

ICD-10 Conventions and Guidelines

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 #CureMDWebinar

ICD-10

Boot Camp

Part 2- Conventions and Guidelines

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FIND-A-CODE™
FAST - SIMPLE - CURRENT

Dr. Evan Gwilliam



- Education

- Bachelor's of Science, Accounting - Brigham Young University
- Master's of Business Administration - Broadview University
- Doctor of Chiropractic, Valedictorian - Palmer College of Chiropractic

- Certifications

- Certified Professional Coder (CPC) - AAPC
- Nationally Certified Insurance Coding Specialist (NCICS) - NCCT
- Certified Chiropractic Professional Coder (CCPC) - AAPC
- ChiroCode Certified Chiropractic Professional Coder (CCCPC) - ChiroCode
- Certified Professional Coder – Instructor (CPC-I) - AAPC
- Medical Compliance Specialist – Physician (MCS-P) - MCS
- Certified Professional Medical Auditor (CPMA) – AAPC, NAMAS
- Certified ICD-10 Trainer - AAPC

Overview

- Part 1 - ICD-10 fundamentals and navigation
- Part 2 - Coding conventions and guidelines
- Part 3 - ICD-10 code selection strategies
- Part 4 - Documentation improvement



Note: ICD-10-PCS are procedure codes which replace ICD-9-CM volume 3. They are used for inpatient hospital facility billing only and not discussed in this program.

ICD-10 Rules

1. **Conventions**
(section I.A)
2. **General Coding Guidelines**
(section I.B)
3. **Chapter Specific Coding Guidelines**
(section I.C)
4. **The Tabular List** ****takes precedence**
(in-column instructions)



ICD-10 Conventions

NEC “Not elsewhere classified” or “other specified”

Used when the information in the medical record provides detail for which a specific code does not exist

NOS “Not otherwise specified” or “unspecified”

Used when the information in the medical record is insufficient to assign a more specific code.

OTHER ACUTE LOWER RESPIRATORY INFECTIONS (J20-J22)

Excludes2:

chronic obstructive pulmonary disease with acute lower respiratory infection (J44.0)

J20- ACUTE BRONCHITIS

Includes:

*acute and subacute bronchitis (with) bronchospasm
acute and subacute bronchitis (with) tracheitis
acute and subacute bronchitis (with) tracheobronchitis, acute
acute and subacute fibrinous bronchitis
acute and subacute membranous bronchitis
acute and subacute purulent bronchitis
acute and subacute septic bronchitis*

Excludes1:

*bronchitis NOS (J40)
tracheobronchitis NOS (J40)*

Excludes2:

*acute bronchitis with bronchiectasis (J47.0)
acute bronchitis with chronic obstructive asthma (J44.0)
acute bronchitis with chronic obstructive pulmonary disease (J44.0)
allergic bronchitis NOS (J45.909-)
bronchitis due to chemicals, fumes and vapors (J68.0)
chronic bronchitis NOS (J42)
chronic mucopurulent bronchitis (J41.1)
chronic obstructive bronchitis (J44.-)
chronic obstructive tracheobronchitis (J44.-)
chronic simple bronchitis (J41.0)
chronic tracheobronchitis (J42)*

J20.0 Due to *Mycoplasma pneumoniae*

ICD-9= 041.81 *Mycoplasma*

ICD-9= 466.0 Acute bronchitis

J20.1 Due to *Hemophilus influenzae*

ICD-9= 041.5 *H. influenzae* infect NOS

ICD-9= 466.0 Acute bronchitis

J20.2 Due to streptococcus

ICD-9= 041.00 *Streptococcus* unspecf

ICD-9= 466.0 Acute bronchitis

J20.3 Due to coxsackievirus

ICD-9= 079.2 *Coxsackie virus* inf NOS

ICD-9= 466.0 Acute bronchitis

J20.4 Due to parainfluenza virus

ICD-9= 079.89 *Oth specf viral infectn*

ICD-9= 466.0 Acute bronchitis

J20.5 Due to respiratory syncytial virus

ICD-9= 079.6 *Resprtry syncytial virus*

ICD-9= 466.0 Acute bronchitis

J20.6 Due to rhinovirus

ICD-9= 079.3 *Rhinovirus* infect NOS

ICD-9= 466.0 Acute bronchitis

J20.7 Due to echovirus

ICD-9= 079.1 *Echo virus* infect NOS

ICD-9= 466.0 Acute bronchitis

J20.8 Due to other specified organisms

ICD-9= 466.0 Acute bronchitis

J20.9 Unspecified

ICD-9= 466.0 Acute bronchitis

ICD-10 Conventions

Includes

This note appears immediately under a three-digit code title to further define, clarify, or give examples of the content of a code category.

Inclusion terms

List of conditions assigned to that code

And

The word “and” should be interpreted to mean either “and” or “or” when it appears in a title... “either or”



S33- DISLOCATION AND SPRAIN OF JOINTS AND LIGAMENTS OF LUMBAR SPINE AND PELVIS

Includes:

- avulsion of joint or ligament of lumbar spine and pelvis*
- laceration of cartilage, joint or ligament of lumbar spine and pelvis*
- sprain of cartilage, joint or ligament of lumbar spine and pelvis*
- traumatic hemarthrosis of joint or ligament of lumbar spine and pelvis*
- traumatic rupture of joint or ligament of lumbar spine and pelvis*
- traumatic subluxation of joint or ligament of lumbar spine and pelvis*
- traumatic tear of joint or ligament of lumbar spine and pelvis*

Code Also

- any associated open wound*

Excludes1:

- nontraumatic rupture or displacement of lumbar intervertebral disc NOS (M51.-)*
- obstetric damage to pelvic joints and ligaments (O71.6)*

Excludes2:

- dislocation and sprain of joints and ligaments of hip (S73.-)*
- strain of muscle of lower back and pelvis (S39.01-)*

The appropriate 7th character is to be added to each code from category S33

- A - initial encounter*
- D - subsequent encounter*
- S - sequela*

ICD-10 Conventions

Etiology/manifestation

The condition is sequenced first, followed by the manifestation

- Etiology code will have a “use additional” note
- Manifestation code will have a “code first” note
 - Also usually says “in diseases classified elsewhere”
- Brackets surround the manifestation code in the alpha index

Code Also

Alerts the coder that more than one code may be required to fully describe the condition. The sequencing of the codes depends on the severity and/or the reason for the

- encounter.

F02- DEMENTIA IN OTHER DISEASES CLASSIFIED ELSEWHERE

Code First:

the underlying physiological condition, such as:
Alzheimer's (G30.-)
cerebral lipidosis (E75.4)
Creutzfeldt-Jakob disease (A81.0-)
dementia with Lewy bodies (G31.83)
epilepsy and recurrent seizures (G40.-)
frontotemporal dementia (G31.09)
hepatolenticular degeneration (E83.0)
human immunodeficiency virus [HIV] disease (B20)
hypercalcemia (E83.52)
hypothyroidism, acquired (E00-E03.-)
intoxications (T36-T65)
Jakob-Creutzfeldt disease (A81.0-)
multiple sclerosis (G35)
neurosyphilis (A52.17)
niacin deficiency [pellagra] (E52)
Parkinson's disease (G20)
Pick's disease (G31.01)
polyarteritis nodosa (M30.0)
systemic lupus erythematosus (M32.-)
trypanosomiasis (B56.-, B57.-)
vitamin B deficiency (E53.8)

Tabular List

Dementia (degenerative (primary))

(old age) (persisting) **F03.90**

with

aggressive behavior **F03.91**

behavioral disturbance **F03.91**

combative behavior **F03.91**

Lewy bodies **G31.83 [F02.80]**

with behavioral disturbance

G31.83 [F02.81]

Parkinson's disease **G20 [F02.80]**

with behavioral disturbance **G20**

[F02.81]

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

with behavioral disturbance

G31.83 [F02.81]

violent behavior **F03.91**

alcoholic **F10.97**

with dependence **F10.27**

Alphabetic Index

ICD-10 Conventions

Excludes

Different in ICD-10

Excludes1 – is used when two conditions cannot occur together or “NOT CODED HERE!” Mutually exclusive codes; two conditions that cannot be reported together.

Excludes2 – indicates “NOT INCLUDED HERE.” Although the excluded condition is not part of the condition, it is excluded from, a patient may have both conditions at the same time. The excluded code and the code above the excludes can be used together if the documentation supports them.

ICD-10 Conventions

Excludes

Excludes1 – consider these codes *instead*

(you can only use 1)

(mutually exclusive)

Excludes2 – consider
these codes *in addition*

(you may use 2 or more)

(Not included)



S33- DISLOCATION AND SPRAIN OF JOINTS AND
LIGAMENTS OF LUMBAR SPINE AND PELVIS

Includes:

avulsion of joint or ligament of lumbar spine and pelvis
laceration of cartilage, joint or ligament of lumbar spine and pelvis
sprain of cartilage, joint or ligament of lumbar spine and pelvis
traumatic hemarthrosis of joint or ligament of lumbar spine and pelvis
traumatic rupture of joint or ligament of lumbar spine and pelvis
traumatic subluxation of joint or ligament of lumbar spine and pelvis
traumatic tear of joint or ligament of lumbar spine and pelvis

Code Also

any associated open wound

Excludes1:

nontraumatic rupture or displacement of lumbar intervertebral disc NOS (M51.-)
obstetric damage to pelvic joints and ligaments (O71.6)

Excludes2:

dislocation and sprain of joints and ligaments of hip (S73.-)
strain of muscle of lower back and pelvis (S39.01-)

The appropriate 7th character is to be added to each code from category S33

A - initial encounter

D - subsequent encounter

S - sequela

M25.6- Stiffness of joint, not elsewhere classified

Excludes1:

ankylosis of joint (M24.6-)

contracture of joint (M24.5-)

M25.60 Unspecified joint

ICD-9= 719.58 Jt stiffness NEC-oth jt

M25.61- Stiffness of shoulder, not elsewhere classified

ICD-9= 719.51 Jt stiffness NEC-shoulder

M25.611 Right

M25.612 Left

M25.619 Unspecified

M25.62- Stiffness of elbow, not elsewhere classified

ICD-9= 719.52 Jt stiffness NEC-up/arm

M25.621 Right

M25.622 Left

M25.629 Unspecified

M25.63- Stiffness of wrist, not elsewhere classified

ICD-9= 719.53 Jt stiffness NEC-forearm

M25.631 Right

M25.632 Left

M25.639 Unspecified

M25.64- Stiffness of hand, not elsewhere classified

ICD-9= 719.54 Jt stiffness NEC-hand

M25.641 Right

M25.642 Left

M25.649 Unspecified

M25.65- Stiffness of hip, not elsewhere classified

ICD-9= 719.55 Jt stiffness NEC-pelvis

M25.651 Right

M25.652 Left

M25.659 Unspecified

M25.66- Stiffness of knee, not elsewhere classified

ICD-9= 719.56 Jt stiffness NEC-l/leg

M25.661 Right

M25.662 Left

M25.669 Unspecified

Is it the right code?

M25.652 *Stiffness of left hip, not elsewhere classified*



M25.6- Stiffness of joint, not elsewhere classified

Excludes1:

ankylosis of joint (M24.6-)
contracture of joint (M24.5-)

M25.60 Unspecified joint

ICD-9= 719.58 Jt stiffness NEC-oth jt

M25.61- Stiffness of shoulder, not elsewhere classified

ICD-9= 719.51 Jt stiffness NEC-shoulder

M25.611 Right

M25.612 Left

M25.619 Unspecified

M25.62- Stiffness of elbow, not elsewhere classified

ICD-9= 719.52 Jt stiffness NEC-up/arm

M25.621 Right

M25.622 Left

M25.629 Unspecified

M25.63- Stiffness of wrist, not elsewhere classified

ICD-9= 719.53 Jt stiffness NEC-forearm

M25.631 Right

M25.632 Left

M25.639 Unspecified

M25.64- Stiffness of hand, not elsewhere classified

ICD-9= 719.54 Jt stiffness NEC-hand

M25.641 Right

M25.642 Left

M25.649 Unspecified

M25.65- Stiffness of hip, not elsewhere classified

ICD-9= 719.55 Jt stiffness NEC-pelvis

M25.651 Right

M25.652 Left

M25.659 Unspecified

M25.66- Stiffness of knee, not elsewhere classified

ICD-9= 719.56 Jt stiffness NEC-l/leg

M25.661 Right

M25.662 Left

M25.669 Unspecified

Is it the right code?

M25.65- Stiffness of hip, not elsewhere classified

Note: this is the subcategory



M25.6- Stiffness of joint, not elsewhere classified

Excludes1:

ankylosis of joint (M24.6-)
contracture of joint (M24.5-)

M25.60 Unspecified joint

ICD-9= 719.58 *Jt stiffness NEC-oth jt*

M25.61- Stiffness of shoulder, not elsewhere classified

ICD-9= 719.51 *Jt stiffness NEC-shoulder*

M25.611 Right

M25.612 Left

M25.619 Unspecified

M25.62- Stiffness of elbow, not elsewhere classified

ICD-9= 719.52 *Jt stiffness NEC-up/arm*

M25.621 Right

M25.622 Left

M25.629 Unspecified

M25.63- Stiffness of wrist, not elsewhere classified

ICD-9= 719.53 *Jt stiffness NEC-forearm*

M25.631 Right

M25.632 Left

M25.639 Unspecified

M25.64- Stiffness of hand, not elsewhere classified

ICD-9= 719.54 *Jt stiffness NEC-hand*

M25.641 Right

M25.642 Left

M25.649 Unspecified

M25.65- Stiffness of hip, not elsewhere classified

ICD-9= 719.55 *Jt stiffness NEC-pelvis*

M25.651 Right

M25.652 Left

M25.659 Unspecified

M25.66- Stiffness of knee, not elsewhere classified

ICD-9= 719.56 *Jt stiffness NEC-l/leg*

M25.661 Right

M25.662 Left

M25.669 Unspecified

Is it the right code?

M25.6 Stiffness of joint, not elsewhere classified



Is it the right code?

M25.6- *Stiffness of joint, not elsewhere classified*

Note: the exclusion notes apply to all codes that begin with [M25.6](#)

M25.6- Stiffness of joint, not elsewhere classified

Excludes1:

ankylosis of joint (M24.6-)

contracture of joint (M24.5-)

M25.60 Unspecified joint

ICD-9= 719.58 Jt stiffness NEC-oth jt

M25.61- Stiffness of shoulder, not elsewhere classified

ICD-9= 719.51 Jt stiffness NEC-shoulder

M25.611 Right

M25.612 Left

M25.619 Unspecified



Is it the right code?

M25- OTHER JOINT DISORDER, NOT ELSEWHERE CLASSIFIED

Excludes2:

abnormality of gait and mobility (R26.-)
acquired deformities of limb (M20-M21)
calcification of bursa (M71.4-)
calcification of shoulder (joint) (M75.3)
calcification of tendon (M65.2-)
difficulty in walking (R26.2)
temporomandibular joint disorder (M26.6-)

M25.0- Hemarthrosis

Excludes1:

current injury - see injury of joint by body region
hemophilic arthropathy (M36.2)

M25- Other joint disorder, not elsewhere classified

Note: the exclusion notes apply to all codes that are in the **M25** category



Is it the right code?

OTHER JOINT DISORDERS (M20-M25)

Excludes2:

joints of the spine (M40-M54)

M20- ACQUIRED DEFORMITIES OF FINGERS AND TOES

Excludes1:

acquired absence of fingers and toes (Z89.-)

congenital absence of fingers and toes (Q71.3, Q72.3-)

congenital deformities and malformations of fingers and toes (Q66.-, Q68-Q70, Q74.-)

M20.0- Deformity of finger(s)

Excludes1:

clubbing of fingers (R68.3)

palmar fascial fibromatosis [Dupuytren] (M72.0)

M20-M25 *Other joint disorders*

Note: the exclusion notes apply to all codes in the M20-M25 block



Is it the right code?

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

Notes:

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

Excludes2:

arthropathic psoriasis (L40.5-)
certain conditions originating in the perinatal period (P84-P96)
certain infectious and parasitic diseases (A00-B99)
compartment syndrome (traumatic) (T79.A-)
complications of pregnancy, childbirth and the puerperium (O00-O9A)
congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)
endocrine, nutritional and metabolic diseases (E00-E88)
injury, poisoning and certain other consequences of external causes (S00-T88)
neoplasms (C00-D49)
symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)

See Guidelines:

1;C.20.a.1
4;8

M Diseases of the musculoskeletal system and connective tissue

Note: the instructional notes apply to all codes in chapter 13



M25.6- Stiffness of joint, not elsewhere classified

Excludes1:

ankylosis of joint (M24.6-)
contracture of joint (M24.5-)

M25.60 Unspecified joint

ICD-9= 719.58 *jt stiffness NEC-oth jt*

M25.61- Stiffness of shoulder, not elsewhere classified

ICD-9= 719.51 *jt stiffness NEC-shoulder*

M25.611 Right

M25.612 Left

M25.619 Unspecified

M25.62- Stiffness of elbow, not elsewhere classified

ICD-9= 719.52 *jt stiffness NEC-up/arm*

M25.621 Right

M25.622 Left

M25.629 Unspecified

M25.63- Stiffness of wrist, not elsewhere classified

ICD-9= 719.53 *jt stiffness NEC-forearm*

M25.631 Right

M25.632 Left

M25.639 Unspecified

M25.64- Stiffness of hand, not elsewhere classified

ICD-9= 719.54 *jt stiffness NEC-hand*

M25.641 Right

M25.642 Left

M25.649 Unspecified

M25.65- Stiffness of hip, not elsewhere classified

ICD-9= 719.55 *jt stiffness NEC-pelvis*

M25.651 Right

M25.652 Left

M25.659 Unspecified

M25.66- Stiffness of knee, not elsewhere classified

ICD-9= 719.56 *jt stiffness NEC-l/leg*

M25.661 Right

M25.662 Left

M25.669 Unspecified

Is it the right code?

M25.652 Stiffness of left hip, not elsewhere classified

Note:

In column instructions all the way back to the first character apply to this code. There were no exclusions at the code, but we found them in three other places as we worked backwards.

Coding tip: start with the specific code and work backwards to find the relevant instructional notes.

ICD-10 Conventions

With/without

- “with” means “associated with” or “due to”
- default is always “without”



G47.1- Hypersomnia

Excludes2:

alcohol-related hypersomnia (F10.182, F10.282, F10.982)

drug-related hypersomnia (F11.182, F11.282, F11.982, F13.182, F13.282, F13.982, F14.182, F14.282, F14.982, F15.182, F15.282, F15.982, F19.182, F19.282, F19.982)

hypersomnia due to a mental disorder (F51.13)

hypersomnia not due to a substance or known physiological condition (F51.1-)

primary hypersomnia (F51.11)

sleep apnea (G47.3-)

G47.10 Unspecified

Hypersomnia NOS

ICD-9= 780.54 Hypersomnia NOS

G47.11 Idiopathic, with long sleep time

Idiopathic hypersomnia NOS

ICD-9= 327.11 Idio hypersom-long sleep

G47.12 Idiopathic, without long sleep time

ICD-9= 327.12 Idio hypersom-no lng slp

G47.13 Recurrent

Kleine-Levin syndrome

Menstrual related hypersomnia

ICD-9= 327.13 Recurrent hypersomnia

G47.14 Due to medical condition

Code Also

associated medical condition

ICD-9= 327.14 Hypersomnia in other dis

G47.19 Other

ICD-9= 327.19 Organic hypersomnia NEC

ICD-10 Rules

1. **Conventions**
(section I.A)
2. **General Coding Guidelines**
(section I.B)
3. **Chapter Specific Coding Guidelines**
(section I.C)
4. **The Tabular List** ****takes precedence**
(in-column instructions)



General Coding Guidelines

Code to the highest level of specificity (i.e. up to five digits in ICD-9, seven in ICD-10) (*section I.B.3*)

“List first the ICD-9-CM code for the diagnosis, condition, problem, or other reason for the encounter/visit shown in the medical record to be chiefly responsible for the services provided.” (*section IV.H*)



General Coding Guidelines

“Code signs and symptoms when a related definitive diagnosis has not been established (confirmed) by the provider” (*section I.B.6*)

- mostly 780-799 in ICD-9
- mostly R00-R99 in ICD-10

R07- PAIN IN THROAT AND CHEST

Excludes1:

epidemic myalgia (B33.0)

Excludes2:

jaw pain R68.84

pain in breast (N64.4)

R07.0 In throat

Excludes1:

chronic sore throat (J31.2)

sore throat (acute) NOS (J02.9)

Excludes2:

dysphagia (R13.1-)

pain in neck (M54.2)

ICD-9= 784.1 Throat pain

R07.1 Chest pain on breathing

Painful respiration

ICD-9= 786.52 Painful respiration

R07.2 Precordial

ICD-9= 786.51 Precordial pain

R07.8- Other chest pain

ICD-9= 786.59 Chest pain NEC

R07.81 Pleurodynia

Pleurodynia NOS

Excludes1:

epidemic pleurodynia (B33.0)

ICD-9= 786.52 Painful respiration

R07.82 Intercostal

R07.89 Other

Anterior chest-wall pain NOS

R07.9 Chest, unspecified

ICD-9= 786.50 Chest pain NOS

R45- SYMPTOMS AND SIGNS INVOLVING EMOTIONAL STATE

R45.0 Nervousness

Nervous tension

ICD-9= 799.21 Nervousness

R45.1 Restlessness and agitation

ICD-9= 307.9 Special symptom NEC/NOS

R45.2 Unhappiness

ICD-9= 300.9 Nonpsychotic disord NOS

R45.3 Demoralization and apathy

Excludes1:

anhedonia (R45.84)

ICD-9= 799.25 Demoralization & apathy

R45.4 Irritability and anger

ICD-9= 799.22 Irritability

R45.5 Hostility

ICD-9= 300.9 Nonpsychotic disord NOS

R45.6 Violent behavior

ICD-9= 300.9 Nonpsychotic disord NOS

R45.7 State of emotional shock and stress, unspecified

ICD-9= 308.9 Acute stress react NOS

R45.8- Other symptoms and signs

R45.81 Low self-esteem

ICD-9= 307.9 Special symptom NEC/NOS

R45.82 Worries

ICD-9= 307.9 Special symptom NEC/NOS

R45.83 Excessive crying of child, adolescent or adult

Excludes1:

General Coding Guidelines

“Signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes”
(*section I.B.7*)

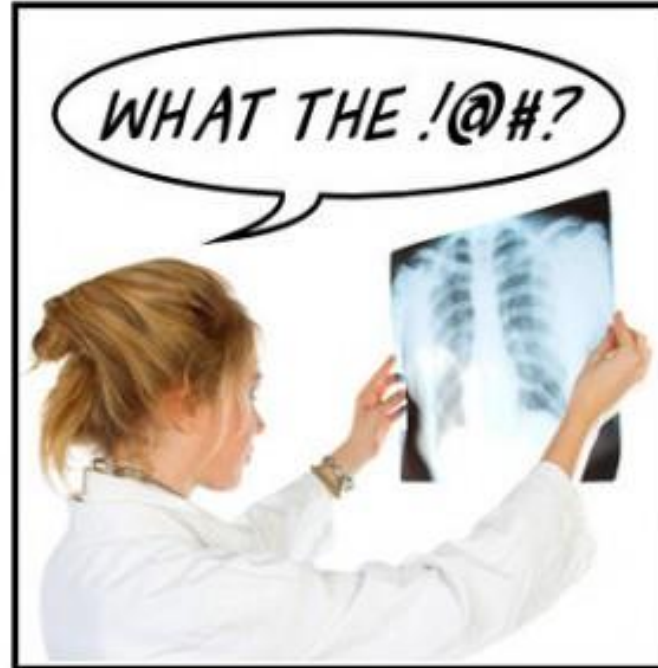
| | |
|---------------|---|
| R68.84 | Jaw pain |
| | Mandibular pain |
| | Maxilla pain |
| | Excludes1: |
| | temporomandibular joint arthralgia (M26.62) |
| | ICD-9= 784.92 Jaw pain |

“Additional signs and symptoms that may not be associated routinely with a disease process should be coded when present.” (*section I.B.8*)

- Example: **R11.0 Nausea** and
 - **S13.4xxA Sprain of ligaments of the cervical spine**

General Coding Guidelines

“Do not code diagnoses documented as ‘probable’, ‘suspected’, ‘questionable’, ‘rule out’, or ‘working diagnosis’ or other similar terms indicating uncertainty.”
(*section IV.I*)



General Coding Guidelines



“Code all documented conditions that coexist at the time of the encounter/visit and require or affect patient care treatment or management.” (*section IV.K*)

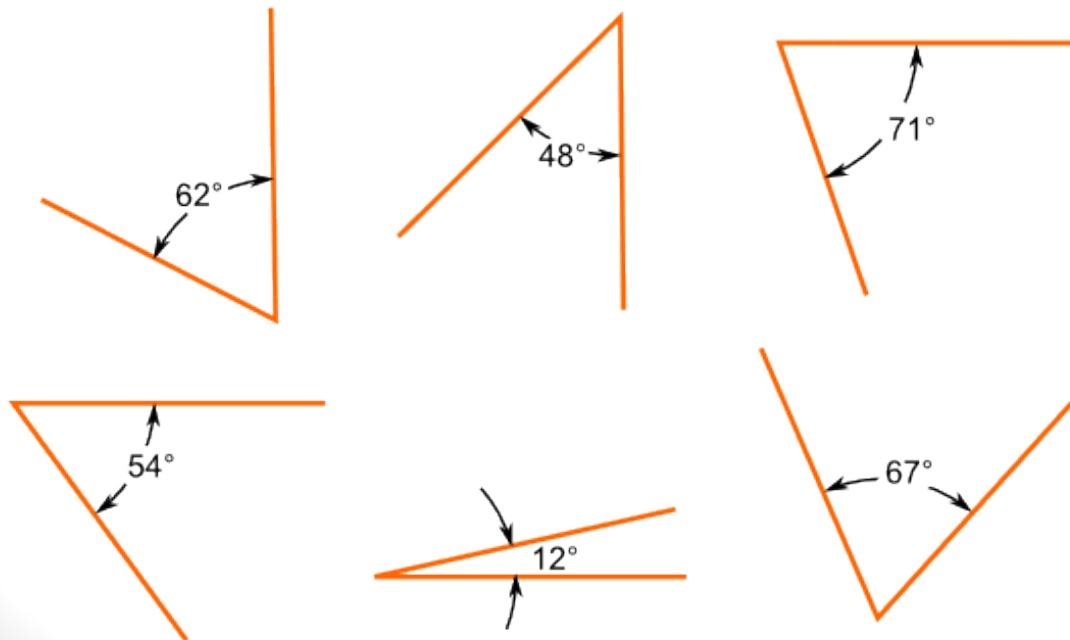


- Diabetes? Pregnancy ([Z33.1](#))? Cancer?

General Coding Guidelines

Acute and chronic

- The acute condition should always be listed before the chronic condition if both are present.



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)

J01.0- Acute maxillary sinusitis

Acute antritis

ICD-9= 461.0 Ac maxillary sinusitis

J01.00 Unspecified

J01.01 Recurrent

General Coding Guidelines

Combination codes are used to classify:

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



Diagnosis: Type 1 diabetes with diabetic cataract.

ICD-9-CM Code Selection

250 Diabetes mellitus
 250.5 Diabetes with ophthalmic manifestations
 250.51 Diabetes with ophthalmic manifestations; type I (juvenile type), not stated as uncontrolled

366.41 Diabetic cataract

ICD-9-CM final code selection:

250.51 Diabetes with ophthalmic manifestations; type I (juvenile type), not stated as uncontrolled
366.41 Diabetic cataract

ICD-10-CM Code Selection

E08-E13 Diabetes mellitus (E08-E13)
 E10 Type 1 diabetes mellitus
 E10.3 Type 1 diabetes mellitus with ophthalmic complications
 E10.36 Type 1 diabetes mellitus with diabetic cataract

ICD-10-CM final code selection:

E10.36 Type 1 diabetes mellitus with diabetic cataract

General Coding Guidelines

Sequela (late effects)

- Residual effect after the acute phase of an illness or injury has terminated
 - Example: paralysis after cerebral infarction
- Code first the condition being treated, and second the illness or injury that led to it.
- Never code the acute phase of the illness or injury with a sequela

ICD-10 Conventions

Impending or Threatened condition

If a condition occurs, code confirmed diagnosis, if only impending or threatened, then code if found in index under those terms

Impending

coronary syndrome **I20.0**
delirium tremens **F10.239**
myocardial infarction **I20.0**

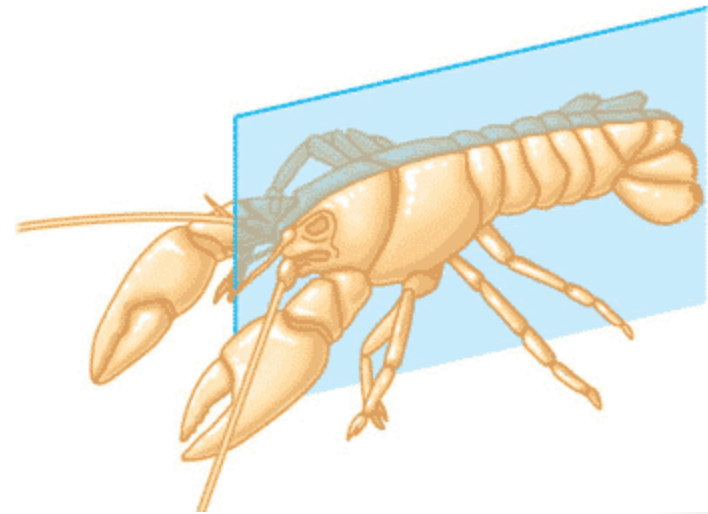
Threatened

abortion **O20.0**
with subsequent abortion **O03.9**
labor (without delivery) **O47.9**
after 37 completed weeks of
gestation **O47.1**
before 37 completed weeks of
gestation **O47.0-**
miscarriage **O20.0**

General Coding Guidelines

Laterality

- If the condition is bilateral and there is no bilateral code, then you have to list the left and right code separately.
- Sixth character (usually)
 - 1=right
 - 2=left
- List unspecified if laterality is not described



General Coding Guidelines

Always document laterality for any body part or organ that is bilateral in nature.

DISEASES OF INNER EAR (H80-H83)

H81- DISORDERS OF VESTIBULAR FUNCTION

Excludes1:

epidemic vertigo (A88.1)

vertigo NOS (R42)

H81.0- Ménière's disease

Including: Labyrinthine hydrops, Ménière's syndrome or vertigo

ICD-9= 386.00 Meniere's disease NOS

H81.01 Right ear

H81.02 Left ear

H81.03 Bilateral

H81.09 Unspecified ear

H81.1- Benign paroxysmal vertigo

ICD-9= 386.11 Benign paroxysmal vertigo

H81.10 Unspecified ear

H81.11 Right ear

H81.13 Bilateral

ICD-10-CM does not always provide a bilateral code. Sometimes it is only Right, Left or Unspecified.

M67- OTHER DISORDERS OF SYNOVIUM AND TENDON

Excludes1:

palmar fascial fibromatosis [Dupuytren] (M72.0)

tendinitis NOS (M77.9-)

xanthomatosis localized to tendons (E78.2)

M67.31- Transient synovitis, shoulder

ICD-9= 727.09 Synovitis NEC

M67.311 Right

M67.312 Left

M67.319 Unspecified

General Coding Guidelines

Be sure that the claim lines match the diagnosis selected to avoid denials. When a CPT service is performed bilaterally, but the diagnosis does not have a bilateral descriptor, be sure to report the CPT with modifiers RT and LT and then match the RT and LT diagnoses with the correct CPT code.

M67.31- Transient synovitis, shoulder

ICD-9= 727.89 Synovitis NEC

M67.311 Right

M67.312 Left

M67.319 Unspecified

Example:

73030-RT Radiologic examination, **shoulder**, complete, minimum 2 views; **right side**

M67.311 Transient synovitis, **shoulder, right**

73030-LT Radiologic examination, **shoulder**, complete, minimum 2 views; **left side**

● M67.312 Transient synovitis, **shoulder, left**

General Coding Guidelines

Placeholder “x” character

ICD-10-CM utilizes a placeholder character “x” in positions 4, 5, and/or 6 in certain codes to allow for future expansion.

7th Characters

Certain ICD-10-CM categories have applicable 7th characters. The 7th character must *always* be the 7th character in the data field. If a code that requires a 7th character is not 6 characters, a placeholder “x” must be used to fill in the empty characters.



General Coding Guidelines



Initial
Encounter

DIAGNOSIS:

Traumatic, closed, nondisplaced transverse fracture of the left patella, **initial encounter**.

Code: S82.035A

Subsequent
Encounter

DIAGNOSIS:

Traumatic, closed, nondisplaced transverse fracture of the left patella, **subsequent encounter**.

Code: S82.035D

Sequela

DIAGNOSIS:

Pain in the left knee one year post traumatic, closed, nondisplaced transverse fracture of the left patella, **sequela**.

Code: M35.562 Pain, knee, left S82.035S

General Coding Guidelines

The seventh character (encounter):

- **A** – *initial encounter*, while patient is receiving active treatment including continuing treatment by the same or a different physician
- **D** – *subsequent encounter*, routine care during the healing or recovery phase, such as aftercare and follow up
- **S** – *sequela*, complications or conditions that arise as a direct result of a condition, such as a scar formation after a burn.

General Coding Guidelines

The seventh character (encounter):

Which character is correct?

- Is the patient receiving active treatment? **A**
- Is the patient in the middle of a treatment plan? **A**
- Has the patient's condition stabilized? **D**
- Is the patient receiving supportive care? **D**
- Is the patient in a healing or recovery phase? **D**
- Is the patient being treated for a complication that is the direct result of some other condition that is no longer present? **S**

General Coding Guidelines

- An unspecified code should be reported only when it is the code that most accurately reflects what is known about the patient's condition at the time of that particular encounter.

***Note: payers are likely to deny unspecified codes**

- It is inappropriate to select a specific code that is not supported by the health record documentation
- It is inappropriate to conduct medically unnecessary diagnostic testing in order to determine a more specific code.

PREPARE NOW FOR NO UNSPECIFIED CODES

- Locate your unspecified codes.
- GEMs map them to the ICD-10-CM code Look around at the other options within the code category.
- Determine additional detail needed in the documentation to avoid reporting an Unspecified code.

CONGENITAL MALFORMATIONS AND DEFORMATIONS OF THE MUSCULOSKELETAL SYSTEM (Q65-Q79)

Q65- CONGENITAL DEFORMITIES OF HIP

Excludes 1:

clicking hip (R29.4)

Q65.0- Congenital dislocation of hip, unilateral

ICD-9= 754.30 Cong hip disloc, unilat

Q65.00 Unspecified

Q65.01 Right

Q65.02 Left

Q65.1 Dislocation of hip, bilateral

ICD-9= 754.31 Congen hip disloc, bilat

Q65.2 Dislocation of hip, unspecified

ICD-9= 754.30 Cong hip disloc, unilat

ICD-10 Rules

1. **Conventions**
(section I.A)
2. **General Coding Guidelines**
(section I.B)
3. **Chapter Specific Guidelines**
(section I.C)
4. **The Tabular List** ****takes precedence**
(in-column instructions)



The background is a solid teal color with a pattern of faint, light-blue gears and sunburst-like shapes scattered across it.

Preparing for ICD-10 with CureMD

Physician Training Program [On-Demand]

- Personal
- Patient
- Scheduler
- Billing
- Claims
- Reports
- Document Manager
- House Call
- Oncology
- CRX
- Meaningful Use
- PQRS 2015
- Training Videos

ICD-10



Contents [Hide/Show]

- ICD-10 Action Plan
- Top 20 ICD-9 to ICD-10 Conversion Charts by Medical Specialty
- Frequently Asked Questions
- ICD-10 PDF Documents
- ICD-10 Video Tutorials
- ICD-10 Webinar Videos

ICD-10 Action Plan

August, 2015

1. Attend ICD-10 training webinar on August 6, 2015
2. Watch ICD-10 video tutorials
3. Map your custom lists, superbill templates and order sets using the ICD-10 Mapping Utility tool
4. Actively participate in Physician training webinars

September, 2015

1. Send ICD-10 activation request to CureMD Support once you are ready to activate ICD-10. Please read FAQ.7.)
Am I ICD-10 ready? to ensure your practice is ready for this transition



ICD-10 Video Tutorials

Impact of ICD-10 on Patient's Journey

The screenshot shows a video player interface. At the top, the title 'ICD-10 Video Tutorials' is displayed in white on a blue background. Below it, the video title 'Impact of ICD-10 on Patient's Journey' is shown in a grey box. The video player itself shows a presentation slide with the same title. A large play button is centered over the video area. The player interface includes standard controls like volume, full screen, and a progress bar.

CureMD in Numbers



\$120 M

Meaningful Use incentives



100,000+

CureMD users

35+
Specialties



17 M

Patient Portal Users



\$10 B

Claims processed in 2014

What are we doing for ICD-10?

- Level 1: Road to ICD-10 Resource Center, Documentation Readiness Assessment, FAQs
- Level 2: ICD-10 Pitstop, Physician Training Program, Conversion Codes, Role-based Checklist, ICD-10 Project Plan
- Level 3: Ask the Expert, ICD-10 consultancy, CureWiki, ICD-10 Ready software
- Send email at icd10consultants@curemd.com
- For more information call (212) 852 0279 ext 379

Q & A Session



Thank you!