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RAC-CT Recertification - Part 4

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AMERICAN ASSOCIATION OF POST-ACUTE CARE NURSING

Introduction to ICD-10-CM Coding for Long-Term Care

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Course Objectives

- Explain ICD-10-CM coding conventions relevant to the long-term care setting
- Explain ICD-10-CM general guidelines relevant to the long-term care setting
- Understand the documentation required for ICD-10-CM assignment

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ICD-10-CM Background & Basics

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What Is Coding?

- Coding is the process of assigning numbers to medical and health terms
- ICD-10-CM is a Clinical Modification of the International Classification of Diseases – 10th revision

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Regulatory Information

CMS and the National Center for Health Statistics (NCHS) provide the guidelines for coding and reporting
- Using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
- https://www.cms.gov/medicare/coding-billing/icd-10-codes
- These guidelines are updated biannually in April and October

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Assigning a Diagnosis

- Consistent and complete documentation to support all aspects and specificity of the diagnosis is required for accurate assignment of a diagnosis code
- This documentation must come from a **provider**

Provider
Physician or any qualified healthcare practitioner who is legally accountable for establishing the resident's diagnosis. May include physician's assistant, nurse practitioner, clinical nurse specialist as allowed by state practice acts.

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We want MORE, MORE, MORE… Documentation

- When completing ICD-10-CM, just assigning the codes is not enough
- Consistent and complete documentation is required for the accurate assignment of a diagnosis code
  - A provider's order is the bare minimum
  - Ideally identified in a progress note or history and physical

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Documentation

- Clinical documentation is key to successful ICD-10-CM coding
- Higher level of coding specificity requires additional information documented in the medical record
- What are providers doing to support ICD-10-CM coding in your facility?

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ICD-10 Training Process

Educate IDT on the proper process

Who needs to have diagnoses coded?
- *Every resident in long-term care (LTC) facility*

What needs to be coded?
- *Diagnoses that are reflecting current functional, medical, mood or behavioral, cognitive status, risk of death*

Why are ICD-10-CM codes needed?
- *Accurate billing, proof of the medical necessity of medications and therapy services, appropriate care for the resident*

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Improper ICD-10 Coding Practices

- Completion of coding upon admission only
- Minimal clinical oversight of coding
- Not using coding guidelines, including those specific to LTC setting
- Coding manifestation codes as the primary diagnosis
- Old, inactive codes carried over from a previous admission
- No provider oversight of codes
- Out-of-date codebooks and facility-created cheat sheets used
- Incorrect codes on bills
- Assigning a code based on medication use instead of provider documented indication
- Coder assumption a diagnosis is active when only listed in history in provider documentation

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Who… Who…

- **Admissions Coordinators**
  - Initially adding codes from hospital records…
- **Nurses**
  - Adding based on consults/treatments/medications/adding to a lab requisition…
- **Nurse Assessment Coordinators**
  - Completion of section I/case managing Medicare/ monitoring QMs…
- **Billing Staff**
  - Putting codes on the bill…
- **Medical Records/Health Information Management Staff**
  - Assigning codes throughout the stay…
- **Providers**
  - Indicating diagnoses and codes in H&P/notes/consults…
- **Rehab Staff**
  - Identifying medical and treatment codes on evaluations…
- **Who else?**

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Who Is Really Responsible?

- Ultimate responsibility for diagnosing lies with the provider
  - Information may come from other investigations in the medical record
  - Beware of transcription errors!

  Best Practice:
  Facility leadership should assign a primary coder in your facility.

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What if the Provider Already Assigned Codes?

- Sometimes providers assign ICD-10-CM codes in notes, evaluations, or history and physical
- All ICD-10-CM and coding guidelines must be followed
  - When there is a discrepancy between what the practitioner coded and the ICD coding guidelines, the provider must be queried and shown the coding guideline so the proper codes can be selected

Common coding error:
Many times, incorrect codes are due to required digits being left off.

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Where Do We Get the Diagnoses?

- Hospital paperwork – *must be signed by the provider*
  - Interagency referral form
  - Hospital transfer form
  - Discharge summary
  - Hospital referral
  - X-ray results
  - CT/MRI results
  - Surgical reports
  - Radiology reports
  - Physician consultation notes
- Physician exam and notes once in the LTC facility
  - History and physical
  - Progress notes
  - Consultations

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How Do We Know What to Code?

- Use the medical record and coding guidelines to get clarification
- Contact the provider and ask questions to clarify a diagnosis
  - If a diagnosis is written by the provider, code it
- Remember – diagnoses can ONLY come from providers
  - If they can prescribe – they can diagnose

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ICD-10 Coding Timeline

- Begins on admission
- Continues through the stay
  - Readmission
  - Resolution of diagnosis
  - Acute episodes
  - Significant changes in condition
  - Change, add, or discontinue therapy
  - MDS review
- Ends on discharge

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Coding Basics

- Be sure to code **ONLY** those diagnoses, symptoms, conditions, or problems documented in the medical record
- *Do not* make assumptions about diagnoses based on clinical knowledge or medication ordered
  - E.g., interpretation of lab work or diagnostic tests
- Do not code a diagnosis provided only by the resident or resident's support system
- When uncertain get clarification from the provider anytime

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Knowledge Check

Who of the following can diagnose?

A. Dietitian
B. Speech therapist
C. Physician's Assistant
D. Director of Nursing

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Where to Get the Codes

- Use a full ICD-10-CM manual
  - This is the proper and preferred method of coding
- Different publishers have variations within the ICD-10-CM manual
  - Codes and descriptions are standard
  - Color codes
  - Punctuation differences

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Free CMS ICD-10-CM Online Coding Manual
https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-cm

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Methods of Coding

- Coding Manuals
  - Full ICD-10-CM Coding Guidelines and Manual
- Online coding
  - Not recommended
- Software coding
  - Not recommended unless full guidelines and manual included in software
- Facility-developed cheat sheets
  - Not recommended

Best Practice:
Get updated manuals and coding guidelines every year October and review updates to guidelines each April.

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Facility-Developed Cheat Sheets

NOT RECOMMENDED
- ICD-10-CM codes are updated annually
- Facility cheat sheets may not be accurate
- Cheat sheets are only as accurate as the person who created them and the manual from which they obtained the codes
- Each resident is unique, what may be correct for one resident may not for another
  - For example, a joint replacement code to treat osteoarthritis would not be the same as the code for joint replacement to treat a fracture

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Using the Published Book

- Published ICD-10-CM manuals:
  - Positions the required cross references in one (rather large) book
  - History
  - Official coding conventions
  - Guidelines
  - Instructions for using the book

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Formalized Training?

- ICD-10-CM certification is not a requirement to code in LTC
- Use the coding guidelines and a full manual to become a more proficient coder

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ICD-10-CM Coding Conventions & General Guidelines

ICD-10-CM Official Guidelines for Coding and Reporting
FY 2024 – UPDATED October 1, 2023
(October 1, 2023 - September 30, 2024)

Update
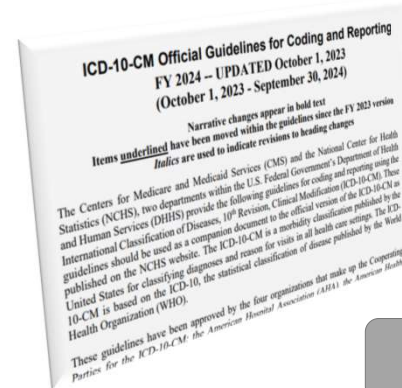
BI-ANNUALLY

April and October

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Tips: Alphabetic Index

- Look for the diagnosis, condition, in **bold type**
- Identify the main terms, which are diseases or conditions
- Do not start with anatomical site

Alphabetical Index
Hemiplegia G81.9-
- following
- - cerebrovascular disease I69.959
- - - cerebral infarction I69.35-
- - - intracerebral hemorrhage I69.15-
- - - nontraumatic intracranial hemorrhage NEC I69.25-
- - - specified disease NEC I69.85-
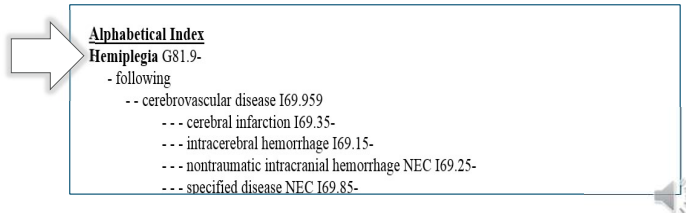
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Tips: Alphabetic Index

- Generally, review diagnostic statement from right to left

  COPD: Chronic Obstructive Pulmonary Disease

  Search - Disease, Pulmonary, Obstructive

- Capture all components of diagnoses when possible
- Once diagnosis located in **Alphabetic Index**, look up the code in **Tabular List** to verify
  - Use instructions and notations in the tabular list to assign the most accurate code

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Practice

When locating the term in the Alphabetic Index, do not start with anatomical site. Generally, the coder should review the diagnostic statement from right to left and then look in the Index

- CHF –Congestive Heart Failure
  - Search:

?	?	?

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Alphabetic Index Search Tips

- History of a condition or disease (e.g., cancer, falls)
  - **Search:** History (personal)
- Chemotherapy
  - **Search:** Encounter for

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Selecting Subterms

- Indented under the main term will be subterms related to the main term
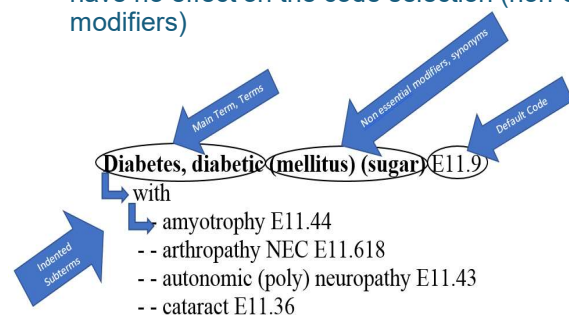 - Terms in parentheses that may follow a main term have no effect on the code selection (non-essential modifiers)

Main Term, Terms

Non essential modifiers, synonyms

Default Code

Diabetes, diabetic (mellitus) (sugar) E11.9

with

Indented Subterms

  amyotrophy E11.44

- - arthropathy NEC E11.618
- - autonomic (poly) neuropathy E11.43
- - cataract E11.36

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Alphabetical Index: Neoplasm Table

ICD-10-CM TABLE of NEOPLASMS

The list below gives the code numbers for neoplasms by anatomical site. For each site there are six possible code numbers according to whether the neoplasm in question is malignant, benign, in situ, of uncertain behavior, or of unspecified nature. The description of the neoplasm will often indicate which of the six columns is appropriate; e.g., malignant melanoma of skin, benign fibroadenoma of breast, carcinoma in situ of cervix uteri.

Where such descriptors are not present, the remainder of the Index should be consulted where guidance is given to the appropriate column for each morphological (histological) variety listed; e.g., Mesonephroma -see Neoplasm, malignant; Embryoma -see also Neoplasm, uncertain behavior; Disease, Bowen's -see Neoplasm, skin, in situ. However, the guidance in the Index can be overridden if one of the descriptors mentioned above is present; e.g., malignant adenoma of colon is coded to C18.9 and not to D12.6 as the adjective 'malignant' overrides the Index entry 'Adenoma - see also Neoplasm, benign.'

Codes listed with a dash (-) following the code have a required additional character for laterality. The Tabular must be reviewed for the complete code.

Neoplasm	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain Behavior	Unspecified Behavior
Neoplasm, neoplastic	C80.1	C79.9	D09.9	D36.9	D48.9	D49.9
- abdomen, abdominal	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
- - cavity	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89

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Neoplasm Table Column Headings

- **Malignant primary** - Original site where the malignancy started
- **Malignant secondary** - Site to which the malignancy has spread (metastatic)
- **Ca (Carcinoma) in situ** - Malignant neoplasm confined without invasion of the surrounding normal tissue
- **Benign** - Neoplasm incapable of spreading to other locations
- **Uncertain behavior** - Neoplasm has been reviewed by a pathologist, but analysis is unable to predict whether it will spread
- **Unspecified** - Growth showing abnormal cells, but no analysis of the type of growth has been made

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ICD-10-CM Coding Conventions

- Alphabetic Index and Tabular List
- Placeholders
- 7th characters
- Abbreviations
  - NEC
  - NOS
- Punctuation
- Other and unspecified codes
- Inclusion terms
- Notes
  - Includes
  - Excludes1 & Excludes2
- Etiology/manifestation codes
- Use of "and", "with", "see", "see also", "code also"
- Default codes
- Code assignment and clinical criteria

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Additional Digits Required for Subcategories

- ✓4th, ✓5th, ✓6th, ✓7th
  - The final subdivision is the code
  - All digits must be used to be a valid code

- ✓x7th
  - The **x** is a placeholder in certain codes for future expansion of codes
  - Where a placeholder exists, it must be used for the code to be valid
    - Example: Chronic gout M1A = M1A.00X0

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Additional Digits Required for Subcategories

Encounter Seventh Characters

A—Initial encounter
D—Subsequent encounter
S—Sequelae

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Abbreviation

Not **E**lsewhere **C**lassifiable (NEC)

The specifics of the diagnosis are in the medical record
- Numerical code does not exist
- Also known as:
  - "Other"
  - "Other specified"
- This convention is used in the Alphabetic Index and Tabular List

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Example: NEC

The medical record indicates that the resident has difficulty walking. The tabular code assigned to this condition is R26.2 Difficulty in Walking, not elsewhere classified.

R26 Abnormalities of gait and mobility

Excludes1: ataxia NOS (R27.0)
hereditary ataxia (G11.-)
locomotor (syphilitic) ataxia (A52.11)
immobility syndrome (paraplegic) (M62.3)

R26.0 Ataxic gait
Staggering gait

R26.1 Paralytic gait
Spastic gait

R26.2 Difficulty in walking, not elsewhere classified

Excludes1: falling (R29.6)
unsteadiness on feet (R26.81)

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Abbreviation

Not **O**therwise **S**pecified (NOS)

There may not be enough information in the medical record
- More specific codes are available, but documentation in the medical record does not support specificity
- Also known as
  - "Unspecified"

Providers should be queried to determine an increased specificity.

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Example: NOS

Carcinoma-in-situ *-see also* Neoplasm, in situ, by site
- breast **NOS** D05.9-
- - specified type NEC D05.8-

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Punctuation

- Square Brackets [ ]
  - In Tabular List: Synonyms, alternative wording, or explanation
  - In Alphabetic Index: Indicates manifestation code

Dementia (degenerative (primary)) (old age) (persisting) (unspecified severity) (without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety) F03.90
- with
- - aberrant motor behavior (exit-seeking) (pacing) (restlessness) (rocking) F03.911
- - agitation F03.911
- - anxiety F03.94
- - behavioral disturbances (sexual disinhibition) (sleep disturbance) (social disinhibition) F03.918
- - - specified NEC F03.918
- - Lewy bodies *-see also* Dementia, in, diseases specified elsewhere G31.83 *[F02.80]*
- - - with behavioral disturbance *-see also* Dementia, in, diseases specified elsewhere G31.83 *[F02.81-]*

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Punctuation

- Parentheses ( )
  - Supplemental words that may be present or absent in the statement of a main disease or condition
    - Non-essential modifiers

Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic) I10

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Notes

- Includes Note
  - Further defines, clarifies, or gives examples
  - Specifies additional items that are included in this category and do not need a separate code
  - Start at the three-character code to ensure all notes are reviewed before assigning the final code

Three-digit character code

E11 Type 2 diabetes mellitus

Includes: diabetes (mellitus) due to insulin secretory defect
diabetes NOS
insulin resistant diabetes (mellitus)

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Notes

- Inclusion terms
  - Terms may be synonyms or various conditions assigned to that code (with "other specified" codes)
  - Content is not exhaustive

E11.2 Type 2 diabetes mellitus with kidney complications
E11.21 Type 2 diabetes mellitus with diabetic nephropathy
Inclusion Terms → Type 2 diabetes mellitus with intercapillary glomerulosclerosis
Type 2 diabetes mellitus with intracapillary glomerulonephrosis
Type 2 diabetes mellitus with Kimmelstiel-Wilson disease

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Notes

- Excludes1
  - Means *not coded here*
  - True exclusion and both codes cannot be used
    - Rare exception if medical record indicated the two codes are not directly related to each other

F33 Major depressive disorder, recurrent

Includes: recurrent episodes of depressive reaction
recurrent episodes of endogenous depression
recurrent episodes of major depression
recurrent episodes of psychogenic depression
recurrent episodes of reactive depression
recurrent episodes of seasonal affective disorder
recurrent episodes of seasonal depressive disorder
recurrent episodes of vital depression

Excludes1: bipolar disorder (F31.-)
manic episode (F30.-)

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Notes

- Excludes2
  - Not a true exclusion
  - This note indicates that the code listed below is not included in the code listed above the exclusion note
  - Can be coded in addition to the code

F03 Unspecified dementia
Major neurocognitive disorder NOS
Presenile dementia NOS
Presenile psychosis NOS
Primary degenerative dementia NOS
Senile dementia NOS
Senile dementia depressed or paranoid type
Senile psychosis NOS

Excludes1: senility NOS (R41.81)

Excludes2: mild memory disturbance due to known physiological condition (F06.8)
senile dementia with delirium or acute confusional state (F05)

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Knowledge Check

An "Excludes1 " note means what?

A. The two ICD-10 codes cannot be used together in the same resident (rare exceptions possible)
B. Notify the physician that this code is now excluded and can no longer be used
C. The ICD-10 code is excluded from consolidated billing
D. The ICD-10 code should be excluded from the diagnosis list unless there is an etiology code also assigned

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Knowledge Check

What does the convention NEC stand for?

A. Not elsewhere classifiable
B. Not ever coded
C. Necrotizing enterocolitis
D. Not elsewhere considered

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Etiology & Manifestation

- "Code First"
  - Noted at manifestation code
  - Indicates the **etiology that must be coded first**

- "Use Additional Code"
  - Noted at etiology code
  - Indicates an **additional manifestation code must be included**

Example on next slide

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Etiology & Manifestation

F02 Dementia in other diseases classified elsewhere

Includes: Major neurocognitive disorder in other diseases classified elsewhere

Code first the underlying physiological condition, such as:

Etiology codes

- Alzheimer's (G30.-)
- cerebral lipidosis (E75.4)
- Creutzfeldt-Jakob disease (A81.0-)
- dementia with Lewy bodies (G31.83)
- dementia with Parkinsonism (G31.83)
- epilepsy and recurrent seizures (G40.-)
- frontotemporal dementia (G31.09)
- hepatolenticular degeneration (E83.0)
- human immunodeficiency virus [HIV] disease (B20)
- Huntington's disease (G10)
- 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)

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"In Diseases Classified Elsewhere"

Manifestation code found in the Tabular List
- Used when the *etiology of the manifestation is known*
  — Can never be used as principal or primary diagnosis
  — Must be used in conjunction with an underlying condition code
  — Must be listed second

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Common Manifestation Code Denials

- Dementia in other diseases classified elsewhere (F02-) – **Cannot be primary**
  - Code first any underlying condition such as (partial list):
    - Alzheimer's
    - Parkinson's
    - Lewy body dementia

Example on next slide

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G30 Alzheimer's disease

Includes: Alzheimer's dementia senile and presenile forms

Use additional code, if applicable, to identify:

Manifestation codes → delirium, if applicable (F05)
dementia with anxiety (F02.84, F02.A4, F02.B4, F02.C4)
dementia with behavioral disturbance (F02.81-, F02.A1-, F02.B1-, F02.C1-)
dementia with mood disturbance (F02.83, F02.A3, F02.B3, F02.C3)
dementia with psychotic disturbance (F02.82, F02.A2, F02.B2, F02.C2)
dementia without behavioral disturbance (F02.80, F02.A0, F02.B0, F02.C0)
mild neurocognitive disorder due to known physiological condition (F06.7-)

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Unknown Dementia Cause

- If the cause of the dementia is unknown or the resident does not have an associated physiological condition
  - F03 – should be used

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Coding Conventions

- **And** - in a **title** should be interpreted as either *AND* or *OR*
  - Either condition must be present in provider documentation, but both do not have to

A18 Tuberculosis of other organs

A18.0 Tuberculosis of bones and joints ← Subcategory refers to TB of bones *OR* joints

A18.01 Tuberculosis of spine
Pott's disease or curvature of spine
Tuberculous arthritis
Tuberculous osteomyelitis of spine
Tuberculous spondylitis

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Coding Conventions

- **With** - in **Alphabetic Index** should be interpreted to mean *"associated with"* or *"due to"*
- **With** - in *Tabular List* is an instructional note
  — Causal relationship is presumed between the linked conditions

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Diabetes, diabetic (mellitus) (sugar) E11.9
- with
- - amyotrophy E11.44
- - arthropathy NEC E11.618
- - autonomic (poly) neuropathy E11.43
- - cataract E11.36
- - Charcot's joints E11.610
- - chronic kidney disease E11.22
- - circulatory complication NEC E11.59
- - complication E11.8
- - - specified NEC E11.69
- - dermatitis E11.620
- - foot ulcer E11.621
- - gangrene E11.52
- - gastroparalysis E11.43
- - gastroparesis E11.43
- - glomerulonephrosis, intracapillary E11.21

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Coding Conventions

- **See** - indicates another term needs to be referenced to locate the correct code
- **See Also** - means there is another main term that may also be referenced

Arthritis, arthritic (acute) (chronic) (nonpyogenic) (subacute) M19.90
- allergic *-see* Arthritis, specified form NEC
- ankylosing (crippling) (spine) *-see also* Spondylitis, ankylosing
- - sites other than spine *-see* Arthritis, specified form NEC
- atrophic *-see* Osteoarthritis
- - spine *-see* Spondylitis, ankylosing
- back *-see* Spondylopathy, inflammatory
- blennorrhagic (gonococcal) A54.42
- Charcot's *-see* Arthropathy, neuropathic
- - diabetic *-see* Diabetes, arthropathy, neuropathic

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Coding Conventions

- **Code Also** - instructs that two codes may be required to fully describe the condition

  M84.5 Pathological fracture in neoplastic disease
  Code also underlying neoplasm

- **Default code** –code listed next to the main term in the Alphabetic Index indicates the most commonly associated code for that main term

Arthritis, arthritic (acute) (chronic) (nonpyogenic) (subacute) M19.90

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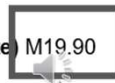
Code Assignment & Clinical Criteria

- Assignment of a code is based on the provider's diagnostic statement that the code is present
- No further clinical criteria are required

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Knowledge Check

What coding convention is found in the Tabular List to indicate that an etiology code must be in the list before the manifestation code?

A. Code also

B. Code first

C. See also

D. See

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General Coding Guidelines Overview

- **Provides step-by-step instructions on**
  - How to locate a code
  - How much detail is required
  - How to handle signs and symptoms
  - Multiple coding for a single condition
  - Acute and chronic conditions
  - Combination codes
  - Sequela (late effects)
  - Laterality
  - Documentation by clinicians other than physician/NPP

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How to Locate a Code

- **Assigning codes:**
  - Step 1
    - Look up the diagnosis in the **Alphabetic Index**, for the alphabetic arrangement of terms followed by a code (which may contain numbers and letters)
  - Step 2
    - Find the code in the **Tabular List** and follow the instructions provided to code to the highest level of specificity

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How to Locate a Code

When learning to code, begin with the simplest diagnostic statement and build from there.

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Level of Detail Required

- Contains categories, subcategories, and valid codes
  - The first character of a 3-character category is a letter
  - The 2nd and 3rd characters may be letters or numbers
  - Subcategories are either 4 or 5 characters and include either letters or numbers
  - Codes may be 4, 5, or 6 characters in length, with some having applicable 7th character extensions

M19.90

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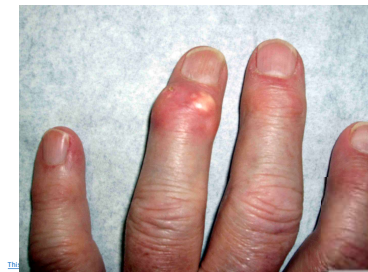65

Code Detail

- It is vital that the most descriptive code available be used; both the Alphabetic Index and Tabular Lists MUST be used when assigning a code

Example: Gout

Continued

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Alphabetic Index

Gout, gouty (acute) (attack) (flare) *-see also* Gout, chronic M10.9

- drug-induced M10.20
  - - ankle M10.27-
  - - elbow M10.22-
  - - foot joint M10.27-
  - - hand joint M10.24-
  - - hip M10.25-
  - - knee M10.26-
  - - multiple site M10.29
  - - shoulder M10.21-
  - - vertebrae M10.28
  - - wrist M10.23-
- idiopathic M10.00
  - - ankle M10.07-
  - - elbow M10.02-
  - - foot joint M10.07-
  - - hand joint M10.04-

M1A Chronic gout   **Tabular List**

Use additional code to identify:
    Autonomic neuropathy in diseases classified elsewhere (G99.0)
    Calculus of urinary tract in diseases classified elsewhere (N22)
    Cardiomyopathy in diseases classified elsewhere (I43)
    Disorders of external ear in diseases classified elsewhere (H61.1-, H62.8-)
    Disorders of iris and ciliary body in diseases classified elsewhere (H22)
    Glomerular disorders in diseases classified elsewhere (N08)

Excludes1: gout NOS (M10.-)

Excludes2: acute gout (M10.-)

The appropriate 7th character is to be added to each code from category M1A
  0 - without tophus (tophi)
  1 - with tophus (tophi)

M1A.0 Idiopathic chronic gout
  Chronic gouty bursitis
  Primary chronic gout
    M1A.00 Idiopathic chronic gout, unspecified site

Continued

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M10 Gout   **Acute Gout**
  Acute gout
  Gout attack
  Gout flare
  Podagra
Use additional code to identify:
    Autonomic neuropathy in diseases classified elsewhere (G99.0)
    Calculus of urinary tract in diseases classified elsewhere (N22)
    Cardiomyopathy in diseases classified elsewhere (I43)
    Disorders of external ear in diseases classified elsewhere (H61.1-, H62.8-)
    Disorders of iris and ciliary body in diseases classified elsewhere (H22)
    Glomerular disorders in diseases classified elsewhere (N08)
Excludes2: chronic gout (M1A.-)
M10.0 Idiopathic gout
  Gouty bursitis
  Primary gout
  M10.00 Idiopathic gout, unspecif
  M10.01 Idiopathic gout, shoulder
  M10.011 Idiopathic gout, right sh

M1A Chronic gout   **Chronic Gout**

Use additional code to identify:
    Autonomic neuropathy in diseases classified elsewhere (G99.0)
    Calculus of urinary tract in diseases classified elsewhere (N22)
    Cardiomyopathy in diseases classified elsewhere (I43)
    Disorders of external ear in diseases classified elsewhere (H61.1-, H62.8-)
    Disorders of iris and ciliary body in diseases classified elsewhere (H22)
    Glomerular disorders in diseases classified elsewhere (N08)

Excludes1: gout NOS (M10.-)

Excludes2: acute gout (M10.-)

The appropriate 7th character is to be added to each code from category M1A
  0 - without tophus (tophi)
  1 - with tophus (tophi)

M1A.0 Idiopathic chronic gout
  Chronic gouty bursitis
  Primary chronic gout
    M1A.00 Idiopathic chronic gout, unspecified site

AAPACN

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Alphabetic Index

Gout, gouty (acute) (attack) (flare) -*see also* Gout, chronic M10.9
- drug-induced M10.20
  - - ankle M10.27-
  - - elbow M10.22-
  - - foot joint M10.27-
  - - hand joint M10.24-
  - - hip M10.25-
  - - knee M10.26-
  - - multiple site M10.29
  - - shoulder M10.21-
  - - vertebrae M10.28
  - - wrist M10.23-
- idiopathic M10.00
  - - ankle M10.07-
  - - elbow M10.02-
  - - foot joint M10.07-
  - - hand joint M10.04-

M1A Chronic gout   **Tabular List**

Use additional code to identify:
Autonomic neuropathy in diseases classified elsewhere (G99.0)
Calculus of urinary tract in diseases classified elsewhere (N22)
Cardiomyopathy in diseases classified elsewhere (I43)
Disorders of external ear in diseases classified elsewhere (H61.1-, H62.8-)
Disorders of iris and ciliary body in diseases classified elsewhere (H22)
Glomerular disorders in diseases classified elsewhere (N08)

Excludes1: gout NOS (M10.-)

Excludes2: acute gout (M10.-)

The appropriate 7th character is to be added to each code from category M1A
 0 - without tophus (tophi)
 1 - with tophus (tophi)

M1A.0 Idiopathic chronic gout
Chronic gouty bursitis
Primary chronic gout
  M1A.00 Idiopathic chronic gout, unspecified site

Continued

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Coding Signs and Symptoms (S/S)

- **Conditions that are integral part of disease process:** S/S associated routinely with a disease process should NOT be assigned as additional codes, unless otherwise instructed by the classification
  - E.g., fever related to UTI – only UTI should be coded
  - If the fever was of unknown origin, then the fever should be coded
- **Conditions that are NOT an integral part of a disease process:** Additional S/S that may not be associated routinely with a disease process should be coded when present
  - Hemoptysis with pneumonia
    - Hemoptysis is not a symptom routinely associated with pneumonia so it would be coded in addition to the pneumonia

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Using Multiple Codes for a Single Condition

- Used when Alphabetic Index or Tabular List requires the following to fully describe the condition:
  - Use Additional code
  - Code first
  - Code, if applicable, any causal condition first

Examples on next two slides

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Example: Tabular list with "Use additional" instructions

E11 Type 2 diabetes mellitus

Includes: diabetes (mellitus) due to insulin secretory defect
diabetes NOS
insulin resistant diabetes (mellitus)

Use additional code to identify control using:
insulin (Z79.4)
oral antidiabetic drugs (Z79.84)
oral hypoglycemic drugs (Z79.84)

Excludes1: diabetes mellitus due to underlying condition (E08.-)
drug or chemical induced diabetes mellitus (E09.-)
gestational diabetes (O24.4-)
neonatal diabetes mellitus (P70.2)
postpancreatectomy diabetes mellitus (E13.-)
postprocedural diabetes mellitus (E13.-)
secondary diabetes mellitus NEC (E13.-)
type 1 diabetes mellitus (E10.-)

E11.0 Type 2 diabetes mellitus with hyperosmolarity

  E11.00 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)

  E11.01 Type 2 diabetes mellitus with hyperosmolarity with coma

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Example: Alphabetic list with "Code first" instructions

A41 Other sepsis

Code first postprocedural sepsis (T81.4-)
sepsis during labor (O75.3)
sepsis following abortion, ectopic or molar pregnancy (O03-O07, O08.0)
sepsis following immunization (T88.0)
sepsis following infusion, transfusion or therapeutic injection (T80.2-)

Excludes1: bacteremia NOS (R78.81)
neonatal (P36.-)
puerperal sepsis (O85)
streptococcal sepsis (A40.-)

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Combination Codes

- Single code used to identify two diagnoses
  OR
- Single code used to indicate a diagnosis with a manifestation
  OR
- Single code with an associated complication

When the combination code does not have enough information to describe the manifestation or complication, then an additional code should be used as a secondary code.

Example on next slide

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Combination Codes

- Alphabetical Index usually identified as one code with the terms
  - With, associated with, in, due to

Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic) I10
- **with**
- - heart failure (congestive) I11.0
- - heart involvement (conditions in I50.- or I51.4-I51.7, I51.89, I51.9, due to hypertension) -
  see Hypertension, heart
- - kidney involvement -*see* Hypertension, kidney

- Tabular List usually identified as one code with the terms
  - With

I11 Hypertensive heart disease

Includes: any condition in I50.- or I51.4-I51.7, I51.89, I51.9 due to hypertension

I11.0 Hypertensive heart disease with heart failure
Hypertensive heart failure
Use additional code to identify type of heart failure (I50.-)

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Sequela (Late Effect)

Sequela is a condition that occurs after an acute illness or injury
- Residual effect or late effect
- Can occur early
  - Example: Residual effects of a CVA
    OR
- Can occur months or years later
  - Example: Scar formation after a burn or joint contracture after a tendon injury

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Knowledge Check

Which of the following is **NOT** an example of a condition that would use sequela code?

   A. Scar formation after a burn

   B. Hemiplegia after a stroke

   C. Acute Myocardial Infarct

   D. Joint contracture after a tendon injury

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Laterality

- Some codes assign different codes for laterality
  - Right side
  - Left Side
  - Some may have a bilateral designation
    - When no bilateral designation is available, code both right- and left-sided codes
- If the side is not specified in the provider's documentation, **may use medical record documentation from other clinicians**– code unspecified laterality cannot be determined
  - Best practice is to query the physician to determine laterality

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Documentation by Clinicians OTHER THAN a Physician/NPP

- **Must first have an associated diagnosis from a provider**
  - Dietitian
    - May determine the BMI once associated diagnosis is established such as underweight, overweight, or obese
  - Nurse
    - May determine the depth of non-pressure ulcers
    - May determine the stage of pressure ulcers/injuries
    - May document laterality
  - Any clinician
    - Can identify social determinants of health (SDOH) as long as it is documented and incorporated into the medical record
  - Medical record review
    - To determine the underimmunization status
  - EMT
    - May determine Coma Scale or NIH Stroke Scale

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Knowledge Check

True or False:

Your dietitian documented that the resident had a BMI of 40 which falls within the guidelines for morbid obesity. The physician has documented the diagnosis of overweight in the medical record. It is acceptable to code morbid obesity on the MDS.

   A. True

   B. False

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ICD-10 Tips

- Always count number of digits and compare with the number of digits required
- Avoid unspecified codes
  - Especially when laterality is indicated
  - Laterality will always be indicated in last digit of code, if required
  - Payers may reject payment based on this

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Common Chapter-Specific Guidelines Affecting LTC

1: Certain Infectious and Parasitic Diseases

2: Neoplasms

4: Endocrine, Nutritional, and Metabolic Diseases

5: Mental, Behavioral, Neurodevelopmental Disorders

6: Diseases of the Nervous System

7: Diseases of the Eye and Adnexa

9: Diseases of the Circulatory System

10: Diseases of the Respiratory System

12: Diseases of the Skin and Subcutaneous Tissue

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Common Chapter-Specific Guidelines Affecting the LTC

13: Diseases of the Musculoskeletal System and Connective Tissue

14: Diseases of the Genitourinary System

18: Symptoms, signs, abnormal clinical and laboratory findings, not elsewhere classified

19: Injury, poisoning, and certain other consequences of external causes

20: External Causes of Morbidity

21: Factors Influencing Health Status and Contact with Health Services

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Thank you!
Good luck on your exams!

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References

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