DIAGNOSIS CODING ESSENTIALS FOR LONG-TERM CARE: THE BASICS

Preferred Clinical Services for Leading Age Florida
August 26-27, 2015
WHAT IS ICD-10-CM?

• International Classification of Diseases, 10th Revision, Clinical Modification
• Official Coding Guidelines approved by AHA, AHIMA, CMS & NCHS
• Code sets are addressed under Administrative Simplifications section of HIPAA (1996)
• First approved in 1990
• US is the final industrialized nation to adopt
• Beginning October 1st, ALL claims must use these codes
WHAT WE WON’T BE COVERING

• Procedures
• CPT/HCPCS codes
• Pregnancy, Childbirth and Puerperium
• Perinatal Conditions
• Congenital Disorders
• External Causes
WHAT'S NEW?

• 68,000 vs. 16,000 codes
• Codes changed from 3-5 characters to 3-7 characters
  • All codes are alphanumeric: All codes have a “base” of three characters: The letter for that chapter/body system and two numbers
• All letters of the alphabet except U are used
• Greater precision
• Reflective of current technologies
• Addition of laterality
• Time frame changes
WHAT CHANGES?

- No more coding from memory
- Alphabetic and numeric indexes MUST be referenced for code assignments
- Hypertension table is gone
- Must have better clinical documentation
- Coder must understand terminology and anatomy/physiology
- Admission for therapy no longer exists

Payers may have their own interpretations
What do you MEAN I can’t code from memory???
GEMS

• “General Equivalence Mappings”
• A framework that maps from 9 to 10 and 10 to 9
• Used mainly to convert databases
• Do NOT rely on the GEMs for correct code selection
• May be downloaded from

• Official Coding Guidelines
• Alphabetic Index: Two Parts
  • Index of Disease and Injury
    • Table of Neoplasms
    • Table of Drugs and Chemicals
    • Main Terms will be in bold
      
      **Antritis** J32.0
      Maxilla J32.0
      Acute J01.00
      Recurrent J01.01

  • Index of External Causes of Injury (not for LTC use)
• Pay attention to instructional notes. They always supersede any other guidance.
BOOK LAYOUT—ALPHABETIC INDEX

- Non-Essential Modifiers
  - Appear in parentheses and do not affect code number assigned

- Dashes (--) at the end of an entry indicates additional characters are required

| Amblyopia (congenital) (ex anopsia) (partial) (suppression) H53.00- deprivation H53.01- |
Manifestation codes are included in the alphabetic index by including a second code, shown in brackets [ ] directly after the underlying or etiology code which should always be reported first.

Chorioretinitis – see also inflammation chorioretinal

- Egyptian B76.9 [D63.8]
- Histoplasmic B39.9 [H32]
Tabular Index:

Chapters are subdivided into subchapters (blocks) that contain three character categories and form the foundation of the code.

Chapter 8 Diseases of the Ear and Mastoid Process (H60 – H95)

This chapter contains the following blocks:

H60 – H62 Disease of external ear
H65 – H75 Disease of middle ear and mastoid
H80 – H83 Disease of inner ear
H90 – H94 Other disorders of ear
BOOK LAYOUT

• Tabular Index: Listing of each disease by code
  • This MUST be referenced!
  • Alphabetical index does not always have full codes
  • Laterality and 7th digits are ONLY in tabular
  • Incomplete codes result in denial of payment
  • Look above and below each code
Tabular List Notes

Notes are located at the beginning of chapters or any subdivisions that follow and apply to all the categories within it.

Always read the beginning of each chapter and directly above and below each entry.
SEVENTH CHARACTERS AND PLAC EHO LDER X

The 7\textsuperscript{th} character is used for injuries, external causes and obstetrics. ONLY injuries apply to LTC.

When required, the 7\textsuperscript{th} character will always be in the 7\textsuperscript{th} position.

If a code that requires a 7\textsuperscript{th} character has less than six characters, placeholder X must be used.

S00.03xD Contusion of scalp, subsequent episode of care
• True or False: Official Coding Guidelines take precedence over code book instructions.

• True or False: Not all codes have letters.

• True or False: GEMs are a suitable replacement for the alpha and tabular indexes.

• Seventh characters and characters used for laterality are found only in the _________ index.

• True or False: “Unspecified” codes may result in an automatic denial of payment.
Whoa! TMI, Dude.

T-M-I-!!!
CODING CONVENTIONS

• (NEC) – “not elsewhere classified”: We have a better code than the book

• (NOS) – “not otherwise specified”: The book has a better code than we do.
  
  F03.90 Unspecified Dementia without behavioral disturbance – Dementia NOS

• Codes must be used to the highest number of characters available or to the highest level of specificity.
CODING CONVENTIONS

Code First/Use Additional Code:

Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology. The underlying condition is sequenced first followed by the manifestation. The “use additional code” note appears at the etiology and a “code first” note at the manifestation code.
CODING CONVENTIONS

Code First/Use Additional Code:

**G30 Alzheimer’s disease**
- Use additional code to identify:
  - dementia with behavioral disturbance (F02.81)
  - dementia without behavioral disturbance (F02.80)
- G30.0 Alzheimer’s with early onset
- G30.1 Alzheimer’s with late onset

**F02 Dementia in other diseases classified elsewhere**
- Code first the underlying physiological condition, such as Alzheimer’s (G30.-)
- F02.80 Dementia in other diseases classified elsewhere, without behavioral disturbance
- F02.81 Dementia in other diseases classified elsewhere, with behavioral disturbance
CODING CONVENTIONS

Cross Reference Notes: Used in the Alphabetic Index to advise the coding professional to look elsewhere before assigning a code. There are three terms used: see, see also, see condition.

- **Hemorrhage**, cranial – see Hemorrhage, intracranial
- **Labyrinthitis** (circumscribed) (destructive) (diffuse) (inner ear) (latent) (purulent) (suppurative)
  - see also subcategory H83.0
- **Lumbar** – see condition
CODING CONVENTIONS

Relational Terms

And – Means “and/or” when it appears in the code title within the Tabular List.

180 Phlebitis and thrombophlebitis

With – Means “associated with” or “due to” when it appears in the code title, the Alphabetical Index, or an instructional note in the Tabular List.

Asthma, asthmatic

with

chronic obstructive pulmonary disease J44.9
Excludes Notes

**Excludes 1:** Mutually exclusive codes that cannot exist together. It means “NOT CODED HERE”.

*Example:* Type 2 Diabetes

Excludes 1: Type 1 Diabetes

**Excludes 2:** Means “Not Included Here”

Patient may have both conditions, but it is not represented by the code

*Example:* Hypertension

Excludes 2: Hypertension involving vessels of the eye
CODING GUIDELINES

Code Selection
1. Locate the term in the Alphabetical Index
2. Verify the code in the Tabular Index
3. Read and be guided by the instructional notes in both indexes

The Alphabetical Index does not always provide the full code. Laterality and 7th character selection can only be done using the Tabular Index. The Alphabetical Index does not always indicate a dash
Signs & Symptoms

Codes that describe signs and symptom, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider.

Formally known as “700 Codes”, now located in Chapter Chapter R00 – R99 Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified.
Integral Part of Disease

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

- Altered Mental Status due to UTI N39.0
- COPD with Shortness of Breath - J44.9

What is the exception?
Multiple Coding for Single Condition

In addition to the etiology/manifestation convention that requires two codes, there are other single conditions that also require more than one code. See “Use additional code” notes in the Tabular List at the code level. These are sequenced secondary to the condition code.

“Code first” notes are under certain codes that are not specifically manifestation codes but may be due to an underlying cause. When there is a “code first” note and an underlying condition is present, the underlying condition is sequenced first.
CODING GUIDELINES

Multiple Codes for Single Condition

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

If the causal condition is known, then the code for that condition should be sequenced as the principal diagnosis or first-listed diagnosis.

Escherichia Coli Urinary Tract Infection

N39.0 Urinary Tract Infection
B96.20 Unspecified Escherichia Coli
WHAT YOU TALKIN BOUT WILLIS?
CODING GUIDELINES

Acute and Chronic Conditions

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

Acute and Chronic Renal Failure

N17.9  Acute Renal Failure
N18.9  Chronic Renal Failure
CODING GUIDELINES

Combination Codes

A combination code is a single code used to classify:

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

  J44.0 Acute Bronchitis with COPD

See Combination codes for poisonings and external cause (accidental, intentional self-harm, assault, undetermined)
CODING GUIDELINES

Combination Codes

• Assign only the combination code that fully identifies the diagnostic conditions involved or when directed by the Alphabetical Index.

• Multiple coding should not be used when the classification provides a combination code that clearly identifies all the elements documented in the diagnosis.

• When a combination code lacks necessary specificity in describing the manifestation or complication, an additional code should be used as a secondary code.
Sequelae

“A residual effect (condition produced) after the acute phase of an illness or injury has terminated.”

• There is no time limit to use the sequelae code
• The residual may be apparent early or years later
• Generally requires two codes
  • The condition or nature of the sequelae – first
  • The sequelae code - second
Sequelae

Exception to above guideline:
In instances where the code for the sequelae is followed by a manifestation code identified in the Tabular List and title, or the sequelae code has been expanded at the 4th, 5th, or 6th character level to include the manifestation. (I69 Sequelae of cerebrovascular Disease)

The code for the acute phase of an illness or injury that led to the sequelae is never used with a code for the late effect.
CODING GUIDELINES

Impending or Threatened Condition

• Code any condition described at the time of discharge as “impending” or “threatened” as follows:
  • If it did occur, code as confirmed diagnosis.
  • If it did not occur, reference the Alphabetic Index to determine if the condition has a subentry term for “impending” or “threatened” and also reference main term entries for “Impending” and for “Threatened.”
  • If the sub-terms are listed, assign the given code.
  • If the sub-terms are not listed, code the existing underlying condition(s) and not the condition described as impending or threatened.

Impending myocardial infarction  I20.0
CODING GUIDELINES

Reporting Same Diagnosis More than Once

- Each unique ICD-10-CM code may be reported only once for an encounter.
- This applies to bilateral conditions when there are no distinct codes for laterality or two different conditions classified to the same ICD-10-CM diagnosis code.
Laterality

- For bilateral sites, the final character of the codes indicates laterality.
- An unspecified site code is also provided should the side not be identified in the medical record.
- If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side
Documentation of BMI and Pressure Ulcer Stages

Body Mass Index and Pressure Ulcer stage codes may be based on the medical record documentation from clinicians who are not the patient’s provider, such as a dietician for BMI or nurse for pressure ulcer staging.
Associated conditions (overweight, obesity, or pressure ulcer) must be documented by the patient’s provider. If there is conflicting medical record documentation, either from the same clinician or different clinicians, the patient’s attending provider should be queried for clarification.
Syndromes

- Follow the Alphabetical Index for guidance when coding syndromes.
- If there is no guidance in the Alphabetical Index assign codes for the documented manifestations of the syndrome.

Look for the syndrome by name in the alphabetical index first and if not there, under Syndrome.
Complications

“Code assignment is based on the provider's documentation of the relationship between the condition and the care or procedure.”

The guideline extends to any complications of care, regardless of the chapter the code is located in.

**Note:** not all conditions that occur during or following medical care or surgery are classified as complications.
Complications

There must be a cause-and-effect relationship between the care provided and the condition and an indication in the documentation that it is a complication. If the complication is not clearly documented, query the provider for clarification.

Example: Joint prosthesis
• True or False: Underlying conditions must be sequenced before manifestations

• What two types of characters may be found ONLY in the tabular index?

• Name two instances where diagnoses are not required to be physician documented.
• When to code?
• Section I of the MDS (must meet both)
  • Documented by the physician within the last 60 days
  • Active within the last 7 days
PRINCIPLE & PRIMARY DIAGNOSES

Principle vs. Primary

- **Primary** is the reason that caused the admission and/or the reason for therapy services (medical diagnosis); box 67 A
  - 67 A-W support principle diagnosis (therapy treatment)
  - CMS ignores all but top eight
  - Sequencing is of the essence
  - May change during stay

- **Principal** (admitting dx) is first-listed dx, reason resident is admitted to the center; box 69. This will not change during stay.
IF YOU DON'T HAVE TIME TO DO IT RIGHT, WHEN WILL YOU HAVE TIME TO DO IT OVER?
WHY DOES IT HAVE TO BE RIGHT?

- Billing
- Data for care
- To support clinical decision making (ADRs, RACs)
- To comply with federal standards
- Statistical purposes
"If I had eight hours to chop down a tree

I'd spend six sharpening my axe"
DIAGNOSIS CODING ESSENTIALS FOR LONG-TERM CARE: CHAPTER 21, Z CODES & PRINCIPAL DIAGNOSIS

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PRINCIPAL VS. PRIMARY DIAGNOSIS

• Typically used interchangeably
  • Principal ("first-listed" diagnosis)
    • The reason resident was admitted
    • Sequenced first
    • Box 69 on UB-04
    • Will not change during admission
  • Primary is the condition that caused the admission and/or reason for therapy services (medical diagnosis); box 67 A
    • 67 A-W support principle diagnosis (therapy treatment)
    • CMS only sees top eight
    • Sequencing is of the essence
    • May change during stay
Do NOT assign codes
Based on pay source!
RULE

• When a LTC patient is transferred to the hospital and returns to the center, the primary diagnosis is the reason the resident continues to reside in the center, regardless of whether therapy is ordered.

• Sequence new and/or acute codes AFTER the primary diagnosis used by the center.

EX: Resident in center for Parkinson’s. Goes to hospital for fracture and returns on therapy.
WHAT YOU TALKIN BOUT WILLIS
THERAPY MEDICAL DIAGNOSIS

• Must be the medical reason to support therapy services
• May or may not be same principal as center uses
• Be sure to include in top eight codes
DIAGNOSIS SELECTION

• WHAT to Code
  • Based on Section I of the MDS (must meet both)
    • Physician Documented in 60 days
    • Active in seven days
      • Functional Status
      • Cognitive Status
      • Mood or Behavior Status
      • Medical Treatments
      • Nurse Monitoring
      • Risk of Death
DIAGNOSIS SELECTION

• WHEN to code
  • Admission
  • Return from Transfer
  • As New Conditions Arise
  • Per MDS Schedule
  • On Discharge

NOTE: It is very important to discontinue diagnoses as appropriate!
CODES THAT AFFECT RUGS

- Pneumonia
- Septicemia
- Diabetes
- Cerebral Palsy
- Hemiplegia/Hemiparesis
- Quadriplegia
- Multiple Sclerosis
- Parkinson’s
- Asthma
- COPD
- Respiratory Failure
RESIDENT ADMITTED FOR INJURY

- According to Coding Clinic, “when a patient is admitted to the LTC facility specifically for rehab following an injury, assign the acute injury code with the appropriate 7th character as the first-listed diagnosis.”

- Example: Rt admitted for therapy to treat traumatic fracture of pelvis.
ACUTE CONDITIONS

• When patient is treated at hospital for an acute medical condition and is admitted to SNF for therapy, code the acute condition as the principle diagnosis, followed by chronic conditions that meet the RAI guidelines.

• Any acute condition that requires follow up or monitoring should be coded as long as it persists and meets RAI guidelines.
Do NOT code conditions that resolve before admission to the SNF (AMS, GI bleed, Cholecystitis with Cholecystectomy, e.g.)
RESOLVED CONDITIONS

It is inaccurate to report an acute code for a resolved condition because it directly contradicts the Official Coding Guidelines and is non-compliant with HIPAA regulations.
AFTERCARE CODES

• Assigned for aftercare following surgical procedures performed in the hospital for which the patient is sent to the SNF to recover.

• Examples
  • AAA repair (aftercare for surgery to the circulatory system)
  • Joint Replacement
MEDICARE PART B

• A “reasonable and necessary” diagnosis is required
• Primary will still be reason the resident continues to reside in center
• Use treatment diagnoses to support services and sequence appropriately
WHAT ARE Z CODES?

Z Codes Represent **Reasons** for Encounters. Formerly V codes.

- Significant past health histories
- Services provided following an acute care episode
- Aftercare services
- Screenings, tests & vaccinations
- Problems influencing health status but which is not a current illness.
Significant Change for LTC

There is no comparable category in ICD-10-CM to ICD-9’s V57 category - Care Involving Use of Rehabilitation Procedures
USE OF Z CODES

There are three coding guidelines:

- Use of Z codes in any healthcare setting
- Z Codes indicate a reason for an encounter;
- Categories of Z codes
USE OF Z CODES

Coding Guidelines: Use of Z codes in any Healthcare Setting

• Z codes are for use in any healthcare setting
• Z codes may be used as either first-listed or secondary diagnosis, depending on the circumstances of the encounter
• Certain Z codes may only be used as first-listed or principal diagnosis.
• See the Official Coding Guidelines for a list of codes.
Z89.419

Acquired absence of unspecified great toe

Alex Connolly - Pen, Colored Pencil on Paper 10"x8"
Alex Connolly is an artist from Madison, WI. His focus is in digital and analog/experimental photography as well as painting and mixed media.

After years of toe-tal bliss, Mr. Hallux put on his best pants and left to discover the world.
Categories of Z Codes

Contact / Exposure

• **Z20** - Residents who do not show any signs or symptoms of a disease but are suspected to have been exposed to it by close personal contact or are in an area where a disease is epidemic.

• **Z77** - Contact with and suspected exposures hazardous to health.
CATEGORIES OF Z CODES

Z20 Contact with and (suspected) exposure to communicable disease

Excludes 1: Carrier of Infectious disease (Z22.-)
Diagnosed current infectious or parasitic disease
See Alphabetic Index

Excludes 2: Personal history of infectious & parasitic disease (Z86.1-)

Example: Z20.1 Contact with and (suspected) exposure to tuberculosis
Z77 Contact with and suspected exposures hazardous to health

Includes 1: Contact with and (suspected) exposures to potential hazards to health

Excludes 2: Contact with and (suspected) exposures to communicable diseases (Z20.-)

Example:

Z77.22 Contact with and (suspected) exposure to environmental tobacco smoke (acute) (chronic)

Exposure to second hand tobacco smoke (acute) (chronic)

Passive smoking (acute) (chronic)
Z CODES

• Z23 Inoculations and Vaccinations
  • Code Z23 is for encounters for inoculations and vaccinations.
  • It indicates that a patient is being seen to receive a prophylactic inoculation against a disease.
ZCODES

Status

• Indicate that a patient is either a carrier of a disease or has the residual of a past disease or condition.
• Includes presence of prosthetic or mechanical devices resulting from past treatment.
• A status code is informative, because the status may affect the course of treatment or outcome.
Z CODES

- Common Status Codes in Post-Acute Care
  
  Z16  Resistance to antimicrobial drugs
  Z21  Asymptomatic HIV infection status
  Z22  Carrier of infectious disease
  Z68  Body Mass Index (BMI)
  Z79  Long-term (current) drug therapy
  Z89  Acquired absence of limb
ZC0DES

Z90 Acquired absence of organs
Z93 Artificial opening status
Z94 Transplanted organ & tissue status
Z95 Presence of cardiac & vascular implants & graft
Z96 Presence of other functional implants
Z97 Presence of other devices
Z99 Dependence on enabling machines & devices, NEC
• Resistance to Antimicrobial Drugs Z16

Note: The codes in this category are provided for use as additional codes to identify the resistance and non-responsiveness of a condition to antimicrobial drugs.

Excludes 1: Code first the infection
- MRSA Infections (A49.02)
- MRSA Infections in diseases classified elsewhere (B95.62)
- MRSA pneumonia (J15.212)
- Sepsis due to MRSA (A41.02)
Z22 Carrier of Infectious Disease

Colonization status

Suspected carrier

Example:

Z22.322 Carrier or (suspected) carrier of *Methicillin* resistant *Staphylococcus aureus*  
MRSA colonization
Z CODES

Z79 Long Term (current) drug therapy

• Indicate a patient’s continued use of a prescribed drug for the long-term treatment of a condition or for prophylactic use.

• Not used for patients with addictions to drugs.

• Used for patients receiving a medication for an extended period of time.
Long Term (current) Drug Therapy
Includes: long term (current) drug use for prophylactic purposes
Code also any therapeutic drug level monitoring (Z51.81)
Excludes 2 drug abuse and dependence (F11-F19)
drug use complicating pregnancy, childbirth, & puerperium
Z79.2 Long term (current) use of antibiotics
Z79.51 Long term (current) use of inhaled steroids (NEW)
Z79.52 Long term (current) use of systemic steroids (NEW)
Z79.82 Long term (current) use of aspirin
Z79.83 Long term (current) use of bisphosphonates (NEW)
Z79.890 Long term (current) use of hormone replacement
ABSENCE CODES

Z89  Acquired Absence of Limb
Z90  Acquired Absence of Organ

Examples:

- Z89.432  Acquired absence left foot
- Z89.611  Acquired absence right leg above the knee
- Z90.12   Acquired absence left breast and nipple
- Z90.5    Acquired absence of kidney
STATUS

Z93 Artificial Opening Status
Z94 Transplanted Organ Status

Examples:
• Z93.1 Gastrostomy status
• Z93.3 Colostomy status
• Z93.51 Cutaneous-vesicostomy status
• Z94.0 Kidney transplant status
• Z94.7 Corneal transplant status
Z95  Presence of Cardiac and Vascular Implants and Grafts

Examples:

• Z95.5  Presence of coronary angioplasty implants & grafts (New)

Excludes 1:  coronary angioplasty status without implant & graft (Z98.61)

• Z95.820  Peripheral vascular angioplasty status with implants & grafts (New)

Excludes 1:  peripheral vascular angioplasty without implant and graft (Z98.62)
Z CODES

Z96  Presence of Other Implants
Z97  Presence of Other Devices

Examples:
• Z96.642  Presence of left artificial hip joint
  (Notice laterality - codes for left, right & bilateral)
• Z97.1-  Presence of artificial limb (complete) (partial)
  Code for left, right, and bilateral
Z C O D E S

Z98  Other Post-procedural States
Z99  Dependence on Enabling Machines

• Z98.42  Cataract extraction status, left eye
  (Notice laterality codes for left, right & unspecified)

• Z98.85  Transplant organ removal status

• Z99.2  Dependence on renal dialysis
HISTORY CODES

History (of) - Personal and Family History

- Condition is no longer active or treated, but has potential for recurrence and therefore may require continued monitoring.
- Acceptable on any medical record, as the history of an illness is important information that may alter the type of treatment ordered.
History (of)- Personal Neoplasms & other Diseases

Z85.3  Personal history of malignant neoplasm of breast
Z86.14 Personal history MRSA infection
Z86.31 Personal history of diabetic foot ulcer
Z87.310 Personal history of (healed) osteoporosis fracture
Z87.891 Personal history of nicotine dependence
HISTORY CODES

History Psychological Trauma & other Risk Factors

Z91.412  Personal history of adult neglect
Z91.5    Personal history of self-harm
Z91.81   History of falling (At risk for falls)
HISTORY CODES

Personal History of Medical Treatment

Z92.21  Personal history of antineoplastic chemotherapy
Z92.23  Personal history of estrogen therapy
Z92.240 Personal history of inhaled steroid therapy
Z92.241 Personal history of systemic steroid therapy
Z92.3   Personal history of irradiation (therapeutic)
NOTE

- ZCodes are NOT to be used with Fractures
SURGICAL AFTERCARE

- Initial treatment of a disease has been performed and the patient requires continued care during the healing or recovery phase, or for the long-term consequences of the disease.

- Not used for injuries. For aftercare of an injury assign the acute injury code with the appropriate 7th character (for subsequent encounter)
AFTERCARE

• Aftercare Z codes should be used in conjunction with other aftercare codes or diagnosis codes to provide better detail on the specifics of an aftercare encounter visit.

• Certain aftercare Z codes categories need a secondary diagnosis code to describe the resolving condition or sequela.
Aftercare + Status Codes

Status Z codes may be used with aftercare Z codes to indicate the nature of the aftercare or to indicate the surgery for which the aftercare is being performed.

Example:

- Z48.812 Encounter for surgical aftercare following surgery on the circulatory system
- Z95.1 Presence of aortocoronary bypass graft - “CABG” status
**Aftercare Categories**

- **Z42** Plastic & reconstructive surgery following medical procedure or healed injury
- **Z43** Attention to artificial openings
- **Z44** Fitting & adjustment of external prosthetic device
- **Z45** Adjustment & management of implanted device
- **Z46** Fitting & adjustment of other devices
- **Z47** Orthopedic aftercare
- **Z48** Other post-procedural aftercare
- **Z49** Care involving renal dialysis
- **Z51** Other aftercare
Z CODES

Z43 Attention to Openings
Z44 Fitting & Adjustment of Prosthetic Device

Z43.3 Encounter for attention to colostomy
Z43.5 Encounter for attention to cystostomy

Z44.102 Encounter for fitting & adjustment of left artificial leg
Z CODES

Z45 Adjustment of Implanted Device
Z46 Fitting & Adjustment of other Device

Z45.2 Encounter for adjustment & management of vascular access devices
Code for PICC Lines

Z46.8 Encounter for fitting and adjustment of non-vascular catheter
ORTHOPEDIC AFTERCARE

Z47    Orthopedic Aftercare
Excludes 1: Aftercare for healing fractures – code to fracture with 7th character D

Z47.1   Aftercare following joint replacement
Use additional code to identify the joint (Z96.6-)

Z47.3   Aftercare following explantation of joint prosthesis

Z47.32  Aftercare following explantation of hip joint prosthesis
ORTHOPEDIC AFTERCARE

• Z47.8  Encounter for other Orthopedic Aftercare

• Z47.81  Encounter for orthopedic aftercare following surgical amputation
  Use additional code to identify the limb amputated (Z89-)

• Z47.82  Encounter for orthopedic aftercare following scoliosis surgery

• Z47.89  Encounter for other orthopedic aftercare
SURGICAL AFTERCARE

• Z48.3 Aftercare following Surgery for Neoplasm

• Z48.3 Aftercare following surgery for Neoplasm
  Use additional code to identify the neoplasm

• If an organ was removed, in total or partial, use a code for acquired absence of the organ also.
SURGICAL AFTERCARE

• Z48.3 Aftercare following Surgery for Neoplasm

Coding Example:

Patient with small cell carcinoma of the lung, status post right lower lobe resection of lung

• Z48.3 Aftercare following surgery for neoplasm
• C34.31 Primary malignant neoplasm right lower lobe, lung
• Z90.2 Acquired absence lung, partial
SURGICAL AFTERCARE

• Z48.81 - Surgical Aftercare following Surgery on Specific Body Systems

NOTE: These codes identify the body system requiring aftercare. They are for use in conjunction with other aftercare codes to fully explain the aftercare encounter. The condition treated should also be coded if still present.

See excludes 1 and excludes 2 notes

Z48.812 Encounter for surgical aftercare following surgery on the circulatory system

Z48.815 Encounter for surgical aftercare following surgery on the digestive system
• Encounter for Other Aftercare
  Z51

**Code also condition requiring care**

• Z51.0   Encounter for antineoplastic radiation therapy
• Z51.11  Encounter for antineoplastic chemotherapy
• Z51.5   Encounter for palliative care
• Z51.81  Encounter for therapeutic drug level monitoring

**Code also any long term (current) drug therapy (Z79.-)**
MISC. Z CODES

Z58 Problems related to physical environment
Z59 Problems related to housing & economic circumstances
Z60 Problems related to social environment
Z72 Problems related to lifestyle
Z74 Problems related to care provider dependency
Z76.3 Other boarders to healthcare facility
Z91.1- Patient’s non-compliance with medical treatment and regimen
Z91.83 Wandering in diseases classified elsewhere
**Z Codes - Used only as Principal Diagnosis**

There are several Z codes that may only be reported as the principal / first listed diagnosis.

- If a patient is admitted with more than one of these diagnoses, either may be listed as the principal diagnosis.
- See the Official Coding Guidelines for a list of codes.
- However, coders should familiarize oneself on these diagnoses to avoid sequencing errors.
Other Issues Coded in Post-Acute Care

- Z68  Body Mass Index (BMI)
- Z72.0 Tobacco Use
  Tobacco use NOS
  Excludes 1
  History of tobacco dependence (Z87.891)
  Nicotine dependence (F17.2-)
  Tobacco dependence (F17.2-)
  Tobacco use during pregnancy (O99.33-)
Admission following left total hip replacement

Aftercare following surgery for GI bleed

Aftercare following amputation of left foot
DIAGNOSIS CODING ESSENTIALS FOR LONG-TERM CARE: CHAPTER 2, C CODES NEOPLASMS

Preferred Clinical Services for Leading Age Florida August 26-27, 2015
hmmmm sumthin

suspishis
CODING NEOPLASMS

• Documentation must indicate benign, in situ, malignant or uncertain behavior.
• In malignancies, secondary site(s) (metastases) should also be reported.
• Neoplasm Table should be referenced first, unless histology is documented. If histology is documented, begin in the alphabetic index to determine which column of the table is appropriate.
  • Adenoma vs. Adenocarcinoma
**NEOPLASM TABLE**

- **Malignant - Primary**
  - Original site
  - Two primary sites may be indicated
  - If primary site is not known or specified, use C80.1, Malignant (primary) neoplasm, unspecified
NEOPLASM TABLE

- **Malignant - Secondary**
  - The site to where the cancer metastasizes
  - Primary cancer that spreads to a secondary site may be stated as:
    - Primary site with metastasis to secondary site
    - Secondary site with metastasis from primary site
    - Secondary site due to metastatic primary site
  - If secondary site unknown - Use C79.9, secondary malignant neoplasm of unspecified site
NEOPLASM TABLE

- **Cancer in situ**
  - Localized, has not spread
  - Physician must indicate “in situ” or index will instruct you to code this type

- **Benign**
  - Not malignant
  - Does not metastasize
  - Some codes may be found in specific body system chapter
NEOPLASM TABLE

• **Uncertain**
  - Alphabetic index will instruct to use this type if appropriate – See neoplasm, by site, uncertain behavior
  - Not used if it is the coder that is uncertain of the behavior

• **Unspecified Behavior**
  - Not specified as malignant or benign
  - Index instructions will direct here as appropriate – See neoplasm, by site, uncertain behavior
NEOPLAMS

• A primary malignant neoplasm overlapping two or more contiguous sites should be classified to the subcategory/code .8 (overlapping lesion), unless the combination is specifically indexed elsewhere.

• For multiple neoplasms of the same site that are not contiguous, such as tumors in different quadrants of the same breast, codes for each site should be assigned.
**NEOPLASMS**

- Neoplasm is coded as a current:
  - If diagnosed but no treatment administered
  - If surgically removed but treatment is still being administered

- Neoplasm is coded as a “history of” if
  - Tumor has been surgically removed and/or treatment has been completed AND
  - There is no mention of recurrence
    - Use Z85 category to indicate a personal history of neoplasm
1. Diffuse large B-cell lymphoma of multiple sites

2. Lung cancer with mets to brain stem

3. Cancer of upper-inner quadrant of left breast
WHAT IF I TOLD YOU

EBOLA HAS AN ICD-10 CODE
HUMAN IMMUNODEFICIENCY VIRUS (HIV)

- Categories of codes to classify HIV
  - B20 Human immunodeficiency virus (HIV) disease
  - R75 Inconclusive laboratory evidence of HIV
  - Z20.6 Contact with and exposure to HIV
  - Z11.4 Encounter for screening for HIV
  - Z71.7 HIV counseling
  - Z21 Asymptomatic HIV infection status

Confirmation does not require documentation of positive serology or culture for HIV; the provider’s diagnostic statement that the patient is HIV positive or has an HIV-related illness is sufficient.
SYMPTOMATIC & OPPORTUNISTIC INFECTIONS OF HIV (B20)

Includes

- Acquired immunodeficiency syndrome (AIDS)
- AIDS related complex (ARC)
- HIV infection, symptomatic

Excludes

1. Asymptomatic human immunodeficiency virus (HIV) infection status (Z21)
2. Exposure to HIV virus (Z20.6)
3. Inconclusive serologic evidence of HIV (R75)

Use additional code(s) to identify all manifestations of HIV infection
SEQUENCING B20

HIV-Related Condition
- Related condition sequenced second
- Non-related conditions sequenced last

Treatment for Unrelated Condition
- Code for unrelated condition sequenced first
- HIV code sequenced second (symptomatic/asymptomatic)
- HIV conditions sequenced after HIV code
HUMAN IMMUNODEFICIENCY VIRUS (HIV)

• Z21 Asymptomatic HIV infection status
  • When documented as HIV positive without any symptoms
    • Do not code if the term AIDS is used
    • Do not code if the resident is being treated for an HIV related illness

Excludes 1:
Acquired immunodeficiency syndrome (B20)
Contact with human immunodeficiency virus (HIV) (Z20.6)
Exposure to human immunodeficiency virus (HIV) (Z20.6)
Human immunodeficiency virus (HIV) disease (B20)
Inconclusive laboratory evidence of human immunodeficiency virus (HIV) (R75)
HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Once a resident is documented as having a known HIV related illness the resident should always be assigned B20 on every subsequent encounter.

Previous HIV related illnesses should never be assigned to R75 (inconclusive HIV result) or Z21 (asymptomatic HIV).
INFECTIOUS AGENTS AS THE CAUSE OF OTHER DISEASES

For assigning when infections are classified in chapters other than chapter 1.

Use an additional code to identify the organism causing the infection from chapter 1.
INFECTIOUS AGENTS AS THE CAUSE OF OTHER DISEASES

- B95 Streptococcus, Staphylococcus, and Enterococcus as the cause of diseases classified elsewhere
- B96 Other bacterial agents as the cause of diseases classified elsewhere
- B97 Viral agents as the cause of diseases classified elsewhere

Instructional note advises that an additional organism code is required
INFECTIOUS AGENTS AS THE CAUSE OF OTHER DISEASES

Infections resistant to antibiotics
• Z16 resistance to antimicrobial drugs
• Identify all infections documented as antibiotic resistant
• Sequenced after the infection code
SEPSIS

- Sepsis is an infection due to any organism that triggers a systemic inflammatory response or systemic inflammatory response syndrome (SIRS)
- Only code when not resolved in the hospital and when IV medication for sepsis is ordered to be continued in the SNF
- When organ dysfunction is not documented a single code for the type of sepsis should be assigned
SEVERE SEPSIS

Severe sepsis requires two codes
Underlying infection
R65.2 Severe sepsis

Assign additional code for the acute organ dysfunction

If the causal organism is not documented assign A41.9 Sepsis, unspecified organism
SEPTIC SHOCK

Circulatory failure associated with severe sepsis
Only assigned if documentation reflects septic shock
Code first the underlying infection
R65.21 Severe sepsis with septic shock
or
T81.12 Post-procedural septic shock
Assign code for organ dysfunction

R65.2 can never be assigned as principal diagnosis
BACTEREMIA AND SEPTICEMIA

Bacteremia NOS R78.81
Septicemia NOS A41.9

ICD-10 requires urosepsis to be coded to specific conditions
MRSA

Methicillin resistant Staphylococcus Aureus

A49.0 - Staphylococcus

B95.62 Methicillin resistant staphylococcus aureus infection as the cause of diseases classified elsewhere

Z16.11 Resistance to penicillin's
- If a resident has a documented diagnosis of infection with MRSA and that infection is a combination code that includes the causal organism, assign the appropriate combination code for that infection.

- The combination code includes the type of infection and MRSA.

- Otherwise assign B95.62 Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere for the MRSA infection when a combination code is not present.
YOU GET MRSA OF THE NARES!

AND YOU GET MRSA OF THE NARES!

AND YOU GET MRSA OF THE NARES!

EVERYONE GETS MRSA OF THE NARES!
MSSA OR MRSA COLONIZATION

• Colonization
  • The state of MSSA or MRSA present in the body but without causing illness.
  • Assign Z22.322 Carrier or suspected carrier of methicillin resistant staphylococcus aureus for MRSA colonization.
  • Assign Z22.321 Carrier or suspected carrier of methicillin susceptible staphylococcus aureus for MSSA colonization.
  • If documentation reflects MRSA colonization and infection, assign Z22.322 Carrier or suspected carrier of methicillin resistant staphylococcus aureus and the code for the MRSA infection.
EXERCISES

1. UTI with MRSA

2. Aspiration pneumonia
DIAGNOSIS CODING ESSENTIALS FOR LONG-TERM CARE:
CHAPTER 3, D CODES
DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM

Preferred Clinical Services for
Leading Age Florida
August 26-27, 2015
Functions of the Blood and Immune systems include:
- Homeostasis
  - Steady state of all body systems that maintain life
3 systems

- Blood
  - Transports
    - Gases
    - Carbon dioxide
    - Chemical substances
    - Cells
  - Regulates
    - Body fluid
    - Electrolyte balance
    - Acid-base balance
    - Body temperature
  - Protects the body from infection
  - Clots and protects the body from loss of blood
BLOOD AND IMMUNE SYSTEM

• Lymph System
  • Cleanses the cellular environment
  • Returns proteins and tissue fluids to the blood
  • Pathway for
    • Fat absorption
    • Fat-soluble vitamins into the blood stream
  • Defends the body against disease

• Immune System
  • Defends the body against disease via immune response
• Pathologies
  • Vitamin B12 deficiency
    • Insufficient blood levels of cobalamin
  • Folate deficiency anemia
    • Lack of folate from dietary, drug-induced, congenital or other causes
  • Pancytopenia
    • Deficiency of all blood cells caused by dysfunctional stem cells
  • Acute post hemorrhagic anemia
    • Red blood cell deficiency caused by blood loss
  • Thrombocytopenia
    • An increase in the tendency to form clots
BLOOD AND IMMUNE SYSTEM PATHOLOGIES

• Leukocytosis
  • Abnormal increase in white blood cells
• Leukopenia
  • Abnormal decrease in white blood cells
• Septicemia
  • Systemic infection with pathological microbes in the blood as the result of an infection that is elsewhere in the body
• SIRS (systemic inflammatory response syndrome)
  • Type of septic shock that effects the whole body
• Hypogammaglobulinemia (hypo-gamma-globulin-emia)
  • A lack of antibodies in the blood
BLOOD AND IMMUNE SYSTEM PATHOLOGIES

- **Sarcoidosis**
  - Inflammatory condition where small flesh-like tumors develop throughout the body

- **Acquired Immunodeficiency Syndrome**
  - Syndrome caused by human immunodeficiency virus (HIV) and transmitted through body fluids.

- **Myelodysplastic Syndrome**
  - A defect in the bone marrow which causes a group of disorders

- **Polycythemia Vera**
  - Bone marrow produces an excessive number of blood cells
MALIGNANT NEOPLASMS

Malignant neoplasms

- Acute lymphocytic leukemia
- Acute myelogenous leukemia
- Chronic lymphocytic leukemia
- Hodgkin lymphoma
- Multiple myeloma
- Non-Hodgkin lymphoma
- Thyoma
LABORATORY TESTS

• CBC – Complete blood cell count
  • Includes
    • RBC – red blood cells
    • WBC – white blood cells
    • HB – hemoglobin
    • Hct/PVC – hematocrit/packed cell volume
    • Diff – WBC differential

• CMP Comprehensive metabolic panel
  • Adds protein and liver function to BMP
  • Also measures blood glucose levels

• Diff count
  • Measures the numbers of the different types of WBCs

• Erythrocyte sedimentation rate (ESR)
  • Indicates inflammation
LABORATORY TESTS

- Hematocrit (HcT)
  - Measures percentage of RBCs

- Hemoglobin (Hgb, HB)
  - Measures the iron-containing pigment of RBCs that carries oxygen to the tissues

- Mean corpuscular hemoglobin (MCH)
  - Useful in diagnosing anemia by measuring average weight of hemoglobin in RBCs

- Mean corpuscular hemoglobin concentration (MCHC)
  - Measures the concentration of hemoglobin in RBCs
  - Measures the patients response to anemia treatment
LABORATORY TESTS

- Partial thromboplastin time (PTT)
  - Used to detect hemophilia
  - A test for the blood plasma to detect the coagulation defects of the intrinsic system

- Prothrombin time (PT)
  - Used to assess levels of coagulation in patients receiving warfarin
  - Determines the ability to synthesize blood clotting proteins in the liver

- Schilling test
  - Used to diagnose pernicious anemia and metabolic disorders

- White blood cell count (WBC)
  - Measures the number of leukocytes in the blood
  - Used to determine presence of infection
CODING FOR BLOOD & IMMUNE SYSTEM

Nutritional anemias
D50-D53
Codes assigned to types of anemia that are directly attributed to nutritional disorders.

Hemolytic anemia
D55-D59
Condition in which premature destruction of RBCs causes not enough RBCs in the blood
CODING FOR BLOOD & IMMUNE SYSTEM

Aplastic and other anemias and other bone marrow failure syndromes
D60-D64

Anemia in chronic conditions classified elsewhere
D63.0/D63.1
Includes an instructional note to code first neoplasm
C00-D49
Includes an instructional note to code first underlying chronic kidney disease
N18-
CODING FOR BLOOD & IMMUNE SYSTEM

Other disorders of the blood and blood forming organs D70-D77

Includes
  • Neutropenia D70
  • Other disorders of the WBCs D7-
  • Diseases of the spleen D73

Codes for intraoperative and post procedural complications of the spleen
• Autoimmune disease (systemic) NOS - M35.9
• Endocrine, nutritional and metabolic diseases - E00-E88
• Human immunodeficiency virus (HIV) – B20
• 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
EXERCISES

Iron Deficiency Anemia

Anemia due to acute blood loss

Secondary thrombocytopenia
DIAGNOSIS CODING ESSENTIALS FOR LONG-TERM CARE:
CHAPTER 4, E CODES
ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES

Preferred Clinical Services for
Leading Age Florida
August 26-27, 2015
ENDOCRINE SYSTEM FUNCTIONS

• Functions:
  • Secrete chemical messengers to regulate metabolism
  • Works with nervous system to achieve the delicate physiological balance necessary for
    • Survival
    • Termed homeostasis
ENDOCRINE SYSTEM

- Includes
  - Pineal gland
  - Hypothalamus
  - Pituitary gland
  - Parathyroid
  - Thyroid
  - Thymus
  - Adrenals
  - Pancreas
  - Ovaries
  - Testes
ENDOCRINE SYSTEM PATHOLOGIES

• Pathologies
  • Anorexia—Lack of appetite (not to be confused with anorexia nervosa)
  • Glycosuria—Presence of glucose in urine
  • Hyperglycemia—Excessive glucose in the blood
  • Ketonuria—Presence of ketones in the urine which may indicate DM
  • Goiter—Enlargement of the thyroid gland not due to a tumor
  • Hyperthyroidism/thyrotoxicosis—Graves Disease, extreme form includes Thyroid Crisis/Thyroid Storm
  • Hypothyroidism—Deficient thyroid hormone production
ENDOCRINE SYSTEM PATHOLOGIES

• Syndrome of inappropriate antidiuretic hormone (SIADH)—Over-secretion of ADH from the neurohypophysis
ENDOCRINE SYSTEM PATHOLOGIES

• Morbid Obesity—A condition of patients who are 50% to 100% over their ideal body weight
• Hypercholesterolemia—excessive cholesterol
• Hyperlipidemia—Excessive fat in the blood
• Hyponatremia—Deficient sodium in the blood
DIABETES PATHOLOGIES

- Pre-diabetes—blood glucose level higher than normal but not high enough for a diagnosis of type 2 DM
- Diabetes Mellitus—A group of metabolic disorders characterized by high glucose levels that result from inadequate amounts of insulin, resistance to insulin or a combination of both
- Secondary DM
  - Secondary to another condition
  - May be drug or chemically induced
- Type 1 DM
  - Previously called IDDM/Juvenile DM
  - Total lack of insulin production
  - Only 10% of all diabetics
  - Usually juvenile onset
DIABETES PATHOLOGIES

• Type 2 DM (Previously NIDDM)
  • Deficient insulin production and improper use of insulin
  • Associated with obesity and family history
  • May respond to oral medication or insulin or both
• Hypoglycemia—Deficient sugar in the blood
• Hyperinsulinism—Over-secretion of insulin
• Diabetes Insipidus (DI)—Deficiency of antidiuretic hormone (ADH)
• Ketoacidosis—Excessive ketone acids in the blood
• **A1c**
  - Measure of average blood glucose during a 3 month time span.
  - Used to measure response to DM treatment
• **Fasting Plasma Glucose (FPG)**
  - After a period of fasting, blood is drawn. The amount of glucose present is used to measure the body’s ability to break down and use glucose
  - Previously called fasting blood sugar (FBS)
• **Thyroid function tests (TFTs)**
  - Blood tests done to assess T3 and T4 and calcitonin
  - May be used to evaluate abnormalities of thyroid function
DIAGNOSTIC TESTS

- **Total Calcium**
  - Measures the amount of calcium in the blood.
  - Used to assess parathyroid function, calcium metabolism or cancerous conditions

- **Urine Glucose**
  - Used as a screen for or to monitor DM
  - A urine specimen is tested for the presence for glucose

- **Urine Ketones**
  - Test to detect presence of Ketones in a urine specimen
  - May indicate DM or hyperthyroidism
Chapter 4 Endocrine, Nutritional, and Metabolic diseases (E00-E89)

- E00-E07 disorders of the thyroid gland
- E08-E13 Diabetes Mellitus
- E15-E16 Other disorders of glucose regulation and pancreatic internal secretion
Diabetes codes

**Need to know:**

Type
- If not documented, default is type 2, E11.

Body system affected

Complication affecting the body system

**Manifestations are now combined to one complication code versus two required codes in ICD-9 (New)**

- Use as many combination codes as necessary to describe all manifestations
- Follow all instructions in the tabular for additional conditions

**If the documentation reflects the use of insulin then assign code Z79.4 Long term (current) use of insulin**

- Insulin is not coded if the use is just temporary
CODING FOR DM

• Additional codes are required for DM with
  • Chronic Kidney Disease
    • Identify the stage of the CKD
  • Diabetic Ulcer
    • Assign the site of the diabetic ulcer
• Instructions for adding and sequencing are found in the tabular
DM CODING

• Five types of DM categories
  • E08 DM due to an underlying condition
  • E09 Drug or chemical induced DM
  • E10 Type 1 DM
  • E11 Type 2 DM
  • E13 Other specified DM

The 4th character code refers to the underlying condition with specified complication.

The 5th character defines the specific manifestation.
DM CODING

• Secondary DM
  • Always caused by another condition or event
    • Codes located under E08 DM due to underlying condition
      • Coding instructions state to code the underlying condition first.
  • Codes located under E09 drug or chemical induced DM
    • Coding instructions state to code first the applicable drug or toxin (T36-T65) for poisonings
  • If routine insulin is used assign Z79.42 Long term (current) use of insulin
CODING INSULIN

Type 1 DM
  • Do not code insulin

Type 2 DM
  • Code insulin

Secondary DM
  • Code insulin

Drug induced DM
  • Code insulin
Complications due to insulin pump malfunction

- An under-dose of insulin due to the insulin pump failure is coded to
  - T85.6 Mechanical complication of other specified internal and external prosthetic devices, implants and grafts – sequenced 1st
  - Followed by T38.3x6- Under-dosing of insulin and oral hypoglycemic – sequenced 2nd
  - Type of DM – 3rd
  - Associated Complications – 4th
DM CODING

• Example:
  Diabetic patient with documentation indicating DM II is controlled with Lantus and diet.

  E11.9 Type 2 DM without complications
  Z79.4 Long-Term current use of insulin
CODING OBESITY

- Codes for obesity E66.-
  - Need to know cause for obesity
    - Due to excess calories
    - Drug induced
    - Alveolar hypoventilation
  - A secondary code for BMI should be used when codes for overweight or obesity are used.

- Body mass index (BMI) Z68.- sequenced 2nd
  - Underweight BMI = below 18.5
  - Normal BMI = 18.5 – 24.9
  - Overweight BMI = 25.0 – 29.9
  - Obesity BMI = 30.0 and above
1. Type 2 Diabetes with neuropathy, on insulin

2. Vitamin B12 deficiency

3. Congenital Iodine-Deficiency Hypothyroidism
DIAGNOSIS CODING ESSENTIALS FOR LONG-TERM CARE:
CHAPTER 5, F CODES MENTAL, BEHAVIORAL AND NEURODEVELOPMENTAL DISORDERS

Preferred Clinical Services for Leading Age Florida
August 26-27, 2015
I don't go crazy. I am crazy.

I just go normal from time to time....
IMPORTANT

Codes in this chapter include disorders of psychosocial development but exclude symptoms, signs and clinical laboratory finding (R00-R99)
MENTAL, BEHAVIORAL AND NEURODEVELOPMENTAL DISORDERS

This chapter contains the following blocks:

- F01-F09 Mental disorders due to known physiological conditions
- F10-F19 Mental and behavioral disorders due to psychoactive substance use
- F20-F29 Schizophrenia, schizotypal, delusional and other non-mood psychotic disorders
- F30-F39 Mood [affective] disorders
MENTAL, BEHAVIORAL AND NEURODEVELOPMENTAL DISORDERS

• F40-F48 Anxiety, dissociative, stress related, somatoform and other non psychotic mental disorders
• F50-F59 Behavioral symptoms associated with physiological disturbances and physical factors
• F60- F69 Disorders of adult personality and behavior
MENTAL, BEHAVIORAL AND NEURODEVELOPMENTAL DISORDERS

- F70-F79 Intellectual disabilities
- F80-F89 Pervasive and specific developmental disorders
- F90-F98 Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
- F99 Unspecified mental disorder
If applicable, always code underlying condition (cause) and sequence before the dementia code.

Alzheimer’s (G30.9) Dementia (F02.80)
PAIN DUE TO PSYCHOLOGICAL DISORDERS

Pain disorders related to psychological factors

Assign code F45.41 for pain that is exclusively related to psychological disorders. As indicated by the Excludes 1 note under category G89, a code from category G89 should not be assigned with code F45.41.
PAIN DUE TO PSYCHOLOGICAL DISORDERS

Code F45.42, pain disorders with related psychological factors, should be used with codes from category G89, pain not elsewhere classified, if there is documentation of a psychological component for patient with acute or chronic pain.
Codes F10-F19 in Remission
The appropriate codes for “in remission” are assigned only on the basis of provider documentation.
• *Psychoactive Substance Use, Abuse and Dependence*  
  When the provider documentation refers to use, abuse and dependence of the same substance (e.g. alcohol, opioid, cannabis, etc.), only one code should be assigned to identify the pattern of use based on the following hierarchy:
If both use and abuse are documented, assign only the code for abuse.

If both abuse and dependence are documented, assign only the code for dependence.

If use, abuse and dependence are all documented, assign only the code for dependence.

If both use and dependence are documented, assign only the code for dependence.
Psychoactive Substance Use

Codes for psychoactive substance use should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis or additional diagnosis.

Codes are to be used only when the psychoactive substance use is associated with a mental or behavioral disorder and such relationship is documented by the provider.
SUBSTANCE USE

Note: There are no history codes for alcohol and substance abuse. They are coded as “in remission”.

Code blood alcohol level where required.
EXERCISES

• Cocaine dependence, in remission
• Alcoholic dementia
• Psychosis
• Delirium Tremens
she was
one frozen entrée
away from
a nervous breakdown
ROLE OF NERVOUS SYSTEM

• Keeps other body systems regulated to achieve homeostasis
• Collecting information about internal and external environments (sensing)
• Processing the information to make decisions on action (interpreting)
• Directing the body to implement decisions made (acting)
WHAT’S NEW

Sense organs have been separated and contained in Eye/Adnexa and Ear/Mastoid Chapters

Many items have been move from ICD-9’s Circulatory chapter

Pay close attention to the “Notes” for Hemiplegia and hemiparesis
Paraplegia and quadriplegia
Other paralytic syndromes
CVA VS TIA

CVA

• Brain infarction or hemorrhage usually associated with permanent or temporary neurologic deficits; Includes transient focal neurological deficits lasting longer than 24 hours
• Persistent neurological deficit (>24 hours)
• Positive image study (MRI/CT)

TIA

• A brief period of focal neurologic deficit lasting less than 24 hours (usually less than one hour) due to temporarily blocked blood flow to a specific area of the brain.
• Symptoms resolve in 24 hours (usually < 1 hour)
• No infarction or hemorrhage
• Negative MRI/CT
PARALYTIC CONDITIONS

Hemiplegia/Hemiparesis
Para-/Quadriplegia
Other Paralytic Syndromes
  Use only when listed conditions are reported without further specification or are stated to be old or longstanding, with unspecified cause

Paralytic sequelae of CVAs are coded in Circulatory chapter
EPILEPSY

• Terminology updated
  • Localization-related idiopathic
  • Generalized idiopathic
  • Special epileptic syndromes

• Provides specificity for
  • Seizures of localized onset
  • Complex partial seizures
  • Intractable
  • Status epilepticus
EPILEPSY AND MIGRAINE

- Terms for “intractable” include
  - Pharmacoresistant
  - Treatment resistant
  - Refractory
  - Poorly controlled
DOMINANT VS. NON-DOMINANT

When affected side is documented, but not specified as dominant or non-dominant, and the classification system does not indicate a default:

- Ambidextrous default to the dominant in the code book
- If the left side is affected, the default is non-dominant
- If the right side is affected, the default is dominant
Codes in category G89, pain, not elsewhere classified, may be used in conjunction with codes from other categories and chapters to provide more detail about acute and chronic pain and neoplasm pain unless otherwise indicated.

If pain is not specified as acute or chronic, post thoracotomy, post procedural, or neoplasm related, do **NOT** assign codes from category G89.

Codes from category G89 are acceptable as principal diagnosis or the first listed code, when pain control or pain management is the reason for the admission.
Codes from category G89 may be used in conjunction with codes that identify the site of pain (including codes from chapter 18) if the category G89 code provides additional information. For example, if the code describes the site of the pain, but does not fully describe whether the pain is acute or chronic, then both codes should be assigned.
The sequencing of category G89 codes with specific pain codes is depending on the circumstances of the encounter.

If the encounter is for pain control or pain management, assign the code from category G89 followed by the code identifying the specific site of the pain.
SEQ UENCING PAIN CODES

• If the encounter is for any other reason except pain control or pain management, and a related definite diagnosis has not been established (confirmed) by the provider, assign the code for specific site of pain first, followed by the appropriate code from category G89.
ACUTE VS. CHRONIC

Acute Pain

• The default for post operative pain not specified as acute or chronic, use the acute code.

Chronic Pain

• Chronic pain is classified to subcategory G89.2. There is no time frame defining when pain becomes chronic pain. The providers documentation should be used to guide use of these codes.
Central pain syndrome (G89.0) and chronic pain syndrome (G89.4) are different than the term “chronic pain” and therefore codes should only be used when the provider has specifically documented this condition.
Neoplasm-Related Pain

- Code G89.3 is assigned to pain documented as being related, associated or due to cancer, primary or secondary malignancy, or tumor.
- This code is assigned regardless of whether the pain is acute or chronic.
EXERCISES

- Right spastic hemiplegia
- Intractable epilepsy with status epilepticus
- Pain due to cancer
EYE AND ADNEXA FUNCTIONS

- Provides vision by capturing light rays
- The interpretation is the function of the nervous system
ANATOMY OF THE EYE

• Ocular adnexa
  • The structures that surround and support the function of the eyeball

• Eyeball
  • The structures of the globe of the eye

• Oculus dextra (OD)
  • Right eye

• Oculus sinistra (OS)
  • Left eye

• Oculus uterque (OU)
  • Both eyes
EYE AND ADNEXA PATHOLOGIES

• Pathologies
  • Blepharitis—Inflammation of the eyelid
  • Blepharoptosis—Drooping of the upper eyelid
  • Conjunctivitis/pinkeye—Inflammation of the conjunctiva
  • Keratitis—Inflammation of the cornea
  • Aphakia—No eye lens
  • Macular degeneration
    • Progressive destruction of the macula
    • Common after age 75
  • Retinal tear/Retinal detachment
    • Detachment of the retina
    • May be age related or due to inflammation
EYE AND ADNEXA PATHOLOGIES

• Cataract
  • Progressive loss of transparency due to age related clouding on the lens
  • Types
    • Nuclear – affect the center of the lens
    • Cortical – affect the edges of the lens
    • Posterior/Anterior sub-capsular – occurs behind the lens capsule
    • Congenital – present at birth
    • Morganian – hyper-mature cataract
    • Traumatic – due to blunt trauma, penetrating trauma, or perforating eye injury
EYE AND ADNEXA PATHOLOGIES

• **Glaucoma**
  • Characterized by abnormal intraocular pressure
  • Inherited condition
  • Does not show up until later in life
  • Can cause loss of vision or permanent blindness

• **Open-angle glaucoma/Wide-angle glaucoma**
  • Most common type of glaucoma

• **Angle-closure glaucoma**
  • Usually referred to chronic or narrow
  • Less common
NEOPLASMS OF THE EYE AND ADNEXA

- **Intraocular melanoma**
  - Occurs in people usually between 50 and 60
  - Malignant Tumor in the iris, choroid, or ciliary body

- **Retinoblastoma**
  - Inherited
  - Present at birth
  - Begins with embryonic retinal cells
CODING GLAUCOMA

Glaucoma

Category H40
Assign as many codes as needed
Assigned by
  Laterality
    Right, left, bilateral, unspecified
Type
Affected eye
Glaucoma stage
  Mild
  Moderate
  Severe
  Indeterminate
  unspecified
CODING GLAUCOMA

Bilateral glaucoma with **same type and stage**
Code for bilateral glaucoma
Assigned by
  - Type
  - Bilateral
  - 7th character for the stage

Bilateral glaucoma with **different stages and types**
Assign by
  - Each eye
  - Each type
  - Stage
CODING GLAUCOMA

- Bilateral glaucoma with same type but different stages
  - Assign by
    - Each eye
    - Type
    - Stage
  - Indeterminate stage of glaucoma
    - Assign 7\(^{th}\) character as “4” - indeterminate stage
    - Do not confuse with “0” - unspecified stage
    - Based on clinical documentation
Example:
Mild open-angle primary glaucoma in the left eye and severe open-angle primary glaucoma in the right eye.

H40.11X1
H40.11X3
CODING EYE AND ADNEXA

- Disorders of the eyelid, lacrimal, system and orbit
  - H10-H11
  - Includes
    - Conjunctivitis
    - Pingueculitis
    - Pterygium
    - Edema
    - Cysts
CODING EYE AND ADNEXA

Disorders of the sclera, cornea, iris and ciliary body
• H15-H22
• Includes
  • Scleritis
  • Corneal ulcers
  • Keratoconjunctivitis
  • Keratoconus
  • Iridocyclitis
  • Degenerations
  • Pupillary abnormalities

Disorders of the Lens
• H25-H28
CODING CATARACTS

Code by
 Laterality
 Type

Example:
Senile cataract in the right eye -- H25.9
1. Atrophic age related macular degeneration

2. Primary open-angle low-tension glaucoma of the right eye, moderate-stage
DIAGNOSIS CODING ESSENTIALS FOR LONG-TERM CARE:
CHAPTER 8, H CODES
DISEASES OF EAR AND MASTOID PROCESS

Preferred Clinical Services for
Leading Age Florida
August 26-27, 2015
FUNCTIONS OF THE EAR AND MASTOID

- Functions of Ear and Mastoid include:
  - Provides the sense of hearing
  - Provides balance and equilibrium
ANATOMY OF THE EAR AND MASTOID

- Mastoid Process
  - A small hard projection portion of the temporal bone.

- External Auditory Canal
  - Connects to the middle ear through a cavity.
  - The conduit for infections from the middle ear to the mastoid process.
ANATOMY OF THE EAR AND MASTOID

- **Outer ear**
  - Sound waves are initially gathered and funneled

- **Middle Ear**
  - Ear drum
  - Sends the sound to

- **Inner Ear**
  - Continues the transmission of sound to the temporal lobe where it is interpreted.
• **Pathologies**
  
  • **Exostosis of the external ear**
    • Bony growth due to chronic irritation
  
  • **Otitis externa**
    • Inflammation of the Pinna/auricle
  
  • **Mastoiditis**
    • Inflammation of the mastoid process
  
  • **Otitis Media**
    • Inflammation of the middle ear
EAR AND MASTOID ID PATHOLOGIES

- Meniere's Disease
  - Chronic condition of the middle ear
  - Characterized by
    - Vertigo
    - Hearing loss
    - Tinnitus

- Conductive hearing loss
  - Resulting from damage or malformation of middle or outer ear

- Otalgia
  - Pain in the ear

- Sensorineural hearing loss
  - Resulting from damage to the cochlea of the inner ear or auditory nerve
EAR AND MASTOID PATHOLOGIES

• Tinnitus
  • Ringing in the ears
• Transient ischemic deafness
  • Intermittent hearing loss due to a lack of blood supply to the ear
• Impacted Cerumen
  • Buildup of wax in the ear canal
NEOPLASMS OF THE EAR AND MASTOID

• Acoustic Neuroma
  • A benign tumor of the eighth cranial nerve

• Ceruminoma
  • A benign adenoma of the glands that produce ear wax
PROCEDURES OF THE EAR

Procedures

Myringostomy
   Making a new opening in the eardrum to promote drainage

Paracentesis to tympanum
   Surgical procedure in which the eardrum is punctured in order to allow fluids to drain
CODING EAR AND
MASTOID

Diseases of the ear and mastoid process
H60-H95

Chapter Note:

Use an external cause code following the code for the ear condition, if applicable, to identify the cause of the ear condition.
CODING EAR AND MASTOID

- External ear conditions
  - Otitis externa
  - Disorders of the pinna
  - Assigned by
    - Laterality
      - provided at the 6th character level
    - Acute and chronic
CODING EAR AND MASTOID

• Otitis Media
  • Use additional code for any associated perforated tympanic membrane (H72.-)
  • Use additional code to identify
    • Exposure to environmental tobacco smoke (Z77.2)
    • History of tobacco use (Z87.891)
    • Exposure to tobacco smoke in the perinatal period (P96.81)
    • Occupational exposure to environmental tobacco smoke (Z57.31)
    • Tobacco dependence (F17.-)
    • Tobacco use (Z72.0)
EAR AND MASTOID EXAMPLE

- Example:
  Acute Otitis media right ear
  
  H66.91
  Otitis/media/acute/right ear
CODING EAR AND MASTOID

- Disorders of the middle ear
  - H65-H75
  - Includes
    - Various types of otitis media
    - Perforations of the tympanic membrane
    - Polyps of the middle ear
CODING EAR AND MASTOID

Disorders of the inner ear

- H80-H83
- Includes
  - Ostosclerosis
  - Labyrinthitis
  - Vertigo
**Excludes 2**

- Certain conditions originating in the perinatal period (P04-P96)
- Certain infectious and parasitic diseases (A00-B99)
- 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)
EXERCISES

1. Impacted Cerumen

2. Deafness, left ear
DIAGNOSIS CODING ESSENTIALS FOR LONG-TERM CARE: CHAPTER 14, N CODES DISEASES OF GENITO URINARY SYSTEM

Preferred Clinical Services for Leading Age Florida
August 26-27, 2015
Genitourinary System
FUNCTIONS

- Functions of the Genitourinary system include:
  - Maintain a healthy balance of fluids within the body
  - Monitor and rebalance substances in the bloodstream
  - Excrete substances such as chemical waste (urea, creatinine, uric acid) that build up in the bloodstream through the urine.
ANATOMY

• Kidneys—Responsible for the functioning of the urinary system
• Ureter—Moves urine from the kidneys to the bladder
• Bladder—Stores urine until excreted
• Urethra—Tube through which urine passes from the bladder to exit the body
• Dysuria—Painful urination
• Hematuria—Blood in the urine
• Urinary incontinence—Inability to hold urine (Do not code)
• Urinary retention—Inability to release urine
Acute nephritic syndrome

- Hypertension, hematuria and protein in the urine resulting from damage to the Glomeruli
- Common conditions include
  - Acute glomerular disease
  - Acute glomerulonephritis
  - Acute nephritis
PATHOLOGY

- **Hydronephrosis**—Dilation of the renal pelvis and calices of one or both kidneys occurring from urinary obstruction
- **Pyelonephritis**—Bacterial or viral infection of the kidneys or renal pelvis
- **Renal failure**—The inability of the kidneys to excrete wastes, concentrate urine and conserve electrolytes. Acute or chronic
- **Acute renal failure**—Sudden inability of kidneys to excrete wastes, concentrate urine and conserve electrolytes
Chronic Kidney Disease (CKD)
Measured in stages of severity
Stage 1 - 4 = mild damage
Stage 5 = complete kidney failure
   Requires dialysis or
   Requires renal transplant
End stage renal disease (ESRD) = Most extreme form

Urolithiasis - Stones anywhere in the urinary tract
PATHOLOGY

• Nephropathy—General term for Disease of the kidneys
• Cystitis—inflammation of the urinary bladder
• Urethral stricture—Narrowing of the urethra
• Urinary Tract Infection—Infection anywhere in the urinary tract
• Benign Prostatic Hyperplasia (BPH)—Enlarged prostate with a non cancerous obstruction
**PATHOLOGY**

- **Neurogenic Bladder**
  - lacking bladder control
  - Includes
    - Overactive bladder
    - Incontinence
    - Obstructive bladder
- **Postmenopausal bleeding**
  - Dysfunctional uterine bleeding after menopause
NEOPLASMS

• Renal adenoma—Small, slow growing, non-cancerous tumors of the kidneys

• Renal Cell Carcinoma
  • One of the most common cancers
  • Risk factors
    • Smoking
    • Obesity

• Transitional cell carcinoma (TCC) of the bladder account for 90% of all bladder cancers
NEOPLASMS

• Infiltrating ductal carcinoma
  • Most common type of breast cancer
  • Arises from the milk ducts of the breast
• Lobular carcinoma—A type of breast cancer which begins in the glandular tissues of the breasts
• Leiomyosarcoma—Cancer of the uterus
PROCEDURES

Cystectomy
  Cutting part or all of the bladder

Nephrectomy
  Resection of the kidney

Renal dialysis
  Diffusing blood across a semipermeable membrane to remove substances that a healthy kidney would eliminate

Hemodialysis
  Cleanses the blood by shunting it from the body through a machine for diffusion
"We need something for his verbal incontinence. He has a blather control problem."
Renal transplant—Surgical transplant of a complete kidney

Creatinine Clearance

- Test of the kidney function
- Measures the rate that nitrogenous waste is removed from the body and compares its concentration in the blood and urine
PROCEDURES

Glomerular filtration
- The amount of blood that is filtered by the glomeruli of the kidneys
- A decreased rate indicates dysfunctional kidneys

Mastectomy—Removal of one or both breasts
Chronic Kidney Disease

N18.-

Stages coded by

Stage 1
Stage 2 (mild)
Stage 3 (moderate)
Stage 4 (severe)
Stage 5

Excludes 1 note: Chronic Kidney Disease Stage 5 requiring chronic dialysis (N18.6)

End Stage (ESRD)

Unspecified
I seem to be trading hibernation for urination.
CODING

If CKD and ESRD are documented together code only
  ESRD (N18.6)
  Use additional code to identify dialysis status (Z99.2)

Section Note:

Code first any associated:

  Diabetic Chronic Kidney disease (E08.22, E09.22, E10.22, E11.22, E13.22)
  Hypertensive Chronic Kidney disease (I12.-, I13.-)
  Use additional code to identify kidney transplant status, if applicable (Z94.0)
• When the patient has a transplanted kidney and the record still documents the presence of CKD, code:
  • CKD by stage
  • Z94.0 Kidney transplant status

• When the patient has CKD with other associated conditions such as diabetes mellitus or hypertension, code:
  • Associated condition
  • CKD by stage
  • Sequencing is based on conventions found in the tabular list.
Acute Nephritic Syndrome

Includes
- Glomerular disease NOS
- Glomerulonephritis NOS
- Nephritis NOS
- Nephropathy NOS and renal disease NOS with morphological lesion specified in .0-.8 (nephrotic syndrome)

Excludes 1
- Nephropathy NOS with no stated morphological lesion (N28.9)
- Renal disease NOS with no stated morphological lesion (N28.9)
- Tubulo-interstitial nephritis (N12)
Acute Kidney Failure - N17

Code also associated underlying condition

Excludes 1
Post-traumatic renal failure (T79.5)

Example:
Acute Cystitis due to Escherichia coli (E.coli)

N30.00, B96.20

Cystitis - N30

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

Excludes 1
Prostatocystitis (N41.3)
• Neuromuscular dysfunction of the bladder, not elsewhere classified – N31

Use additional code to identify any associated Urinary Incontinence (N39.3-N39.4-)

Excludes 1
Cord bladder NOS (G95.89)
Neurogenic bladder due to cauda equine syndrome (G83.5)
Neuromuscular dysfunction due to spinal cord lesion (G95.89)
Urinary Tract Infection – N39.0 (follow RAI guidance)

Use when site of UTI is not specified

Use additional Code (B95-B97) for infectious agent

If infectious organism is resistant to medication, assign an additional code to identify resistance to antimicrobial drugs (Z16.-)

Example:
MRSA UTI
N39.0, B95.62
Enlarged Prostate N40

**Includes**
- Adenofibromatous hypertrophy of prostate
- Benign hypertrophy of prostate
- Benign prostatic hyperplasia
- Benign prostatic hypertrophy
- BPH
- Nodular prostate
- Polyp of prostate

**Excludes 1**
- Benign neoplasms of prostate (adenoma, benign) (fibroadenoma) (fibroma) (myoma) (D29.1)

**Excludes 2**
- Malignant Neoplasm of prostate (C61)
CODING

N40.1 Enlarged prostate with lower urinary tract symptoms
N40.3 Nodular prostate with lower urinary tract symptoms

Use additional code for associated symptoms, when specified
EXERCISES

1. BPH

2. UTI, E.Coli
DIAGNOSIS CODING ESSENTIALS FOR LONG-TERM CARE: CHAPTER 9, ICD CODES DISEASES OF THE CIRCULATORY SYSTEM

Preferred Clinical Services for Leading Age Florida
August 26-27, 2015
Cardiovascular
- Heart & Vessels
- Arteries
- Veins

Lymphatic
- Lymph
- Lymph vessels
- Lymph glands
- Lymph organs
WHAT DOES IT DO?

Transports nutrients, water, oxygen, hormones, salts (to) and wastes (from) the cells of the body.

Protects by dispatching protective cells through the lymphatic system.
TYPICAL LABORATORY PROCEDURES

• Cardiac Enzymes: Measures the amount of enzymes (LDH, CK/CPK) typically released during an MI. Troponin I&T are proteins that are released from cardiac muscle during an MI.

• C-Reactive Protein: Determines the degree of inflammation in the body to predict the risk of heart disease.

• Homocysteine: Predicts risk of stroke and CAD.

• Lipids: Measure the fats in the blood
TYPICAL PROCEDURES

CABG: Open-heart surgery in which a piece of a blood vessel from another location is grafted onto a coronary artery to reroute blood around the blockage.

Cardiac Cath: Threading of a catheter into the heart to collect diagnostic information about the heart and vessels. May also be used as a means for access to treat heart conditions.
PHARMACOLOGY

- ACE Inhibitors (lisinopril, Vasotec)
- Anti-arrhythmics (digoxin/Lanoxin)
- Anticoagulants (warfarin/Coumadin, heparin)
- Statins (Simvastatin, Crestor)
- Anti-hypertensives
- Beta Blockers (atenolol, metoprolol)
- Diuretics (Lasix, hydrochlorothiazide)
- Nitrates
WHAT’S NEW

Change in time frame for MIs

Hypertension codes simplified

Now includes lymphadenitis and gangrene

TIAs have moved to Nervous System chapter
Myocardial infarction/acute MI is commonly known as a heart attack. It happens when blood stops flowing properly to part of the heart and the heart muscles are injured due to not receiving enough oxygen.
ACUTE MI

• Time frame has changed from eight weeks to four weeks
• Main term in alpha index is “infarct” for acute MI,
  • broken down into two categories:
    • Initial (I21)
    • Subsequent (I22)
      • May only be used with code from I21
      • Cannot be coded alone
• Tabular will queue for tobacco/tPA status as an additional code(s)
Atherosclerosis - (hardening of the arteries) -- can slowly narrow and harden the arteries throughout the body. When atherosclerosis affects the arteries of the heart, it’s referred to as coronary artery disease.

ather/o = plaque
-sclerosis = hardening
Atherosclerotic coronary artery disease and angina

Atherosclerosis is a blood clot causing an acute coronary syndrome. Two things can happen then:

• Unstable angina. The clot doesn't totally block the blood vessel and then dissolves without causing a heart attack.

• Myocardial infarction (heart attack). The coronary artery is blocked by the clot. Heart muscle, starved for nutrients and oxygen, dies.
NATIVE VESSEL VS BYPASS GRAFT

- I25.1- Atherosclerotic heart disease of native coronary artery
- I25.7- Atherosclerosis of coronary artery bypass graft and coronary artery of transplanted heart
- When using one of these combination codes it is not necessary to use an additional code for angina pectoris. A casual relationship can be assumed in a patient with both atherosclerosis and angina pectoris, unless the documentation indicates the angina is due to something other than the atherosclerosis.
ARTERIOSCLEROSIS

Ensure physician documentation for the following when using Category I70 (Atherosclerosis) classifies arteriosclerotic vascular disease by:

- **Type**
- **Associated condition**
- **Severity**
- **Anatomic site**
- **Laterality**
ARTERIOSCLEROSIS

**Extremities:** Codes for Right, Left, and bilateral

- Site of leg: thigh, calf, ankle, heel, mid-foot, foot, other.
- Vessel: Native, bypass graft, autologous vein bypass graft, non-autologous biological bypass graft, non-biological bypass graft
- Symptom: claudication, rest pain, ulcer, and ulcer with gangrene.
CEREBROVASCULAR SYSTEM
• **Frontal lobe**—conscious thought; damage can result in mood changes, social differences, etc. The frontal lobes are the most uniquely human of all the brain structures.

• **Parietal lobe**—plays important roles in integrating sensory information from various senses, and in the manipulation of objects; portions of the parietal lobe are involved with visuospatial processing.
BRAIN LOBES & FUNCTION

- **Occipital lobe**—sense of sight; lesions can produce hallucinations.
- **Temporal lobe**—senses of smell and sound, as well as processing of complex stimuli like faces and scenes.
- **Limbic lobe**—emotion, memory.
- **Insular cortex**—pain, some other senses.
TYPES OF CEREBROVASCULAR DISEASE

- Non-Traumatic Subarachnoid Hemorrhage (I60): Code assigned according to artery or arteries
- Non-Traumatic Intracerebral Hemorrhage (I61):
  - Hemisphere
  - Vessels
  - Brain Stem
  - Cerebellum
  - Intraventricular
  - Multiple Localized
TYPES OF CEREBROVASCULAR DISEASE

- Non-Traumatic Intracranial Hemorrhage (I62)
  - Hemispheric
  - Vascular
  - Brain Stem
  - Cerebellar
  - Intraventricular
  - Multiple Localized

- Cerebral Infarction (involves cerebral or pre-cerebral arteries) (I63)
  - Thrombotic
  - Embolic
  - Occlusive/Stenotic
TYPES OF CEREBROVASCULAR DISEASE

- Occlusion of Pre-Cerebral Arteries w/o infarct (I65)
- Occlusion of Cerebral Arteries w/o infarct (I66)
- Other Cerebrovascular Disease (I67)
- Cerebrovascular Disorders in Disease Classified Elsewhere (I68)
CEREBROVASCULAR DISEASE

•  **I69- Sequelae of Cerebrovascular Disease** – Indicates conditions classifiable to categories I60- I67 as the cause of the (neurologic deficits), themselves classified elsewhere. These “late effects” include neurologic deficits that persist any time after the initial onset of the condition classifiable to the category I60-I67.
Type Excludes 1:

- Personal history of cerebral infarction without residual deficit (Z86.73)
- Personal history of prolonged reversible ischemic neurologic deficit (PRIND) (Z86.73)
- Personal history of reversible ischemic neurological deficit (PRIND) (Z86.73)
- Sequelae of traumatic intracranial injury (S06.-)
- Transient ischemic attack (TIA) (G45.9)
Classified to the type of cerebrovascular disease:
• Sequela of non-traumatic subarachnoid hemorrhage
• Sequela of non-traumatic intracerebral hemorrhage
• Sequela of cerebral infarction
• Sequela of other cerebrovascular disease
• Sequela of unspecified cerebrovascular disease

Note: According to Coding Clinic, documentation of “stroke” defaults to occlusion (infarct).
PULMONARY EMBOLISM

Classifications

- With acute cor pulmonale I26.0-
- Without acute cor pulmonale I26.9-
- Saddle embolism I26.02, I26.92 A large clot which occurs at the bifurcation of the pulmonary arteries and is a risk for sudden hemodynamic collapse.
- Other pulmonary embolism I26.09, I26-99
- Septic I26.01, I26.90
- Chronic I27.82
NEOPLASMS OF CIRCULATORY SYSTEM

• Benign
  • Atrial myxoma
  • Hemangioma
  • Thymoma

• Malignant
  • Cardiac myxosarcoma
  • Hemangiosarcoma
  • Hodgkin Lymphoma
  • Non-Hodgkin Lymphoma
  • Malignant Thymoma
• Anterior wall STEMI three weeks old

• Inferior wall STEMI, subsequent

• Right hemiparesis following intracerebral hemorrhage

• Neurogenic dysphagia following stroke
People say we cannot live without love. I think oxygen is more important.
FUNCTIONS OF RESPIRATORY SYSTEM

• Delivers oxygen to the blood
• Excreting carbon dioxide from cellular respiration
• Filtering, cleansing and humidifying the air we breathe
• Regulating blood pH
• Aiding in production of sound
• Receiving stimulus for sense of smell
• Upper and lower tracts
NEOPLASMS

- Papilloma (benign)
- Mesothelioma
- Adenocarcinoma
- Large-Cell Carcinoma
- Squamous-Cell Carcinoma
- Non-Small Cell Lung Cancer
- Small-Cell Lung Cancer
COMMON PROCEDURES

- Arterial Blood Gases—measures oxygen and carbon dioxide in the blood
- Bronchoscopy—Viewing the bronchus using an instrument
- Nebulizer—Turns a liquid med into a fine mist for inhalation
- Pulmonary Function Tests—Determine the capacity of the lungs to exchange oxygen and carbon dioxide efficiently
Asthma Terminology

- Has been updated to reflect the current clinical classification of asthma
- The following terms have been added to describe asthma:
  - Mild intermittent, and
  - Three degrees of persistent – mild, moderate, severe
COPD

- Global Initiative for Chronic Obstructive Lung Disease (GOLD) Classification System:

  - **Stage 1: mild**
    - Possible chronic cough and sputum production

  - **Stage 2: moderate**
    - Shortness of breath on exertion
    - Possible chronic cough and sputum production
COPD

• **Stage 3: Severe**
  - Shortness of breath
  - Fatigue
  - Multiple exacerbations
  - Reduced exercise tolerance

• **Stage IV: Very severe**
  - Respiratory failure
  - Elevation of jugular venous pressure
  - Pitting ankle edema.

Source: GOLD COPD.org
The wine wasn't breathing.

Had to give it mouth-to-mouth.
MORE THAN ONE SITE

Respiratory condition in more than one site
• When a respiratory condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the lower anatomic site
• For example, tracheobronchitis to bronchitis J 40
COPD & Asthma J44 – J45

• Acute exacerbation of chronic obstructive bronchitis and asthma
  • An acute exacerbation is a worsening or a decompensation of a chronic condition.
  • An acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection.
Acute Bronchitis

- Category J20, Acute bronchitis, has been expanded to reflect the manifestations of the acute bronchitis.
- For example, J20.2 Acute bronchitis due to streptococcus.
EXERCISE

- Moderate persistent asthma in a current smoker
- Influenza A with Streptococcal pneumonia
DIAGNOSIS CODING ESSENTIALS FOR LONG-TERM CARE: CHAPTER 11, K CODES DISEASES OF THE DIGESTIVE SYSTEM

Preferred Clinical Services for Leading Age Florida
August 26-27, 2015
Function: To provide nutrients needed for cells to continually replicate and build new tissue.

"Remember that thin person inside you, screaming to get out? — Well, it looks like you've digested him."
COMMON LABS

• Albumin: Low number may indicate liver disease
• Alkaline Phosphatase: Increase may indicate liver or gallbladder issues; decrease may indicate malnutrition.
• Pro-Thrombin Time (PT): Measures how long it takes blood to clot.
• Stool samples
COMMON PROCEDURES

• EGD: View of the esophagus, stomach and first part of duodenum to diagnose reasons for bleeding, vomiting and/or weight loss.

• Colostomy: Redirection of bowel to an artificial opening on the abdominal wall

• Cholecystectomy
  • Chole=gall + cyst=bladder + ectomy=removal
DIGESTIVE SYSTEM

Coding Guidelines

• There are no coding guidelines specific to the Digestive System, however it is noted in the Guidelines that the space is saved for future information. This reinforces the need to review the Guidelines with each new publication/revision, i.e. usually annually.
ULCERATIVE COLITIS

Instructional Note

• With K51 Ulcerative Colitis the coder is directed to use an additional code to identify any manifestations which the patient may be experiencing.
HEMORRHAGE VS. BLEEDING

‘Hemorrhage’: use when referring to ulcers
‘Bleeding’: use when classifying gastritis, duodenitis, diverticulosis and diverticulitis

• K25.0    Acute gastric ulcer with hemorrhage
• K29.01   Acute gastritis with bleeding
• K57.31   Diverticulosis of large intestine without perforation or abscess with bleeding

Hem/o = blood
-rrhage = bursting forth
CROHN’S DISEASE

K50 Crohn’s disease has been expanded to the 4th (site), 5th (complication), and 6th (specific complication) character
Recurrent unilateral obstructed inguinal hernia with gangrene

Crohn's Disease

GERD

Ulcerative pancolitis with intestinal obstruction
Nice purse!  
Thanks. It's my ex-husband.
WHAT’S NEW

Changes with ICD-10-CM

• Instructions for coding dermatitis and eczema have been expanded
• Dermatitis and eczema are used interchangeably
• Excludes notes expanded
Pressure Ulcers

- Site, laterality, and severity specified in single code
- Severity identified as stage 1-4

Non-Pressure/Chronic Ulcers

- Site, laterality, and severity
- Important note regarding underlying conditions – category L97
CODING GUIDELINES

• Codes from category L89, Pressure Ulcer, are combination codes that identify the site of the pressure ulcer as well as the stage of the ulcer.

• ICD-10-CM classifies pressure ulcer stages based on severity, which is designated by stages 1-4, unspecified stage and unstageable.

• Assign as many codes from L89 as needed to identify all pressure ulcers.
CODING GUIDELINES

• Code for un-stageable pressure ulcer (L89.- 0) should be based on the clinical documentation for pressure ulcers whose stage cannot be clinically determined (e.g. the ulcer is covered by eschar or has been treated with a skin or muscle graft) and pressure ulcers that are documented as deep tissue injury but not documented as due to trauma.
• This code should not be confused with the codes for unspecified stage (L89.- - 9).

When there is no documentation regarding the stage of the pressure ulcer, assign the appropriate code for unspecified stage (L89.- - 9).
• Assignment of the stage should be guided by clinical documentation of the stage or documentation of the terms found in Alphabetic Index. For clinical terms describing the stage that are not found in the Alphabetic Index, and there is no documentation of the stage, the provider should be queried.
CODING GUIDELINES

- Patients admitted with pressure ulcers documented as healed – No code is assigned if the documentation states that the pressure ulcer is completely healed.
CODING GUIDELINES

• Pressure ulcers described as healing should be assigned the appropriate stage based on documentation in the record. If the documentation does not provide information about the stage, assign the appropriate code for unspecified stage.

• If documentation is unclear as to whether patient has a current (new) pressure ulcer or if the patient is being treated for a healing pressure ulcer, query the provider.
EXERCISES

- Stage two pressure ulcer of right heel with stage four pressure ulcer of sacrum

- Pressure ulcer of coccyx
MUSCULO SKELETAL FUNCTIONS

- Functions of the Musculoskeletal System include:
  - Framework for organs and organ systems
  - Protection of body organs
  - Providing organisms the ability to move
  - Formation of blood cells
  - Storage for mineral salts and fat cells
SKELETAL REGIONS

- Axial
  - Skull
  - Hyoid Bone
  - Ribs & Sternum
  - Vertebral Column
- Appendicular
  - Upper Extremities
  - Lower Extremities
MUSCULOSKELETAL PATHOLOGIES

• Pathologies
  • Gout—arthritis due to excessive uric acid that causes crystals to form.
  • Contracture—Chronic fixation of a joint in flexion (such as a finger) caused by atrophy and shortening of muscle fibers after a long period of disuse.
  • Osteoarthritis (OA)/Degenerative Joint Disease (DJD)—Joint disease characterized by degenerative articular cartilage and a wearing down of the bones edges at a joint; considered a “wear and tear” disorder.
MUSCULOSKELETAL PATHOLOGIES

• Rheumatoid arthritis (RA)—Inflammatory joint disease thought to be autoimmune in nature; occurs in a much younger population than OA. Diagnosed with rheumatoid factor test.

• Ankylosing spondylitis—Chronic inflammatory disease of idiopathic origin, which causes a fusion of the spine.

• Herniated intervertebral disk—Protrusion of the central part of the disk that lies between the vertebrae, resulting in compression of the nerve root and pain.

• Kyphosis—Extreme posterior curvature of the thoracic area of the spine.
**MUSCULAR SKELETAL PATHOLOGIES**

- **Polymyositis**—Chronic idiopathic inflammation of a number of voluntary muscles.

- **Scoliosis**—Lateral S curve of the spine that can cause an individual to lose inches in height.

- **Spinal stenosis**—Narrowing of the spinal canal with attendant pain, sometimes caused by osteoarthritis or spondylolisthesis.

- **Spondylolisthesis**—Condition resulting from the partial forward dislocation of one vertebra over the one beneath it.
MUSCULOSKELETAL PATHOLOGIES

• Spondylosis—Condition characterized by stiffening of the vertebral joints.

• Systemic lupus erythematosus (SLE) / Disseminated lupus erythematosus (DLE)—Chronic, systemic inflammation of unknown etiology.

• Fibromyalgia—Disorder characterized by musculoskeletal pain, fatigue, muscle stiffness and spasms, and sleep disturbances.
MUSCULO SKELETAL PATHOLOGIES

• Osteomyelitis—Inflammation of the bone and bone marrow.

• Osteoporosis
  • Loss of bone mass, which results in the bones being fragile and at risk for fractures.
  • Osteopenia refers to a less severe bone mass loss.

• Septic Arthritis—The purulent invasion of a joint by an infectious agent
WHERE DO EGYPTIANS GO WHEN THEY HAVE BACK PAIN?

THE CAIRO-PRACTOR
CODING FOR ARTHRITIS

Arthritis and Osteoarthritis (OA) are assigned by:

**Site**
- Multiple sites

**Laterality** (dominance of one side)

**Type**
- Primary
- Secondary/post traumatic
CODING FOR ARTHRITIS

When there is no multiple site code provided and more than one site is indicated on the documentation, multiple codes should be assigned to indicate the different sites involved.

When some of the bone is affected at the joint the designation for coding will be the bone not the joint.
CODING FOR ARTHRITIS

• Example:
  OA of the R knee

  M17.11 Unilateral primary osteoarthritis, right knee
CODING FOR ARTHRITIS

• Rheumatoid Arthritis
  • Chronic systemic, disabling, autoimmune disorder that affects
    • Joints
    • Connective tissues
    • Muscle
    • Tendon
    • Fibrous tissue

• Increase the risk of developing
  • Osteoporosis
  • Carpal tunnel syndrome
  • Heart problems
  • Lung disease
CODING FOR ARTHRITIS

• ICD-10 Coding
  • Broken down by site
    • Bone
    • Joint
    • Muscle involved
    • Multiple sites (OA)
  • Laterality
  • Complication
  • With or without rheumatoid factor
    • An antibody in the blood that presents in many but not all
CODING FOR ACUTE, CHRONIC CONDITIONS

• Acute traumatic or chronic, recurrent musculoskeletal conditions
  • Recurrent conditions – Chapter 13 (M00-M99)
    • Result of a previous healed injury to/Sequelae
      • Bone
      • Joint
      • Muscle

With Sequelae it is necessary to use the code for the injury with the Sequelae extension which identifies the injury responsible for the Sequelae. The code for the specific Sequelae is also coded and sequenced first.

• Current or acute injury – Chapter 19 (S00-T88)
TYPES OF FRACTURES

• Fractures
  • Pathologic/Spontaneous
    • Occur as a result of underlying disease such as cancer or osteoporosis
  • Traumatic
    • Occur as a result of an injury or trauma
  • Non-displaced
    • Broken bones are still in alignment
  • Displaced
    • The ends of the fractured bones are not in alignment
STAT hip x-ray to rule out fracture. Sure, I’ll wait while you go retrieve the patient from playing bingo.
PROCEDURES FOR FRAC TURES

Setting Fractures

External fixation
Noninvasive reposition and stabilization of broken bones in which no opening is made in the skin. Stabilization takes place mainly through devices external to the body that offer traction.

Internal fixation
Reposition and stabilization of broken bones in their correct position using devices such as pins, screws, plates, and so on which are fastened to the bones to maintain correct alignment.

Reduction/manipulation
Alignment and immobilization of the ends of a broken bone. Requires incision of the skin (closed reduction does not require incision).
PATHOLOGIC FRACTURES

• Requires a 7th character
  • =A
    • Used for active treatment
      • Surgical treatment
      • Emergency department encounter
      • Evaluation and treatment by a new physician

• =D (Aftercare for fracture)
  • Encounters after the patient has received active treatment

• The other 7th characters are used for
  • Subsequent encounters for treatment of problems associated with healing
  • G = Subsequent encounter with delayed healing
  • K = Subsequent encounter with non-union
    • malunion, nonunions, sequelae
CODING FOR OSTEOPOROSIS

Osteoporosis
  Systemic condition
  All bones are affected

M81 – Osteoporosis without current pathological fracture
  Use for patients with osteoporosis but who do not have a current pathological fracture
CODING FOR OSTEOPOROSIS

M80 – Osteoporosis with current pathological fracture

Assigned to patients who have a current pathological fracture at the time of the encounter
Identify the site of the fracture, not the osteoporosis
This is not the traumatic fracture
Should be used for any patient with known osteoporosis who suffers a fracture, even if the patient had a minor fall or trauma and if that fall or trauma would not usually break a normal healthy bone

Z87.310 Personal history of healed osteoporotic fracture
    Sequenced after the M81 code.
ADDITIONAL GUIDELINES

- Complications of surgical treatment should be coded to the appropriate complication codes.

- A fracture which is not documented as open or closed should be coded to closed.

- A fracture which is not documented as displaced or non-displaced should be coded to displaced.

- Many of the musculoskeletal procedural codes depend on the correct identification of a left or right anatomical term.
CHAPTER 13 EXCLUSIONS

- Arthropathic psoriasis (L45.5-)
- Certain infectious and parasitic diseases (A00-B99)
- Compartment syndrome (traumatic) (T79.A)
- Endocrine, nutritional & metabolic disorders (E00-E88)
- Injury, poisoning and certain other consequences of external causes (S00-T88)
- Neoplasms (C00-D49)
- Symptoms, signs and abnormal clinical laboratory findings, not elsewhere classified (R00-R94)
1. Pathological fracture, right forearm, due to age-related osteoporosis.

2. Primary osteoarthritis of the right knee.

3. Rheumatoid arthritis of left hip, with rheumatoid factor, no documented organ involvement.
NEW FOR ICD-10

• Gravity-Assisted Concrete Poisoning: A fall to the ground
• Microdeckia: Not playing with a full deck
• Nutritional Overachievement: aka obesity
• Summer Teeth: summer there; summer not
• Three-Midnightitis: Diagnosis required when patients need to qualify for a SNF stay
• Chartomegaly: When the patient is there so long that their chart is huge

Source: Thehappyhospitalist.blogspot.com
• Sign vs. Symptom
• For use only when more definitive or precise code is not available
• Do NOT use when routinely associated with a disease process except as a therapy treatment diagnosis (d/c with therapy)
  • SOB in emphysema
  • Edema in CHF
  • Urgency in UTI
• MUST be physician documented
SIGNS & SYMPTOMS

COMBINATION CODES

Definitive diagnosis
+
Common symptoms =
Combination codes

EX: N30.01 Acute cystitis with Hematuria
WHAT CHANGES?

FALLS AS SYMPTOMS

• R29.6 Repeated Falls
  • Recently fallen and the reason for the fall is being investigated

VERSUS

• Z91.81 History of falling
  • Has fallen in past and is at risk for future falls

CAN BE USED TOGETHER
FUNC TIONAL QUIADRIPLEGIA

FUNCTIONAL QUADRIPLEGIA (R53.2)

- Lack of ability to use one’s limbs or ambulate due to extreme debility
- Not associated with neurological deficit or injury
- Must be specifically documented in the record
DEATH

DEATH NOS

NOT FOR USE IN LTC

ONLY FOR DOA’s
INJURIES

- Superficial injuries are not coded if they are associated with more severe injuries of the same site.
### EXPANDED CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IC D-9</td>
<td></td>
</tr>
<tr>
<td>• 780.1</td>
<td>Hallucinations</td>
</tr>
<tr>
<td>IC D-10</td>
<td></td>
</tr>
<tr>
<td>• R44.0</td>
<td>Auditory hallucinations</td>
</tr>
<tr>
<td>• R44.1</td>
<td>Visual hallucinations</td>
</tr>
<tr>
<td>• R44.2</td>
<td>Other hallucinations</td>
</tr>
<tr>
<td>• R44.3</td>
<td>Hallucinations, unspecified</td>
</tr>
</tbody>
</table>
LABS & X-RAYS

Coding from Lab/X-Ray Reports

• Do not code strictly from reports
• Attending physician must document the significance of any abnormal finding
• Can use lab/x-ray reports to further define documented diagnoses
EXERCISES

1. Abnormality of Gait

2. Difficulty Walking

3. Muscle weakness

4. Aphasia
DIAGNOSIS CODING ESSENTIALS FOR LONG-TERM CARE:
CHAPTER 19, T CODES
INJURY, POISONING, AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES

Preferred Clinical Services for Leading Age Florida
August 26-27, 2015
Most categories require 7th character extensions

- A = Initial Encounter (rarely used in LTC)
  - Patient is receiving active treatment for the injury
    - Surgical Treatment
    - Emergency Department Treatment
    - Evaluation and treatment by a new physician

- D = Subsequent Encounter
  - Used for continued treatment during the healing process
CODE EXTENSIONS

- S = Sequelae
  - Complications or conditions that arise as a direct result of the injury
  - Specific type of injury is sequenced first followed by the sequelae

Z codes should not be used for aftercare for injuries. Assign the acute injury code with the 7th character D
CODING OF INJURIES

• Assign separate codes for each injury unless a combination code applies.

• The most serious injury code is sequenced first
  • This is the reason for therapy services when admitting to SNF services

• Superficial injury such as abrasion or bruise are not coded when there is a more severe injury of the same site
CODING OF INJURIES

• When a primary injury is associated with damage to the peripheral nerves and blood vessels, the primary injury is sequenced first followed by the injury to nerves and blood vessels.
Types of Fractures

- Pathologic/Spontaneous
  - Occur as a result of underlying disease such as cancer.
  - Coded in Musculoskeletal Chapter
- Traumatic
  - Occur as a result of an injury or trauma
- Non-displaced
  - Broken bones are still in alignment
- Displaced
  - The ends of the fractured bones are not in alignment
CODING FRACTURES

• Types of fractures
  • Green Stick—Incomplete fracture in which the bone is bent
  • Transverse—A fracture at right angle to bone axis
  • Oblique—Fracture in which the break has a curved or sloped pattern
  • Comminuted—The bone fragments into several pieces
  • Impacted—Broken bones with ends driven into each other
PROCEDURES FOR FRACTURES

Setting Fractures

External fixation
Noninvasive reposition and stabilization of broken bones in which no opening is made in the skin. Stabilization takes place mainly through devices external to the body that offer traction.

Internal fixation
Reposition and stabilization of broken bones in their correct position using devices such as pins, screws, plates, and so on which are fastened to the bones to maintain correct alignment.

Reduction/manipulation
Alignment and immobilization of the ends of a broken bone. Requires incision of the skin (closed reduction does not require incision).
CODING OF FRACTURES

Multiple fractures are sequenced according to severity.

Traumatic fractures are coded to the level of detail documented by the medical record.

A fracture which is not documented as open or closed should be coded to closed.

A fracture which is not documented as displaced or non-displaced should be coded to displaced.

Fractures due to injuries are listed in the alphabetic tab as fracture/traumatic
CODING FRACTURES

- Fracture extensions include
  - A = initial encounter closed fracture
  - B = initial encounter 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
  - P = subsequent encounter for fracture with malunion
  - S = sequelae
CODING OF FRACTURES

• Example:

80 year old female fell while getting into bed. Sustained a left supracondylar femur fracture

S72.452D
Fracture/supracondylar - displaced/left/ subsequent encounter for closed fracture with routine healing
ADVERSE EFFECTS, POISONING, UNDER DOSING AND TOXIC EFFECTS

T36-T65 are combination codes which include substances related to:
- Adverse effects
- Poisonings
- Toxic Effects
- Underdosing
- External Causes
ADVERSE EFFECTS, POISONING, UNDER DOSING AND TOXIC EFFECTS

- Adverse effect
  - Drug was correctly prescribed and administered
  - Assign code for the specific adverse effect first
- Poisoning (T36-T50)
  - Wrong substance given, taken in error or wrong route of administration
  - Associated intent includes
    - Accidental
    - Intentional self harm
    - Assault
    - Undetermined
  - Code all manifestations of the poisoning
ADVERSE EFFECTS, POISONING, UNDER DOSING AND TOXIC EFFECTS

• Under-dosing (T36-T50)
  • Taking less of the medication than is prescribed
  • Under-dosing should never be listed as principal or first listed codes

• Toxic Effect (T51-T65)
  • When a harmful substance is swallowed or has come in contact
  • Associated intent includes
    • Accidental
    • Intentional self-harm
    • Assault
    • Undetermined
ADVERSE EFFECTS, POISONING, UNDER DOSING AND TOXIC EFFECTS

• Categories T36-T65
• Always refer to the tabular list after looking in the table of drugs and chemicals
  No additional external cause code is required
  Should be sequenced after the codes for the adverse effect
  Should never be principal diagnosis
Example:

Patient on coumadin therapy for atrial fibrillation is sent to the ER with coffee ground emesis and abnormally high INR level.

K92.2 Hemorrhage/gastrointestinal
T45.515 Table of drugs and chemicals/Coumadin/ adverse effect
1. Intertrochanteric fracture of left femur

2. Non-displaced bimalleolar right ankle fracture

3. Digoxin toxicity, initial encounter
All claims submitted for services BEFORE October 1st must have ICD-9 codes only.

All claims submitted for services ON or AFTER October 1st must have ICD-10 codes only.

Most residents will require dual coding
THE CHALLENGE

• ALL claims must have an admission primary (even if end-dated)
• This triggers box 69 on the UB-04 and never goes away during course of stay
• IF 05 was V57.89, new 05 will be the **reason** for therapy services
ADMISSION PRIMARY DIAGNOSIS

- Refrain from psychiatric diagnoses (RAC trigger).
- Use a therapy treatment dx if there is no good medical dx.
UPDATED PRIMARY DIAGNOSIS

- This is the reason the resident continues to reside in the center.
- Not all claims will have an updated primary
- Refrain from dementia unless it truly is the primary reason; other chronic codes may be better.
LONG-TERM PATIENTS

• Begin AS SOON AS POSSIBLE
• Review all quarterly, annual and significant change MDS’s submitted since June 1, for ICD-10 coding completion.
• Re-evaluate primary dx
• Code only what is physician documented and active and clean up non-essential codes
PRINCIPLE/PRIMARY CONVERSION

- Boxes 67 and 69
- Each code may be reported only once
- No similar code for V57.89, so will have to “bump up” another code.
- Monitor duplicates in triple-check
A PICTURE IN TIME

• Remember, in ICD-10, we are coding for the future.
  • Therapy treatment codes if patient will not be on therapy effective 10/1
  • Don’t code acute diagnoses (i.e. infections) if they are reasonably expected to resolve by 10/1
  • Don’t code dx that are no longer relevant (old MI’s from years ago)
  • Avoid coding psychosis when not on med/treatment

• When going from two codes in ICD-9 to one code in ICD-10, the manifestation/pressure ulcer stage code in ICD-9 will need to remain in ICD-9 until codes drop off on October 1.

Example:

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>DM II 250.60</td>
<td>Diabetes w/neuropathy E11.40</td>
</tr>
<tr>
<td>Polyneuropathy in Diabetes</td>
<td></td>
</tr>
<tr>
<td>357.2</td>
<td></td>
</tr>
</tbody>
</table>
SEQ UENCING

• You have eight chances to “paint a picture”
• Keep in mind dx that affect RUGs
  • Pneumonia
  • Septicemia
  • Diabetes
  • Cerebral Palsy
  • Hemi/Quadriplegia
  • MS
  • Parkinson’s
  • Asthma
  • COPD
  • Respiratory Failure
NEW PATIENTS

• Begin dual coding based on center’s typical length of stay. Any patient reasonably expected to be in house on October 1st should have BOTH codes assigned. Monitor through PPS/UR meetings.
  • DO NOT WAIT PAST SEPTEMBER 15th!
  • Any one in house as of September 15th or admitted between September 15th and September 30th will require dual coding.
IN SUMMARY

LTC in house
- Clean up ICD-9
- Add ICD-10 according to MDS Schedule

New Admits before 9/15/15
- Code ICD-9 and 10
- OR
- If in house September 15th add ICD-10 Codes

New Admits between 9/15 and 9/30
- Dually Code
- As of 10/1/15, NO ONE will have ICD-9 Codes
REMINDER…

• Do not simply convert ICD-9 Codes
• Use the chart! Verify that dx are
  • physician documented
  • active
• Avoid “unspecified” codes (may be auto triggers for payers)
• If you need help, Ask! This is too important to take a backseat.
A FINAL PLEA

HUMAN

I REQUEST YOUR ASSISTANCE
DIAGNOSIS CODING ESSENTIALS FOR LONG-TERM CARE: CODING CASES

Preferred Clinical Services for Leading Age Florida
August 26-27, 2015
This is where the rubber meets the road
INSTRUCTIONS

• Assign primary and secondary diagnoses in order for all cases
• Once the diagnoses have been assigned, go back and assign the codes
• Base code selection only on documentation provided
Callie is an 81-year-old female admitted to the SNF with intertrochanteric fracture of left hip s/p fall. She also has a history of renal cancer with past nephrectomy.
CASE TWO

• Jimmy is a 58-year-old male sent to SNF following a right total knee replacement due to severe osteoarthritis of that knee and knee pain. While in the hospital he developed a pressure ulcer of the right heel that is documented by the wound care nurse as unstageable.
CASE #3

- Phil is a 76-year old male admitted to nursing home following an acute episode of CHF and intracerebral hemorrhage with left hemiparesis and aphasia. Patient also has edema.
CASE #4

Millie is an elderly Long-term care patient with primary diagnosis of Parkinsonism and severe osteoporosis. She became dizzy during her shower and was gently lowered to the ground by two CNAs. She was subsequently sent to the hospital due to severe low back pain and was found to have a vertebral fracture.
CASE #5

Edna is in the SNF for therapy due to right non-dominant hemiplegia and oropharyngeal dysphagia following a cerebral infarction. Five days into her stay, she was sent to the hospital due to altered mental status and was found in the hospital to be dehydrated. She returned to the center within 24 hours and continues to be seen by therapy for CVA. Pt also has Alzheimer’s dementia.
CASE #6

Jack is admitted to the SNF one week status-post STEMI of the right coronary artery of the inferior wall. He also has angina, HTN and dyslipidemia.
CASE #7

Sally had a malignant tumor resected from her colon and resultant colostomy. She is transferred to the SNF and is receiving anti-neoplastic medications. She also has chronic pain due to colon cancer.
CASE # 8

Lee is a 69-year-old male resident with stage-five CKD renal disease due to diabetes and is on chronic dialysis.
References


Practice Brief: “ICD-10-CM Coding Guidance for Long-Term Care Facilities”, American Health Information Management Association

“Building Expert Diagnosis Coders” National HealthCare Corporation Regional HIM Training (used with permission), 2014


Medicare Claims Processing Manual, Chapter Six--SNF Inpatient Part A Billing and SNF Consolidated Billing