ICD-10-CM Overview and Coding Guidelines

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Introduction

- The Health Insurance Portability and Accountability Act (HIPAA) of 1996 includes provisions for the standardization of health care information.

Electronic Claim Submissions	Provider Identifiers	Privacy	Code Sets

ICD-10-CM

- ICD-10-CM contains significant improvements
  - Expanded injury codes
  - Creation of combination diagnosis symptom codes
  - Addition of up to seven-character alphanumeric subclassifications
  - Addition of laterality in code assignment

Final Rule

January 1, 2012

- 5010 to be used for electronic submissions

October 1, 2014

- ICD-10-CM to be used for Outpatient Services
- ICD-10-PCS to be used for Inpatient Services

History of ICD

- ICD-10 was endorsed by the 43rd World Health Assembly in May 1990

  – Came into use in 1994

  – ICD has origins into the 1850's

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Characteristics of ICD-10-CM

- Expanded to include health-related conditions and to provide greater specificity at the 6th character level and with a 7th character extension

- Guidance is found in Official Coding and Reporting guidelines section of ICD-10-CM

Format and Structure

- Differences from ICD-9-CM include:
    - Some chapters have been rearranged.
    - Some titles have changed.
    - Conditions have been regrouped.
    - ICD-10 has almost twice as many categories as ICD-9.
    - Minor changes have been made in the coding rules for mortality.

Format and Structure

- ICD-10-CM consists of:
  - Tabular lists containing cause-of-death titles and codes, Inclusion and exclusion terms for cause-of-death titles, Alphabetical index to diseases and nature of injury

  - External causes of injury

  - Table of drugs and chemicals description, guidelines, and coding rules

Key Terms

- Combination Codes
- Granularity
- Laterality
- Morbidity
- Mortality
- Principal or First-listed diagnosis code
- Rubric

Code Structure

- All categories are three characters
  - The first character of a category is a letter. The second and third characters may be either numbers or alpha characters.

- Subcategories are either four or five characters.
  - Subcategory characters may be either letters or numbers.

- Codes are three, four, five, or six characters and the final character in a code may be either a letter or number.

- Certain categories have 7th character extensions which may be either a letter or a number.

Three Character Categories

- Each chapter begins with three character categories

Chapter 1 Certain Infectious and Parasitic Diseases (A00–B99)

- A00–A09 Intestinal infectious diseases
- B15–B19 Viral hepatitis

Chapter 2 Neoplasms (C00–D49)

- C00–C14 Lip, oral cavity and pharynx
- C51–C58 Female genital organs

Chapter 4 Endocrine, Nutritional and Metabolic Diseases (E00–E90)

- E08–E14 Diabetes mellitus
- E65–E68 Obesity and other hyperalimentation

Four Character Categories

- The four character categories further define the site, etiology, and manifestation or state of the disease or condition.

Example:

- C15 Malignant neoplasm of the esophagus
- C15.**3** Malignant neoplasm of **upper third** of esophagus
- C15.**4** Malignant neoplasm of **middle third** of esophagus
- C15.**5** Malignant neoplasm of **lower third** of esophagus
- C15.**8** Malignant neoplasm of **overlapping sites** of esophagus
- C15.9 Malignant neoplasm of esophagus, unspecified

Five-Six Character Classification

- In ICD-10-CM, a 5th or 6th six character sub-classifications represents the most accurate level of specificity

Example:

– J10.8 Influenza due to other influenza virus with other manifestations

– J10.81 Influenzal gastroenteritis

– J10.89 Influenza with other manifestations

       Influenzal encephalopathy

       Influenzal myocarditis

Seventh Character Extension

- Certain ICD-10-CM categories have applicable seven characters
  - The applicable 7th character is required for all codes within the category, or as the notes in the Tabular List instruct.
  - The seventh character must always be the 7th character in the data field.

Seventh Character Extension

Example:

- T50.B96**A** Underdosing of other viral vaccines, **initial encounter**

- T50.B96**D** Underdosing of other viral vaccines, **subsequent encounter**

- T50.B96**S** Underdosing of other viral vaccines, **sequela**
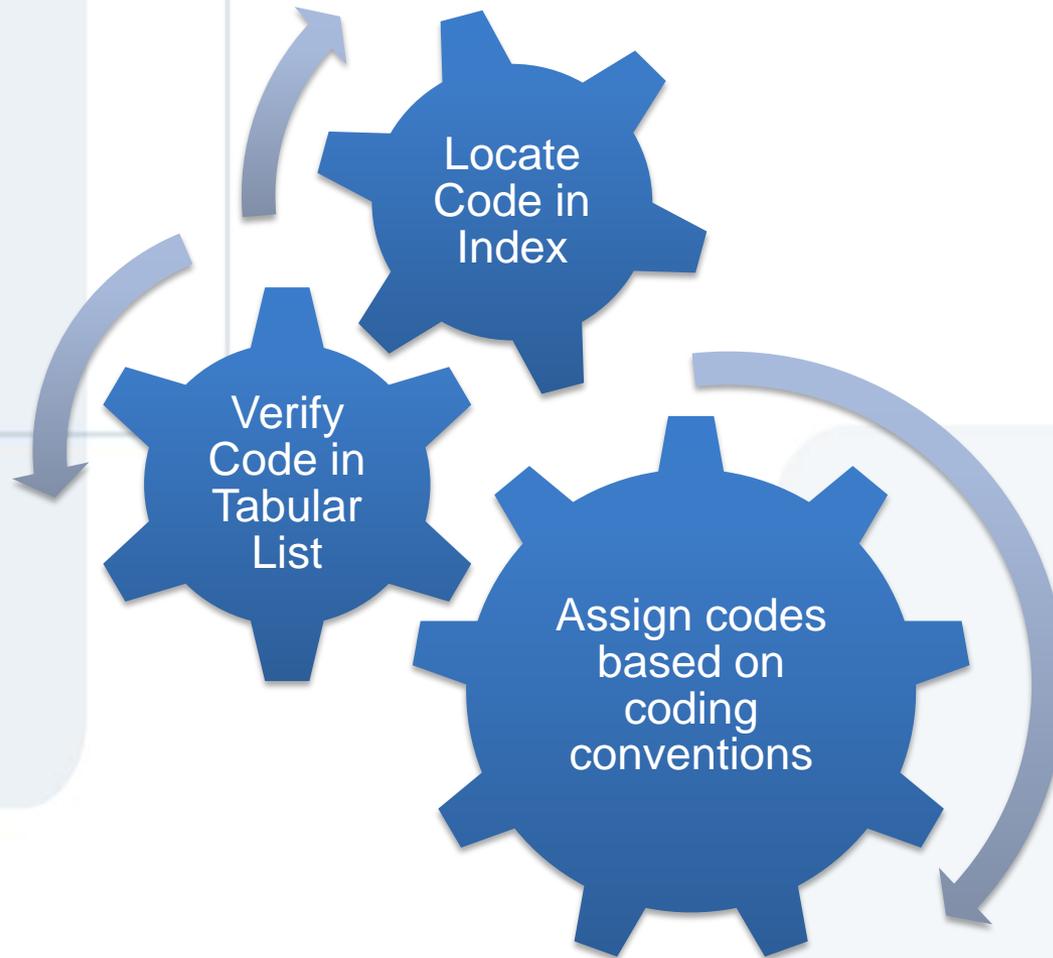
Dummy Placeholders

- ICD-10-CM utilizes a placeholder character "X"
  - The "X" is used as a 5th character placeholder at certain six character codes to allow for future expansion.

Example:
  - T15.12XS Foreign body in conjunctival sac, left eye, sequela

Locating a Code

Locate Code in Index

Verify Code in Tabular List

Assign codes based on coding conventions

ICD-10-CM Conventions

Code First/Use Additional Code Notes

– Etiology/manifestation paired codes have a specific index entry structure .

– In the index both conditions are listed together with the etiology code first followed by the manifestation codes in brackets.

– The code in brackets is always to be sequenced second.

ICD-10-CM Conventions

NEC

An alphabetic index entry that states NEC directs the coder to an "other specified" code in the Tabular List.

NOS

"Not otherwise specified." This abbreviation is the equivalent of unspecified.

ICD-10-CM Conventions

[ ] Brackets are used in the Tabular List to enclose synonyms, alternative wording, or explanatory wording. Brackets are used in the alphabetic Index to identify manifestation codes.

( ) Parentheses are used in both the Alphabetic Index and Tabular List to enclose supplemental words that do not affect the code number.

: Colon is used after an incomplete term that needs one or more of the modifiers that follow to make it assignable to a given category.

} The brace encloses a series of terms each of which is modified by the statement appearing at the right of the brace.

, Words following a comma are essential modifiers. The term in the inclusion note must be present in the diagnostic statement to qualify the code.

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ICD-10-CM Conventions

Code Also

– A "code also" note instructs that two codes may be required to fully describe a condition, but the sequencing of the two codes depends on the severity of the conditions and the reason for the encounter.

"See" and "See Also"

– The "see" instruction following a main term in the Index indicates that another term should be referenced.

ICD-10-CM Conventions

Example:

Amentia—**see also Disability, intellectual**
—Meynert's
(nonalcoholic) F04
Annular—see also
condition

Default Codes

Code listed next to a main term in the ICD-10-CM Index is referred to as a default code.

ICD-10-CM Conventions

Code First/Use Additional Code Notes

- Codes that have both an underlying etiology and multiple body system manifestations due to the underlying etiology require sequencing the underlying condition first followed by the manifestation.

ICD-10-CM Conventions

Example:

H42 Glaucoma in diseases classified elsewhere

Code first underlying condition, such as:

- amyloidosis (E85.)
- aniridia (Q13.1)
- Lowe's syndrome (E72.03)
- Reiger's anomaly (Q13.81)
- specified metabolic disorder (E70-E90)

ICD-10-CM Conventions

Excludes notes

- Two types of excludes notes
  - Independent of each other.

- Excludes1
  - Indicates that the code excluded should never be used at the same time as the code above the *Excludes1 note.*

- Excludes2
  - Indicates that the condition excluded is not part of the condition represented by the code, but from a patient who may have both conditions at the same time.

ICD-10-Conventions

Example:

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)

ICD-10-Conventions

EXAMPLE:

- J03 Acute tonsillitis

    Excludes2: chronic tonsillitis (J35.0)

ICD-10-Conventions

Inclusion Terms

– Lists of terms are included under some codes. These terms are some of the conditions for which that code number is to be used.

Other specified and NEC

– An index entry that states NEC directs the coder to an "other specified" code in the Tabular List

ICD-10-CM Conventions

Unspecified and NOS

- The abbreviation NOS, "Not otherwise specified," in the Tabular List is the equivalent of "unspecified."

ICD-10-CM Conventions

Example:

A04.9 Bacterial intestinal infection, unspecified

Bacterial enteritis NOS

ICD-10-CM Conventions

Use of "and"

– When the term "and" is used in a narrative statement, it represents and/or.

With/Without

– When "with" and "without" are the two options for the final character of a set of codes, the default is always "without."

Example: With/Without

G40.501 Special epileptic syndromes, not intractable with status epilepticus

G40.509 Special epileptic syndromes, intractable, without status epilepticus

ICD-10-CM Conventions

Laterality

- For bilateral sites, the final character of the codes in the ICD-10-CM indicates laterality
    - The right side is usually character 1.
    - The left side character 2.
    - In those cases where a bilateral code is provided the bilateral character is usually 3.
    - The unspecified side is either a character 0 or 9 depending on whether it is a fifth or sixth character. An unspecified side code is also provided should the side not be identified in the medical record.

ICD-10-CM Conventions

Example:

A patient is treated for an abscess of a bursa on the left wrist.

M71.03- Abscess of bursa, wrist

M71.031 Abscess of bursa, right wrist

M71.032 Abscess of bursa, left wrist

M71.039 Abscess of bursa, unspecified wrist

General Coding Guidelines

Locating a code

– Read and be guided by instructional notations that appear in both the Index and the Tabular List.

Level of detail in coding

– A code is invalid if it has not been coded to the full number of characters required for that code, including the seventh character, if applicable.

General Coding Guidelines

Signs and Symptoms

- As with ICD-9-CM coding signs and symptoms should not be reported with a confirmed diagnosis if the symptom is integral to the diagnosis.

- A symptom code is used with a confirmed diagnosis only when the symptom is not associated with the confirmed diagnosis.

General Coding Guidelines

Abnormal Liver Function Test

- R94.5

General Coding Guidelines

A patient is diagnosed with epigastric pain. The physician referred the patient to a gastroenterologist to rule out ulcer.

ICD-9-CM
- 789.06
- Abdominal pain, epigastric

ICD-10-CM
- R10.13
- Epigastic pain

General Coding Guidelines

Conditions that are an integral part of a disease process

– Signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification.

Conditions that are not an integral part of a disease process

– Additional signs and symptoms that may not be associated routinely with a disease process should be coded when present.

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General Coding Guidelines

Multiple Coding for a Single Condition

- In addition to the etiology/manifestation convention that requires two codes to fully describe a single condition that affects multiple body systems, there are other single conditions that also require more than one code.

- "Code, if applicable, any causal condition first," notes indicate that this code may be assigned as a principal diagnosis when the causal condition is unknown or not applicable.

General Coding Guidelines

Example: *A patient is treated by his primary care physician for impetigo manifested by otitis externa of the right ear*

– The underlying condition is the impetigo and the manifestation in this example is the otitis externa.

– The Impetigo is sequenced first followed by the otitis externa:

- L01.00 Impetigo, unspecified
- H62.41 Otitis externa in other diseases classified elsewhere, right ear

General Coding Guidelines

Acute and Chronic Conditions

- – If the same condition is described as both acute and chronic, and separate subentries exist in the Alphabetic Index at the same indentation level, code both and sequence the acute code first.

General Coding Guidelines

Example: *A patient was diagnosed with acute maxillary sinusitis that is chronic.*

In ICD-10-CM both codes for the acute and chronic condition are reported.

- **J01 Acute sinusitis**

- Includes: acute abscess of sinus acute empyema of sinus acute infection of sinus acute inflammation of sinus acute suppuration of sinus

Use additional code (B95-B97) to identify infectious agent.

- Excludes1: sinusitis NOS (J32.9)

- Excludes2: chronic sinusitis (J32.0-J32.8)

General Coding Guidelines

Combination Code

A combination code is a single code used to classify:

- **Two diagnoses, or**
- **A diagnosis with an associated secondary process (manifestation)**
- **A diagnosis with an associated complication**

General Coding Guidelines

Combination Code – CAUTION

Combination codes can lead to what appears to be redundant coding when multiple clinical conditions exist.

EXAMPLE:

A patient is suffering from Type 2 diabetes with mild nonproliferative diabetic retinopathy and diabetic dermatitis.

E11.321 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy

E11.620 Type 2 diabetes mellitus with diabetic dermatitis

General Coding Guidelines

Late Effects (Sequela)

- A late effect is the residual effect (condition produced) after the acute phase of an illness or injury has terminated.

  - An exception to the above guidelines are those instances where the code for late effect is followed by a manifestation code identified in the Tabular List and title, or the late effect code has been expanded.

General Coding Guidelines

Impending or Threatened Condition

- If it did occur, code as confirmed diagnosis.

- If it did not occur, reference the Alphabetic Index to determine if the condition has a subentry term for "impending" or "threatened" and also reference main term entries for "Impending" and for "Threatened."

- If the subterms are listed, assign the given code.

- If the subterms are not listed, code the existing underlying condition(s) and not the condition described as impending or threatened.

General Coding Guidelines

Complications of Surgery and Other Medical Care

- The complication code is sequenced as the first-listed code when treatment is resulting from surgery or other medical care.

General Coding Guidelines

Reporting Same Diagnosis Code More than Once

- Each unique ICD-10-CM diagnosis code may be reported only once for an encounter.

- This applies to bilateral conditions or two different conditions classified to the same ICD-10-CM diagnosis code.

General Coding Guidelines

Principal or First-listed Diagnosis

- If no sequencing rules apply, what was the condition that was the main focus of treatment?

  – Sequence that first

General Coding Guidelines

1. A sign or symptom code is not to be used as a principal diagnosis when a definitive diagnosis for the sign or symptom has been established.

2. A sign or symptom code is to be used as principal/first-listed if no definitive diagnosis is established at the time of coding.

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General Coding Guidelines

3. If anticipated treatment is not carried out due to unforeseen circumstances, the principal diagnosis/first-listed code remains the condition or diagnosis that the provider planned to treat.

4. When the admission is for treatment of a complication resulting from surgery or other medical care, the complication code is sequenced as the principal diagnosis/first-listed code.

General Coding Guidelines

Selection of Secondary Diagnoses

- In most cases, more than one code is necessary to fully explain a health care encounter. Although a patient has an encounter for a principal/first-listed diagnosis, the additional conditions or reasons for the encounter also need to be coded. These codes are referred to as secondary, additional, or "other" diagnoses.

General Coding Guidelines

Symptom Codes with Confirmed Diagnoses

- Two rules apply to use the symptom codes with confirmed diagnoses:

  - (1) a symptom code should not be used with a confirmed diagnosis if the symptom is integral to the diagnosis;

  - (2) a symptom code should be used with a confirmed diagnosis if the symptom is not always associated with that diagnosis, such as the use of various signs and symptoms associated with complex syndromes.

General Coding Guidelines

Previous Conditions

- – **For example** if the patient is being treated for hypertension and diabetes during the patient encounter and the patient had pneumonia which was resolved three months ago, and has no bearing on the services rendered at the visit…
  - Would you code the pneumonia?

General Coding Guidelines

Abnormal Test Findings

- – Abnormal test findings (laboratory, X-ray, pathologic, and other diagnostic results) are **not coded** and reported unless the physician indicates their clinical significance.