READY. SET. GO.
We’ll get you to ICD-10 in record time.

2013 ICD-10-CM Update
Jillian Harrington, MHA, CPC, CPC-I, CPC-P, CCS-P
Publisher Notice

Although we have tried to include accurate and comprehensive information in this presentation, please remember it is not intended as legal or other professional advice.
Agenda

- Status of ICD-10-CM updates
- 2013 ICD-10-CM code update
- 2013 ICD-10-CM guidelines & guideline update
ICD-10-CM Updates

• In preparation for the upcoming ICD-10 transition, the ICD-9-CM Coordination and Maintenance Committee has implemented a partial code freeze of the ICD-9-CM and ICD-10 code sets
• The final regular updates to these code sets was made on October 1, 2011
• On October 1, 2012, limited code updates were made to ICD-9-CM and ICD-10 codes to capture new technologies and diseases
• On October 1, 2013, limited code updates will be made to ICD-9-CM and ICD-10 codes to capture new technologies and diseases
• On October 1, 2014, limited code updates will be made to ICD-10 codes to capture new technologies and diseases. No update will be made to ICD-9-CM, as it will no longer be used
• On October 1, 2015, regular updates to ICD-10 will begin
2013 Update—ICD-10-CM

• Fairly minimal update
• No new codes
• Simple revisions in existing code set to deal with issues found or for clarification
2013 Update—ICD-10-CM

- **C69** Malignant neoplasm of eye and adnexa
  - **C69.4** Malignant neoplasm of ciliary body
    - Malignant neoplasm of eyeball
  - **C69.9** Malignant neoplasm of unspecified site of eye
    - Malignant neoplasm of eyeball

- **C77** Secondary and unspecified malignant neoplasm of lymph nodes
  - Excludes: malignant neoplasm of lymph nodes, specified as primary (C81-C86, C88, C96.)

- **D31.9** Benign neoplasm of unspecified part of eye
  - Benign neoplasm of eyeball

- **E26.01** Conn’s syndrome
  - Code also adrenal adenoma (D35.0-)

2013 Update—ICD-10-CM

• **H40.14** Capsular glaucoma with pseudoexfoliation of lens
  One of the following 7\textsuperscript{th} characters is to be assigned to each code in subcategory H40.154 to designate the stage of glaucoma

• **H66.91** Otitis media, unspecified, right ear

• **Other acute lower respiratory infections (J20-22)**
  Excludes\textsuperscript{1}: chronic obstructive pulmonary disease with acute lower respiratory infection (J44.0)
  Excludes\textsuperscript{2}: chronic obstructive pulmonary disease with acute lower respiratory infection (J44.0)
2013 Update—ICD-10-CM

- L41  Parapsoriasis
  - L41.2  Lymphomatoid papulosis

- L98.5  Mucinosis of the skin
  - Reticular erythematous mucinosis

- M25.57  Pain in ankle and joints of foot
  - M25.571  Pain in right ankle and joints of right foot
  - M25.572  Pain in left ankle and joints of left foot
  - M25.579  Pain in unspecified ankle and joints of unspecified foot
2013 Update—ICD-10-CM

• Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
  – Excludes1: inborn errors of metabolism (E70-E88)
  – Excludes2: inborn errors of metabolism (E70-E88)

• T21  Burn and corrosion of trunk

  Excludes2: burns and corrosion of axilla (T22.- with fifth character 4)
  axilla (T22.- with fifth character 4)
  burns and corrosion of scapular region (T22.- with fifth character 6)
  shoulder (T22. burns and corrosion of shoulder (T22.- with fifth character 5)
2013 Update—ICD-10-CM

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

  Excludes1: suspected adult physical and sexual abuse, ruled out (Z04.71)
  suspected child physical and sexual abuse, ruled out (Z04.72)
  suspected adult sexual abuse, ruled out (Z04.41)
  suspected child physical abuse, ruled out (Z04.72)
  suspected child sexual abuse, ruled out (Z04.42)

- **T88** Other complications of surgical and medical care, not elsewhere classified

  T88.6 Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered
  Use additional code for adverse effect, if applicable, to identify drug (T41.- 36-T50 with fifth or sixth character 5)

  T88.7 Unspecified adverse effect of drug or medicament
  Use additional code for adverse effect, if applicable, to identify drug (T41.- 36-T50 with fifth or sixth character 5)
2013 Update—ICD-10-CM

- W05  Fall from non-moving wheelchair, nonmotorized scooter and motorized mobility scooter
  Excludes1: fall from moving motorized mobility scooter (V080.831)
  fall from nonmotorized scooter (V08.80.141)
- Exposure to inanimate mechanical forces (W20-W49)
  Excludes1: assault (X942-Y08)
  intentional self-harm (X791-X83)
2013 ICD-10-CM Guidelines
ICD-10-CM Draft Official Guidelines for Coding and Reporting

- NCHS website: http://www.cdc.gov/nchs/icd/icd10cm.htm
- Front matter or appendix of Optum ICD-10-CM publications
- Same structure and presentation as ICD-9-CM
  - Section I: Conventions, General Coding and Chapter Specific Guidelines
  - Section II: Selection of Principal Diagnosis
  - Section III: Reporting Additional Diagnoses
  - Section IV: Diagnostic Coding and Reporting Guidelines for Outpatient Services
  - Appendix I: Present on Admission Reporting Guidelines

- Special thanks to Beth Ford, clinical technical editor at Optum, for this section!
ICD-10-CM, Version 10.0

In general, guideline content has changed in accordance with the classification changes inherent in the ICD-10-CM system, including:

- Combination codes
  - Number of codes assigned

- Laterality and severity
  - Documentation requirements

- Seventh-characters
  - Aftercare
  - Sequelae
  - Complications
ICD-10-CM Characteristics

ICD-10-CM characteristics affect:

- Which codes are assigned
  - Relevant timeframes
    - Obstetrics: ICD-9 episode of care vs. ICD-10 trimester
    - Acute myocardial infarction (AMI): ICD-9 episode of care vs. ICD-10 subsequent myocardial infarction (MI)

- How many codes are reported
  - Combination codes
  - Multiple codes

- How we report them
  - Seventh characters
  - Placeholders “x”
  - Code sequence
Examples: Guideline Changes

Certain guidelines require a change in coding practice, either due to ICD classification changes, system refinements or to provide other clinical information not available or possible with ICD-9-CM, such as:

- **Anemia associated with malignancy (I.C.2.c.1)**
  - Malignancy sequence first

- **Diabetes mellitus (I.C.4.a)**
  - No longer designated as controlled/uncontrolled
  - Expanded classifications by cause/type
  - Combination codes

- **Substance abuse, use and dependence (I.C.5.b)**
  - Continuous or episodic designations obsolete. Report instead: use, abuse, dependence or in remission

- **AMI (I.C.9.e)**
  - Timeframe change from 8 weeks to 4 weeks

- **Adverse effects, poisoning, underdosing and toxic effects (I.C.19.e)**
  - Separate external cause codes not required
2013 ICD-10-CM Coding Guideline Changes
2013 Update—ICD-10-CM Guidelines

- **Etiology/manifestation convention (I.A.13)**
  - Manifestation code identification clarification. Apply sequencing rules in text.

- **Laterality convention clarification (I.B.13)**
  - Minus details on laterality, use unspecified code

- ** Syndromes (I.B.15)**
  - In the absence of an unique syndrome code, report additional codes for manifestations not integral to the disease

- **Borderline diagnoses (I.B.17)**
  - Code diagnosis as confirmed unless a specific code exists or otherwise directed by the index (e.g., borderline diabetes R73.09)

- **Sequelae of cerebrovascular disease (I.C.9.d.1)**
  Category I69 classification of default dominant or nondominant side determined by affected side (ambidextrous, right or left)
  Do not assign category I69 codes in the absence of neurological deficits
2013 Update—ICD-10-CM Guidelines

• Influenza due to certain identified influenza viruses (I.C.10.c)
  – Now includes some other identified influenza viruses (category J10)

• Abortion with live fetus (I.C.15.q.1)
  – Coding advice changed. Apply Z codes.

• Complications leading to abortion (I.C.15.q.3)
  – Chapter 15 obstetric codes may be used in conjunction with category O07 & O08 codes to report the complications of pregnancy

• Observation/evaluation of newborns for suspected conditions not found (I.C.16.b.)
  – Guideline removed.
Etiology/Manifestation Convention (1.A.13)

Manifestation code identification clarification. Apply sequencing rules in the code book.

Some manifestation codes have “in diseases classified elsewhere” in the code description/title:

H42 Glaucoma in diseases classified elsewhere
   Code first underlying condition

Manifestations codes may not have “in diseases classified elsewhere” in the code description/title. Follow sequencing instruction in the text:

G13.0 Paraneoplastic neuromyopathy and neuropathy
   Code first underlying neoplasm

Use additional code = Etiology code
   Code first = Manifestation code
Laterality convention clarification (I.B.13)

- Higher level of detail in ICD-10-CM coding created laterality in coding, and many codes indicate whether a condition is occurring on the left, right or bilaterally.
- This new convention clarifies that if the side is not identified in the medical record, assign the code for the unspecified side.

Example: Patient is seen for primary osteoarthritis of the hip

**M16.10** Unilateral primary osteoarthritis, unspecified hip
Syndromes (I.B.15) Update

In the absence of an unique syndrome code, report additional codes for manifestations not integral to the disease

Example:

• A young adult patient presents with Marfan’s syndrome presents for evaluation of bone and joint pain. The patient has a history of documented skeletal abnormalities due to Marfan’s. Workup reveals diagnostic imaging findings consistent with early secondary degenerative polyosteoarthritis.

• Q87.43 Marfan’s syndrome with skeletal manifestations

• M15.3 Secondary multiple arthritis
Borderline Diagnoses (I.B.17)

Code diagnosis as confirmed unless a specific code exists or otherwise directed by the index (e.g., borderline diabetes R73.09)

Example:

• Upon review of abnormal laboratory values, the physician documents a diagnosis of “borderline anemia” without further specification.

D64.9 Anemia, unspecified

• “Borderline diagnoses” are not synonymous with “uncertain diagnosis” (e.g., probable, possible, suspected, questionable, rule out). Reporting of uncertain diagnoses depends on the setting (inpatient vs. outpatient). Borderline diagnoses are coded as confirmed regardless of the setting.
Sequelae of Cerebrovascular Disease (I.C.9.d.1)

Category I69 classification of default dominant or nondominant side determined by affected side (ambidextrous, right or left):

- For ambidextrous patients, the default should be dominant.
- If the left side is affected, the default is nondominant.
- If the right side is affected, the default is dominant.

Do not assign category I69 codes in the absence of neurological deficits.

- Patient presents with flaccid hemiparesis of the right side due to old cerebral infarction.

  I69.651 Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side

- In this example, only the laterality was documented. If the dominance is not stated (whether the patient was right- or left-handed) it is assumed that the right side is dominant.
Influenza due to certain identified influenza viruses (I.C.10.c)

- Previous guideline only allowed specifically addressed the coding under the J09 category—now includes J10 as well.
- In order to code under categories J09 or J10, cases must be confirmed and not just suspected.
- This is obviously an exception to the hospital inpatient coding guidelines, which would allow for coding as suspected, possible, or probable.
- If a provider records a suspected case of an influenza strain from categories J09 or J10, the coder should assign a code from J11 Influenza due to unidentified influenza virus.
Abortion with live fetus (I.C.15.q.1)

• Coding advice changed. Apply Z codes.

Previous advice (2012):
• Assign a code from subcategory O60.1 Preterm labor with preterm delivery and a code from category Z37 Outcome of delivery. The procedure code for the attempted termination of pregnancy should also be assigned.

2013 Guideline revision:
• Assign code Z33.2 Encounter for elective termination of pregnancy and a code from category Z37 Outcome of delivery.
• The 2013 guidelines do not provide instruction for assigning procedure codes. This procedure would be assigned in ICD-10-PCS, under procedure coding guidelines.
Complications leading to abortion (I.C.15.q.3)

- Chapter 15 obstetric codes may be used in conjunction with category O07 & O08 codes to report the complications of pregnancy.

Example:

- Acute right salpingitis complicating ectopic pregnancy

O00.1 Tubal pregnancy

O08.0 Genital tract and pelvic infection following ectopic and molar pregnancy

N07.01 Acute salpingitis
Observation/evaluation of newborns for suspected conditions not found (I.C.16.b)

- This guideline told us to report codes from categories P00-P04 to identify instances when a healthy newborn is evaluated for a suspected condition that is determined after study not to be present.
- This guideline has been removed.
National Center for Healthcare Statistics (NCHS)

• “Keeper” of the guidelines

ICD-10-CM Draft Official Guidelines for Coding and Reporting

• Posted on NCHS web site: http://www.cdc.gov/nchs/icd/icd10cm.htm

Updated regularly—do not wait to review in your ICD-10 manual!
Thanks for your time and attention!

Jillian Harrington, Clinical/Technical Editor, Optum
jillian.harrington@optum.com