ICD-10-CM - Session 2
Cardiovascular Conditions, Neoplasms and Diabetes

CSI
Coding Strategies

Advantage
Agenda

- General coding guidelines
- Acute myocardial infarction
- Hypertension
- Cerebrovascular accidents and sequelae
- Neoplasm and history of neoplasm
- Neoplasm-related conditions and encounters
- Diabetes mellitus and diabetic complications
Agenda

• Understanding the coding guidelines for each section is as important as identifying the codes!!
Coding Guidelines

• Always report codes to the highest number of digits available

• Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider.
• Signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification.

• Additional signs and symptoms that may not be associated routinely with a disease process should be coded when present.
Disease of the Circulatory System

- Chapter 9 - Codes I00-I99
- Comparable to Chapter 7 in ICD-9-CM
- The terminology used to describe several cardiovascular conditions has been revised to reflect more current medical practice.
- We will review acute myocardial infarction, hypertension and cerebrovascular accidents and sequelae
Acute Myocardial Infarction

• Myocardial infarction (MI) is the necrosis or death of a portion of the myocardium, which is the middle and thickest layer of the heart wall.

• MI is usually caused by a thrombus (blood clot) obstructing a coronary artery that has been narrowed by atherosclerotic plaque.
Acute Myocardial Infarction

- The time frame for acute myocardial infarction (AMI) codes has changes from 8 weeks or less in ICD-9-CM to 4 weeks or less in ICD-10-CM.
Acute Myocardial Infarction

- Depending on the appearance of the patient’s EKG, infarctions are classified as either ST elevation myocardial infarction (STEMI) or non ST elevation myocardial infarction (NSTEMI).

- In ICD-9-CM these terms were only listed in the inclusion terms. In ICD-10-CM they are listed in the code titles.
Acute Myocardial Infarction

- Chapter 9 of ICD-10-CM contains codes for:
  - Initial AMIs – I21
  - Subsequent AMIs – I22
- A code from I22 (subsequent STEMI and NSTEMI myocardial infarction) is to be used when a patient who has suffered an AMI has a new AMI within the 4 week time frame of the initial AMI
Acute Myocardial Infarction

- A code from category I22 must be used in conjunction with a code from category I21 (initial MI).
- Category I22 is never used alone
- Also watch for notes to use additional codes to identify body mass index (BMI), if known, and tobacco use, or exposure.
Acute Myocardial Infarction

- The sequencing of the codes depends on the circumstances of the encounter
- I22 should be 1\textsuperscript{st} if it is the reason for the encounter
- I22 should be 2\textsuperscript{nd} if the subsequent MI occurs during the encounter for the initial MI.
Acute Myocardial Infarction

- How do you code unspecified MI?
- Code I21.3 [ST elevation (STEMI) myocardial infarction of unspecified site], is the default for the unspecified term “acute myocardial infarction.”
- If only STEMI or transmural MI without the site is documented, query the provider as to the site, or assign code I21.3.
• If an AMI is documented as nontransmural or subendocardial but the site is provided, it is still coded as a subendocardial AMI.
• If NSTEMI evolves to STEMI, assign the STEMI code.
• If STEMI converts to NSTEMI due to thrombolytic therapy, it is still coded as STEMI.
Example

- A patient is diagnosed with an acute subendocardial myocardial infarction of the anterior wall.
  - I21.4 Non-ST elevation (NSTEMI) myocardial infarction
Hypertension

- Hypertension is a condition in which the arterial blood pressure is elevated above normal levels.
- In ICD-10-CM there is no hypertension table located in the Alphabetic Index.
- In ICD-10-CM hypertension is not classified as benign, malignant or unspecified.
Hypertension

- There is only one code for essential hypertension - I10.
- In ICD-10-CM the diagnosis code for “controlled” or “uncontrolled” hypertension is I10.
Hypertension - Transient

- Assign code R03.0, Elevated blood pressure reading without diagnosis of hypertension, unless patient has an established diagnosis of hypertension.
- If the patient is pregnant, assign a code from categories 010-016, depending on whether hypertension is pre-existing, gestational, or unspecified.
Hypertensive Chronic Kidney Disease

- Assign codes from category I12, Hypertensive chronic kidney disease, when both hypertension and a condition classifiable to category N18, Chronic kidney disease (CKD), are present.

- ICD-10-CM presumes a cause-and-effect relationship and classifies CKD with hypertension as hypertensive CKD.
Hypertensive Chronic Kidney Disease

- The appropriate code from category N18 (CKD) should be used as a secondary code with a code from category I12 to identify the stage of CKD.
- If a patient has hypertensive CKD and acute renal failure, an additional code for the acute renal failure is required.
Hypertensive Heart and Chronic Kidney Disease

- If a patient has both hypertensive heart and CKD, ICD-10-CM assumes a relationship between the 2 conditions whether or not the condition is so designated.
- Assign codes from the combination category I13, Hypertensive and CKD, in this situation.
Secondary Hypertension

- Due to an underlying condition
- Two codes must be assigned
  - 1 to identify the underlying etiology
  - 1 from category I15 (Secondary hypertension) to identify the hypertension
- Sequencing of codes is determined by the reason for the encounter
CVAs

- A cerebrovascular accident (CVA), also known as a stroke, is the rapidly developing loss of brain function(s) due to disturbance in the blood supply to the brain.
- This can be due to ischemia caused by blockage, or a hemorrhage.
CVAs

• As a result, the affected area of the brain is unable to function, potentially leading to inability to move one or more limbs on one side of the body, inability to understand or formulate speech, or an inability to see one side of the visual field.
CVA vs TIA

• A transient ischemic attack (TIA) is like a stroke, producing similar symptoms, but usually lasting only a few minutes and causing no permanent damage
Intraoperative/Postprocedural CVA

- The medical record documentation should clearly specify the cause-and-effect relationship between the medical intervention and the cerebrovascular accident in order to assign a code for intraoperative/postprocedural cerebrovascular accident.
  - Infarction or hemorrhage?
  - Intraoperative or postoperative?
CVAs – Late Effect

- Late effects are common with CVAs.
- A late effect is a condition that was caused by an earlier illness (or injury) and remains after the acute phase of the illness (or injury) has passed.
- The late effect may begin during the acute phase and persist afterwards, like paralysis that begins at the time of a stroke.
The category for late effects of cerebrovascular disease has been retitled “Sequelae of cerebrovascular disease”.

All subcategories have been expanded
- Specifying laterality
- Changing titles
- Making terminology changes
- Adding 6th characters
- Providing greater specificity in general
A right-handed patient has left hemiparesis and dysphasia as a result of an old cerebral infarction.

- I69.354  Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
- I69.321  Dysphasia following cerebral infarction
• Assign code Z86.73, Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits (and not a code from category I69) as an additional code for history of cerebrovascular disease when no neurologic deficits are present.
A neoplasm is any new or abnormal growth in which cell multiplication is uncontrolled and progressive.

“Tumor” is a synonym for neoplasm.

A mass or lesion is not necessarily a neoplasm.

Do not assign a neoplasm code unless the diagnosis documented by the physician is indexed to a neoplasm code in ICD-10-CM.
Malignant Neoplasms

- Malignant neoplasms (also called cancers) contain abnormal cells that grow aggressively, invade surrounding tissue, and spread to remote sites (metastasis).
  - **Primary** – The site at which the cancer originated.
  - **Secondary** – Site to which the cancer spread either by local invasion or by metastasis.
Benign Neoplasms

- Benign neoplasms do not invade adjacent tissue and do not metastasize.
- They will grow larger and may need to be removed if they impinge on adjacent structures or cause local symptoms.
- Example: uterine fibroids
Carcinoma in situ

• Includes malignancies that are confined to their point of origin and have not invaded surrounding tissue.

• Have the potential to spread but remain limited and have not extended beyond the basement membrane of the epithelial tissue.
Carcinoma in situ

- “Noninfiltrating”
- “Noninvasive”
- “Intraepithelial”
- “Preinvasive carcinoma”
Other Neoplasms

• “Uncertain behavior” is defined as those neoplasms whose histological confirmation can not be determined as either malignant or benign.

• Neoplasms of “unspecified behavior” are those whose behavior is unknown because the patient’s diagnostic workup is incomplete or more commonly because limited documentation is available to the coder.
Neoplasms

• Several changes to neoplasm coding in ICD-10-CM
  – Codes moved from other chapters
  – Heading changes
  – Unique category created for melanoma in situ
  – And more...
Neoplasms

• The diagnosis codes for most benign and all malignant neoplasms (current and history of) are included in Chapter 2.

• An additional code from Chapter 4 (Endocrine, nutritional and metabolic disease – E00-E89) may be used to identify functional activity associated with any neoplasm.
Neoplasms

- **C00-C75** Malignant neoplasms stated or presumed to be primary (of specific sites) and certain specified histologies, except neuroendocrine, and of lymphoid, hematopoietic and related tissues
- **C7a** Malignant neuroendocrine tumors
- **C7b** Secondary neuroendocrine tumors
- **C76-C80** Malignant neoplasms of ill-defined, other secondary and unspecified sites
- **C81-C96** Malignant neoplasm of lymphoid, hematopoietic and related tissue
- **D00-D09** In situ neoplasms
- **D10-D36** Benign neoplasms except benign neuroendocrine tumors
- **D3a** Benign neuroendocrine tumors
- **D37-D48** Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic syndromes
- **D49** Neoplasms of unspecified behavior

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Coding for Neoplasms

- The Neoplasm Table should be referenced first.
- However, if a histological term is documented, that term should be referenced first, rather than going immediately to the Neoplasm Table.
- E.g., “adenoma”
Neoplasms

- When you look up the name or cell type of a neoplasm in the Alphabetic Index, you will typically find instructions such as:
  - *see also* Neoplasm, by site, malignant
  - *see also* Neoplasm, by site, benign
  - *see also* Neoplasm, by site, uncertain behavior

- This prompts the coder to turn to the Neoplasm Table and look up the anatomic site where the neoplasm is located.
Neoplasm Table

• The table is arranged in alphabetic order by anatomic site and has the following columns:
  – Malignant, primary
  – Malignant, secondary
  – Carcinoma in situ
  – Benign
  – Uncertain behavior
  – Unspecified behavior
Neoplasm Table

- It is important to select the proper column in the table that corresponds to the type of neoplasm.
- The Tabular should then be referenced to verify that the correct code has been selected from the table and that a more specific site code does not exist.
Neoplasm Guidelines

- The coding guidelines for neoplasms did not undergo major changes in ICD-10-CM
- The number of diagnosis codes available in ICD-10-CM has increased significantly
- Breast cancer
  - ICD-9-CM – 9 codes
  - ICD-10-CM – 54 codes
When a primary malignancy has been previously excised or eradicated from its site, there is no further treatment (of the malignancy) directed to that site, and there is no evidence of any existing primary malignancy, a code from the category Z85, Personal history of primary and secondary malignant neoplasm, should be used to indicate the former site of the malignancy.
Neoplasms

• When a primary malignant neoplasm overlaps two or more contiguous sites, these should be classified to the subcategory/code .8 (“overlapping sites”), unless the combination is specifically indexed elsewhere.
Neoplasms

- For multiple neoplasms of the same site that are not contiguous, such as tumors in different quadrants of the same breast, codes for each site should be assigned.
Neoplasms – Unspecified site

- There is still a code for unspecified malignant neoplasm – C80.1
- HOWEVER, it is not anticipated that claims submitted with this code will result in payment
Leukemia and Multiple Myeloma

- In remission vs personal history
- Both leukemia and multiple myeloma have codes for “in remission.”
- There are also codes for “personal history of.”
- If the documentation is unclear, the provider should be queried for additional information.
Neoplasm Related Conditions

- Pain
- Anemia
- Dehydration
Neoplasm - Pain

- The codes for neoplasm related pain are not in the Neoplasm chapter.
- Code G89.3 is assigned to pain documented as being related, associated or due to cancer, primary or secondary malignancy, or tumor.
- G89.3 is assigned regardless of whether the pain is acute or chronic.
• G89.3 may be assigned as the principal or first-listed code when the stated reason for the encounter is documented as pain control/management.

• The underlying neoplasm should be reported as an additional diagnosis.
Neoplasm - Pain

• When the reason for the encounter is management of the neoplasm and the pain associated with the neoplasm is also documented, code G89.3 may be assigned as an additional diagnosis.

• It is not necessary to assign an additional code for the site of the pain.
Example

- A patient is seen due to severe pain caused by bone metastases from prostate cancer.
  - G89.3  Neoplasm related pain (acute) (chronic)
  - C61  Malignant neoplasm of prostate
  - C79.51  Secondary malignant neoplasm of bone
Neoplasm - Anemia

- When the encounter is for management of an anemia associated with the patient’s malignancy, and the treatment is only for anemia:
  - Code the malignancy first
  - Code D63.0 (anemia in neoplastic disease) second
• When the encounter is for management of an anemia associated with an adverse effect of chemotherapy, immunotherapy or radiotherapy and the only treatment is for anemia:
  – Assign the appropriate adverse effect code first
  – Then code the anemia and neoplasm
Neoplasm - Dehydration

• When the encounter is for the management of dehydration due to the malignancy or the therapy, or a combination of both, and only the dehydration is being treated:
  – Code first the dehydration
  – Then assign a code for the malignancy
Diabetes mellitus is a condition in which the pancreas no longer produces enough insulin or cells stop responding to the insulin that is produced, so that glucose in the blood cannot be absorbed into the cells of the body.

Diabetes causes serious health complications including renal (kidney) failure, heart disease, stroke and blindness.
Diabetes

• The classification of diabetes mellitus changed significantly from ICD-9-CM to ICD-10-CM.

• Codes have been expanded to reflect manifestations and complications of the disease by using 4th and 5th characters rather than by using an additional code for the manifestation.
Diabetes

- Codes are now combination codes that include the type of diabetes, the body system affected, and the complications affecting that body system.
- It is appropriate to assign as many diabetes codes as are necessary to describe all of the complications of the disease.
- The codes should be sequenced based on the reason for a particular encounter.
Diabetes

- Codes are no longer classified as controlled or uncontrolled.
- There is a note in the Index that inadequately controlled, out of control or poorly controlled are coded to Diabetes, by type, with hyperglycemia.
Diabetes

• Instead of a single category (250), there are 5 categories
  – E08  Diabetes mellitus due to underlying condition
  – E09  Drug or chemical induced diabetes mellitus
  – E10  Type 1 diabetes mellitus
  – E11  Type 2 diabetes mellitus
  – E13  Other specified diabetes mellitus
Diabetes

• As with all sections, it is important to review the Coding Guidelines and the notes in each category when coding diabetes.

• There is one particular note available in each category except for diabetes mellitus type 1.
  – This note states “Use additional code to identify any insulin use (Z79.4).”
  – Not assigned with type 1
A patient who has type 1 diabetes mellitus is diagnosed with a diabetic ulcer of the right heel.

- E10.621 Type 1 diabetes mellitus with foot ulcer
- L97.419 Non-pressure chronic ulcer of right heel and midfoot with unspecified severity
Secondary Diabetes

- Always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm, adverse effect of drug, or poisoning)
- Codes are listed under category E08 (due to underlying condition) and E09 (drug or chemical induced)
• Sequencing of secondary diabetes codes is in relationship to codes for the cause of the diabetes based on the tabular instructions for categories E08 and E09.
Remember!

- Don’t forget that it is very important to review the coding guidelines and instructions when assigning codes from any section in ICD-10-CM.
Thank you for listening to this course of the ICD-10-CM coding series.