Overview

- ICD-9-CM and ICD-10-CM
- Heart Diseases
- Neoplasms
- Cerebrovascular Diseases
- Chronic Respiratory Diseases
- Injuries, Unintentional
- Diabetes
Goals

• After listening to this briefing,
  – Be able to correctly select the answer from a multiple guess format 80% of the time
  – Be able to list at least five the major differences in ICD-9-CM and ICD-10-CM for common causes of mortality
  – Be able to list produce a list of web sites with useful information on ICD-10-CM

Intent of Both Systems

• ICD-9-CM – used in USA to collect morbidity data, reason for the encounter

• ICD-10-CM – used in USA to collect mortality data, reason for death
Be aware, this is not ICD-10-CM, it is ICD-10.

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), 2000 Update

Although the release of ICD-10-CM is now available for picking up, the codes in ICD-10-CM are not current, as ICD-10-CM 2000 is the first draft version of the Asian-Pacific-China Classification System. Therefore, users are being asked on the contents of ICD-10-CM 2000. Any segmenting in other sections noted on this page may be subject to any draft, as not ICD-10-CM.
Heart Diseases

• Acute Myocardial Infarction (AMI)
  – ST elevation myocardial infarction (STEMI)
    • Changes in EKG due to prolonged blockage
    • Part of the heart muscle is damaged
    • ICD-9-CM Code with 410.0-410.6, 410.8
  – Non ST elevation myocardial infarction (NSTEMI)
    • No changes in the EKG
    • Markers in the blood indicate damage occurred to heart muscle
    • Blockage may be partial or temporary so damage is minimal
    • Site of blockage may or may not be documented
    • ICD-9-CM Code with 410.7 Subendocardial Infarction

Heart Diseases

• Acute Myocardial Infarction (AMI)
  – Nontransmural infarction
    • ICD-9-CM Code with 410.7 Subendocardial Infarction
  – Unspecified, code with 410.9
    • If only “STEMI” or “transmural MI” but no location, ICD-9-CM code 410.9
  – If STEMI becomes a NSTEMI (due to thrombolytic therapy) still code as STEMI
  – If NSTEMI becomes STEMI, code as STEMI
Heart Diseases

• Acute Myocardial Infarction (AMI) in ICD-9-CM
  – 5\textsuperscript{th} digit
    • 0 – Episode of care unspecified
    • 1 – Initial episode (no matter number of times transferred) of a newly diagnosed myocardial infarction
    • 2 – Subsequent episode, admitted for further observation, evaluation or treatment within 8 weeks of the myocardial infarction
  – Need to know location of the damage
    • Anterolateral, inferolateral, posterior, atrium…

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
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<td>410</td>
<td>I21</td>
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<tr>
<td>Acute Myocardial Infarction</td>
<td>Acute Myocardial Infarction</td>
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<td>411</td>
<td>I24</td>
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<tr>
<td>Other Acute and Subacute Forms of Ischemic Heart Disease</td>
<td>Other Acute Ischemic Heart Diseases</td>
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<tr>
<td>412</td>
<td>I25.2</td>
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<tr>
<td>Old Myocardial Infarction</td>
<td>Old Myocardial Infarction</td>
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<td>413</td>
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<td>Angina Pectoris</td>
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<tr>
<td>414</td>
<td>I25</td>
</tr>
<tr>
<td>Other Forms of Chronic Ischemic Heart Disease</td>
<td>Chronic Ischemic Heart Disease</td>
</tr>
</tbody>
</table>
Heart Diseases

- ICD-9-CM 414 - Other Forms of Chronic Ischemic Heart Disease
  - Coronary Atherosclerosis
    - Includes coronary atherosclerosis, coronary arteriosclerosis, endarteritis, atheroma, sclerosis, stricture
    - Need type of vessel (e.g., native, autologous vein, artery bypass graft)
    - ICD-9-CM Code to 414.0x
  - Aneurysm
    - ICD-9-CM Code to 414.1x
  - Chronic Total Occlusion of Coronary Artery
    - ICD-9-CM Code to 414.2
  - Coronary Atherosclerosis Due to Lipid Rich Plaque
    - Secondary to ICD-9-CM 414.0x Coronary Atherosclerosis
    - ICD-9-CM Code to 414.3

Heart Disease

- Valve Diseases
  - Right side (Tricuspid and Pulmonary)
    - Code to 397
  - Left side (Mitral [bicuspid] and Aortic)
    - Code to 394, 395, 396

<table>
<thead>
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<tr>
<td>394</td>
<td>Diseases of Mitral Valve</td>
<td>I34 Nonrheumatic Mitral Valve Disorders</td>
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<td>395</td>
<td>Diseases of Aortic Valve</td>
<td>I35 Nonrheumatic Aortic Valve Disorders</td>
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<td>Diseases of Mitral and Aortic Valve</td>
<td>I36 Nonrheumatic Tricuspid Valve Disorders</td>
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<td>397</td>
<td>Diseases of Endocardial Structures (Tricuspid)</td>
<td>I37 Nonrheumatic Pulmonary Valve Disorders</td>
</tr>
</tbody>
</table>
Heart Diseases

• Hypertension
  - Code to 401
  - Only use 401.0 Malignant, or 401.1 Benign, if documentation supports
  - In ICD-10-CM – only one Essential (primary) Hypertension code
    • I10 – Essential Hypertension
      – Includes hypertension (arterial) (benign) (essential) (malignant)
        (primary) (systemic); high blood pressure
• Hypertension with Heart Disease
  - Use 402 when causal relationship is stated/implied
  • Due to hypertension/hypertensive

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
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<tr>
<td>401</td>
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<td>402</td>
<td>Hypertensive Heart Disease</td>
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<tr>
<td>405</td>
<td>Secondary Hypertension</td>
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<td>401</td>
<td>I10 Essential Hypertension</td>
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<tr>
<td>402</td>
<td>I11 Hypertensive Heart Disease</td>
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<td>405</td>
<td>I15 Secondary Hypertension</td>
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Heart Diseases

• Electrical Conduction

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<th>ICD-9-CM</th>
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<td>426</td>
<td>Conduction Disorders</td>
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<td>427</td>
<td>Cardiac Dysrhythmias</td>
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<tr>
<td>427.5</td>
<td>I46 Cardiac Arrest (code first underlying cardiac condition)</td>
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<tr>
<td>427.0-427.2</td>
<td>I47 Paroxysmal Tachycardia</td>
</tr>
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<td>427.3</td>
<td>I48 Atrial Fibrillation and Flutter</td>
</tr>
<tr>
<td>427.4, 427.6, 427.8</td>
<td>I49 Other Cardiac Arrhythmias</td>
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<td>428</td>
<td>Heart Failure</td>
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<tr>
<td>426</td>
<td>I44 Atrioventricular and Left Bundle-branch Block</td>
</tr>
<tr>
<td>427</td>
<td>I45 Other Conduction Disorders</td>
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<tr>
<td>427.5</td>
<td>I46 Cardiac Arrest (code first underlying cardiac condition)</td>
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<tr>
<td>427.0-427.2</td>
<td>I47 Paroxysmal Tachycardia</td>
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<td>I48 Atrial Fibrillation and Flutter</td>
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<tr>
<td>427.4, 427.6, 427.8</td>
<td>I49 Other Cardiac Arrhythmias</td>
</tr>
<tr>
<td>428</td>
<td>I50 Heart Failure</td>
</tr>
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</table>
Review

- One BIG change – only one Hypertension (high blood pressure) code I10
- Pretty much coding is the same
  - ST elevation myocardial infarction (STEMI)
  - Non-ST elevation myocardial infarction (NSTEMI)
- ICD-10-CM has more space for rheumatic heart conditions

Neoplasms

- **Benign** – does not have any of the **three malignant properties (unlimited growth, invasion, metastases)**
  - Can still cause problems by growing too big, compressing nearby tissues, or by becoming “functional” as in producing hormones
- **In-Situ** – a neoplasm that does not invade surrounding tissues, but follows the existing tissue
- **Malignant** – new, abnormal, uncontrolled growth with properties of:
  - Anaplasia – lack of differentiation, to become less defined
  - Invasion – develop in one tissue and move into surrounding tissue
  - Metastatic sites – spread from one organ to a non-adjacent organ
- **Uncertain Histologic Behavior** – after tissue exam, unable to be classified as malignant or benign, cell type cannot be determined
- **Unspecified** – no documentation
Neoplasms

- Mass – see “mass” in the alphabetic index, not assumed to be neoplasm
- Lump – see “mass” in the alphabetic index, not assumed to be neoplasm
- Cyst – see “cyst” in alphabetic index, not assumed to be neoplasm
- Lesion – see “lesion” in alphabetic index, not assumed to be neoplasm

Neoplasms

- Don’t use a malignant neoplasm code until there is a pathology report confirming the histologic type of the neoplasm
  – Unless it is a confirmed case, such as encounters for chemotherapy
- If you code before a pathology report, code based on the term used (e.g., mass)
Neoplasms

• Refer to the Neoplasm Table first UNLESS histological term is documented
  – If you have a histological term, look up the term in the alphabetical to determine the correct column in the table
• Then check the tabular to verify the code and that a more specific site codes does not exist

Neoplasms

• Treatment directed at malignancy – code the malignancy as principal diagnosis
  – Unless encounter is only for chemotherapy, immunotherapy or radiation therapy – then V58.x is principal and diagnosis is secondary
• If undergoing treatment, code the primary site first, metastatic sites as secondary codes
• If a primary and metastasis to secondary site, with only treatment of secondary site (primary malignancy is still present) – code the secondary neoplasm as principal
Neoplasms

• Primary malignancy previously excised/eradicated
  – Code V10 Personal history of malignant neoplasm…

• Primary malignancy excised/eradicated, but there is a secondary
  – Secondary becomes principal with V10
    Personal history becomes secondary code

Neoplasms

• Malignant neoplasm associated with transplanted organ
  – Code as transplant complication
    • 996.8 Complication of transplanted organ
    • 199.2 Malignant neoplasm associated with transplanted organ
    • 3rd code is for the specific malignancy
Neoplasms

• If for treatment of a complication due to the neoplasm, and no treatment of the neoplasm occurs (e.g., dehydration), code the complication first, then the neoplasm as a secondary code
  – Except “anemia in neoplastic disease” which is a manifestation and is a secondary code
• For treatment of a pathological fracture due to a malignancy, code the pathological fracture as the principal and the malignancy is secondary
  – If the focus of the treatment is the malignancy with associated pathological fracture, then the malignancy is principal

Neoplasms

• For pregnancy, use the complication of pregnancy, then the appropriate neoplasm code
• For functional neoplasms, use an additional code (e.g., endocrine) to identify the functional activity
• Primary malignant overlapping boundaries, which would code to different subcategories in a 3 digit rubric and point of origin cannot be determined, use .8
Neoplasms

• For pain management encounter due to malignancy, code the pain management as principal

• Remember to use the “Genetic susceptibility to cancer” V-codes if applicable to encounter

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<tr>
<th>Neoplasms</th>
<th>ICD-9-CM</th>
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<tr>
<td>140-149</td>
<td>Malignant Neoplasm of Lip, Oral Cavity, and Pharynx</td>
<td>C00-C14 Malignant Neoplasm of Lip, Oral Cavity, and Pharynx</td>
</tr>
<tr>
<td>150-159</td>
<td>Malignant Neoplasm of Digestive Organs and Peritoneum</td>
<td>C15-C26 Malignant Neoplasm of Digestive Organs</td>
</tr>
<tr>
<td>160-165</td>
<td>Malignant Neoplasm of Respiratory and Intrathoracic Organs</td>
<td>C30-C39 Malignant Neoplasm of Respiratory and Intrathoracic Organs</td>
</tr>
<tr>
<td>170-176</td>
<td>Malignant Neoplasm of Bone, Connective Tissue, Skin, and Breast</td>
<td>C40-C41 Malignant Neoplasms of Bone and Articular Cartilage</td>
</tr>
<tr>
<td></td>
<td>C43-C44 Malignant Neoplasms of the Skin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C45-C49 Malignant Neoplasms of Nesotheial and Soft Tissue</td>
<td></td>
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<tr>
<td></td>
<td>C50 Malignant Neoplasms of the Breast</td>
<td></td>
</tr>
<tr>
<td>179-189</td>
<td>Malignant Neoplasm of Genitourinary Organs</td>
<td>C60-C63 Malignant Neoplasms of the Male Genital Organs</td>
</tr>
<tr>
<td></td>
<td>C64-C68 Malignant Neoplasms of the Urinary Tract</td>
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### Neoplasms

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>190-199</td>
<td>Malignant Neoplasm of Other and Unspecified Sites</td>
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<td>190</td>
<td>Eye</td>
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<td>191</td>
<td>Brain</td>
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<td>192</td>
<td>Rest of the Nervous System</td>
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<td>193</td>
<td>Thyroid</td>
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<td>194</td>
<td>Other Endocrine Glands and Related Structures</td>
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<tr>
<td>195</td>
<td>Other and Ill-defined Sites</td>
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<td>196</td>
<td>Secondary and Unspecified, Lymph Nodes</td>
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<td>197</td>
<td>Secondary Respiratory and Digestive System</td>
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<tr>
<td>198</td>
<td>Secondary Other Specified</td>
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<tr>
<td>199</td>
<td>Without Specification of Site (Disseminated)</td>
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<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>200-208</td>
<td>Malignant Neoplasm of Lymphatic and Hematopoietic Tissue</td>
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<tr>
<td>210-229</td>
<td>Benign Neoplasm</td>
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<tr>
<td>230-234</td>
<td>Carcinoma In Situ</td>
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<tr>
<td>235-238</td>
<td>Neoplasms of Uncertain Behavior</td>
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<tr>
<td>239</td>
<td>Neoplasm of Unspecified Nature</td>
</tr>
</tbody>
</table>
Review

• If treating primary malignancy, it is principal diagnosis
• If treating a complication of a neoplasm, the neoplasm is secondary
• ICD-10-CM will sometimes have right/left
• ICD-10-CM has more space, and infrequently, more detail
• ICD-10-CM lists malignant, in-situ, benign
• Both have neoplasm table

Review

• **Benign** – does not have any of the three malignant properties (unlimited growth, invasion, metastases)
  – Can still cause problems by growing too big, compressing nearby tissues, or by becoming “functional” as in producing hormones
• **In-Situ** – a neoplasm that does not invade surrounding tissues, but follows the existing tissue
• **Malignant** – new, abnormal, uncontrolled growth with properties of:
  – Anaplasia – lack of differentiation, to become less defined
  – Invasion – develop in one tissue and move into surrounding tissue
  – Metastatic sites – spread from one organ to a non-adjacent organ
• **Uncertain Histologic Behavior** – after tissue exam, unable to be classified as malignant or benign, cell type cannot be determined
• **Unspecified** – no documentation
Cerebrovascular Diseases

• Stroke/Cerebral Infarction/ Cerebrovascular Accident (CVA)
  – ICD-9-CM Code to 434.x1 (cerebral infarction)
  – ICD-10-CM Code to I63.x (cerebral infarction)

• Late Effects – neurologic deficits
  – Code to 438
  – May be present from the onset or may arise at any time after the onset
  – Can be used with the 430-437 (acute) codes if there is a deficit from a prior CVA
  – If a history of cerebrovascular disease without present neurologic deficits, then consider V12.54 Transient ischemic attack (TIA) and cerebral infarction without residual deficits

Cerebrovascular Diseases

• Postoperative Cerebrovascular Accident
  – Occurs as a result of a medical intervention
  – Code to 997.02 Iatrogenic Cerebrovascular Infarction or Hemorrhage
  – Documentation must clearly specify the cause-and-effect relationship
  – Secondary code from 430-432, or 433 and 434 with 5th digit “1”
  – Do not use 436, Acute, but ill-defined
# Cerebrovascular Diseases

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<td>Subarachnoid Hemorrhage</td>
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<td>Intercerebral Hemorrhage</td>
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<td>432</td>
<td>Other and Unspecified Intracranial Hemorrhage</td>
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<tr>
<td>433</td>
<td>Occlusion and Stenosis of Precerebral Arteries</td>
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<tr>
<td>434</td>
<td>Occlusion of cerebral arteries</td>
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<td>435</td>
<td>Transient Cerebral Ischemia</td>
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<td>436</td>
<td>Acute, But Ill-Defined Cerebrovascular Disease</td>
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<td>437</td>
<td>Other and Ill-Defined Cerebrovascular Disease</td>
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<td>438</td>
<td>Late Effects of Cerebrovascular Disease</td>
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### ICD-9-CM to ICD-10-CM

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<tr>
<td>430-438 Cerebrovascular Disease</td>
<td>660-669 Cerebrovascular Disease</td>
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<tr>
<td>430 Subarachnoid Hemorrhage</td>
<td>660 Nontraumatic Subarachnoid Hemorrhage</td>
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<td>431 Intercerebral Hemorrhage</td>
<td>661 Nontraumatic Intracerebral Hemorrhage</td>
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<td>432 Other and Unspecified Intracranial Hemorrhage</td>
<td>662 Other and Unspecified Nontraumatic Intracranial Hemorrhage</td>
</tr>
<tr>
<td>433 Occlusion and Stenosis of Precerebral Arteries</td>
<td>663 Cerebral Infarction</td>
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<td>434 Occlusion of cerebral arteries</td>
<td>664 Stroke</td>
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<td>435 Transient Cerebral Ischemia</td>
<td>665 Occlusion and Stenosis of Precerebral Arteries, Not Resulting in Cerebral Infarction</td>
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<td>436 Acute, But Ill-Defined Cerebrovascular Disease</td>
<td>666 Occlusion and Stenosis of Cerebral Arteries, Not Resulting in Cerebral Infarction</td>
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<td>437 Other and Ill-Defined Cerebrovascular Disease</td>
<td>667 Other Cerebrovascular Diseases</td>
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<td>668 Cerebrovascular Disorders in Diseases Classified Elsewhere</td>
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<tr>
<td>439 Open</td>
<td>669 Sequelae of Cerebrovascular Disease</td>
</tr>
</tbody>
</table>

### ICD-10-CM for Nervous System Codes

| G45.4 Transient Global Amnesia        | G - Diseases of the Nervous System                                      |

ICD-9-CM has these in the circulatory system

ICD-10-CM G45 is in the Nervous System Codes
Cerebrovascular Diseases

• I69  Sequelae of Cerebrovascular Disease
  – More detailed, to the 6th character
  – I69.020 Aphasia following nontraumatic subarachnoid hemorrhage
  – I69.120 Aphasia following nontraumatic intracerebral hemorrhage

  – 438.11 Aphasia, late effect of cerebrovascular disease

Cerebrovascular Diseases

• I69.231 Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side
• I69.232 Monoplegia of upper limb …affecting left dominant side
• I69.233 Monoplegia of upper limb …affecting right non-dominant side
• I69.234 Monoplegia of upper limb …affecting left non-dominant side
• 483.31 Monoplegia of upper limb affecting dominate side
• 483.32 Monoplegia of upper limb affecting nondominate side
Review

• With ICD-10-CM we have the ability to collect if a CVA impacts a dominate or non-dominate side

• If documented, for Cerebral Vascular Infarctions (stroke), we can collect the impacted artery

Chronic Respiratory Diseases

• Chronic Obstructive Pulmonary Disease (COPD)
  – Obstructive chronic bronchitis – 491.2/J42
  – Emphysema 492/J43
• Asthma, 493/J45
  – Chronic airway obstruction, NEC, 496/J44
    • Use when documentation does not specify type of COPD

• Status asthmaticus – continuous, obstructive asthmatic state which continues after initial therapy
### Chronic Respiratory Diseases

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<td>J40</td>
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<tr>
<td>491.0</td>
<td>J41.0</td>
</tr>
<tr>
<td>491.1</td>
<td>J41.1</td>
</tr>
<tr>
<td>491.20</td>
<td>J41.8</td>
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<tr>
<td>491.21</td>
<td>J41.9</td>
</tr>
<tr>
<td>491.8</td>
<td>J42</td>
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</tbody>
</table>

#### J40 - Bronchitis, not specified as acute or chronic
- J40 - Bronchitis, not specified as acute or chronic

#### J41.0 - Simple chronic bronchitis
- J41.0 - Simple chronic bronchitis

#### J41.1 - Mucopurulent chronic bronchitis
- J41.1 - Mucopurulent chronic bronchitis

#### J41.8 - Mixed simple and mucopurulent chronic bronchitis
- J41.8 - Mixed simple and mucopurulent chronic bronchitis

#### J41.9 - Unspecified chronic bronchitis
- J41.9 - Unspecified chronic bronchitis

### J43 - Emphysema is split out by types
- J43.0 - Unilateral pulmonary emphysema (MacLeod's syndrome)
- J43.1 - Panlobular emphysema
- J43.2 - Centrilobular emphysema
- J43.8 - Other emphysema
- J43.9 - Emphysematous bleb

### J44 - COPD is split out, it includes:
- Asthma with COPD
- Chronic asthmatic (obstructive) bronchitis
- Chronic bronchitis with airway obstruction
- Chronic bronchitis with emphysema
- Chronic emphysematous bronchitis
- Chronic obstructive asthma
- Chronic obstructive bronchitis
- Chronic obstructive tracheobronchitis
- Code also type of asthma, if applicable (J45.-)

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<th>ICD-9-CM</th>
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<tr>
<td>492.8</td>
<td>J43.0</td>
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<tr>
<td>492.8</td>
<td>J43.1</td>
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<tr>
<td>492.8</td>
<td>J43.2</td>
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<td>492.8</td>
<td>J43.8</td>
</tr>
<tr>
<td>492.0</td>
<td>J43.0</td>
</tr>
</tbody>
</table>

#### J44.0 - COPD with acute lower respiratory infection
- J44.0 - COPD with acute lower respiratory infection

#### J44.1 - COPD with (acute) exacerbation
- J44.1 - COPD with (acute) exacerbation

#### J44.9 - COPD, NOS
- J44.9 - COPD, NOS

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Chronic Respiratory Diseases

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<th>ICD-9-CM</th>
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<tr>
<td>493.0</td>
<td>Asthma, NOS</td>
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<tr>
<td>493.1</td>
<td>Asthma, mild, intermittent, NOS</td>
</tr>
<tr>
<td>493.2</td>
<td>Asthma, mild, intermittent, with status asthmaticus</td>
</tr>
<tr>
<td>493.81</td>
<td>Asthma, mild, intermittent, with acute exacerbation</td>
</tr>
<tr>
<td>493.82</td>
<td>Exercise induces bronchospasm</td>
</tr>
<tr>
<td>493.9</td>
<td>Asthma, NOS</td>
</tr>
</tbody>
</table>

• Finally, asthma the way HEDIS collects it
• No more extrinsic or intrinsic

Review

• ICD-10-CM will improve the ability to collect useful asthma data
• In ICD-10-CM asthma will be split by:
  – Mild intermittent
  – Mild persistent
  – Moderate persistent
  – Severe persistent
• And by:
  – Uncomplicated
  – With (acute) exacerbation
  – With status asthmaticus
Injuries, Unintentional

- Motor vehicle accidents (MVAs)
- Falls
  - In sports
  - Elderly
- Struck by falling object
- Striking against or struck accidently by objects or persons

Injuries, Unintentional

- Codes in the 800-999
- Acute – actively treating injury
- Aftercare – still healing, suture checks, changing casts
- Follow-up – after it is healed
Injuries

• Significantly more data collected in ICD-10-CM
  – Right, left, unspecified
  – 7th character helps sequence encounters
    • A – initial encounter
    • D – subsequent encounter
    • S – sequela

• 7th character for fractures
  – A – initial encounter for closed fracture
  – B – initial encounter for open fracture
  – D – subsequent encounter for fracture with routine healing
  – G – subsequent encounter for fracture with delayed healing
  – K – subsequent encounter for fracture with nonunion
  – P – subsequent encounter for fracture with malunion
  – S – sequela
Injuries, Unintentional

• ICD-10-CM has difference codes for burns (thermal) and corrosions (chemical)

• For the External causes of injury, ICD-10-CM has a 7th character of
  – A – initial encounter
  – D – subsequent encounter
  – S - sequela

Injuries, Unintentional

• Codes not to be used for normal healing surgical wounds or complications of surgical wounds
• Don’t code superficial injuries when more severe injuries of same site are present
• When injury results in nerve damage, code the injury, then an additional code from 950-957
• Multiple fractures are coded in order of severity
• Burns need two codes, depth (e.g., 1st degree, 2nd degree), and body surface involved
Review

• From initial treatment through totally healed, the applicable codes are:
  – E-code, traumatic fracture, pathological fracture
  – 800-999, aftercare, follow-up
  – A= initial; D=subsequent encounter; S=sequela
  – Greenstick, transverse, spiral, compound, comminuted

Diabetes

• The new 249 Secondary Diabetes Mellitus made a significant change in ICD-9-CM and moved us much closer to ICD-10-CM

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>249 Secondary diabetes mellitus</td>
<td>E08 Diabetes mellitus due to underlying condition</td>
</tr>
<tr>
<td>250 Diabetes mellitus</td>
<td>E09 Drug or chemical induced diabetes mellitus</td>
</tr>
<tr>
<td>5th digit 0 type 2 or NOS</td>
<td>E10 Type 1 diabetes mellitus</td>
</tr>
<tr>
<td>5th digit 1 type 1</td>
<td>E11 Type 2 diabetes mellitus</td>
</tr>
<tr>
<td>5th digit 2 type 2, uncontrolled</td>
<td>E12 unused</td>
</tr>
<tr>
<td>5th digit 3 type 1, uncontrolled</td>
<td>E13 Other specified diabetes mellitus</td>
</tr>
</tbody>
</table>
Diabetes

- Code diabetes complicating pregnancy and gestational diabetes with codes from the pregnancy section (648.0x, 648.8x)
- Use of insulin does not mean a patient is type 1 diabetic
- For patients who routinely use insulin, code V58.67, Long-term (current) use of insulin
  - Don’t use if insulin is given temporarily to bring a type 2 patient’s blood sugar under control during an encounter

Diabetes ICD-9-CM

- For manifestations, code the 249/250 code first, manifestation second
- For secondary diabetes (249),
  - If encounter is for cause (e.g., malignant neoplasm of pancreas) of diabetes, the cause is principal, with the secondary diabetes secondary
  - If encounter is for diabetes, the diabetes is principal with the cause secondary
Diabetes ICD-10-CM

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Sequencing Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>E08</td>
<td>Diabetes mellitus due to underlying condition</td>
<td>DM sequenced after underlying condition</td>
</tr>
<tr>
<td>E09</td>
<td>Drug or chemical induced diabetes mellitus</td>
<td>DM sequenced after underlying condition</td>
</tr>
<tr>
<td>E10</td>
<td>Type 1 diabetes mellitus</td>
<td>DM sequenced first</td>
</tr>
<tr>
<td>E11</td>
<td>Type 2 diabetes mellitus</td>
<td>DM sequenced first</td>
</tr>
<tr>
<td>E13</td>
<td>Other specified diabetes mellitus</td>
<td>DM sequenced first</td>
</tr>
</tbody>
</table>

Examples of underlying conditions include:
- Congenital rubella, Cushing’s syndrome, cystic fibrosis, malignant neoplasm, malnutrition, pancreatitis

Diabetes

- If only symptoms are documented, code the symptom
- 790.21 Impaired fasting glucose (elevated fasting glucose)
- 790.22 Impaired glucose tolerance test (oral)
- 790.29 Other abnormal glucose
  - Pre-diabetes, NOS
Review

• In ICD-9-CM, for secondary diabetes, sequencing was based on why the patient presented for care
• In ICD-10-CM, for Diabetes Mellitus due to Underlying Condition (E08) and Drug or Chemical Induced Diabetes Mellitus (E09), always list the cause as principal, then E08 or E09 as secondary

Review

• Five differences in ICD-9-CM and ICD-10-CM include:
  – Essential hypertension only has one code – I10
  – Asthma is collected with
    • Mild intermittent
    • Mild persistent
    • Moderate persistent
    • Severe persistent
  – Collects dominate and non-dominate monoplegia
  – ICD-10-CM has more space to expand
Review

• Five differences in ICD-9-CM and ICD-10-CM include:
  – Diabetes mellitus collected due to underlying condition, drug or chemical induced, type 1, type 2, and other specified
  – Injuries are coded with 7th character indication which encounter in the continuum of care (e.g., initial, subsequent, sequela)
  – When applicable, collect right, left, unspecified

Review

• If a NSTEMI progresses to a STEMI
  – Code the STEMI first with the NSTEMI as a secondary code
  – Code only the NSTEMI
  – Code only the STEMI
  – Code the Unspecified Acute myocardial infarction
Review

• Hypertension in ICD-9-CM has three codes, 401.0 malignant, 401.1 benign, and 401.9 unspecified. In ICD-10-CM hypertension can be coded:
  – I10 - .0 arterial, .1 benign, .9 essential
  – I10 - .0 benign, .1 malignant, .9 NOS
  – I10 - .0 primary, .1 systemic, .9 NOS
  – I10 Essential Hypertension

Review

• TIAs are coded in the cerebrovascular section 435 in ICD-9-CM. Where are they coded in ICD-10-CM?
  – In the cerebrovascular area
  – In the neurologic area
  – In the signs and symptoms area
  – In the V12 codes
Review

- In ICD-10-CM asthma will be split by:
  - Extrinsic, Intrinsic, Chronic Obstructive, Exercise Induced
  - Extrinsic, Intrinsic, Chronic Obstructive, Cough Variant
  - Extrinsic, Intrinsic, Exercise Induced, Cough Variant
  - Mild intermittent, Mild persistent, Moderate persistent, Severe persistent

- Uncomplicated, With (acute) exacerbation, With status asthmaticus
- Caused by strong emotions, environmental factors such as air borne, chemical exposures, temperature variations
- 0-5 years of age; 6-10 years of age; 11-18 years of age; greater than 18 years of age
- Family history of asthma; exposure to secondhand smoke; living in area with more than 5 red pollution days per year; low birth weight; being overweight
Review

• From initial treatment through totally healed, the applicable codes are:
  – E-code, traumatic fracture, pathological fracture
  – 800-999, aftercare, follow-up
  – A= initial; D=subsequent encounter; S=sequela
  – Greenstick, transverse, spiral, compound, comminuted

Review

• The neoplasm table should be referenced first when you see the words:
  – Malignant, in-situ, benign, neoplasm
  – Mass, lump, cyst, lesion
  – Lymphoma, carcinoma, adenoma, seroma
  – Sarcoma, rhabdomyoma, paraganglioma, lipoma
Review

• Two basic types of myocardial infarctions are:
  – STEMI and NSTEMI
  – Chronic and Acute
  – Arterial and Venous
  – Embolism and Thrombus

Review

• When coding a neoplasm which has unlimited growth, invasion and metastases, it will be:
  – Benign
  – In-Situ
  – Malignant
  – Uncertain Histologic Behavior
  – Unspecified
Review

• Codes from the following ICD-10-CM diabetes category is always listed as a secondary diagnosis
  – Type 1 diabetes mellitus
  – Type 2 diabetes mellitus
  – Other specified diabetes mellitus
  – Drug or chemical induced diabetes mellitus

Questions?

• http://www.cms.hhs.gov/ICD10/03_ICD_10_CM.asp#TopOfPage
• http://www.who.int/classifications/icd/en/
• http://www.who.int/classifications/icd/ICD-10_2nd_ed_volume2.pdf
• http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm

• Good web sites for ICD-10-CM information