ICD-10-CM: Let's Code, Part II

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Agenda

- Coding questions answered
- Review of ICD-10-CM coding scenarios

ICD-10-CM Coding Questions

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Coding Questions . . .

- Bilateral sudden sensorineural hearing loss
  - *The "Excludes1" note appears under the codes H91.23 and H90.3. "Excludes1" instructs that the code excluded should never be used at the same time as the code above. How should this diagnosis be coded with the "Excludes1" notes?*

Coding Questions . . .

- Code H90.3, Sensorineural hearing loss, bilateral, is the correct code for this case.
- Codes H91.23 and H90.3 cannot be coded together
- Code H91.23, Sudden idiopathic hearing loss, bilateral, is not coded due to the "Excludes1" note
- The hearing loss is not idiopathic as it is specified as sensorineural

Coding Questions . . .

- Pregnancy 40+ weeks in labor; post vaginal delivery. GDM and pre-existing hypertension
- Low forceps delivery a live born male
- Midline episiotomy; repaired
  - *In labor with pre-existing hypertension. According to the index: Hypertension-complicating-Childbirth (O10.92-) or Hypertension – complicating-pregnancy (O10.91-). Which is correct?*

Coding Questions . . .

- This scenario does not provide enough documentation to determine the correct coding.
  - If the documentation indicates that the pre-existing hypertension was complicating the pregnancy, code O10.91- should be used
  - If the documentation indicates that the pre-existing hypertension was complication the childbirth (labor & delivery), code O10.92- should be used.

Coding Questions . . .

- Pregnancy at 41 weeks with prolonged 1st stage of labor. Cephalopelvic disproportion, intraabdominal adhesions, and uterine atony with postpartum hemorrhage. Anemia due to acute blood loss
  - *Should the anemia due to acute blood loss (D62) be assigned as an additional code?*

Coding Questions . . .

- ICD-10-CM does not provide guidance related to additional codes for specificity in the Obstetrics chapter.
- Adding code D62 (Acute posthemorrhagic anemia) provides additional specificity to the case .

Coding Questions . . .

- O63.0 Prolonged first stage (of labor)
- O33.9 Maternal care for disproportion
- O48.0 Post-term pregnancy
- O99.89 Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium
- K66.0 Peritoneal adhesions
- O72.1 Other immediate postpartum hemorrhage
- O90.81 Anemia of the puerperium
- D62 Acute posthemorrhagic anemia
- Z37.0 Single live birth
- 10D00Z1 Cesarean section

Coding Questions . . .

- Left side neck metastatic squamous cell carcinoma s/p left side radical neck dissection with right lung metastasis. Pleural effusion, pneumonia (enterobacter cloacae), and pneumothorax
  - *Should C80.1 be assigned for unknown primary site when not documented?*
- Yes, C80.1 should be assigned to an unknown primary site

Coding Questions . . .

- Scrotum mass with debridement of scrotum, excision of scrotum mass
  - *Should N50.9 (unspecified) or N50.8 (other specified) be assigned for scrotum mass?*
- Assign code N50.9, Disorder of male genital organs, unspecified for Scrotum mass.
- Follow the index – mass, specified organ, NEC – *see* Disease, by site…disease, scrotum N50.9

Coding Questions . . .

- Prepuce laceration (by dog bite) with debridement and suture of prepuce
  - *Should S31.25xA (open bite) or S31.21xA (laceration) be assigned for prepuce laceration by dog bite?*
- Recommend using code S31.25xA, Open bite of penis, to reflect the diagnosis of a dog bite to the prepuce.
- Add external cause code for additional specificity

Coding Questions . . .

- Head injury with scalp laceration. Left wrist cutting injury with tendon and muscle lacerations. Debridement of scalp, tendon and muscle repair
  - *In this case, would S09.90xA be assigned for the head injury?*
- Yes – assign code S09.90xA, Unspecified injury of head, to reflect the diagnosis of the head injury

Coding Questions . . .

- Traumatic ICH in right occipital lobe, right high frontal lobe, suspected diffuse axonal injury (DAI). Traumatic subarachnoid hemorrhage
  - *"Excludes1" note under S06.3 instructs that this code is not used at the same time as S06.4-S06.6. Should the S06.349 be omitted according to the "Excludes1" note?*
- Yes – only code S06.6x9A should be coded for the hemorrhage

Coding Questions . . .

- C-spine injury with cervical spondylotic myelopathy & radiculopathy.
  - *Would CSMR be coded with M47.12 or M47.22?*
- Both M47.12, Other spondylosis with myelopathy, cervical region and M47.22, Other spondylosis with radiculopathy, cervical region, should be coded to clearly reflect this diagnosis.

ICD-10-CM Coding Scenarios

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ICD-10-CM Scenario #1

The 25-year-old woman was transferred from an outside facility for treatment of septic shock and acute meningococcal sepsis. The outside facility was unable to manage her severe illness.

What **diagnosis** codes are assigned?

Scenario #1 Answer:

A39.2 Sepsis (generalized), meningococcal, acute

R65.21 Shock, septic (due to severe sepsis)

Rationale: The combination code of severe sepsis with septic shock is assigned as a secondary diagnosis although severe sepsis is not documented. The underlying infection, meningococcal sepsis is sequenced first.

ICD-10-CM Scenario #2

This 62-year-old male is being seen for mild nonproliferative diabetic retinopathy with macular edema. He has type 2 DM and takes insulin on a daily basis. He also has diabetic cataract in his right eye.

What **diagnosis** codes are assigned?

Scenario #2 Answer:

E11.321	Diabetes, diabetic (mellitus) (sugar), type 2, with retinopathy, nonproliferative, mild, with macular edema
E11.36	Diabetes, diabetic (mellitus) (sugar), type 2 with, cataract
Z79.4	Long-term (current) (prophylactic) drug therapy (use of), insulin

Scenario #2 Answer:

Rationale: There is a combination code for the type 2 diabetes with nonproliferative diabetic retinopathy with macular edema. The diabetic cataract was documented and should be coded, but it requires a separate code. Since the patient has type 2 DM, and is on insulin, code Z79.4 should be assigned to indicate that as indicated by the note at category E11: “Use additional code to identify any insulin use (Z79.4).”

ICD-10-CM Scenario #3

This patient is seen for evaluation of his continuing unstable angina. After significant evaluation, his symptoms were found to be due to atherosclerosis of his bypassed graft. This is an autologous arterial graft. Final diagnosis: CAD of bypass graft with unstable angina and hypertensive congestive heart failure. The patient will be scheduled for surgery. What is the correct **diagnosis** code(s)?

Scenario #3 Answer:

I25.720 Atherosclerosis – *see also* Arteriosclerosis, coronary artery, with angina pectoris, - *see* Arteriosclerosis, coronary (artery), bypass graft, autologous artery, with, angina pectoris, unstable

I11.0 Failure, failed, heart (acute) (senile) (sudden), hypertensive – *see* Hypertension, heart (disease) (conditions in I51.4-I51.9 due to hypertension, with, heart failure (congestive)

I50.9 Failure, failed, heart (acute) (senile) (sudden), congestive (compensated)

Scenario #3 Answer:

Rationale: ICD-10-CM differentiates between the different types of bypassed coronary arteries, including native arteries, autologous vein, autologous artery, and nonautologous graft material. Hypertensive congestive heart failure requires two diagnosis codes to correctly identify the condition. The note at code I11.0 states “Use additional code to identify type of heart failure (I50.-)

ICD-10-CM Scenario #4

The patient, G1P0, was admitted in active labor at 38 completed weeks of gestation. The patient was dilated to 6 cm approximately 7 hours following admission. Pitocin augmentation was started and she progressed to complete dilation. A second degree perineal laceration occurred during delivery and was repaired. A female infant was delivered with Apgar scores of 9 and 9. Code the **diagnosis** codes only.

Scenario #4 Answer:

O70.1 Delivery (childbirth) (labor), complicated, by, laceration (perineal), perineum, perineal, second degree

Z3A.38 Pregnancy (single) (uterine), weeks of gestation, 38 weeks

Z37.0 Outcome of delivery, single liveborn

Scenario #4 Answer

Rationale: The patient experienced a second degree perineal laceration (O70.1) during delivery. The outcome of delivery was a single liveborn (Z37.0). The Pitocin augmentation is not coded, only failed medical induction of labor.

ICD-10-CM Scenario #5

This is a 50-year-old female who fell down the icy front steps of her singly-family house and sustained trauma to her head as well as a nondisplaced closed trimalleolar fracture of the medial and lateral malleolus of her left leg. The patient denies any loss of consciousness. Attention was directed to her head injury which, after CT scan, revealed a basilar skull fracture and a small subdural hematoma. The neurosurgeon felt that the hematoma currently did not require surgical intervention. What **diagnosis** codes are assigned?

Scenario #5 Answer:

S02.10xA Fracture, traumatic (abduction) (adduction) (separation), skull, base

S06.5x0A Hematoma (traumatic) (skin surface intact), subdural (traumatic) – *see* Injury, intracranial (traumatic), subdural hemorrhage, traumatic. Review Tabular for complete code assignment

Scenario #5 Answer:

S82.855A Fracture, traumatic, trimalleolar –*see* fracture, ankle, trimalleolar, nondisplaced. Review Tabular for complete code assignment.

W00.1xxA Index to External Causes, Fall, falling (accidental) due to, ice or snow, from one level to another, on stairs or steps

Y92.018 Index to External Causes, Place of occurrence, residence (non- institutional) (private) house, single family, specified NEC

Y99.8 Index to External Causes, External cause status, specified NEC

Scenario #5 Answer:

In ICD-10-CM, there is not a combination code for a skull fracture with a subsequent subdural hematoma; therefore, the two conditions need to be coded separately. In order to select the correct code for the skull fracture, one would need to know or research that basilar is the base of the skull. The 7th character A is used to indicate the initial episode of care.