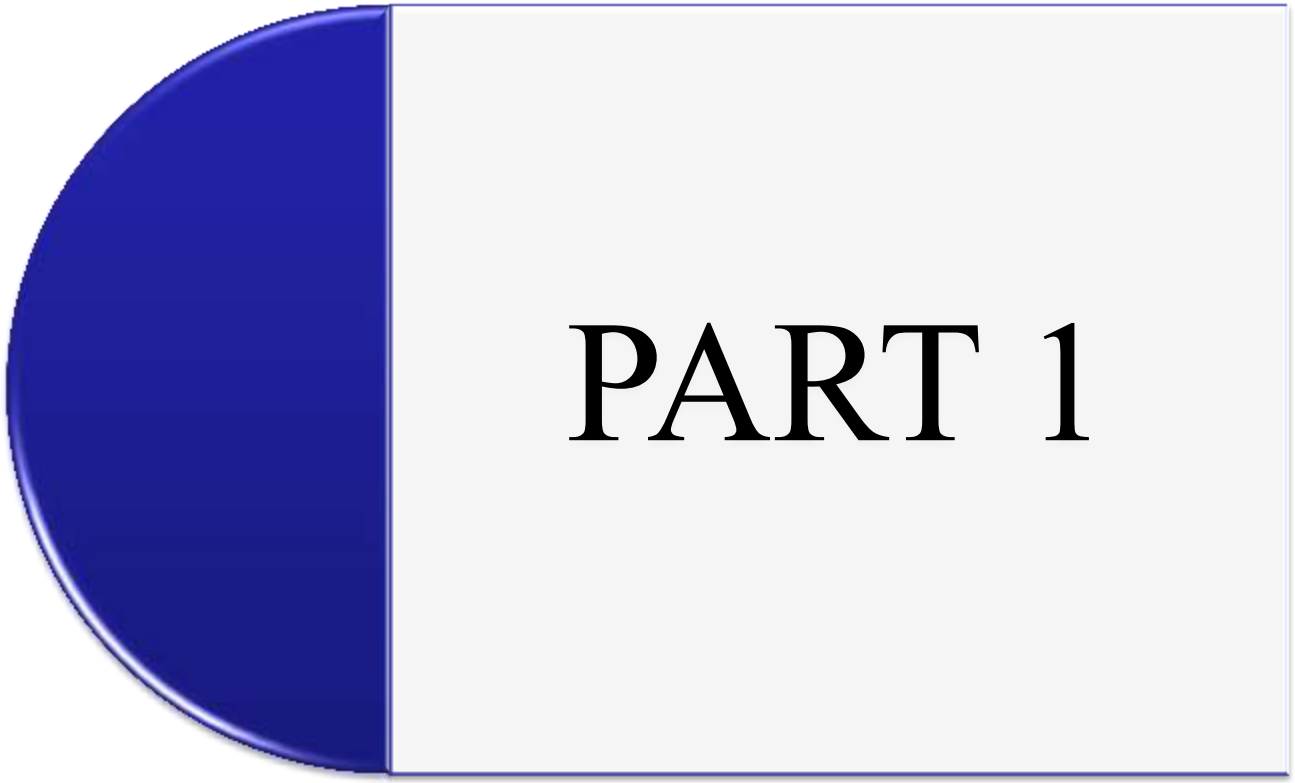
ICD-10-CM
Day 2
2015

Building Expert Trainers in Diagnosis Coding:

AHIMA Academy for ICD-10-CM Trainers



ICD-10

ICD-10-CM

Application of ICD-10-CM to Site-Specific Cases

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Teaching Tip: Benefits of building Experience Level into your Workshop: Consider setting up workshops by experience level – New (1 year or less), Experienced (2 to 4 years), Expert (5+ years). It will be easier to personalize instruction for students that are separated by experience level. Be prepared to slow down the pace and offer more assistance to new coders.

ICD-10-CM

LONG-TERM CARE CASES

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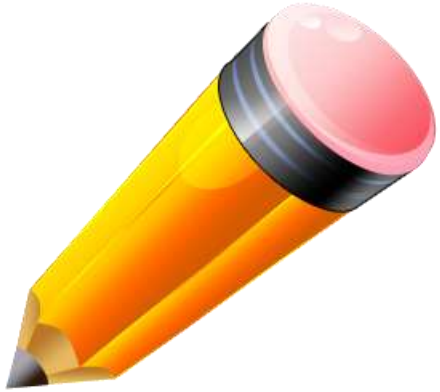
The AHA Coding Clinic has published several topics on LTC coding in ICD-10-CM.

Long-Term Care Coding

- These cases are included for practice assigning ICD-10-CM codes.
- They are *not* intended to illustrate any payer-specific guidelines or whether a diagnosis is reportable or not per the MDS.
- Sequencing in the following cases may not always be consistent with actual LTC practice.
- These cases are presented to practice coding, not to illustrate correct sequencing in LTC for admissions/returns.

Cases to Code

Optimal	Extra
• 1.171 • 1.176 • 1.178	• 1.172 • 1.179 • 1.185 • 1.186



Trainers: *Please insert your own case numbers here to replace or supplement these.*

Case 1.170

N39.0	**Infection, infected, infective (opportunistic) urinary (tract)**
B96.20	**Infection, infected, infective (opportunistic) bacterial, as cause of disease classified elsewhere, Escherichia coli [E. coli]**
Z79.2	**Long-term, (current) (prophylactic), drug therapy (use of), antibiotics**
G35	**Sclerosis, sclerotic, multiple (brain stem) (cerebral) (generalized) (spinal cord)**

Case 1.170 (continued):

Rationale: The long-term use code is assigned for use of the antibiotics. Instructional notes under N39.0 indicate to use additional code (B95-B97), to identify infectious agent.

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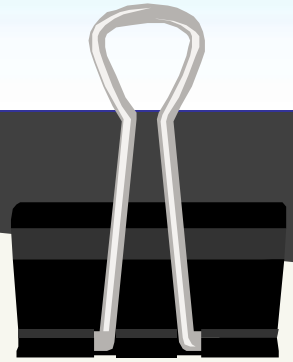

Coding Note: Coding Guideline I.C.19.a. directs the coder to use D as the seventh character when coding aftercare of a condition. However, if the condition involves an open fracture, reference the Tabular List for other seventh character options using the Gustilo Classification for open fractures.

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Type I
Low energy, wound less than 1 cm

Type II
Wound greater than 1 cm with moderate soft tissue damage

Type III
High energy wound greater than 1 cm with extensive soft tissue damage

Type IIIA
Adequate soft tissue cover

Type IIIB
Inadequate soft tissue cover

Type IIIC
Associated with arterial injury

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Case 1.171

S52.92XE	**Fracture, traumatic (abduction) (adduction) (separation), radius**
S52.202E	**Fracture, traumatic (abduction) (adduction) (separation), ulna (shaft)**
X58.XXXD	**Index to External Causes, Accident (to)**

Case 1.171 (continued):

Rationale: According to the coding guidelines, "the aftercare *Z* codes should not be used for aftercare for conditions such as injuries or poisonings, where seventh characters are provided to identify subsequent care" (in this example, the seventh character E is correct). The seventh character E is used to indicate the subsequent treatment of an open fracture. For an unspecified location, the radius default is unspecified fracture of forearm, while the ulna defaults to fracture of shaft of ulna. It is important to obtain specific fracture sites from the documentation, if possible, to assign the most specific codes.

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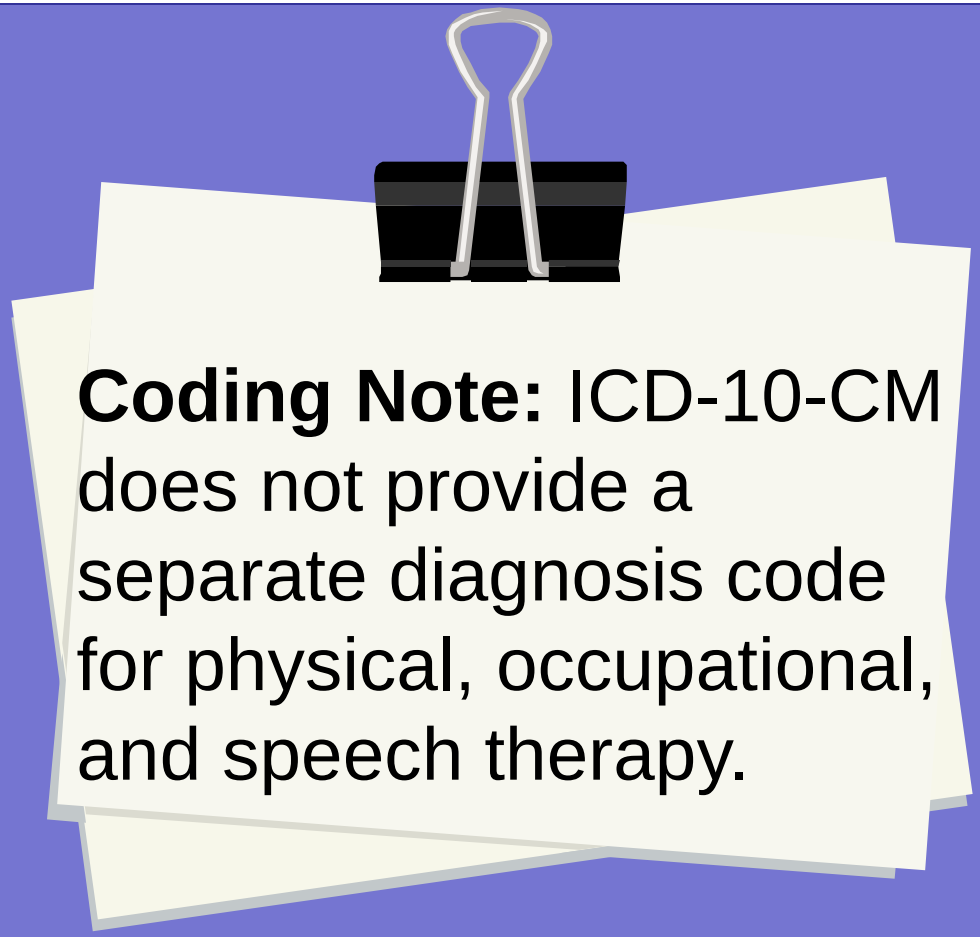

Coding Note: ICD-10-CM does not provide a separate diagnosis code for physical, occupational, and speech therapy.

Case 1.172

Z48.812 **Aftercare, following surgery (for) (on), circulatory system**

Z95.1 **Status (post), aortocoronary bypass**

G89.12 **Pain(s), acute, post-thoracotomy**

Rationale: In ICD-10-CM, there is not a separate code to identify occupational therapy. The use of the Z48 aftercare code is sufficient in this situation. The aftercare codes are generally first listed to explain the specific reason for the encounter. Pain control or management is not the reason for the encounter, so it is listed as a secondary code.

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Case 1.173

G35	**Sclerosis, sclerotic, multiple (brain stem) (cerebral) (generalized) (spinal cord)**
S32.9XXD	**Fracture, traumatic, (abduction) (adduction) (separation), pelvis, pelvic (bone)**
V00.811D	**Index of External Causes, Fall, falling (accidental) from, wheelchair, powered – *see* Accident, transport, pedestrian, conveyance occupant, specified type NEC, wheelchair (powered), fall**

Case 1.173 (continued):

Rationale: The seventh character D is assigned for subsequent encounter for fracture with routine healing. An external cause code is assigned to this case. No activity or place of occurrence codes are assigned because this is a subsequent encounter for this injury. Activity and place of occurrence codes are only used on the initial encounter. The reason that the patient continues to reside in the LTC facility is listed in the first position.

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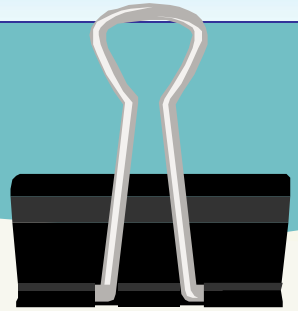

Coding Note: Similar to the Coding Guideline above, when a code for adjustment or management of a device is coded, the status code does not provide additional information and should not be coded.

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Case 1.174

Z45.02 Admission (for), adjustment, device NEC, implanted, cardiac, defibrillator, or Encounter, (with health service) (for) adjustment and management (of), implanted device

I49.01 Fibrillation, ventricular

I25.10 Disease, diseased, coronary (artery) – *see* Disease, heart (organic), ischemic, atherosclerotic (of)

Case 1.174 (continued):

Rationale: If indexing Admission (for), adjustment, the Index assists in locating the specific code; however, when indexing Encounter, the Tabular List must be used to provide the specific code of Z45.02 for the automatic implantable cardiac defibrillator, rather than the NEC code provided in the Index.

Case 1.175

S63.004A	**Dislocation (articular), wrist (carpal bone)**
W18.30XA	**Index of External Causes, Fall, falling (accidental) same level**
Y92.128	**Index of External Causes, Place of occurrence, residence, institutional, nursing home, specified NEC**
Y93.01	**Index of External Causes, Activity (involving) (of victim at time of event), walking (on level or elevated terrain)**
Y99.8	**Index of External Causes, External cause status, leisure activity**

Case 1.175 (continued):

Rationale: The Tabular List provides the correct sixth character of 4 for right wrist and the correct seventh character as A for initial encounter. The seventh character A is also used for the external cause to indicate the initial encounter.

Case 1.176

G20 **Disease, Parkinson's**

E10.9 **Diabetes, Type 1**

J44.9 **Disease, pulmonary, chronic obstructive**

Z60.2 **Living alone (problems with)**

Rationale: The reason for the admission or encounter is the Parkinson's disease. In addition, the patient has type 1 diabetes and COPD, coded as secondary diagnoses. Code Z60.2 is added to show that this patient is not able to live alone.

Case 1.177

R19.7	**Diarrhea, diarrheal (disease) (infantile) (inflammatory)**
R11.0	**Nausea (without vomiting)**
T45.1X5D	**Table of Drugs and Chemicals, Fluorouracil, adverse effect column**
C18.4	**Carcinoma – *see* also Neoplasm, by site, malignant**
	Neoplasm table, intestine, large, colon, transverse, in Malignant Primary column

Case 1.178

Z47.81 **Aftercare, following surgery, amputation**

Z48.01 **Aftercare, following surgery, attention to dressings, surgical**

Z89.512 **Absence (of) (organ or part) (complete or partial), extremity (acquired), lower, below knee**

Rationale: The infection of the stump is not coded since the treatment completed. The patient was admitted for aftercare of the amputation and dressing changes. The fourth character for the left leg is obtained from the Tabular List.

Case 1.179

R40.20 **Coma**

T42.4X2S **Late effect(s) – *see* Sequelae, poisoning – code to poisoning with extension S. Table of Drugs and Chemicals, valium, poisoning-intentional self-harm.**

T51.0X2S **Late effect(s) – *see* Sequelae, poisoning – code to poisoning with extension S. Table of Drugs and Chemicals, alcohol, beverage, poisoning-intentional self-harm**

Rationale: The sequela (late effect) of the overdose is coded with the acute poisoning codes utilizing the seventh character of S. This is in accordance with the Official Coding Guidelines. Consider a physician query for persistent vegetative state.

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Case 1.180

M80.021D **Osteoporosis (female) (male), senile – *see* Osteoporosis, age-related, with current pathologic fracture, humerus**

Rationale: The seventh character D is used in this case because this is a subsequent encounter for the pathological fracture and there is no documentation of delayed healing, nonunion, or malunion.

Case 1.181

K51.90	**Colitis (acute) (catarrhal) (chronic) (noninfective) (hemorrhagic), ulcerative (chronic)**
M81.8	**Osteoporosis (female) (male), drug-induced – *see* Osteoporosis, specified type NEC**
T38.0x5S	**Table of Drugs and Chemicals, corticosteroids, adverse effect**
Z79.52	**Long-term (current) (prophylactic) drug therapy (use of), steroids, systemic**

Case 1.181 (continued):

Rationale: Due to the patient's long-term use of corticosteroids and the resulting osteoporosis, the adverse effect code from the Table of Drugs and Chemicals is used. The seventh character of S identifies the sequela (or long-term consequences) of the original injury (or in this case, the adverse effect of the drug). The sequela (for example, colitis) is sequenced first, followed by the code for the adverse effect.

Case 1.182

M86.171	**Osteomyelitis (general) (infective) (localized) (neonatal) (purulent) (septic) (staphylococcal) (streptococcal) (suppurative) (with periostitis), acute, tarsus**
I96	**Gangrene, gangrenous (connective tissue) (dropsical) (dry) (moist) (skin) (ulcer), extremity (lower) (upper)**
L89.513	**Ulcer, ulcerated, ulcerating, ulceration, ulcerative, decubitus – *see* Ulcer, pressure, by site, pressure (pressure area), ankle**
E10.51	**Diabetes, diabetic (mellitus) (sugar), type 1, with, peripheral angiopathy**

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Case 1.182 (continued):

I12.9	**Disease, diseased, kidney (functional) (pelvis), chronic, hypertensive – *see* Hypertension, kidney. Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic), kidney, with, stage 1 through stage 4 chronic kidney disease**
N18.4	**Disease, diseased, kidney (functional) (pelvis), chronic, stage 4 (severe)**
Z89.52	**Absence (of) (organ or part) (complete or partial), limb (acquired) – *see* Absence, extremity, (acquired), lower, below knee**
E78.0	**Hypercholesterolemia (essential) (familial) (hereditary) (primary) (pure)**
F10.21	**Alcoholism (chronic), with remission**

Case 1.182 (continued):

Rationale: The reason for the admission to the nursing home is the osteomyelitis and gangrene which resulted from a decubitus ulcer. When referring to the Alphabetic Index for the osteomyelitis there is not a subterm for ankle. Instead, the subterms under osteomyelitis are various bones with the tarsus bone being the correct selection. Because the osteomyelitis and gangrene are documented as due to the decubitus ulcer, these conditions would not be coded as a diabetic complication. Not all ulcers in diabetic patients are diabetic ulcers and in the absence of documentation of such the decubitus ulcer is not coded as a diabetic complication.

Case 1.183

I50.9	**Failure, failed, heart (acute) (senile) (sudden) congestive (compensated) (decompensated)**
I48.0	**Fibrillation, atrial or auricular (established)**
S72.012D	**Fracture, traumatic (abduction) (adduction) (separation), femur, femoral neck, *see* Fracture, femur upper end, subcapital (displaced)**
W06.XXXD	**Index of External Causes, Fall, falling (accidental) from, off, out off, bed**

Case 1.183 (continued):

Rationale: The sixth character 2 for the left hip is obtained from the Tabular. The seventh character D is used for the subsequent encounter with routine healing. The external cause code is assigned, but no place of occurrence or activity codes because this is subsequent care. The reason for the readmission is the CHF and atrial fibrillation.

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Coding Note: Coding of sequelae in ICD-10-CM generally requires two codes with the residual condition or nature of the sequelae being sequenced first. An exception to this requirement is when the sequelae code has been expanded to include the manifestation(s). Cerebrovascular sequelae codes have been expanded to include the manifestation and therefore require only one code for both the residual condition and the cause of the sequelae.

Case 1.184

I69.354 Hemiplegia, following, cerebrovascular disease, cerebral infarction, or Sequelae (of), infarction, cerebral, hemiplegia

I69.321 Dysphasia, following, cerebrovascular disease, cerebral infarction or Sequelae (of), infarction, cerebral, dysphasia

I69.392 Sequelae (of), infarction, cerebral, facial droop

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Case 1.184 (continued):

K21.9 **Disease, diseased, gastroesophageal reflux (GERD)**

M06.9 **Arthritis, arthritic (acute) (chronic) (nonpyogenic) (subacute), rheumatoid**

G30.0 **Disease, diseased, Alzheimer's, early onset, with behavioral disturbance**

F02.81

Case 1.184 (continued):

Rationale: The hemiplegia, dysphasia, and facial droop are considered residual conditions of the acute cerebral infarction and are the reason that the patient is admitted to the nursing home. Coding guidelines state that the residual condition is sequenced first, followed by the cause of the sequela. In this case of cerebrovascular disease, the sequela code has been expanded to include the manifestation and is an exception to the coding guideline.

Case 1.185

I69.352 **Hemiplegia, following, cerebrovascular disease, cerebral infarction, or Sequelae (of), infarction, cerebral, hemiplegia**

I69.398 **Alteration (of), altered, sensation, following, cerebrovascular disease, cerebral infarction, or Sequelae, infarction, cerebral, specified effect**

R43.9 **Sense loss, taste – *see* Disturbance(s), sensation, taste**

Rationale: Left dominant hemiplegia is the reason for the admission to the nursing home. Altered sense of taste is coded as a secondary diagnosis. The note at code I69.398 states to use an additional code to identify the sequelae.

Case 1.186

G30.0	**Disease, Diseased, Alzheimer's, early onset, with behavioral disturbance**
F02.81	
I63.40	**Infarct, infarction, cerebral, due to embolism, cerebral arteries**
G81.91	**Hemiplegia. Review Tabular for complete code assignment.**
R47.01	**Aphasia (amnestic) (global) (nominal) (semantic) (syntactic)**
Z91.83	**Wandering, in diseases classified elsewhere**

Case 1.186 (continued):

Rationale: The patient was not hospitalized; therefore, the Alzheimer's disease continues to be the reason for the admission. The infarct is coded as acute, not as sequelae. Secondary diagnoses of right dominant hemiplegia and aphasia are coded. At code F02.81, the note states to use additional code, if applicable, to identify wandering in dementia in conditions classified elsewhere (Z91.83). This code further specifies the behavioral disturbance as wandering off.

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Case 1.187

J15.1	**Pneumonia, in (due to) Pseudomonas**
G20	**Dementia (degenerative) (primary) (old age) (persisting), in (due to) Parkinson's disease (Parkinsonism)**
F02.80	
I34.0	**Regurgitation, mitral (valve) – *see* Insufficiency, mitral. Insufficiency, insufficient, mitral (valve)**
M40.209	**Kyphosis, kyphotic (acquired)**

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Case 1.187 (continued):

J45.909 **Asthma, asthmatic (bronchial) (catarrh) (spasmodic)**

E11.9 **Diabetes, diabetic (mellitus) (sugar) type 2**

Rationale: ICD-10-CM does not classify therapies. Acute conditions are coded, or if resolved, limited aftercare codes are available for other conditions excluding injuries. In reviewing the Index for Dementia due to Parkinson's, note that the nonessential modifier, (Parkinsonism), listed with Parkinson's disease is incorrect. Parkinsonism is not synonymous with Parkinson's disease. Parkinsonism dementia (G31.83) and dementia due to Parkinson's disease (G20) describe different conditions. The documentation does not state whether the mild asthma is intermittent or persistent and, therefore, it must be coded to J45.909.

Case 1.188

T84.50XD	**Complication(s) (from) (of), joint prosthesis, internal, infection or inflammation, hip. Review Tabular for complete code assignment.**
B95.2	**Infection, infected, infective (opportunistic), bacterial, as cause of disease classified elsewhere, enterococcus**
Z16.21	**Resistance, resistant, organism(s), to, drug, vancomycin**
Z95.828	**Presence (of), vascular implant or device, access port device**

Case 1.188 (continued):

N40.1	**Hypertrophy, prostate - *see* Enlargement, enlarged, prostate Enlargement, enlarged, prostate, with lower urinary tract symptoms (LUTS)**
N13.8	**Obstruction, obstructed, obstructive, urinary, specified NEC**
F43.24	**Depression (acute) (mental), situational**
I10	**Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic)**
I48.0	**Fibrillation, atrial or auricular (established)**
Z79.01	**Long-term (current) (prophylactic) drug therapy (use of) anticoagulants**
Z51.81	**Monitoring (encounter for), therapeutic drug level**

Case 1.188 (continued):

Rationale: For code T84.50xD, the seventh character D is used to identify the subsequent encounter. The Tabular notes state that the coder should "Use additional code to identify infection." ICD-10-CM provides many combination codes but a drug resistant organism is not one of those. The coder must select the infection with the organism and then a code from category Z16 to specify that the organism is drug resistant. Enlargement of the prostate, N40.1, directs the coder to "Use additional code for associated symptoms, when specified." Therefore, the coder should code N13.8 for urinary obstruction. It is difficult to find the correct code in the Index.

Case 1.188 (continued):

Under obstruction, urinary, due to hyperplasia (hypertrophy) of prostate, the instruction is to *see* Hyperplasia, prostate, specified type, with obstruction. When searching that term, there is no entry. The code is available with N40.1, Depression, situational in the Index directs the coder to F43.21, but the Tabular list allows the coder to refine the code to F43.24 for situational depression with agitation (disturbance of conduct). The reason that code Z79.2, Long- term (current) drug therapy (use of), antibiotics was not assigned is because of the wording "will require," which indicates that the patient has not yet begun the antibiotic therapy.

Case 1.188 (continued):

If there is a question about the appropriateness of the documentation, the physician may be queried. Regarding code Z95.828, there is also a code Z45.2 Admission (for) device, vascular access. It was elected in this scenario to assign the Z95.828 because of the note at Encounters for other specific healthcare (Z40-Z53): Categories Z40-Z53 are intended for use to indicate a reason for care. In this case, there was no documentation that the encounter was for adjustment and/or management of the PICC line.

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Case 1.189

Z47.81	**Aftercare, following surgery (for) (on), amputation**
E11.51	**Diabetes, diabetic (mellitus) (sugar), Type 2, with peripheral angiopathy**
E11.43	**Diabetes, diabetic (mellitus) (sugar), Type 2, with gastroparesis**
K31.84	**Gastroparesis**
I08.0	**Regurgitation, mitral (valve) – *see* Insufficiency, mitral. Insufficiency, insufficient, mitral (valve), with aortic valve disease**
K40.90	**Hernia, hernial (acquired) (recurrent), inguinal (direct) (external) (funicular) (indirect) (internal) (oblique) (scrotal) (sliding)**

Case 1.189 (continued):

M15.9	**Disease, diseased, joint, degenerative – *see* Osteoarthritis. Osteoarthritis, generalized**
J44.9	**Disease, diseased, pulmonary, chronic obstructive**
Z79.4	**Long-term (current) (prophylactic) drug therapy (use of) insulin**
Z89.439	**Absence (of) (organ or part) (complete or partial), foot (acquired)**

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Case 1.189 (continued):

Rationale: The documentation does not specify which foot was amputated; therefore, the 6th character of 9 is assigned from the Tabular. Both peripheral vascular disease and gastroparesis are due to type 2 diabetes. Codes are assigned for both conditions. The addition of code K31.84, Gastroparesis, while not mandatory, does specify the type of neuropathy. The patient uses insulin and code Z79.4 is assigned. Code Z89.439 for acquired absence of the foot is assigned to identify the level of the amputation. Also, there is a use additional code note under code Z47.81 to identify the limb amputated (Z89.-)

ICD-10-CM

HOME HEALTHCARE CASES

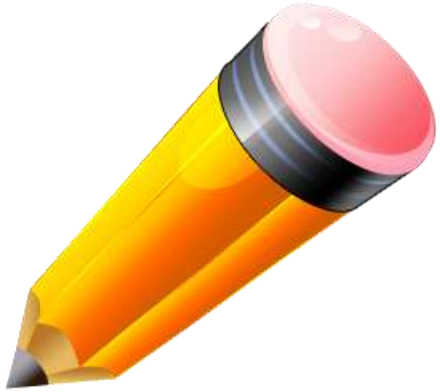
No established guidelines are available yet for coding ICD-10-CM for OASIS

Home Healthcare Coding

- These cases are included for practice assigning ICD-10-CM codes
- They are *not* intended to illustrate any payer-specific guidelines or whether a diagnosis is reportable or not per OASIS

Cases to Code

Optimal	Extra
• 1.197 • 1.198 • 1.200	• 1.193 • 1.203 • 1.207 • 1.209



Trainers: *Please insert your own case numbers here to replace or supplement these.*

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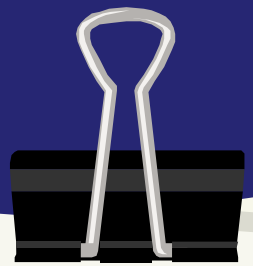

Coding Note: Superficial injuries, such as abrasions or contusions, are not coded when associated with more severe injuries of the same site.

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Case 1.190

S01.81XD **Laceration, face – *see* Laceration, head, specified site**

X58.XXXD **Index to External Causes, accident (to)**

Rationale: As stated in the Official Coding Guidelines, "Superficial injuries such as abrasions or contusions are not coded when associated with more severe injuries of the same site."

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Case 1.191

Z48.812	**Aftercare, following surgery (for) (on), circulatory system**
Z48.01	**Aftercare, following surgery (for) (on), attention to, dressings, surgical**
I25.10	**Atherosclerosis, coronary artery**
Z95.0	**Status (post), pacemaker, cardiac**

Rationale: The aftercare following surgery on the circulatory system as well as aftercare for the dressing change is assigned. The code for coronary artery disease without angina is assigned as no angina is documented.

Case 1.192

T78.40XA	**Allergy, allergic (reaction) (to). Review Tabular for complete code assignment.**
T45.1X5A	**Allergy, allergic (reaction) (to), drug, medicament and biological (any) (external) (internal), correct substance properly administered – *see* Table of Drugs and Chemicals, by drug, adverse effect, fluorouracil**
C80.1	**Cancer, unspecified site (primary) (secondary)**

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Case 1.192. continued:

Rationale: Without documentation of the specific adverse effect, the code for the allergic reaction (T78.40XA) is assigned. The seventh character *A* is used as the documentation does not indicate that the patient has received prior treatment for this allergic reaction. The unspecified cancer code is used as the documentation does not indicate the type of cancer being treated. The coding guidelines state that this code should be used "when no determination can be made as to the primary site of a malignancy."

Case 1.193

S72.21XD	**Aftercare, fracture – code to fracture with seventh character D. Fracture, traumatic, hip – *see* Fracture, femur, neck. Fracture, femur, neck – *see* Fracture, femur, upper end, neck. Fracture, femur, upper end, subtrochanteric (displaced)**
Z48.01	**Admission (for), change of, surgical dressing**
W10.0XXD	**Index to External Causes, Fall, falling, from, off, out of, escalator**

Case 1.193 (continued):

Rationale: Unlike ICD-9-CM, ICD-10-CM does not have aftercare code for healing traumatic fractures. Instead, the fracture code continues to be utilized for subsequent encounters with a seventh character which designates that this encounter is for subsequent care of the fracture. The fracture code is five characters in length with an X placeholder being added for the sixth character prior to adding the seventh character. ICD-10-CM Coding Guideline A.5 states, "Certain ICD-10-CM categories have applicable seventh characters."

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Case 1.193 (continued):

The applicable seventh character is required for all codes within the category, or as the notes in the Tabular List instruct. The seventh character must always be the seventh character in the data field. If a code that requires a seventh character is not six characters, a placeholder X must be used to fill in the empty character(s). An external cause code is used with injury codes. Activity and Place of occurrence codes are only assigned at the initial encounter.

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Case 1.194

Z47.1	**Aftercare, following surgery (for) (on), joint replacement**
Z96.642	**Status (post), organ replacement, by artificial or mechanical device or prosthesis of, joint, hip – *see* Presence, hip joint implant. Presence (of), hip-joint implant (artificial) (functional) (prosthesis)**
R26.2	**Gait, abnormality, walking difficulty, NEC**
Z51.81	**Monitoring (encounter for), therapeutic drug level**

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Case 1.194 (continued):

Z79.01 **Therapy, drug, long-term (current) (prophylactic), anticoagulants**

Z48.01 **Change(s) (in) (of), dressing, surgical**

Rationale: The main reason for this home health encounter was for aftercare following a joint replacement (Z47.1). In the Tabular under Z47.1 there is an instructional note to "use additional code to identify the joint (Z96.6-)." Note under Z51.81 instructs to code also any long-term (current) drug therapy.

Case 1.195

J44.9 **Disease, diseased, pulmonary, chronic obstructive**

Z99.81 **Dependence (on) (syndrome), oxygen (long-term) (supplemental)**

Rationale: The reason for this home health encounter was the COPD (J44.9). Z99.81 is coded as an additional diagnosis for the home oxygen.

Case 1.196

L03.113 Cellulitis (diffuse) (phlegmonous) (septic) (suppurative), upper limb. Review Tabular for complete code assignment.

Z79.2 Long, term (current) (prophylactic) drug therapy (use of), antibiotics

Z45.2 Admission (for), adjustment (of), device, vascular access

Case 1.196 (continued):

Rationale: The reason for this encounter was to continue the treatment of the cellulitis (L03.113). Code Z79.2 is added as a secondary diagnosis for the continued use of the antibiotics and Z45.2 is added for the maintenance of the PICC line (vascular access device). In this scenario, Z45.2 was assigned rather than Z95.828, Presence of other vascular implants and grafts. Even though there is an *Excludes2* note under Z45 that states: *Excludes2*: presence of prosthetic and other devices (Z95-Z97), it was felt that the addition of code Z95.828 does not provide any additional specificity to this scenario.

Case 1.197

Z48.3	**Aftercare, following surgery (for) (on), neoplasm**
C50.511	**Refer to Neoplasm Table, by site (breast), malignant, primary site, lower-outer quadrant. Review Tabular for complete code assignment.**
Z48.01	**Admission (for), change of, surgical dressing**
Z90.11	**Absence (of) (organ or part) (complete or partial), breast(s) (and nipple(s)) (acquired)**

Case 1.197 (continued):

Rationale: The reason for this encounter was to provide aftercare following surgery for the malignant neoplasm. In the Tabular there is a note under Z48.3 that instructs the coding professional to use an additional code to identify the specific neoplasm. Z48.01 is also coded as a secondary diagnosis for the dressing changes. Absence of the breast is coded as Z90.1 with the fifth character of 1 determined from the Tabular List.

ICD-10

Case 1.198

Z47.1 **Aftercare, following surgery (for) (on), joint replacement**

Z96.651 **Status (post), organ replacement, by artificial or mechanical device or prosthesis of, joint, knee – *see* Presence (of), knee joint implant (functional) (prosthesis)**

R26.9 **Abnormality, gait – *see* Gait. Gait abnormality**

Rationale: The sixth character 1 for right knee joint replacement code is obtained from the Tabular List. The osteoarthritis of the right knee is not coded because the patient had the right knee replaced. The patient no longer has osteoarthritis of this joint following the procedure. It appears that the care provided was aftercare.

Case 1.199

Z47.1	**Aftercare, following surgery (for) (on), joint replacement**
T81.4XXA	**Infection, infected, infective (opportunistic), postoperative wound. Review Tabular for complete code assignment.**
R26.9	**Abnormality, gait – *see* Gait. Gait abnormality**
Z48.01	**Aftercare, following surgery, attention to dressings, surgical**
Z96.642	**Status (post), organ replacement, by artificial or mechanical device or prosthesis of, joint, hip – *see* Presence (of), hip joint implant, (functional) (prosthesis)**

Case 1.199 (continued):

Rationale: Home care is providing service for the gait abnormality and the infected surgical wound. The seventh character A is used with code T81.4 to identify the initial treatment for the wound infection. The patient has a hip joint prosthesis and the aftercare code for that condition should be used. The original hip fracture is not coded in this case because the fracture is gone and the joint replacement is being treated with aftercare.

ICD-10

Case 1.200

Z46.6 **Admission (for), adjustment (of), device, urinary or Change(s) (in) (of), indwelling catheter**

N31.9 **Neurogenic, bladder**

Rationale: The patient is seen specifically for changes of the indwelling urinary catheter. Both the "admission for" and "change" entries in the Index direct the coder to Z46.6.

AHIMA

ICD-10

Case 1.201

Z48.815 **Aftercare, following surgery (for) (on), digestive system**

Z48.01 **Aftercare, following surgery (for) (on), attention to dressings, surgical**

Z48.03 **Aftercare, following surgery (for) (on), attention to drains**

Rationale: The cholecystitis is not coded because it has been resolved. Several aftercare codes fully describe this encounter.

ICD-10

Case 1.202

I50.9 **Failure, failed, heart (acute) (senile) (sudden), congestive (compensated) (decompensated)**

I73.9 **Insufficiency, insufficient, vascular, peripheral**

E03.9 **Hypothyroidism (acquired)**

Rationale: The patient is seen for all three diagnoses. Code sequencing cannot be determined from the documentation.

AHIMA

ICD-10

Case 1.203

E10.65 Diabetes, diabetic (mellitus) (sugar), poorly controlled – code to Diabetes, by type, with hyperglycemia, type 1

Z71.3 Counseling (for), dietary

Z46.81 Counseling (for), insulin pump use, or Encounter (with health service) (for), training, insulin pump

ICD-10

Case 1.203 (continued):

Rationale: The patient's ketoacidosis is a life-threatening condition which was resolved prior to discharge and is not coded by the HHA. The note in the Index states that diabetes inadequately controlled, out of control, or poorly controlled is coded to diabetes by type with hyperglycemia. Code Z96.41, Presence of insulin pump, is not coded because the information that the pump is present is contained in code Z46.81, Counseling, insulin pump use.

ICD-10

Case 1.204

Z48.812 **Aftercare, following surgery (for) (on), circulatory system**

I25.10 **Disease, diseased, coronary (artery) – *see* Disease, heart (organic), ischemic, atherosclerotic (of)**

Z95.1 **Status (post), aortocoronary bypass**

Rationale: The patient is being seen by the HHA for aftercare following cardiac surgery, Z48.812 and has an aortocoronary bypass graft in place, Z95.1. The coronary artery disease is still present and coded.

ICD-10

Case 1.205

Z48.3 **Aftercare, following surgery (for) (on), neoplasm**

C18.7 **Neoplasm Table, by site, intestine, large, colon, sigmoid (flexure) in Malignant Primary column**

Z43.3 **Colostomy, attention to**

Rationale: The Index contains entries for aftercare following surgery on a neoplasm. For this case, the code for aftercare following surgery on the neoplasm is assigned as the first-listed code and codes for the neoplasm of the sigmoid colon and the colostomy status are assigned as secondary diagnoses. The Z43.3 is assigned rather than Z93.3 (Status colostomy) because they are doing teaching and cleansing and toilet care.

Case 1.206

S72.002D **Fracture, traumatic (abduction) (adduction) (separation), hip – *see* Fracture, traumatic, femur, upper end, neck**

R26.9 **Abnormality, gait – *see* Gait. Gait abnormality**

W19.XXXD **Fall, falling (accidental)**

Rationale: The fracture is not stated as open or closed. The coder should not confuse the open treatment with an open fracture. Coding Guideline 1.C.19.c directs the coder to code a closed fracture when open or closed is not specified. An external cause of injury code is used with the fracture code. Activity and Place of Occurrence codes are not used for subsequent encounters.

Case 1.207

T81.4XX.D	**Infection, infected, infective, postoperative wound**
Z47.1	**Aftercare, following surgery (for) (on), joint replacement**
T81.31XD	**Dehiscence (of), operation wound, external operation wound (superficial)**
B95.62	**Infection, infected, infective, staphylococcal, as cause of disease classified elsewhere, aureus, methicillin resistant (MRSA) or MRSA, infection, as the cause of diseases classified elsewhere**
Z96.642	**Presence (of), implanted device, joint, hip**

ICD-10

Case 1.207 (continued):

M15.9 **Osteoarthritis, generalized**

R26.9 **Abnormality, gait – *see* Gait. Gait abnormality**

Rationale: This patient is receiving aftercare following a joint replacement, but the surgical wound infection represents the most acute condition and requires the most intensive skilled service. The osteoarthritis is coded for this case because other joints are still affected.

AHIMA

ICD-10

Case 1.208

Z48.3	**Aftercare, following surgery (for) (on), neoplasm**
C50.911	**Neoplasm Table, by site (breast), malignant primary column**
I69.398	**Sequelae (of), stroke, specified effect NEC**
M62.81	**Weak, weakening, weakness (generalized), muscle**
Z90.11	**Absence (of) (organ or part) (complete or partial), breast(s) (and nipple(s)) (acquired)**

AHIMA

Case 1.208 (continued):

Rationale: The neoplasm is determined from the Neoplasm Table under Breast. The fifth and sixth characters are determined from the Tabular List. The Tabular List directs the coder to use additional code to identify the sequelae of weakness, muscle.

ICD-10

Case 1.209

I69.341 **Monoplegia, following, cerebrovascular disease, cerebral infarction, lower limb or Sequelae, infarction, cerebral, monoplegia, lower limb**

R26.9 **Abnormality, gait – *see* Gait. Gait abnormality**

Z99.3 **Status (post), wheelchair confinement**

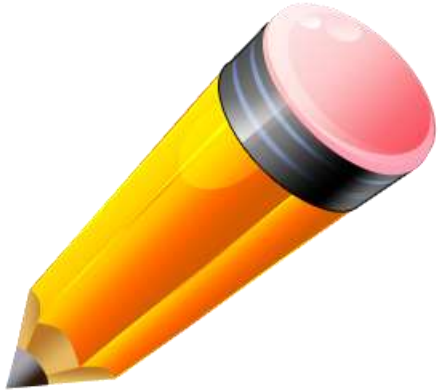
Rationale: The patient is described as wheelchair dependent or chairfast. The Index entry for Status (post) directs the coder to Z99.3 for wheelchair confinement.

ICD-10-CM

HOSPITAL INPATIENT CASES

Cases to Code

Optimal	Extra
• 1.210 • 1.215 • 1.220	• None



Trainers: *Please insert your own case numbers here to replace or supplement these.*

ICD-10

Case 1.210

A41.51	**Sepsis (generalized), Escherichia coli (E. coli)**
N39.0	**Infection, infected, infective (opportunistic), urinary (tract)**
B95.1	**Infection, infected, infective (opportunistic), bacterial NOS, as cause of disease classified elsewhere, streptococcus, group B**
B96.20	**Infection, infected, infective (opportunistic), bacterial NOS, as cause of disease classified elsewhere, Escherichia coli [E. coli]**
J44.9	**Disease, diseased, pulmonary, chronic obstructive**

AHIMA

ICD-10

Case 1.210 (continued):

I69.320	**Aphasia (amnestic) (global) (nominal) (semantic) (syntactic) following, cerebrovascular disease, cerebral infarction**
I69.351	**Accident cerebrovascular, old with sequelae – See Sequelae, infarction, cerebral. Sequelae (of), infarction, cerebral, hemiplegia**
N28.9	**Insufficiency, insufficient, renal (acute)**

AHIMA

ICD-10

Case 1.210 (continued):

Rationale: Urine culture results were documented as group B streptococcus and E. coli. The EKG showed tachycardia, but unless the physician indicates that this was a significant finding, the tachycardia would not be coded. During the course of hospitalization, the patient underwent "fluid rehydration." The coding professional may want to query the physician to determine if dehydration is an additional diagnosis and should be reported.

Case 1.210 (continued):

The patient is on tube feedings. The coder should review the remainder of the health record to determine if the patient has a gastrostomy (Z93.1). Additional physician query might be generated to gather more specificity about the renal insufficiency, because if this condition was actually acute kidney failure from the sepsis, the code would change, and severe sepsis would be additionally assigned.

Case 1.211

ICD-10

D64.81	**Anemia (essential) (general) (hemoglobin deficiency) (infantile) (primary) (profound), due to (in) (with), antineoplastic chemotherapy**
C25.0	**Carcinoma (malignant) – *see also* Neoplasm Table, by site, malignant. Neoplasm Table, pancreas, head, malignant primary column**
T45.1X5A	**Table of Drugs and Chemicals, Antineoplastic NEC**

Rationale: The anemia is sequenced first because the treatment is directed at the anemia. The neoplasm and adverse effect codes are coded as secondary diagnoses. The seventh character of A is assigned to T45.1X5- because this is the patient's initial encounter for treatment of the adverse effect.

Case 1.212

C79.31	Neoplasm Table, by site, (brain NEC), secondary
C80.1	Neoplasm Table, by site (unknown site or unspecified), malignant, primary
G30.1	Disease, diseased, Alzheimer's, late onset
F02.80	
S00.83XA	Contusion (skin surface intact), head, specified part, NEC
F32.9	Depression (acute) (mental)

Case 1.212 (continued):

J43.9	**Emphysema (atrophic) (bullous) (chronic) (interlobular) (lung) (obstructive) (pulmonary) (senile) (vesicular)**
W05.0XXA	**Index to External Causes, Fall, falling (accidental) from, off, out of, wheelchair, non-moving**
Y92.129	**Index to External Causes, Place of Occurrence, residence, institutional, nursing home**
Y99.8	**Index to External Causes, External cause status, specified NEC**

Case 1.212 (continued):

Rationale: The symptom of ataxia is a manifestation of the brain metastasis. Coding guidelines direct that codes for symptoms that are inherent to a disease process should not be reported. The principal diagnosis is the brain metastasis. Code C80.1, malignant neoplasm, unspecified is used when no determination can be made as to the primary site of the malignancy. In the Alphabetic Index, dementia, senile, Alzheimer's type refers the coder to Disease, Alzheimer's, late onset, resulting in G30.1 and F02.80.

ICD-10

Case 1.213

E11.649	**Diabetes, diabetic (mellitus) (sugar), type 2, with hypoglycemia**
C34.11	**Neoplasm Table, by site, (lung), upper lobe malignant, primary**
E11.21	**Diabetes, diabetic (mellitus) (sugar), type 2, with nephropathy**
E11.40	**Diabetes, diabetic (mellitus) (sugar), type 2, with neuropathy**
R16.0	**Hepatomegaly, *see also* Hypertrophy, liver**
	Hypertrophy, hypertrophic, liver

ICD-10

Case 1.213 (continued):

E78.5 Hyperlipemia, hyperlipidemia

Z79.4 Long-term (current) (prophylactic) drug therapy (use of), insulin

Rationale: The inpatient admission was due to the hypoglycemia which was complicating the type 2 diabetes; therefore, the E11.649 is the correct principal diagnosis (with hypoglycemia and without coma) and code Z51.11 would be inappropriate since the chemotherapy was never administered.

Case 1.213 (continued):

Additionally, it would be inappropriate to code Z53.09 (Procedure and treatment not carried out because of other contraindication) because the chemotherapy was not planned during the inpatient admission. The patient was initially scheduled for outpatient chemotherapy, which did not occur due to the hypoglycemia.

Case 1.214

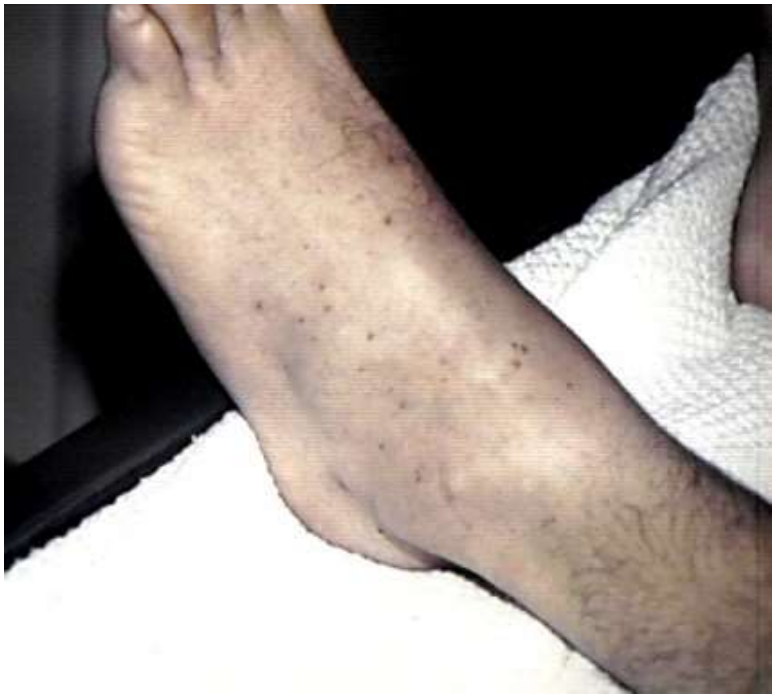
ICD-10

I50.9	**Failure, failed, heart (acute) (senile) (sudden), congestive (compensated) (decompensated)**
E86.0	**Dehydration**
D69.49	**Thrombocytopenia, thrombocytopenic, primary NEC**
N39.0	**Infection, infected, infective (opportunistic), urinary (tract)**
E11.9	**Diabetes, diabetic (mellitus) (sugar), type 2**

Rationale: The principal diagnosis should be the CHF because it was present on admission and was the main focus of treatment during the inpatient stay. The petechial hemorrhage and hematomas are not coded because they are part of the thrombocytopenia.

ICD-10

Teaching Tip: Show images of petechial hemorrhages.



United States Department of Health and Human Services, in public domain

AHIMA

ICD-10

Case 1.215

I11.0	**Hypertension, hypertensive, heart, with, heart failure (congestive)**
I50.1	**Failure, failed, heart (acute) (senile) (sudden), with, acute pulmonary edema – *see* Failure, ventricular, left**
J15.1	**Pneumonia, in (due to) Pseudomonas NEC**
J44.9	**Disease, diseased, pulmonary, chronic obstructive**
Z87.891	**History, personal (of), nicotine dependence**
Z66	**Status (post), do not resuscitate (DNR)**

ICD-10

Case 1.215 (continued):

Rationale: ICD-10-CM provides a combination code for hypertension and heart failure when a causal relationship is stated (due to hypertension) or implied (hypertensive). The pulmonary edema is not coded separately as it is a manifestation of the heart failure.

See Index:

Edema, pulmonary, *see* lung

Edema, lung

With heart condition or failure – *see* failure, ventricular, left

Case 1.216

J18.1	**Pneumonia, lobar (disseminated) (double) (interstitial)**
I50.33	**Failure, failed, heart (acute) (senile) (sudden), diastolic, congestive, acute (congestive), and (on) chronic (congestive)**
I10	**Hypertension, hypertensive**
I20.9	**Angina**
F41.9	**Anxiety**
I25.2	**Infarct, Infarction, myocardium, myocardial, healed or old**

ICD-10

Case 1.216 (continued):

Rationale: The documented symptoms on admission support pneumonia as the principal diagnosis. Additionally, the documentation supports the pneumonia to be lobar. Acute on chronic diastolic CHF, hypertension, angina, anxiety, and history of MI all meet the definition of other (secondary) diagnoses and should be coded.

ICD-10

Case 1.217

O24.410 Pregnancy (single) (uterine), complicated by (care of) (management affected by), diabetes (mellitus), gestational (pregnancy induced) – *see* Diabetes, gestational

Diabetes, diabetic (mellitus) (sugar), gestational (in pregnancy), diet controlled

O99.89 Pregnancy (single) (uterine), complicated by (care of) (management affected by), disorders of, specified NEC

M62.08 Diastasis, muscle, specified site NEC

Z3A.40 Pregnancy (single) (uterine), weeks of gestation, 40 weeks

AHIMA

ICD-10

Case 1.217 (continued):

Rationale: Gestational diabetes codes to subcategory O24.4 and is further subclassified whether it is in pregnancy, in childbirth, or in the puerperium. For this encounter the patient is still in pregnancy, resulting in assignment of O24.410 Gestational diabetes mellitus in pregnancy, diet controlled. The sixth character of gestational diabetes codes classifies whether it is diet controlled, insulin controlled, or unspecified controlled. The patient's pregnancy has been complicated by diastasis recti, or a rupture of the abdominal wall muscle.

Case 1.217 (continued):

This is a specified disorder of the pregnancy. A note at subcategory O99.8 states to use an additional code to identify the condition. Code O71.89 (diastasis recti complicating delivery) is not assigned because there was no delivery at this encounter. The Z3A.40 code is added to indicate weeks of gestation.

ICD-10

Case 1.218

P38.9 **Omphalitis (congenital) (newborn)**

B95.62 **Infection, infected, infective (opportunistic), staphylococcal NEC, as cause of disease classified elsewhere, aureus, methicillin resistant (MRSA)**

B95.4 **Infection, infected, infective (opportunistic), bacterial NOS, as cause of disease classified elsewhere, Streptococcus, specified NEC**

Rationale: Both infectious causes of the omphalitis, Staphylococcus aureus (MRSA) and Group H Streptococcus, should be coded in this case.

ICD-10

Case 1.219

T43.622A	**Overdose, overdosage (drug) – *see* Table of Drugs and Chemicals, by drug, poisoning. Table of Drugs and Chemicals, Amphetamines, NEC**
T51.0X2A	**Overdose, overdosage (drug), – *see* Table of Drugs and Chemicals, by drug, poisoning. Table of Drugs and Chemicals, Alcohol, beverage**
F10.229	**Dependence (on) (syndrome) alcohol (ethyl) (methyl) (without remission), with, intoxication**
F15.229	**Dependence (on) (syndrome), amphetamine(s) (type), *see* Dependence, drug, stimulant, NEC, with, intoxication**

AHIMA

ICD-10

Case 1.219 (continued):

R00.0	**Tachycardia**
F90.9	**Disorder (of), attention-deficit hyperactivity (adolescent) (adult) (child)**
F91.1	**Disorder (of), aggressive, unsocialized**
E86.0	**Dehydration**
Y90.2	**Index to External Causes, Blood alcohol level, 40-59 mg/100 ml**

AHIMA

ICD-10

Case 1.219 (continued):

Rationale: The seventh character A is required to identify the initial encounter for the amphetamine and alcohol overdose. A note under F10 reminds the coder to assign a code for the alcohol level, which is found in the Index of External Causes. The column, Poisoning, intentional, self-harm was selected because a suicide attempt was documented.

Case 1.220

T84.032A	**Complication(s) (from) (of), joint prosthesis, internal, mechanical, loosening, knee. Review the Tabular for complete code assignment.**
G20	**Parkinsonism (idiopathic) (primary)**
I11.0	**Hypertension, hypertensive, heart (disease), with heart failure (congestive)**
I50.9	**Failure, failed, heart, congestive**
H40.143	**Glaucoma, capsular – *see* Glaucoma, open angle, primary, capsular**
I25.2	**Infarct, Infarction, myocardium, myocardial, healed or old**
R94.39	**Findings, abnormal, inconclusive, without diagnosis, stress test**

Case 1.220 (continued):

Rationale: The mechanical complication (aseptic loosening) of the knee prosthesis is sequenced first since it is the reason for the encounter. I50.9 is coded in addition to I11.0 as a result of an instructional note appearing under I11.0 to use an additional code to identify the type of heart failure. The sixth character of the glaucoma code 3 specifies the laterality of the condition, which in this case is bilateral. An external cause code is not assigned because the external cause is included in the T-code. See Coding Guideline I.C.19.g.4.

Case 1.221

D25.0	Leiomyoma, uterus (cervix) (corpus), submucous
N80.0	Endometriosis, uterus (internal)
N80.1	Endometriosis, ovary
N80.3	Endometriosis, pelvic peritoneum
N73.6	Adhesions, adhesive, peritoneum, peritoneal, pelvic, female
K91.72	Complication(s) (from) (of), intraoperative, (intraprocedural), puncture or laceration (accidental) (unintentional) (of), digestive system, during procedure on other organ

Case 1.221 (continued):

D62 **Anemia, blood loss, acute**

Y92.234 **Index to External Causes, Place of occurrence, hospital, operating room**

Rationale: The leiomyoma (D25.0) is documented as the reason for the procedure and is sequenced as the principal diagnosis. The patient experienced an intraoperative complication (K91.72). ICD-10-CM differentiates between intraoperative and postprocedural complications. In this instance, the complication of care code is located within the Diseases of the Digestive System chapter rather than within the External Cause of Morbidity chapter of ICD-10-CM.

ICD-10

Case 1.221 (continued):

A place of occurrence code provides information and is coded. Coding Guideline I.C.20.c. states that activity codes are not applicable to poisonings, adverse effects, misadventures, or late effects. Additionally, I.C.20.k. states that the external cause status codes are not applicable to poisonings, adverse effects, misadventures, or late effects. An additional external cause code (misadventure) is not assigned because of Coding Guideline I.C.19.g.4. The complication code includes the necessary information and there is no additional misadventure code that applies to accidental puncture. The complication code assigned includes enough specificity.

Case 1.222:

Z38.00	**Newborn**
Q25.1	**Coarctation of aorta (preductal) (postductal)**
Q21.0	**Defect, defective, ventricular septal**
Q69.1	**Polydactylism**
Q66.8	**Deformity, foot, congenital, specified type NEC**
Q68.1	**Deformity, hand, congenital**

Case 1.222 (continued):

Rationale: The newborn was born at this hospital and delivered vaginally; therefore, Z38.00 is assigned. The Index entry for polydactylism is not specific to finger or thumb. The fourth digit for thumb is determined from the Tabular List. There is no Index entry for cleft hand or foot. The Index entry of Deformity provides codes for both feet and hands. There is another Index option for the Cleft Deformities that produces different codes than the ones obtained by following Deformity. Cleft – *see* Imperfect closure, Organ or site not listed – *see* anomaly by site. Under Anomaly, anomalous, there are choices for hand (Q74.0) and foot (Q74.2). After review of the Tabular, the Q66.8 and Q68.1 seem to provide better specificity.

Questions on Day 2 - Part 1?