ICD-10 CM Case studies for Circulatory System and Hypertension

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By attending this workshop, participants will

- Apply Circulatory system-related general coding guidelines by completing exercises and case studies for requested heart conditions
- Explain related ICD-10-CM documentation requirements

Book for 2015 Sessions

- Basic ICD-10-CM/PCS Coding
  - Schraffenberger, Lou Ann
  - AHIMA AC200512
- Chapter 12 Diseases of the Circulatory System
- 2012 Webinars – Brain A&P, Patho
Basic ICD-10-CM Coding Steps

- ID all main terms in dx statement
- ID all modifiers (subterms) in dx statement
- Locate main term(s) in AI (disease, condition)
- Locate subterm(s) (site, etiology, clinical type)
- Follow any cross-references if not under 1st code
- Verify tentative code in TL
- Follow any instructions
- Assign codes to highest level of specificity

Vascular Diagnoses

- Aneurysm
- CVA/TIA
- HTN
- Peripheral Vascular Disease

Aneurysm

Weak area of artery wall where diseased tissue does not stretch/contract well, causing localized enlargement

Diameter of enlargement = aneurysm or not.

Permanent dilation of 4 cm = aneurysm
Smaller dilation = described as bulging, ballooning, or dilated.

Aneurysm if permanent enlargement 1.5+ times greater than normal size
Aneurysm Coding

- Described by location, size, and shape.
  - Shapes include:
    - Fusiform = Enlarged equally in all directions
    - Saccular = Bulge/sac occurs on only one side
- Coded by Etiology, Location, Dissected, Ruptured

<table>
<thead>
<tr>
<th>Aneurysm (arterial) (circumferential) (false) ( fusiform) (image) (multiple) (saccular)</th>
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</thead>
<tbody>
<tr>
<td>abdominal (aortic) (71.1)</td>
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<tr>
<td>arch (71.1)</td>
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<tr>
<td>aorta, aortic (nonaneurysm) (71.1)</td>
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<tr>
<td>dissected (71.1)</td>
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<tr>
<td>ruptured (71.1)</td>
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Aneurysm Code

- **171.0** Aneurysm of carotid artery

- **171.1** Aneurysm of artery of upper extremity

- **171.2** Aneurysm of renal artery

- **171.3** Aneurysm of iliac artery

- **171.4** Aneurysm of artery of lower extremity

- **171.5** Aneurysm of other specified arteries

- **171.9** Aneurysm of unspecified site

- **172.0** Aneurysm of carotid artery

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- **172.4** Aneurysm of artery of lower extremity

- **172.5** Aneurysm of other specified arteries

- **172.9** Aneurysm of unspecified site

- **967.9** Dissection of cerebral arteries, nonruptured

- **967.1** Cerebral aneurysm, ruptured

Dissection

- Tearing of inner layer of vessel
  - Blood leaks between inner and outer layers
    - S&S include severe back or chest pain, pallor, pulselessness, paresthesiae, and paralysis
  - Dissecting NO longer subterm under Aneurysm main term in ICD-10-CM AI
- When pt has dissecting aneurysm = 2 codes
  - One for dissection and one for aneurysm
CerebroVascular Disease

Includes all disorders in which an area of brain temporarily or permanently affected by ischemia OR bleeding and one or more of cerebral blood vessels are involved in pathological process.

Cerebrovascular disease includes
- Stroke
- Carotid stenosis
- Vertebral stenosis
- Intracranial stenosis
- Aneurysms
- Vascular malformations

Cerebrovascular Disease

- I60-I62: Non-traumatic intracranial hemorrhage (i.e., spontaneous subarachnoid, intracerebral, or subdural hemorrhages)
- I63: Cerebral infarctions (i.e., due to vessel thrombosis or embolus)
- I65-I66: Occlusion and stenosis of cerebral or precerebral vessels w/o infarction
- I67-I68: Other cerebrovascular diseases
- I69: Sequelae of cerebrovascular disease (late effect)
- NOT TIAs (G45) pp. 207-210

Cerebral vs. Precerebral Arteries

- ICD-10-CM has distinction
- Precerebral arteries include
  - Vertebral, basilar, and carotid arteries and their branches
- Cerebral arteries include
  - Anterior, middle, and posterior cerebral arteries and their branches

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Cerebrovascular Disease Coding

- I60-I69 more specific than ICD-9-CM
  - Includes codes for
    - Nontraumatic cerebrovascular hemorrhage
    - Cerebral infarction
    - Due to various types of occlusion or stenosis
  - Increased specificity
    - Type of cerebrovascular disease
    - Location of disease

Sequela/e of CerebroVascular Disease

- I69, Sequelae of cerebrovascular disease.
  More specific about cause
  - Laterality and
  - Type of cerebrovascular disease

- Documentation Needs
  - Focus documentation on
    - Specific type of hemorrhage or infarction
    - Artery affected
    - Laterality
    - Occlusions or stenosis to an artery and laterality

CerebroVascular Accident (CVA)

- AKA = Stroke, Brain Attack, Cerebral Infarction
- 2 major types
  - Ischemic stroke
    - Block by clot (thrombotic OR embolic
  - Hemorrhagic stroke
    - Aneurysm
    - Arteriovenous malformation (AVM)
    - HTN
    - Blood Thinners (Coumadin)
CVA Sequelae

- I69 - Need documentation of
  - Type of stroke that caused sequelae (hemorrhagic vs. occlusive)
  - Residual condition itself
  - Ex: I69.01 = cognitive deficits after nontraumatic subarachnoid hemorrhage

- Current CV disease AND deficits from old CV disease can be coded when both exist
- Z86.73 = Hx CV disease w/o any neurologic deficits

CVA Sequelae

- I69 = conditions classifiable to categories I60-I67 as causes of sequelae
  - Include neurologic deficits persisting after initial onset of conditions classified to I60-I67
  - I69 codes specifying hemiplegia, hemiparesis and monoplegia ID if dominant or non-dominant side affected
  - When affected side documented but NOT IDed as dominant/non-dominant, select as follows
    - Ambidextrous patients, default = Dominant
    - Left side affected, default = Non-dominant
    - Right side is affected, default = Dominant

Intracranial Hemorrhages

- Subdural
  - Acute, subacute, or chronic
- Extradural
- Unspecified

http://www.virtualmedstudent.com/links/neurological/subdural_hematoma.html
Transient Ischemic Attack (TIA)

- Temporary loss of blood flow to area in brain.
- ICD-10-CM = Nervous system disease
- G45 =
  - G45.0 Vertebro-basilar artery syndrome
  - G45.1 Carotid artery syndrome
  - G45.2 Multiple and bilateral precerebral artery syndromes
  - G45.8 Other transient ischemic attacks and related syndromes
  - G45.9 Unspecified transient cerebral ischemic attacks

No Neurologic Deficits

- When a patient has a history of cerebrovascular disease without any neurologic deficits, code
- Z86.73 (personal history of transient ischemic attack, and cerebral infarction without residual deficits)

Non-Traumatic Intracerebral Hemorrhage

- ICD-9 code 431 maps to 9 ICD-10 codes
  - Brain stem
  - Cerebellum
  - Hemispheric (3 codes)
  - Intraventricular
  - Multiple localized sites
  - Other specified sites
  - Unspecified site


young woman 1 week post partum
Non-Traumatic Subarachnoid Hemorrhage

- Specific to site
- Requires documentation for:
  - carotid siphon or bifurcation
  - middle cerebral artery, anterior
  - communicating artery, posterior
  - communicating artery
  - basilar artery
  - vertebral artery or other specified intracranial artery
- AND
  - All sites must specify laterality (except basilar artery)

Cerebral Conditions Documentation

- Cerebral Infarction MUST include:
  - Due to thrombosis, embolism, occlusion, stenosis of specific artery
  - I63.131 Cerebral infarction due to embolism of right carotid artery
  - I63.512 Cerebral infarction due to stenosis of left middle cerebral artery
- Intracerebral hemorrhage MUST include:
  - Location of hemorrhage
  - Subcortical hemisphere, brain stem, cerebellum, etc.

Vascular Documentation

- Coders must differentiate terms when assigning I63-I65 codes
- Stenosis—narrowing of artery
- Occlusion—Complete/partial obstruction
- Thrombus—Solid mass of platelets or fibrin that forms and remains in blood vessel (stationary blood clot)
- Embolism—Blood clot that travels from site where formed to another location in body
I10, Essential (primary) hypertension
Includes high blood pressure, but NOT R03.0
I11, Hypertensive heart disease
I12, Hypertensive chronic kidney disease
I13, Hypertensive heart & chronic kidney disease
I15, Secondary hypertension
I97.3 Postprocedural hypertension

R03.0, Elevated blood pressure reading w/o diagnosis of hypertension

HTN in ICD-10-CM

- Primary hypertension – 9 codes
- Secondary hypertension – 5 codes
- Benign, Malignant or Unspecified terms removed from Essential Hypertension codes
- NO HTN Table in ICD-10-CM

HTN (I10)

- Assign code for hypertensive heart disease ONLY WHEN physician documents causal relationship between hypertension and heart disease
  - “Hypertensive,” “Due to HTN,” etc.
- Assign code for hypertensive chronic kidney disease whenever CKD and hypertension occur together, even if there is NO causal relationship documented

I.C.9.a.2. pp. 196-199
Hypertensive chronic kidney disease (I12)

- 2 codes needed
  - Combination code indicating pt has both HTN AND CKD
  - Code to ID CKD stage
- Z99.2 =
  - Hemodialysis status
  - Peritoneal dialysis status
  - Renal dialysis status NOS
  - Presence of arteriovenous shunt for dialysis

2ndary HTN - I15

- I15.0, Renovascular hypertension,
- I15.1, Hypertension secondary to other renal disorders,
- I15.2, Hypertension secondary to endocrine disorders,
- I15.8, Other secondary hypertension,
- I15.9, Secondary hypertension, unspecified.

2ndary HTN (I15)

- 2 codes needed to code 2ndary hypertension
  - Underlying cause
  - I15 code to ID 2ndary hypertension
  - Sequencing dependent on circumstances of admission/encounter
    - Exception: I15.8, Other 2ndary hypertension. Because this is "other" code, "other" condition must be coded 1st.
  - Ex: HTN due to systemic lupus erythematosus
    - M32.10, I15.8
Tobacco use and HTN
All HTN codes require add’ code if pt current/former tobacco user
- Current User
  - F17. Nicotine dependence
  - F17.20. Unspecified
  - F17.21. Cigarettes
  - F17.22. Chewing tobacco
  - F17.29. Other tobacco product
- Dr. does not document that patient using tobacco is “dependent.”
- code for tobacco use (Z72.0)
- Required 6th character for F17 codes
  - 0, uncomplicated
  - 1, in remission
  - 3, with withdrawal
  - 8, with other specified nicotine-induced disorder
  - 9, with unspecified nicotine-induced disorder

Tobacco Exposure
- Occupational and environmental exposure to tobacco coded if provider believes influencing patient’s health status.
- Z57.31, Occupational exposure to environmental tobacco smoke,
- Z72.0, Problems related to lifestyle, tobacco use,
- Z77.22, Exposure to environmental tobacco smoke (includes second-hand smoke exposure and passive smoking),
- Z87.891, Personal history of nicotine dependence.

Tobacco Personal Hx vs In Remission
- Z87.891, Personal history of nicotine dependence
  - Patient’s condition no longer exists
  - NOT being treated
  - BUT has potential to recur and, therefore,
  - May require continuous monitoring
- F17.211, Nicotine dependence, cigarettes, in remission
  - IF patient actively using product to stop smoking:
  - Once patient ceases using product, up to provider to determine when patient’s status would move from “in remission” to “personal history of.”
HTN Coding Examples

• Ex 1: Pt has malignant HTN and ESRD
  • I12.0 Hypertensive chronic kidney disease with stage V chronic kidney disease or end stage renal disease
  • N18.6 End stage renal disease

• Ex 2: Pt has acute diastolic heart failure due to HTN with stage 5 CKD.
  • I13.2 Hypertensive heart and renal disease with both heart failure and chronic renal failure
  • N18.5 Chronic kidney disease, stage 5
  • I50.31 Acute diastolic (congestive) heart failure

HTN Coding Examples

• Ex 3: 55-y-o female, has had blood pressure readings between 130–135/80–85 for several years. At her annual examination, her blood pressure recorded as 144/92 and 142/90. Doctor discussed w/her importance of following up & scheduled another appointment for 2 weeks later. She again has several readings above 140/90.
  • Doctor documents progression from prehypertension (R03.0) to essential hypertension (I10)

Peripheral Vascular Disease

http://www.heart.org/idc/groups/heart-public/@wcm/@hcm/documents/downloadable/ucm_300323.pdf
PVD

- AKA
  - Arteriosclerosis obliterans
  - Arterial insufficiency of the legs
  - Claudication
  - Intermittent claudication
- Usually in veins and arteries
  - Supplying arms, legs
  - Organs below stomach
- PAD (Arterial) = Only in arteries
  - Most common form of PVD
  - 12-20% of people over age 65 have PAD

Phlebitis & Thrombophlebitis (I80)

- All sites have codes
- BUT, only LE have specific codes for
  - Superficial OR deep AND
  - Specific codes for veins
    - Greater saphenous
    - Lesser saphenous veins
    - Femoropopliteal vein
- Laterality required

Acute Pulmonary Embolism

- In ICD-10–CM need specificity to ID PE
- After infusion, transfusion, or therapeutic injection
- Following procedure of artery or vein
- Of cardiac prosthesis
- Of vascular prosthesis
- OR
- With or without acute cor pulmonale
Varicose Veins
• Laterality required
• with/without inflammation
• Site of ulceration required when present
• Add’l codes assigned for severity of ulcer when present (L97.-)

Coding Cases
ICD-10-CM Circulatory System, except cardiac

Aneurysm Case 1
• A patient with a 5.5-cm isolated right common iliac artery aneurysm presents for endovascular therapy.

http://heart.uvahealth.com/services/vascular/iliac-aneurysm
Aneurysm Case 1 – AI & TL

Aneurysm of aorta (saccular)” (171.0)  - iliac (common) (ruptured) (172.3)

Aneurysm of iliac artery

Excludes: acquired aneurysm (171.0)  - iliac (common) (ruptured) (172.3)
- renal aneurysm of iliac artery (177.1)
- dissection of iliac artery (177.9)
- iliac artery aneurysm (177.72)
- iliac artery aneurysm (177.73)
- iliac artery aneurysm (177.74)

Aneurysm Case 2

• A 72-y-o hypertensive man presents with 12-hr history of severe & acute abdominal pain, radiating to L flank, followed by collapse. On arrival in ED, he appears pale, sweaty, and is tachycardic but normotensive. His pain persists. Thought to have renal colic and sent for CT kidneys, ureters, and bladder (KUB) which shows ruptured aortic aneurysm.

Aneurysm Case 2 - Al

CVA Case 1

- Pt was admitted to hospital with slurred speech, facial droop, and change in mental status. Testing revealed acute embolic cerebral infarction. While hospitalized, patient received treatment for HTN and hyperlipidemia. Due to patient’s inability to swallow, PEG tube was placed. D/C Dx: Embolic CVA with cognitive deficit, facial droop and oropharyngeal dysphagia; Hypertension; Hyperlipidemia. Patient is now being admitted to SNF with orders for PT, OT, and ST, tube feedings. Med orders include Plavix, Hytrin, and Lipitor.
The patient is referred for home care after suffering an intracerebral hemorrhage due to uncontrolled hypertension. Deficits include aphasia and left-sided hemiplegia. The patient has a 30-pack-year history of smoking but quit 10 years ago. Nursing, PT, OT and ST are ordered.
Dementia Case

72-y-o pt was recently discharged from the hospital where he was treated for uncontrolled hypertension due to inability to take prescribed medications. While there he was diagnosed with Alzheimer’s dementia. He is not experiencing behavioral changes, and is now admitted to home care for physical therapy and skilled nursing for safety and medication teaching.
**Dementia Case - TL**

**T46** Poisoning by adverse effect of and/or underdosing of agents primarily affecting the cardiovascular system

Excludes1: poisoning by adverse effect of and/or underdosing of methanol (T44.4)

The appropriate 5th character is to be added to each code from category T46

A: initial encounter

D: subsequent encounter

**T46.9** Poisoning by adverse effect of and/or underdosing of other antipsychotic drugs

Excludes2: poisoning by adverse effect of antipsychotic drugs (T44.1 - T44.5)

Excludes3: poisoning by adverse effect of antipsychotic drugs (T44.6 - T44.9)

**T46.92** Poisoning by adverse effect of and/or underdosing of other antipsychotic drugs

**T46.93** Poisoning by adverse effect of and/or underdosing of other antipsychotic drugs

**T46.94** Poisoning by adverse effect of and/or underdosing of other antipsychotic drugs

**T46.95** Poisoning by adverse effect of and/or underdosing of other antipsychotic drugs

**G30.9**

**F02.80**

**I10**

**T46.5x6D**

**Z91.138**

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**Dementia Case – TL**

**Z91.13** Patient’s unintentional underdosing of medication regimen

**Code first**: underdosing of medication (T32.792) with fifth character 9

**Excludes**: adverse effect of prescribed drug taken as directed - code to adverse effect poisoning (overdose) - code to poisoning

**Z91.130** Patient’s unintentional underdosing of medication regimen due to age-related delirity

**Z91.138** Patient’s unintentional underdosing of medication regimen for other reasons

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**Break Time**

- Fluid Exchanges

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HTN Case 1

• Patient admitted & treated for following diagnosis
• Stage 5 chronic kidney disease with acute on chronic systolic congestive heart failure (CHF) due to hypertension
• Documentation = Hypertensive heart disease with CKD = I13.
  - I.C.9.a.3 p. 190

HTN Case 1 - Al

Failure, failure
- heart (acute) (syringe) (H50.9)
  - with
    - acute pulmonary edema — acute failure, ventricular left
    - decompensation — acute failure, heart, congestive
      - dist — acute failure, heart
      - atherosclerotic (H70.9)
      - ischemic (I25)
      - combined left right — I50.9
      - complicated
        - myocardial, acute (H51.9)
        - coronary artery disease (H70.9)
        - renal dysfunction (H56.8)
        - with myocardial infarction (I21.9)
        - with organic heart disease

HTN Case 1 - Al

Hypertension, hypertension (accelerated) (benz) (essential) (idiopathic) (malignant) (sys) 110
- heart (disease) (conditions in I51.4, I51.9 due to hypertension) I11.9
  - with
    - heart failure (congestive) I11.0
    - kidney disease (chronic) — see Hypertension, cardiorenal

- cardiorenal (disease) I13.10
  - with heart failure I13.0
    - with stage 1 through stage 4 chronic kidney disease I13.0
    - with stage 5 or end stage renal disease I13.2
    - without heart failure I13.10
    - with stage 1 through stage 4 chronic kidney disease I13.10
    - with stage 5 or end stage renal disease I13.11

FINALLY!
I would try to find out if pt on Dialysis
HTN Case 2

- 55-y-o black female seen for hypertension (I10) for past 5 years. At most recent office visit, comprehensive metabolic profile performed. All values within laboratory reference range except BUN and creatinine. Lab calculated her eGFR at 40 (mL/min/1.73m²). Repeat testing produced a similar result.
- Diagnosis: Stage 3 Chronic hypertensive kidney disease
HTN Case 2, part 2

- 55-y-o black female in previous case presents to office w/some pedal edema, and on examination Doctor also detects some mild crackles in base of her lungs. EKG interpreted as mild systolic heart failure. Her eGFR has remained stable.

- Dx: Hypertensive heart failure; Stage 3 chronic kidney disease
- I13.0, I50.21, N18.3

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HTN Case 2, part 2 - AI

http://www.pennmedicine.org/encyclopedia/m_PrintArticle.aspx?gcid=003104

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HTN Case 2, part 2 - TL

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HTN & Underdosing

- Patient with diagnosis of hypertension continued to experience elevated blood pressure while taking blood pressure meds. Upon patient interview, it was found the patient was taking medication once daily instead of twice daily because of cost of drug.
- I10, T46.5x6D, Z91.120

Diabetic Angiopathy

- Patient admitted to home health after suffering a CVA with hemiparesis of right side, dysphagia of oral phase and stuttering. Nursing, PT and ST will see the patient. Co-morbidities of hypertension, diabetes with angiopathy, and well-controlled emphysema are documented. Patient takes insulin and recently has been started on Coumadin. PT/INRs will be monitored. The focus of care is the CVA with hemiparesis.
Diabetic Angiopathy – TL

- I69.351
- I69.391
- R13.11
- I69.323
- I10
- E11.51
- J43.9
- Z79.4
- Z79.01
- Z51.81

Central Venous Cath Case

- Pt had implantable vascular access device placed 7 weeks ago for chemotherapy administered each week in ambulatory services department. Full cycle now complete and access is no longer needed. Physician surgically removed centrally tunneled central venous catheter in AS dept. No services for the carcinoma of sigmoid colon provided. Cancer not resected yet; chemo administered to shrink tumor before surgery.
A patient's initial injury was a cat bite on her left hand. When her wound became infected, she was referred to home health for IV antibiotics. The PICC line also became infected. MRSA has grown out of the PICC line. Other diagnoses include diabetes, CHF, HTN, CAD and she has an implanted cardiac defibrillator.
DVT and Ulcer Case 1

A 57-year-old patient was referred to home health for wound care to a stage 3 pressure ulcer on her right buttock. She is morbidly obese; she has a documented BMI of 41, and she stays in bed most of the time. She had a Greenfield filter inserted four years ago after she was diagnosed with a chronic DVT of her right upper leg, following a fem-pop bypass, due to severe PVD. As a result of her chronic DVT and immobility, she is on chronic anticoagulant therapy and the agency will also be obtaining PT/INR levels.
DVT and Ulcer Case 1 - AI

- L89.313
- I73.9
- I82.5Y1
- E66.01
- Z68.41
- Z51.81
- Z79.01


PVD and Ulcer Case 2

- Resident is admitted to nursing home for aftercare following hospitalization for acute osteomyelitis and gangrene due to chronic nonhealing stage III decubitus ulcer of R ankle. Antibiotic tx continued. Pt is type 1 diabetic w/peripheral vascular disease due to the diabetes. Pt also has stage IV chronic kidney disease, HTN, and is S/P L BKA. PMH also includes hypercholesterolemia and chronic alcoholism in remission.
- M86.171, I96, L89.513, E10.51, I12.9, N18.4, Z69.52, E78.0, F10.21
PVD and BKA Case

• Patient was trimming hedges and dropped the electric trimmer on his right foot, almost severing his foot at the ankle. The patient has a long history of diabetic PVD. The surgeon completed the amputation as a mid-calf (BKA) amputation and home health was ordered for amputation aftercare, including dressing changes.

PVD and BKA Case

• S98.021D
• E11.51
• Z48.01
• Z89.511
• W29.3xxD

http://www.gentili.net/amputations/bka.htm

PVD and Foot Amputation Case

• A patient was assessed by the home health agency for physical therapy due to abnormality of gait following amputation of the left foot and skilled nursing for assessment, teaching wound care and dressing changes once per week. The patient had a history of peripheral vascular disease, which necessitated the amputation.
PVD and Foot Amputation Case

- Z48.812
- I73.9
- Z89.432
- Z48.01

http://www.oandp.org/olc/lessons/html/200601-08/section_5.asp?fm coursesectionid=293ef028-8377-40f6-b89c-ab8d88830b6d

PVD and 2ndary DM

- Your patient has diabetic PVD, as a result of prolonged use of prednisone for his asthma. The focus of care is his diabetes.
- E09.51
- T38.0X5D
- J45.909
- Z79.52

Peripheral Venous Insufficiency

- Patient has multiple stasis ulcers on both ankles and both calves. One on his right ankle includes muscle necrosis — the others are limited to skin. All are infected with MRSA and VRSA. Care is directed at the ulcers, including wound care and IV administration for antibiotics.
PVI Case

- I87.2
- L97.313
- L97.321
- L97.211
- L97.221
- B95.62
- Z16.21
- Z45.2
- Z79.2


TIA Case

- A patient, type 2 diabetic w/neuropathy, developed weakness of left arm and leg. Pt brought to ED where he could speak but was unable to use L. arm and leg. Radiology tests scheduled. Pt completely recovered and able to ambulate with no neurological deficits w/in 24 hours. Due to complete recovery, it was determined that patient had experienced TIA. The patient was also treated for an intractable classical migraine.

TIA Case

- G45.9 Attack, attacks, transient ischemic (TIA)
- E11.40 Diabetes, diabetic (mellitus) (sugar), type 2, with, neuropathy
- G43.119 Migraine, classical – See Migraine, with aura Migraine, with aura, intractable
Sequelae TBI

- A 70-year-old man was in a car accident 2 years ago and suffered traumatic brain injury with subdural hematoma following loss of consciousness. He was driver and was involved in collision with another car. Since the accident patient has been in a SNF. He has recently been sent home and continues to need total care. He needs home care and all disciplines have been ordered. He has spastic hemiplegia of right non-dominant side and dysphagia, for which he has a PEG tube. His family requires teaching on care of the PEG tube.

Sequelae TBI

- G81.13
- R13.10
- S06.5x9S
- V43.52xS
- Z43.1

Sequela of Brain Injury

- Resident admitted to SNF from acute inpatient rehab facility following hospitalization for evacuation of acute subdural hematoma due to head trauma from fall at home to continue PT, SP and OT for residuals of mild memory disturbance and gait ataxia.
Sequelae of Brain Injury

- S06.5X9D
- R26.0
- R41.3
- Z91.81

http://www.first-aid-course.info/

Arterial Ulcer

- A 75-year-old woman comes to home health after developing an ulcer on her calf, which her physician diagnosed as caused by atherosclerosis. The clinician documents that the ulcer is on her right leg, measures two millimeters in depth and four millimeters in diameter, and that it has gone beyond the skin layers into the patient's fatty tissue. The patient is also diabetic and has hypertension. The nurse also documents that while the patient has never smoked, her husband has been a smoker for 35 years, and continues to smoke. Home health will provide wound care.

Arterial Ulcer

- I70.232
- L97.212
- E11.9
- I10
- Z77.22

http://no-smoke.org/images/24_Scent_30sht.jpg
A 79-year-old woman is admitted to home care for wound care of an infected, non-healing stasis ulcer on her right ankle that has exposed the fat layer. The stasis ulcer is a result of varicose veins and is infected with Methicillin resistant staphylococcus aureus. She will require IV antibiotics.

Assignments

• Code 5 of the 9 uncoded Case Studies.
• Answers will be provided in next Webinar.
Aneurysm Resource


CerebroVascular Resources

- ICD-10-CM coma, stroke codes require more specific documentation. HCPro.

HTN Resources

- Mathews, T. E. Hypertension: Cross Walking Between ICD-10-CM and ICD-9-CM. CODEWRITE, 12/13. AHIMA.
Cardiac Resources

- A Closer Look: Documentation and Coding for Cardiac Conditions. Blue Cross Blue Shield of Illinois.

Circulatory System Resources


  - http://www.hcpro.com/content/276543.pdf

TIA Resource

- Gray, L. Reclassification of Codes for Transient Cerebral Ischemia. ICD10 Monitor. 7/9/2013