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

Specialty Links

General ICD-10
World Health Organization - ICD-10 Interactive Self Learning Tool

Clinical Scenario

The patient is an 11 year old male with a diagnosis of central core muscular dystrophy. He presents for initial evaluation of his left knee that was injured last week when he turned while helping with light vacuuming at home and has dislocation of the left patella. He was placed into a knee immobilizer. This has occurred twice in the past to the left knee. On examination his stance reveals significant genu valgum bilaterally. The left knee is stiff without swelling, but there is tenderness to palpation over the medial facet. Impression: Muscular dystrophy, central core, with left patellar instability and genu valgum.

CODING – DX

S83.005A Unspecified dislocation of left patella, initial encounter
G71.0 Muscular dystrophy
M21.062 Valgus deformity, not elsewhere classified, left knee
M21.061 Valgus deformity, not elsewhere classified, right knee
M25.362 Other instability, left knee
Y93.E3 Activity, vacuuming
Y92.018 Other place in single-family (private) house as the place of occurrence of the external cause
### Arthritis
- **Type**
  - Primary, Secondary, Generalized (erosive), Post Traumatic
- **Etiology**
  - Osteoarthritis, Infective, Juvenile, Rheumatoid, etc.
- **Site Impacted**
  - Joint(s), Region(s)
- **Laterality (when applicable)**

### Cerebral Palsy
- **Athetoid**, **Spastic**, **Spastic Diplegia**, **Spastic Quadriplegia**, etc.
  - “Due to periventricular Leukomalacia”

### 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

### 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

#### Gustilo Classification – Open Fractures
- **Special Long Bones**
  - Femur
  - Ulna
  - Tibia
  - Tibia
  - Radius
- **Type I** – low energy, wound <1cm
- **Type II** – wound >1cm with moderate soft tissue damage
- **Type IIIA** – high energy wound >1cm with extensive soft tissue damage; adequate soft tissue coverage
- **Type IIIB** – high energy wound >1cm with extensive soft tissue damage; inadequate soft tissue coverage
- **Type IIIC** – high energy wound >1cm with extensive soft tissue damage; associated with arterial injury

### 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)
### 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
- **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

### Newborn (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

### 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