ICD-10 Reference Guide: Pulmonology and Pulmonary Critical Care

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

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

Intent
- 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

Other Helpful Hints
- Insufficiencies vs Failure
- Post-Operative Complications
- Links:
- History & Physical
- Present on Admission
- Documentation should reflect the onset

Clinical Scenario

CRITICAL CARE SCENARIO
Day 5 Progress Note: 36 year old male with long-standing insulin-dependent type 2 diabetes. The patient presents in DKA and septic shock due to acute pyelonephritis. He has developed acute kidney injury likely due to a combination of his compromised baseline renal function (baseline Cr 1.8). Skin examination has revealed the presence of a grade 4 sacral decubitus ulcer, which was present on admission. Patient has been intubated and on a ventilator for 5 days (Spo2 73% on 100% non-rebreather mask with respiratory rate of 28). Blood cultures positive for Staph aureus (Staph aureus sepsis) continue treatment with intravenous ciprofloxacin and vancomycin. Ongoing consultation with Plastics for decubitus, as well as use of Roto-bed.

CODING – DX
A41.01 Sepsis due to Methicillin susceptible Staphylococcus aureus
R65.21 Severe sepsis with septic shock
N17.9 Acute Kidney failure, unspecified
N10 Acute tubulo-interstitial nephritis
L89.154 Pressure ulcer of sacral region, stage 4
E13.10 Other specified diabetes mellitus with ketoacidosis without coma
Z79.4 Long term (current) use of insulin

CODING – PCS
5A1955Z Respiratory Ventilation, Greater than 96 Consecutive Hours
# ICD-10 Reference Guide: Pulmonology and Pulmonary Critical Care

## ICD-10-CM: PULMONOLOGY AND PULMONOLOGY CRITICAL CARE

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

### Infections
- Link infective organism & disease process

### 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
  - Symptomatic

### Respiratory System
- Exacerbation of Chronic Disease
- Asthma
  - Intermittent vs persistent
  - Mild, moderate, or severe
- Effects of tobacco use/exposure on respiratory system

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

## Specialty Links

**General ICD-10**
- [World Health Organization - ICD-10 Interactive Self Learning Tool](#)

**Pulmonology Critical Care**
- [Chestnet Guidelines and Resources/Payment Practice and Quality/Coding Regulations and Reimbursement ICD-10](#)
- [Chestnet Guidelines and Resources/Documents/Payment/Practice and Quality](#)
- [Cape Fear Valley ICD-10 Critical Care](#)
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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)

### 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

### 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