ICD-10 and Endocrinology

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Founder and President, CDI

• American Health Information Management Association (AHIMA) certified coding specialist since 2001
• Association of Clinical Documentation Improvement Specialists (ACDIS) Advisory Board
• Multiple author on clinical aspects of ICD-10 and DRGs

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Goals

• Identify what is new or different in ICD-10 as compared with ICD-9-CM, emphasizing its impact on
  • Physician and facility quality and cost-efficiency measurement
  • Physician knowledge and work-flow
  • Physician office and hospital revenue cycles
• Review clinical aspects of the ICD-10 classification and terminology
• Outline SJHS’s ICD-10 strategy and plans for engaging the medical staff in ICD-10 documentation and coding integrity
ICD-10-CM/PCS is Like the Phone Book

Interesting Characters – Terrible Plot
Dictionary Definitions

Note that clinical terms are assigned numbers which, if submitted, labels the patient with that condition.
ICD-10-CM/PCS Challenges for Physicians

• ICD-10-CM/PCS (and ICD-9-CM) are NOT clinical languages (like SNOMED-CT)
  • ICD-9-CM and ICD-10-CM/PCS are useful for classifying healthcare data for administrative purposes, including reimbursement claims, health statistics, and other uses where data aggregation is advantageous

• ICD-10-CM/PCS is based ONLY on provider documentation of ICD-10-CM/PCS’s language, not a data abstraction of the patient’s clinical conditions
  • The provider must use the magic words driving ICD-10-CM/PCS code assignment, not necessarily the clinical terms he or she reads in their literature

1Sue Bowman of AHIMA. SNOMED, ICD-11 Not Feasible Alternatives to ICD-10-CM/PCS Implementation. Available at: [http://tinyurl.com/moawtvq](http://tinyurl.com/moawtvq)
ICD-10-CM/PCS
Clinical vs. Administrative Disconnect

• In ICD-9-CM, “uncontrolled diabetes” inferred that a patient was hyperglycemic
• In ICD-10-CM, it doesn’t

Dear Dr. Kennedy:

This letter is in response to your request for clarification whether documentation of "uncontrolled diabetes" can be equated to "diabetes out of control" or "diabetes poorly controlled" in reference to diabetes with hyperglycemia.

Query the provider for clarification whether "diabetes uncontrolled" is considered diabetes with hyperglycemia so that the appropriate codes may be reported. It would be inappropriate for coders to assume a diagnosis without clarification from the provider. When the documentation is vague or unclear, the provider should be queried.

I trust this information will be of assistance to you.

Source: Coding Clinic for ICD-10-CM Central Office
## ICD-10 Implementation Date
October 1, 2015

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ICD-10-CM</strong> (Clinical Modification)</td>
<td><strong>ICD-10-PCS</strong> (Procedure Coding System)</td>
</tr>
<tr>
<td>All entities - providers and facilities for diagnoses in all settings:</td>
<td>Used by inpatient facilities ONLY</td>
</tr>
<tr>
<td>– Hospital inpatients</td>
<td>• Includes outpatient facility services</td>
</tr>
<tr>
<td>– Hospital outpatients</td>
<td>rendered within the prior 72 hours of</td>
</tr>
<tr>
<td>– Physicians offices</td>
<td>writing the inpatient order</td>
</tr>
<tr>
<td>– Emergency department</td>
<td>• Very different than ICD-9-CM or CPT</td>
</tr>
<tr>
<td>– Home health</td>
<td></td>
</tr>
<tr>
<td>– Long-term care</td>
<td></td>
</tr>
<tr>
<td>– Rehabilitation facilities</td>
<td><strong>CPT</strong></td>
</tr>
<tr>
<td></td>
<td>• Physician and outpatient/observation</td>
</tr>
<tr>
<td></td>
<td>facility services still utilize CPT</td>
</tr>
<tr>
<td></td>
<td>• CPT does not change!!</td>
</tr>
</tbody>
</table>
US Modifications – ICD-10-CM & PCS

The Cooperating Parties

• CDC
  • Responsible for diagnoses

• CMS
  • Responsible for inpatient procedures

• American Hospital Assn.
  • Responsible for interpreting ICD-9 or ICD-10 (Coding Clinic)

• American HIM Assn.
  • Provides input from coding community

Classification of Diseases, Functioning, and Disability

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)

Note: The 2014 release of ICD-10-CM is now available. It replaces the July 2013 release.
What’s Old?
ICD-9-CM

Numeric or Alpha (E or V)

4 1 4

Category

Numeric

0 0

Etiology, anatomic site, manifestation
What’s New
ICD-10-CM

- Alpha (Except U)
- 2 Always Numeric
- 3-7 Numeric or Alpha
- Additional Characters

Category: S 3 2
Etiology, anatomic site, severity: 0 1 0 1 0
Added code extensions (7th character) for obstetrics, injuries, and external causes of injury: A
Overall Changes

- 34,250 (50%) are related to the musculoskeletal system
- 17,045 (25%) are related to fractures
- 10,582 (62%) of fracture codes to distinguish ‘right’ vs. ‘left’
- \(~25,000\) (36%) of all ICD-10 codes to distinguish ‘right’ vs. ‘left’
Clinical Changes
Expansions and Deletions

• Marked expansion of codes
  • Trauma, overdoses, or complications treatment phases
  • Office encounters
  • Asthma
  • Diabetes mellitus
  • Obstetrics (trimesters)
  • Non-pressure ulcer staging
  • Myocardial infarction timing and vessel involvement
  • Open fractures staging
  • Cerebral hemorrhage location
  • Ischemic stroke vessel involvement
  • Coma (Glasgow Coma Scale)
  • Atrial flutter and fibrillation
  • Drug underdosing

• Deletion of MD language, such as:
  • Urosepsis
    • Must say “sepsis due to UTI”
  • SIRS due to infection
    • Must say “sepsis” or “severe sepsis”
  • Uncontrolled diabetes
    • Physician must state “out of control”, “poorly controlled”, or “with hyperglycemia”

MD progress notes and DC summaries must use ICD-10-CM’s language (Index or Table) as to defend the assigned code
Differences from ICD-9-CM to ICD-10-CM

<table>
<thead>
<tr>
<th></th>
<th>ICD-9-CM Diagnosis Codes</th>
<th>ICD-10-CM Diagnosis Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Laterality</strong></td>
<td>No Laterality</td>
<td>Laterality – Right or Left account for 35-40% of codes</td>
</tr>
<tr>
<td><strong>Code Construction</strong></td>
<td>3-5 digits</td>
<td>7 digits</td>
</tr>
<tr>
<td></td>
<td>First digit is alpha (E or V) or numeric</td>
<td>Digit 1 is alpha; Digit 2 is numeric</td>
</tr>
<tr>
<td></td>
<td>Digits 2-5 are numeric</td>
<td>Digits 3–7 are alpha or numeric</td>
</tr>
<tr>
<td></td>
<td>Decimal is placed after the third character</td>
<td>Decimal is placed after the third character</td>
</tr>
<tr>
<td><strong>Placeholders</strong></td>
<td>No placeholder characters</td>
<td>“X” placeholders</td>
</tr>
<tr>
<td><strong># of Codes</strong></td>
<td>14,000 codes</td>
<td>69,000 codes</td>
</tr>
<tr>
<td><strong>Severity</strong></td>
<td>Limited Severity Parameters</td>
<td>Extensive Severity Parameters</td>
</tr>
<tr>
<td><strong>Combination</strong></td>
<td>Limited Combination Codes</td>
<td>Extensive Combination Codes</td>
</tr>
<tr>
<td><strong>Excludes Notes</strong></td>
<td>1 type of Excludes Notes</td>
<td>2 types of Excludes Notes</td>
</tr>
</tbody>
</table>
New Changes
Excludes Notes

**Excludes1** - A type 1 Excludes note is a pure excludes.

- It means 'NOT CODED HERE!'
- An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note.
- An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

**Excludes2** - A type 2 excludes note represents 'Not included here'.

- An excludes2 note indicates that the condition excluded is not part of the condition it is excluded from but a patient may have both conditions at the same time.
- When an Excludes2 note appears under a code it is acceptable to use both the code and the excluded code together.
Excludes1 Example

E13 Other specified diabetes mellitus

Includes: diabetes mellitus due to genetic defects of beta-cell function
diabetes mellitus due to genetic defects in insulin action
postpancreatectomy diabetes mellitus
postprocedural diabetes mellitus
secondary diabetes mellitus NEC

Use additional code to identify any insulin use (Z79.4)

Excludes1: diabetes (mellitus) due to autoimmune process (E10.-)
diabetes (mellitus) due to immune mediated pancreatic islet beta-cell destruction (E10.-)
diabetes mellitus due to underlying condition (E08.-)
drug or chemical induced diabetes mellitus (E09.-)
gestational diabetes (O24.4-)
neonatal diabetes mellitus (P70.2)
type 2 diabetes mellitus (E11.-)
Excludes1 Example

I12 Hypertensive chronic kidney disease

Includes: any condition in N18 and N26 - due to hypertension
- arteriosclerosis of kidney
- arteriosclerotic nephritis (chronic) (interstitial)
- hypertensive nephropathy
- nephrosclerosis

Excludes1: hypertension due to kidney disease (I15.0, I15.1)
- renovascular hypertension (I15.0)
- secondary hypertension (I15.-)

Excludes2: acute kidney failure (N17.-)

I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
Use additional code to identify the stage of chronic kidney disease (N18.5, N18.6)

I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
Hypertensive chronic kidney disease NOS
Hypertensive renal disease NOS
Use additional code to identify the stage of chronic kidney disease (N18.1-N18.4, N18.9)
Excludes2 Example

E34.5 Androgen insensitivity syndrome
  E34.50 Androgen insensitivity syndrome, unspecified
    Androgen insensitivity NOS
  E34.51 Complete androgen insensitivity syndrome
    Complete androgen insensitivity
de Quervain syndrome
    Goldberg-Maxwell syndrome
  E34.52 Partial androgen insensitivity syndrome
    Partial androgen insensitivity
    Reifenstein syndrome

E34.8 Other specified endocrine disorders
  Pineal gland dysfunction
  Progeria
  Excludes2: pseudohypoparathyroidism (E20.1)

E34.9 Endocrine disorder, unspecified
  Endocrine disturbance NOS
  Hormone disturbance NOS
Requirement for Documentation on Each Record

• Each encounter’s codes must be based on the physician’s documentation (not the problem list) for that encounter

• Coders are prohibited from using previous documentation to support the specificity of a code from the current encounter
Put the MEAT in your Documentation
At Least Once A Year

• **Monitor**—signs, symptoms, disease progression, disease regression
  • “Diabetes, well controlled w/diet”; “Alcohol dependence in remission, got 20 year chip”; “Toe amputation status, no evidence of complications”

• **Evaluate**—test results, medication effectiveness, response to treatment
  • “Hypertension, well controlled w/Rx”

• **Assess/Address**—ordering tests, discussion, review records, counseling
  • “HIV Disease w/lymphadenopathy, check CD4 count”

• **Treat**—medications, therapies, other modalities
  • “Thrush, treat with oral nystatin”
Conditions Interdependencies (M.U.S.I.C.)

- **Manifestation**
  - Aphasia, right sided weakness, amarosis fugax

- **Underlying cause or pathology**
  - Ischemic cerebral infarction

- **Severity or specificity**
  - Weakness involves right dominant side
  - Stroke involves left middle cerebral infarction

- **Instigating or precipitating cause**
  - Cerebral embolus in the setting of persistent atrial fibrillation
  - Underdosing of the patient’s warfarin due to financial difficulty in obtaining medication

- **Complications or consequences**
  - Vasogenic edema requiring expectant intensive care monitoring
  - Hemorrhage within stroke due to heparin
  - Midline shift due to edema resulting in subfalcine herniation

When given a diagnosis, place it one of these categories and then look for the other four, linking them with terms such as “due to,” “resulting in,” and the like.
General Coding Rules for Physicians (Even Inpatient Physicians)

- **ICD-10-CM code for the diagnosis, condition, problem, or other reason for encounter/visit**
  - List first the ICD-10-CM code for the diagnosis, condition, problem, or other reason for encounter/visit shown in the medical 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 physician.
  - List additional codes that describe any coexisting conditions.

- **H. Uncertain diagnosis**
  - Do not code diagnoses documented as “probable”, “suspected,” “questionable,” “rule out,” or “working diagnosis” or other similar terms indicating uncertainty. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reason for the visit.
  - **Please note:** This differs from the coding practices used by short-term, acute care, long-term care and psychiatric hospitals.
Coding Rules for Hospitals Only

Uncertain Diagnoses

• If the diagnosis documented at the time of discharge is qualified as “probable”, “suspected”, “likely”, “questionable”, “possible”, or “still to be ruled out”, or other similar terms indicating uncertainty, code the condition as if it existed or was established.

• The bases for these guidelines are the diagnostic workup, arrangements for further workup or observation, and initial therapeutic approach that correspond most closely with the established diagnosis.

• Note: This guideline is applicable only to inpatient admissions to short-term, acute, long-term care and psychiatric hospitals.
ICD-10 Coding Rules

• Inpatient coders cannot code from EKG, Echocardiogram, laboratory, X-ray or pathology reports
  • Even if interpreted by a board-certified cardiologist
  • Results must be documented as diagnoses in the PN

• Arrow up (↑) or down (↓) with labs cannot be interpreted as abnormal
  • Document: “hyponatremia”
    • ↓ Na of 120 meq/liter ≠ hyponatremia
  • Document: “anemia”
    • ↓ Hct ≠ Anemia

• Physicians must completely describe and document conditions as to be coded

CDIMD
PHYSICIAN CHAMPIONS
Personal and Family History

History (of)

• There are two types of history Z codes, personal and family.
  • Personal history codes explain a patient’s past medical condition that no longer exists and is not receiving any treatment, but that has the potential for recurrence, and therefore may require continued monitoring.
  • Family history codes are for use when a patient has a family member(s) who has had a particular disease that causes the patient to be at higher risk of also contracting the disease.
  • A history of an illness, even if no longer present, is important information that may alter the type of treatment ordered.
    • Consequently, important to document and code whenever present
Send Your Own Questions to Coding Clinic Advisor

Anyone can send in questions and do it online
• They are now accepting ICD-10-CM/PCS questions

http://www.codingclinicadvisor.com
It’s FREE, so physicians should ask questions!
The Affordable Care Act created the Center for Medicare and Medicaid Innovation (Innovation Center) to test innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP) and to enhance the quality of care that Centers for Medicare & Medicaid Services (CMS) beneficiaries receive. CMS is testing more than 20 models under this authority that create new incentives for clinicians and organizations that deliver medical care through CMS programs to deliver better care at lower cost. CMS is also supporting a variety of state efforts to create new incentives for these clinicians and organizations through the Medicaid and CHIP programs. All of these models share a common pathway for success: they hinge on getting clinicians and health care
# CMS’s Game Plan

<table>
<thead>
<tr>
<th>Category 1: Fee for Service—No Link to Quality</th>
<th>Category 2: Fee for Service—Link to Quality</th>
<th>Category 3: Alternative Payment Models Built on Fee-for-Service Architecture</th>
<th>Category 4: Population-Based Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>At least a portion of payments vary based on the quality or efficiency of health care delivery</td>
<td>Some payment is linked to the effective management of a population or an episode of care. Payments still triggered by delivery of services, but opportunities for shared savings or 2-sided risk</td>
<td>Payment is not directly triggered by service delivery so volume is not linked to payment. Clinicians and organizations are paid and responsible for the care of a beneficiary for a long period (e.g., &gt;1 year)</td>
</tr>
<tr>
<td>Examples</td>
<td>Hospital value-based purchasing, Physician Value-Based Modifier, Readmissions/Hospital Acquired Condition Reduction Program</td>
<td>Accountable care organizations, Medical homes, Bundled payments</td>
<td>Eligible Pioneer accountable care organizations in years 3-5, Some Medicare Advantage plan payments to clinicians and organizations, Some Medicare-Medicaid (duals) plan payments to clinicians and organizations</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Limited in Medicare fee-for-service. Majority of Medicare payments now are linked to quality.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>Varies by state. Primary care case management, Some managed care models</td>
<td>Integrated care models under fee for service, Managed fee-for-service models for Medicare-Medicaid beneficiaries, Medicaid Health Homes, Medicaid shared savings models, Medicaid waivers for delivery of care</td>
<td></td>
</tr>
</tbody>
</table>

### What’s About To Hit Them

<table>
<thead>
<tr>
<th>What Physicians Understand Now</th>
<th>What’s Relatively New to Docs</th>
<th>Medicare’s Ultimate Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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*CDIMD*

*Physician Champions*
ICD-10-CM/PCS
Physician/Hospital Revenue Cycle Impact

• Ancillary claim payment
  • “Medical necessity” for CPT codes is currently based on an ICD-9-CM
    • ICD-10-CM codes after October 1, 2015
  • Payers typically release diagnosis codes supporting “medical necessity” through provider bulletins

• ICD-10 Payer Transition
  • Starts with the CMS General Equivalence Mappings
  • Additional modifications added according to their policies
  • Results often published on the web or in their bulletins
    • Hard to find
CMS NCDs - Home PT Monitoring

Note “Backward Mapping”

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-9 DX Description</th>
<th>ICD-10 CM</th>
<th>ICD-10 DX Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>289.81</td>
<td>Primary hypercoagulable state</td>
<td>D68.51</td>
<td>Activated protein C resistance</td>
</tr>
<tr>
<td>289.81</td>
<td>Primary hypercoagulable state</td>
<td>D68.52</td>
<td>Prothrombin gene mutation</td>
</tr>
<tr>
<td>289.81</td>
<td>Primary hypercoagulable state</td>
<td>D68.59</td>
<td>Other primary thrombophilia</td>
</tr>
<tr>
<td>289.81</td>
<td>Primary hypercoagulable state</td>
<td>D68.61</td>
<td>Antiphospholipid syndrome</td>
</tr>
<tr>
<td>289.81</td>
<td>Primary hypercoagulable state</td>
<td>D68.62</td>
<td>Lupus anticoagulant syndrome</td>
</tr>
<tr>
<td>415.11</td>
<td>Iatrogenic pulmonary embolism and infarction</td>
<td>I26.90</td>
<td>Septic pulmonary embolism without acute cor pulmonale</td>
</tr>
<tr>
<td>415.11</td>
<td>Iatrogenic pulmonary embolism and infarction</td>
<td>I26.99</td>
<td>Other pulmonary embolism without acute cor pulmonale</td>
</tr>
<tr>
<td>415.12</td>
<td>Septic pulmonary embolism</td>
<td>I26.91</td>
<td>Septic pulmonary embolism with acute cor pulmonale</td>
</tr>
<tr>
<td>415.12</td>
<td>Septic pulmonary embolism</td>
<td>I26.90</td>
<td>Septic pulmonary embolism without acute cor pulmonale</td>
</tr>
<tr>
<td>415.19</td>
<td>Other pulmonary embolism and infarction</td>
<td>I26.09</td>
<td>Other pulmonary embolism with acute cor pulmonale</td>
</tr>
<tr>
<td>415.19</td>
<td>Other pulmonary embolism and infarction</td>
<td>I26.99</td>
<td>Other pulmonary embolism without acute cor pulmonale</td>
</tr>
<tr>
<td>427.31</td>
<td>Atrial fibrillation</td>
<td>I48.0</td>
<td>Paroxysmal atrial fibrillation</td>
</tr>
<tr>
<td>427.31</td>
<td>Atrial fibrillation</td>
<td>I48.2</td>
<td>Chronic atrial fibrillation</td>
</tr>
<tr>
<td>427.31</td>
<td>Atrial fibrillation</td>
<td>I48.91</td>
<td>Unspecified atrial fibrillation</td>
</tr>
</tbody>
</table>

Payers will “backward map” ICD-10-CM codes to what would have paid the claim in ICD-9-CM.

http://tinyurl.com/CMSICD10LCDs
Q2. What happens if I use the wrong ICD-10 code, will my claim be denied?

A1. While diagnosis coding to the correct level of specificity is the goal for all claims, for 12 months after ICD-10 implementation, Medicare review contractors will not deny physician or other practitioner claims billed under the Part B physician fee schedule through either automated medical review or complex medical record review based solely on the specificity of the ICD-10 diagnosis code as long as the physician/practitioner used a valid code from the right family. However, a valid ICD-10 code will be required on all claims starting on October 1, 2015. It is possible a claim could be chosen for review for reasons other than the specificity of the ICD-10 code and the claim would continue to be reviewed for these reasons. This policy will be adopted by the Medicare Administrative Contractors, the Recovery Audit Contractors, the Zone Program Integrity Contractors, and the Supplemental Medical Review Contractor.

“Family of Codes”

• “Family of codes” is the same as the ICD-10 three-character category.
  • Codes within a category are clinically related and provide differences in capturing specific information on the type of condition.
  • For instance, category H25 (Age-related cataract) contains a number of specific codes that capture information on the type of cataract as well as information on the eye involved.
    • Examples include: H25.031 (Anterior subcapsular polar age-related cataract, right eye), which has six characters; H25.22 (Age-related cataract, morgagnian type, left eye), which has five characters; and H25.9 (Unspecified age-related cataract), which has four characters.

• One must report a valid code and not a category number. In many instances, the code will require more than 3 characters in order to be valid.
Media-Cal ICD-10
Medical Necessity - Crosswalk

- Medi-Cal implementation of ICD-10
  - Medi-Cal will be using a crosswalk solution in the legacy California Medicaid Management Information System (CA-MMIS).
    - Medi-Cal has mapped all ICD-10 codes to corresponding ICD-9 codes by starting with the General Equivalence Mappings (GEMs) provided by the Centers for Medicare & Medicaid Services (CMS) and modifying the mappings to align with existing Medi-Cal policy.
    - Claims will be run against the crosswalk to determine the ICD-9 value to process through the system.

- Will an ICD-10 to ICD-9 crosswalk be published?
  - Medi-Cal will not publish the crosswalk.
  - However, the provider manuals will be updated with the ICD-10 codes as appropriate.
**Mapping Tool**
Provided by SJHS to You

Note how ICD-10-CM combined benign, malignant, and unspecified HTN into one code, I10 - HTN


<table>
<thead>
<tr>
<th>ICD9</th>
<th>ICD9 Title</th>
<th>ICD10</th>
<th>ICD-10 Title</th>
<th>Mapping Theory</th>
</tr>
</thead>
<tbody>
<tr>
<td>3979</td>
<td>Rheumatic diseases of endocardium, valve unspecified</td>
<td>I088</td>
<td>Other rheumatic multiple valve diseases</td>
<td>Approximate match</td>
</tr>
<tr>
<td>3979</td>
<td>Rheumatic diseases of endocardium, valve unspecified</td>
<td>I089</td>
<td>Rheumatic multiple valve disease, unspecified</td>
<td>Approximate match</td>
</tr>
<tr>
<td>3979</td>
<td>Rheumatic diseases of endocardium, valve unspecified</td>
<td>I091</td>
<td>Rheumatic diseases of endocardium, valve unspecified</td>
<td>Approximate match</td>
</tr>
<tr>
<td>3980</td>
<td>Rheumatic myocarditis</td>
<td>I090</td>
<td>Rheumatic myocarditis</td>
<td>Exact match</td>
</tr>
<tr>
<td>39890</td>
<td>Rheumatic heart disease, unspecified</td>
<td>I099</td>
<td>Rheumatic heart disease, unspecified</td>
<td>Exact match</td>
</tr>
<tr>
<td>39891</td>
<td>Rheumatic heart failure (congestive)</td>
<td>I0981</td>
<td>Rheumatic heart failure</td>
<td>Exact match</td>
</tr>
<tr>
<td>39899</td>
<td>Other rheumatic heart diseases</td>
<td>I0989</td>
<td>Other specified rheumatic heart diseases</td>
<td>Approximate match</td>
</tr>
<tr>
<td>4010</td>
<td>Malignant essential hypertension</td>
<td>I10</td>
<td>Essential (primary) hypertension</td>
<td>Approximate match</td>
</tr>
<tr>
<td>4011</td>
<td>Benign essential hypertension</td>
<td>I10</td>
<td>Essential (primary) hypertension</td>
<td>Approximate match</td>
</tr>
<tr>
<td>4019</td>
<td>Unspecified essential hypertension</td>
<td>I10</td>
<td>Essential (primary) hypertension</td>
<td>Approximate match</td>
</tr>
<tr>
<td>40200</td>
<td>Malignant hypertensive heart disease without heart failure</td>
<td>I119</td>
<td>Hypertensive heart disease without heart failure</td>
<td>Approximate match</td>
</tr>
<tr>
<td>40201</td>
<td>Benign hypertensive heart disease with heart failure</td>
<td>I110</td>
<td>Hypertensive heart disease with heart failure</td>
<td>Approximate match</td>
</tr>
<tr>
<td>40210</td>
<td>Benign hypertensive heart disease without heart failure</td>
<td>I119</td>
<td>Hypertensive heart disease without heart failure</td>
<td>Approximate match</td>
</tr>
<tr>
<td>40211</td>
<td>Benign hypertensive heart disease with heart failure</td>
<td>I110</td>
<td>Hypertensive heart disease with heart failure</td>
<td>Approximate match</td>
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## Adult Endocrinology

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<td>401.9</td>
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<tr>
<td>Endocrinology</td>
<td>244</td>
</tr>
</tbody>
</table>

- Type 2 DM, uncontrolled
- Non-toxic multi-nodular goiter
- Hypertension
- Other specified acquired hypothyroidism
- Hypothyroidism
- Hyperlipidemia
- Diabetes
- Malignant neoplasm of the thyroid
- Hypertension unspecified
- Hypothyroidism
Hyperglycemia, hyperglycemic (transient) R73.9
- coma — see Diabetes, by type, with coma
- postpancreatectomy E89.1

R73 Elevated blood glucose level

**Excludes1**: diabetes mellitus (E08-E13)
- diabetes mellitus in pregnancy, childbirth and the puerperium (O24.-)
- neonatal disorders (P70.0-P70.2)
- postsurgical hypoinsulinemia (E89.1)

R73.0 Abnormal glucose

**Excludes1**: abnormal glucose in pregnancy (O99.81-)
- diabetes mellitus (E08-E13)
- dysmetabolic syndrome X (E88.81)
- gestational diabetes (O24.4-)
- glycosuria (R81)
- hypoglycemia (E16.2)

R73.01 Impaired fasting glucose
Elevated fasting glucose

R73.02 Impaired glucose tolerance (oral)
Elevated glucose tolerance

R73.09 Other abnormal glucose
Abnormal glucose NOS
Abnormal non-fasting glucose tolerance
Latent diabetes
Prediabetes

R73.9 Hyperglycemia, unspecified
17. Borderline Diagnosis

If the provider documents a "borderline" diagnosis at the time of discharge, the diagnosis is coded as confirmed, unless the classification provides a specific entry (e.g., borderline diabetes). If a borderline condition has a specific index entry in ICD-10-CM, it should be coded as such. Since borderline conditions are not uncertain diagnoses, no distinction is made between the care setting (inpatient versus outpatient). Whenever the documentation is unclear regarding a borderline condition, coders are encouraged to query for clarification.

- Borderline diabetes codes to R73.09, other abnormal glucose, not to a diabetes code
Diabetes Mellitus
Classifications

E08 Diabetes mellitus due to underlying condition

**Code first** the underlying condition, such as:
- congenital rubella (P35.0)
- Cushing’s syndrome (E24.-)
- cystic fibrosis (E84.-)
- malignant neoplasm (C00-C96)
- malnutrition (E40-E46)
- pancreatitis and other diseases of the pancreas (K85-K86.-)

E09 Drug or chemical induced diabetes mellitus

**Code first** poisoning due to drug or toxin, if applicable (T36-T65 with fifth or sixth character 1-4 or 6)

**Use additional** code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)

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)
Code First – Diabetes

Code in Additions – Adverse Effect

Poisoning by, adverse effects of and underdosing of drugs, medicaments and biological substances (T36-T50)

Includes: adverse effect of correct substance properly administered
poisoning by overdose of substance
poisoning by wrong substance given or taken in error
underdosing by (inadvertently) (deliberately) taking less substance than prescribed or instructed

Code first, for adverse effects, the nature of the adverse effect, such as:
adverse effect NOS (T88.7)
aspirin gastritis (K29.−)
blood disorders (D56-D76)
contact dermatitis (L23-L25)
dermatitis due to substances taken internally (L27.-)
nephropathy (N14.0-N14.2)

Note: The drug giving rise to the adverse effect should be identified by use of codes from categories T36-T50 with fifth or sixth character 5.

Use additional code(s) to specify:
manifestations of poisoning
underdosing or failure in dosage during medical and surgical care (Y63.6, Y63.8-Y63.9)
underdosing of medication regimen (Z91.12-, Z91.13-)

Excludes 1: toxic reaction to local anesthesia in pregnancy (O29.3-)

Excludes 2: abuse and dependence of psychoactive substances (F10-F19)
abuse of non-dependence-producing substances (F55.-)
drug reaction and poisoning affecting newborn (P00-P96)
Poisoning or Adverse Effect Codes

T38  Poisoning by, adverse effect of and underdosing of hormones and their synthetic substitutes and antagonists, not elsewhere classified

Excludes1: mineralocorticoids and their antagonists (T50.0-)
  oxytocic hormones (T48.0-)
  parathyroid hormones and derivatives (T50.9-)

The appropriate 7th character is to be added to each code from category T38
  A - initial encounter
  D - subsequent encounter
  S - sequela

T38.0  Poisoning by, adverse effect of and underdosing of glucocorticoids and synthetic analogues

Excludes1: glucocorticoids, topically used (T49.-)

T38.0X  Poisoning by, adverse effect of and underdosing of glucocorticoids and synthetic analogues

  T38.0X1  Poisoning by glucocorticoids and synthetic analogues, accidental (unintentional)  Poisoning by glucocorticoids and synthetic analogues NOS
  T38.0X2  Poisoning by glucocorticoids and synthetic analogues, intentional self-harm
  T38.0X3  Poisoning by glucocorticoids and synthetic analogues, assault
  T38.0X4  Poisoning by glucocorticoids and synthetic analogues, undetermined
  T38.0X5  Adverse effect of glucocorticoids and synthetic analogues
  T38.0X6  Underdosing of glucocorticoids and synthetic analogues
Episodes of Care
Trauma and Adverse Effect Encounters

• **Initial Encounter (Phase):** The first diagnosis of a condition or receiving active treatment for an injury or illness (even if in an established patient)
  - Fracture care: Initial care by ED physician, orthopaedist
  - Drug poisonings or adverse effects: Initial treatment
  - Complications: Applies until all planned active treatment is completed

• **Subsequent (Healing) Encounter (Phase):** care during a period of healing or recovery (even if you’re the first MD to see the patient)
  - Fracture care: cast change, suture removal, etc.
  - Drug poisonings or adverse effects: Healing phase
  - Complications: Applies AFTER all planned active treatment is completed

• **Sequela:** After the healing process is complete.
  - Permanent consequences to the fracture (e.g. malunions, nonunions)
  - Permanent diabetes as a sequela of certain drugs (e.g. steroids)
Secondary Cushing’s Syndrome Due to Steroids

- Upper body obesity with thin arms and legs
- Buffalo Hump
- Red, Round Face
- High Blood Sugar
- High Blood Pressure
- Vertigo
- Blurry Vision
- Acne
- Female Balding
- Water Retention
- Menstrual Irregularities
- Thin Skin and Bruising
- Purple Striae
- Poor Wound Healing
- Hirsutism
- Severe Depression
- Cognitive Difficulties
- Emotional Instability
- Sleep Disorders
- Fatigue
Cushing’s Syndrome vs. Cushing’s Disease

E24  Cushing’s syndrome
   Excludes1: congenital adrenal hyperplasia (E25.0)
E24.0  Pituitary-dependent Cushing’s disease
   Overproduction of pituitary ACTH
   Pituitary-dependent hypercorticalism
E24.1  Nelson’s syndrome
E24.2  Drug-induced Cushing’s syndrome
   Use additional code for adverse effect, if applicable, to identify drug (T38-T50 with fifth or sixth character 5)
E24.3  Ectopic ACTH syndrome
E24.4  Alcohol-induced pseudo-Cushing’s syndrome
E24.8  Other Cushing’s syndrome
E24.9  Cushing’s syndrome, unspecified

• Addition of drug (steroid)-induced iatrogenic Cushing’s syndrome to ICD-10-CM code E09 adds relative weight to most admissions or severity/risk adjustments
Diabetes Mellitus Classifications

E11 Type 2 diabetes mellitus

Includes: diabetes (mellitus) due to insulin secretory defect
diabetes NOS
insulin resistant diabetes (mellitus)

Default if diabetes type is not specified

E13 Other specified diabetes mellitus

Includes: diabetes mellitus due to genetic defects of beta-cell function
diabetes mellitus due to genetic defects in insulin action
postpancreatectomy diabetes mellitus
postprocedural diabetes mellitus
secondary diabetes mellitus NEC

• They appeared to leave E12 open in the event there is a new classification of diabetes that may open up
Secondary Diabetes Due to Pancreatectomy

• For postpancreatectomy diabetes mellitus (lack of insulin due to the surgical removal of all or part of the pancreas), assign
  • E89.1, Postprocedural hypoinsulinemia
  • E13.-- – Other specified diabetes (and its complications)
  • Z90.41-, Acquired absence of pancreas, as additional codes
    • Z90.410 – Acquired total absence of the pancreas
    • Z90.411 – Acquired partial absence of the pancreas
• Additional descriptors will be needed to fully account for the nature of the diabetic complications
Complications “with” Diabetes

Diabetes, diabetic (mellitus) (sugar) E11.9
- with
  - amyotrophy E11.44
  - arthropathy NEC E11.618
  - autonomic (poly)neuropathy E11.43
  - cataract E11.36
  - Charcot's joints E11.610
  - chronic kidney disease E11.22
  - circulatory complication NEC E11.59
  - complication E11.8
  - specified NEC E11.69
  - dermatitis E11.620
  - foot ulcer E11.621
  - gangrene E11.52
  - gastroparesis E11.43
  - glomerulonephrosis, intracapillary E11.21
  - glomerulosclerosis, intercapillary E11.21
  - hyperglycemia E11.65
  - hyperosmolarity E11.00
  - with coma E11.01
  - hypoglycemia E11.649
  - with coma E11.641
  - kidney complications NEC E11.29
  - Kimmelstiel-Wilson disease E11.21

- - loss of protective sensation (LOPS) —see Diabetes, by type, with neuropathy
- - mononeuropathy E11.41
- - myasthenia E11.44
- - necrobiosis lipoidica E11.620
- - nephropathy E11.21
- - neuralgia E11.42
- - neurologic complication NEC E11.49
- - neuropathic arthropathy E11.610
- - neuropathy E11.40
- - ophthalmic complication NEC E11.39
- - oral complication NEC E11.638
- - periodontal disease E11.630
- - peripheral angiopathy E11.51
- - with gangrene E11.52
- - polyneuropathy E11.42
- - renal complication NEC E11.29
- - renal tubular degeneration E11.29
- - retinopathy E11.319
- - with macular edema E11.311
- - nonproliferative E11.329
- - with macular edema E11.321
- - mild E11.329
- - with macular edema E11.321
- - moderate E11.339
- - with macular edema E11.331
- - severe E11.349
- - with macular edema E11.341
- - proliferative E11.359
- - with macular edema E11.351
- - skin complication NEC E11.628
- - skin ulcer NEC E11.622

ICD-10 considers all of these conditions as diabetic complications unless the provider explicitly documents that they are due to other conditions.
Diabetes

- **History of Diabetes**
  - BS controlled and on no Rx
- **Uncontrolled Diabetes**
  - HgbA$_{1C}$ > 7
  - Multiple plasma glucoses over 250-300 mg/dl

If these are not diagnosed as “present on admission”, they are complications of care or not considered as MCCs

<table>
<thead>
<tr>
<th>Metric</th>
<th>DKA (plasma glucose &gt;250 mg/dl)</th>
<th>Hyperosmolar Hyperglycemic Syndrome (plasma glucose &gt;600 mg/dl)</th>
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<td>Serum bicarbonate (mEq/l)</td>
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<tr>
<td>Urine ketone*</td>
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<td>Small</td>
</tr>
<tr>
<td>Serum ketone*</td>
<td>Positive</td>
<td>Small</td>
</tr>
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<td>Effective serum osmolality</td>
<td>Variable</td>
<td>&gt;320 mOsm/kg</td>
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<td>Anion gap‡</td>
<td>&gt;10</td>
<td>Variable</td>
</tr>
<tr>
<td>Mental status</td>
<td>Alert</td>
<td>Stupor/coma</td>
</tr>
</tbody>
</table>

Kitabchi, AE, et. al. Diabetes Care July 2009 vol. 32 no. 7 1335-1343
DKA
Hyperosmolar States

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

E11.0 Type 2 diabetes mellitus with hyperosmolarity
  E11.00 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHHC)
  E11.01 Type 2 diabetes mellitus with hyperosmolarity with coma

E13.0 Other specified diabetes mellitus with hyperosmolarity
  E13.00 Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHHC)
  E13.01 Other specified diabetes mellitus with hyperosmolarity with coma

E13.1 Other specified diabetes mellitus with ketoacidosis
  E13.10 Other specified diabetes mellitus with ketoacidosis without coma
  E13.11 Other specified diabetes mellitus with ketoacidosis with coma

Note that ICD-10-CM does NOT have a code for Type 2 DM w/DKA

A potential alternative
• **Question:** What is the correct code assignment for type 2 diabetes mellitus with diabetic ketoacidosis?

• **Answer:** Assign code E13.10, Other specified diabetes mellitus with ketoacidosis without coma, for a patient with type 2 diabetes with ketoacidosis.

  • Given the less than perfect limited choices, it was felt that it would be clinically important to identify the fact that the patient has ketoacidosis.

  • The National Center for Health Statistics (NCHS), who has oversight for volumes I and II of ICD-10-CM, has agreed to consider a future ICD-10-CM Coordination and Maintenance Committee meeting proposal.
Diabetes with CKD

- Three codes are needed to describe kidney disease in diabetes
  - The nephropathy code
  - The DM with CKD code
  - The CKD staging code

E08.2  Diabetes mellitus due to underlying condition with kidney complications
E08.21 Diabetes mellitus due to underlying condition with diabetic nephropathy
  Diabetes mellitus due to underlying condition with intercapillary glomerulosclerosis
  Diabetes mellitus due to underlying condition with intracapillary glomerulonephrosis
  Diabetes mellitus due to underlying condition with Kimmelstiel-Wilson disease

E08.22 Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
  Use additional code to identify stage of chronic kidney disease (N18.1-N18.6)

E08.29 Diabetes mellitus due to underlying condition with other diabetic kidney complication
  Renal tubular degeneration in diabetes mellitus due to underlying condition
Chronic Kidney Disease

N18  Chronic kidney disease (CKD)
    Code first  any associated:
    diabetic chronic kidney disease (E08.22, E09.22, E10.22, E11.22, E13.22)
    hypertensive chronic kidney disease (I12.-, I13.-)

Use additional code to identify kidney transplant status, if applicable, (Z94.0)

N18.1  Chronic kidney disease, stage 1
N18.2  Chronic kidney disease, stage 2 (mild)
N18.3  Chronic kidney disease, stage 3 (moderate)
N18.4  Chronic kidney disease, stage 4 (severe)
N18.5  Chronic kidney disease, stage 5
    Excludes1: chronic kidney disease, stage 5 requiring chronic dialysis (N18.6)

N18.6  End stage renal disease
    Chronic kidney disease requiring chronic dialysis
    Use additional code to identify dialysis status (Z99.2)

N18.9  Chronic kidney disease, unspecified
    Chronic renal disease
    Chronic renal failure NOS
    Chronic renal insufficiency
    Chronic uremia
2) **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.

Unlike hypertension with heart disease, ICD-10-CM presumes a cause-and-effect relationship and classifies chronic kidney disease with hypertension as hypertensive chronic kidney disease.

The appropriate code from category N18 should be used as a secondary code with a code from category I12 to identify the stage of chronic kidney disease.

*See Section 1.C.14. Chronic kidney disease.*

If a patient has hypertensive chronic kidney disease and acute renal failure, an additional code for the acute renal failure is required.
Hypertension and Chronic Kidney Disease

112 Hypertensive chronic kidney disease

Includes: any condition in N18 and N26 - due to hypertension
- arteriosclerosis of kidney
- arteriosclerotic nephritis (chronic) (interstitial)
- hypertensive nephropathy
- nephrosclerosis

Excludes1: hypertension due to kidney disease (I15.0, I15.1)
- renovascular hypertension (I15.0)
- secondary hypertension (I15.-)

Excludes2: acute kidney failure (N17.-)

112.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease

Use additional code to identify the stage of chronic kidney disease (N18.5, N18.6)

112.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

Hypertensive chronic kidney disease NOS
Hypertensive renal disease NOS

Use additional code to identify the stage of chronic kidney disease (N18.1-N18.4, N18.9)
### Chronic kidney disease

- **Stage:**
  - [ ] stage 1
  - [ ] stage 2 (mild)
  - [ ] stage 3 (moderate)
  - [ ] stage 4 (severe)
  - [ ] unspecified stage

### End stage kidney disease

- [ ] Yes
- [ ] No

### End stage renal disease

- [ ] Yes
- [ ] No
Diabetic Eye Complications
With = Coexisting

Diabetes
- with – means coexisting
- - (unspecified) retinopathy E11.319
- - - with macular edema E11.311
- - - nonproliferative E11.329
- - - - with macular edema E11.321
- - - - mild E11.329
- - - - - with macular edema E11.321
- - - - - moderate E11.339
- - - - - - with macular edema E11.331
- - - - - - severe E11.349
- - - - - - - with macular edema E11.341
- - - - - - - proliferative E11.359
- - - - - - - - with macular edema E11.351

• Mild NPDR:
  • At least one microaneurysm
• Moderate NPDR:
  • Hemorrhage/microaneurysm ≥ standard photograph #2A OR
  • Soft exudates (cotton wool spots), venous beading, and intraretinal microvascular abnormalities definitely present
• Severe NPDR:
  • Hemorrhage/microaneurysm ≥ standard photograph #2A in all 4 quadrants, OR
  • Venous beading in at least two quadrants OR
  • Intraretinal microvascular abnormalities ≥ standard photograph #8A in at least one quadrant
• Proliferative DR
  • New vessels
Other Eye Complications

- **E13.36** Other specified diabetes mellitus with diabetic cataract
- **E13.39** Other specified diabetes mellitus with other diabetic ophthalmic complication
  
  Use additional code to identify manifestation, such as:
  
  diabetic glaucoma (H40-H42)

- **Challenge**
  
  The provider must explicitly document that eye diseases are due to another cause as to not have them labeled as “associated with” diabetes, such as “senile cataract”
Diabetic Nerve Complications

**E13.4** Other specified diabetes mellitus with neurological complications

- **E13.40** Other specified diabetes mellitus with diabetic neuropathy, unspecified
- **E13.41** Other specified diabetes mellitus with diabetic mononeuropathy
- **E13.42** Other specified diabetes mellitus with diabetic polyneuropathy
  - Other specified diabetes mellitus with diabetic neuralgia
- **E13.43** Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
  - Other specified diabetes mellitus with diabetic gastroparesis
- **E13.44** Other specified diabetes mellitus with diabetic amyotrophy
- **E13.49** Other specified diabetes mellitus with other diabetic neurological complication

- Assign an additional code of exactly what the complication is, such as:
  - Gastroparesis
  - Erectile dysfunction
  - Constipation
  - Orthostatic hypotension
  - Radiculopathy
Diabetic Vascular Complications

- Note that:
  - Peripheral or coronary atherosclerosis is not considered a diabetic angiopathy unless documented to be due to diabetes.
  - Documented gangrene is automatically coded as E1(8,9,10,11, 13).52 unless the physician documents that it is due to another cause.
  - In addition, document identified consequences, such as non-pressure ulcers or erectile dysfunction.

E13.5 Other specified diabetes mellitus with circulatory complications
   - E13.51 Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
   - E13.52 Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
   - E13.59 Other specified diabetes mellitus with other circulatory complications
Other Diabetic Complications

E13.61 Other specified diabetes mellitus with diabetic arthropathy
   E13.610 Other specified diabetes mellitus with diabetic neuropathic arthropathy
   Other specified diabetes mellitus with Charcot’s joints
   E13.618 Other specified diabetes mellitus with other diabetic arthropathy

E13.62 Other specified diabetes mellitus with skin complications
   E13.620 Other specified diabetes mellitus with diabetic dermatitis
   Other specified diabetes mellitus with diabetic necrobiotic lipoidica
   E13.621 Other specified diabetes mellitus with foot ulcer
   Use additional code to identify site of ulcer (L97.4-, L97.5-)
   E13.622 Other specified diabetes mellitus with other skin ulcer
   Use additional code to identify site of ulcer (L97.1-L97.9, L98.41-L98.49)
   E13.628 Other specified diabetes mellitus with other skin complications

Note the requirement to document the site and nature of the foot or skin ulcer
Diabetic Foot Ulcer

- L97.41 Non-pressure chronic ulcer of right heel and midfoot
  - L97.411 Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin
  - L97.412 Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed
  - L97.413 Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle
  - L97.414 Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone
  - L97.419 Non-pressure chronic ulcer of right heel and midfoot with unspecified severity
- L97.42 Non-pressure chronic ulcer of left heel and midfoot
  - L97.421 Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin
  - L97.422 Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed
  - L97.423 Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle
  - L97.424 Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone
  - L97.429 Non-pressure chronic ulcer of left heel and midfoot with unspecified severity

- Same for other parts of the foot (L97.5xyz)
- Characteristics may be taken from wound care RN documentation
Other Diabetic Complications

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E13.63</td>
<td>Other specified diabetes mellitus with oral complications</td>
</tr>
<tr>
<td>E13.630</td>
<td>Other specified diabetes mellitus with periodontal disease</td>
</tr>
<tr>
<td>E13.638</td>
<td>Other specified diabetes mellitus with other oral complications</td>
</tr>
<tr>
<td>E13.64</td>
<td>Other specified diabetes mellitus with hypoglycemia</td>
</tr>
<tr>
<td>E13.641</td>
<td>Other specified diabetes mellitus with hypoglycemia with coma</td>
</tr>
<tr>
<td>E13.649</td>
<td>Other specified diabetes mellitus with hypoglycemia without coma</td>
</tr>
<tr>
<td>E13.65</td>
<td>Other specified diabetes mellitus with hyperglycemia</td>
</tr>
<tr>
<td>E13.69</td>
<td>Other specified diabetes mellitus with other specified complication</td>
</tr>
</tbody>
</table>

- While “poorly controlled” and “out of control” diabetes codes to hyperglycemia, “uncontrolled” diabetes does not
- “Unconscious” (unarousable to voice) = “coma” in ICD-10
Chapter 15: Pregnancy, Childbirth, and the Puerperium O00-O99

• Codes start with an “O” (as in Ostrich or Octopus), not the number “0” (zero)
  • All ICD-10 codes start with a letter

• Chapter 15 codes have sequencing priority over codes from other chapters.
  • Additional codes from other chapters may be used in conjunction with chapter 15 codes to further specify conditions.

• 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
All Conditions in Pregnancy are related unless stated otherwise

• ICD-10-CM’s default is that any condition encountered in a pregnancy is related to the pregnancy unless explicitly documented otherwise
  • It is the provider’s responsibility to state that the condition being treated is not affecting the pregnancy.

• Should the provider document that the pregnancy is incidental to the encounter, then code Z33.1, Pregnant state, incidental, should be used in place of any chapter 15 (Obstetrical) codes.
Elimination of Episodes of Care

Current ICD-9-CM Classification

ICD-9-CM

- 6480x Diabetes mellitus of mother, complicating pregnancy, childbirth, or the puerperium,
  - 0 - unspecified as to episode of care or not applicable
  - 1 - with or without mention of antepartum condition
  - 2 - delivered, with mention of postpartum complication
  - 3 - antepartum condition or complication
  - 4 - postpartum condition or complication

- Gestational diabetes coded to “glucose intolerance”
Creation of Trimesters

ICD-10

- First Trimester
  - Less than 14 weeks, 0 days
- Second Trimester
  - 14 weeks, 0 days to less than 28 weeks, 0 days
- Third Trimester
  - 28 weeks, 0 days until delivery
- Trimester not always applicable
  - 032 Maternal care for malpresentation of fetus (condition associated with delivery i.e. third trimester)

- Codes are no longer viewed as antepartum, delivered and postpartum.
  - It is now necessary to know what trimester the patient is in to select the appropriate code.

Trimesters are counted from the first day of the last menstrual period by the number of days/weeks of the pregnancy.
Non-Diabetic Abnormal Glucose In Pregnancy

O99.8 Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium
Conditions in D00-D48, H00-H95, M00-N99, and Q00-Q99
Use additional code to identify condition
Excludes2: genitourinary infections in pregnancy (O23.-)
infection of genitourinary tract following delivery (O86.1-O86.3)
malignant neoplasm complicating pregnancy, childbirth and the puerperium (O9A.1-)
maternal care for known or suspected abnormality of maternal pelvic organs (O34-.)
postpartum acute kidney failure (O90.4)
traumatic injuries in pregnancy (O9A.2-)

O99.81 Abnormal glucose complicating pregnancy, childbirth and the puerperium
Excludes1: gestational diabetes (O24.4-)
O99.810 Abnormal glucose complicating pregnancy
O99.814 Abnormal glucose complicating childbirth
O99.815 Abnormal glucose complicating the puerperium

Not used if the patient has diabetes
Diabetes Classifications in Pregnancy

• **Classifications**
  - Gestational
  - Preexisting Type 1
  - Preexisting Type 2
  - Other primary diabetes
  - *Due to* underlying diseases
    - e.g., Cushing’s syndrome, pancreatitis, cystic fibrosis,
  - *Due to* drug or chemical
    - e.g., steroid-induced

• **Necessary documentation**
  - Diabetes type (e.g. gestational, type 1, type 2, or other etiologies)
  - If currently with hyperglycemia or hypoglycemia
  - All acute or chronic complications (e.g. DKA, neuropathies)
  - Any effect on the fetus
Diabetes

O24.1 Pre-existing diabetes mellitus, type 2, in pregnancy, childbirth and the puerperium
   Insulin-resistant diabetes mellitus in pregnancy, childbirth and the puerperium
   Use additional code (for):
      from category E11 to further identify any manifestations
      long-term (current) use of insulin (Z79.4)

O24.11 Pre-existing diabetes mellitus, type 2, in pregnancy
   O24.111 Pre-existing diabetes mellitus, type 2, in pregnancy, first trimester
   O24.112 Pre-existing diabetes mellitus, type 2, in pregnancy, second trimester
   O24.113 Pre-existing diabetes mellitus, type 2, in pregnancy, third trimester
   O24.119 Pre-existing diabetes mellitus, type 2, in pregnancy, unspecified trimester

O24.12 Pre-existing diabetes mellitus, type 2, in childbirth

O24.13 Pre-existing diabetes mellitus, type 2, in the puerperium

O24.3 Unspecified pre-existing diabetes mellitus in pregnancy, childbirth and the puerperium
   Use additional code (for):
      from category E11 to further identify any manifestation
      long-term (current) use of insulin (Z79.4)
Questions