OPTUM360®

ICD-10 ESSENTIALS

Applying ICD-10-CM Guidelines

Illustrated guide and practical examples of ICD-10-CM coding guidelines and conventions

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Introduction

ICD-10 Essentials: Applying ICD-10-CM Guidelines is a new coding reference for ICD-10-CM focusing on the correct application of the ICD-10-CM coding guidelines. This book provides a comprehensive look at ICD-10-CM guidelines along with supporting examples, case studies, and in-depth coding rationales designed to ensure accurate application of the guideline in real-life coding situations. New and veteran coding professionals will find this book to be a valuable resource that explains and clarifies key coding concepts related to ICD-10-CM.

The coding guidance found in *ICD-10 Essentials: Applying ICD-10-CM Guidelines* is based on the official version of the *ICD-10-CM Official Guidelines for Coding and Reporting* (ICD-10-CM), effective October 1, 2019.

Changes reflecting the dynamic world of coding are ongoing, and Optum360 would welcome readers' input on what should be included in future editions of the book.

How to Use ICD-10 Essentials: Applying ICD-10-CM Guidelines

The organization of *ICD-10 Essentials: Applying ICD-10-CM Guidelines* follows the format of *ICD-10-CM Official Guidelines for Coding and Reporting*. There is a chapter devoted to each of the topics covered in the guidelines, as follows:

- Certain infectious and parasitic diseases
- Neoplasms
- Endocrine, nutritional, and metabolic diseases
- Mental, behavioral, and neurodevelopmental disorders
- Diseases of the nervous system
- Diseases of the eye and adnexa
- Diseases of the circulatory system
- Diseases of the respiratory system
- Diseases of the skin and subcutaneous tissue
- Diseases of the musculoskeletal system and connective tissue
- Diseases of the genitourinary system
- Pregnancy, childbirth, and the puerperium
- Certain conditions originating in the perinatal period
- Congenital malformations, deformations, and chromosomal abnormalities
- Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified

Additionally, placeholders for the following chapters are included for future development:

- Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
- Diseases of the ear and mastoid process
- Diseases of the digestive system
- Injury, poisoning, and certain other consequences of external causes
- External causes of morbidity

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- Factors influencing health status and contact with health services

Shaded boxes in different colors allow the user to quickly differentiate the various components of each chapter. Blue boxes enclose the focus guideline in each section. Spotlights in yellow boxes alert the user to key facts, important information, and coding advice, while pink boxes highlight definitions.

Valuable information has been provided in case studies, tables, and figures that include illustrations and decision trees, all of which are listed in the front of the book and are easily searchable. Located in the back of the book are Official ICD-10-CM resources to supplement the material contained in the chapters, as well as an alphabetical index to search pertinent information.

ICD-10-CM Guidelines

As an ICD-10-CM guideline is examined, the full, official text is presented in a blue box followed by an overview of the guideline, helpful illustrations, as well as practical applications of the guideline.

Example:

Guideline I.C.13.d.1—Osteoporosis without pathological fracture

Category M81, Osteoporosis without current pathological fracture, is for use for patients with osteoporosis who do not currently have a pathologic fracture due to the osteoporosis, even if they have had a fracture in the past. For patients with a history of osteoporosis fractures, status code Z87.31Ø, Personal history of (healed) osteoporosis fracture, should follow the code from M81.

Illustrations

Illustrations are included to provide visual support to text.

Example:

The primary endocrine organs represented by the codes in chapter 4 of the ICD-10-CM official code set are depicted in the illustration on the following page and include:

- Adrenal gland
- Ovaries
- Pancreas
- Parathyroid gland
- Pineal gland
- Pituitary gland
- Testes

Sample

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Official Coding and Reporting Guidelines: Section I.A. Conventions for the ICD-10-CM

The conventions, general guidelines and chapter-specific guidelines are applicable to all health care settings unless otherwise indicated. The conventions and instructions of the classification take precedence over guidelines.

A. Conventions for the ICD-10-CM

The conventions for the ICD-10-CM are the general rules for use of the classification independent of the guidelines. These conventions are incorporated within the Alphabetic Index and Tabular List of the ICD-10-CM as instructional notes.

1. The Alphabetic Index and Tabular List

The ICD-10-CM is divided into the Alphabetic Index, an alphabetical list of terms and their corresponding code, and the Tabular List, a structured list of codes divided into chapters based on body system or condition. The Alphabetic Index consists of the following parts: the Index of Diseases and Injury, the Index of External Causes of Injury, the Table of Neoplasms and the Table of Drugs and Chemicals.

See Section I.C2. General guidelines

See Section I.C.19. Adverse effects, poisoning, underdosing and toxic effects

2. Format and Structure:

The ICD-10-CM Tabular List contains categories, subcategories and codes. Characters for categories, subcategories and codes may be either a letter or a number. All categories are 3 characters. A three-character category that has no further subdivision is equivalent to a code. Subcategories are either 4 or 5 characters. Codes may be 3, 4, 5, 6 or 7 characters. That is, each level of subdivision after a category is a subcategory. The final level of subdivision is a code. Codes that have applicable 7th characters are still referred to as codes, not subcategories. A code that has an applicable 7th character is considered invalid without the 7th character.

The ICD-10-CM uses an indented format for ease in reference.

3. Use of codes for reporting purposes

For reporting purposes only codes are permissible, not categories or subcategories, and any applicable 7th character is required.

4. Placeholder character

The ICD-10-CM utilizes a placeholder character "X". The "X" is used as a placeholder at certain codes to allow for future expansion. An example of this is at the poisoning, adverse effect and underdosing codes, categories T36-T5Ø.

Where a placeholder exists, the X must be used in order for the code to be considered a valid code.

5. 7th Characters

Certain ICD-10-CM categories have applicable 7th characters. The applicable 7th character is required for all codes within the category, or as the notes in the Tabular List instruct. The 7th character must always be the 7th character in the data field. If a code that requires a 7th character is not 6 characters, a placeholder X must be used to fill in the empty characters.

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Although not first-listed, code Z51.11 can be added based on guideline I.C.21.c.7, which states: "Aftercare codes should be used in conjunction with other aftercare codes or diagnosis codes to provide better detail on the specifics of an aftercare encounter visit, unless otherwise directed by the classification."

Symptoms, Signs, and Abnormal Findings Listed in Chapter 18 Associated with Neoplasms (I.C.2.g)

Guideline I.C.2.g—Symptoms, signs, and abnormal findings listed in chapter 18 associated with neoplasms

Symptoms, signs, and ill-defined conditions listed in Chapter 18 characteristic of, or associated with, an existing primary or secondary site malignancy cannot be used to replace the malignancy as principal or first-listed diagnosis, regardless of the number of admissions or encounters for treatment and care of the neoplasm.

See section I.C.21. Factors influencing health status and contact with health services, Encounter for prophylactic organ removal.

AHA Coding Clinic
2017, 1Q, 17 Gross Hematuria Due to Prostate Malignancy

This guideline provides instruction on sequencing when a patient is treated or evaluated for a symptom that is associated with the presence of a primary or secondary neoplasm. It directs that the neoplasm be sequenced as principal or first-listed diagnosis with the codes for signs and symptoms added as secondary codes, no matter how many times the patient is seen or treated for the neoplasm. Guideline I.C.2.g reiterates the advice given in other guidelines as follows:

- General Coding Guideline I.B.18, Use of Sign/Symptom/Unspecified Codes, advises that if a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for signs and symptoms.
- Guideline I.C.18.a, Use of Symptom Codes from Chapter 18, Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (RØØ–R99), directs that codes from this chapter are acceptable for reporting purposes only when the provider has not confirmed a related definitive diagnosis.
- Selection of Principal Diagnosis, section II.A, Codes for Symptoms, Signs and Ill-defined Conditions, states that codes from chapter 18 are not to be used as a principal diagnosis when a related definitive diagnosis has been established.

The introductory notes of chapter 18 in the ICD-10-CM code book also instruct that the conditions and signs or symptoms included in categories RØØ–R94 can be used when no more specific diagnosis can be made even after all the facts bearing on the case have been investigated.

The purpose of all of this information is to illustrate that when signs/symptoms are associated with a neoplasm, the definitive diagnosis of the malignancy has been established and thus the neoplasm diagnosis is sequenced as the principal or first-listed diagnosis.

The last statement of guideline I.C.2.g refers to guideline section I.C.21, "Factors Influencing Health Status and Contact with Health Services, Encounter for Prophylactic Organ Removal." This reference is included, as chapter 21 provides sequencing instruction for certain Z4Ø codes that are used in conjunction with malignancy codes. The guideline is referenced again later in the neoplasm guidelines (*see* guideline I.C.2.q).

Sample

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Many codes in the ICD-10-CM official code set include laterality in their code descriptions, identifying the side of the body the condition or illness is affecting—right side, left side, or both sides (bilateral).

In addition to addressing laterality, several categories in the official code set incorporate a second level of detail, capturing whether the side affected is the patient's dominant or nondominant side. The dominant side typically comes into play when performing fine motor skills of the upper and lower extremities, such as writing or kicking a ball. A small percentage of individuals are ambidextrous, meaning they can perform fine motor skills equally well on both sides. Knowing and understanding whether the dominant or nondominant side is affected can help providers and care givers determine the appropriate treatment to effectively rehabilitate the patient to predisease functionality.

Definitions
dominant side. An inclination to favor one side of the body over the other.
laterality. Indicating a side of the body.

Guideline I.C.6.a—Dominant/nondominant side

Codes from category G81, Hemiplegia and hemiparesis, and subcategories G83.1, Monoplegia of lower limb, G83.2, Monoplegia of upper limb, and G83.3, Monoplegia, unspecified, identify whether the dominant or nondominant side is affected. Should the affected side be documented, but not specified as dominant or nondominant, and the classification system does not indicate a default, code selection is as follows:

- **For ambidextrous patients, the default should be dominant.**
- **If the left side is affected, the default is non-dominant.**
- **If the right side is affected, the default is dominant.**

In the ICD-10-CM official code set, codes associated with paralysis incorporate laterality and dominance in their code descriptions, in particular:

- Monoplegia of the upper limbs
- Monoplegia of the lower limbs
- Monoplegia, unspecified
- Hemiparesis
- Hemiplegia
- Other specified paralytic syndromes

Definitions
hemiparesis. Weakness of one side of the body.
hemiplegia. Paralysis of one side of the body.
monoplegia. Loss or impairment of motor function in one arm or one leg.

Sample

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Diagnosis Code(s):

I16.1	**Hypertensive emergency**
I67.4	**Hypertensive encephalopathy**
I15.2	**Hypertension secondary to endocrine disorders**
E05.90	**Thyrotoxicosis, unspecified without thyrotoxic crisis or storm**

Rationale:
ICD-10-CM does not identify malignant or accelerated hypertension with distinct codes. Category I16 Hypertensive crisis, contains codes that best identify these conditions using terminology of urgency or emergency depending on whether organ damage was evident. If documentation states only malignant hypertension, only the type of hypertension can be coded without any code to represent the emergent status of the condition. The documentation must state a diagnosis of hypertensive urgency or emergency in order to report these conditions. A query would be appropriate to clarify documentation.

Hypertensive encephalopathy is considered neurologic organ damage, which justifies the use of emergency rather than urgency. The symptoms are not reported separately if a definitive diagnosis is reported.

Guideline I.C.9.a.10 indicates that both hypertension codes are reported, one for hypertensive emergency and one for the identified secondary hypertension. Both are located in the index under the main term Hypertension. The tabular list indicates that a code for the underlying condition for the secondary hypertension, in this case hyperthyroidism, also must be added.

Spotlight
Hypertensive urgency or emergency is not differentiated by blood pressure numbers but by the presence of organ damage. Organ damage can occur when blood pressure is lower than 180/120 but is an increase from a person's usual blood pressure.

Guideline I.C.9.a.11—Pulmonary hypertension

Pulmonary hypertension is classified to category I27, Other pulmonary heart diseases. For secondary pulmonary hypertension (I27.1, I27.2-), code also any associated conditions or adverse effects of drugs or toxins. The sequencing is based on the reason for the encounter, except for adverse effects of drugs (See Section I.C.19.e.).

AHA Coding Clinic

2017, 4Q, 14	Pulmonary Hypertension
2016, 2Q, 8	Preexisting Pulmonary Hypertension Complicating Pregnancy
2014, 4Q, 21	Acute Cor Pulmonale due to Pulmonary Hypertension without Mention of Pulmonary Embolus

Primary pulmonary hypertension (I27.0), also referred to as primary group 1 pulmonary hypertension, occurs when pressure within the pulmonary artery is elevated and vascular resistance is observed in the lungs in the absence of any other disease of the lungs or heart. It is marked by diffuse narrowing of pulmonary arterioles and, in moderate to severe cases, formation of pulmonary thrombi and emboli. The clinical picture is similar to pulmonary hypertension from any other cause, and the condition has a poor prognosis, with patients developing severe right heart failure within two to three years.

Secondary pulmonary hypertension (I27.2-) occurs when pressure within the pulmonary arteries is elevated and vascular resistance is observed in the lungs. This subcategory is classified into five groups:

Sample

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Coding of Pathologic Fractures (I.C.13.c)

A pathological fracture can occur at a site weakened by pre-existing disease. These fractures are often differentiated from traumatic fractures by clinically assessing the magnitude of the trauma or stress causing the fracture. A relatively minor trauma or stress can cause a pathological fracture in bones diseased by metabolic bone disease, disseminated bone disorders, inflammatory bone diseases, Paget's disease, neoplasms, or any other condition that can compromise bone strength and integrity. Pathologic fractures are also referred to as chronic fractures due to the chronic nature of the underlying disease processes.

Guideline I.C.13.c—Coding of pathologic fractures

7th character A is for use as long as the patient is receiving active treatment for the fracture. While the patient may be seen by a new or different provider over the course of treatment for a pathological fracture, assignment of the 7th character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time.

7th character D is to be used for encounters after the patient has completed active treatment for the fracture and is receiving routine care for the fracture during the healing or recovery phase. The other 7th characters, listed under each subcategory in the Tabular List, are to be used for subsequent encounters for treatment of problems associated with the healing, such as malunions, nonunions, and sequelae.

Care for complications of surgical treatment for fracture repairs during the healing or recovery phase should be coded with the appropriate complication codes.

See Section I.C.19. Coding of traumatic fractures.

AHA Coding Clinic
2016, 4Q, 42 Periprosthetic Fractures

Four categories/subcategories of pathological fractures are listed in chapter 13:

M8Ø.-	Pathological fracture in osteoporosis
M84.4-	Pathological fracture, not elsewhere classified
M84.5-	Pathological fracture in neoplastic disease
M84.6-	Pathological fracture in other disease

When the disease weakening the bone is known, an additional code should be listed for the underlying condition, as noted with instructional notes at M84.5- and M84.6-. Subcategory M84.4- is used only when no additional information is given regarding underlying condition.

Spotlight
Do not confuse M84.3 Stress fracture with pathological fracture. A stress fracture is caused by repetitive overuse. Frequently occurring in the setting of heavy physical labor, sports, or strenuous exercise, these fractures are particularly common in the metatarsal bones of the foot.

Sample

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Pre-existing Conditions versus Conditions Due to the Pregnancy (I.C.15.c)

Guideline I.C.15.c—Pre-existing conditions versus conditions due to the pregnancy

Certain categories in Chapter 15 distinguish between conditions of the mother that existed prior to pregnancy (pre-existing) and those that are a direct result of pregnancy. When assigning codes from Chapter 15, it is important to assess if a condition was pre-existing prior to pregnancy or developed during or due to the pregnancy in order to assign the correct code.

Categories that do not distinguish between pre-existing and pregnancy-related conditions may be used for either. It is acceptable to use codes specifically for the puerperium with codes complicating pregnancy and childbirth if a condition arises postpartum during the delivery encounter.

AHA Coding Clinic

2019, 2Q, 8 Pre-Eclampsia without Severe Features
2019, 2Q, 9 Newborn Affected by Maternal Group B Streptococcus Carrier Status
2016, 4Q, 26 Hypertensive Crisis, Urgency and Emergency
2016, 4Q, 50 Hypertension in Pregnancy
2016, 2Q, 8 Preexisting Pulmonary Hypertension Complicating Pregnancy

Careful review of documentation is needed to properly code conditions that may be present prior to a pregnancy and those that are due to the pregnancy. Only two conditions, hypertension and diabetes, are classified by both pre-existing and gestational (due to pregnancy) codes in chapter 15.

Categories for hypertension and diabetes in chapter 15 specify conditions as pre-existing, due to pregnancy (gestational), or unspecified. These categories are as follows:

Hypertension

O10 **Pre-existing** hypertension complicating pregnancy, childbirth and the puerperium
- O10.0 Pre-existing essential hypertension complicating pregnancy, childbirth and the puerperium
- O10.1 Pre-existing hypertensive heart disease complicating pregnancy, childbirth and the puerperium
- O10.2 Pre-existing hypertensive chronic kidney disease complicating pregnancy, childbirth and the puerperium
- O10.3 Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, childbirth and the puerperium
- O10.4 Pre-existing secondary hypertension complicating pregnancy, childbirth and the puerperium
- O10.9 Unspecified pre-existing hypertension complicating pregnancy, childbirth and the puerperium

O11 **Pre-existing** hypertension with pre-eclampsia
O13 **Gestational [pregnancy-induced]** hypertension without significant proteinuria
O16 **Unspecified** maternal hypertension

Sample

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Guideline I.C.19.a—Application of 7th characters in chapter 19

Most categories in chapter 19 have a 7th character requirement for each applicable code. Most categories in this chapter have three 7th character values (with the exception of fractures): A, initial encounter, D, subsequent encounter and S, sequela. Categories for traumatic fractures have additional 7th character values. While the patient may be seen by a new or different provider over the course of treatment for an injury, assignment of the 7th character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time.

For complication codes, active treatment refers to treatment for the condition described by the code, even though it may be related to an earlier precipitating problem. For example, code T84.5ØXA, Infection and inflammatory reaction due to unspecified internal joint prosthesis, initial encounter, is used when active treatment is provided for the infection, even though the condition relates to the prosthetic device, implant or graft that was placed at a previous encounter.

7th character "A", initial encounter is used for each encounter where the patient is receiving active treatment for the condition.

7th character "D" subsequent encounter is used for encounters after the patient has completed active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase.

The aftercare Z codes should not be used for aftercare for conditions such as injuries or poisonings, where 7th characters are provided to identify subsequent care. For example, for aftercare of an injury, assign the acute injury code with the 7th character "D" (subsequent encounter).

7th character "S", sequela, is for use for complications or conditions that arise as a direct result of a condition, such as scar formation after a burn. The scars are sequelae of the burn. When using 7th character "S", it is necessary to use both the injury code that precipitated the sequela and the code for the sequela itself. The "S" is added only to the injury code, not the sequela code. The 7th character "S" identifies the injury responsible for the sequela. The specific type of sequela (e.g. scar) is sequenced first, followed by the injury code.

See Section I.B.10 Sequelae, (Late Effects)

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2016, 2Q, 3 7th Character Assignment for Physical Therapy and Home Health Encounters
2015, 4Q, 35 Use of ICD-10-CM's 7th Character in the Home Health Setting
2015, 3Q, 37 Use of ICD-10-CM's 7th Character in Various Care Settings
2015, 1Q, 3 Applying the 7th Character for Injury, Poisoning and Certain Other Consequences of External Causes

Sample