ICD-10-CM Coding Readiness Assessment
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111. What is the appropriate code to report when a patient is being treated for acute glomerulonephritis?

A  **N00.9 Acute nephritic syndrome with unspecified morphologic changes**
B  N04.0 Nephrotic syndrome with minor glomerular abnormality
C  N04.9 Nephrotic syndrome with unspecified morphologic changes
D  N05.9 Unspecified nephritic syndrome with unspecified morphologic changes

**Rationale**

Those conditions classified to category 580 Acute glomerulonephritis in ICD-9-CM are now redefined in ICD-10-CM as glomerular diseases (N00–N08). These categories include expanded code classifications that specify severity to differentiate between clinical subtypes of the disease.

In the ICD-10-CM Alphabetic Index, the main term “Glomerulonephritis,” subterm “acute” refers the user to unspecified code N00.9. Note that the index contains an instructional note that tells the user to “see also Nephritis.” The main term “Nephritis,” subterm “acute” lists code N00.9. However, there are also a number of additional subterms listed under “acute” that indicate other conditions that may also be present. Since the medical record documentation does not indicate other conditions, verify code N00.9 in the Tabular List. Before assigning N00.9, it is advisable to query the provider to determine the severity of the disease as well as the condition subtype, if possible.

Coding glomerular diseases can be confusing because there are two syndromes—nephritic and nephrotic—both of which affect the glomeruli. While these conditions have very similar names, they have very different presentations and are classified to different categories.

Adult patients with nephritic syndrome present with hypertension, microscopic hematuria, red blood cell casts in the urine, and a urine protein level often < 2 g/d). Adult patients with nephrotic syndrome have a urine protein level of > 3.5 g/d, edema, low serum albumin, and an elevated serum cholesterol level. For this reason, users must pay careful attention to the medical record documentation as well as the terms used to locate the appropriate code.

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112. A 45-year-old male accountant presents with a complaint of right elbow pain that is exacerbated when he plays tennis several times a week. What code or codes would be used to report his right elbow bursitis?

A  M70.21 Olecranon bursitis, right elbow
B  **M70.31 Other bursitis of elbow, right elbow Y93.73 Activity, racquet and hand sports**
C  M70.31 Other bursitis of elbow, right elbow
D  M70.921 Unspecified soft tissue disorder related to use, overuse and pressure, right upper arm Y93.73 Activity, racquet and hand sports

**Rationale**

The index term “Bursitis” is delineated by site or by type. It would be inappropriate in this circumstance to use “elbow” under the subheadings of “infective,” “rheumatic,” or “specified NEC,” as these do not apply. In the Tabular List, code M70.31 identifies bursitis of the right elbow. Note that the diagnostic statement does not specify the olecranon, an anatomical site of the ulna located at the elbow joint.

Category M70 Soft tissue disorders related to use, overuse, and pressure, contains the instructional note that an additional code should identify the use, overuse, or pressure that caused the disorder. The Index to External Causes under “Tennis” lists category Y93. However, the heading of “activity” has a subheading of “tennis” that refers to code Y93.73. For category M70, the reporting of an external cause is required when known.
114. A patient is seen by his primary care provider for an acute exacerbation of his chronic obstructed pulmonary disease. He is also found to have acute bronchitis, for which he is started on antibiotics. He is tobacco dependent and has smoked for 25 years. How would this patient's condition be reported?

A. J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation, F17.200 Nicotine dependence, cigarettes, uncomplicated

B. J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation, J20.9 Acute bronchitis, unspecified, Z72.0 Tobacco use NOS

C. J43.9 Emphysema, unspecified, J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation, F17.200 Nicotine dependence, unspecified, uncomplicated

D. J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation, J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection, J20.9 Acute bronchitis, unspecified, F17.200 Nicotine dependence, cigarettes, uncomplicated

Rationale

There are two primary forms of chronic obstructive pulmonary disease (COPD)—chronic bronchitis, manifested by a long-term cough with mucus, and emphysema, which destroys the lung over time. Smoking is the primary cause of COPD. An exacerbation, as evidenced by a change to the individual's baseline status, may become apparent by increased coughing and sputum, wheezing, or shortness of breath. In most cases, an exacerbation occurs due to a lung infection or air pollution. Smoking and noncompliance with a prescribed treatment regimen are often associated with exacerbations, as well.

ICD-10-CM guidelines differentiate between infections and exacerbations. ICD-10-CM guideline I.C.10.a.1 states that "an acute exacerbation is a worsening or a decompensation of a chronic condition. An acute exacerbation is not equivalent to an infection superimposed on a chronic condition though an exacerbation may be triggered by an infection." The instructional notes associated with category J44 Other chronic obstructive pulmonary disease, clearly define the conditions included in this category, and the Excludes1 note indicates the excluded codes that should never be used at the same time as the code above the Excludes1 note. Such a note is used when two conditions cannot occur together. An Excludes2 note associated with code J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation regarding code J44.0 for acute bronchitis lets the user know it may be acceptable to report both codes together when the patient has both conditions at the same time. An additional note instructs the user to report an additional code with J44.0 to identify the infection. Code J20.9 Acute bronchitis, unspecified, would be reported since no further information is available about the cause of the acute condition. Since the patient in this scenario is documented as having nicotine dependence, a code from the mental and behavioral disorders chapter is reported instead of code Z72.0 for tobacco use.