# ICD-10 | Clinical Concepts for Internal Medicine

## ICD-10 Clinical Concepts Series

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- Clinical Scenarios

ICD-10 Clinical Concepts for Internal Medicine is a feature of Road to 10, a CMS online tool built with physician input.

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ICD-10 Compliance Date: **October 1, 2015**

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# Common Codes

ICD-10 Compliance Date: **October 1, 2015**

## Abdominal Pain (ICD-9-CM 789.00 to 789.09 range)

| | |
|---|---|
| R10.0 | Acute abdomen |
| R10.10 | Upper abdominal pain, unspecified |
| R10.11 | Right upper quadrant pain |
| R10.12 | Left upper quadrant pain |
| R10.13 | Epigastric pain |
| R10.2 | Pelvic and perineal pain |
| R10.30 | Lower abdominal pain |
| R10.31 | Right lower quadrant pain |
| R10.32 | Left lower quadrant pain |
| R10.33 | Periumbilical pain |
| R10.84 | Generalized abdominal pain |
| R10.9* | Unspecified abdominal pain |

*Codes with a greater degree of specificity should be considered first.

## Acute Respiratory Infections (ICD-9-CM 462, 465.9, 466.0)

[Note: Organisms should be specified where possible]

| | |
|---|---|
| J02.8 | Acute pharyngitis due to other specified organisms |
| J02.9* | Acute pharyngitis, unspecified |
| J06.9* | Acute upper respiratory infection, unspecified |
| J20.0 | Acute bronchitis due to Mycoplasma pneumoniae |
| J20.1 | Acute bronchitis due to Hemophilus influenzae |
| J20.2 | Acute bronchitis due to streptococcus |
| J20.3 | Acute bronchitis due to coxsackievirus |
| J20.4 | Acute bronchitis due to parainfluenza virus |
| J20.5 | Acute bronchitis due to respiratory syncytial virus |
| J20.6 | Acute bronchitis due to rhinovirus |
| J20.7 | Acute bronchitis due to echovirus |
| J20.8 | Acute bronchitis due to other specified organisms |
| J20.9* | Acute bronchitis, unspecified |

*Codes with a greater degree of specificity should be considered first.

## Back and Neck Pain (Selected) (ICD-9-CM 723.1, 724.1, 724.2, 724.5)

| | |
|---|---|
| M54.2 | Cervicalgia |
| M54.5 | Low back pain |
| M54.6 | Pain in thoracic spine |
| M54.89 | Other dorsalgia |
| M54.9* | Dorsalgia, unspecified |

*Codes with a greater degree of specificity should be considered first.

## Chest Pain (ICD-9-CM 786.50 to 786.59 range)

| | |
|---|---|
| R07.1 | Chest pain on breathing |
| R07.2 | Precordial pain |
| R07.81 | Pleurodynia |
| R07.82 | Intercostal pain |
| R07.89 | Other chest pain |
| R07.9* | Chest pain, unspecified |

*Codes with a greater degree of specificity should be considered first.

## Diabetes Mellitus w/o Complications Type 2 (ICD-9-CM 250.00)

| | |
|---|---|
| E11.9 | Type 2 diabetes mellitus without complications |

## General Medical Examination (ICD-9-CM V70.0)

| | |
|---|---|
| Z00.00 | Encounter for general adult medical exam without abnormal findings |
| Z00.01 | Encounter for general adult medical exam with abnormal findings |

## Headache (ICD-9-CM 784.0)

| | |
|---|---|
| R51 | Headache |

## Hypertension (ICD-9-CM 401.9)

| | |
|---|---|
| I10 | Essential (primary) hypertension |

## Pain in Joint (ICD-9-CM 719.40 to 719.49 range)

| | |
|---|---|
| M25.511 | Pain in right shoulder |
| M25.512 | Pain in left shoulder |
| M25.519* | Pain in unspecified shoulder |
| M25.521 | Pain in right elbow |
| M25.522 | Pain in left elbow |
| M25.529* | Pain in unspecified elbow |
| M25.531 | Pain in right wrist |
| M25.532 | Pain in left wrist |
| M25.539* | Pain in unspecified wrist |
| M25.551 | Pain in right hip |
| M25.552 | Pain in left hip |
| M25.559* | Pain in unspecified hip |
| M25.561 | Pain in right knee |
| M25.562 | Pain in left knee |
| M25.569* | Pain in unspecified knee |
| M25.571 | Pain in right ankle and joints of right foot |
| M25.572 | Pain in left ankle and joints of left foot |
| M25.579* | Pain in unspecified ankle and joints of unspecified foot |
| M25.50* | Pain in unspecified joint |

*Codes with a greater degree of specificity should be considered first.

## Pain in Limb (ICD-9-CM 729.5)

| | |
|---|---|
| M79.601 | Pain in right arm |
| M79.602 | Pain in left arm |
| M79.603* | Pain in arm, unspecified |
| M79.604 | Pain in right leg |
| M79.605 | Pain in left leg |
| M79.606* | Pain in leg, unspecified |
| M79.609 | Pain in unspecified limb |
| M79.621 | Pain in right upper arm |
| M79.622 | Pain in left upper arm |
| M79.629* | Pain in unspecified upper arm |
| M79.631 | Pain in right forearm |
| M79.632 | Pain in left forearm |
| M79.639* | Pain in unspecified forearm |
| M79.641 | Pain in right hand |
| M79.642 | Pain in left hand |
| M79.643* | Pain in unspecified hand |
| M79.644 | Pain in right finger(s) |
| M79.645 | Pain in left finger(s) |
| M79.646* | Pain in unspecified finger(s) |
| M79.651 | Pain in right thigh |
| M79.652 | Pain in left thigh |
| M79.659* | Pain in unspecified thigh |
| M79.661 | Pain in right lower leg |
| M79.662 | Pain in left lower leg |
| M79.669* | Pain in unspecified lower leg |
| M79.671 | Pain in right foot |
| M79.672 | Pain in left foot |
| M79.673* | Pain in unspecified foot |
| M79.674 | Pain in right toe(s) |
| M79.675 | Pain in left toe(s) |
| M79.676* | Pain in unspecified toe(s) |

*Codes with a greater degree of specificity should be considered first.

## Other Forms Of Heart Disease (ICD-9-CM 427.31)

| | |
|---|---|
| I48.0 | Paroxysmal atrial fibrillation |
| I48.2 | Chronic atrial fibrillation |
| I48.91* | Unspecified atrial fibrillation |

*Codes with a greater degree of specificity should be considered first.

## URINARY TRACT INFECTION, CYSTITIS (ICD-9-CM 595.0 TO 595.4 RANGE, 595.81, 595.82, 595.89, 595.9, 599.0)

| | |
|---|---|
| N30.00 | Acute cystitis without hematuria |
| N30.01 | Acute cystitis with hematuria |
| N30.10 | Interstitial cystitis (chronic) without hematuria |
| N30.11 | Interstitial cystitis (chronic) with hematuria |
| N30.20 | Other chronic cystitis without hematuria |
| N30.21 | Other chronic cystitis with hematuria |
| N30.30 | Trigonitis without hematuria |
| N30.31 | Trigonitis with hematuria |
| N30.40 | Irradiation cystitis without hematuria |
| N30.41 | Irradiation cystitis with hematuria |
| N30.80 | Other cystitis without hematuria |
| N30.81 | Other cystitis with hematuria |
| N30.90 | Cystitis, unspecified without hematuria |
| N30.91 | Cystitis, unspecified with hematuria |
| N39.0* | Urinary tract infection, site not specified |

*Codes with a greater degree of specificity should be considered first.

# Primer for Internal Medicine Clinical Documentation Changes

## ICD-10 Compliance Date: **October 1, 2015**

Specifying anatomical location and laterality required by ICD-10 is easier than you think. This detail reflects how physicians and clinicians communicate and to what they pay attention - it is a matter of ensuring the information is captured in your documentation.

In ICD-10-CM, there are three main categories of changes:

- **Definition Changes**
- **Terminology Differences**
- **Increased Specificity**

Over 1/3 of the expansion of ICD-10 codes is due to the addition of laterality (left, right, bilateral). Physicians and other clinicians likely already note the side when evaluating the clinically pertinent anatomical site(s).

### ACUTE MYOCARDIAL INFARCTION (AMI)

#### Definition Change

When documenting an AMI, include the following:

| | |
|---|---|
| **1. Timeframe** | An AMI is now considered “acute” for 4 weeks from the time of the incident. |
| **2. Episode of care** | ICD-10 does not capture episode of care (e.g. initial, subsequent, sequelae). |
| **3. Subsequent AMI** | ICD-10 allows coding of a new MI that occurs during the 4 week “acute period” of the original AMI. |

### ICD-10 Code Examples

| | |
|---|---|
| I21.02 | ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery |
| I21.4 | Non-ST elevation (NSTEMI) myocardial infarction |
| I22.1 | Subsequent ST elevation (STEMI) myocardial infarction |

## HYPERTENSION

### Definition Change

In ICD-10, hypertension is defined as essential (primary). The concept of “benign or malignant” as it relates to hypertension no longer exists.

When documenting hypertension, include the following:

| | |
|---|---|
| **1. Type** | e.g. essential, secondary, etc. |
| **2. Causal relationship** | e.g. Renal, pulmonary, etc. |

### ICD-10 Code Examples

| | |
|---|---|
| I10 | Essential (primary) hypertension |
| I11.9 | Hypertensive heart disease without heart failure |
| I15.0 | Renovascular hypertension |

## ASTHMA

### Terminology Difference

ICD-10 terminology used to describe asthma has been updated to reflect the current clinical classification system.

When documenting asthma, include the following:

| | |
|---|---|
| **1. Cause** | Exercise induced, cough variant, related to smoking, chemical or particulate cause, occupational |
| **2. Severity** | Choose one of the three options below for persistent asthma patients<br>1. Mild persistent<br>2. Moderate persistent<br>3. Severe persistent |
| **3. Temporal Factors** | Acute, chronic, intermittent, persistent, status asthmaticus, acute exacerbation |

### ICD-10 Code Examples

| | |
|---|---|
| J45.30 | Mild persistent asthma, uncomplicated |
| J45.991 | Cough variant asthma |

## UNDERDOSING

### Terminology Difference

Underdosing is an important new concept and term in ICD-10. It allows you to identify when a patient is taking less of a medication than is prescribed.

When documenting underdosing, include the following:

| | |
|---|---|
| **1. Intentional, Unintentional,Non-compliance** | Is the underdosing deliberate? (e.g., patient refusal) |
| **2. Reason** | Why is the patient not taking the medication? (e.g.financial hardship, age-related debility) |

## ICD-10 Code Examples

| | |
|---|---|
| Z91.120 | Patient's intentional underdosing of medication regimen due to financial hardship |
| T36.4x6A | Underdosing of tetracyclines, initial encounter |
| T45.526D | Underdosing of antithrombotic drugs, subsequent encounter |

## DIABETES MELLITUS, HYPOGLYCEMIA AND HYPERGLYCEMIA

### Increased Specificity

The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system.

When documenting diabetes, include the following:

| | |
|---|---|
| **1. Type** | e.g. Type 1 or Type 2 disease, drug or chemical induces, due to underlying condition, gestational |
| **2. Complications** | What (if any) other body systems are affected by the diabetes condition? e.g. Foot ulcer related to diabetes mellitus |
| **3. Treatment** | Is the patient on insulin? |

A second important change is the concept of “hypoglycemia” and “hyperglycemia.” It is now possible to document and code for these conditions without using “diabetes mellitus.” You can also specify if the condition is due to a procedure or other cause.

The final important change is that the concept of “secondary diabetes mellitus” is no longer used; instead, there are specific secondary options.

### ICD-10 Code Examples

| | |
|---|---|
| E08.65 | Diabetes mellitus due to underlying condition with hyperglycemia |
| E09.01 | Drug or chemical induced diabetes mellitus with hyperosmolarity with coma |
| R73.9 | Transient post-procedural hyperglycemia |
| R79.9 | Hyperglycemia, unspecified |

## ABDOMINAL PAIN AND TENDERNESS

### Increased Specificity

When documenting abdominal pain, include the following:

| | |
|---|---|
| **1. Location** | e.g. Generalized, Right upper quadrant, periumbilical, etc. |
| **2. Pain or tenderness type** | e.g. Colic, tenderness, rebound |

### ICD-10 Code Examples

| | |
|---|---|
| R10.31 | Right lower quadrant pain |
| R10.32 | Left lower quadrant pain |
| R10.33 | Periumbilical pain |

# Clinical Scenarios

## ICD-10 Compliance Date: **October 1, 2015**

Quality clinical documentation is essential for communicating the intent of an encounter, confirming medical necessity, and providing detail to support ICD-10 code selection. In support of this objective, we have provided outpatient focused scenarios to illustrate specific ICD-10 documentation and coding nuances related to your specialty.

The following scenarios were natively coded in ICD-10-CM and ICD-9-CM. As patient history and circumstances will vary, these brief scenarios are illustrative in nature and should not be strictly interpreted or used as documentation and coding guidelines. Each scenario is selectively coded to highlight specific topics; therefore, only a subset of the relevant codes are presented.

## Scenario 1: Follow-Up: Kidney Stone

### Scenario Details

**Chief Complaint**

- Follow-up from encounter 2 days ago, review results of tests[1].

**History**

- 87 year old female with right lower back / flank pain (described as dull, achy and does not go away)[3], nausea, vomiting for 6 days. Daughter is present.
- Medical history significant for renal stones, diverticulitis, and Alzheimer's dementia[2].
- Patient lives with daughter who reports blood tinged urine.

**Exam**

- Patient was seen in office earlier with similar symptoms – blood in urine, pain.
- Increased tenderness in lower right flank area noted. Bladder mildly distended.
- VS normal, afebrile.
- Lab results reviewed; creatinine is 1.48. BUN is 32, both elevated from baseline. Urine results show gross blood without signs of infection.
- Chest film clear.

## Scenario 1: Follow-Up: Kidney Stone (continued)

**Assessment and Plan**

- Right renal calculi[3]. Reviewed laboratory evaluation results and CT results. Treatment options discussed with daughter and patient.
- Admit orders written to include nephrologist consult.
- IVF (NS) started in office.
- EMS called; patient was transported to the hospital.

### Summary of ICD-10-CM Impacts

**Clinical Documentation**

1. Documenting why the encounter is taking place is important, as the coder may assign a different code based on the type of visit and the intent (e.g., screening, with no complaint or suspected diagnosis, for administrative purposes). In this situation, the patient is consulting for an explanation of test findings from a previous visit but her clinical condition presents as a kidney stone.
2. If known be sure to specify the type of dementia. Also document any behavioral disturbances if present. Since the dementia is relevant to this patient's care and can affect the outcome of treatment it is coded.
3. There is no specific code for flank pain or abdominal wall pain. The flank pain should be coded to "other abdominal pain" since the pain is specific to a site location. In other clinical documentation presentations, lumbago or another code could be relevant. In this specific note, as the pain is associated with the underlying medical condition of the renal calculi, the pain codes are not listed per the official coding guidelines.

**Coding**

| ICD-9-CM Diagnosis Codes | | ICD-9-CM Diagnosis Codes | |
|---|---|---|---|
| 592.Ø | Calculus of kidney | N20.0 | Calculus of kidney |
| 331.0 | Alzheimer's disease | G30.9 | Alzheimer's disease, unspecified |
| V65.8 | Other reasons for seeking consultation | Z71.2 | Person consulting for explanation of examination or test findings |

**Other Impacts**

- Be sure to document the medical necessity of this visit in the history, assessment, and plan.
- With the implementation of ICD-10-CM reassess the data collection and documentation of the chief complaint as described by the patient, and recorded in the medical record.

# Scenario 2: Epigastric Pain

## Scenario Details

**Chief Complaint**

- "My chest has been burning for three days."

**History**

- 83 year old female with history of chronic left-sided congestive heart failure[1], well controlled, CAD, mild intermittent asthma, depression, type II diabetes[2], and GERD[4].
- Patient experiencing burning to center of chest and throat with some occasional nausea. She generally avoids spicy foods but ate Mexican meal with her friends 3 days ago. Took a friend's nitroglycerin SL tablet, but symptoms did not improve. Has been taking over-the-counter antacids to relieve symptoms.
- She finds that sleeping on three pillows lessons burning symptoms; symptoms worsen when sleeping on left side. Denies SOB or worsening of CHF symptoms. Notes bitter taste in mouth at times.
- Diabetes is well controlled with subcutaneous insulin. Patient reports blood glucose is between 90 and 110.
- Intermittent asthma is well controlled[3], unaffected by presenting symptoms.

**Exam**

- Chest clear. Heart sounds normal.
- EKG shows no changes from prior, does show left ventricular hypertrophy.
- CXR is unchanged from previous.
- Abdomen is soft, non-tender to exam except to epigastric area. No guarding.
- Vitals: BP is 112/60, HR is 65, $O_2$ saturation is 99% on room air. No fever noted.

**Assessment and Plan**

- GERD[4]
- Modify diet to avoid spicy foods, alcohol. Avoid eating three hours before bedtime. Continue sleeping with head of bed elevated until symptoms subside.
- Continue OTC antacid per label instructions to control symptoms
- Begin esomeprazole 20 mg PO daily x 4 weeks.
- Follow up in four weeks if symptoms not improved.

## Summary of ICD-10-CM Impacts

**Clinical Documentation**

1. Document the acuity (i.e., chronic, acute, acute on chronic) and type (i.e. systolic, diastolic or both) of heart failure, as there are discrete ICD-10-CM codes for each type.
2. Document the type of diabetes and if appropriate, any effects due to the disease (e.g. a foot ulcer, diabetic retinopathy, etc.).
3. If asthma symptoms were present, then the provider should note whether or not the asthma is persistent, triggers (if known) how many attacks per day, week or month are typically experienced, and the functional impact. ICD-10 does not include the concept of extrinsic or intrinsic as represented in ICD-9-CM. In ICD-10-CM one must document whether asthma is mild intermittent, persistent, or moderate and severe persistent. Furthermore, ICD-10-CM guidelines now require the use of an additional code to indicate if a patient is exposed to tobacco smoke.
4. In ICD-10-CM, gastroesophageal reflux disease is differentiated by noting "with esophagitis" (K21.0) versus "without esophagitis" (K21.9). As there is no documentation under the physical exam noting that esophagitis was evident gastroesophageal reflux disease without esophagitis is coded.

**Coding**

| ICD-9-CM Diagnosis Codes | | ICD-10-CM Diagnosis Codes | |
|---|---|---|---|
| 530.81 | Esophageal reflux | K21.9 | Gastro-esophageal reflux disease without esophagitis |
| 428.1 | Left heart failure | I50.1 | Left ventricular failure |
| 250.00 | Diabetes mellitus type II without complications not stated as uncontrolled | E11.9 | Type 2 diabetes mellitus without complications |
| V58.67 | Long-term use of insulin | Z79.4 | Long term (current) use of insulin |
| 493.10 | Intrinsic asthma, unspecified | J45.20 | Mild intermittent asthma, uncomplicated |

**Other Impacts**

Management of chronic conditions such as diabetes, asthma or heart failure should be described in the record. The documentation of the clinical management may lead to increased reimbursement via clinical quality measures, or quality improvement pay-for-performance physician incentives, regardless of clinical presentation/complications.

# Scenario 3: Diabetic Neuropathy

## Scenario Details

**Chief Complaint**

- Right heel ulcer.

**History**

- This 41-year-old male, established patient with Type I diabetes mellitus. He presents today with a new wound to his right heel and a contusion wound that is slow to heal on his right shin.
- The patient states he discovered the right heel ulcer 5 days ago when he noticed his sock was soiled in the heel area. The contusion wound to his right shin occurred five weeks ago from bumping into furniture and it does not seem to be healing.
- Past Medical History: Type I diabetes mellitus, diagnosed at age 12; bilateral lower extremity peripheral neuropathy diagnosed at age 37; hypoglycemic episodes and nephropathy.
- Diet and Activity: Patient has no concerns about diet. Patient routinely exercises three days a week.
- Medications: NPH and Regular insulin. He states he regulates his blood sugars based on how he feels, and admits he rarely checks his blood sugar with a glucometer.
- Denies smoking, alcohol and drug use.
- Laboratory evaluation significant for A1c 11.9; Microalbumin 105.

**Exam**

- Vital Signs: BP 122/88 Pulse 104 RR 18 T 98.5 Finger stick BS 150 mg/dL.
- Well nourished, well-groomed, A&Ox3.
- HEENT & Neck: no visual disturbances, otherwise normal to exam.
- Respiratory: lungs clear to auscultation.
- Cardiac: RRR No murmurs, rubs or gallops.
- Abdomen: soft and nontender, no masses.
- Neuro: Significant for lower extremity numbness throughout. Bottom of right foot has a 1 cm heel ulcer. There is a small contusion on right shin, 2 cm by 1 cm, healing poorly with no signs of infection. CN II-XII grossly intact.
- Normal ambulation.

**Assessment and Plan**

- Worsening neuropathy with foot ulcer and slow healing shin wound.
- Will debride and treat wounds here and refer to Wound Care Center for ongoing care and management.
- Discussed importance of foot care, and the need to routinely inspect lower legs and bottoms of feet because of the bilateral peripheral neuropathy.
- Counseled patient about the importance of tight, stable glycemic control to slow the progression of neuropathy and nephropathy; advised to keep a log of his blood sugars for two weeks for our review.

## Summary of ICD-10-CM Impacts

**Coding**

Complicated wounds in ICD-9-CM are classified as "complicated" when they include "delayed healing". ICD-10-CM does not make that "complicated" differentiation. Type I diabetes in ICD-10-CM does not utilize the Z79.4 use of insulin for Type I diabetes. The Z code Z79.4 (insulin use) is used with E08, E09, E11, E13, O24.1-, O24.3-, O24.8-, and O24.9- diabetes categories of ICD-10-CM.

| ICD-9-CM Diagnosis Codes | | ICD-10-CM Diagnosis Codes | |
|---|---|---|---|
| 250.61 | Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled | E10.42 | Type 1 diabetes mellitus with diabetic polyneuropathy |
| 357.2 | Polyneuropathy in diabetes | E10.621 | Type 1 diabetes mellitus with foot ulcer |
| 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled (ulcer, heel) | L97.411 | Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin |
| 707.14 | Ulcer of heel and midfoot | E10.21 | Type I diabetes mellitus with nephropathy |
| 250.51 | Diabetes with renal manifestations, type I, [juvenile type], not stated as uncontrolled | R80.9 | Microalbuminuria |
| 583.81 | nephropathy, NOS | S81.801A | Unspecified open wound, right lower leg, initial episode |
| 791.0 | Proteinuria | | |
| 891.1 | Wound, lower leg, complicated | | |
| V58.67 | Long-term (current) use of insulin | | |

**Other Impacts**

No specific impact noted.

# Scenario 4: Poisoning

## Scenario Details

**Chief Complaint**

- Sudden onset of agitation, palpitations, diarrhea, heavy sweating, fever with shivering, and feeling "out of it" after taking OTC cough medicine.

**History**

- 45 year old male patient, is a tractor trailer driver, and states he took dextromethorphan six days ago to help with his cough while on the road. Soon after, he began to have sudden onset of irritability/agitation, palpitations, diarrhea, diaphoresis, fever with shivering, and feeling "out of it".
- Current medication: Duloxetine hydrochloride, prescribed by his psychiatrist three weeks ago for depression and generalized anxiety disorder; he has had no side effects from that medication until now. Patient states he stopped taking both medications the first day, most symptoms resolved within 24 hours, and were totally resolved by 96 hours. Feels fine now on day six.
- No significant recent stressors. Wife present with patient.
- No family history of any mental or behavioral illness.
- Denies smoking, alcohol and illicit drug use.
- Allergies: NKDA.

**Exam**

- Vital Signs: Normal.
- NEURO: A&Ox3, affect is appropriate, Patient exhibits coherent, logical thought process. He states he would like to discontinue taking the duloxetine hydrochloride.
- HEENT & NECK: Normal findings.
- Respiratory: Clear to auscultation with normal respiratory effort.
- Cardiac: Normal findings.
- Abdomen: Normal findings.

**Assessment and Plan**

- Symptoms resolved.
- Discussed case with patient's psychiatrist, including patient's desire to discontinue medication.
- Psychiatrist will see patient in his office in 2 days for medication re-evaluation.
- Counseled patient on the importance of not discontinuing his antidepressant medication abruptly, and to consult with his psychiatrist before taking OTC drugs, and supplements.
- No additional treatment or supportive care necessary at this time. No labs ordered at this time.

## Summary of ICD-10-CM Impacts

**Clinical Documentation**

1. The ICD-10 framework provides a single code to document the poisoning/toxic effect of substances and whether the poisoning was intentional. The 7th character of the ICD-10-CM code (T43.211A) specifies the visit is an initial patient encounter.
2. Poisoning is classified [according to the ICD-10-CM Official Guidelines for Coding and Reporting] if a non-prescribed drug or medicinal agent is taken in combination with a correctly prescribed and properly administered drug, any drug toxicity or other reaction resulting from the interaction of the two drugs.
3. Additional code(s) are used to document manifestations of the poisoning.

**Coding**

Underdosing by Z91.12- and Z91.23- reference is found at the beginning of T36-T50 category in the Tabular List (Volume 1)

| ICD-9-CM Diagnosis Codes | | ICD-10-CM Diagnosis Codes | |
|---|---|---|---|
| 969.02 | Poisoning by selective serotonin and norepinephrine reuptake inhibitor | T43.211A | Poisoning by selective serotonin and norepinephrine reuptake inhibitors, accidental (unintentional), initial encounter |
| E854.0 | Accidental poisoning by antidepressants | T48.3X1A | Poisoning by antitussives, accidental (unintentional), initial encounter |
| 975.4 | Poisoning by antitussives | R45.1 | Restlessness and agitation (Combination code) |
| E858.6 | Accidental poisoning by agents primarily acting on the smooth and skeletal muscles and respiratory system | R00.2 | Palpitations |
| 307.9 | Agitation | R19.7 | Diarrhea, unspecified |
| 785.1 | Palpitations | R61 | Generalized hyperhidrosis |
| 787.91 | Diarrhea | R50.9 | Fever, unspecified |
| 780.8 | Generalized hyperhidrosis | R41.0 | Disorientation, unspecified |
| 780.60 | Fever, unspecified | F32.9 | Depression |
| 780.97 | Altered mental status | F41.9 | Anxiety |
| 799.29 | Restlessness | Z91.128 | Patient's intentional underdosing of medication regimen for other reason |
| 311 | Depression | | |
| 300.00 | Anxiety | | |
| V15.81 | Non-compliance with medical treatment | | |

**Other Impacts**

No specific impact noted.

# Scenario: COPD with Acute Pneumonia Example

## Scenario Details

**Chief Complaint**

- "I just got out of the hospital 2 days ago. I'm a little better, but still can barely breathe."

**History**

- 67-year-old male with 40 pack/year history of cigarette use (still smoking) and severe oxygen dependent COPD developed cough with increased production of green/gray sputum 2 weeks prior to office visit. Admitted to hospital through Emergency Department with diagnosis of presumed pneumonia superimposed on severe COPD. Hospital exam confirmed acute RLL pneumococcal pneumonia. Patient treated with an IV cephalosporin as he has known penicillin allergy, and was discharge from hospital to home 2 days prior to office visit.
- PMH shows severe O2 dependent COPD, with type II diabetes mellitus secondary to chronic prednisone therapy, which is treated with oral hypoglycemics. Patient also has known hypertension, on ACE inhibitor therapy.

**Review of Systems, Physical Exam, Laboratory Tests**

- T 99, BP 145/105, P 92 and irregular, RR 28
- Chest exam shows decreased lung sounds throughout all lung fields except in RLL where there were mild rhonchi and wheezes noted
- ABG's on 2L O2 by nasal cannula show PO2 62, PCO2 47, pH 7.40
- CXR shows hyperinflation of lungs with small RLL alveolar infiltration. Comparison to CXR from hospitalization shows approximately 75% resolution of pneumonia.
- ECG reveals persistent atrial fibrillation which was not present on previous ECG of 6 months earlier, but had been found at time of recent hospitalization. Labs show finger stick glucose of 195mg%.

**Assessment and Plan**

- Acute Community Acquired Pneumococcal Pneumonia: continue oral cephalosporin. Schedule office follow up visit in 1 week with repeat CXR.
- Severe COPD: continue O2, low dose Prednisone, and inhaled bronchodilator.
- Chronic Hypoxemic, Hypercarbic Respiratory Failure
- Persistent Atrial Fibrillation: continue digoxin initiated during recent hospitalization
- Hypertension: continue ACE inhibitor therapy
- Diabetes Mellitus, Type II, secondary to prednisone therapy; continue oral hypoglycemic therapy
- Penicillin Allergy
- Tobacco Dependence

## Scenario: COPD with Acute Pneumonia Example (continued)

### Summary of ICD-10-CM Impacts

**Clinical Documentation**

- ICD-10-CM separates pneumonia by infectious agent. Document the infectious agent of pneumonia, as there are discrete ICD-10-CM codes for each type.
- ICD-10-CM separates by acuity of respiratory failure, and hypoxia or hypercapnia, if present.
- Document drug allergies with ICD-10-CM status" Z" codes from Chapter 21 to identify these.
- Document the type of cardiac arrhythmia. Atrial fibrillation in ICD-10-CM separates into paroxysmal, persistent, chronic, typical, atypical, unspecified. Acute atrial fibrillation defaults to unspecified in ICD-10-CM.
- The Table of Drugs & Chemicals has a code assignment for Adverse effect of the drug that would be followed by the secondary diabetes code. Go to the Volume 3 Index to Table of Drugs and Chemicals. Along the left hand side proceed alphabetically to "Glucocorticoids" and then move horizontally across to the column for Adverse Effect". In Volume 1 (Tabular List) the instruction at the beginning of the code category T38 are the instructions for the 7th character.
- Note: Drug-induced Diabetes Mellitus is a secondary type of diabetes due to the use of glucocorticoids. This code can only be coded as an "additional code" and would never be first-listed

  **The code categories for secondary diabetes are :**

  - Due to underlying disease (E08)
  - Due to drug (E09)
  - Due to other specified condition such as post pancreatectomy. (E13)

  *These three categories can never be first-listed per ICD-10-CM guidelines. The underlying cause would be first-listed diagnosis.*

**Coding**

| ICD-9-CM Diagnosis Codes | | ICD-10-CM Diagnosis Codes | |
|---|---|---|---|
| 481 | Pneumonia, Pneumococcal | J13 | Pneumonia due to Streptococcus pneumoniae |
| 496 | COPD | J44.0 | Chronic obstructive pulmonary disease with acute lower respiratory infection |
| V46.2 | Oxygen dependence | Z99.81 | Dependence on supplemental oxygen |
| 427.31 | Atrial fibrillation | I48.1 | Persistent atrial fibrillation |
| 249.00 | Diabetes, secondary, drug induced | E09.9 | Drug or chemical induced diabetes mellitus without complications |
| E932.0 | Therapeutic use of Prednisone | T38.0x5A | Adverse effect of glucocorticoids and synthetic analogues, initial encounter |
| 401.9 | HTN | I10 | Essential (primary) hypertension |
| V14.0 | Allergy, Penicillin | Z88.0 | Allergy status to penicillin |
| 305.1 | Tobacco dependence | F17.210 | Nicotine dependence, cigarettes, uncomplicated |

## Scenario: COPD with Acute Pneumonia Example (continued)

**Other Impacts**

- Management of chronic conditions such as COPD, Diabetes Mellitus, Hypertension, and Atrial Fibrillation should be described in the record.

## Scenario: Cervical Disc Disease

### Scenario Details

**Chief Complaint**

- "My neck hurts and I have a tingling pain sensation going down my right arm."

**History**

- Patient is a 68 year-old male with history of neck pain that has been worsening over the last two years. Recently, he has experienced some numbness and a painful tingling sensation in his right arm going down to his thumb. No other symptoms or pertinent medical history.

**Review of Systems, Physical Exam, Laboratory Tests**

- Review of systems is negative except for the neck pain and sensations in his right arm described above. No history of acute injury to neck or arm.
- Physical exam is normal except for neurological exam of the right upper extremity, which reveals slight decrease to sensation in the thumb and forefinger region of the hand in the C6 nerve root distribution. No evidence of weakness in the muscles of the arm or hand.
- MRI scan of the neck shows degenerative changes of the C5-6 disc with lateral protrusion of disc material. No other abnormalities noted.

**Assessment and Plan**

- Cervical transforaminal injection at C5-6

## Scenario: Cervical Disc Disease (continued)

### Summary of ICD-10-CM Impacts

**Clinical Documentation**

- Subcategory M50.1 describes cervical disc disorders. M50.12 Cervical disc disease that includes degeneration of the disc as a combination code. The 5th character differentiates various regions of the cervical spine (high cervical C2-3 and C3-4; mid-cervical C4-5, C5-6, and C6-7; cervicothoracic C7-T1 and the associated radiculopathies at each level). This is a combination code that includes the disc degeneration and radiculopathy

**Coding**

| ICD-9-CM Diagnosis Codes | | ICD-10-CM Diagnosis Codes | |
|---|---|---|---|
| 722.0 | Cervical disc displacement without myelopathy | M50.12 | Cervical disc disorder with radiculopathy, mid-cervical region |
| 722.4 | Degeneration of cervical intervertebral disc | | |

# Scenario: Abdominal Pain

## Scenario Details

**Chief Complaint**

- "My stomach hurts."

**History**

- Patient is a 65-year-old male admitted to the hospital with abdominal pain. He has a history of Crohn's disease of the large intestine. He also has a history of coronary artery disease, had a heart attack 5 years ago, but has had no problems since then. He smoked cigarettes for 45 years, but quit after his myocardial infarction. He also has a history of allergic reactions to Penicillins and Cephalosporins.

**Review of Systems, Physical Exam, Laboratory Tests**

- 99.8
- Abdomen: diffuse tenderness over entire abdomen
- CT scan of abdomen: abscess secondary to Crohn's disease of descending colon

**Assessment and Plan**

- Crohn's disease, large intestine with abscess.
- Awaiting GI consultation

## Scenario: Abdominal Pain (continued)

### Summary of ICD-10-CM Impacts

**Clinical Documentation**

- Crohn's disease in ICD-10-CM is separated by small, large intestine or both (small and large intestine), with or without complications of rectal bleeding, obstruction, fistula, or abscess (combination codes).

**Coding**

| ICD-9-CM Diagnosis Codes | | ICD-10-CM Diagnosis Codes | |
|---|---|---|---|
| 555.1 | Regional enteritis, large intestine | K50.114 | Crohn's disease of the large intestine with abscess |
| 567.22 | Abscess, abdominal | | |
| 412 | Old myocardial infarction | I25.2 | Old myocardial infarction |
| V15.82 | History of tobacco use | Z87.891 | Personal history of nicotine dependence or personal history of tobacco use. |
| V14.0 | History of allergy to Penicillin | Z88.0 | Allergy status to Penicillin |
| V14.1 | History of allergy to other antibiotic (cephalosporins) | Z88.1 | Allergy status to other antibiotic agent |

**Other Impacts**

- Coding allergies to specific medications allows providers who share a common EHR to be notified of these allergies. They can be placed into the ongoing problem list therefore becoming available whenever relevant for coding on the claim.
- At the beginning of Chapter 10 Respiratory conditions this instruction is found:
  **Use additional code, where applicable, to identify:**
  - exposure to environmental tobacco smoke (Z77.22)
  - exposure to tobacco smoke in the perinatal period (P96.81)
  - history of tobacco use (Z87.891)
  - occupational exposure to environmental tobacco smoke (Z57.31)
  - tobacco dependence (F17.-)
  - tobacco use (Z72.0)
- These tobacco-related codes should also be coded into the ongoing problem list for future coding situations as indicated in ICD-10-CM.

# Scenario: Diabetes

## Scenario Details

**Chief Complaint**

- "I am here for my quarterly evaluation of my diabetes."

**History**

- Patient is a 50-year-old woman with Type 1 diabetes since childhood. She has been on insulin since age 13. As a result of her diabetes she has chronic kidney disease and is currently on dialysis for ESRD. She also has diabetic neuropathy affecting both lower extremities.

**Review of Systems, Physical Exam, Laboratory Tests**

- No changes in underlying condition during the last 3 months. She continues to perform self-testing of her blood sugar levels on a daily basis, is on dialysis every other day, most recently 24 hours ago, and has not noticed any changes in the numbness in her legs.
- BP 140/75, P 80, R 16 and T 98.8
- Dialysis fistula without any signs of infection
- Decreased sensation over lower extremities below the knees
- Lab: BUN/Cr nl, K+ 3.5, glu 105, Hgb A1c 7.9

**Assessment and Plan**

- Continue BS checks daily with sliding scale as previously prescribed
- Start Capsaicin topically and defer to nephrologist for any Rx at this time. She has an appointment 10 am tomorrow.

## Scenario: Diabetes (continued)

### Summary of ICD-10-CM Impacts

**Coding**

| ICD-9-CM Diagnosis Codes | | ICD-10-CM Diagnosis Codes | |
|---|---|---|---|
| 250.41 | Diabetes with renal manifestations, type 1, not stated as uncontrolled | E10.22 | Type 1 diabetes mellitus with diabetic chronic kidney disease |
| 585.6 | End stage renal disease | N18.6 | End-stage renal disease |
| 250.61 | Diabetes with neurological manifestations, type 1, not stated as uncontrolled | Z99.2 | Dependence on renal dialysis Presence of AV shunt for dialysis |
| 357.2 | Polyneuropathy in diabetes | E10.42 | Type 1 diabetes mellitus with polyneuropathy |
| V45.11 | Renal dialysis status | | |

**Other Impacts**

E10.22 is a combination code in ICD-10-CM incorporating both the type of diabetes (type 1 is E10) and the manifestation chronic kidney disease (after decimal point.22). Instructions from Volume 1 under the code E10.22 is to “use additional code to identify stage of chronic kidney disease N18.1 –N18.6”. In this documentation the ESRD is documented.

Code the type of diabetes and each associated complication (diabetes with renal disease and diabetic neuropathy) in ICD-10-CM.

Code the stage of the patient’s chronic kidney disease per instruction under the diabetic code E10.22 Code the dialysis and AV graft by the use of “status codes” (Z codes). The key word to find this status code in the Index to Diseases from Volume 3 is “Dependence” and then sub indent to the word “on” and then to the words renal dialysis Z99.2

# Scenario: ER Follow Up

## Scenario Details

**Chief Complaint**

- "Seen in the ER over the weekend."

**History**

- Mrs. Jones is a 64-year-old female, with a history of morbid obesity, type 2 diabetes with nephropathy, and asthma, presents here for follow-up ER visit two days ago for shortness of breath. Patient was discharged with a diagnosis of bronchitis, an Albuterol and Beclomethasone inhaler prescription, along with five day course of Z pack and a six-day steroid dose pack. Patient is improving on the regimen. She is no longer wheezing and her phlegm is now scant. Her sugars however, have been poorly controlled with the Prednisone with fasting sugars greater than 200.
- Patient has long-standing asthma with 2-3 exacerbations per week and daily need for rescue inhalers. Patient is still smoking half a pack a day. She is compliant with her inhalers when she is not feeling well.
- Patient has diabetes with overt proteinuria with her last creatinine of 1.3
- Hypertension
- Morbid Obesity

**Review of Systems, Physical Exam, Laboratory Tests**

- BMI 44; central adiposity; no respiratory distress; able to speak in full sentences
- BP 142/64 HR94 RR 12 Sats: 98% on RA
- HEENT: TM clear; conjunctiva clear; no sinus tenderness; mallampati 3 airway
- Neck: thick; no adenopathy
- Lungs: scattered wheezing; no consolidation prolonged expiratory phase
- Ext: thin no edema

**Assessment and Plan**

- Asthma: moderate persistent, with acute exacerbation
- Bronchitis
- Current Smoker
- Diabetes Type 2 with nephropathy and poorly controlled hyperglycemia secondary to prescribed use of steroid medication

## Summary of ICD-10-CM Impacts

**Clinical Documentation**

- Choosing the first-listed diagnosis in this scenario is determined by the Section IV Guidelines of ICD-10-CM found in Volume 2 of ICD-10-CM
- Section IV. Diagnostic Coding and Reporting Guidelines for Outpatient Services
- Selection of first-listed condition
- In the outpatient setting, the term first-listed diagnosis is used in lieu of principal diagnosis.
- ICD-10-CM code for the diagnosis, condition, problem, or other reason for encounter/visit
- List first the ICD-10-CM code for the diagnosis, condition, problem, or other reason for encounter/visit shown in the medical record to be chiefly responsible for the services provided. List additional codes that describe any coexisting conditions. In some cases the first-listed diagnosis may be a symptom when a diagnosis has not been established (confirmed) by the physician.
- Asthma was chosen as first-listed in this scenario.
- Asthma is classified as mild, moderate and severe with additional detail as intermittent, persistent and severe; include if there is acute exacerbation or status asthmaticus. Bronchitis was not specified as “acute” so the assignment is made to not specify as acute or chronic. In ICD-10-CM both bronchitis and asthma are reported separately.
- Bronchitis is reported separately from asthma per ICD-10-CM guidelines. Bronchitis was not specified as acute or chronic and the default code would be J40. Conditions involving infectious processes will have “acute” versus “chronic” choice. Providers should document whenever possible “acute” or “chronic”.
- Guidelines require reporting of tobacco use or exposure for respiratory, vascular and some other chronic illnesses such as oral and esophageal cancer codes. The guideline message for using these codes is found at the beginning of the respiratory Chapter 10 in this scenario.
- Diabetic manifestations are incorporated into the primary code for Diabetes Mellitus (combination codes). In this case diabetes with nephropathy is a combination code.
- “Uncontrolled” diabetes is no longer a concept in ICD-10. Diabetes that is poorly controlled should include whether hyperglycemia or hypoglycemia is present; whenever either is present it should be coded accordingly. This patient would also have hyperglycemia reported as the recorded Blood sugars show hyperglycemia.
- Adverse effects of prescribed medications are reported from the Table of Drugs & Chemicals and then a final code assignment from Tabular List for the 7th character. Identify which medications are causing adverse reactions and go to The Table of Drugs and Chemicals found in Volume 3 of ICD-10-CM. Along the left side of that table find the drug or (drug class if individual drug is not found.)

  Then the 7th characters are found at the beginning of the T38 category in Volume 1 (Tabular List) of ICD-10-CM. The choices for 7th character for this Table are:

  A= initial encounter

  D= subsequent encounter

  S= Sequela

  In this scenario it would be an initial encounter as this is the first time this provider is evaluating the patient for this adverse effect.

## Scenario: ER Follow Up (continued)

**Clinical Documentation (continued)**

- Hypertension and Obesity are documented as co-morbid conditions and reported when treatment is given for affected by these conditions. Instructions found at the obesity code instruct to also report the BMI if documented.
- Note: In ICD-10-CM "Nephritis" is not referenced in the diabetes complication codes with nephropathy

**Coding**

| ICD-9-CM Diagnosis Codes | | ICD-10-CM Diagnosis Codes | |
|---|---|---|---|
| 493.92 | Asthma, unspecified with (acute) exacerbation | J45.41 | Moderate persistent asthma with (acute) exacerbation |
| N/A | | J40 | Bronchitis, not specified as acute or chronic |
| 305.1 | Tobacco use disorder | F17.210 | Nicotine dependence, cigarettes, uncomplicated |
| 250.42 | Diabetes with renal manifestations, Type II or unspecified type, uncontrolled | E11.21 | Type 2 Diabetes Mellitus with diabetic nephropathy |
| 583.81 | Nephritis and nephropathy, not specified as acute or chronic, in diseases classified elsewhere | N/A | |
| N/A | | E11.65 | Type 2 diabetes mellitus with hyperglycemia |
| 995.20 | Effect, adverse to medication properly administered | T38.0x5A | Adverse effect of glucocorticoids and synthetic analogues, initial encounter |
| 401.9 | Hypertension, unspecified | I10 | Essential (primary) hypertension. |
| 278.01 | Morbid obesity | E66.01 | Morbid (severe) obesity due to excess calories |
| V85.41 | BMI 40.0 – 44.9 | Z68.41 | Body mass index (BMI) 40.0-44.9, adult |