ICD-10 Reference Guide: Nephrology and Urology

ICD-10 General Overview

**ICD-10-CM**

- Acute, Subacute, and Chronic
  - ICD-10-CM can accommodate more specificity when describing acute, subacute, and chronic conditions
  - Some conditions may meet both acute and chronic criteria and should be documented as such

**Anatomic Site/Location**

- More detail in terms of location of injury/condition
- Document precisely where injury/condition occurs
- Read through ICD-10-CM descriptions to understand the type of clinical detail that is required

**Laterality**

- Left
- Right
- Bilateral
- Multiple Locations (if applicable)

**Signs/Symptoms**

- Documentation of signs/symptoms continue to be acceptable when there is no definitive diagnosis identified by physician
- Document to highest degree of specificity (e.g. severity, acute vs chronic)

**Type of Encounter (Episode of Care)**

- Initial encounter
- Subsequent encounter
  - Active phase of treatment/receiving routine care during period of healing/recovery
  - Healing – routine vs delayed
  - Complications – nonunion or malunion
- Sequela
  - Complications or conditions that arise as direct result of an injury

**ICD-10-PCS**

- How did you gain access to the procedure site?
  - Incision
  - Open
  - Natural Orifice/Artificial Opening (Mouth, Vagina, Ostomy, Urethra, etc.)
  - Scope
  - Needle
  - Directly on the Skin

**Anatomic Site/Location**

- Specify exact site of procedure to ensure accurate coding
- Some procedure codes cannot be identified (by coding staff) without the exact site/location being documented

**Intent**

- Be clear in documentation as to what procedure(s) are performed

**Other Helpful Hints**

- Insufficiencies vs Failure
  - Insufficiency adds no severity of illness
  - State Failure when appropriate
- Post-Operative Complications
  - Reserve “Post-Op” verbiage to reflect a true complication of the procedure
- Links:
  - Symptoms to etiology
  - Home Meds to Applicable Diagnosis
  - Manifestations to etiology
- History & Physical (Current, updated, signed copy)
- Present on Admission
  - Documentation should reflect the onset
- Abnormal Lab Values
  - Document disease process

**Clinical Scenario**

73 y.o. female presented to the ER with hematuria and nausea with vomiting for 2 days. She developed an excruciating pain from her right lower back 1 hour ago that radiates toward her pubis. Abdominal CT shows bilateral hydronephrosis with stones seen in both ureters. She has a history of ureteral stones. Impression: bilateral hydronephrosis with stones in both ureters and acute kidney injury was seen with Creatinine 4.8 from a known baseline of 0.9. She had emergent bilateral cystoscopy and snare for removal of stones from the ureters bilaterally. She is now admitted to the hospital for careful IV hydration and monitoring for recovery of the acute kidney injury.

**CODING – DX**

N13.2  Hydronephrosis with renal and ureteral calculous obstruction
N17.9  Acute kidney failure, unspecified
Z87.442  Personal history of urinary calculi

**CODING – PCS**

0TC78ZZ  Exirpation of Matter from Left Ureter, Via Natural or Artificial Opening Endoscopic
0TC68ZZ  Exirpation of Matter from Right Ureter, Via Natural or Artificial Opening Endoscopic
# ICD-10 Reference Guide: Nephrology and Urology

**ICD-10-CM: NEPHROLOGY AND UROLOGY**

The following items should be documented (as appropriate) to allow complete coding under ICD-10-CM

## Circulatory System
- Acute Myocardial Infarction time is 4 weeks
- Link complications to Hypertension
- Systolic vs diastolic heart failure
- Left vs Right Heart Failure
- Rheumatic vs Non-Rheumatic Disease
- Atherosclerosis (Native Artery or Vein vs Graft)
- Cerebral Hemorrhage vs Infarction
  - Traumatic vs Non-Traumatic
  - Artery blocked or ruptured
  - Etiology

## Diabetes
- Type: Type 1, Type 2, Secondary (specify drug or chemical induced), Due to other condition (specify underlying disease)
- Link Manifestations/Complications with “due to …”
  - Neuropathy, Ophthalmic, Pregnancy, CKD
- Long Term Use of Insulin
- Presence of Insulin Pump

## Genitourinary System
- Primary vs Secondary Disease
- Stage of Chronic Kidney Disease
- Link Infectious Agent or Cause

## Infections
- Link infective organism & disease process

## Metabolic Disorders
- List Disorder
- Underlying/Accompanying Symptoms
- Hyper- and hypo-
  - Do not document ‹ or ‡

## Neoplasm
- Malignant vs benign, primary, secondary, in situ
- Detailed locations (overlapping sites vs different, distinct locations)
- Primary
  - Still active primary site
  - Previously removed/treated
  - Treatment status (current, completed, etc.)
- Metastatic
  - Location
  - Symptomatic
  - Current treatment course
- Leukemia – In remission or In relapse

## Nutritional
- Deficiencies (specify substance)
- Overweight vs Obesity vs Morbid Obesity (BMI value)
- Malnutrition
  - With or without complications
  - Mild, moderate or severe

## Skin
- Link infectious agent or cause to disease
- Pressure ulcer – Detailed site, laterality and Stage 1-4
- Non-pressure chronic ulcer – Site laterality and:
  - Skin breakdown
  - Fat layer exposed
  - Necrosis of muscle
  - Necrosis of bone
- Contact dermatitis – document reason

## Status of Disease
- Acute, Chronic, Intermittent, Recurrent, Transient
- Primary vs Secondary

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### Specialty Links

**General ICD-10**

World Health Organization - ICD-10 Interactive Self Learning Tool
# ICD-10 Reference Guide: Nephrology and Urology

## Common Co-Morbid Conditions

### Anemia
- Etiology/Type
  - Vitamin/Iron Deficiency, Due to Chronic Disease, Pernicious, Sickle Cell
- Symptoms Related To …
  - Due to Chronic Disease (name disease)
    - Autoimmune, Cancer, CKD, Liver Cirrhosis, HIV/AIDS, Hepatitis
- Acquired vs hereditary hemolytic anemia
- Cause of aplastic anemia

### Angina
- Avoid using term “Acute Coronary Syndrome/ACS”
- Stable vs Unstable or New Onset
- Supply Causes, state “due to …”
  - CAD, aortic stenosis, hypertrophic cardiomyopathy, pulmonary artery hypertension
- Demand Causes, state “due to …”
  - Anemia, tachyarrhythmia (name it), thyrotoxicosis, shock (name it)
- Document spasm, when present

### Benign Prostatic Hypertrophy (BPH)
- Link Symptoms to Syndrome (Weak Urine Stream, Difficulty Starting Urination, Unable to Empty Bladder)

### Chronic Kidney Disease (CKD)
- Stage 1-5
- ESRD
- Etiology (Hypertension, Diabetes)

### Cerebral Vascular Accident (CVA)
- Current vs Old
- Artery Impacted
  - Laterality (where applicable)
- Occlusion vs Stenosis
- Post-procedural
- Specify Additional Symptoms “Due To” Drugs
  - Tremors, Tics, etc.
- Traumatic Injury
  - Episode of Care (Initial, Subsequent, Sequela)

### Congestive Heart Failure (CHF)
- Specify:
  - Acute vs Chronic vs Both
- Systolic and/or Diastolic Dysfunction
- For Acute, state “due to …”
  - Non-compliance, Afib with RVR, Ischemia (USA, AMI), Hypertensive Crisis, Other (name it)
- For Chronic, state “due to …”
  - CAD (ischemic cardiomyopathy), HTN (hypertensive heart disease), Specify other cause of cardiomyopathy
- A document EF is not a diagnosis of heart failure, need verbiage in medical record to support

### Diabetes Mellitus (DM)
- Type
  - Type 1, Type 2, Secondary (specify drug or chemical induced), Due to other condition (specify underlying disease)
- Link Manifestations/Complications with “due to …”
  - Neuropathy, Ophthahmic, Pregnancy, CKD
- Long Term Use of Insulin
- Presence of Insulin Pump

### Decubitus Ulcers
- Location – Stage (1-4, Unstageable, Unspecified)
- Laterality

### Nutritional
- Deficiencies (Specify substance)
- Overweight vs Obesity vs Morbid Obesity (BMI value)
- Malnutrition
  - With or without complications
  - Mild, moderate or severe

### Pneumonia
- Type (Aspiration, Bacterial, Virus)
- Identify causative organism

### Seizure
- Seizure disorder = Epilepsy
- Seizure = single even to yet-to-be diagnosed

### Urinary Tract Infections (UTI)
- Location
  - Bladder, Kidney, Urethra
- Identify Infectious Agent
- Complicating Pregnancy
  - Specify Trimester Where Condition Began

### Chronic Obstructive Pulmonary Disease (COPD)
- Identify Underlying Condition
  - Asthma, Chronic Bronchitis, Emphysema
- Exacerbation/ Decompensation
- Identify Acute Infections