Transition to ICD 10 CM/PCS - Preparing for October 1, 2015
Specific ICD-10-CM Chapters

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By attending this workshop, participants will

• Describe the structure and organization of ICD-10-CM
• Apply general and specific Chapter coding guidelines by completing exercises and case studies related to the Respiratory, Digestive, and Injury Chapters of ICD-10-CM
Book for 2014 Sessions

• Basic 1CD-10-CM/PCS Coding
  • Schraffenberger, Lou Ann
  • AHIMA AC200512

• 2nd Session Readings
  • Chapter 13, pp. 221-242
  • Chapter 14, pp. 243-256
  • Chapters 22A & 22B, pp. 371-415

2011 Coding Webinars Review
A&P, Pathophysiology
Medical knowledge for coding
Chapter 10 of ICD-10-CM
J00-J99
Organized in 11 Blocks
Code Titles updated to current terminology
Combination codes for disease & manifestation/causes
Increased Specificity

RESPIRATORY SYSTEM
Respiratory System
Chapter 10 Blocks

This chapter contains the following blocks:

J00-J06  Acute upper respiratory infections
J09-J18  Influenza and pneumonia
J20-J22  Other acute lower respiratory infections
J30-J39  Other diseases of upper respiratory tract
J40-J47  Chronic lower respiratory diseases
J60-J70  Lung diseases due to external agents
J80-J84  Other respiratory diseases principally affecting the interstitium
J85-J86  Suppurative and necrotic conditions of the lower respiratory tract
J90-J94  Other diseases of the pleura
J95     Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified
J96-J99  Other diseases of the respiratory system

Respiratory Coding Guidelines

• I.C.10.a. COPD & Asthma
• I.C.10.b. Acute Respiratory Failure
• I.C.10.c. Influenza (Confirmed)
• I.C.10.d. Ventilator associated Pneumonia
Instructional Notes for Respiratory System (Ch 10)

- LOCATION - Beginning of chapter = Applies to entire chapter

Diseases of the respiratory system (J00-J99)

Note: 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 (e.g. tracheobronchitis to bronchitis in J40).

Use additional code, where applicable, to identify:
- exposure to environmental tobacco smoke (Z77.22)
- exposure to tobacco smoke in the perinatal period (P96.81)
- history of tobacco use (Z87.891)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17.1)
- tobacco use (Z72.0)

Excludes: certain conditions originating in the perinatal period (P04-P96)
- certain infectious and parasitic diseases (A00-B09)
- complications of pregnancy, childbirth and the puerperium (O00-O99)
- 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)
- smoke inhalation (T50.81.
- symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)

NOTE - Add'l code needed

J01 Acute sinusitis

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

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

J09.X2 Influenza due to identified novel influenza A virus with other respiratory manifestations

- Influenza due to identified novel influenza A virus NOS
- Influenza due to identified novel influenza A virus with laryngitis
- Influenza due to identified novel influenza A virus with pharyngitis
- Influenza due to identified novel influenza A virus with upper respiratory symptoms

Use additional code, if applicable, for associated:
- pleural effusion (J91.8)
NOTE - Add’l code needed

J09.99 Influenza due to identified novel influenza A virus with other manifestations
   Influenza due to identified novel influenza A virus with encephalopathy
   Influenza due to identified novel influenza A virus with myocarditis
   Influenza due to identified novel influenza A virus with otitis media

   Use additional code to identify manifestation

J68 Respiratory conditions due to inhalation of chemicals, gases, fumes and vapors

   Code first (T51-T65) to identify cause

   Use additional code to identify associated respiratory conditions, such as:
   acute respiratory failure (J96.0-)

J70.1 Chronic and other pulmonary manifestations due to radiation
   Fibrosis of lung following radiation

   Use additional code (W88-W90, X39.0-) to identify the external cause

NOTE - Add’l code needed

J70.2 Acute drug-induced interstitial lung disorders

   Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)

   Excludes: interstitial pneumonia NOS (J84.9)
   lymphoid interstitial pneumonia (J84.2)

J95.89 Other postprocedural complications and disorders of respiratory system, not elsewhere classified

   Use additional code to identify disorder, such as:
   aspiration pneumonia (J69.-)
   bacterial or viral pneumonia (J12-J18)
NOTE – Code First ....

J12  Viral pneumonia, not elsewhere classified
    Includes: bronchopneumonia due to viruses other than influenza viruses
    Code first  associated influenza, if applicable (J09.X1, J10.0-, J11.0-)

J14  Pneumonia due to Hemophilus influenzae
    Bronchopneumonia due to H. influenzae
    Code first  associated influenza, if applicable (J09.X1, J10.0-, J11.0-)

J68  Respiratory conditions due to inhalation of chemicals, gases, fumes and vapors
    Code first  (T51-T65) to identify cause

J69.1 Pneumonitis due to inhalation of oils and essences
      Exogenous lipid pneumonia
      Lipid pneumonia NOS
      Code first  (T51-T65) to identify substance

NOTE – Code Also ....

J09.X1  Influenza due to identified novel influenza A virus with pneumonia
        Code also  if applicable, associated:
                    lung abscess (J85.1)
                    other specified type of pneumonia

J10.08  Influenza due to other identified influenza virus with other specified pneumonia
        Code also  other specified type of pneumonia

J12  Viral pneumonia, not elsewhere classified
    Includes: bronchopneumonia due to viruses other than influenza viruses
    Code first  associated influenza, if applicable (J09.X1, J10.0-, J11.0-)
    Code also  associated abscess, if applicable (J85.1)
NOTE – Code Also ....

J44 Other chronic obstructive pulmonary disease

Includes:
- asthma with chronic obstructive pulmonary disease
- chronic asthmatic (obstructive) bronchitis
- chronic bronchitis with airways obstruction
- chronic bronchitis with emphysema
- chronic emphysematous bronchitis
- chronic obstructive asthma
- chronic obstructive bronchitis
- chronic obstructive tracheobronchitis

Code also type of asthma, if applicable (J45.-)

Common Cold (J00)

J00 Acute nasopharyngitis [common cold]
- Acute rhinitis
- Coryza (acute)
- Infective nasopharyngitis NOS
- Infective rhinitis
- Nasal catarrh, acute
- Nasopharyngitis NOS

Excludes 1: acute pharyngitis (J02.-)
- acute sore throat NOS (J02.9)
- pharyngitis NOS (J02.9)
- rhinitis NOS (J31.0)
- sore throat NOS (J02.9)

Excludes 2: allergic rhinitis (J30.1-J30.9)
- chronic pharyngitis (J31.2)
- chronic rhinitis (J31.0)
- chronic sore throat (J31.2)
- nasopharyngitis, chronic (J31.1)
- vasomotor rhinitis (J30.0)

• AKA Acute nasopharyngitis, acute rhinitis
Influenza (J09-J11)

- Classified by type of virus and conditions
  - J09 = novel A virus
  - J10 = other id. virus
  - J11 = unid. Virus
    - Respiratory
    - GI
    - Other body systems

http://commons.wikimedia.org/wiki/File:Rooster_portrait2.jpg

Flu Example

- Final diagnosis = possible avian influenza with pneumonia and lung abscess
- Assign all appropriate ICD-10-CM diagnosis codes
**Flu Example**

J11.00 Influenza due to unidentified influenza virus with unspecified type of pneumonia

J85.1 Abscess of lung with pneumonia

J18.9 Pneumonia, unspecified organism


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**Pneumonia (J12-J18)**

- J12 – Viral Pneumonia
- J13 – Strep pneumoniae Pneumonia
- J14 – Hemophilus influenza Pneumonia
- J15 - Bacterial Pneumonia, NEC
- J16 – Other organisms, NEC
- J17 – Pneumonia in Diseases Classified Elsewhere
- J18 – Unspecified Organism Pneumonia
Bacterial Pneumonia NEC (J15)

- Subcategories for specific bacteria
- Klebsiella pneumoniae
- Pseudomonas
- Staphylococcus
- Streptococcus B
- Other Specified

H. Influenza Pneumonia (J14)

- AKA Bronchopneumonia due to H. influenza

- 3-Character Code – NO subcategories
Pneumonia, Other Infectious Organisms NEC (J16)

- Organisms OTHER THAN Bacteria
- Chlamydial
  - Bacteria that sometimes acts like a virus
  - AKA = obligate intracellular parasites

Pneumonia, Unspecified Organism (J18)

- Documentation does NOT specify organism as cause of pneumonia
- Bronchopneumonia Lobar pneumonia
- Hypostatic pneumonia

Excludes:
- abscess of lung with pneumonia (J85.1)
- aspiration pneumonia due to anesthesia during labor and delivery (O74.0)
- aspiration pneumonia due to anesthesia during pregnancy (O29)
- aspiration pneumonia due to anesthesia during puerperium (J89.9)
- aspiration pneumonia due to solids and liquids (J69.1)
- aspiration pneumonia NOS (J69.0)
- congenital pneumonia (P23.0)
- drug-induced interstitial lung disorder (J70.2-J70.4)
- interstitial pneumonia NOS (J84.9)
- lipid pneumonia (J69.1)
- neonatal aspiration pneumonia (P24.1)
- pneumonitis due to external agents (J67-J70)
- pneumonitis due to fumes and vapors (J88.0)
- usual interstitial pneumonia (J84.17)
Pneumonia in Diseases Classified Elsewhere (J17)

- 3-character code
- ALWAYS add’l code

Excludes:
- candidial pneumonia (B37.1)
- chlamydial pneumonia (J16.0)
- gonorrhoeal pneumonia (A54.84)
- histoplasmosis pneumonia (B39.0-B39.2)
- measles pneumonia (B05.2)
- nocardiosis pneumonia (A43.0)
- pneumocystosis (B59)
- pneumonia due to Pneumocystis carinii (B59)
- pneumonia due to Pneumocystis jiroveci (B59)
- pneumonia in actinomycosis (A42.0)
- pneumonia in anthrax (A22.1)
- pneumonia in ascariasis (B77.81)
- pneumonia in aspergillosis (B44.0-B44.1)
- pneumonia in coccidioidomycosis (B38.0-B38.2)
- pneumonia in cytomegalovirus disease (B25.0)
- pneumonia in toxoplasmosis (B58.3)
- rubella pneumonia (B06.81)
- salmonella pneumonia (A02.22)
- spirochetal infection NEC with pneumonia (A69.8)
- tularemia pneumonia (A21.2)
- typhoid fever with pneumonia (A01.03)
- varicella pneumonia (B01.2)
- whooping cough with pneumonia (A37 with fifth-character 1)

Streptococcus pneumoniae Pneumonia (J13)

- AKA Bronchopneumonia due to S. pneumoniae;
  Pneumococcal pneumonia

- Bacterial
Viral Pneumonia (J13)

- Affects trachea/bronchi
- Hard to isolate specific virus
- No pulmonary changes on X-rays
- Virus types
  - Adenovirus
  - RSV
  - Parainfluenza
  - SARS-associated corona
  - Other specified

Other Acute LRT Infections (J20-J22)

- Acute Bronchitis (short/severe duration)
  - Usually due to irritants (smoking)
- Bronchiolitis
  - Usually viral
  - Severe cases - usu. Infants (<2 yo; 3-6 mos)
  - Commonly associated w/RSV
Other Diseases of URT (J30–J39)

- Chronic Conditions
- Nose
- Sinuses
- Tonsils/Adenoids
- Larynx
- Trachea?

- Many Use Add’l Notes in this Block

Chronic LRT Diseases (J40-J47)

- Chronic Pulmonary Conditions
  - Chronic Bronchitis (J40)
  - Emphysema (J43)
  - COPD (J44)
  - Asthma (J45)
  - Bronchiectasis (J47)
Asthma Terminology

- AKA Reactive airway disease
- Intrinsic = Nonallergic
- Extrinsic = Allergic

- Asthma Severity Terms - Table 13.1 on p. 233
- Information at J45
  - Extensive Includes Note; Excludes 1/2 Notes

Asthma Subcategories; 5th/6th Characters

- Subcategories .2 -.9 = Severity and Clinical Status of Asthma

- 5th/6th Characters =
  - Acute Exacerbation OR
  - Status Asthmaticus OR
  - Uncomplicated
Acute Exacerbation

- Worsening or decompensation of a chronic condition
- NOT equivalent to an infection superimposed on chronic condition
- BUT an exacerbation may be triggered by an infection

Status Asthmaticus

- Acute attack
  - Bronchial obstruction level is NOT relieved by usual tx (epinephrine, aminophylline)
  - Pt fails to respond to tx during attack
  - Life-threatening complication
  - Requires Emergency care
  - Usually Inpt hospitalization
Bronchiectasis

- Chronic
- Congenial
- Acquired
- IRREVERSIBLE dilation of bronchi w/2ndary infection
- Less common due to antibiotics/immunizations

Bronchitis, Chronic

- J40 = Bronchitis, w/o any other documentation
- J40 reflects chronic disease, but cannot assume based on care setting/age of pt
- Must query doctor to ask if acute
- Usually associated with smoking cigarettes

http://commons.wikimedia.org/wiki/File:No_smoking_sign.svg
COPD

- Chronic Obstructive Pulmonary Disease
- Exacerbations often tx as Outpatient
- Code J44.9 ONLY when no other specific info available from provider

- “Decompensated COPD” = COPD w/exacerbation

Emphysema

- Specific type of COPD (COLD)
  - Often occurs w/chronic bronchitis
  - Progressive, NOT reversible/curable
  - 2 types, smoking major risk factor

Lung diseases due to External Agents (J60-J70)

- External Agents
- Chemical
- Organic
- Inorganic
- Many conditions
- AKA Occupational Lung Disorders

Other Respiratory Blocks

- J80-J84 Other Respiratory Diseases mainly affecting the Interstitium
- J85-J86 Suppurative/Necrotic Conditions of LRT
- J90-94 Other diseases of the Pleura
Intraoperative/PostOp Complications of Respiratory System NEC (J95)

• Can occur during respiratory procedure
• OR
• Complication of another body system procedure

DIGESTIVE SYSTEM

Digestive System
Chapter 11 Blocks

<table>
<thead>
<tr>
<th>Code Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K00-K14</td>
<td>Diseases of oral cavity and salivary glands</td>
</tr>
<tr>
<td>K20-K31</td>
<td>Diseases of esophagus, stomach and duodenum</td>
</tr>
<tr>
<td>K35-K38</td>
<td>Diseases of appendix</td>
</tr>
<tr>
<td>K40-K46</td>
<td>Hernia</td>
</tr>
<tr>
<td>K50-K52</td>
<td>Noninfective enteritis and colitis</td>
</tr>
<tr>
<td>K55-K64</td>
<td>Other diseases of intestines</td>
</tr>
<tr>
<td>K65-K68</td>
<td>Diseases of peritoneum and retroperitoneum</td>
</tr>
<tr>
<td>K70-K77</td>
<td>Diseases of liver</td>
</tr>
<tr>
<td>K80-K87</td>
<td>Disorders of gallbladder, biliary tract and pancreas</td>
</tr>
<tr>
<td>K90-K95</td>
<td>Other diseases of the digestive system</td>
</tr>
</tbody>
</table>

Digestive Coding Guidelines

- No Chapter-Specific Guidelines for this Chapter in ICD-10-CM, 2014 ed.
Combination codes

- Acute/Chronic
- Bleeding present
  - Hemorrhage = ulcers
  - Bleeding =
    - Gastritis
    - Duodenitis
    - Diverticulosis
    - Diverticulitis
- Complications
  - Artificial openings
  - Intraoperative
  - Postprocedural
- Hernia sites
  - w/gangrene or obstruction
  - Laterality
  - Ulcerative colitis OR
  - Regional enteritis
  - Rectal bleeding
  - Obstruction
  - Fistula
  - Abscess

Instructional Notes

- Code first
  - Digestive conditions that result from other diseases
- Use add’l code to identify
  - Substances that influence digestive diseases
  - Infectious agent
  - Type of infection
Location of Notes

- Excludes 1 note at beginning of chapter
- Excludes 2 note at K20-31 Block
- Note at K40-46 Block
- Notes at K50-52 Block

Cholecystitis and Cholelithiasis  K80-K81

- Lith/o = Gk, stone  Calculus = L, stone
- Choledocholithiasis = stones in bile duct
- K81 5th character subcategories
  - Stone in gallbladder or bile duct
  - w/wo cholecystitis
  - Acute or other cholecystitis
  - w cholangitis
- K80 Cholecystis without stones
Esophagus, Stomach, & Duodenum  K20-31

• Esophagus
  • Primary/2ndary conditions
  • Combination codes
    • w/wo bleeding
    • w/wo esophagitis

• Ulcers
  • Duodenal
  • Gastric/Gastrojejunal
  • Peptic


Gastritis & Duodenitis

• Inflammation of stomach lining or duodenum (first portion of small intestine)

• 4th character subcategories
  • Severity OR etiology

• 5th character subcategories
  • w/wo bleeding
    • Does NOT have to be actively bleeding at time of exam
    • Statement by Physician is sufficient
**Gastroenteritis  K52**

- Inflammation of stomach and intestine
- Etiologies
  - Toxins - Code first note
  - Allergies – Use add’l code note
  - Diet – Use add’l code note
  - Infections – Chapter 1 codes
  - Drugs – Code first note
  - Enzyme deficiencies


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**GI Hemorrhage**

- Hematemesis = K92.0
- Melena = K92.1
  - Excludes1 note - Occult blood in stool = R19.5
- Unspecified = K92.2

- Combination codes for hemorrhage with GI condition assigned ONLY when documentation indicates causal relationship
- Do NOT require active bleeding at time of exam
  - Statement by Physician is sufficient
Hernia

- Protrusion of loop/knuckle of organ/tissue through abdominal opening
- Many types
  - Diaphragmatic
  - Femoral
  - Incisional
  - Inguinal
  - Hiatal
  - Umbilical
  - Ventral

Hernia

- Terms for level of severity/duration
  - Reducible
  - Irreducible or Incarcerated
  - Strangulated (Medical Emergency)

- Obstruction = In ICD-10-CM =
  - Incarceration, Irreducibility, Strangulation

Oral Cavity and Salivary Glands  K00-K14

- Dental Codes more widely needed
- Teeth and supporting structures
- Salivary glands
- Mouth
- Lip
- Tongue


Peritonitis, Other disorders of Peritoneum/Retroperitoneum

- K65-K68
- K65 Peritonitis = inflammation
  - Many types
  - Peritonitis NOS = assumed bacterial = K65.9
- Use add’l code for infectious agent
- Excludes1 note for conditions that include peritonitis
- Peritonits vs abscess
- Adhesions
Regional Enteritis (Crohn Disease)  K50

• Chronic inflammatory disease
  • Distal ileum and colon
• 5th/6th characters
  • Site
  • Associated clinical manifestations

• K50.90 = Crohn Disease NOS

Ulcers

• Categories have 4th character subcategories
  • Acute or Chronic
  • Hemorrhage or Perforation
    • Does NOT have to be actively bleeding at time of exam
    • Statement by Physician is sufficient
  • Use add’l code for alcohol abuse/dependence

ICD-10-CM CODING OF INJURIES

Burns
- Thermal, except from sun
- Electric
- Radiation
Corrosions
- Chemical burns
Frostbite

Injury Coding Resources

- Previous Coding Webinars
  - 2011 Musculoskeletal System – MHA Convention
  - 2012 Skin System
  - A&P, Pathophysiology of Injuries
ICD-10-CM Coding of Injuries

- Significant changes
- General sites, then types of injury
- Top of body down
  - Axial, then Appendicular skeleton
- Types of injury, superficial to deeper
  - Superficial Injury
  - Open Wound
  - Fractures
  - Dislocations/sprains
  - Nerve Injuries
  - Blood vessel Injuries
  - Muscle, fascia, tendon Injuries
  - Crush injuries
  - Traumatic amputations
  - Other injuries

Injury Coding
Chapter 19 Blocks

S00-S09  Injuries to the head
S10-S19  Injuries to the neck
S20-S29  Injuries to the thorax
S30-S39  Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals
S40-S49  Injuries to the shoulder and upper arm
S50-S59  Injuries to the elbow and forearm
S60-S69  Injuries to the wrist, hand and fingers
S70-S79  Injuries to the hip and thigh
S80-S89  Injuries to the knee and lower leg
S90-S99  Injuries to the ankle and foot
T07     Injuries involving multiple body regions
T14     Injury of unspecified body region
T15-T19 Effects of foreign body entering through natural orifice
T20-T32 Burns and corrosions
T20-T25 Burns and corrosions of external body surface, specified by site
T26-T28 Burns and corrosions confined to eye and internal organs
T30-T32 Burns and corrosions of multiple and unspecified body regions
T33-T34 Frostbite
T36-T50 Poisoning by adverse effect of and underdosing of drugs, medicaments and biological substances
T51-T65 Toxic effects of substances chiefly nonmedicinal as to source
T66-T78 Other and unspecified effects of external causes
T79     Certain early complications of trauma
T80-T88 Complications of surgical and medical care, not elsewhere classified
Injury and Poisoning Chapter

- ICD-10-CM Chapter 19 – 2 sections
  - S =
    - Various types of injuries related to single body regions
  - T =
    - Injuries to unspecified body regions
    - Poisonings & certain other consequences of external causes
  - 7th Character Extension required for many chapter codes

ICD-10-CM Chapter 19

- More details
- Laterality & type of encounter (initial, subsequent, sequela)
  - Significant component of code expansion
  - 7th character = type of encounter
AI and Injuries

- Main Terms
  - General types of Injury
  - Burn, Dislocation, Fracture, Wound, etc.

- Subterms id site of injury

Injury (see also specified injury type) T14.90
- abdomen, abdominal S39.91
  - blood vessel —see Injury, blood vessel, abdomen
  - cavity —see Injury, intra-abdominal
  - contusion S30.1

Burn (electricity) (flame) (hot gas, liquid or hot object)
  - abdomen, abdominal (muscle) (wall) T21.02
  - first degree T21.12
  - second degree T21.22
  - third degree T21.32
  - above elbow T22.039
  - first degree T22.139
  - left T22.032
  - - first degree T22.132
  - - second degree T22.232
  - - third degree T22.332

Injury Coding Guidelines

- I.C.19.a. 7th characters
- I.C.19.b. Coding of Injuries
- I.C.19.c. Traumatic fractures
Injury Coding Guidelines

- I.C.19.b.1. Superficial Injuries
- I.C.19.b.2. Injury w/nerve/blood vessels
- I.C.19.c.1. Fx Initial vs Subsequent visit
- I.C.19.c.2. Multiple fx sequencing

Injury Coding

- Use combination codes, when available
- OR Separate codes for EACH injury
- DO NOT assign T07 in Inpt, unless no other info available
- S00-T14.9 are NOT used for
  - Surgical wounds/complications thereof
- Sequence most serious injury first
  - Indicated by Physician or tx focus
Aftercare Codes

• Aftercare Z codes NOT used for aftercare for conditions when 7th seventh characters available to id subsequent episodes of care

• For aftercare of injury, assign acute injury code with 7th character for “subsequent encounter.”

Blood vessel/Nerve Injury

• Injury resulting in minor damage to peripheral nerves/blood vessels
  • Primary injury sequenced first
  • Then blood vessel/nerve injuries
• When primary injury is to blood vessels/nerves, sequence first
Burns and Corrosions

- Burn = Thermal burn (NOT sunburn)
- Corrosion = Chemical burn
- Same Guidelines for both types of burns
- Current burn = T20-T25
  - Depth, Extent, Agent (X code)
- Burns of Eye/Internal Organs = T26-T28
  - Site only

Burn Coding

- Burns of same local site (3-character code)
  - Code to highest degree (code only once)
- Non-healing burn = acute burn
- Necrosis of burned skin = non-healed
- Infected burn = acute burn
  - Use add’l code for infection
- Multiple burn sites
  - Assign separate codes for each site
  - Avoid T30
Burn Coding Sequencing

- Highest degree of burn sequenced first
- External AND internal burns
  - Sequence according to admission circumstances
- Burn + Other related issues
  - Sequence according to admission circumstances
- External cause code should be used

Multiple Burns Sequencing

- PDX is burn site of greatest severity
  - Then use following order
- A. Deep necrosis of underlying tissues with loss of body part (deep 3rd/4th degree)
- B. Deep necrosis of underlying tissues without loss of body part (deep 3rd/4th degree)
- C. Full-thickness skin loss (3rd degree)
- D. Blisters, epidermal loss (2nd degree)
- E. Eythema (1st degree)
- F. Unspecified
Burn Extent

- T31 = extent of burned body surface
- T32 = extent of corrosion of body surface
- Use as add’l codes
  - Data for evaluating burn mortality
  - When 3\textsuperscript{rd}-degree burn over 20\% + of body

- Rule of Nines

Rule of Nines

- ADULT:
  I. Head and Neck = 9\%
  II. Posterior Trunk = 18\%
  III. Anterior Trunk = 18\%
  IV. Each Upper Extremity = 9\%
  V. Each Lower Extremity = 9\%
  VI. Perineum = 1\%
Rule of Nines

- BABY:
  I. Head and Neck = 18%
  II. Posterior Trunk = 18%
  III. Anterior Trunk = 18%
  IV. Each Upper Extremity = 9%
  V. Each Lower Extremity = 14%

Burn Sequelae

- Use burn/corrosions code with S Extension
- When appropriate, can code both current burn and sequelae codes
- Burns do not heal at same rate, may have both healed and healing at same time

Multiple Injuries

- Code for most severe injury is sequenced as Principal Diagnosis
  - Determined by physician
  - Treatment provided
Seventh (7th) characters

• A, D, S required for most Injury codes
• Z aftercare codes are NOT used for injuries
• Traumatic Fx codes have other 7th characters
• NO 7th character extension for open physeal fracture

Initial Encounters (A)

• Initial encounter 7th character used while patient receiving active treatment for condition
  • Surgical treatment
  • Emergency department encounter
  • Evaluation and treatment by new physician

• Can be used each time pt actively treated for same condition
Subsequent Encounter (D)

- Subsequent encounter 7th Character used for encounters after patient received active tx for condition
- **Now** receiving routine care for condition during healing or recovery phase
  - Cast change or removal
  - Removal of external or internal fixation device
  - Medication adjustment
  - Other aftercare & follow-up visits following treatment of injury or condition

7th character S

- **S** = sequela = complications or conditions directly caused by injury
- Must use 2 codes
  - Code for current condition (NO S)
  - Code for original injury with S
- In this order, usually
Superficial Injuries in ICD-10-CM

- Abrasion
  - Excoriation
- Avulsion
  - Wound, Open
- Bite (nonvenomous)
  - Superficial
  - Open
- Blister (nonthermal)
- Burn
- Contusion
- Corrosion
- Exfoliation
  - Desquamation
- External Constriction
- Foreign Body
- Frostbite
- Incision
- Laceration
- Wound

Superficial Injuries

- NOT coded when part of more severe injury

- Example:
  - Road rash in same area of body as open fx due to motorcycle accident
Traumatic Fx Coding

- Apply multiple injury coding guidelines
- Fx NOS as open/closed, coded as closed
- Fx NOS as displaced/non-displaced, coded as displaced

Traumatic Fractures

- Classified as
  - 1 Displaced or non-displaced
  - 2 Open or closed
  - 3 Specific type
    - Which bone
    - Exact part of bone
- Fx not indicated as displaced/nondisplaced - code to displaced
- Fx not indicated as open/closed - code to closed
- Multiple fxs sequenced in order of severity
- Documentation must support order
Traumatic Fx 7th Characters

The appropriate 7th character is to be added to each code from category S02:
- A - initial encounter for closed fracture
- B - initial encounter for open fracture
- D - subsequent encounter for fracture with routine healing
- G - subsequent encounter for fracture with delayed healing
- K - subsequent encounter for fracture with nonunion
- S - sequela

Used as long as pt receiving active tx
Fx Complications

• Complications of surgical care for fx during healing/recovery phase
  • Code complication codes

• Complications of Fxs
  • Use appropriate 7th character
    • Non union
    • Mal union

Wounds ICD-10-CM

• Injuries are classified by Body SITE, then type
• Open wounds consistent across body sites
• Types of open wounds classified in ICD-10-CM
  • Laceration w/o foreign body
  • Laceration w/ foreign body
  • Puncture wound w/o foreign body
  • Puncture wound w/ foreign body
  • Open bite
  • Unspecified open wound
Wounds in ICD-10-CM

• Note: Code also any associated wound infection
• NO concept of delayed healing/treatment
• Some types may have add’l and/or unique code specificity
  • w/ or w/o penetration into body cavity or organ
  • Add’l specificity of laceration as minor, moderate, or major
  • Add’l anatomic specification
    • left/right, front/back, flexor/extensor

Cellulitis Vs Open Wound

Sequencing depends on circumstances of admission/encounter

• Pt suffered laceration of lower leg while hiking 2 days ago; came to hospital on his return.
  • Cellulitis beginning to develop. Wound cleansed, nonexcisional debridement, & antibiotics started for cellulitis.

• Pt suffered minor puncture injury to finger removing staple at office. 5 days later, admitted to hospital because of cellulitis of finger, tx with IV.
  • Wound didn’t require tx, therefore not coded
POISONING & ADVERSE EFFECTS T36-T50

T36-T50

• Includes:
  • Adverse effect of correct substance properly administered (hypersensitivity, reaction, etc.)
  • Poisoning by
    • Overdose of substance
    • Wrong substance given or taken in error
  • Underdosing by (NOT in ICD-9-CM)
    • (inadvertently) (deliberately) taking less substance than prescribed or instructed
    • Use add’l code for INTENT OF underdosing
      • Failure to dose during medical/surgical care
      • Pt’s underdosing
Poisonings in ICD-10-CM

- Combination codes for poisonings & associated external cause (accidental, intentional self-harm, assault, undetermined)
- Rearranged Table of Drugs & Chemicals
  - All poisoning columns together, then adverse effect and underdosing
  - When intent is NOT documented, code Accidental
- Undetermined intent = specific documentation in record; intent of toxic effect can’t be determined

Adverse Effects and Poisonings (T36-T50)

- Adverse Effects
  - Nature of adverse effect first
  - Followed by code for drug
- Poisonings
  - Poisoning Code
  - Code(s) for all manifestations
  - Followed by code for drug

- Same sequencing as ICD-9-CM
Using the Table of Drugs

- Coder must determine
  - Adverse Effect vs Poisoning
  - Decision Tables - Fig. 22B-1, 2

- Taking less/stopping drug is
  - NOT poisoning OR adverse effect
  - Underdosing in ICD-10-CM

- Toxic effects of NON-medicinal substances
  = follow Poisoning steps

Table of Drugs

- Rows = Drugs, medicinal substances
- Columns = Poisoning code, T codes

- ALWAYS VERIFY in TL
  - Instructional Notes
- Ex: T36.-- Poisoning by antibiotics
  - Note to use appropriate 7th character
Adverse Effect

• Correct substance administered as prescribed
• Adverse effect (manifestation) sequenced 1st
• T code from Therapeutic use column 2nd
• CANNOT use T code from any other column
• Adverse Effect T codes MUST BE REPORTED

Adverse Effect Documentation

• Dx statements of
  • Toxic effect, toxicity, intoxication due to prescription drug (digitalis, lithium)
  • w/o any further info
  • Indicates Adverse Effect

• Other terms for AE
  • Allergic reaction
  • Cumulative effect (toxicity)
  • Hypersensitivity
  • Idiosyncratic reaction
  • Paradoxical reaction
  • Synergistic reaction
  • Toxicity
Adverse Effects

- Because of
- Pt differences
  - Age, sex, disease, Genetic factors
- Drug-related
  - Type
  - Administration route
  - Duration of tx
  - Dosage
  - Bioavailability

AE Drug T codes

- When agent causes multiple adverse reactions, code the T code ONCE

- When 2+ drugs are responsible, code individually unless there is a combo T code
Unspec AE

- T88.7 AE effect of drugs & medicaments
  - CAN be used in OUTpatient setting
  - Inappropriate for Inpatient setting
    - Code S&S with this Tcode

Late Effects of AE of Drugs

- Code residual condition
- Add’l code
  - T Code for drug that caused AE with S 7th character

- Chronic effects of drug taken for long time and still being taken = current AE
- If delayed effects AFTER stopping = LE
Late Effects AE Examples

- Brain damage caused by penicillin allergy (while taking med)
  - G93.9, T36.0x5A

- Brain damage caused by penicillin allergy (stopped using 6 months ago)
  - G93.9, T36.0x5S

Poisoning

- Substance used incorrectly
  - Error in prescription
  - Drug overdose (Intentional/Accidental)
  - Non-prescribed drug taken with correctly prescribed/taken drug
  - Wrong administration method
  - Wrong dosage given/taken
  - Wrong medication given/taken
Poisoning

- Code from Poisoning column first
- Manifestation
- T code for how substance used
  - Accident, Assault, Suicide, etc.

- CANNOT use T code from AE column

Poisoning by Interaction

- Tx drug and non-prescription drug or alcohol
  - Poisoning code for EACH substance
  - Manifestation, if documented

- Ex: Coma due to Adverse reaction to Valium taken correctly, but with 2 martinis
  - T42.4x1A
  - T51.0x1A
  - R40.20
Poisoning E codes

- Cause not stated = undetermined T code

Substance Abuse/Dependence

- When documentation of abuse/dependence in Poisoning situation
  - Assign as add’l code
Late Effects of Poisoning

- Same LE rules
- Residual coded first
- Code for drug = add’l code
  - Add S 7th character

Specific Drug NOT in Table

- American Hospital Formulary Service (AHFS)
- Index from brand names, etc to #
  - Hospital Pharmacist is valuable resource
- May have to research drug name to find type and then find type in Table
## Adverse Effects vs Poisoning

<table>
<thead>
<tr>
<th>Condition due to Drug, Med. Bio?</th>
<th>NO</th>
<th>Code Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>Code as Poisoning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Add code for condition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Add T code</td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td>Code as Poisoning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Add AE T code</td>
</tr>
</tbody>
</table>

### Case 1 Injury

- Pt is 22-y-o male, admitted thru ED after motorcycle he was driving collided w/elk on highway in the mountains. He was not wearing a helmet.
- Skull fx over L temporal and orbital roof areas w/depressed L zygomatic arch.
- GCS score of 3
- L pupil blown

Case 1 Coding Process

- Fx code(s)
- Other dx codes
- 7th character code extension
- External Causes Codes
  - Causes
  - Intent
  - Place of Occurrence
  - Activity

Glasgow Coma Scale

- Score from 3 – 15
  - 3 categories; points added together for score
    - Eye opening
    - Verbal response
    - Motor response

- Score of 3 = NO response in all categories
- R40.24- used when no individual scores
- ICD-10-CM specific for each category
### Case 1 Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S02.19XA</td>
<td>Other fracture of base of skull, initial encounter for closed fracture</td>
</tr>
<tr>
<td>S02.402A</td>
<td>Zygomatic fracture, unspecified, initial encounter for closed fracture</td>
</tr>
<tr>
<td>R40.2112</td>
<td>Coma scale, eyes open, never, at arrival to emergency department</td>
</tr>
<tr>
<td>R40.2212</td>
<td>Coma scale, best verbal response, none, at arrival to emergency department</td>
</tr>
<tr>
<td>R40.2312</td>
<td>Coma scale, best motor response, none, at arrival to emergency department</td>
</tr>
<tr>
<td>OR</td>
<td>Glasgow coma scale score 3-8, (only Total score provided)</td>
</tr>
<tr>
<td>R40.2432</td>
<td></td>
</tr>
<tr>
<td>V20.4XXA</td>
<td>Motorcycle driver injured in collision with pedestrian or animal in traffic accident, initial encounter</td>
</tr>
<tr>
<td>Y92.411</td>
<td>Place of occurrence, highway (interstate)</td>
</tr>
<tr>
<td>Y99.9</td>
<td>Unspecified external cause status</td>
</tr>
</tbody>
</table>

### Case 2 Injury

- A thin, white, 45 yo male brought to ED after being found unconscious outside his home. Anecdotal evidence that he may have been outside up to 1 hour w/ temperature of 6°F. Wearing light jacket, no hat/gloves. Blood work revealed blood alcohol level of 100 mg/100ml. Pt transferred for inpatient care w/ diagnoses of hypothermia, frostbite of bilateral fingers, and acute alcohol intoxication.

Case 2 Injury Answers

- T68xxxA  Hypothermia
- T33.531A  Superficial frostbite of R finger(s)
- T33.532A  Superficial frostbite of L finger(s)
- F10.129  Alcohol abuse w/ intoxication, unspecified
- Y90.5  Blood alcohol level of 100-119 mg/100 ml
- X31.xxxA  Exposure to excessive natural cold

Case 3 Poisoning

- Woman admitted for intentional overdose of marijuana & cocaine. She sustained fall, resulting in left cheek & scalp laceration.
- After she stabilizes medically, she will be transferred to a psychiatric unit.
Case 3 Poisoning
ICD-10-CM Answer

- T40.7X2A Table of Drugs and Chemicals, Marijuana, Poisoning, Intentional, Self-harm.
  - Review Tabular for 7th character.
- T40.5X2A Table of Drugs and Chemicals, Cocaine, Poisoning, Intentional, Self-harm.
- S01.412A Laceration, cheek (external).
- S01.01XA Laceration, scalp.
- W19.XXXA Unspecified fall, initial encounter

Case 3 Poisoning
ICD-10-CM Explanation

- If overdose of drug intentionally taken or administered and resulted in drug toxicity, coded as poisoning.
- 7th character is required for all codes in this Example.
Case 4 Wound

- 2 cm laceration of left heel with foreign body

Case 4 Wound
ICD-10-CM Answer

- S91.322A Laceration, heel – see Laceration, foot (except toe(s) alone), left, with foreign body. Review Tabular for correct 7th character

- ICD-10-CM Index ids both laterality & presence of FB with laceration code
- 7th character A indicates initial encounter
Case 5 ED Burn

- Pt seen in ER today for burn of right ankle.
- Pt was cooking dinner in kitchen of her single family home & carrying pot of boiling hot liquid that splashed on her ankle.
- Physician states DX as:
  - 2nd degree burn, right ankle.

Case 5 Burn

ICD-10-CM Answer

- T25.211A Burn (electricity) (flame) (hot gas, liquid or hot object) (radiation) (steam) (thermal), ankle, right, second degree
- X12.XXXA Index to External Causes, Burn, burned, burning (accidental) (by) (from) (on), hot liquid
- Y92.010 Index to External Causes, Place of occurrence, residence (noninstitutional) (private), house, single family, kitchen
- Y93.G3 Index to External Causes, Activity (involving) (of victim at time of event), cooking and baking
- Y99.8 Index to External Causes, External cause status, leisure activity
ICD-10-CM Explanation

• Documentation states that patient was cooking dinner at home.
  • External cause status for this is leisure.
• Burn code and external cause code are coded with 7th character A
  • Initial encounter because pt seen in ED today

Drug Coding Dx Statements

• 1. Hypokalemia resulting from reaction to Diuril given by mistake in Dr’s office

• 2. Electrolyte imbalance due to interaction between lithium carbonate and Diruile, both taken as prescribed

• 3. Toxic encephalopathy due to excessive use of aspirin
Drugs Coding Dx Statements

• 4. Coumadin intoxication due to accumulative effect resulting in gross hematuria

• 5. Severe bradycardia due to accidental double dose of digoxin

• 6. Lightheadedness due to interaction between Aldomet and peripheral vasodilating agent (both taken as presc.)

Drugs Coding Dx Statements

• 7. Bradycardia due to eating oleander leaves

• 8. Systemic hypocalcemia and hypodalemia due to using lye in housecleaning

• 9. Extrapyramidal disease due to attempted suicide by overdose of Thorazine six months ago

http://biology.clc.uc.edu/graphics/steincarter/florida/Oleander%20small.JPG
Homework

- Chapter 13 Review Exercises
  - Any 10 from 1 - 14 that most relate to your coding
- Chapter 14 Review Exercises
  - Any 10 from 1 - 14 that most relate to your coding
- Chapter 22 A Review Exercises
  - 1, 5, 8, 9, 10, 13, 14, 15
- Chapter 22 B Review Exercises
  - 1, 2, 3, 8, 9, 10, 13, 14

First Webinar
Homework ANSWERS

- Chapter 1, Exercises 1.1 - 1.6 ODD
- Chapter 1, Review Exercise
  - Any 10 that most relate to your coding
- Chapter 3, Review Exercise
  - 7, 8, 11, 15, 16, 17, 18
Resources - General

• AAPC. ICD-10 hub. AAPC.
  • http://www.icd10hub.com/index.php
• AHIMA. ICD-10-CM/PCS
  • http://www.ahima.org/topics/icd10
• CMS Sponsored ICD-10 Teleconferences
  • http://cms.gov/Medicare/Coding/ICD10/CMS-Sponsored-ICD-10-Tel...HTML
• ICD-10 Articles and Coding Guidelines. G2N, Inc.
  • http://www.g2n.org/icd-10-articles.html
• CMS. ICD-10 Coding Basics 01/14/14. MLN Connects.
  https://www.youtube.com/watch?v=kCV6aFIA-Sc

Resources - General

CMS. ICD-10 Resources
• http://cms.gov/Medicare/Coding/ICD10/index.html
• Funny ICD-10 Codes - PART 1. Target Coding
  • https://www.youtube.com/watch?v=_U7GWbYUM6c
• GA Dept. of Community Health.
  • ICD-10 - Documentation Improvements for Clinical Staff (Part 4 of 4). 56 minutes
    https://www.youtube.com/watch?v=x1KnUijxWRE
• ICD-10-CM Official Guidelines for Coding and Reporting (current ed.)
  • http://www.cdc.gov/nchs/icd/icd10cm.htm
Resources - General

• ICD-10 For Coders & Clinical Staff - Part 3 of 4
  https://www.youtube.com/watch?v=9s0PA4tG8Ng
• Just Coding. Free Quiz Archive.
  • http://www.justcoding.com/free-quizzes
• Top 100 Inpatient ICD-9 Codes Mapped to ICD-10. Online .pdf file

• Understanding the ICD-10 Code Structure
  http://www.webpt.com/blog/post/understanding-icd-10-code-structure
• 3M ICD-10 Coding Contest Archives.
  http://3mhealthinformation.wordpress.com/category/3m-coding-contest/

Resources - Digestive

• GERD yourself for coding digestive diseases in ICD-10-CM.
  HIM-HIPAA Insider, March 18, 2013
Resources - Drugs

• Mayo Clinic
  • http://www.mayoclinic.com/health/drug-information/DrugHerbIndex

• Medicinenet.com
  • http://www.medicinenet.com/medications/article.htm

• MedlinePlus
  • http://www.nlm.nih.gov/medlineplus/druginformation.html

Resources - Drugs

• NLM. NIH. Drug Information Portal.
  • http://druginfo.nlm.nih.gov/drugportal/drugportal.jsp

• PDRHealth. Drugs and Supplements.
  • http://pdrhealth.com/drugs/drugs-index.aspx
Resources - Respiratory


Wills, T. Pink Puffers and Blue Bloaters: Coding for the Respiratory System in ICD-10-CM/PCS. NMHIMA Fall Coding Workshop-2013.

• Zeller. C. L., ICD-10 Corner: Proper Documentation of Ventilator Associated Pneumonia.

Resources – Chapter 19


• Glasgow Coma Scale. Russ Rowlett, UNC-Chapel Hill.
  • [http://www.unc.edu/~rowlett/units/scales/glasgow.htm](http://www.unc.edu/~rowlett/units/scales/glasgow.htm)
Resources – Chapter 19

• Maguire, N. ICD-10 Training Camp: Chapter 19 - Injury, Poisoning and Certain Other Consequences of External Causes (S00-T88). August 18th, 2011.

• Maxillary and Periorbital Fractures. 2004. Grand Rounds Presentation, UTMB, Dept. of Otolaryngology

• Zeisset, Ann. "Coding Injuries in ICD-10-CM."

Questions ???

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Thank You!