there is reference to a specific site (upper eyelids) having a separate classification. Under L24, there is an *Excludes2* note for *dermatitis of eyelid* (H01.1-). This means that if both conditions are present, both codes may be assigned. The cystic acne is assigned as a secondary condition since it was also treated during the encounter.

Case 1.95

L03.221 **Cellulitis (diffuse) (phlegmonous) (septic) (suppurative), neck (region)**

F11.10 **Abuse, drug, morphine type (opioids) – *see* Abuse, drug, opioid. Opioid.**

Z72.89 **Behavior, drug seeking**

Rationale: ICD-10-CM provides a code for drug seeking behavior.

ICD-10-CM

DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE

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Pathological or Stress Fracture Seventh Characters

A	• Initial encounter
D	• Subsequent – routine healing
G	• Subsequent – delayed healing
K	• Subsequent – nonunion
P	• Subsequent – malunion
S	• Sequela

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Definition of Terms

- **Spontaneous rupture**
  - Occurs when normal force is applied to tissues that are inferred to have less than normal strength
- **Fragility fracture**
  - Sustained with trauma no more than a fall from a standing height or less occurring under circumstances that would not cause a fracture in a normal healthy bone

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Case 1.96

M00.861 **Arthritis, arthritic (acute) (chronic) (nonpyogenic) (subacute), septic (any site except spine) – *see* Arthritis, pyogenic or pyemic (any site except spine), bacterial NEC, knee. Review the Tabular for correct code assignment.**

Rationale: Most of the codes in this chapter have site and laterality designations. A note is available at subcategory M00.8 stating to "Use additional code (B96) to identify bacteria." In this case, it was not specified.

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Case 1.97

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

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

Rationale: For juvenile rheumatoid arthritis, there is not a code to identify bilateral. Therefore, both codes, to identify right and left, must be assigned.

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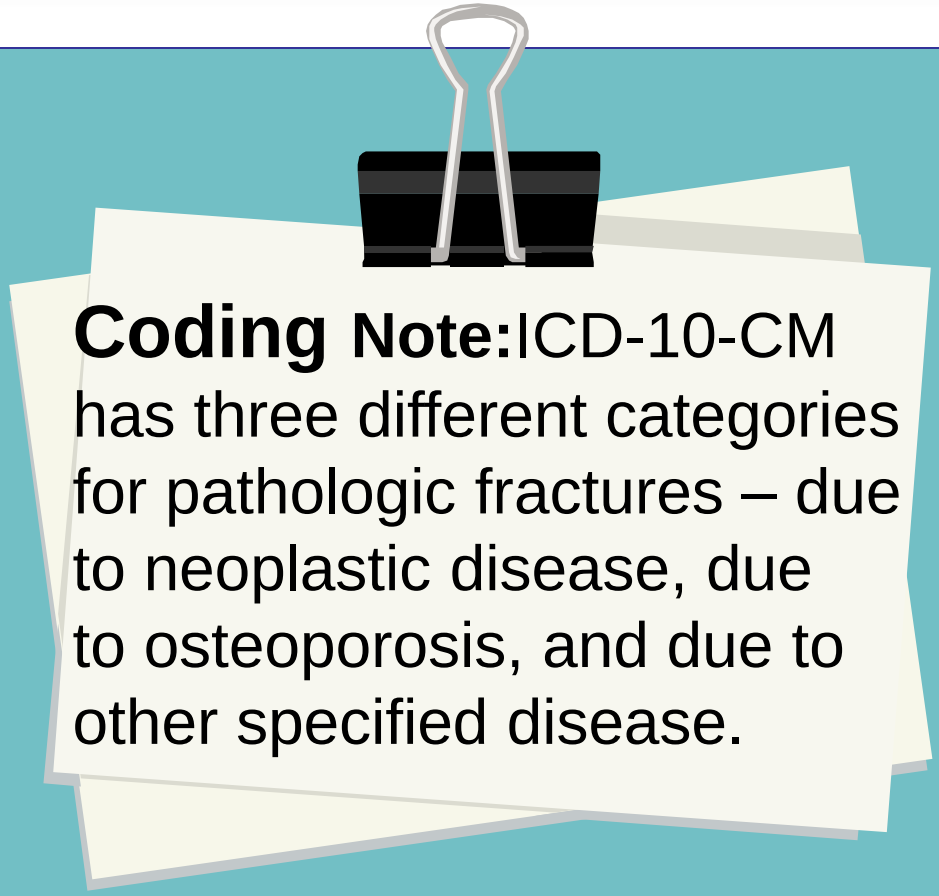

Coding Note: ICD-10-CM has three different categories for pathologic fractures – due to neoplastic disease, due to osteoporosis, and due to other specified disease.

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Case 1.98

M84.551A	**Fracture, pathological (pathologic), due to neoplastic disease, femur**
C79.51	**Carcinoma (malignant), metastatic, *see* Neoplasm, secondary. Refer to Neoplasm Table, by site, bone, femur, secondary.**
Z85.118	**History, personal (of), malignant neoplasm (of), lung**
Z92.3	**History, personal (of), radiation therapy**

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Case 1.98 (continued):

Rationale: M84.551A correctly identifies the fracture in the shaft of the right femur. The seventh character A is used as long as the patient is receiving active treatment for the fracture. Examples of active treatment are: surgical treatment, ER encounter, and evaluation and treatment by a new physician. The code Z92.3 can be added to show history of radiation therapy if coding is performed to that degree.

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Case 1.99

M80.08XA **Fracture, pathological (pathologic), due to osteoporosis, specified cause NEC – *see* Osteoporosis, specified type NEC, with pathological fracture. Osteoporosis (female) (male), senile – *see* Osteoporosis, age-related, with current pathologic fracture, vertebra(e)**

Rationale: In ICD-10-CM, a combination code is utilized to report osteoporosis with an associated pathological fracture. When identifying senile osteoporosis, the code book directs the coder to age-related osteoporosis.

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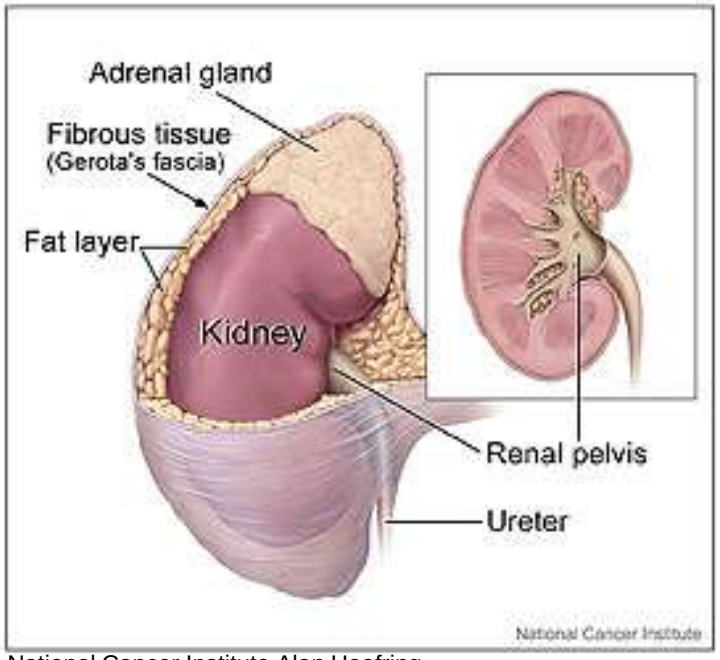

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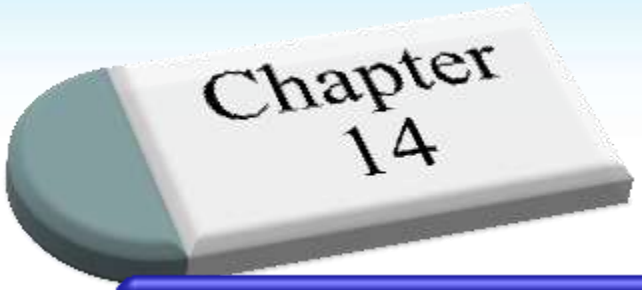
DISEASES OF THE GENITOURINARY SYSTEM



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Additional Codes Required

N17	• Code also underlying condition
N18	• Code first etiology
N30	• Additional code infectious agent
N31	• Additional code urinary incontinence
N33	• Code first underlying disease
N40.1	• Additional code for associated symptoms

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Case 1.100

N03.2 **Syndrome, nephritic - *see also* Nephritis. Nephritis, nephritic, chronic, with diffuse membranous glomerulonephritis**.

Rationale: The indexing of this code is somewhat confusing. If you go to Syndrome, nephritic, there is a note at nephritic syndrome to *see* Nephritis. There are also terms for nephrotic syndrome, which causes a different path. The proteinuria and hematuria are symptoms and would not be coded. There are many different choices in the Glomerular Diseases (N00-N08) block. A careful review of the category choices in this block is helpful. Nephritic syndrome is not a specific diagnosis, but a clinical syndrome characterized by several signs. Its prognosis depends on the underlying etiology. Nephritic syndrome and nephrotic syndrome are similar but different.

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Case 1.101

N30.01 **Cystitis (exudative) (hemorrhagic) (septic) (suppurative), acute, with hematuria**

B96.2 0 **Escherichia (E.) coli, as cause of disease classified elsewhere**

Rationale: Suppurative is a nonessential modifier for cystitis, so it is included in the code. There is a combination code for acute cystitis with hematuria (N30.01). The frequent urination and pain are integral to the cystitis and not assigned codes. A note at category N30 states to use additional code to identify infectious agent (B95-B97). This code is never in the first position.

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Case 1.102

N92.4 Menorrhagia (primary), preclimacteric or premenopausal

Rationale: Subcategory N92.4, Excessive bleeding in the premenopausal period includes climacteric, menopausal, preclimacteric, or premenopausal menorrhagia or metrorrhagia.

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Case 1.103

N17.0 **Failure, failed, kidney, acute (*see also* Failure, renal, acute). Failure, renal, acute, with, tubular necrosis.**

N40.1 **Hypertrophy, prostate – *see* Enlargement, enlarged, prostate, with lower urinary tract symptoms (LUTS)**

N13.8 **Obstruction, urinary (moderate)**

Case 1.103 (continued):

Rationale: The prostate hypertrophy and urinary obstruction are coded separately in ICD-10-CM. This note is available under subcategory N40.1: Use additional code for associated symptoms, when specified: urinary obstruction (N13.8). There is also a cross reference at code N13.8 stating to code, if applicable, any causal condition first, such as: enlarged prostate (N40.1). Currently, in ICD-9-CM, sequencing guidelines are provided in *Coding Clinic,* 3rd Quarter, 2002 that were used to determine sequencing in this case, but any future ICD-10-CM guidance would determine code assignment. Remember that ICD-9-CM and ICD-10-CM are different.

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Case 1.104

N18.3	**Disease, diseased, kidney (functional) (pelvis), chronic, stage 3 (moderate)**
Z94.0	**Status (post), transplant – *see* Transplant, kidney**
E89.0	**Hypothyroidism (acquired), postsurgical**
Z85.850	**History, personal (of), malignant neoplasm (of), thyroid**

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Case 1.104 (continued):

Rationale: The coding guidelines state that "the presence of CKD alone does not constitute a transplant complication. Assign the appropriate N18 code for the patient's stage of CKD and code Z94.0, Kidney transplant status." The note at category N18 states: Use additional code to identify kidney transplant status, if applicable.

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Case 1.105

N39.0 **Infection, infected, infective, (opportunistic), urinary (tract)**

B96.4 **Infection, infected, infective (opportunistic), bacterial NOS, as cause of disease classified elsewhere, proteus (mirabilis) (morganii)**

Z87.440 **History, personal (of), infection, urinary (recurrent) (tract)**

Rationale: As in ICD-9-CM, the bacteria causing the urinary tract infection is coded as a secondary diagnosis. The following note at code N39.0 states "Use additional code (B95-B97) to identify infectious agent." The history of UTI does have a separate history code that should be added as an additional diagnosis.

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PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

PREPARATION IS THE KEY TO SUCCESS

Trimesters	
1st	Less than 14 weeks 0 days
2nd	14 weeks 0 days to less than 28 weeks 0 days
3rd	28 weeks 0 days until delivery

- Trimester axis of classification rather than episode of care
  - Not all conditions include codes for all three trimesters or is N/A
  - Counted from first day of last menstrual period

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- Codes from this chapter are for use only on maternal records, never on newborn records
- Codes from this chapter are for use for conditions related to or aggravated by the pregnancy, childbirth, or by the puerperium (maternal causes or obstetric causes)
- Category Z3A – Weeks of Gestation, added to identify specific week of pregnancy

Definitions

- **Abortion vs. fetal death**
  - 20 weeks instead of 22
- **Early vs. late vomiting**
  - 20 weeks instead of 22
- **Preterm labor**
  - 37 completed weeks of gestation

Seventh Character

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- 0 - not applicable or unspecified
- 1 - fetus 1
- 2 - fetus 2
- 3- fetus 3
- 4 – fetus 4
- 5 - fetus 5
- 9 – other fetus

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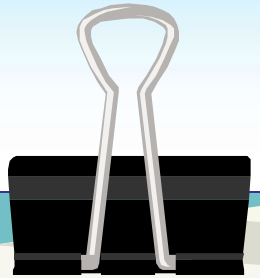

Coding Note: The note at the beginning of Chapter 15 specifies the use of an additional code from category Z3A, Weeks of gestation, to identify the specific week of the pregnancy. This is found in the alphabetic Index under Pregnancy, weeks of gestation.

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Case 1.106

O13.2	**Pregnancy (single) (uterine), complicated by (care of) (management affected by), hypertension, -*see* Hypertension, complicating, pregnancy, gestational (pregnancy induced) (transient) (without proteinuria). Review the Tabular for complete code assignment.**
O09.522	**Pregnancy (single) (uterine), complicated by (care of) (management affected by), elderly, multigravida. Review the Tabular for complete code assignment.**
Z3A.26	**Pregnancy (single) (uterine), weeks of gestation, 26 weeks**

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Case 1.106 (continued):

Rationale: For both of these codes, the range of codes is further subdivided by the trimester for the current encounter. The note at the beginning of Chapter 15 defines the second trimester as 14 weeks 0 days to less than 28 weeks 0 days. The Index does not provide complete codes; therefore, it is necessary to review the Tabular for complete code assignment. The Z code identifying the weeks of gestation should also be assigned per the use additional code note at the beginning of Chapter 15.

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Case 1.107

O21.0	**Pregnancy (single) (uterine), complicated by (care of) (management affected by), hyperemesis (gravidarum) (mild) – *see also* Hyperemesis, gravidarum (mild)**
O23.42	**Pregnancy (single) (uterine), complicated by (care of) (management affected by), infection(s), urinary (tract). Review the Tabular for complete code assignment.**
B96.20	**Infection, infected, infective (opportunistic), bacterial NOS, as cause of disease classified elsewhere, Escherichia coli [E. coli]**
Z3A.16	**Pregnancy (single) (uterine), weeks of gestation, 16 weeks**

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Case 1.107 (continued):

Rationale: The hyperemesis gravidarum code for this case is specific to weeks of gestation – ". . . *starting before the end of the 20th week of gestation.*" Note that there are different options for finding this code in the Index. The UTI code does not require a secondary code for the UTI (as previously seen in ICD-9-CM) because specificity is found in the code, but there is a "use additional code" note to identify the organism.

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Case 1.108

O91.22 Mastitis (acute) (diffuse) (nonpuerperal) (subacute), obstetric (interstitial) (nonpurulent), associated with, puerperium.

Rationale: In this case, the mastitis is not classified in a pregnancy or delivery complication; however, further indentation in the Index provides the specificity of a postpartum complication.

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Case 1.109

O30.003	Pregnancy (single) (uterine), complicated by (care of) (management affected by), multiple gestations, twin *see* Pregnancy, twin. Review the Tabular for complete code assignment.
O69.81X2	Delivery (childbirth) (labor), complicated, by, cord (umbilical), around neck, without compression. Review the Tabular for seventh character.
Z3A.39	Pregnancy (single) (uterine), weeks of gestation, 39 weeks
Z37.2	Outcome of delivery, twins NEC, both liveborn

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Case 1.109 (continued):

Rationale: Complete code assignment for the twin pregnancy is found in the Tabular of ICD-10-CM. The umbilical cord complication is a complication of the delivery rather than the pregnancy and is further subdivided by with or without compression. If both fetus 1 and fetus 2 were found to have nuchal cords, code O69.81X would be coded twice with different seventh characters.

Case 1.110

O24.419 **Pregnancy (single) (uterine), complicated by (care of) (management affected by), diabetes (mellitus), gestational (pregnancy induced) *see* Diabetes, gestational (in pregnancy)**

ZZ3A.28 **Pregnancy (single) (uterine), weeks of gestation, 28 weeks**

Rationale: This sixth character indicates the type of control (namely, diet or insulin) for the gestational diabetes. ICD-10-CM does not provide a specific sixth character for control with oral medication; therefore, the unspecified control code is used.

Case 1.111

O26.12	**Pregnancy (single) (uterine), complicated by (care of) (management affected by), insufficient, weight gain. Review the Tabular for complete code assignment.**
O10.012	**Pregnancy (single) (uterine), complicated by (care of) (management affected by), hypertension, *see* Hypertension, complicating, pregnancy, pre-existing, essential. Review the Tabular for complete code assignment.**
Z3A.20	**Pregnancy (single) (uterine), weeks of gestation, 20 weeks**

Case 1.111 (continued):

Rationale: Both of these conditions are indexed under Pregnancy although with the pre-existing hypertension the coder is directed to Hypertension. A review of the Tabular is necessary for complete, correct code assignment.

Case 1.112

O80	**Delivery (childbirth) (labor), normal**
Z3A.39	**Pregnancy (single) (uterine), weeks of gestation, 39 weeks**
Z37.0	**Outcome of delivery, single, liveborn**

Rationale: ICD-10-CM guidelines define a normal delivery (O80) as a full-term normal delivery with a single, healthy infant without any complications antepartum, during the delivery, or postpartum during the delivery episode. Code O80 is always the principal diagnosis and is not to be used if any other code from Chapter 15 is needed to describe a current complication of the antenatal, delivery, or perinatal period. See the note with code O80 for a full definition of this code. Z37.0 is the only outcome of delivery code appropriate for use with O80.

Case 1.113

O70.1	**Delivery (childbirth) (labor), complicated, by, laceration (perineal), perineum, perineal, second degree**
O24.12	**Delivery (childbirth) (labor), complicated by, diabetes (mellitus), pre-existing, type 2**
E11.9	**Diabetes, diabetic (mellitus) (sugar), type 2**
Z3A.38	**Pregnancy (single) (uterine), weeks of gestation, 38 weeks**
Z37.0	**Outcome of delivery, single, liveborn**

Case 1.113 continued

Rationale: The patient experienced a second degree perineal laceration (O70.1) during delivery. The patient's type 2 diabetes is identified with O24.12. The 'in childbirth' option is used due to coding guideline I.C.15.a.3. The outcome of delivery was a single liveborn (Z37.0). The Pitocin augmentation is not coded, only failed medical induction of labor.

Case 1.114

O98.712	**Pregnancy (single) (uterine), complicated by (care of) (management affected by), human immunodeficiency [HIV] disease. Review the Tabular for complete code assignment**
B20	**AIDS (related complex)**
B59	**Pneumocystis carinii pneumonia**
Z3A.21	**Pregnancy (single) (uterine), weeks of gestation, 21 weeks**

Case 1.114 (continued):

Rationale: There is a specific ICD-10-CM coding guideline for HIV Infections in Pregnancy, Childbirth, and the Puerperium (I.C.15.f). This guideline states "During pregnancy, childbirth, or the puerperium, a patient admitted because of an HIV-related illness should receive a principal diagnosis from subcategory O98.7-, Human immunodeficiency [HIV] disease complicating pregnancy, childbirth, and the puerperium, followed by the code(s) for the HIV-related illness(es). A sixth character 2 indicates that the patient is in the second trimester.

Case 1.114 (continued):

A note appears at the beginning of Chapter 15 of ICD-10-CM that states that "Trimesters are counted from the first day of the last menstrual period. They are defined as follows: 1st trimester: less than 14 weeks 0 days; 2nd trimester: 14 weeks 0 days to less than 28 weeks 0 days; and 3rd trimester: 28 weeks 0 days until delivery." An instructional note appears under code B20 indicating that code O98.7- is listed first.

An instructional note appears under O98.7: "Use an additional code to identify the type of HIV disease."

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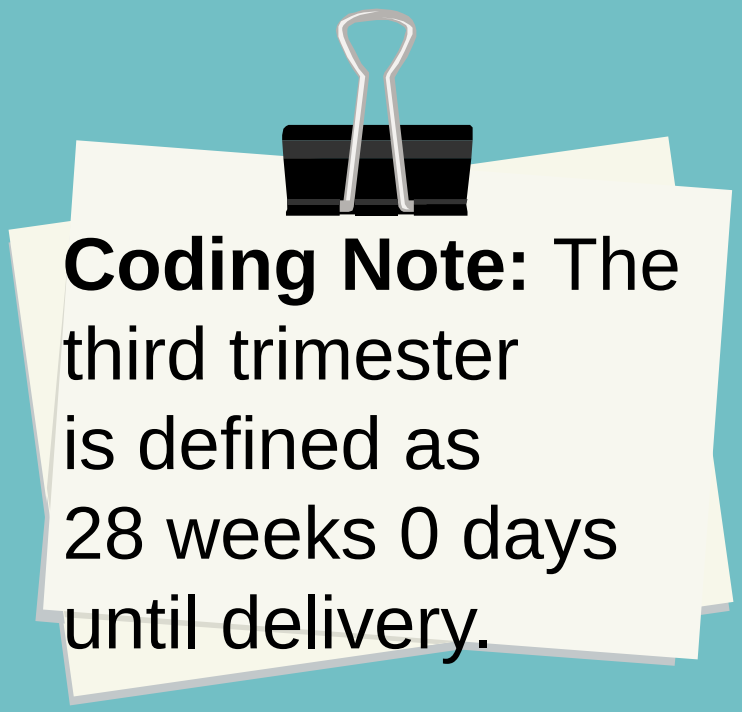

Coding Note: The third trimester is defined as 28 weeks 0 days until delivery.

Case 1.115

O60.14X2 **Pregnancy (single) (uterine), complicated by (care of) (management affected by), preterm labor, third trimester, with third trimester preterm delivery**

O36.4XX2 **Pregnancy (single) (uterine), complicated by (care of) (management affected by), fetal (maternal care for), death (near term) or Pregnancy, complicated by, intrauterine fetal death (near term). Review the Tabular for complete code assignment.**

O30.103 **Pregnancy (single) (uterine), complicated by (care of) (management affected by), multiple gestations, triplet *see* Pregnancy, triplet - *see* Tabular for complete code, triplet**

Case 1.115 (continued):

O41.1030	**Pregnancy (single) (uterine), complicated by (care of) (management affected by), infection(s), amniotic fluid or sac**
Z3A.34	**Pregnancy (single) (uterine), weeks of gestation, 34 weeks**
Z37.61	**Outcome of delivery, multiple births, some liveborn, triplets**

Rationale: The patient was admitted in early labor with a 34-week gestation (O60.14X2). Review of the Tabular for category O60 (preterm labor) reveals that all codes in category O60 require a seventh character. Seventh characters 1–9 are for cases of multiple gestations to identify the fetus for which the code applies. Code O60.14X2 was sequenced as the principal diagnosis because the preterm labor was the original reason that the patient was admitted.

Case 1.115 (continued):

The seventh character 2 was used to indicate that fetus 2 was responsible for the continued contractions and ultimately the preterm delivery as documented within the case. One of the triplets was an intrauterine fetal death (O36.4XX2) and review of the Tabular indicates that codes from this category also require a seventh character to indicate which fetus was dead. The pregnancy is a triplet pregnancy (O30.103). The patient developed infection of amniotic sac (O41.103). Review of the Tabular for category O41 indicates that all codes from this category also require a seventh character. In this instance, the documentation does not indicate the fetus for which the infection applies, therefore, a seventh character of 0 is used to signify a multiple gestation where the fetus is unspecified. The fever during labor (O75.2) is not coded because the cause is known (infection). The outcome of delivery was triplets, two liveborn and one fetal death (Z37.61).

Case 1.116

O86.0	**Complication(s) (from) (of), obstetric, surgical wound NEC, infection; Infection, obstetrical surgical wound (puerperal)**
B95.1	**Infection, infected, infective (opportunistic) bacterial, as cause of disease classified elsewhere, Streptococcus, group B**

Rationale: ICD-10-CM Guidelines state that any complication occurring within the first six weeks (42 days) following delivery are considered to be a postpartum complication. In the Tabular, under subcategory O86, a note instructs the coder to use an additional code (B95-B97) to identify the infectious agent.

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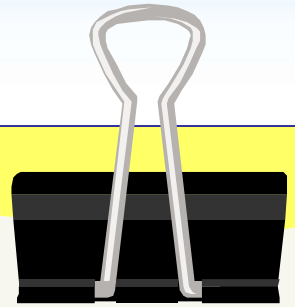


Coding Note: ICD-10-CM provides a combination code for obstructed labor incorporating the obstructed labor with the reason for the obstruction into one code.

ICD-10

Case 1.117

O34.21	Delivery (childbirth) (labor), cesarean (for), previous, cesarean delivery
O64.3XX0	Delivery (childbirth) (labor), complicated, by, obstructed labor, due to, brow presentation
O66.41	Delivery (childbirth) (labor), complicated, by, failed, attempted vaginal birth after previous cesarean delivery
Z3A.39	Pregnancy (single) (uterine), weeks of gestation, 39 weeks
Z37.0	Outcome of delivery, single, liveborn

Case 1.117 (continued):

Rationale: O34.21 is sequenced as the principal diagnosis since it was the reason for the patient's admission. ICD-10-CM Coding Guidelines state "In cases of cesarean delivery, the selection of the principal diagnosis should be the condition established after study that was responsible for the patient's admission. If the patient was admitted with a condition that resulted in the performance of a cesarean procedure that condition should be selected as the principal diagnosis. If the reason for the admission/encounter was unrelated to the condition resulting in the cesarean delivery, the condition related to the reason for the admission/encounter should be selected as the principal diagnosis, even if a cesarean was performed."

ICD-10

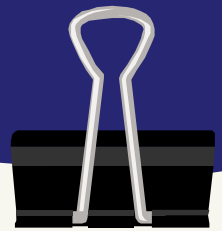
Case 1.117 (continued):

The "code first" note under O34 doesn't apply to this scenario because her obstructed labor had nothing to do with conditions classifiable to O34 (which is why only O65.5, and not O66.41, is listed in the note). Notice the note says "code first **any associated** obstructed labor." There was no obstructed labor associated with the scar from her previous C-section (which is the condition classified to O34). The obstructed labor was due to malpresentation of the fetus, not the O34 condition. In this case, the reason for the C-section was unrelated to the reason for admission, so the reason for admission, and not the reason for the C-section, should be sequenced first. The problem with the baby's malpresentation didn't occur until after admission.

Case 1.117 (continued):

Codes from category O64 require a seventh character to indicate the fetus for which the code applies in the case of multiple gestations. Review of the note under O64 indicates the seventh character of 0 is for single gestations. The patient has a scar from previous cesarean delivery (O34.21). O66.41 indicates the failed attempt of a vaginal birth after a previous cesarean delivery. The outcome of delivery was a single liveborn (Z37.0).

ICD-10



Coding Note:
The first trimester of pregnancy is defined as less than 14 weeks 0 days.

Less Than

- 14 Weeks

PREPARATION IS THE KEY TO SUCCESS

ICD-10

1st
- Less than 14 weeks 0 days

2nd
- 14 weeks 0 days to less than 28 weeks 0 days

3rd
- 28 weeks 0 days until delivery

AHIMA

Case 1.118

O03.4 **Abortion (complete) (spontaneous), incomplete (spontaneous)**

O13.1 **Hypertension, complicating, pregnancy, gestational (pregnancy induced) (transient) (without proteinuria)**

Z3A.12 **Pregnancy (single) (uterine), weeks of gestation, 12 weeks**

Rationale: The abortion was incomplete (O03.4) with no complications. The gestational hypertension (O13.1) was treated during the encounter. The fourth character O13.1 indicates that patient is in the first trimester of pregnancy. The first trimester of pregnancy is defined as less than 14 weeks and 0 days. Code Z3A.12 is added to indicate weeks of gestation.

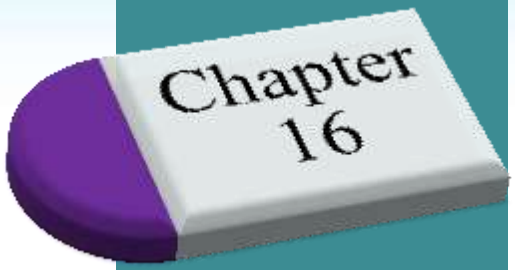
ICD-10-CM

CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD

Review Coding Guideline I.C.16.a.1.

Introductory Notes

- Codes from this chapter are for use on newborn records only, never on maternal records, and include conditions that have their origins in the fetal or perinatal period (before birth through the first 28 days after birth) even if morbidity occurs later.



Block P00-P04

Perinatal period: Before birth through first 28 days after birth

ICD-10

- For use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity that have their origin in the perinatal period
- For use for newborns who are suspected of having an abnormal condition resulting from exposure from the mother or the birth process, but without signs or symptoms, and which, after examination and observation, is found not to exist
- May be used even if treatment is begun for a suspected condition that is ruled out

AHIMA

ICD-10

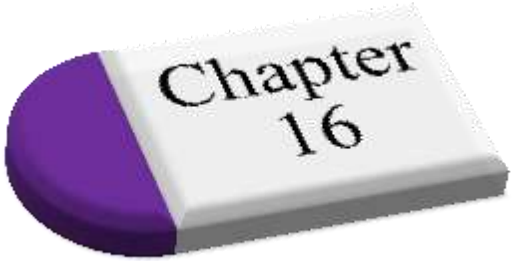
Category P07

Short gestation/ low birth weight and long gestation/ high birth weight

- When both birth weight and gestational age of the newborn are available, both should be coded with birth weight sequenced before gestational age.

ICD-10

Category Z38



Classifies liveborn	• Place of birth • Type of delivery
Principal code	• Initial record • Newborn
Not used	• Mother record

ICD-10

Case 1.119

P36.2 Newborn, (infant) (liveborn) (singleton), sepsis (congenital), due to Staphylococcus, aureus

Rationale: The Z38 category is not assigned, because the birth episode did not occur at this encounter. Code A41.0- is incorrect because this encounter was within the 28 days after birth (perinatal period) and the newborn codes are to be used. See the Excludes1 note at category A41 – *Excludes1* neonatal (P36.-). This is the only code required because there is no mention of severe sepsis or organ dysfunction. And, the P36.2 code identifies the organism, so no additional code from category B95 is indicated.

ICD-10

Case 1.120

P59.9 Newborn (infant) (liveborn) (singleton), hyperbilirubinemia

Rationale: The birth did not occur at this encounter, so the Z38 category is not assigned. Hyperbilirubinemia without mention of prematurity or specified cause is coded to P59.9. If prematurity was documented, there is a specific code to identify that condition (P59.0).

Case 1.121

Z38.00 **Newborn (infant) (liveborn) (singleton), born in hospital**

Q86.0 **Syndrome, fetal, alcohol (dysmorphic)**

Rationale: According to ICD-10-CM Coding Guidelines, a code from Z38 is assigned as the principal/first listed diagnosis. When the coder reviews code Q86.0, there is an *Excludes2* statement that refers to a possible use of code P04.-. However, when code P04.3 (that with use of alcohol) is referenced, it specifically excludes that with fetal alcohol syndrome.

Case 1.122

Z38.01	**Newborn (infant) (liveborn) (singleton), born in hospital, by cesarean**
P04.41	**Newborn (infant) (liveborn) (singleton), affected by cocaine (crack)**
P07.14	**Weight, 1000–2499 grams at birth (low) – *see* Low, birthweight. Low, birthweight (2499 grams or less) with weight of 1000–1249 grams**
P07.34	**Premature, newborn, less than 37 completed weeks – *see* Preterm newborn. Preterm newborn (infant), gestational age 31 weeks, 0 days through 31 weeks, 6 days**
P74.1	**Newborn (infant) (liveborn) (singleton), dehydration**

ICD-10

Case 1.122 (continued):

Rationale: There is no documentation of withdrawal, which would be coded P96.1. Following sequencing according to the guidelines, the code for birth weight is sequenced before the code for gestational age. In indexing the premature newborn, note that Preterm infant is not an option under the term Newborn. It is indexed under Preterm infant, newborn.

ICD-10-CM

CONGENITAL MALFORMATIONS, DEFORMATIONS AND CHROMOSOMAL ABNORMALITIES

ICD-10

Code may be principal or first listed diagnosis or secondary diagnosis

Malformation/abnormality

- When no unique code is available, assign additional code(s) for any manifestations.
- When the code assignment specifically identifies the malformation, deformation, or chromosomal abnormality, manifestations that are an inherent component of the anomaly should not be coded separately.
- Additional codes should be assigned for manifestations that are not an inherent component .

AHIMA

Chapter 17 codes

Codes may be used throughout life of patient.

- If congenital malformation has been corrected, a personal history code is used.
- Although present at birth, abnormality may not be identified until later in life, and if diagnosed by physician, assign a code from codes Q00-Q99.
- For birth admission, the appropriate code from category Z38, Liveborn infants, according to place of birth and type of delivery, should be sequenced as the principal diagnosis, followed by any congenital anomaly codes, Q00-Q89.

ICD-10

Case 1.123

Q01.0 Encephalocele, frontal

Rationale: Encephalocele has been expanded in ICD-10-CM from one code to five codes. An encephalocele is defined as a congenital malformation in which brain tissue protruding through a skull defect. Hydroencephalocele is included in code Q01.0.

ICD-10

Case 1.124

Q37.4 **Cleft, (congenital) lip (unilateral), bilateral, with cleft palate, hard with soft**

Rationale: Careful review of the documentation is indicated to select the one code that combines these conditions. Cleft lip and palate are congenital defects caused when the bones and tissues don't fuse together in utero. The palate is the roof of the mouth, and consists of the soft (back part near the throat) and the hard (front part behind the teeth) palates. Frequently cleft lip and palate are both present. A cleft lip can be either unilateral or bilateral. The unilateral cleft lip has a gap on one side of the lip under either the left or right nostril, but in a bilateral cleft lip, the gap is on both side of the lip.

AHIMA

Case 1.124 (continued):

ICD-9-CM classified cleft palate as unilateral versus bilateral and complete versus incomplete, while ICD-10-CM classifies it by hard, soft, hard with soft, uvular and unspecified. ICD-9-CM classifies cleft lip by unilateral versus bilateral and complete versus incomplete while ICD-10-CM uses the terms bilateral, median, or unilateral. Cleft lip and palate in ICD-10-CM is classified according to hard versus soft palate with unilateral versus bilateral cleft lip. The terms complete versus incomplete were used in ICD-9-CM to classify this condition, and are no longer present in ICD-10-CM.

ICD-10

Case 1.125

Q54.2 Hypospadias, penoscrotal

Rationale: In ICD-9-CM, there was one code to identify this condition, whereas in ICD-10-CM codes are available for hypospadias balanic, penile, penoscrotal, perineal, congenital chordee, other hypospadias, and unspecified. Hypospadias refers to a congenital condition in which the urethral meatus lies on the ventral position of the penile shaft and may be located as far down as in the scrotum or perineum.

ICD-10

Case 1.126

Z38.01 **Newborn (infant) (liveborn) (singleton), born in hospital, by cesarean**

Q20.3 **Transposition (congenital) vessels, great (complete) (partial)**

Rationale: In this case, the newborn code is listed first. Transposition of the great vessels (TGV) is a congenital heart defect in which the aorta and the pulmonary artery are transposed. Because this is a cyanotic heart defect (too little oxygen) the cyanosis is inherent and not separately coded.

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ICD-10-CM

SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS

PREPARATION IS THE KEY TO SUCCESS

Codes Used for:

ICD-10

a
- No more specific diagnosis can be made even after all facts have been investigated

b
- Signs or symptoms existing at time of initial encounter - transient and causes not determined

c
- Provisional diagnosis in patient failing to return

d
- Referred elsewhere before diagnosis made

e
- More precise diagnosis not available

f
- Certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right

AHIMA

PREPARATION IS THE KEY TO SUCCESS

Used with traumatic brain injury or sequelae of cerebro-vascular disease codes

Coma Scale

ICD-10

- Primarily for use by trauma registries and research use, but may be used in any setting
- Sequenced after the diagnosis code(s)
- One from each subcategory (R40.21, R40.22, R40.23) needed
- Seventh character indicates when recorded - should match

0	Unspecified time
1	In field (EMT or ambulance)
2	At arrival to ER
3	At hospital admission
4	24 hours after admission

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PREPARATION IS THE KEY TO SUCCESS

ICD-10

SIRS

Category R65

- Codes identify SIRS of non-infectious origin with and without acute organ dysfunction and severe sepsis with and without septic shock
- Instructional note indicates underlying condition or infection should be coded first
- Sepsis not classified to R65 - coded to infection. e.g., A41.9 assigned for sepsis, unspecified

ICD-10

Case 1.127

R10.821 Tenderness, abdominal, rebound, right upper quadrant

Rationale: ICD-10-CM provides subcategory R10.81 for abdominal tenderness and subcategory R10.82 for rebound abdominal tenderness. In ICD-9-CM, both conditions were included in subcategory 789.6. Rebound tenderness refers to pain upon removal of pressure rather than application of pressure to the abdomen.

AHIMA

Case 1.128

R40.2111	**Coma, with opening of eyes (never)**
R40.2211	**Coma, with verbal response (none)**
R40.2311	**Coma, with motor response (none)**
R40.2134	**Coma, with opening of eyes, in response to sound**
R40.2234	**Coma, with verbal response, inappropriate words**
R40.2344	**Coma, with motor response, flexion withdrawal**

ICD-10

Case 1.128 (continued):

Rationale: In order to report the scale, all three categories must be identified. The first set of codes identified the condition as reported by the EMT. The second set of codes corresponds to the neurologist's assessment on day 2. It is appropriate to report more than one set of codes if desired. The seventh character for the first set of codes (1) identifies that this was done by the EMT in the field, and the second set (4) 24 hours or more after hospital admission. This case is used to illustrate the coma scale codes, but they would not be used alone.

ICD-10

Case 1.129

R92.0 Microcalcifications, breast

Rationale: ICD-10-CM has individual codes for mammographic microcalcification found on diagnostic imaging of the breast and mammographic calcification found on diagnostic imaging of breast.

ICD-10

Case 1.130

R00.1 Bradycardia (sinoatrial) (sinus) (vagal)

Rationale: Code R00.1 includes sinoatrial bradycardia. In ICD-9-CM, this condition is classified in the Circulatory chapter, while in ICD-10-CM it is in Chapter 18. There is an *Excludes1* note at category I49, Other cardiac arrhythmias, excluding bradycardia.

Case 1.131

I20.9 **Angina (attack) (cardiac) (chest) (heart) (pectoris) (syndrome) (vasomotor)**

K21.9 **Disease, diseased, gastroesophageal reflux (GERD)**

Rationale: When two or more contrasting or comparative diagnoses are documented as either/or, they are coded as if the diagnosis were confirmed and the diagnoses are sequenced according to the circumstances of the admission. If no further documentation can be made as to which diagnosis should be principle, either diagnosis may be sequenced first.

Case 1.132

R50.9 **Fever (inanition) (of unknown origin) (persistent) (with chills) (with rigor)**

Rationale: ICD-10-CM Diagnostic Coding and Reporting Guidelines for Outpatient Services (IV. H.) states the following for uncertain diagnoses: "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 reasons for the visit." It would be incorrect to code the viral syndrome in this case. Fever, unspecified includes fever with chills.

ICD-10

Case 1.133

R10.11 **Pain(s) *(see also* Painful), abdominal, upper, right quadrant**

R11.2 **Nausea, with vomiting**

R03.0 **Elevated, elevation, blood pressure, reading (incidental) (isolated) (nonspecific), no diagnosis of hypertension**

Rationale: No conclusive diagnosis was documented, therefore the symptoms are coded.