ICD~10~CM Basic Coding Training
http://publichealth.nc.gov/lhd/icd10/training.htm

The Basics Course
For Local Health Departments and Rural Health

Unit 1
Training Objectives

1. Develop a general understanding of ICD-10-CM
   - Why the change from ICD-9-CM to ICD-10-CM
   - Understand the terminology, coding conventions and general coding guidelines for use of the ICD-10-CM classification system

2. Understand how to look up diagnoses in the Alphabetical Index and verify the code in the Tabular List

3. Demonstrate how to accurately assign ICD-10-CM codes using public health scenarios including immunizations
Training Prerequisite

- This Basic course is the prerequisite for all other ICD-10-CM specialized coding training courses.
- Basic course is broken down into 4 units that need to be completed in sequential order:
  - Unit 1 then Unit 2
  - Unit 2 then Unit 3
  - Unit 3 then Unit 4
- In order to complete this training, access to ICD-10-CM code book or downloads of the 2015 version of ICD-10-CM from the CMS website is needed:
Online version of ICD-10-CM

Online version of ICD-10-CM  
Key Points

- ICD-9 code sets will be replaced by ICD-10 on October 1, 2015
- In the United States, ICD-10 consists of two parts:
  - ICD-10-CM diagnosis coding used in all U.S. health care settings
  - ICD-10-PCS procedure coding system used in hospitals
- ICD-10 will affect everyone covered by HIPAA
- Outpatient claims for date of service on or after 10/1/15 must be submitted with ICD-10-CM diagnosis codes
- Claims for services provided prior to 10/1/15 must be submitted with ICD-9-CM diagnosis codes
- The change to ICD-10 does not affect CPT coding for outpatient procedures
Key Points

- ICD-10 was developed by the World Health Organization (WHO)
  - On Jan 1, 1999, the US changed from ICD-9 to ICD-10 for the coding and classification of mortality data from death certificates
- The ICD-10-CM classification system was developed by the National Center for Health Statistics as a clinical modification to ICD-10
  - ICD-10-CM is a unique system for use in the US for morbidity and mortality reporting
  - WHO authorized the US to develop a clinical modification but modifications to ICD-10 must conform to WHO conventions for ICD-10
- Any revisions to ICD-10-CM are made via an established update process
## What’s Changing With ICD-10-CM

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5 characters</td>
<td>3-7 characters</td>
</tr>
<tr>
<td>1st character numeric or alpha (E or V)</td>
<td>1st character is <strong>always</strong> alpha (no ‘U’)</td>
</tr>
<tr>
<td>Characters 2-5 are numeric</td>
<td>Character 2 always numeric; Characters 3-7 can be alpha or numeric</td>
</tr>
<tr>
<td>Decimal after first 3 characters; Alpha characters not case sensitive</td>
<td>Decimal after first 3 characters; Alpha characters not case sensitive</td>
</tr>
<tr>
<td>382.00 – Acute suppurative otitis media without spontaneous rupture of eardrum</td>
<td>H66.002 – Acute suppurative otitis media without spontaneous rupture of ear drum, <strong>left</strong> ear</td>
</tr>
<tr>
<td>656.13 – Other known or suspected fetal &amp; placental problems affecting management of mother; Rhesus isoimmunization; antepartum condition or complication</td>
<td>O36.0110 – Maternal care for anti-D (Rh) antibodies, <strong>first trimester, single gestation</strong></td>
</tr>
<tr>
<td>14,000 codes – not much specificity</td>
<td>68,000 codes – greater specificity</td>
</tr>
</tbody>
</table>
# Format Structure of ICD-10-CM

<table>
<thead>
<tr>
<th>Category</th>
<th>Etiology, Anatomic site, Severity (possibly dummy placeholder)</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>I10 - Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Z20.1 – Contact with and (suspected) exposure to tuberculosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Z00.01 – Encounter for general adult medical examination with abnormal findings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E11.649 – Type 2 diabetes mellitus with hypoglycemia without coma</td>
<td></td>
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</tr>
<tr>
<td>O36.0131 – Maternal care for anti-D(Rh) antibodies, third trimester, fetus 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S90.451A – Superficial foreign body, right great toe, initial encounter</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Alphabetic Index—Index to Diseases and Injuries

### ICD-10-CM INDEX TO DISEASES and INJURIES

| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |

### A

- **Aarskog's syndrome** Q87.1
- **Abandonment** —see Maltreatment
- **Abasia** (-astasia) (hysterical) F44.4
- **Abderhalden-Kaufmann-Lignac syndrome** (cystinosis) E72.04
- **Abdomen, abdominal** —see also condition
  - acute R10.0
  - angina K55.1
  - muscle deficiency syndrome Q79.4
- **Abdominalgia** —see Pain, abdominal
- **Abduction contracture, hip or other joint** —see Contraction, joint
- **Aberrant** (congenital) —see also Malposition, congenital
  - adrenal gland Q89.1
  - artery (peripheral) Q27.8
    - basilar NEC Q28.1
    - cerebral Q28.3
    - coronary Q24.5
    - digestive system Q27.8
    - eye Q15.8
## Alphabetic Index – Table of Neoplasms

<table>
<thead>
<tr>
<th>Neoplasm, neoplastic</th>
<th>Malignant Primary</th>
<th>Malignant Secondary</th>
<th>Ca in situ</th>
<th>Benign</th>
<th>Uncertain Behavior</th>
<th>Unspecified Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neoplasm, neoplastic</td>
<td>C80.1</td>
<td>C79.9</td>
<td>D09.9</td>
<td>D36.9</td>
<td>D48.9</td>
<td>D49.9</td>
</tr>
<tr>
<td>- abdomen, abdominal</td>
<td>C76.2</td>
<td>C79.8-</td>
<td>D09.8</td>
<td>D36.7</td>
<td>D48.7</td>
<td>D49.89</td>
</tr>
<tr>
<td>- - cavity</td>
<td>C76.2</td>
<td>C79.8-</td>
<td>D09.8</td>
<td>D36.7</td>
<td>D48.7</td>
<td>D49.89</td>
</tr>
<tr>
<td>- - organ</td>
<td>C76.2</td>
<td>C79.8-</td>
<td>D09.8</td>
<td>D36.7</td>
<td>D48.7</td>
<td>D49.89</td>
</tr>
<tr>
<td>- - viscera</td>
<td>C76.2</td>
<td>C79.8-</td>
<td>D09.8</td>
<td>D36.7</td>
<td>D48.7</td>
<td>D49.89</td>
</tr>
<tr>
<td>- - wall—see also Neoplasm, abdomen, wall, skin</td>
<td>C44.509</td>
<td>C79.2-</td>
<td>D04.5</td>
<td>D23.5</td>
<td>D48.5</td>
<td>D49.2</td>
</tr>
<tr>
<td>- - connective tissue</td>
<td>C49.4</td>
<td>C79.8-</td>
<td>-</td>
<td>D21.4</td>
<td>D48.1</td>
<td>D49.2</td>
</tr>
<tr>
<td>- - skin</td>
<td>C44.509</td>
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<td></td>
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<tr>
<td>- - - basal cell carcinoma</td>
<td>C44.519</td>
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<td>- - - specified type NEC</td>
<td>C44.599</td>
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<td>- - - squamous cell carcinoma</td>
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<tr>
<td>- abdominopelvic</td>
<td>C76.8</td>
<td>C79.8-</td>
<td>-</td>
<td>D36.7</td>
<td>D48.7</td>
<td>D49.89</td>
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<td>- accessory sinus—see Neoplasm, sinus</td>
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<td></td>
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<td></td>
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<td>- acoustic nerve</td>
<td>C72.4-</td>
<td>C79.49</td>
<td>-</td>
<td>D33.3</td>
<td>D43.3</td>
<td>D49.7</td>
</tr>
<tr>
<td>- adenoid(pharynx) (tissue)</td>
<td>C11.1</td>
<td>C79.89</td>
<td>D00.08</td>
<td>D10.6</td>
<td>D37.05</td>
<td>D49.0</td>
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<tr>
<td>- adipose tissue—see also Neoplasm, connective tissue</td>
<td>C49.4</td>
<td>C79.89</td>
<td>-</td>
<td>D21.9</td>
<td>D48.1</td>
<td>D49.2</td>
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</tbody>
</table>
### Alphabetic Index – Table of Drugs and Chemicals

#### ICD-10-CM TABLE of DRUGS and CHEMICALS

<table>
<thead>
<tr>
<th>Substance</th>
<th>Poisoning, Accidental (unintentional)</th>
<th>Poisoning, Intentional self-harm</th>
<th>Poisoning, Assault</th>
<th>Poisoning, Undetermined</th>
<th>Adverse effect</th>
<th>Underdosing</th>
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</thead>
<tbody>
<tr>
<td>1-propanol</td>
<td>T51.3X1</td>
<td>T51.3X2</td>
<td>T51.3X3</td>
<td>T51.3X4</td>
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<tr>
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<td>T51.2X2</td>
<td>T51.2X3</td>
<td>T51.2X4</td>
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<tr>
<td>2,4-D(dichlorophenyl-oxyacetic acid)</td>
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<td>T60.3X3</td>
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<td>T65.0X2</td>
<td>T65.0X3</td>
<td>T65.0X4</td>
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<td>--</td>
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<tr>
<td>2,4,5-T(trichloro-phenoxycetic acid)</td>
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<td>T60.1X2</td>
<td>T60.1X3</td>
<td>T60.1X4</td>
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<td>14-hydroxydihydro-morphinone</td>
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<td>T40.2X2</td>
<td>T40.2X3</td>
<td>T40.2X4</td>
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<td>ABOB</td>
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<td>Abrine</td>
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<td>T62.2X3</td>
<td>T62.2X4</td>
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<td>--</td>
</tr>
<tr>
<td>Abrus(seed)</td>
<td>T62.2X1</td>
<td>T62.2X2</td>
<td>T62.2X3</td>
<td>T62.2X4</td>
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<tr>
<td>Absinthe</td>
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<tr>
<td>- beverage</td>
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<td>T51.0X2</td>
<td>T51.0X3</td>
<td>T51.0X4</td>
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<td>T60.8X3</td>
<td>T60.8X4</td>
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<tr>
<td>Acetadine</td>
<td>T44.7X1</td>
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<td>T44.7X3</td>
<td>T44.7X4</td>
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<td>Acebutolol</td>
<td>T44.7X1</td>
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<td>T44.1X4</td>
<td>T44.1X5</td>
<td>T44.1X6</td>
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<td>Acetadipone</td>
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<td>T37.0X2</td>
<td>T37.0X3</td>
<td>T37.0X4</td>
<td>T37.0X5</td>
<td>T37.0X6</td>
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<td>Acetylline piperazine</td>
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<td>T48.6X2</td>
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<td>T40.2X5</td>
<td>T40.2X6</td>
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<td>Acenocoumarin</td>
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<td>T45.512</td>
<td>T45.513</td>
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<td>Acenfentanyl</td>
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<td>T48.6X3</td>
<td>T48.6X4</td>
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<td>T48.6X6</td>
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<td>Acepromazine</td>
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<td>T43.3X4</td>
<td>T43.3X5</td>
<td>T43.3X6</td>
</tr>
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<td>Acesulfamethoxypyridazine</td>
<td>T37.0X1</td>
<td>T37.0X2</td>
<td>T37.0X3</td>
<td>T37.0X4</td>
<td>T37.0X5</td>
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<td>Acetal</td>
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<td>T52.8X3</td>
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<tr>
<td>Acetaldhyde(vapor)</td>
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<td>T52.8X2</td>
<td>T52.8X3</td>
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<td>- liquid</td>
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<td>T65.894</td>
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</tr>
</tbody>
</table>
ICD-10-CM External Cause of Injuries Index

A

Abandonment (causing exposure to weather conditions) (with intent to injure or kill) NEC X58
Abuse (adult) (child) (mental) (physical) (sexual) X58
Accident (to) X58
- aircraft (in transit) (powered) — see also Accident, transport, aircraft
- due to, caused by cataclysm — see Forces of nature, by type
- animal-rider — see Accident, transport, animal-rider
- animal-drawn vehicle — see Accident, transport, animal-drawn vehicle occupant
- automobile — see Accident, transport, car occupant
- bare foot water skier V94.4
- boat, boating — see also Accident, watercraft
- - striking swimmer
- - - powered V94.11
- - - unpowered V94.12
- bus — see Accident, transport, bus occupant
- cable car, not on rails V98.0
- - on rails — see Accident, transport, streetcar occupant
- car — see Accident, transport, car occupant
- caused by, due to
- - animal NEC W64
Chapter 1

Certain infectious and parasitic diseases (A00-B99)
Includes: diseases generally recognized as communicable or transmissible
Use additional code to identify resistance to antimicrobial drugs (Z16-)
Excludes1: certain localized infections - see body system-related chapters
  infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium (O98.-
  influenza and other acute respiratory infections (J00-J22)
Excludes2: carrier or suspected carrier of infectious disease (Z22.-)
  infectious and parasitic diseases specific to the perinatal period (P35-P39)

This chapter contains the following blocks:
A00-A09  Intestinal infectious diseases
A15-A19  Tuberculosis
A20-A28  Certain zoonotic bacterial diseases
A30-A49  Other bacterial diseases
A50-A64  Infections with a predominantly sexual mode of transmission
A65-A69  Other spirochetal diseases
A70-A74  Other diseases caused by chlamydiae
A75-A79  Rickettsioses
A80-A89  Viral and prion infections of the central nervous system
A90-A99  Arthropod-borne viral fevers and viral hemorrhagic fevers
B00-B09  Viral infections characterized by skin and mucous membrane lesions
B10  Other human herpesviruses
B15-B19  Viral hepatitis
B20  Human immunodeficiency virus [HIV] disease
B25-B34  Other viral diseases
B35-B49  Mycoses
B50-B64  Protozoal diseases
B65-B83  Helminthiasis
B85-B89  Pediculosis, acarisis and other infestations
B90-B94  Sequelae of infectious and parasitic diseases
B95-B97  Bacterial and viral infectious agents
B99  Other infectious diseases

Intestinal infectious diseases (A00-A09)
A00  Cholera
## Tabular List of Diseases and Injuries

**Intestinal infectious diseases (A00-A09)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A00</td>
<td>Cholera</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>A00.0</td>
<td>Cholera due to <em>Vibrio cholerae</em> 01, biovar cholerae</td>
</tr>
<tr>
<td></td>
<td>Classical cholera</td>
</tr>
<tr>
<td>A00.1</td>
<td>Cholera due to <em>Vibrio cholerae</em> 01, biovar eltor</td>
</tr>
<tr>
<td></td>
<td>Cholera eltor</td>
</tr>
<tr>
<td>A00.9</td>
<td>Cholera, unspecified</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A01</td>
<td>Typhoid and paratyphoid fevers</td>
</tr>
<tr>
<td>A01.0</td>
<td>Typhoid fever</td>
</tr>
<tr>
<td></td>
<td>Infection due to <em>Salmonella typhi</em></td>
</tr>
<tr>
<td>A01.00</td>
<td>Typhoid fever, unspecified</td>
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<tr>
<td>A01.01</td>
<td>Typhoid meningitis</td>
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<tr>
<td>A01.02</td>
<td>Typhoid fever with heart involvement</td>
</tr>
<tr>
<td></td>
<td>Typhoid endocarditis</td>
</tr>
<tr>
<td></td>
<td>Typhoid myocarditis</td>
</tr>
<tr>
<td>A01.03</td>
<td>Typhoid pneumonia</td>
</tr>
<tr>
<td>A01.04</td>
<td>Typhoid arthritis</td>
</tr>
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</table>
ICD-10-CM Official Guidelines for Coding and Reporting

• A set of rules developed by the National Center for Health Statistics (NCHS) that accompany and complement the official conventions and instructions provided within the ICD-10-CM
  – The instructions and conventions of the classification take precedence over the guidelines
  – HIPAA requires adherence to the official coding guidelines in all healthcare settings
• Sections 1 and 4 of the guidelines apply to outpatients
• Updates are published at least annually
Format Structure of ICD-10-CM

<table>
<thead>
<tr>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha</td>
</tr>
<tr>
<td>Category</td>
</tr>
</tbody>
</table>
Extensions

• Code extensions (7th character) have been added to specify:
  – Episode of care for injuries and external causes of injuries
  – Fetus number in obstetrics

• Below are a few **limited** examples:
  – to identify the encounter type
    ▪ A  Initial Encounter (or active treatment)
    ▪ D  Subsequent Encounter
    ▪ S  Sequelae
  – to provide further specificity about the condition being coded
    ▪ K  Subsequent encounter for fracture with nonunion
  – for single and multiple gestations, to identify the fetus
    ▪ 0  Not applicable (single gestation) or fetus unspecified
    ▪ 1  fetus 1
    ▪ 9  Other fetus

• The extension may be a number or letter and **must always** be the 7th character
  – O31.8x21 – Other complications specific to multiple gestation, 1st trimester, fetus 1
Extensions

Abuse
- adult — see Maltreatment, adult
- child — see Maltreatment, child

Maltreatment
- adult
- child
  - abandonment
  - confirmed T74.02
  - suspected T76.02
  - confirmed T74.92
  - history of — see History, personal (of), abuse
  - confirmed T74.02
  - history of — see History, personal (of), abuse
  - suspected T76.02
  - physical abuse
  - confirmed T74.12
  - history of — see History, personal (of), abuse
  - suspected T76.12

T76 Adult and child abuse, neglect and other maltreatment, suspected

Use additional code, if applicable, to identify any associated current injury

Excludes: adult and child maltreatment, confirmed (T74-)
  suspected abuse and maltreatment in pregnancy (O9A.3-, O9A.4-, O9A.5-)
  suspected adult physical abuse, ruled out (Z04.71)
  suspected adult sexual abuse, ruled out (Z04.41)
  suspected child physical abuse, ruled out (Z04.72)
  suspected child sexual abuse, ruled out (Z04.42)

The appropriate 7th character is to be added to each code from category T76
  A - initial encounter
  D - subsequent encounter
  $ - sequela

T76.0 Neglect or abandonment, suspected
  T76.01 Adult neglect or abandonment, suspected
  T76.02 Child neglect or abandonment, suspected

T76.1 Physical abuse, suspected
  T76.11 Adult physical abuse, suspected
  T76.12 Child physical abuse, suspected
placeholder3holders

- Dummy Placeholders are necessary to ensure the accuracy of certain codes
- Dummy Placeholders are always the letter ‘x’ or ‘X’
  - Can be upper or lower case
- Dummy Placeholders have 2 uses
  - When a code has less than 6 characters and a 7th character extension is required - the ‘x’ is assigned for all characters less than 6
    - T76.12A Child physical abuse, suspected, initial encounter
  - 5th character for certain 6 character codes thus providing for future expansion
    - M53.2x7 Spinal instabilities, lumbosacral region
Basics Unit 1 – Review Questions
True/False

1. The World Health Organization (WHO) version of ICD-10 has not been implemented in the United States
2. The 2\textsuperscript{nd} and 3\textsuperscript{rd} characters of a code are always numeric
3. 250.00 is a valid code in ICD-10-CM
4. Code extensions are always the 7\textsuperscript{th} character
5. Dummy placeholders are used when you have no clue what character to use
6. Everyone covered by HIPAA must be ICD-10 compliant starting October 1, 2015
7. ICD-10-PCS codes will replace CPT coding
8. Outpatient claims submitted after October 1, 2015 must contain ICD-10-CM codes
A 17 year old female patient is seen in Family Planning for a scheduled three month pill evaluation. During the workup, her blood pressure is elevated and she has complaints of frequent headaches the past 2 months. Due to the adverse reaction to the Ortho-Novum, she is switched to Cerazette.

- What was the primary reason for the visit?
- What is the key word you will use to look up the primary reason?
- What other problems need to be coded?
- What indexes do you need to use to determine code selection?
- Code the scenario
ICD-10-CM Coding Training

The Basics Course
For Local Health Departments and Rural Health

Unit 2
Basics Unit 1 – Review Questions
True/False

1. The World Health Organization (WHO) version of ICD-10 has not been implemented in the United States
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• What was the primary reason for the visit?
• What is the key word you will use to look up the primary reason?
• What other problems need to be coded?
• What indexes do you need to use to determine code selection?
• Code the scenario
Added Features to ICD-10-CM

- ICD-10-CM reflects updated terminology and modern medicine
- ICD-10-CM includes codes for laterality in chapters where laterality is deemed important
  - If a **bilateral** code is not provided and the condition is bilateral, code both left and right side
    - H50.411 Cyclotropia, right eye
    - H50.412 Cyclotropia, left eye
    - There is no code for bilateral
  - When laterality is not **documented**, there is always an unspecified code
    - C50.219 Malignant neoplasm of upper-inner quadrant of unspecified female breast
  - When a condition is bilateral but there are no distinct codes identifying laterality, use the valid code only once
    - N28.1 – Cyst of kidney, acquired
Added Features to ICD-10-CM

ICD-10-CM codes are more specific

• Greater flexibility for expansion when new codes are needed
• Manifestations of diseases may be included in a single code
  – ICD-9-CM: 002.0 Typhoid Fever; 484.8 Pneumonia in other infectious diseases
  – ICD-10-CM: A01.03 Typhoid Pneumonia
• Greater specificity will provide
  – Better statistical data for nosologists, epidemiologists and researchers to track and study disease in the US
  – Claim rejections should be reduced
• Clinical documentation will need to improve in order to code to the highest level of specificity
  – H66.90 Otitis media, unspecified, unspecified ear
  – H66.3x1 Other chronic suppurative otitis media, right ear
Added Features to ICD-10-CM

- Example of the impact of adding **anatomic site and laterality**

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>373.2 Chalazion</td>
<td>H00.1 Chalazion</td>
</tr>
<tr>
<td>Meibomian (gland) cyst</td>
<td>Meibomian (gland) cyst</td>
</tr>
<tr>
<td><em>Excludes: infected meibomian gland (373.12)</em></td>
<td><em>Excludes2: Infected Meibomian gland (H00.02-)</em></td>
</tr>
<tr>
<td></td>
<td>H00.11 Chalazion right upper eyelid</td>
</tr>
<tr>
<td></td>
<td>H00.12 Chalazion right lower eyelid</td>
</tr>
<tr>
<td></td>
<td>H00.13 Chalazion right eye, unspecified eyelid</td>
</tr>
<tr>
<td></td>
<td>H00.14 Chalazion left upper eyelid</td>
</tr>
<tr>
<td></td>
<td>H00.15 Chalazion left lower eyelid</td>
</tr>
<tr>
<td></td>
<td>H00.16 Chalazion left eye, unspecified eyelid</td>
</tr>
<tr>
<td></td>
<td>H00.19 Chalazion unspecified eye, unspecified eyelid</td>
</tr>
</tbody>
</table>
Added Features to ICD-10-CM

- ICD-10-CM includes full code titles for all codes
  - No referencing back to common 4th and 5th digits

- ICD-9-CM
  - 682=Other Cellulitis and abscess
    - 682.6= Leg, except foot

- ICD-10-CM
  - L03.116 Cellulitis of left lower limb
  - and/or
  - L02.416 Cutaneous Abscess of left lower limb
Added Features to ICD-10-CM

- Consists of 21 Chapters compared to 17 in ICD-9-CM
  - Sense organs are no longer in the nervous system disorders – they have their own Chapters
    - Diseases of the Eye and Adnexa (Chapter 7)
    - Diseases of the Ear and Mastoid Process (Chapter 8)
  - V and E codes are no longer supplemental classifications - They have their own Chapters
    - E codes are now in Chapters 19 and 20
      - Injury, poisoning and certain other consequences of external causes (Chapter 19)
        » T55.0x1A Toxic effect of soaps, accidental, initial encounter
      - External causes of morbidity (Chapter 20)
        » W29.1xxD Contact with electric knife, subsequent encounter
    - V codes are now in Chapter 21: Factors influencing health status and contact with health services
Added Features to ICD-10-CM (GEMs)

- National Center for Health Statistics has developed Diagnosis Code Set General Equivalence Mappings (GEMs)
  - Bi-directional mappings are available (i.e., 9 to 10 and 10 to 9)
    - http://www.cdc.gov/nchs/icd/icd10cm.htm
    - Automated tool developed by AAPC (access available on DPH ICD-10 website under “Additional Resources”)
    - Not a “1 to 1” crosswalk

- Appropriate uses of GEMS
  - When conversion of diagnostic data is going to be done
  - When translating lists of codes for non-clinical purposes
  - For research purposes when trend analysis is needed

- Inappropriate uses of GEMS
  - Never use GEMs to crosswalk a diagnosis included in clinical documentation from ICD-9-CM to ICD-10-CM
GEMs Crosswalk provided by AAPC
GEMs Crosswalk provided by AAPC
NCTracks Crosswalk – 9 to 10

ICD 9/10 Crosswalk

Welcome to the latest version of the crosswalk connecting the old ICD-9 codes to the new ICD-10 codes. Remember, there often isn’t a one-to-one connection, with some old codes being replaced by dozens to better match the diagnosis. This crosswalk only serves as a preliminary guide. Try it out. See how your codes compare.

The Division of Medical Assistance will be adding ICD-10 codes to clinical policies just before ICD-10 implementation on October 1. Some existing codes may change, so you will want to check back. We will keep you updated.

Click to send your ICD-10 Questions and Comments

Note: Enter code without the decimal point. Example for 797.10 enter 79710

Select Code type: Enter ICD-9 code:

- Diagnosis Code

Search

There was a bad request.
NCTracks Crosswalk – 9 to 10

ICD 9/10 Crosswalk

Welcome to the latest version of the crosswalk connecting the old ICD-9 codes to the new ICD-10 codes. Remember, there often isn’t a one-to-one connection, with some old codes being replaced by dozens to better match the diagnosis. This crosswalk only serves as a preliminary guide. Try it out. See how your codes compare.

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Click to send your ICD-10 Questions and Comments

Note: Enter code without the decimal point. Example for 707.10 enter 70710

Select Code type: Diagnosis Code

Enter ICD-9 code: 25000

Search

Found 2 results for 25000

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>25000</td>
<td>DIABETES UNCOMPL ADULT</td>
</tr>
</tbody>
</table>

Related ICD-10 Codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E139</td>
<td>OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS</td>
</tr>
<tr>
<td>E119</td>
<td>TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS</td>
</tr>
</tbody>
</table>
## Added Features to ICD-10-CM (GEMs)

<table>
<thead>
<tr>
<th>ICD-9-CM &gt;</th>
<th>ICD-10-CM</th>
<th>ICD-10-CM &gt;</th>
<th>ICD-9-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>003.21 Salmonella Meningitis</td>
<td>A02.21 Salmonella Meningitis</td>
<td>A02.21 Salmonella Meningitis</td>
<td>003.21 Salmonella Meningitis</td>
</tr>
<tr>
<td>250.13 Diabetes with ketoacidosis, type I [juvenile type], uncontrolled</td>
<td>E10.10 Type 1 diabetes mellitus with ketoacidosis without coma</td>
<td>E10.10 Type 1 diabetes mellitus with ketoacidosis without coma</td>
<td>250.11 Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled</td>
</tr>
<tr>
<td>250.13 Diabetes with ketoacidosis, type I [juvenile type], uncontrolled</td>
<td>E10.65 Type 1 diabetes mellitus with hyperglycemia</td>
<td>E10.65 Type 1 diabetes mellitus with hyperglycemia</td>
<td>250.81 Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled</td>
</tr>
</tbody>
</table>
| 250.13 Diabetes with ketoacidosis, type I [juvenile type], uncontrolled | T45.4X6D Underdosing of iron and its compounds, subsequent encounter | No Equivalent Diagnosis Code since Underdosing was not included in ICD-9-CM | }

No Equivalent Diagnosis Code since Underdosing was not included in ICD-9-CM.
Similarities Between 9 and 10
Alphabetic Index

• Alphabetic Index and Tabular List
  – Structured the same as ICD-9-CM

Encounter (with health service) (for) Z76.89
- adjustment and management (of)
  - breast implant Z45.81
  - implanted device NEC Z45.89
  - myringotomy device (stent) (tube) Z45.82
- administrative purpose only Z02.9
- examination for
  - adoption Z02.82
  - armed forces Z02.3
  - disability determination Z02.71
  - driving license Z02.4
  - employment Z02.1
  - insurance Z02.6
  - medical certificate NEC Z02.79
  - paternity testing Z02.81
  - residential institution admission Z02.2
  - school admission Z02.0
  - sports Z02.5
- specified reason NEC Z02.89
- aftercare —see Aftercare

Asthma, asthmatic (bronchial) (catarrh) (spasmodic) J45.909
  - with
  - chronic obstructive bronchitis J44.9
    - with
    - acute lower respiratory infection J44.0
    - exacerbation (acute) J44.1
    - chronic obstructive pulmonary disease J44.9
      - with
      - acute lower respiratory infection J44.0
      - exacerbation (acute) J44.1
    - exacerbation (acute) J45.901
    - hay fever —see Asthma, allergic extrinsic
    - rhinitis, allergic —see Asthma, allergic extrinsic
    - status asthmaticus J45.902
Similarities Between 9 and 10
Alphabetic Index

• Many convention types have same meaning in the Tabular List and Alphabetic Index:
  – Instructional notes
  – Abbreviations and Symbols
  – Punctuation marks

• Alphabetic index includes suggestions for manifestation codes

  Dementia (degenerative (primary)) (old age) (persisting) F03.90
  - with
  - - aggressive behavior F03.91
  - - behavioral disturbance F03.91
  - - combative behavior F03.91
  - - Lewy bodies G31.83 [F02.80]
  - - - with behavioral disturbance G31.83 [F02.81]
  - - Parkinsonism G31.83 [F02.80]
  - - - with behavioral disturbance G31.83 [F02.81]
  - - Parkinson's disease G20 [F02.80]
  - - - with behavioral disturbance G20 [F02.81]
Similarities Between 9 and 10 Chapters of ICD-10-CM

Table of Contents

1. Certain infectious and parasitic diseases (A00-B99)
2. Neoplasms (C00-D49)
3. Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
4. Endocrine, nutritional and metabolic diseases (E00-E89)
5. Mental, Behavioral and Neurodevelopmental disorders (F01-F99)
6. Diseases of the nervous system (G00-G99)
7. Diseases of the eye and adnexa (H00-H59)
8. Diseases of the ear and mastoid process (H60-H95)
9. Diseases of the circulatory system (I00-I99)
10. Diseases of the respiratory system (J00-J99)
11. Diseases of the digestive system (K00-K95)
12. Diseases of the skin and subcutaneous tissue (L00-L99)
13. Diseases of the musculoskeletal system and connective tissue (M00-M99)
14. Diseases of the genitourinary system (N00-N99)
15. Pregnancy, childbirth and the puerperium (O00-O9A)
16. Certain conditions originating in the perinatal period (P00-P96)
17. Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
18. Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
19. Injury, poisoning and certain other consequences of external causes (S00-T88)
20. External causes of morbidity (V00-Y99)
21. Factors influencing health status and contact with health services (Z00-Z99)
Similarities Between 9 and 10
Tabular List

- Tabular List Example - Chapter

Chapter 15

Pregnancy, childbirth and the puerperium (O00-O9A)

Note: CODES FROM THIS CHAPTER ARE FOR USE ONLY ON MATERNAL RECORDS, NEVER ON NEWBORN RECORDS

Codes from this chapter are for use for conditions related to or aggravated by the pregnancy, childbirth, or by the puerperium (maternal causes or obstetric causes). Trimesters are counted from the first day of the last menstrual period. They are defined as follows:

1st trimester: less than 14 weeks 0 days
2nd trimester: 14 weeks 0 days to less than 28 weeks 0 days
3rd trimester: 28 weeks 0 days until delivery

Use **additional** code from category Z3A, Weeks of gestation, to identify the specific week of the pregnancy

**Excludes1:** supervision of normal pregnancy (Z34.-)

**Excludes2:** mental and behavioral disorders associated with the puerperium (F53)
- obstetrical tetanus (A34)
- postpartum necrosis of pituitary gland (E23.0)
- puerperal osteomalacia (M83.0)
Similarities Between 9 and 10
Tabular List

• Tabular List Example – Chapter 15 (cont’d)
  – Each chapter in the Tabular List begins with a summary of code blocks

This chapter contains the following blocks:
O00-O08  Pregnancy with abortive outcome
O09     Supervision of high risk pregnancy
O10-O16  Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium
O20-O29  Other maternal disorders predominantly related to pregnancy
O30-O48  Maternal care related to the fetus and amniotic cavity and possible delivery problems
O60-O77  Complications of labor and delivery
O80-O82  Encounter for delivery
O85-O92  Complications predominantly related to the puerperium
O94-O9A  Other obstetric conditions, not elsewhere classified
### Similarities Between 9 and 10

**Tabular List**

- **Tabular List Example – Blocks of Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O20</td>
<td><strong>Hemorrhage in early pregnancy</strong></td>
</tr>
<tr>
<td>O20.0</td>
<td><strong>Threatened abortion</strong></td>
</tr>
<tr>
<td>O20.8</td>
<td><strong>Other hemorrhage in early pregnancy</strong></td>
</tr>
<tr>
<td>O20.9</td>
<td><strong>Hemorrhage in early pregnancy, unspecified</strong></td>
</tr>
<tr>
<td>O21</td>
<td><strong>Excessive vomiting in pregnancy</strong></td>
</tr>
<tr>
<td>O21.0</td>
<td><strong>Mild hyperemesis gravidarum</strong></td>
</tr>
<tr>
<td></td>
<td>Hyperemesis gravidarum, mild or unspecified, starting before the end of the 20th week of gestation</td>
</tr>
<tr>
<td>O21.1</td>
<td><strong>Hyperemesis gravidarum with metabolic disturbance</strong></td>
</tr>
<tr>
<td></td>
<td>Hyperemesis gravidarum, starting before the end of the 20th week of gestation, with metabolic disturbance such as carbohydrate depletion</td>
</tr>
<tr>
<td></td>
<td>Hyperemesis gravidarum, starting before the end of the 20th week of gestation, with metabolic disturbance such as dehydration</td>
</tr>
<tr>
<td></td>
<td>Hyperemesis gravidarum, starting before the end of the 20th week of gestation, with metabolic disturbance such as electrolyte imbalance</td>
</tr>
</tbody>
</table>
Instructional Notes
Includes

• “Includes” – In Tabular List, defines and/or gives examples of the content of a chapter, section, category, or block of category codes (subcategory)
  – Includes list is not exhaustive so even though a documented diagnosis is not on the list, the code may still be appropriate

E10 Type 1 diabetes mellitus
Includes: brittle diabetes (mellitus)
  diabetes (mellitus) due to autoimmune process
  diabetes (mellitus) due to immune mediated pancreatic islet beta-cell destruction
  idiopathic diabetes (mellitus)
  juvenile onset diabetes (mellitus)
  ketosis-prone diabetes (mellitus)

E10.1 Type 1 diabetes mellitus with ketoacidosis
  E10.10 Type 1 diabetes mellitus with ketoacidosis without coma
  E10.11 Type 1 diabetes mellitus with ketoacidosis with coma
Instructional Notes
Includes

• At the code level, there may be a list of terms included in the code but the term “includes” is not used

• Example

E10.2 Type 1 diabetes mellitus with kidney complications
   E10.21 Type 1 diabetes mellitus with diabetic nephropathy
       Type 1 diabetes mellitus with intercapillary glomerulosclerosis
       Type 1 diabetes mellitus with intracapillary glomerulonephrosis
       Type 1 diabetes mellitus with Kimmelstiel-Wilson disease
   E10.22 Type 1 diabetes mellitus with diabetic chronic kidney disease
       Type 1 diabetes mellitus with chronic kidney disease due to conditions classified to .21 and .22
       Use additional code to identify stage of chronic kidney disease (N18.1-N18.6)
   E10.29 Type 1 diabetes mellitus with other diabetic kidney complication
       Type 1 diabetes mellitus with renal tubular degeneration
Instructional Notes
Excludes1

- Excludes1 note
  - Indicates that the code(s) excluded should never be used at the same time as the code above the “Excludes1” note - the 2 conditions cannot occur together
  - In other words: **NOT CODED HERE**
  - Example:

  **E10 Type 1 diabetes mellitus**

  *Excludes1:* diabetes mellitus due to underlying condition (E08.-)
  - drug or chemical induced diabetes mellitus (E09.-)
  - gestational diabetes (O24.4-)
  - hyperglycemia NOS (R73.9)
  - neonatal diabetes mellitus (P70.2)
  - postpancreatectomy diabetes mellitus (E13.-)
  - postprocedural diabetes mellitus (E13.-)
  - secondary diabetes mellitus NEC (E13.-)
  - type 2 diabetes mellitus (E11.-)
Instructional Notes

Excludes2

• Excludes2 note
  – Indicates that the condition excluded is not part of the condition represented by the code, but a client may have both conditions at the same time
  – In other words: **NOT INCLUDED HERE**
  – Example:

  **K03  Other diseases of hard tissues of teeth**

  *Excludes2:* bruxism (F45.8)
  
  dental caries (K02.-)
  
  teeth-grinding NOS (F45.8)

  **K03.0  Excessive attrition of teeth**

  Approximal wear of teeth
  
  Occlusal wear of teeth
Malnutrition (E40-E46)

Excludes1: intestinal malabsorption (K90.-)
sequeleae of protein-calorie malnutrition (E64.0)

Excludes2: nutritional anemias (D50-D53)
starvation (T73.0)

E40 Kwashiorkor
Severe malnutrition with nutritional edema with dyspigmentation of skin and hair
Excludes1: marasmic kwashiorkor (E42)

E41 Nutritional marasmus
Severe malnutrition with marasmus
Excludes1: marasmic kwashiorkor (E42)

• Question 1: Could you code both “E64.0, sequelae of protein-calorie malnutrition” and “E41, Nutritional marasmus” on same encounter?

• Question 2a: Could you code both “T73.0, starvation” and “E41, Severe malnutrition with marasmus” on same encounter? Question 2b: On this encounter, can I also code “E42, Marasmic Kwashiorkor”? 
Instructional Notes

“See” Notes

- Cross reference notes are “See”, “See also”, “See condition”
- “See” – instructs you to look elsewhere
- “See also” – there is another place to look if the code is not listed here

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R10.8</td>
<td>Other abdominal pain</td>
</tr>
<tr>
<td>R10.81</td>
<td>Abdominal tenderness</td>
</tr>
<tr>
<td>R10.811</td>
<td>Right upper quadrant abdominal tenderness</td>
</tr>
<tr>
<td>R10.812</td>
<td>Left upper quadrant abdominal tenderness</td>
</tr>
<tr>
<td>R10.813</td>
<td>Right lower quadrant abdominal tenderness</td>
</tr>
<tr>
<td>R10.814</td>
<td>Left lower quadrant abdominal tenderness</td>
</tr>
<tr>
<td>R10.815</td>
<td>Periumbilical abdominal tenderness</td>
</tr>
<tr>
<td>R10.816</td>
<td>Epigastric abdominal tenderness</td>
</tr>
<tr>
<td>R10.817</td>
<td>Generalized abdominal tenderness</td>
</tr>
<tr>
<td>R10.819</td>
<td>Abdominal tenderness, unspecified site</td>
</tr>
<tr>
<td>R10.82</td>
<td>Rebound abdominal tenderness</td>
</tr>
<tr>
<td>R10.821</td>
<td>Right upper quadrant rebound abdominal tenderness</td>
</tr>
</tbody>
</table>
“See condition” – means the term used to look up the diagnosis is not appropriate to identify the code

Example from Alphabetic Index

Femur, femoral — *see condition*

Fenestration, fenestrated — *see also* Imperfect, closure

- aortico-pulmonary Q21.4
- cusps, heart valve NEC Q24.8
- - pulmonary Q22.3
- - pulmonic cusps Q22.3

Condition could be Contusion, Fracture, Neoplasm, etc.
Installation Notes
“Code” Notes

• “Use Additional Code” – assign an additional secondary code to identify the manifestation due to the underlying etiology

Disease, diseased — see also Syndrome

- Alzheimer's G30.9 [F02.80]
- - with behavioral disturbance G30.9 [F02.81]
- - early onset G30.0 [F02.80]
- - - with behavioral disturbance G30.0 [F02.81]

Other degenerative diseases of the nervous system (G30-G32)

G30 Alzheimer's disease
Includes: Alzheimer's dementia senile and presenile forms

Use additional code to identify:
- delirium, if applicable (F05)
- dementia with behavioral disturbance (F02.81)
- dementia without behavioral disturbance (F02.80)

Excludes1: senile degeneration of brain NEC (G31.1)
- senile dementia NOS (F03)
- senility NOS (R41.81)

G30.0 Alzheimer's disease with early onset
G30.1 Alzheimer's disease with late onset
“Code First” – select a code to represent the etiology that caused the manifestation and sequence that first

F02  Dementia in other diseases classified elsewhere

Code first  the underlying physiological condition, such as:
  Alzheimer's (G30.-)
  cerebral lipidosis (E75.4)

Excludes1: dementia with Parkinsonism (G31.83)
Excludes2: dementia in alcohol and psychoactive substance disorders (F10-F19, with .17, .27, .97) vascular dementia (F01.5-)

F02.8  Dementia in other diseases classified elsewhere

F02.80  Dementia in other diseases classified elsewhere without behavioral disturbance
  Dementia in other diseases classified elsewhere NOS

F02.81  Dementia in other diseases classified elsewhere with behavioral disturbance
  Dementia in other diseases classified elsewhere with aggressive behavior
  Dementia in other diseases classified elsewhere with combative behavior
  Dementia in other diseases classified elsewhere with violent behavior

Use additional code, if applicable, to identify wandering in dementia in conditions classified elsewhere (Z91.83)
Abbreviations

- NEC – Not Elsewhere Classifiable
  - Other types of specified conditions not classified anywhere else in ICD-10-CM
  - Alphabetic Index uses NEC in code descriptions to direct the coder to the Tabular List showing a ‘not elsewhere classified’ code description

**Hepatitis** K75.9

- chronic K73.9
- active NEC K73.2
- lobular NEC K73.1
- persistent NEC K73.0
- specified NEC K73.8
Abbreviations

- NOS – Not Otherwise Specified
  - Used in Alphabetic Index and Tabular List when clinical documentation is insufficient to assign a more specific code
  - Equivalent of “Unspecified”
• **Point Dash symbol** (.-)
  – In the Alphabetical Index and Tabular List, used to indicate a code is incomplete
  
  Membranacea placenta O43.19-

• **Comma(,)**
  – Separate synonyms or essential modifiers follow the comma
  
  Meningococcus, meningococcal (see also condition) A39.9
  - adrenalitis, hemorrhagic A39.1

• **Parentheses ( )** – used in Alphabetic Index and Tabular List
  – Placed around supplementary words that may be present or absent in the disease statement in the clinical documentation.
    • These terms are known as *nonessential modifiers*
    • Nonessential modifiers do not affect code assignment
    • In tabular, used when codes are included
  
  – Diabetes, diabetic *(mellitus) (sugar)* E11.9
  
  – E11 Type 2 diabetes mellitus
  Use *additional* code to identify any insulin use *(Z79.4)*
Punctuation Marks

- **Brackets [ ]** - used in Alphabetic Index and Tabular List
  - Alphabetic Index - identify manifestation codes
  - Tabular List - enclose synonyms, alternative wordings, or explanatory phrases

- **Colon :** - used in Tabular List
  - Used with “Includes”, “Excludes”, “Note” or after an incomplete term that needs one or more of the modifiers following the colon to make it assignable to a given category
Relational Terms

• “and” - when used within a code title in Tabular List, means “and/or”

M24.87 Other specific joint derangements of ankle and foot, not elsewhere classified
  M24.871 Other specific joint derangements of right ankle, not elsewhere classified
  M24.872 Other specific joint derangements of left ankle, not elsewhere classified
  M24.873 Other specific joint derangements of unspecified ankle, not elsewhere classified
  M24.874 Other specific joint derangements of right foot, not elsewhere classified
  M24.875 Other specific joint derangements left foot, not elsewhere classified
  M24.876 Other specific joint derangements of unspecified foot, not elsewhere classified
Relational Terms

• “with” - means “associated with” or “due to”
  – Alphabetical Index - Used in code titles; sequenced immediately following the main term (not in alphabetical order)

<table>
<thead>
<tr>
<th>Obesity E66.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>- with alveolar hyperventilation E66.2</td>
</tr>
<tr>
<td>- adrenal E27.8</td>
</tr>
<tr>
<td>- complicating</td>
</tr>
<tr>
<td>- - childbirth O99.214</td>
</tr>
<tr>
<td>- - pregnancy O99.214</td>
</tr>
<tr>
<td>- - puerperium O99.215</td>
</tr>
<tr>
<td>- constitutional E66.8</td>
</tr>
</tbody>
</table>

– Tabular List - Used in instructional notes

<table>
<thead>
<tr>
<th>L71 Rosacea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)</td>
</tr>
<tr>
<td>L71.0 Perioral dermatitis</td>
</tr>
<tr>
<td>L71.1 Rhinophyma</td>
</tr>
<tr>
<td>L71.8 Other rosacea</td>
</tr>
<tr>
<td>L71.9 Rosacea, unspecified</td>
</tr>
</tbody>
</table>
Other Coding Guidelines

Default Codes

Default code – In the Alphabetic Index, a code listed next to a main term

- Condition most commonly associated with the main term; or
- Unspecified code for the condition

<table>
<thead>
<tr>
<th>Appendicitis (pneumococcal) (retrocecal) K37</th>
</tr>
</thead>
<tbody>
<tr>
<td>- with</td>
</tr>
<tr>
<td>- perforation or rupture K35.2</td>
</tr>
<tr>
<td>- peritoneal abscess K35.3</td>
</tr>
<tr>
<td>- - with peritonitis K35.2</td>
</tr>
<tr>
<td>- peritonitis K35.2</td>
</tr>
<tr>
<td>- - with perforation or rupture K35.2</td>
</tr>
<tr>
<td>- - generalized K35.2</td>
</tr>
<tr>
<td>- - localized K35.3</td>
</tr>
<tr>
<td>- acute (catarrhal) (fulminating) (gangrenous) (obstructive) (retrocecal) (suppurative) K35.80</td>
</tr>
</tbody>
</table>
Code “impending” or “threatened” conditions as follows:

- If the condition occurred, code as confirmed diagnosis
  - Spontaneous Abortion

- If the condition did not occur
  - Go to Alphabetic Index to determine if condition has a subentry for “impending” or “threatened”
    - If subentries are listed, assign given code
      - Hemorrhage due to threatened abortion, 12 weeks gestation
    - If subterms are not listed, code underlying condition(s) – not the condition described as “impending” or “threatened”
      - Reference main term entries for “Impending” or “Threatened”
        - Impending Myocardial Infarction
Other Coding Guidelines
Combination Codes

• Combination Codes are single codes used to classify:
  – Two diagnoses
    • Chronic tonsillitis and adenoiditis
  – Diagnosis with associated secondary process (manifestation)
    • K70.11 Alcoholic hepatitis with ascites
  – Diagnosis with associated complication
    • K50.812 Crohn's disease of both small and large intestine with intestinal obstruction

• Combination codes are identified by:
  – Subterm entries in Alphabetic Index
  – Instructional notes in the Tabular List

• Multiple coding should not be used when the classification provides a combination code that clearly identifies all of the elements documented in the diagnosis

• When the combination code lacks necessary specificity in describing the manifestation or complication, an additional code should be used as a secondary code
Other Coding Guidelines
First Listed Codes

• Golden Rule: List first the code for the diagnosis, condition, problem, or other reason for encounter shown in the client record to be chiefly responsible for the services provided
  – In some cases the first-listed diagnosis may be a symptom when a diagnosis has not been established/confirmed by the clinician

• List additional codes that describe any coexisting condition
  – Code all documented conditions that coexist at the time of the encounter and require or affect the client’s treatment or management
    • Do not code conditions that were previously treated but no longer exist

• 9-month old male presents with a rash that started on the stomach and has spread to arms and legs. The child has a low grade fever and mother reports loss of appetite. The child was born with a cleft palate that has been repaired.
Other Coding Guidelines

- Encounters for **routine** lab or radiology diagnostic services
  - In the absence of any signs, symptoms, or associated diagnosis
    - Assign code **Z01.89, Encounter for other specified special examinations**
  - If routine testing is performed during the same encounter as a test to evaluate a sign, symptom, or diagnosis
    - Can assign both the code that specifies the reason for the non-routine test as well as the Z01.89 code
  - If test results have been interpreted by a physician, and the final report is available at the time of coding, code any confirmed or definitive diagnosis(es) documented in the interpretation
    - Do not code related signs and symptoms as additional diagnoses
  - This guideline is different for inpatient settings so ensure that clinicians who work in both settings are aware of the outpatient guideline
Other Coding Guidelines

- Encounters for general medical examinations with and without abnormal findings.
  - Use subcategory Z00.0-as first-listed
  - Codes for any abnormal findings are additional codes
- Need to follow the coding conventions as well as general and disease specific guidelines to determine what the first listed diagnosis should be
  - Exceptions to these guidelines for OB clients will be covered under Chapter 15
  - Exceptions to these guidelines for Encounters for routine health screenings will be covered under Chapter 21
- Codes from Chapter 20, External causes of morbidity (V00-Y99) cannot be used as reason for encounter
Other Coding Guidelines
Diagnosis Not Established

• If the diagnosis documented for the encounter is qualified as “probable”, “suspected”, “likely”, “questionable”, “possible”, or “still to be ruled out”, etc., **DO NOT** code the condition as if it existed or was established
  – Code the condition(s) to the highest degree of certainty for that encounter, such as symptoms, signs, abnormal test results, or other reason for the visit
  – Codes from Chapter 21, Factors Influencing Health Status and Contact with Health Services, are available when there is no disease/injury
  – **NOTE:** This guideline is different for inpatient settings
Other Coding Guidelines
Borderline Diagnosis

- Borderline conditions are not uncertain diagnoses
- Borderline diagnoses are coded as confirmed
  - Unless specific classification for borderline
  - Example: Borderline Diabetes (Key word ‘Borderline’)
- Documentation should support the borderline condition
- Guideline applies to all healthcare settings
Other Coding Guidelines

Other Codes

• Code all documented conditions that coexist at the time of the encounter/visit, and require or affect patient care treatment or management
  – Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition(s)
  – History codes (categories Z80-Z87) may be used as secondary codes if the historical condition or family history has an impact on current care or influences treatment
  – Signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification
  – Signs and symptoms that may not be associated routinely with a disease process should be coded when present
Other Coding Guidelines
Acute and Chronic Conditions

• If the same condition is described as both acute and chronic, and separate subentries exist in the Alphabetic Index at the same indentation level (i.e., a combination code does not exist)
  – code both conditions
  – sequence the acute code first

  – Example:
    • **Abscess** (connective tissue) (embolic) (fistulous) (infective) (metastatic) (multiple) (pernicious) (pyogenic) (septic) L02.91
      - broad ligament N73.2
      - ~ **acute** N73.0
      - ~ **chronic** N73.1
Other Coding Guidelines
Sequela (Late Effects)

- **Sequela** is the residual effect (condition produced) after the acute phase of an illness or injury has terminated.

**S52 Fracture of forearm**

**Note:** A fracture not indicated as displaced or nondisplaced should be coded to displaced
A fracture not indicated as open or closed should be coded to closed
The open fracture designations are based on the Gustilo open fracture classification

**Excludes1:** traumatic amputation of forearm (S58.-)
**Excludes2:** fracture at wrist and hand level (S62.-)

The appropriate 7th character is to be added to all codes from category S52
- **A** - initial encounter for closed fracture
- **B** - initial encounter for open fracture type I or II
- **C** - initial encounter for open fracture type IIIA, IIIB, or IIIC
- **D** - subsequent encounter for closed fracture with routine healing
- **E** - subsequent encounter for open fracture type I or II with routine healing
- **F** - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
- **G** - subsequent encounter for closed fracture with delayed healing
- **H** - subsequent encounter for open fracture type I or II with delayed healing
- **J** - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
- **K** - subsequent encounter for closed fracture with nonunion
- **M** - subsequent encounter for open fracture type I or II with nonunion
- **N** - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion
- **P** - subsequent encounter for closed fracture with malunion
- **Q** - subsequent encounter for open fracture type I or II with malunion
- **R** - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion
- **S** - sequela
Other Coding Guidelines
Sequela (Late Effects)

- There is no time limit on when a **sequela** code can be used
- The residual effect may occur early or may occur months or years later
- Two codes are generally required for **sequela**:
  - Condition or nature of the sequela is sequenced first
  - **Sequela** code is sequenced second

- **Client suffered a stroke last week and the residual effect is muscle weakness of the left arm**
  - M62.81  Muscle weakness (generalized)
  - I69.398  Other sequelae of cerebral infarction

- **Chronic left ankle instability following Grade III sprain of the calcaneofibular ligament 6 months prior**
  - M24.272  Disorder of ligament, left ankle
  - S93.412S  Sprain of calcaneofibular ligament of the left ankle, sequela
Coding Steps

1. Locate the main term in the Alphabetic Index
   • For Chest Cold, Look up “Cold” then go down list to find “Chest”

2. Scan the main term entry for any instructional notes
   • “see Bronchitis” so look up “Bronchitis”

3. In the diagnosis being coded, identify any terms that modify the main term
   • Nothing under “Bronchitis J40” relates back to Chest Cold

4. Follow any cross-reference notes

5. Always verify the code in the Tabular List
   • (NOTE: Never begin code searches using Tabular List – will lead to coding errors!)
     • Go to J40 in the Tabular

6. Follow any instructional notes
   • Do any of the instructions apply to Chest Cold?

7. Select the code
   • J40 is the correct code
Basics Unit 2 – Review Questions
True/False

1. All codes in ICD-10-CM include full code titles
2. GEMs are a crosswalk between ICD-9-CM/ICD-10-CM
3. NEC means “not elsewhere coded”
4. Terms that appear in parentheses must appear in the diagnostic statement being coded
5. AnExcludes2 note represents Not Coded Here
6. The point dash (.-) symbol indicates that the code is incomplete
7. A symptom can never be the first-listed diagnosis
8. Instructional notes never appear at the beginning of a Chapter
9. Possible and Rule out diagnoses are coded
# Use the Coding Steps to Code the following diagnoses

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</tr>
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<td>23 year old pregnant female is seen in Maternal Health clinic for cough, fever, body aches, sinus pressure. Diagnosis: Upper respiratory infection due to novel influenza A virus and acute frontal sinusitis.</td>
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The Basics Course
For Local Health Departments and Rural Health

Unit 3

ICD-10-CM Coding Training
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Chapter 21 ~ Z Codes

- **Code Range: Z00-Z99**
- Z codes represent reasons for encounters
- CPT code must accompany Z codes if a procedure is performed
- Provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00-Y89 are recorded as ‘diagnoses’ or ‘problems’
  - This can arise in two main ways:
    - When a person who may or may not be sick encounters health services for some specific purpose
      - Examples: Prophylactic vaccination (immunization), exam for admission to preschool
    - When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury
      - Example: Exposure to cafeteria worker with Hepatitis
Chapter 21
Factors influencing health status and contact with health services

Coding Guidelines

- Z codes are for use in any healthcare setting
- Depending on circumstances of the encounter, Z codes may be used as either
  - a first-listed code; or
  - secondary code
- Certain Z codes may only be used as first-listed
Chapter 21 contains the following block – 1st character is Z

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z00-Z13</td>
<td>Persons encountering health services for examinations</td>
<td>Z40-Z53</td>
<td>Encounters for other specific health care</td>
</tr>
<tr>
<td>Z14-Z15</td>
<td>Genetic carrier and genetic susceptibility to disease</td>
<td>Z55-Z65</td>
<td>Persons with potential health hazards related to socioeconomic and psychosocial circumstances</td>
</tr>
<tr>
<td>Z16</td>
<td>Resistance to antimicrobial drugs</td>
<td>Z66</td>
<td>Do not resuscitate status</td>
</tr>
<tr>
<td>Z17</td>
<td>Estrogen receptor status</td>
<td>Z67</td>
<td>Blood type</td>
</tr>
<tr>
<td>Z18</td>
<td>Retained foreign body fragments</td>
<td>Z68</td>
<td>Body mass index (BMI)</td>
</tr>
<tr>
<td>Z20-Z28</td>
<td>Persons with potential health hazards related to communicable diseases</td>
<td>Z69-Z76</td>
<td>Persons encountering health services in other circumstances</td>
</tr>
<tr>
<td>Z30-Z39</td>
<td>Persons encountering health services in circumstances related to reproduction</td>
<td>Z77-Z99</td>
<td>Persons with potential health hazards related to family and personal history and certain conditions influencing health status</td>
</tr>
</tbody>
</table>
Chapter 21
Factors influencing health status and contact with health services
Coding Guidelines

- **Status Codes**
  - Indicate a client is either
    - carrier of a disease (**Z21**-Asymptomatic HIV infection status; **Z22.51** Carrier of viral hepatitis B)
    - has the sequelae or residual of a past disease or condition (**Z98.51** – Tubal ligation status; **Z93.3** – Colostomy status)
  - Include such things as the presence of prosthetic or mechanical devices resulting from past treatment (**Z97.0**-Presence of artificial eye)
  - Are informative - the status may affect the course of treatment and its outcome (**Z94.0** – Kidney transplant status; **Z33.1** – Pregnant state; **Z28.3** – Delinquent immunization status)
  - Are distinct from history codes which indicate the client no longer has the condition (**Z85.3** – Personal history of malignant neoplasm of breast; Personal history of tuberculosis)
Chapter 21
Factors influencing health status and contact with health services
Coding Guidelines

• **Status Z codes/categories are:**
  
  - **Z79 Long-term (current) drug therapy** - Indicates a client’s continuous use of a prescribed drug (e.g., **Z79.3 – Long term (current) use of hormonal contraceptives**) for the long-term treatment of a chronic condition (e.g., arthritis), for prophylactic use (such as for the prevention of deep vein thrombosis), or a disease requiring a lengthy course of treatment (such as cancer)
    
    - It is **not** for use for clients who have addictions to drugs
    - It is **not** for use of medications for detoxification or maintenance programs to prevent withdrawal symptoms in patients with drug dependence (e.g., methadone maintenance for opiate dependence)
      
      - Assign the appropriate code for the drug dependence instead
    
    - Do not assign a code from category Z79 for medication being administered for a brief period of time to treat an acute illness or injury (such as a course of antibiotics to treat acute bronchitis)
Chapter 21
Factors influencing health status and contact with health services
Coding Guidelines

- **Status Z codes/categories are:**
  - Z88 Allergy status to drugs, medicaments and biological substances
  - Z89 Acquired absence of limb
  - Z90 Acquired absence of organs, not elsewhere classified
  - Z91.0 Allergy status, other than to drugs and biological substances
  - Z93 Artificial opening status
  - Z94 Transplanted organ and tissue status
  - Z95 Presence of cardiac and vascular implants and grafts
  - Z96 Presence of other functional implants
  - Z97 Presence of other devices
  - Z98 Other post-procedural states
  - Z99 Dependence on enabling machines and devices, not elsewhere classified
Chapter 21
Factors influencing health status and contact with health services
Coding Guidelines

- **Status Z codes/categories are:**
  - Z14 Genetic carrier - indicates that a person carries a gene, associated with a particular disease, which may be passed to offspring who may develop that disease
    - The person does not have the disease and is not at risk of developing the disease
  - Z15 Genetic susceptibility to disease - indicates that a person has a gene that increases the risk of that person developing the disease
    - Codes from category Z15 should not be used as first-listed codes
    - If the client has the condition to which he/she is susceptible, and that condition is the reason for the encounter, the current condition should be first-listed
    - If the client is being seen for follow-up after completed treatment for this condition, and the condition no longer exists a follow-up code should be sequenced first, followed by the appropriate personal history and genetic susceptibility codes
    - If the purpose of the encounter is genetic counseling associated with procreative management, Z31.5, *Encounter for genetic counseling*, should be assigned as the first-listed code, followed by a code from category Z15. Additional codes should be assigned for any applicable family or personal history
Status Z codes/categories are:

- Z16 Resistance to antimicrobial drugs - Code indicates that a client has a condition that is resistant to antimicrobial drug treatment
  - Sequence the infection code first
- Z17 Estrogen receptor status
- Z18 Retained foreign body fragments
- Z21 Asymptomatic HIV infection status - Code indicates that a client has tested positive for HIV but has manifested no signs or symptoms of the disease
- Z22 Carrier of infectious disease - Indicates that a person harbors the specific organisms of a disease without manifest symptoms and is capable of transmitting the infection
- Z28 Immunization not carried out and underimmunization status
- Z33.1 Pregnant state, incidental – secondary code used when the pregnancy is in no way the complicating reason for the visit
Chapter 21
Factors influencing health status and contact with health services
Coding Guidelines

• **Status Z codes/categories are:**
  - Z66 Do not resuscitate - Used when it is documented by the provider that a client is on “Do not resuscitate” (DNR) status
  - Z67 Blood type
  - Z68 Body mass index (BMI)
  - Z74.01 Bed confinement status
  - Z76.82 Awaiting organ transplant status
  - Z78 Other specified health status
  - Z78.1 Physical restraint status, may be used when it is documented by the provider that a client has been put in restraints during the current encounter
    • This code should not be reported when it is documented by the provider that a client is temporarily restrained during a procedure
Chapter 21
Factors influencing health status and contact with health services
Coding Guidelines

• **History (of) – Personal and Family**
  – Personal history codes explain a client’s past medical condition that no longer exists and is not receiving any treatment
    • Has the potential for recurrence, and therefore may require continued monitoring (*Z85.41 – Personal history of malignant neoplasm of cervix uteri*)
    • Personal history codes may be used in conjunction with follow-up codes
  – Family history codes are for use when a client has family member(s) who have had a particular disease that causes the client to be at higher risk of also contracting the disease
    • Family history codes may be used in conjunction with screening codes to explain the need for a test or procedure (*Z82.79 – Family history of other congenital malformations, deformations and chromosomal abnormalities*)
  – History codes are acceptable on any medical record regardless of the reason for visit
    • A history of an illness, even if no longer present, is important information that may alter the type of treatment ordered
Chapter 21
Factors influencing health status and contact with health services
Coding Guidelines

• **History (of) Z codes/categories are:**
  – Z80 Family history of primary malignant neoplasm
  – Z81 Family history of mental and behavioral disorders
  – Z82 Family history of certain disabilities and chronic diseases (leading to disablement)
  – Z83 Family history of other specific disorders
  – Z84 Family history of other conditions
  – Z85 Personal history of malignant neoplasm
  – Z86 Personal history of certain other diseases
  – Z87 Personal history of other diseases and conditions
  – Z91.4- Personal history of psychological trauma, not elsewhere classified
  – Z91.5 Personal history of self-harm
  – Z91.8- Other specified personal risk factors, NEC (Except Z91.83)
  – Z92 Personal history of medical treatment (Except Z92.0 and Z92.82)
Chapter 21
Factors influencing health status and contact with health services
Coding Guidelines

• **Miscellaneous Z codes**
  - These codes capture a number of other health care encounters that do not fall into one of the other categories
    • May identify the reason for the encounter
    • May be used as additional codes to provide useful information on circumstances that may affect a patient’s care and treatment

• **Miscellaneous Z codes/categories**
  - Z28 Immunization not carried out
    • **Z28.01 Immunization not carried out because of acute illness of patient**
  - Z40 Encounter for prophylactic surgery
  - Z41 Encounter for procedures for purposes other than remedying health state
  - Z53 Persons encountering health services for specific procedures and treatment, not carried out
    • **Z53.09 Procedure and treatment not carried out because of other contraindication**
Chapter 21
Factors influencing health status and contact with health services
Coding Guidelines

• **Miscellaneous Z codes/categories** (cont’d)
  – Z55 Problems related to education and literacy
  – Z56 Problems related to employment and unemployment
  – Z57 Occupational exposure to risk factors
  – Z58 Problems related to physical environment
  – Z59 Problems related to housing and economic circumstances
  – Z60 Problems related to social environment
  – Z62 Problems related to upbringing
  – Z63 Other problems related to primary support group, including family circumstances
  – Z64 Problems related to certain psychosocial circumstances
  – Z65 Problems related to other psychosocial circumstances
Chapter 21
Factors influencing health status and contact with health services
Coding Guidelines

• **Miscellaneous Z codes/categories** (cont’d)
  – Z72 Problems related to lifestyle
  – Z73 Problems related to life management difficulty
  – Z74 Problems related to care provider dependency
    • Except: Z74.01, Bed confinement status
  – Z75 Problems related to medical facilities and other health care
  – Z76.0 Encounter for issue of repeat prescription
  – Z76.3 Healthy person accompanying sick person
  – Z76.4 Other boarder to healthcare facility
  – Z76.5 Malingerer [conscious simulation]
  – Z91.1- Patient’s noncompliance with medical treatment and regimen
  – Z91.83 Wandering in diseases classified elsewhere
  – Z91.89 Other specified personal risk factors, not elsewhere classified
Chapter 21
Factors influencing health status and contact with health services
Coding Guidelines

• **Z Codes That May Only be First-Listed Diagnosis**
  • Except when there are multiple encounters on the same day and the medical records for the encounters are combined
    – Z00 Encounter for general examination without complaint, suspected or reported diagnosis
    – Z01 Encounter for other special examination without complaint, suspected or reported diagnosis
    – Z02 Encounter for administrative examination
    – Z03 Encounter for medical observation for suspected diseases and conditions ruled out
    – Z04 Encounter for examination and observation for other reasons
    – Z33.2 Encounter for elective termination of pregnancy
    – Z31.81 Encounter for male factor infertility in female patient
    – Z31.82 Encounter for Rh incompatibility status
    – Z31.83 Encounter for assisted reproductive fertility procedure cycle
Chapter 21
Factors influencing health status and contact with health services
Coding Guidelines

• **Z Codes That May Only be First-Listed Diagnosis** (cont’d)
  – Z31.84 Encounter for fertility preservation procedure
  – Z34 Encounter for supervision of normal pregnancy
  – Z39 Encounter for maternal postpartum care and examination
  – Z38 Liveborn infants according to place of birth and type of delivery
  – Z51.0 Encounter for antineoplastic radiation therapy
  – Z51.1- Encounter for antineoplastic chemotherapy and immunotherapy
  – Z52 Donors of organs and tissues
    • Except: Z52.9, Donor of unspecified organ or tissue
  – Z76.1 Encounter for health supervision and care of foundling
  – Z76.2 Encounter for health supervision and care of other healthy infant and child
  – Z99.12 Encounter for respirator [ventilator] dependence during power failure
• **Inoculations and vaccinations (Code Z23)**
  - **Z23 Encounter for immunization**
    
    **Code first** any routine childhood examination
    
    • Indicates client is being seen to receive a prophylactic inoculation against a disease
    
    • Procedure codes are required to identify the actual administration of the injection and the type(s) of immunizations given
    
    • Code Z23 may be used as a secondary code if the inoculation is given as a routine part of preventive health care, such as a well-baby visit
      
      - **Z00.129 Encounter for routine child health examination without abnormal findings**
      
      **Z23 Encounter for immunization**
Chapter 21 - Immunizations

- Z28 Immunization not carried out (except for Z28.3)
  - Z28.0 Immunization not carried out because of contraindication
    - e.g., acute illness, patient allergy
  - Z28.1 Immunization not carried out because of patient decision for reasons of belief or group pressure
  - Z28.2 Immunization not carried out because of patient decision for other and unspecified reason
    - e.g., patient refusal
  - Z28.8 Immunization not carried out for other reason
  - Z28.9 Immunization not carried out for unspecified reason

- Z28.3, Underimmunization status
  - Includes delinquent or lapsed immunization schedule status
Basics Unit 3 – Review Questions
True/False

1. A status code is distinct from a history code
2. Code Z23 is for administration of inoculations and vaccinations
3. Code Z23 must always be first-listed
4. If a Z code is used, a CPT procedure code is not necessary
5. Z28.3, Underimmunization status is used when the nurse fails to administer the entire vial
Use the Coding Steps to Code the following diagnoses

<table>
<thead>
<tr>
<th>#</th>
<th>Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Examination of left leg below the knee following exposure to Rabies via dog bite. The wound is clean with no signs of infection. The client received an initial Rabies vaccine administration during the visit.</td>
</tr>
<tr>
<td>2</td>
<td>Well child visit of 6 year old female resulted in no abnormal findings. An influenza vaccine was administered.</td>
</tr>
<tr>
<td>3</td>
<td>A 30 year old pregnant female presents to the health department to receive vaccinations for foreign travel. She is traveling to a country that requires her to be immunized against Yellow Fever. Health Department policy does not permit vaccinating pregnant women.</td>
</tr>
<tr>
<td>4</td>
<td>A 12 month old boy is brought to clinic for routine immunizations by his mother. The mother reports child had a fever the evening before and she noticed a fine rash on his chest and back this morning. Since child still has a fever and rash, the immunization was not administered.</td>
</tr>
</tbody>
</table>
Use the Coding Steps to Code the following diagnoses

<table>
<thead>
<tr>
<th>#</th>
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</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>A health department employee who works in the laboratory reports being stuck in the finger by a needle after drawing blood from a patient. She reports to the immunization clinic per her supervisor’s recommendation where a tetanus booster is administered.</td>
</tr>
<tr>
<td>6</td>
<td>Mrs. Jones is seen for immunization following possible exposure to Hepatitis B from a kitchen worker at Mom and Pops Restaurant.</td>
</tr>
</tbody>
</table>
ICD-10-CM Coding Training
For Local Health Departments and Rural Health

The Basics Course
For Local Health Departments and Rural Health

Unit 4

North Carolina Public Health
Basics Unit 3 – Review Questions
True/False

1. A status code is distinct from a history code
   Answer: True  (A status code is distinct from a history code; The history code indicates that the patient no longer has the condition)

2. Code Z23 is for administration of inoculations and vaccinations
   Answer: False  (Code Z23 is for encounters for inoculations and vaccinations – a CPT code is used for the injection/administration)

3. Code Z23 must always be first-listed
   Answer: False  (It is first listed if that is reason for the encounter; if client is seen for something else (such as child health exam) and a vaccination is administered, Z23 would be an additional diagnosis)

4. If a Z code is used, a CPT procedure code is not necessary
   Answer: False  (CPT procedure codes are always required for each encounter)

5. Z28.3, Underimmunization status is used when the nurse fails to administer the entire vial
   Answer: False  (Includes delinquent or lapsed immunization schedule status)
## Use the Coding Steps to Code the following diagnoses

<table>
<thead>
<tr>
<th>#</th>
<th>Diagnoses</th>
</tr>
</thead>
</table>
| 1  | Examination of left leg below the knee following exposure to Rabies via dog bite. The wound is clean with no signs of infection. The client received an initial Rabies vaccine administration during the visit.  
S81.852A Open bite, left lower leg, initial encounter; Z20.3 is Contact with and (suspected) exposure to rabies; Z23 is Encounter for immunization; W54.0xxA – Bitten by dog, initial encounter; (Note: If clinician is able to rule out rabies and documents this, could use Z04.8) |
| 2  | Well child visit of 6 year old female resulted in no abnormal findings. An influenza vaccine was administered.  
Z00.129 is Encounter for routine child health exam with no abnormal findings; Z23 is encounter for immunization – In tabular, it states to code first any routine childhood examination and there is a NOTE that procedure codes need to identify immunization type. Is there any need to refer to the Table of Drugs and Chemicals? No since no adverse effect is reported. |
Use the Coding Steps to Code the following diagnoses

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| 3  | A 30 year old pregnant female presents to the health department to receive vaccinations for foreign travel. She is traveling to a country that requires her to be immunized against Yellow Fever. Health Department policy does not permit vaccinating pregnant women.  
   *Z28.09 – Immunization not carried out because of other contraindication; Z33.1 – pregnant state* |
| 4  | A 12 month old boy is brought to clinic for routine immunizations by his mother. The mother reports child had a fever the evening before and she noticed a fine rash on his chest and back this morning. Since child still has a fever and rash, the immunization was not administered.  
   *Z28.01 – Immunization not carried out because of acute illness of patient; R50.9 - Fever NOS; R21 – Rash* |
Use the Coding Steps to Code the following diagnoses

<table>
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<tr>
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</tr>
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</table>
| 5  | A health department employee who works in the laboratory reports being stuck in the finger by a needle after drawing blood from a patient. She reports to the immunization clinic per her supervisor’s recommendation where a tetanus booster is administered.  

- Z23 – Encounter for immunization; Z77.21 – Contact with and (suspected) exposure to potentially hazardous body fluids; S61.249A - Puncture wound with foreign body of unspecified finger without damage to nail, initial encounter;  
- W46.0xxA - Contact with hypodermic needle, initial encounter; Y92.538 - Other ambulatory health services establishments as the place of occurrence of the external cause |
| 6  | Mrs. Jones is seen for immunization following possible exposure to Hepatitis B from a kitchen worker at Mom and Pops Restaurant.  

- Z23 – Encounter for immunization; Z20.5 - Contact with and (suspected) exposure to viral hepatitis |
1. The World Health Organization (WHO) version of ICD-10 has not been implemented in the United States

**Answer: False** (Since 1999, the US has used ICD-10 for mortality reporting – death certificates. When ICD-10-CM is implemented, the US will use this for morbidity reporting – diseases or causes of illness)

2. The 2\(^{nd}\) and 3\(^{rd}\) characters of a code are always numeric

**Answer: False** (Second is always numeric; 3-7 can be alpha or numeric)

3. 250.00 is a valid code in ICD-10-CM

**Answer: False** (Must begin with an alpha character)

4. Code extensions are always the 7\(^{th}\) character

**Answer: True**
5. Dummy placeholders are used when you have no clue what character to use

**Answer: False** (Used as the 5th character for certain 6 character codes thus providing for future expansion; Used when a code has less than 6 characters and a 7th character extension is required - the ‘x’ is assigned for all characters less than 6 in order to meet the requirement of coding to the highest level of specificity)

6. Everyone covered by HIPAA must be ICD-10 compliant starting October 1, 2015

**Answer: True**

7. ICD-10-PCS codes will replace CPT coding

**Answer: False** (In outpatient settings, CPT will continue to be used for procedure coding. ICD-10-PCS is for inpatient procedures only.)

8. Outpatient claims submitted after October 1, 2015 must contain ICD-10-CM codes

**Answer: False** (if **date of service** on claim is **prior to** 10/1/15, ICD-9-CM codes must be used)
A 17 year old female patient is seen in Family Planning for a scheduled three month pill evaluation. During the workup, her blood pressure is elevated and she has complaints of frequent headaches the past 2 months. Due to the adverse reaction to the Ortho-Novum, she is switched to Cerazette.

• What was the primary reason for the visit? Pill Evaluation

• What is the key word you will use to look up the primary reason? Prescription (If you looked under ‘Evaluation’ or ‘Family Planning’, you did not find what you were looking for)

• What other problems need to be coded? Adverse reaction to Ortho-Novum, elevated blood pressure and frequent headaches

• What indexes do you need to use to determine code selection? Alphabetic Index and Table of Drugs and Chemicals

• Code the scenario Primary reason is: Encounter for surveillance of contraceptive pills – Z30.41; Adverse Effect of oral contraceptives (T38.4x5A); Elevated blood pressure reading, without dx of hypertension (R03.0); Headache (R51). You could say the blood pressure and headaches do not need to be coded since they are common side effects for the adverse drug reaction but this information could be useful clinically and for research purposes.
1. All codes in ICD-10-CM include full code titles
   **Answer:** True (Include full code titles except when 7th character code extensions are required)

2. GEMs are a crosswalk between ICD-9-CM/ICD-10-CM
   **Answer:** False (There is not a 1 to 1 crosswalk between ICD-9 and ICD-10; equivalence only)

3. NEC means “not elsewhere coded”
   **Answer:** False (NEC means not elsewhere classified)

4. Terms that appear in parentheses must appear in the diagnostic statement being coded
   **Answer:** False (Terms that are in parentheses are nonessential modifiers – they provide additional info about the main term and do not affect code assignment)

5. AnExcludes2 note represents Not Coded Here
   **Answer:** False (Excludes1 means not coded here; Excludes2 means if the client has both conditions, you can code both)
6. The point dash (.-) symbol indicates that the code is incomplete  

Answer: True  (Point dash symbol indicates the code is incomplete)

7. A symptom can never be the first-listed diagnosis  

Answer: False  (Symptoms can be first-listed when a diagnosis has not been established/confirmed by the clinician)

8. Instructional notes never appear at the beginning of a Chapter  

Answer: False  (There may be instructional notes at the beginning of a chapter that apply to the entire Chapter)

9. Possible and Rule out diagnoses are coded  

Answer: False  (Possible, probable or rule out diagnoses are not coded in outpatient settings; the rule is different for inpatients)
Use the Coding Steps to Code the following diagnoses

<table>
<thead>
<tr>
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</table>
| 1  | 25-year-old female presents for her annual well-woman exam. She and her husband are discussing beginning a family. She requests removal of her IUD. She also reports having pain on urination. Following examination and a urinalysis, it is determined she has acute cystitis with blood in urine. She has a history of recurrent UTI’s. IUD removed and Amoxicillin prescribed.  
Z00.00  Encounter for general adult medical examination; Z30.432  Encounter for removal of intrauterine contraceptive device; N30.01 (Go to Cystitis, acute, with hematuria); Also need to code the bacteria if known but for this example the bacteria is unknown; Z87.440 Personal history of UTI's |
| 2  | A 9-month old girl is seen in child health. The mother reports the child has been crying inconsolably and tugging at her right ear. On exam, the tympanic membrane of the right ear is noted to be red and inflamed with suppuration behind the tympanic membrane. She has a history of otitis media. Dx: Otitis Media, right ear  
H66.91  Otitis media, unspecified, right ear (Documentation substantiates specifying right ear but clinicians should always specify laterality in their diagnosis. Need more documentation in order to code to higher level of specificity such as chronic or acute, suppurative, with or without rupture of ear drum) |
### Use the Coding Steps to Code the following diagnoses

<table>
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</table>
| 3  | 23 year old pregnant female is seen in Maternal Health clinic for cough, fever, body aches, sinus pressure. Diagnosis: Upper respiratory infection due to novel influenza A virus and acute frontal sinusitis.  
   J09.x2 – Influenza due to identified novel influenza A virus with other respiratory manifestations;  J01.10 – Acute frontal sinusitis, unspecified;  Z33.1 – Pregnant state (Do not use a code from Chapter 15 since there is no documentation that the virus is complicating the pregnancy) |
| 4  | 12 year old male presents to Child Health clinic with right lower quadrant abdominal pain. Mother reports he has vomited twice this morning. His temperature is 102.2; there is rebound tenderness in the left lower abdomen. Mother is told to take him to the emergency room for possible appendicitis.  
   R10.31 (Go to Pain, abdominal, lower);  R10.824 (Pain, abdominal, rebound – refers you to key word Tenderness);  R11.10 (Vomiting unspecified). Cannot code possible, probable, etc. in outpatient settings. |
Evaluation and Questions

Evaluation Forms are located in the ICD-10-CM Basic Coding Training Workbook and at:

http://publichealth.nc.gov/lhd/icd10/docs/training

Submit Evaluation Forms to:

Marty.Melvin@dhhs.nc.gov