
### 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

Patient is an 11 year old boy with a 2 week history of headache with associated nausea and vomiting, primarily in the morning. He was evaluated 4 days ago at a clinic and treated with naproxen with minimal improvement. Symptoms progressively worsened and he developed confusion. He presents to the emergency room for evaluation. Exam shows him in no distress but with slight confusion. Neurologic exam shows visual field deficit on the right in the superior and inferior quadrants, but otherwise cranial nerves without deficit. No motor or sensory deficits. CT scan of the head reveals a large cystic left parietal mass concerning for tumor. Impression: Likely *primary pilocytic astrocytoma of the left parietal brain*, there is also a *partial vision loss in right eye*. Plan: Will image with MRI and plan for craniotomy and resection of the tumor in the morning.

**CODING – DX**

- C71.0 Malignant neoplasm of cerebrum, except lobes and ventricles
- H54.61 Unqualified visual loss, right eye, normal vision left eye
The following items should be documented (as appropriate) to allow complete coding under ICD-10-CM:

### 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

### 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

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

### Infections
- Link infectious 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)

### 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
  - Treatment status (current, completed, etc.)
- Metastatic
  - Location
  - Current treatment course
  - State if in remission or in relapse

### 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 and underlying etiology of hydrocephalus
- Chiari’s: Type (disease/syndrome, malformation, or net)
- Spasticity (identify location impacted)
- Identify Congenital Abnormalities
- List concurrent complications “with …”

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

### Spina Bifida/Myelomeningocele
- Level (cervical, dorsal, lumbar, lumbosacral, sacral, thoracic, thoracolumbar)
- Identify presence of hydrocephalus
- Identify any associated paraplegia (paraparesis) and level

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

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**Specialty Links**

**General ICD-10**

*World Health Organization - ICD-10 Interactive Self Learning Tool*
### Common Co-Morbid Conditions

#### 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
- **Athenoid**
- “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, Afb 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

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- **Link Manifestations/Complications with “due to …”**
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- **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**

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### 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**
- **Affected by (or suspected to be affected by) maternal condition (specify condition)**

### 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
  - State if in remission or in relapse

### 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 …”**

### Nutritional

- **Deficiencies (Specify substance)**
- **Overweight vs Obesity vs Morbid Obesity**
  - 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**

### 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)**

### 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**