



ICD-10-CM Day 2 2015

Building Expert Trainers in Diagnosis Coding:

AHIMA Academy for ICD-10-CM Trainers











ICD-10-CM

Application of ICD-10-CM to Site Specific Cases





ICD-10-CM

PHYSICIAN-RELATED CASES



Cases to Code



Optimal

- 1.227
- 1.236
- 1.244
- 1.245
- 1.251

Extra

- 1.239
- 1.248



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





Case 1.223

D27.1 Sertoli-Leydig cell tumor, - see Neoplasm, benign. Neoplasm, neoplastic — see also Neoplasm Table. Neoplasm Table, ovary, benign column. Review the Tabular for complete code assignment.

N91.2 Amenorrhea, secondary

Rationale: The Index entry for Sertoli-Leydig cell tumor of a specified site directs the coder to code Neoplasm, benign. The site of left ovary is coded as D27.1. There is a note at category D27 to use additional codes for any functional activity.



Case 1.224

R76.11 Findings, abnormal, inconclusive, without diagnosis, tuberculin skin test (without active tuberculosis)

G70.00 Myasthenia gravis

M41.124 Scoliosis (acquired) (postural), adolescent (idiopathic) see Scoliosis, idiopathic, thoracic

Rationale: The positive TB skin test is the reason for today's encounter and is coded first. The patient has myasthenia gravis and scoliosis as secondary diagnoses.



Case 1.225

Z01.419 Examination (for) (following) (general) (of) (routine), annual (adult) (periodic) (physical), gynecological

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M1A.9XX1 Gout, chronic

Z23 Vaccination (prophylactic), encounter for

Rationale: The Pap smear is not coded separately. The Index directs the coder to Z01.419 when the Pap smear is part of a routine gynecological exam. Chronic gout is coded as M1A.9 with a seventh character of 1 for with tophus (tophi), add two placeholder Xs to add the seventh character. Code Z23 is used to code the fact that an immunization was given. A coding note directs the coder that procedure codes are required to identify the types of immunizations given.

Case 1.226

- C71.7 Ependymoma (epithelial) (malignant), specified site *see* Neoplasm, malignant. Neoplasm Table, brain, midbrain, primary
- G97.48 Complications (from) (of), intraoperative (intraprocedural), puncture or laceration (accidental) (unintentional) (of), brain, during a nervous system procedure
- M62.81 Weak, weakening, weakness (generalized), muscle
- Y92.234 Index to External Causes, Place of occurrence, hospital, operating room



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Case 1.226 (continued):

Rationale: The Neoplasm Table contains an entry for midbrain under the heading of brain. The Tabular confirms that category C71 represents malignant neoplasm of the brain stem. The patient had a laceration of brain during the procedure. Intraoperative laceration of the brain during a nervous system procedure is coded as G97.48. The physician does not state that there was hemorrhage and G97.3- for intraoperative hemorrhage has an Excludes 1 note that directs the coder to use G97.4- for intraoperative hemorrhage caused by puncture or laceration. A misadventure external cause code is not assigned to this case because of Coding Guideline I.c.19.g.4. which states "As with certain other T codes, some of the complications of care codes have the external cause included in the code."



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Case 1.226 (continued):

The code includes the nature of the complication as well as the type of procedure that caused the complication. No external cause code indicating the type of procedure is necessary for these codes." It is correct to assign a place of occurrence code. Guideline I.C.20.k. states that the external cause status codes are not applicable to poisonings, adverse effects, misadventures, or late effects.



Case 1.227

A69.23 Arthritis, arthritic, (acute) (chronic) (nonpyogenic) (subacute) due to or associated

with Lyme disease

S40.861S Bite(s), (animal) (human), arm (upper),

superficial NEC, insect. Review the tabular

for complete code assignment

E66.01 Obesity, morbid

Z68.41 Body, bodies, mass index (BMI), adult,

40-44.9

W57.XXXS Index to External Causes, Bite, bitten

by, insect (nonvenomous)



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Case 1.227 (continued):

Rationale: ICD-10-CM provides a combination code for arthritis due to Lyme disease, as A69.23 rather than assigning individual codes for Lyme disease and arthritis. The Lyme disease and subsequent arthritis are a sequela of the tick bite and the bite code with the appropriate seventh character S is assigned. An external cause of injury code is assigned to accompany the tick bite code. Obesity and BMI are coded as secondary diagnoses due to the physician discussion.





Case 1.228

- D21.22 Fibroma *see also* Neoplasm, connective tissue, benign. Neoplasm Table, Connective tissue, foot, benign
- D21.21 Neoplasm Table, Connective tissue, foot, benign column
- E11.40 Diabetes, diabetic, (mellitus) (sugar), type 2 with neuropathy



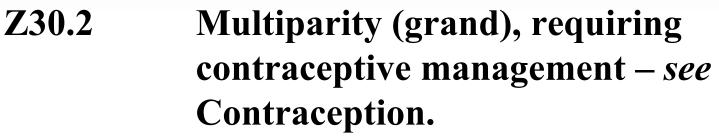
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Case 1.228 (continued):

Rationale: The fifth character for the plantar fibroma codes are found in the Tabular. In this case, ICD-10-CM does not provide an option for bilateral and the code needs to be assigned twice. Diabetes mellitus type 2 with neuropathy, unspecified is a combination code in ICD-10-CM. The physician did not document that the diabetes is inadequately controlled, out of control, or poorly controlled at this visit. Hyperglycemia was not coded at this encounter, although a query could be implemented if desired.



Case 1.229



Contraception, contraceptive, sterilization

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L91.8 Tag (hypertrophied skin) (infected), skin

Rationale: Multiparity is not coded separately as the Index directs the coder to Contraceptive management when the desire is sterilization. Rather, Z30.2, Encounter for sterilization is coded. The vulvar skin tag is not coded as Tag, vulvar because the Tabular List indicates that this category is for female genital mutilation status. The tag is a skin tag and coded as L91.8, Other hypertrophic disorders of the skin.



Case 1.230

K12.2 Cellulitis (diffuse) (phlegmonous) (septic) (suppurative), mouth (floor)

K12.0 Ulcer, ulcerated, ulcerating, ulceration, ulcerative, aphthous (oral) (recurrent)

B08.5 Herpangina

Rationale: The physician documents three separate diagnostic statements that all must be coded. There are no *Excludes 1* notes between any of the conditions documented. The choice of first-listed diagnosis is left to the coder, as all are equally evaluated and treated.



Case 1.231



B35.4 Tinea (intersecta) (tarsi) corporis

E28.2 Syndrome, ovary, polycystic

Rationale: Either vaginal candidiasis or the tinea corporis could be the first-listed diagnosis. The physician does not state which condition was the primary focus of care received that day. Polycystic ovarian syndrome is coded as a secondary diagnosis because treatment was continued.



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Case 1.232

S83.231A Tear, torn (traumatic) meniscus (knee) (current injury), medial, complex

M71.21 Baker's cyst – see Cyst, Baker's

M22.41 Chondromalacia (systemic), patella

W19.XXXA Index to External Causes, Fall, falling (accidental)

Y92.830 Index to External Causes, Place of occurrence, park (public)

Y93.02 Index to External Causes, Activity (involving) running

Y99.8 Index to External Causes, External cause status, leisure activity



Case 1.232 (continued):

Rationale: The meniscal tear is a current injury, based on the statement that the physician is diagnosing a new problem. Therefore, the Index entry of articular cartilage, old is not correct. Tear, meniscus, medial, complex leads the coder to the correct code of S83.23- with a sixth character of 1 for the right knee and a seventh character of A for the initial encounter. Chondromalacia of the patella is coded as M22.4- with a fifth digit of 1 for the right knee.



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Case 1.233

C78.7 Carcinoma – see also Neoplasm by site, malignant. Neoplasm Table -, liver, malignant secondary column

Z85.068 History, personal (of), malignant neoplasm (of), small intestine

Z66 Status (post), Do Not Resuscitate (DNR)

Z90.49 Absence (of) (organ or part) (complete or partial), duodenum (acquired)

Z92.21 History, personal (of), chemotherapy for neoplastic condition



Case 1.233, continued:

Rationale: Z51.5, Encounter for palliative care is not assigned to this encounter because the patient was seen for evaluation of secondary malignant neoplasm of the liver. The patient is sent to the hospice program where palliative care would be coded.





Case 1.234

F90.2 Disorder (of), attention-deficit hyperactivity (adolescent) (adult) (child), combined type

F82 Disorder (of), developmental, coordination (motor)

Rationale: ICD-10-CM does not contain a code for coordination disorder. A coordination disorder is a developmental disorder of coordination or F82.



Case 1.235

Q77.4 Achondroplasia (osteosclerosis congenita) or Osteosclerosis congenital

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G47.33 Apnea, apneic (spells) sleep, obstructive (adult) (pediatric)

Q76.426 Lordosis, congenital, lumbar region

Z82.79 History, family (of), chromosomal anomaly <u>or</u> History, family (of), congenital malformations and deformations



Case 1.235 (continued):

Rationale: Achondroplasia is an inherited chromosomal abnormality with potential malformations of long bones. The spine can also be affected. Lordosis was noted on the patient's initial newborn bone survey and is therefore coded as congenital. The sleep apnea is coded as G47.33 because this is new since this last visit, rather than sleep apnea of newborn, which is coded as P28.3. All family histories of congenital malformations, deformations, and chromosomal abnormalities are coded as Z82.79.



Case 1.236

H81.02 Vertigo, labyrinthine – see subcategory H81.0

R51 Headache

Rationale: Labyrinthine vertigo is coded with a fifth digit of 2 because the physician indicates that the patient's symptoms involve the left ear. "Rule out temporal arteritis" is not coded. This statement indicates uncertainty and is, therefore, not coded.



Case 1.237

R51 Pain(s) (see also Painful), face, facial

M27.8 Pain(s) (see also Painful), jaw

G51.0 Bell's palsy, paralysis. <u>or</u> Palsy, Bell's – see also Palsy, facial

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H65.92 Otitis (acute), media (hemorrhagic) (staphylococcal) (streptococcal), nonsuppurative

Rationale: The coder does not code the uncertain diagnosis of "rule out superimposed trigeminal neuralgia" but rather codes the facial pain and jaw pain. The Index directs the coder to H65.9- for nonsuppurative otitis media. The coder selects the fifth digit of 2 for the left ear from the Tabular.

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Case 1.238

L03.012 Paronychia – see also Cellulitis, digit
Cellulitis (diffuse) (phlegmonous)
(septic) (suppurative), digit, finger –
see Cellulitis, finger (intrathecal)
(periosteal) (subcutaneous)
(subcuticular)

J41.0 Cough (affected) (chronic) (epidemic) (nervous), smokers'

Z72.0 Tobacco (nicotine), use





Case 1.238 (continued):

Rationale: Cellulitis of the left thumb is L03.01-with a sixth digit of 2 for the left finger. The Index does not provide an entry for tobacco or nicotine under the heading of Abuse, but Category J41.0 does direct the coder to use additional code to identify tobacco use, Z72.0.



Case 1.239

O99.283 Pregnancy (single) (uterine), complicated by (care of) (management affected by), endocrine diseases

O24.410 Diabetes, diabetic (mellitus) (sugar), gestational (in pregnancy), diet controlled

E06.3 Thyroiditis, Hashimoto's (struma lymphomatosa)

Z3A.34 Pregnancy (single) (uterine), weeks of gestation, 34 weeks



ICD-10

Case 1.239 (continued):

Rationale: The physician documents that the Hashimoto Thyroiditis is complicating pregnancy. No entry exists for thyroid disorders or Hashimoto Thyroiditis. The entry for Endocrine disorders is chosen and verified in the Tabular. The coding note under subcategory O99.2 states that it includes conditions in E00-E90. Coding Guideline I.C.15.a.1.states that additional codes may be used with Chapter 15 codes to further specify conditions and therefore, code E06.3 is added. The guideline also tells us that Chapter 15 codes are sequenced first. Code Z3A.34 is added to indicate weeks of gestation.



ICD-10



Case 1.240

M79.641 Pain(s), hand, see Pain, limb, upper, hand

R20.2 Paresthesia, see also Disturbance(s), sensation (cold) (heat) (localization) (tactile discrimination) (texture) (vibratory), skin, paresthesia

Z33.1 Pregnancy (childbirth) (labor) (puerperium), incidental finding





Case 1.240 (continued):

Rationale: The physician establishes the onset of her hand pain prior to the pregnancy and therefore the pregnancy is coded as an incidental finding. Coding Guideline I.C.15.a.1.states that it is the provider's responsibility to state that the condition being treated is not affecting the pregnancy, which the provider does by stating, Incidental Pregnancy.



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Case 1.241

A04.7 Colitis (acute) (catarrhal) (chronic (noninfective) (hemorrhagic), Clostridium difficile

E86.0 Dehydration

I73.9 Disease, diseased, peripheral vascular NOS

Rationale: Colitis caused by C. diff is a combination code in ICD-10-CM. The colitis and the infection should not need to be coded separately. Dehydration is not integral to colitis and should be coded separately as E86.0. Peripheral vascular disease is coded as a secondary diagnosis because the physician is ordering evaluation and prophylaxis.





Case 1.242

F32.9 Depression (acute) (mental), major

Z63.4 Bereavement (uncomplicated)

Rationale: The physician documented the patient's diagnosis as major depression, a specific form of depression and documented a secondary diagnosis of bereavement. The physician did not document psychotic symptoms; therefore, F32.9 is the correct code.





Case 1.243

E66.01 Obesity, due to, excessive calories, morbid

Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant)

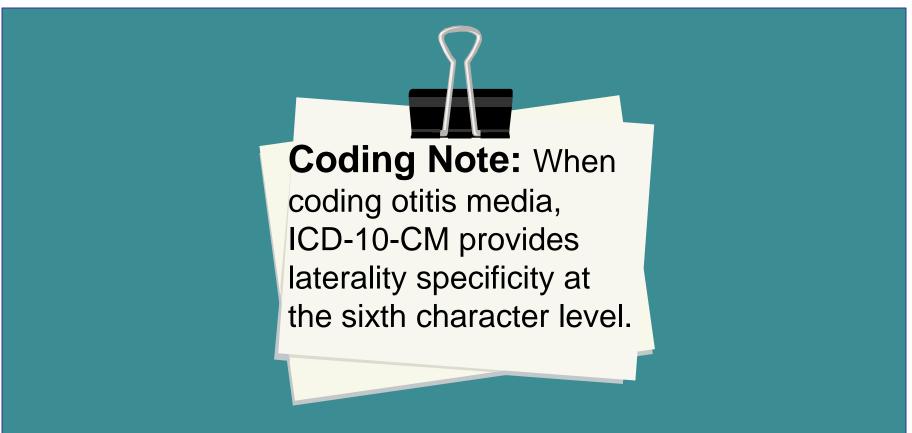
(systemic)

E78.0 Hypercholesterolemia (essential) (familial) (hereditary) (primary) (pure)

Rationale: The obesity is the reason for this encounter and is the first listed diagnosis. The hypertension and hypercholesterolemia are coded as additional diagnoses.









Case 1.244

H66.003 Otitis (acute), media (hemorrhagic) (staphylococcal) (streptococcal), suppurative, acute

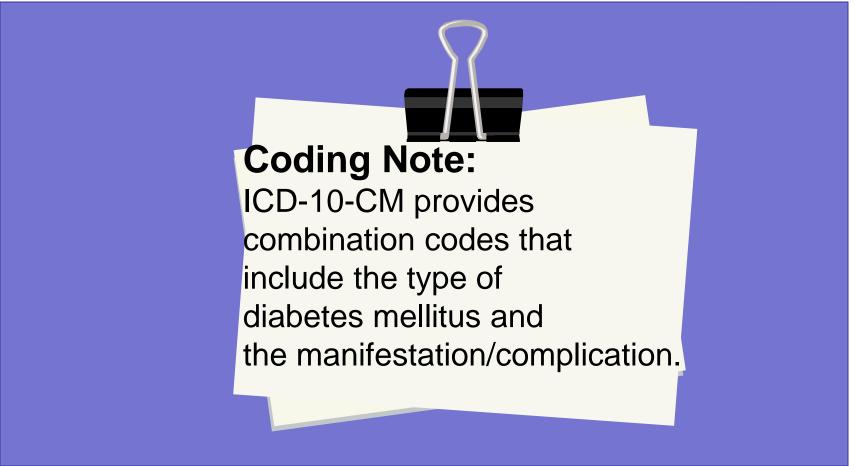
J06.9 Infection, infected, infective (opportunistic) respiratory (tract), upper (acute)

Rationale: The otitis is described as acute and suppurative but with no mention of eardrum rupture, therefore H66.003, not H66.013, is the correct code. A diagnosis code for conjunctivitis is not added due to the statement in the plan which attributes the eye problems to backup from her nose rather than conjunctivitis.



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Coding Note: The Tabular instructs the coding professional to use an additional code with type 2 diabetes to identify any insulin use.



Case 1.245

E11.43 Diabetes, diabetic (mellitus) (sugar) type 2, with, gastroparesis

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K31.84 Gastroparesis

Therapy, drug, long-term (current), insulin <u>or</u> Long-term (current) drug therapy (use of), insulin

Rationale: The patient is type 2 diabetic which codes to category E11. ICD-10-CM provides combination codes for diabetes and its manifestations/complications. There is a note at the beginning of category E11 that instructs the coding professional to "use an additional code to identify any insulin use (Z79.4)."The addition of code K31.84, Gastroparesis, while not mandatory, does specify the type of neuropathy.

ICD-10

Case 1.246

- N18.6 Disease, diseased, renal (chronic) (functional) (pelvis), end-stage (failure)
- Dependence (on) (syndrome), on, renal dialysis (hemodialysis) (peritoneal) or Presence (of), arterial-venous shunt (dialysis)

Rationale: The patient did not receive renal dialysis on this outpatient visit. The encounter was for the ESRD.



Case 1.247

C67.3 Neoplasm Table, by site, bladder (urinary), malignant, primary site, wall, anterior

N40.0 Hypertrophy, hypertrophic, prostate – *see* Enlargement, enlarged, prostate

Z92.21 History, personal (of), chemotherapy for neoplastic condition





Case 1.247 (continued):

Rationale: According to ICD-10-CM Coding Guideline I.C.21.c.7, Follow-up, "A follow-up code may be used to explain repeated visits. Should a condition be found to have recurred on the follow-up visit, then the diagnosis code for the condition should be assigned in place of the follow-up code." Additionally, since there is a recurrence of the cancer, the history should not be used.



Case 1.248

M15.0 Arthritis, arthritic (acute) (chronic) (nonpyogenic) (subacute) degenerative – see Osteoarthritis

Osteoarthritis, generalized, primary

ICD-10

M47.817 Osteoarthritis, spine – see Spondylosis

Spondylosis, without myelopathy or radiculopathy, lumbosacral region

I25.10 Arteriosclerosis, arteriosclerotic (diffuse) (obliterans) (of) (senile) (with calcification), coronary (artery)

Hypertension, hypertensive (accelerated)
(benign) (essential) (idiopathic) (malignant)
(systemic)



Case 1.248 (continued):

Rationale: Either M15.0 or M47.817 may be sequenced as the first listed diagnosis as both are the reason for this office visit. Note that in the Tabular under the section for Osteoarthritis (M15-19) there is an Excludes2 note for osteoarthritis of the spine (M47.-). Coding Guideline I.A.12.b indicates that when an *Excludes2* note is pertinent for a code, it is acceptable to use both the code and the excluded code together when the patient has both conditions at the same time. Note: If the physician is queried about how long the patient has been on Celebrex, code Z79.1 could also be coded, if it is determined to be long-term use.



Case 1.249

First visit:

E30.0 Delay, delayed, puberty (constitutional)

Z60.4 Problem (with) (related to), social, exclusion and rejection

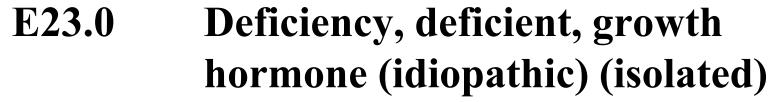
Rationale: In the Tabular, under category R62 there is an *Excludes1* note: Delayed puberty (E30.0), so R62.52 is not assigned. ICD-10-CM code E34.3 would not be used, as an endocrine disorder is not documented and the lab results have not been received.





Case 1.249 (continued):

Second visit:



Rationale: Code E34.3 cannot be used with E23.0. In the Tabular under code E34.3 there is an *Excludes1* note with "pituitary short stature (E23.0)."Coding Guideline A.12.a, *Excludes1*, states that an *Excludes1* note indicates that the code excluded should never be used at the same time as the code above the *Excludes1* note. An *Excludes1* is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition."







Coding Note: In ICD-10-CM, when coding an infection due to an indwelling urinary catheter, the coding professional is instructed to use an additional code to identify the infection. Additionally, if the infectious agent is also known, this should be assigned as an additional diagnosis.







Case 1.250

T83.51XA Complication(s) (from) (of), catheter (device), urethral, indwelling, infection and inflammation

N39.0 Infection, infected, infective (opportunistic), urinary (tract)

B96.20 Infection, infected, infective (opportunistic), Escherichia (E) coli, as cause of disease classified elsewhere



Case 1.250 (continued):

Rationale: A complication code is assigned when the infection is documented as resulting from the indwelling catheter. In the Tabular, an instructional note appears under subcategory T83.5 to use an additional code to identify the infection which in this case is N39.0, urinary tract infection. Additionally, in the Tabular under N39.0, there is a note to use an additional code to identify infectious agent, which in this case is B96.20, E. coli. An external cause code is not assigned to this case because of Coding Guideline I.c.19.g.4 which states, "As with certain other T codes, some of the complications of care codes have the external cause included in the code. The code includes the nature of the complication as well as the type of procedure that caused the complication." There is no documentation available to justify place of occurrence/activity codes.



ICD-10

Case 1.251

Failure, failed, heart (acute) (senile) (sudden), hypertensive – see Hypertension, heart.

Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic), heart (disease) (conditions in I51.4-I51.9 due to hypertension), with kidney disease (chronic) – see Hypertension, cardiorenal (chronic).

Hypertension, cardiorenal, with heart failure, with

ICD-10

Failure, heart (acute) (senile) (sudden), congestive (compensated) (decompensated)

stage 5 or end stage renal disease

N18.5 Disease, diseased, kidney (functional) (pelvis, chronic, stage 5)



Case 1.251 (continued):

Rationale: The combination code for hypertensive heart and renal disease (cardiorenal) is assigned because the hypertension was documented as the cause of the heart disease. An additional code for the CHF (I50.9) is assigned due to an instructional note appearing under I13.2 which states "use additional code to identify type of heart failure (I50.-)." Additionally, a secondary code for the stage 5 CKD is assigned due to a second instructional note stating "use additional code to identify the stage of CKD (N18.5, N18.6)."



Teaching Tip:

Teaching Style: For your first workshop, reduce the class size for the workshop. This gives you a better opportunity to determine the pacing for each section. Be sure to keep careful track of your pacing – how much time you spent on each topic. This information will support your making refinements to the agenda to better reflect your own style of teaching.







ICD-10-CM

HOSPITAL OUTPATIENT CASES



Cases to Code



Optimal		Extra
• 1.253		• 1.262
• 1.257		• 1.267
• 1.258		• 1.271
• 1.264		
Trainers: Please insert vour		

own case numbers here to replace or supplement these.





Case 1.252

- A60.01 Herpes, herpesvirus, herpetic, penis
- A60.02 Herpes, herpesvirus, herpetic, scrotum
- R94.5 Findings, abnormal, inconclusive, without diagnosis, function study, liver
- **Z21** HIV, positive, seropositive
- F11.229 Dependence (on) (syndrome), heroin see Dependence, drug, opioid, with, intoxication



Case 1.252 (continued):

Z72.51 Problem (with) (related to), life style, high risk sexual behavior (heterosexual)

Rationale: HSV-2 or herpes simplex virus is coded to two sites. Documentation of lesions of both the penis and the scrotum should be reported. The "suspected hepatitis" is not coded on this emergency room record as the coding guidelines state: "Do not code diagnoses documented as 'probable,' 'suspected,' 'questionable,' 'rule out,' or 'working diagnosis' or other similar terms indicating uncertainty."





Case 1.252 (continued):

Codes for the drug addiction and lifestyle risks would be added as they are clearly delineated by the attending physician and affect the management of the patient. In following the coding guidelines for HIV, Z21, Asymptomatic human immunodeficiency virus [HIV] infection status, is to be applied when the patient without any documentation of symptoms is listed as being "HIV positive," "known HIV," "HIV test positive," or similar terminology.





Teaching Tip: Consider showing images of herpetic lesions.



Centers for Disease Control and Prevention (public domain)



Case 1.253

Z51.11 Chemotherapy (session) (for), cancer

C25.7 Neoplasm Table, by site, pancreas, neck,

malignant, primary site

E86.0 Dehydration

R11.2 Nausea, with vomiting

T45.1X5A Table of Drugs and Chemicals, Anticancer agents

NEC, adverse effect

Rationale: The reason for the encounter (chemotherapy) is the first-listed diagnosis. Even though the nausea and vomiting led up to the dehydration, it is not always an integral component of the dehydration; therefore, it is also coded. The neoplasm is coded as the reason for chemotherapy.



ICD-10



Case 1.254

D57.219 Disease, diseased, sickle cell, Hb-C

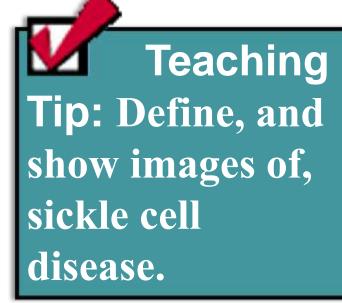
with crisis (vasoocclusive pain)

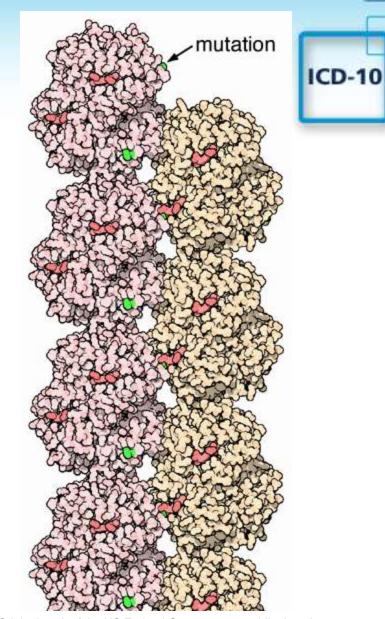
E11.9 Diabetes, diabetic (mellitus) (sugar), type 2

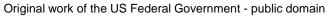
Z63.8 Inadequate, inadequacy, family support

Rationale: It would not be necessary to code the inguinal pain or fever as these are symptoms of the sickle cell crisis. The hemochromatosisis not coded because it was not treated. The avascular necrosis was not confirmed and should not be coded.













Case 1.255

D50.0 Anemia (essential) (general) (hemoglobin deficiency) (infantile) (primary) (profound), blood loss (chronic)

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

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

Z95.1 Status (post), aortocoronary bypass





Case 1.255 (continued):

Z57.5 Exposure (to) (see also contact, with), occupational toxic agents (gases) (liquids) (solids) (vapors) in industry NEC

Rationale: The physician documents "chronic blood loss anemia"; therefore, it is appropriate to code this. The weakness is a symptom of the anemia and should not be coded. The additional diagnoses of ASHD, Diabetes, and status bypass may be coded because they were treated and/or applicable to the case.



Case 1.256

P28.81 Arrest, arrested, respiratory, newborn

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P29.81 Arrest, arrested, cardiac, newborn

P07.18 Low, birth weight, with weight of,

2000-2499 grams

Rationale: The code for the birth weight reflects the weight at birth, not the current weight. ICD-10-CM code P28.5, Respiratory Failure of Newborn, is not coded due to the Excludes 1 note under code P28.5 – "Excludes 1: respiratory arrest of newborn (P28.81)." The P07.18 code is assigned since this is within the 28 days after birth. Status codes (subcategory Z91.7) are available to classify status of low birth weight and immaturity once the patient is no longer a neonate.

Case 1.257

R07.9 Pain(s), chest (central)

R06.02 Short, shortening, shortness, breath

Hypertension, hypertensive

(accelerated) (benign) (essential)

(idiopathic) (malignant) (systemic)

E10.65 Diabetes, diabetic (mellitus) (sugar), out

of control – code to Diabetes, by type,

with hyperglycemia. Diabetes, diabetic,

type 1, with, hyperglycemia

E10.51 Diabetes, diabetic (mellitus) (sugar),

type 1, with peripheral angiopathy



ICD-10

Case 1.257 (continued):

Rationale: This is an outpatient encounter therefore the symptoms are coded rather than the "rule out" diagnoses. ICD-10-CM diagnostic coding and reporting guidelines for outpatient services state "Do not code diagnoses documented as 'probable,' 'suspected,' 'questionable,' 'rule out,' or 'working diagnosis' or other similar terms indicating uncertainty. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reason for the visit."

ICD-10



Case 1.258

T25.211A Burn (electricity) (flame) (hot gas, liquid or hot object) (radiation) (steam) (thermal), ankle, right, second degree

X12.XXXA Index to External Causes, Burn, burned, burning (accidental) (by) (from) (on), hot liquid

Y92.010 Index to External Causes, Place of occurrence, residence (non-institutional) (private), house, single family, kitchen





Case 1.258 (continued):

Y93.G3 Index to External Causes, Activity (involving) (of victim at time of event), cooking and baking

Y99.8 Index to External Causes, External cause status, leisure activity

Rationale: The documentation states that the patient was cooking dinner at home. The external cause status for this is leisure. The burn code and the external cause code are coded with the seventh character of A for initial encounter because she was seen in the ED today.



Case 1.259

K57.92 Diverticulitis (acute)

Z80.0 History, family (of), malignant neoplasm (of),

gastrointestinal tract or History, family (of),

malignant neoplasm (of), digestive organ

Hypertension, hypertensive (accelerated) (benign)

(essential) (idiopathic) (malignant) (systemic)

Rationale: The physician does not establish the exact location of the diverticulitis, therefore, the main entry of Diverticulitis (acute) is chosen. Family history does not have an entry for the colon; therefore, the entry for gastrointestinal tract or digestive organ is chosen. Family history of colon cancer and hypertension are coded as additional diagnoses.



ICD-10



Case 1.260

H05.012 Cellulitis (diffuse) (phlegmonous) (septic) (suppurative), orbit, orbital

H00.024 Hordeolum (eyelid) (externum) (recurrent), internum, left, upper

Rationale: The reason for the encounter is the orbital cellulitis and the hordeolum is coded as a secondary diagnosis.



Case 1.261

R09.1 Pleurisy (acute) (adhesive) (chronic) (costal) (diaphragmatic) (double) (dry) (fibrinous) (fibrous) (interlobar) (latent) (plastic) (primary)

(residual) (sicca) (sterile) (subacute) (unresolved)

ICD-10

B97.89 Infection, infected, infective (opportunistic) virus, viral, as a cause of disease classified elsewhere

G35 Sclerosis, sclerotic, multiple (brain stem) (cerebral) (generalized) (spinal cord)

Rationale: The patient presented with pleuritic pain as the reason for the encounter. The Index does not contain an entry for viral pleurisy, therefore, Infection, viral, as a cause of disease classified elsewhere is added as a secondary diagnosis. Multiple sclerosis is also added as a secondary diagnosis.

Case 1.262

M12.39 Rheumatism (articular) (neuralgic) (nonarticular), palindromic, multiple site

N39.46 Incontinence, urge, and stress (female) (male)

Rationale: Coding Guideline 1.C.13.a instructs the coder to code the "multiple sites" code for diseases when multiple bones, joints, or muscles are involved. In this case, two joints are involved and therefore, code M12.39 is assigned. The physician documents both urge and stress incontinence, which together are known as mixed incontinence. Urge incontinence is coded to N39.41 which has an *Excludes1* note for mixed incontinence. Under code N39.46 for mixed incontinence, it lists urge and stress incontinence.





Case 1.263

G44.001 Headache, cluster, intractable

Rationale: The physician does not state whether this is chronic or episodic; therefore, code G44.001 for intractable cluster headache is assigned.



Case 1.264

Z52.3 Donor (organ or tissue), bone, marrow

R50.82 Fever (inanition) (of unknown origin)

(persistent) (with chills) (with rigor),

postoperative

R11.2 Nausea, with vomiting

Rationale: Guideline IV.A.2. Observation Stay, instructs the coder to assign the reason for the encounter (bone marrow donor status) as the first-listed diagnosis and complications a secondary diagnoses (post-op fever and nausea with vomiting). Code Z52.3 describes the patient's status as a live bone marrow donor. The symptoms of fever and the combination code of nausea with vomiting are found in Chapter 18, Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99) because no definitive diagnosis was established.



Case 1.265



K80.51 Jaundice (yellow), obstructive – see also Obstruction, bile duct

Obstruction, obstructed, obstructive, bile duct or passage (common) (hepatic) (noncalculous), with calculus

R00.0 Tachycardia

Rationale: Jaundice is not coded separately, as the Index directs obstructive jaundice to be coded as obstruction of the bile duct by calculus. The tachycardia was a preexisting condition and is not a postoperative complication.



Case 1.266

N76.4

Abscess (connective tissue) (embolic)
(fistulous) (infective) (metastatic) (multiple)
(pernicious) (pyogenic) (septic), labium (majus)
(minus) or Abscess, vulva

Z88.2 History, personal (of), allergy (to) sulfonamides

Rationale: The Index entry for Abscess, skin refers the coder to Abscess, by site. Therefore, the correct code is N76.4 for labium or vulva. The allergy to Bactrim is not a current reaction and, therefore, the correct Index entry is History, personal, allergy to sulfonamides. Bactrim is a sulfonamide, which codes to a more specific code than the entry for drugs or antibiotic agent. The physician states that the abscess is "from what appears to be staph." This statement indicates uncertainty and is therefore not coded.



Case 1.267

J20.9 Bronchitis (diffuse) (fibrinous)
(hypostatic) (infective) (membranous)
(with tracheitis), acute or subacute (with bronchospasm or obstruction)

D86.0 Sarcoidosis, Lung

M25.50 Arthralgia, see also Pain, joint

R03.0 Elevated, elevation, blood pressure reading (incidental) (isolated) (nonspecific), no diagnosis of hypertension



ICD-10

Case 1.267 (continued):

Rationale: The sarcoidosis is documented as pulmonary in the history. Even though the patient has cervical lymphadenopathy, the physician does not specify that the lymphadenopathy is related to the sarcoidosis. Therefore, the Index entry for sarcoidosis, lung provides the correct code of D86.0. The physician and the patient do not specify which joints are painful. Therefore, the Index entry of Pain, joint provides the correct code of M25.50. The patient does not have a current diagnosis of hypertension but only has an elevated blood pressure reading today.





Case 1.268

J06.9 Infection, infected, infective (opportunistic) respiratory (tract), upper (acute), viral NOS

D70.9 Neutropenia, neutropenic (chronic)
(genetic) (idiopathic) (immune) (infantile)
(malignant) (pernicious) (splenic)

M31.30 Granulomatosis, Wegener's

Rationale: The reason for the encounter is the viral URI and neutropenia. The Wegener's granulomatosis is a secondary diagnosis. Viral URI is a combination code in ICD-10-CM.

Case 1.269

H04.553 Stenosis, stenotic, nasolacrimal duct,

see also Stenosis, lacrimal duct

Q93.5 Syndrome, Angelman

Rationale: Stenosis of the nasolacrimal duct directs the coder to stenosis, lacrimal duct. This is a 22-year-old patient and the diagnosis is not stated as congenital; therefore, code H04.55is chosen, with a sixth character of 3 for bilateral acquired stenosis. Microcephaly is not coded separately because it is a component of Angelman syndrome, coded as Q93.5. Angelman Syndrome is a rare neurological disorder primarily affecting the nervous system. Most affected children also have epilepsy and microcephaly.

(Source: Genetics Home Reference. http://ghr.nlm.nih.gov/)





Case 1.270

I49.3 Contraction(s), contracture, contracted, premature, ventricular

Rationale: The only code assigned for this case is I49.3 to identify the premature ventricular contractions. There is an *Excludes 1* note under category R00 – specified arrhythmias (I47-I49), which excludes the use of code R00.8 for this case.



Case 1.271

K56.1 Intussusception (bowel) (colon) (enteric) (ileocecal) (ileocolic) (intestine) (rectum)

K52.9 Gastroenteritis (acute) (chronic) (noninfectious)

R68.11 Excess, excessive, excessively crying of infant

Rationale: The abdominal pain is integral to both gastroenteritis and intussusception, and is not coded separately. Although an acutely ill infant will cry, the physician documented excessive crying, potentially trying to explain severity and intensity of service. Excessive crying of infant is coded as R68.11 due to the age of the patient. Although ICD-10-CM does not give a specific definition of infant versus child, many pediatricians use 24 months as an arbitrary cut-off age for infant.





Case 1.272

K02.9 Caries, dental

F88 Delay, delayed, development, global

Z94.4 Transplant(ed) (status), liver

Rationale: The physician does not provide documentation of the location of the dental caries; therefore, the unspecified code is assigned. Status post liver transplant is located in the Index under Transplant(ed), with code Z94.4 being assigned for liver transplant.



Questions on Day 2 - Part 2?





