# AHIMA
## Distance Education

# *Understanding and Using ICD-10-CM*

## Audio Seminar/Webinar

*May 1, 2008*

## *Practical Tools for Seminar Learning*

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The faculty has reported no vested interests or disclosures regarding this presentation.

# Faculty

### Sue Bowman, RHIA, CCS

Sue Bowman has served as the Director of Coding Policy and Compliance for the American Health Information Management Association (AHIMA) since 1995. She earned a Bachelor of Science degree in Medical Record Administration from Daemen College in Amherst, New York. Prior to her current position, she held management positions in health information management and utilization review in an acute-care facility and provided consulting services to correctional and long-term care facilities.

Mrs. Bowman is responsible for AHIMA's policy initiatives related coding practice and fraud and abuse prevention, and serves as AHIMA's representative to the Cooperating Parties, a group that has direct input into the creation, maintenance, and updating of healthcare codes and guidelines for their use. She participates in the development of the official ICD-9-CM coding guidelines and the content of the American Hospital Association's *Coding Clinic for ICD-9-CM*. Sue represents the Association at meetings of the ICD-9-CM Coordination and Maintenance Committee and the American Medical Association's CPT Editorial Panel.

She has authored a book entitled "Health Information Management Compliance: A Model Program for Healthcare Organizations," published by AHIMA. And, she has written numerous articles and provided a number of media interviews on fraud/abuse, compliance, and coding issues. Sue has also given a number of presentations on issues related to coding and compliance. Currently, she is actively involved in promoting adoption of ICD-10-CM and ICD-10-PCS as replacements for ICD-9-CM.

### Nelly Leon-Chisen, RHIA

Nelly Leon-Chisen is the Director of the Coding and Classification at the American Hospital Association where she is responsible for leading the Central Office on ICD-9-CM. The Central Office, in cooperation with the National Center for Health Statistics (NCHS), the Centers for Medicare and Medicaid Services (CMS) and the American Health Information Management Association (AHIMA), serves as the authoritative source on ICD-9-CM relative to health care payment systems, statistical reporting, and health services research. She represents the AHA as one of the four ICD-9-CM Cooperating Parties. She is also the editor of *Coding Clinic for ICD-9-CM* and *Coding Clinic for HCPCS.*

Ms. Leon-Chisen has represented the AHA on other national groups such as the CPT-5 Project Advisory Group, Medicare Technical Advisory Group Outpatient Workgroup, ICD-10-PCS Technical Advisory Group, Panel to Evaluate the U.S. Standard Certificates, HEDIS Coding Users Panel, and ICD-9-CM Coordination and Maintenance Committee. She was co-chair of the Workgroup for Electronic Data Interchange (WEDI) ICD-10 Implementation Workgroup. She also serves as staff to the AHA representative to the CPT Editorial Panel. Nelly co-chaired the joint AHA-AHIMA ICD-10-CM Field Testing Project and was the technical lead for the AHA-AHIMA Facility Evaluation and Management (E/M) Code Development Expert Panel.

She has over 30 years experience in the health information management field including consulting, teaching, technical and management experience in hospital medical record departments. She is a Past President of the Chicago Area Health Information Management Association and a recipient of the Professional Achievement Award from the Illinois Health Information Management Association.

She has lectured extensively on coding, DRG and data quality issues throughout the United States and internationally. Nelly has also testified on behalf of the American Hospital Association at the National Committee on Vital and Health Statistics hearings on ICD-10-CM and ICD-10-PCS.

# Table of Contents

## *Objectives*

- **Using case scenarios, identify the areas of similarities and differences between ICD-9-CM and ICD-10-CM**
- **Understand draft coding rules and guidelines and how to apply them to case scenarios**
- **Through clinical examples, recognize ways in which ICD-10-CM can improve the healthcare data used for quality measurement, clinical decision-making, research, and other purposes**

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## *Benefits of ICD-10-CM*

- **Up-to-date classification systems will provide much better data for:**
  - **Measuring the quality, safety, and efficacy of care**
  - **Designing payment systems and processing claims for reimbursement**
  - **Conducting research, epidemiological studies, and clinical trials**
  - **Setting health policy**
  - **Operational and strategic planning and designing healthcare delivery systems**
  - **Monitoring resource utilization**
  - **Improving clinical, financial, and administrative performance**
  - **Preventing and detecting healthcare fraud and abuse**
  - **Tracking public health and risks**

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## ICD-10-CM – Significant Improvements

- Enhanced system flexibility
- Better reflection of current medical knowledge
- Incorporation of recommended revisions to ICD-9-CM that could not be accommodated
- HIPAA criteria for code set standards are met

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## Differences in ICD-10-CM

- Alphanumeric (alpha characters are not case-sensitive)
- Some chapters have been restructured
- Certain diseases have been reclassified to reflect current medical knowledge
- New features have been added
- Specificity and detail have been significantly expanded

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# *ICD-10-CM Structural Changes*

- **21 chapters**
- **Full code titles for all codes (no references back to common 4th and 5th digits)**
- **Addition of 6th character in some chapters**

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# *ICD-10-CM Structural Changes*

- **Added code extensions (7th character) for obstetrics, injuries, and external causes of injury**
- **Addition of dummy place holder ("x")**
  - Dummy place holder "x"
    - **Used as 5th character for some 6 character codes**
    - **For future expansion**
    - **Example:** T51.0x1  Toxic effect of ethanol, accidental (unintentional)

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## ICD-10-CM Format:

X X X . X X X    X

**Category**

**Etiology, anatomic site, severity**

**Extension**
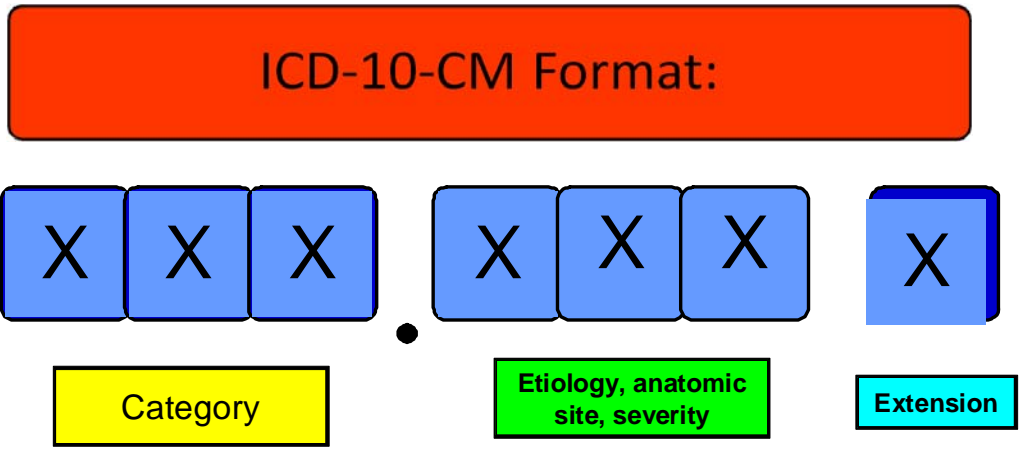
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## *Comparisons*

**ICD-9-CM**

**453.41** Venous embolism and thrombosis of deep vessels of proximal lower extremity

**707.03** Decubitus ulcer of lower back

**ICD-10-CM**

**I82.411** Embolism and thrombosis of right femoral vein

**L89.144** Pressure ulcer of left lower back, stage IV

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## *Comparisons*

| ICD-9-CM | ICD-10-CM |
|---|---|
| **V49.71** Lower limb amputation status, great toe | **Z89.411** Acquired absence of right great toe |
| **No codes available to code history of secondary malignant neoplasm** | **Z85.863** Personal history of secondary malignant neoplasms of bone |

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## *Organizational Changes*

- **Sense organs have been separated from nervous system disorders**

- **Injuries are grouped by anatomical site rather than injury category**

- **Postoperative complications have been moved to procedure-specific body system chapter**
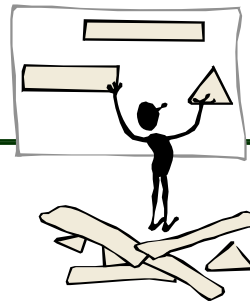
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## ICD-10-CM
## New Features

- **Combination codes for conditions and common symptoms or manifestations**
- **Combination codes for poisonings and external causes**
- **Added laterality**
- **Expanded codes (injury, diabetes, alcohol/substance abuse, postoperative complications)**

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## ICD-10-CM
## New Features

- **Inclusion of trimester in obstetrics codes (and elimination of 5th digits for episode of care)**
- **Revised diabetes mellitus codes to reflect current ADA classification**
- **Changes in time frames specified in certain codes**
- **Added standard definitions for two types of Excludes notes**

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## *ICD-10-CM Injury Changes*

**ICD-9-CM**
- **Fractures (800-829)**
- **Dislocations (830-839)**
- **Sprains and strains(840-848)**

**ICD-10-CM**
- **Injuries to the head (S00-S09)**
- **Injuries to the neck (S10-S19)**
- **Injuries to the thorax (S20-S29)**

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## *ICD-10-CM Injury and External Cause Extensions*

**A Initial encounter**
**D Subsequent encounter**
**S Sequelae**

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## ICD-10-CM
## Fracture Extensions

**A**   Initial encounter for closed fracture

**B**   Initial encounter for open fracture

**D**   Subsequent encounter for fracture with routine healing

**G**   Subsequent encounter for fracture with delayed healing

**K**   Subsequent encounter for fracture with nonunion

**S**   Sequelae

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## ICD-10-CM
## Examples – Code Extensions

**S31.623A** Laceration with foreign body of abdominal wall, right lower quadrant with penetration into peritoneal cavity, initial encounter

**S49.011D** Salter-Harris Type I physeal fracture of upper end of humerus, right arm, subsequent encounter for fracture with routine healing

**S49.011G** Salter-Harris Type I physeal fracture of upper end of humerus, right arm, subsequent encounter for fracture with delayed healing

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# Clinical Scenario #1

**The patient was admitted to a rehabilitation facility following an acute care hospitalization for surgical treatment of a comminuted fracture of the intertrochanteric femur. The patient was admitted to the IRF for rehabilitative services, including physical and occupational therapy as well as fracture aftercare. What are the appropriate diagnosis codes for the stay in the rehabilitation facility?**

**(*Coding Clinic*, Third Quarter 2006, page 6)**

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# Clinical Scenario #1
# Answers

**ICD-9-CM: Assign code V57.89, Other specified rehabilitation procedure, Other, as the principal diagnosis. Code V54.15, Aftercare for healing traumatic fracture of upper leg, should be assigned as an additional diagnosis.**

**ICD-10-CM: Assign code S72.143D, Displaced intertrochanteric fracture of unspecified femur, subsequent encounter for closed fracture with routine healing.**

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# *ICD-10-CM*
# *Laterality - Examples*

**C50.512** Malignant neoplasm of lower outer quadrant of left female breast

**H02.041** Spastic entropion of right upper eyelid

**M05.771** Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement

**S80.251A** Superficial foreign body, right knee, initial encounter

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# *ICD-10-CM*
# *Combination Codes*

| ICD-9-CM | ICD-10-CM |
|---|---|
| 414.01 **Coronary atherosclerosis of native coronary artery** | I25.110 **Atherosclerotic heart disease of native coronary artery with unstable angina pectoris** |
| 411.1 **Intermediate coronary syndrome** | |
| 969.7 **Poisoning by psychostimulants** | T43.6x1A **Poisoning by psychostimulants with abuse potential, accidental (unintentional), Initial encounter** |
| E854.2 **Accidental poisoning by psychostimulants** | |

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# ICD-10-CM
# Combination Codes

| | |
|---|---|
| K71.51 | **Toxic liver disease with chronic active hepatitis with ascites** |
| K50.012 | **Crohn's disease of small intestine with intestinal obstruction** |
| N13.731 | **Vesicoureteral-reflux with reflux nephropathy with hydroureter, unilateral** |
| M80.011A | **Age-related osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture** |
| N30.01 | **Acute cystitis with hematuria** |
| J44.0 | **Chronic obstructive pulmonary disease with acute lower respiratory infection** |

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# ICD-9-CM
# Open Wound of Shoulder

**880** Open wound of shoulder and upper arm

- **880.0** Without mention of complication
- **880.1** Complicated
- **880.2** With tendon involvement
- **5th digit for site (shoulder, scapula, axillary, upper arm)**
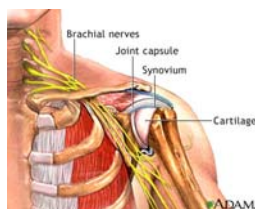


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## ICD-10-CM
## Open Wound of Shoulder

**S41.011A** Laceration without foreign body of right shoulder, initial encounter

**S41.021A** Laceration with foreign body of right shoulder, initial encounter

**S41.031A** Puncture wound without foreign body of right shoulder, initial encounter

**S41.041A** Puncture wound with foreign body of right shoulder, initial encounter

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## ICD-10-CM
## Injury Codes - Examples

**S81.012A** Laceration without foreign body, left knee, initial encounter

**S50.351A** Superficial foreign body of right elbow, initial encounter

**S66.421A** Laceration of intrinsic muscle, fascia and tendon of right thumb at wrist and hand level, initial encounter

**S72.461D** Displaced supracondylar fracture with intracondylar extension of lower end of right femur, subsequent encounter for closed fracture with routine healing

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## *ICD-10-CM*
## *Diabetes Mellitus Changes*

- **Updated to reflect current clinical classification of diabetes**
  - **Old classification: insulin-dependent (IDDM), non-insulin-dependent (NIDDM), gestational**
  - **New classification: type 1, type 2, due to underlying condition, drug or chemical induced, other specified types, gestational**
- **Expanded categories**
- **Expanded code descriptions to include diabetes and manifestation in single code**

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## *ICD-9-CM*
## *Diabetes Mellitus*

**250.00-250.91** Diabetes mellitus

**251.8** Other specified disorders of pancreatic internal secretion

**648.8x** Abnormal glucose tolerance complicating pregnancy, childbirth, or the puerperium

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# Diabetes – Comparison of ICD-9-CM vs. ICD-10-CM

**ICD-9-CM**

- **250.X** Diabetes mellitus

  **5th digit "1" – Type I**

  **5th digit "0" – Type II or unspecified**

  **5th digit "2" & "3" – uncontrolled**

- **251.8 –** Other specified disorders of pancreatic internal secretion (includes secondary diabetes)

- **648.8X –** Abnormal glucose tolerance complicating pregnancy, childbirth, or puerperium (includes gestational diabetes)

**ICD-10-CM**

**5/6th digit for type of complication**

- **E08** Diabetes due to underlying condition

- **E09** Drug or chemical induced diabetes

- **E10** Type 1 diabetes

- **E11** Type 2 diabetes

- **E13** Other specified diabetes mellitus

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# Diabetes – Comparison of ICD-9 vs. ICD-10

**ICD-9-CM**

- **Manifestations/Etiology**

- **Requires 2 codes**

- **Example – Diabetic nephropathy, type 1**

  - **250.40**

  - **583.81**

**ICD-10-CM**

- **Manifestations/Etiology**

- **Requires 1 code**

- **Example – Diabetic nephropathy, type 1**

  - **E10.21**

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## *ICD-10-CM*
## *Diabetes Mellitus - Examples*

**E08.01**  Diabetes mellitus due to underlying condition with hyperosmolarity with coma

**E09.01**  Drug or chemical induced diabetes mellitus with hyperosmolarity with coma

**E10.11**  Type 1 diabetes mellitus with ketoacidosis with coma

**E11.01**  Type 2 diabetes mellitus with hyperosmolarity with coma

**E13.01**  Other specified diabetes mellitus with hyperosmolarity with coma

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## *ICD-10-CM*
## *Diabetes Mellitus - Examples*

**E10.6** Type 1 diabetes mellitus with other specified complications

- **E10.61**  Type 1 diabetes mellitus with diabetic arthropathy

  ▸ **E10.610**  Type 1 diabetes mellitus with diabetic neuropathic arthropathy

  ▸ **E10.618**  Type 1 diabetes mellitus with other diabetic arthropathy

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## Clinical Scenario #2

**A patient was admitted to our facility with secondary diabetes due to an inoperable islet cell carcinoma of the pancreas. The same patient was also diagnosed with diabetic hyperosmolarity, and diabetic neuropathy. What are the appropriate diagnosis codes?**

**(*Coding Clinic*, Second Quarter 1998, page 15)**

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## Clinical Scenario #2
## Answers

**ICD-9-CM**: Assign code 157.4, Malignant neoplasm of pancreas, islets of Langerhans, as the principal diagnosis. Assign code 251.8, Other specified disorders of pancreatic internal secretion, for the secondary diabetes. Assign code 357.4, Polyneuropathy in other diseases classified elsewhere, as an additional diagnosis.

**ICD-10-CM**: Assign codes C25.4, Malignant neoplasm of endocrine pancreas, E08.40, Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified, and E08.00 Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC).

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## *ICD-9-CM*
## *Asthma*

### 493.00-493.92 Asthma

- **Extrinsic vs. intrinsic**
- **Chronic obstructive asthma**
- **With status asthmaticus**
- **With exacerbation**
- **Exercise induced bronchospasm**
- **Cough variant asthma**

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## *ICD-10-CM*
## *Asthma*

### J45.20-J45.998 Asthma

- **Mild intermittent**
- **Mild persistent**
- **Moderate persistent**
- **Severe persistent**
- **With status asthmaticus**
- **With exacerbation**
- **Exercise induced bronchospasm**
- **Cough variant asthma**
- **Excludes chronic obstructive asthma**

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# *Comparison of ICD-9-CM vs. ICD-10-CM*

## ICD-9-CM

- **Complications of foreign body accidentally left in body following procedure**
  - **998.4**
- **Complication of kidney transplant**
  - **996.81**
    - **Use additional code to identify nature of complication**

## ICD-10-CM

- **T81.500-T81.599**
  - **50 codes**
  - **Type of complication specified (adhesion, obstruction, perforation)**
  - **8 types of procedures specified**
- **T86.10-T86.19**
  - **5 codes**
  - **Type of complication specified (rejection, failure, infection)**

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# *ICD-9-CM Postoperative Complications*

## Postoperative respiratory failure

- **518.5** Pulmonary insufficiency following trauma and surgery

## Postoperative intestinal obstruction

- **997.4** Digestive system complications
  - ▶ **Use additional code to identify complication**

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## ICD-10-CM
## Postoperative Complications

- **J95.82**  Postprocedural respiratory failure
- **K91.3**  Postprocedural intestinal obstruction

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## Clinical Scenario #3

**How would you code a diagnosis of hepatorenal syndrome due to surgery?**

*(Coding Clinic,* Third Quarter 1992, page 15)

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## *Clinical Scenario #3 Answers*

**ICD-9-CM:** Assign code 997.4, Gastrointestinal complication, with an additional code of 572.4, Hepatorenal syndrome, to indicate the specific complication. An additional code should be assigned to specify the nature of the complication.

**ICD-10-CM:** Assign code K91.83, Postprocedural hepatorenal syndrome.

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## *Clinical Scenario #4*

**A 65-year-old Type II diabetic male with diabetic peripheral vascular disease, three weeks post-op following above the knee amputation (right side) was admitted for wound breakdown with protruding femur. The patient underwent revision of the amputation. What are the appropriate diagnosis codes?**

*(Coding Clinic,* First Quarter 2005, page 15)

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## Clinical Scenario #4 Answers

**ICD-9-CM:** Assign code 997.69, Amputation stump complications, Other, as the principal diagnosis for the amputation breakdown with protrusion of the femur. Codes 250.70, Diabetes mellitus with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled, and 443.81, Peripheral angiopathy in diseases classified elsewhere, should be assigned as additional diagnoses.

**ICD-10-CM:** Assign code T87.53, Necrosis of amputation stump, right lower extremity, as the principal diagnosis. Assign code E11.51, Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene, as an additional diagnosis.

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## ICD-10-CM Circulatory System Changes

- **Age definition for acute myocardial infarction has changed**

- **New category for complications within 28 days of acute myocardial infarction**

- **Combination codes for common etiologies/manifestations (e.g., pulmonary embolism with acute cor pulmonale)**

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## *Clinical Scenario #5*

**A patient was admitted to the hospital with unstable angina. He subsequently underwent a balloon angioplasty after initial stabilization for high grade single vessel disease of a native coronary artery. His antianginal medications were also increased. The patient did not experience a myocardial infarction during the hospital stay. What are the appropriate diagnosis codes?**

**(*Coding Clinic*, Third Quarter 1990, pages 6-10)**

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## *Clinical Scenario #5*
## *Answers*

**ICD-9-CM:** Assign code 411.1, Intermediate coronary syndrome, as the principal diagnosis. Assign code 414.01, Coronary atherosclerosis of native coronary artery, as an additional diagnosis.

**ICD-10-CM:** Assign code I25.110, Atherosclerotic heart disease of native coronary artery with unstable angina pectoris.

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## Clinical Scenario #6

**Our hospital has a cardiac rehab outpatient service, which continues to observe, monitor, and evaluate patients who have suffered myocardial infarctions immediately following an initial episode of care.  Most of our postmyocardial infarction patients are scheduled for 36 sessions in rehabilitation depending on their status. What is the appropriate code for the myocardial infarction?**

*(Coding Clinic*, Third Quarter 1998, page 15)

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## Clinical Scenario #6
## Answers

**ICD-9-CM**: If the rehabilitation starts within the 8 week time frame, assign code 410.x2, Acute myocardial infarction, subsequent episode of care, even though some of the rehab sessions may be provided beyond eight weeks. However, if the rehabilitation starts after the 8 week time frame, assign code 412, Old myocardial infarction, and any additional cardiac conditions that may be identified as part of the rehab process.

**ICD-10-CM**: If the rehabilitation starts within the 4 week time frame, assign a code from category I21, Acute myocardial infarction.  However, if the rehabilitation starts after the 4 week time frame, assign code I25.2, Old myocardial infarction, and any additional cardiac conditions that may be identified as part of the rehab process.    46

# ICD-10-CM
# Cerebrovascular Disease

- **20 site-specific codes for nontraumatic subarachnoid hemorrhage**
- **9 site-specific codes for nontraumatic intracerebral hemorrhage**
- **More specificity in codes for occlusion and stenosis of precerebral arteries**
  - ▶ **Laterality**
  - ▶ **Distinction between thrombosis and embolism**

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# ICD-10-CM
# Cerebrovascular Disease

- **Over 40 codes site-specific codes for cerebral infarctions due to occlusion or stenosis of cerebral arteries**
- **Late effect codes are differentiated by type of stroke (hemorrhage, infarction)**
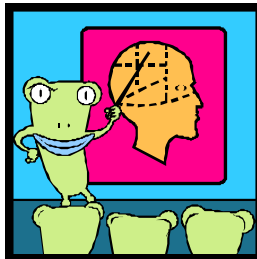


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## *Clinical Scenario #7*

**A patient was recently admitted to our facility with a sudden onset of severe headaches and increased lethargy. The diagnosis of a large right embolic hemorrhagic infarct of the temporal lobe, posterior cerebral artery was given. How would this diagnosis be coded?**

*(Coding Clinic*, Third Quarter 1997, page 11)

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## *Clinical Scenario #7*
## *Answers*

**ICD-9-CM:** Assign code 434.11, Occlusion of cerebral arteries, cerebral embolism, with cerebral infarction.

**ICD-10-CM:** Assign code I63.431, Cerebral infarction due to embolism of right posterior cerebral artery.

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## ICD-10-CM
## Symptoms, Signs, Abnormal Findings

- **Symptom chapter is limited to signs/symptoms that are "not otherwise specified," "unknown etiology," or "transient"**
- **Signs/symptoms that point to diagnoses are assigned to relevant chapter**

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## ICD-10-CM
## Reason for Encounter

- **Personal history of malignant neoplasm**
  - **Primary**
  - **Secondary**
  - **In site (breast only)**
  - **Uncertain behavior**
- **Presence of artificial joint**
  - **By site**
  - **Laterality**

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## Resource/Reference List

- **National Center for Health Statistics ICD-10-CM web page:**
  http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm

- **AHIMA ICD-10 web page:**
  http://www.ahima.org/icd10/

- **AHA ICD-10 web page:**
  http://www.ahacentraloffice.org/ahacentraloffice/html/icd10.html

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*Faculty:* **Nancy Hirschl**, CCS and
**Leslie LaStofka**, RHIA
**May 8, 2008**

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*Faculty:* **Gloryanne Bryant**, RHIA, RHIT, CCS
**May 15, 2008**

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