

# ICD-10 Post-Implementation: Coding Basics Revisited

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# What is a “Valid” Code?

- ICD-10-CM diagnosis codes must be coded to the full number of characters required for that code to be considered valid
  - When 7th character applies, codes missing 7th character are invalid
- ICD-10-PCS procedure codes all require 7 characters to be valid\*
- Complete list of ICD-10-CM valid codes and code titles is found on the CMS ICD-10 website -- zipped file is called icd10cm\_codes\_2016.txt
- This list should assist providers who are unsure as to whether an additional 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, or 7<sup>th</sup>, character is needed for a code to be valid

*\* ICD-10-PCS is only used for facility reporting of hospital inpatient services*

# Valid vs. Invalid Codes

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- Coding, billing, and claims editing programs may have flags to identify invalid codes
- Code books may identify invalid codes in the Tabular List using a variety of formats
  - Color coding
  - Flags
  - Symbols
  - Hyphens



# No Change in Diagnosis Coding Process

- Process for determining correct diagnosis code is same as ICD-9-CM
  - Look up diagnostic term in Alphabetic Index, then
  - Verify code number in Tabular List

# Guidelines Accompany Code Set

- *ICD-10-CM Official Guidelines for Coding and Reporting* and *ICD-10-PCS Official Guidelines for Coding and Reporting* accompany and complement code set conventions and instructions
- To ensure accurate coding, providers must use these guidelines in conjunction with the code set
- Adherence to the official coding guidelines in all health care settings is required under HIPAA

# Guideline Examples

- For assignment of hemiplegia/hemiparesis and monoplegia codes, if the documentation specifies which side is affected but not whether it is the dominant or non-dominant side, code selection is guided by the following:
  - If the right side is affected, code as dominant
  - If the left side is affected, code as non-dominant
- When a patient has bilateral glaucoma and each eye is documented as having a different type or stage, assign the appropriate code for each eye rather than the code for bilateral glaucoma



# Guideline Examples

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- When a patient is admitted for complications of pregnancy during one trimester and remains in the hospital into a subsequent trimester, the trimester for the antepartum complication code should be assigned on the basis of the trimester when the complication developed, not the trimester at discharge

# Laterality

- Laterality (which side of the body is affected) has been added in ICD-10-CM to allow better identification of anatomic site
- If condition is bilateral but only one side of focus of treatment during current encounter, assign bilateral code (CPT code modifier will capture the treated side)

Example:

Bilateral age-related nuclear cataracts, only one eye treated during current encounter for cataract surgery – assign code H25.13





# Use of 7<sup>th</sup> Character in ICD-10-CM

- 7<sup>th</sup> character is not used in all ICD-10-CM chapters
  - Used in Musculoskeletal, Obstetrics, Injuries, External Causes chapters
- Different meaning depending on section where it is being used
- Must always be used in the 7<sup>th</sup> character position
- When 7<sup>th</sup> character applies, codes missing 7<sup>th</sup> character are invalid

# “Initial Encounter” 7<sup>th</sup> Character

**Initial encounter:** As long as patient is receiving active treatment for the condition

Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and continuing treatment by the same or a different physician



# “Initial Encounter” 7<sup>th</sup> Character

- Whether or not the patient is still receiving active treatment is key
- “Initial” in this context has an entirely different meaning than in CPT
- Disregard the word “initial” – this 7<sup>th</sup> character may be used for multiple healthcare encounters as long as the patient is still receiving active treatment for the condition described by the code



# “Initial Encounter” 7<sup>th</sup> Character

- Whether or not the patient is seeing a new provider is irrelevant to the determination of the 7<sup>th</sup> character – the 7<sup>th</sup> character for initial encounter is based solely on whether active treatment for the condition is still being provided
- For complication codes, active treatment refers to treatment for the condition described by the code, even though it may be related to an earlier precipitating problem

# “Initial Encounter” 7<sup>th</sup> Character

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- For malunions and nonunions when the patient delayed seeking treatment for the fracture, assign the appropriate 7<sup>th</sup> character for initial encounter

# “Initial Encounter” Examples

- Diagnosis and assessment of acute injury and definitive treatment (e.g., suture repair, fracture reduction)
- Malunions/Nonunions when patient delayed seeking treatment for fracture
- Referral to orthopedist for injury evaluation and treatment plan development
- Antibiotic therapy for postoperative infection
- Wound vac treatment of wound dehiscence

# “Subsequent Encounter” 7<sup>th</sup> Character

- **Subsequent encounter:** After patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase
- For aftercare of injuries, assign the acute injury code with the appropriate 7<sup>th</sup> character for subsequent encounter (rather than the aftercare “Z” codes)
- Fracture malunions and nonunions are assigned the appropriate 7<sup>th</sup> character for subsequent encounter for malunion or nonunion (unless the patient delayed seeking fracture treatment)



# “Subsequent Encounter” Examples

- Rehabilitative therapy encounters (e.g., physical therapy, occupational therapy)
- Follow-up x-rays to check healing status
- Suture removal
- Cast or splint adjustment, change, or removal
- Removal of external or internal fixation device
- Medication adjustment
- Follow-up visits to assess healing status (whether the follow-up is with the same or a different provider)
- Dressing changes and other aftercare





# Sequela 7<sup>th</sup> Character

- **Sequela (Late Effect):** Residual effect (condition produced) arising as a direct result of an acute condition
- Examples:
  - Traumatic arthritis following previous gunshot wound
  - Quadriplegia due to spinal cord injury
  - Skin contractures due to previous burns
  - Auricular chondritis due to previous burns
  - Chronic respiratory failure following drug overdose



# Complications of Injury Treatment

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- Care for complications of surgical treatment of injuries during the healing or recovery phase should be coded with the appropriate complication codes

# Use of 7<sup>th</sup> Character – Coding Examples

Displaced fracture of medial malleolus, right ankle, seen in the emergency department after patient fell down a flight of stairs

## Step 1

**Look up term in Alphabetic Index:**

Fracture, traumatic

ankle, medial malleolus (displaced) S82.5-



# Use of 7<sup>th</sup> Character – Coding Examples

Displaced fracture of medial malleolus, right ankle, seen in the emergency department after patient fell down a flight of stairs

## Step 2

### **Verify code in Tabular:**

S82 Fracture of lower leg, including ankle

Note: A fracture not indicated as displaced or nondisplaced should be coded to displaced

Note: A fracture not indicated as open or closed should be coded to closed

The appropriate 7<sup>th</sup> character is to be added to all codes from category S82.



# Use of 7<sup>th</sup> Character – Coding Examples

Displaced fracture of medial malleolus, right ankle, seen in the emergency department after patient fell down a flight of stairs

**Step 2** (continued)

**Verify code in Tabular:**

S82.5 Fracture of medial malleolus

Fracture of wrist NOS

S82.51x- Displaced fracture of medial malleolus of right tibia

**Code Assignment: S82.51xA**



# Use of 7<sup>th</sup> Character – Coding Examples

Same patient with ankle fracture – Emergency Department referred patient to an orthopedist for further evaluation and treatment

Code Assignment: S82.51xA

(same code – still active treatment)

# Use of 7<sup>th</sup> Character – Coding Examples

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Same patient with ankle fracture – patient admitted for surgical repair of the fracture

Code Assignment: S82.51xA

(same code – still active treatment)

# Use of 7<sup>th</sup> Character – Coding Examples

Same patient with ankle fracture – patient returns to orthopedist for follow-up to assess healing status; malunion diagnosed

Code Assignment: S82.51xP



# Use of 7<sup>th</sup> Character – Coding Examples

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Same patient with ankle fracture – patient admitted for surgical treatment of malunion

Code Assignment: S82.51xP

# Use of 7<sup>th</sup> Character – Coding Examples

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Same patient with ankle fracture – patient returns to orthopedist for follow-up to assess healing status, fracture healing well

Code Assignment: S82.51xD

# Use of 7<sup>th</sup> Character – Coding Examples

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Physical therapy encounter for same patient with ankle fracture

Code Assignment: S82.51xD

# Use of 7<sup>th</sup> Character – Coding Examples

Patient admitted to home health care where antibiotic treatment for a postoperative wound infection continues to be administered; physical therapy is also being provided post left hip fracture

T81.4xxA, Infection following a procedure, initial encounter

S72.002D, Fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with routine healing



# Unspecified Codes

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- Each healthcare encounter should be coded to the level of certainty known for that encounter
- Unspecified codes should be reported when they most accurately reflect what is known about the patient's condition at the time of that particular encounter

# Unspecified Codes

- When sufficient clinical information isn't known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate “unspecified” code
- Unspecified codes should be reported when they are the codes that most accurately reflect what is known about the patient's condition at the time of that particular encounter

# Unspecified Codes Still Acceptable

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- It would be inappropriate to select a specific code that is not supported by the medical record documentation or conduct medically unnecessary diagnostic testing in order to determine a more specific code
- These guidelines are part of the *ICD-10-CM Official Guidelines for Coding and Reporting*, which all HIPAA-covered entities must comply with

# Common Unspecified Codes

- Anemia  
*ICD-9: 285.9*  
*ICD-10: D64.9*
- Abdominal pain  
*ICD-9: 789.00*  
*ICD-10: R10.9*
- Stroke  
*ICD-9: 434.91*  
*ICD-10: I63.9*
- Angina  
*ICD-9: 413.9*  
*ICD-10: I20.9*
- Chronic obstructive pulmonary disease  
*ICD-9: 496*  
*ICD-10: J44.9*





# “Unspecified” Coding Example

Chest pain

## Step 1

**Look up term in Alphabetic Index:**

Pain, chest (central) R07.9

## Step 2

**Verify code in Tabular:**

R07.9 Chest pain, unspecified

# General ICD-10-CM Coding Examples

Acute serous otitis media, bilateral, recurrent

## Step 1

**Look up term in Alphabetic Index:**

Otitis media H66.9-

acute, subacute H66.90

serous – see Otitis, media, nonsuppurative, acute, serous

# General ICD-10-CM Coding Examples

Acute serous otitis media, bilateral, recurrent

**Step 1** (continued)

***Look up term in Alphabetic Index:***

Otitis media H66.9-

nonsuppurative H65.9-

acute or subacute NEC H65.19-

serous H65.0-

recurrent H65.0-



# General ICD-10-CM Coding Examples

Acute serous otitis media, bilateral, recurrent

## Step 2

**Verify code in Tabular:**

H65.0- Acute serous otitis media

H65.06 Acute serous otitis media, recurrent, bilateral

# External Causes of Morbidity

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- No national requirement for mandatory ICD-10-CM external cause code reporting
- Reporting of ICD-10-CM codes in Chapter 20, External Causes of Morbidity, is only required for providers subject to a state-based external cause code reporting mandate or payer requirement

# Value of External Cause Codes

- Provide valuable data for injury research and evaluation of injury prevention strategies
- External cause of injury data are used at the national, state, and local levels to identify high-risk populations, set priorities, and plan and evaluate injury prevention programs and policies, and are potentially useful for evaluating Emergency Medical Services (EMS) and trauma care systems

# How to Obtain a Code Book

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- Free ICD-10-CM code set from the Centers for Disease Control and Prevention (CDC)
- Code books and associated tools with helpful hints from many commercial vendors
  - Paper
  - Electronic
  - Mobile apps

# AHA Central Office

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- Clearinghouse service established by 1963 Memorandum of Understanding with HHS to provide **free** assistance with ICD-9-CM advice
  - Providing ICD-10-CM and ICD-10-PCS coding advice since 2012
  - Does NOT replace learning how to code
  - Not a coding hotline service



# How to Submit a Coding Question?

- Questions should be submitted via [CodingClinicAdvisor.com](https://CodingClinicAdvisor.com)
  - Not limited to AHA members, but registration required
- Review FAQ section for details on how to submit questions (same process was used for ICD-9-CM questions)
  - Formulate coding question, not just “what is the code for XYZ”
  - Provide documentation
  - Specify whether inquiry refers to a certain setting (e.g. skilled nursing facility, home health, etc.)
  - Cannot answer questions on payment, coverage, etc.



# AHA Coding Clinic

- Quarterly publication provided ICD-9-CM coding advice for over 30 years
  - 2012-early 2014 Dual ICD-9-CM and ICD-10-CM and ICD-10-PCS advice
  - Since early 2014 solely focused on ICD-10-CM and ICD-10-PCS
  - Practical examples of frequently asked questions from AHA Central Office clearinghouse service
  - Real life applications of classification rules and guidelines
  - Fills in gaps on code selection



# AHA Coding Clinic

- Supported by the Editorial Advisory Board
  - Centers for Medicare & Medicaid Services
  - Centers for Disease Control National Center for Health Statistics
  - American Hospital Association
  - American Health Information Management Association
  - American Academy of Pediatrics
  - American Medical Association
  - American College of Physicians
  - American College of Surgeons
  - Other physician specialties on ad hoc basis
  - Coding experts

# Code Set Maintenance

- ICD-10-CM and ICD-10-PCS code sets
- Responsibility divided between:
  - CDC National Center for Health Statistics (NCHS): diagnosis classification
  - CMS: procedure classification
- ICD-10 Coordination and Maintenance (C&M) Committee
  - Responsible for approving coding changes, developing errata, addenda, and other modifications
  - Requests for coding changes are submitted to the committee for discussion at either the Spring or Fall C&M meeting



# C&M Committee Meetings

- Open to the public and held at CMS headquarters in Baltimore
- Registration opens approximately one month prior to meeting
- Approved proposals are presented and comments are encouraged both at the meetings and in writing
- No decisions are made at the meetings
- Recommendations and comments are carefully reviewed and evaluated, once the comment period has closed, before final decisions are made



# Requests for Code Changes

- For information on submitting code change proposals:
- Diagnoses:
  - [cdc.gov/nchs/icd/icd9cm\\_maintenance](https://cdc.gov/nchs/icd/icd9cm_maintenance)
- Procedures:
  - [cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes](https://cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes)
  - Select “Process for Requesting New/Revised ICD-10-PCS Procedure Codes”

# Resources

- CMS – free resources at [cms.gov/ICD10](https://cms.gov/ICD10):
  - Code set, Official Coding Guidelines for ICD-10-CM and ICD-10-PCS
  - General equivalence Mappings
  - Registration for ICD-10 C&M Committee
- CDC – free resources at [cdc.gov/nchs/icd/icd10cm.htm#icd2014](https://cdc.gov/nchs/icd/icd10cm.htm#icd2014):
  - Code set, Official Coding Guidelines for ICD-10-CM
  - General equivalence mappings

# Resources

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- AHA
  - Coding Clinic for ICD-10-CM and ICD-10-PCS  
[www.codingclinicadvisor.com](http://www.codingclinicadvisor.com)
  - Free coding webinars, including Best of Coding Clinic  
[www.ahacentraloffice.org/codes/webinars](http://www.ahacentraloffice.org/codes/webinars)
  - ICD-10-CM and ICD-10-PCS Coding Handbook





# Resources

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- AHIMA resources at [www.ahima.org/topics/icd10](http://www.ahima.org/topics/icd10):
  - Training (on-line, face-to-face)
    - Coding training
    - Clinical documentation training for ICD-10 by specialty
  - Webinars
  - ICD-10-CM/PCS Documentation Tips
  - Practical coding assistance through Code-Check™



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