
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
  - Actively receiving treatment
- 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

Access

- 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

The 28 week old baby boy born via SVD BW 950 grams now day of life #4 who is critically ill and requiring NICU care for management of RDS, hypotension, suspected sepsis, and need for parenteral nutritional support. He had a spontaneous large bowel perforation and required laparoscopic placement of a Penrose drain. Exam shows he is alert, well perfused on conventional mechanical ventilation for 85hrs via endotracheal tube improving. He continues to receive NS boluses and is on dopamine at 10 mcg to improve his perfusion and blood pressure. Percutaneous insertion of PICC line in right axillary vein. Will adjust TPN to 120ml/kg/day to better meet nutritional needs.

CODING – DX

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z38.00</td>
<td>Single liveborn infant, delivered vaginally</td>
</tr>
<tr>
<td>P22.9</td>
<td>Respiratory distress syndrome of newborn</td>
</tr>
<tr>
<td>A41.9</td>
<td>Sepsis, unspecified organism</td>
</tr>
<tr>
<td>P78.0</td>
<td>Perinatal intestinal perforation</td>
</tr>
<tr>
<td>I95.9</td>
<td>Hypotension, unspecified</td>
</tr>
<tr>
<td>P74.0</td>
<td>Late metabolic acidosis of newborn</td>
</tr>
<tr>
<td>P07.03</td>
<td>Extremely low birth weight newborn, 750-999 grams</td>
</tr>
<tr>
<td>P07.31</td>
<td>Preterm newborn, gestational age 28 completed weeks</td>
</tr>
</tbody>
</table>

CODING – PCS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A1945Z</td>
<td>Respiratory Ventilation, 24-96 Consecutive Hours</td>
</tr>
<tr>
<td>6BH18EZ</td>
<td>Insertion of Endotracheal Airway into Trachea</td>
</tr>
<tr>
<td>0D9E40Z</td>
<td>Drainage of Large Intestine with Drainage Device, Percutaneous Endoscopic Approach</td>
</tr>
<tr>
<td>3E0336Z</td>
<td>Introduction of Nutritional Substance into Peripheral Vein, Percutaneous Approach</td>
</tr>
<tr>
<td>05H733Z</td>
<td>Insertion of Infusion Device into Right Axillary Vein, Percutaneous Approach</td>
</tr>
</tbody>
</table>

ICD-10-CM: PEDIATRICS – NEONATAL

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

### Anemia
- Etiology/Type
  - Vitamin/Iron Deficiency, Due to Chronic Disease, Pernicious, Sickle Cell, Prematurity
- 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

### 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
  - Artery blocked or ruptured
  - Etiology
  - Traumatic vs Non-Traumatic

### Congenital Anomalies/Developmental Delays
- Syndromes/genetic issues
  - Document additional anomalies if not part of standard definition
- Document as “history of” if repaired
- List Current Complications
- List any developmental delays and associated conditions

### Infections
- Link infective organism & disease process

### Nervous System
- Primary vs Secondary Disease & Etiology
- Presence of Intractable Disease
- Level and Type of Paralysis
- Drug name or type on drug-induced disorders
- Specific type of epilepsy
- Type of migraine and with or without aura
- Type of hydrocephalus
- Identify Congenital Abnormalities
- List concurrent complications “with …”

### Newborns (Birth to 28 Days of Life)
- Special series of codes for newborn conditions – not coded to same codes as over 28 days of life
- Affected by (or suspected to be affected by) maternal condition (specify condition)

### Nutritional
- Deficiencies (Specify substance)
- Overweight vs Obesity vs Morbid Obesity
  - BMI Value
  - % of Body Weight
- Malnutrition
  - Failure to Thrive (FTT)
  - Mild, moderate or severe
  - With or without complications

### Prematurity
- List weeks of gestation as birth
- Specify low birth weight, light for dates, small gestational age, etc.
- List all associated conditions due to premature birth status
- Affected by (or suspected to be affected by) maternal condition (specify condition)

### Respiratory System
- Exacerbation of Chronic Disease
- Asthma
  - Intermittent vs persistent
  - Mild, moderate, or severe
- Effects of tobacco use/exposure on respiratory system
- Respiratory Failure (specify etiology)
- Bronchiolitis
- Cystic Fibrosis (name manifestations)

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

### Vaccinations
- 1 diagnosis code for ALL vaccinations regardless of how many or which one is being administered

### Specialty Links

**General ICD-10**

World Health Organization - ICD-10 Interactive Self Learning Tool
**Anemia**
- **Etiology/Type**
  - Vitamin/Iron Deficiency, Due to Chronic Disease, Pernicious, Sickle Cell, Prematurity
- **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**

**Asthma**
- **Axis (Uncomplicated, Acute Exacerbation, Status Asthmaticus)**
- **Severity (Mild, Moderate, Severe, Other)**
- **Type (Intermittent, Persistent)**
- **Identify**
  - Obstructive Component
  - Hypoxemia or Hypercapnia (when appropriate)
- **Etiology**
  - Allergic, Atopic, Extrinsic, Allergic, Hay Fever, Idiosyncratic, Intrinsic Non-Allergic, Cough Variant, Exercise Induced

**Cerebral Palsy**
- Athetoid
- “Due to periventricular Leukomalacia
- Spastic
- Spastic Diplegia
- Spastic Quadriplegia
- Etc.

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

**Congenital Anomalies/Developmental Delays**
- Syndromes/genetic issues
  - Document additional anomalies if not part of standard definition
- Document as “history of” if repaired
- List Current Complications
- List any developmental delays and associated conditions

**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, Ophthalmic, Pregnancy, CKD
- **Long Term Use of Insulin**
- **Presence of Insulin Pump**

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

**Digestive System**
- Link complications to disease: Bleeding, perforation, fistula, abscess, obstruction, gangrene
- Hernia (unilateral vs bilateral)
- Constipation (slow transit or outlet dysfunction)

**Ear**
- Laterality
- Anatomical Specificity
- Identify External Cause (where applicable)
- Effects of tobacco use/exposure on ear disease
- Underlying Condition (where applicable)
- Otitis Media (serous, mucoid, nonsuppurative, suppurative)
- Detailed location of tympanic perforation
- Hearing Loss
  - Conductive vs sensorineural
  - Can document separate type for each ear

**Eye**
- Eyelid Impacted (upper vs lower)
- Laterality
- Cataract (age related, traumatic, or drug induced)
- Primary vs secondary disease

**Fractures and Dislocations**
- Traumatic vs Stress
  - Open vs Closed
  - Displaced vs Nondisplaced
- Degree of Healing (routine, delayed, nonunion, malunion)
- Pathological fracture with Osteoporosis
  - Age related vs other type
- Specify activity that resulted in fracture

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

**Infections**
- Link infective organism & disease process

Injuries (Cause)
- Mechanism
  - How it happened: *e.g. struck by a basketball*
- Place of Occurrence
  - Where it happened: *e.g. high school*
- Activity
  - What patient was doing: *e.g. playing basketball*
- External Cause Status
  - Military, civilian, work-related, leisure: *e.g. leisure*

Injuries (General)
- Type (Contusion, Laceration, Sprain/Strain, etc.)
- Episode of Care (Initial, Subsequent, Sequela)
- Detailed Location/Site
  - Brain, Ankle, Forearm, etc.
  - Head, Shaft, Proximal, Distal, individual body part, etc.
  - Tendon (flexor or extensor)
- Laterality (where applicable)
- Foreign Body (when present)

Musculoskeletal System
- Past infection, part trauma, other disease processes
- Link infectious agent or cause to disease
- Arthritis – Rheumatoid vs Osteoarthritis
- Primary, post-traumatic, or secondary disease
- Pathological Fracture due to:
  - Osteoporosis
  - Neoplastic Disease
  - Other Cause

Newborns (Birth to 28 Days of Life)
- Special series of codes for newborn conditions – not coded to same codes as over 28 days of life
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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
  - Current treatment course
  - State if in remission or in relapse

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  - BMI Value
  - % of Body Weight
- Malnutrition
  - With or without complications
  - Mild, moderate or severe
  - Failure to Thrive (FTT)

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

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

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 vs Chronic
- Intermittent
- Recurrent
- Transient

Urinary Tract Infections (UTI)
- Location
  - Bladder, Kidney, Urethra
- Identify Infectious Agent
- State if due to indwelling catheter

Vaccinations
- 1 diagnosis code for ALL vaccinations regardless of how many or which one is being administered