Documentation Strategies in an ICD-10 World

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ICD-10 has 140,000 Codes? What's ICD-10?
TOP 8 ZANIEST ICD-10 CODES
A Collection of the Craziest Codes You Hope Never to Encounter
especially after Oct. 1, 2014

1. Problems with the in-laws
   Z63.1

2. Asphyxiation due to being trapped in a discarded refrigerator, accidental
   T71.231D

3. Sucked into jet engine
   V97.33XD

4. Fall into bucket of water, causing drowning & submersion
   W16.221

5. Burn due to water-skis on fire
   V91.07XD

6. Walked into lamppost
   W22.02XD

7. Hair causing external constriction
   W49.01XA

8. Animal-rider injured in collision with trolley
   V80.730A
ICD-10: CMS won't deny claims for first year

The Centers for Medicare & Medicaid Services has agreed to adopt four AMA proposals regarding the code set conversion

July 6, 2015
The Correct Code “Family” …

• For example, diabetes mellitus is not a code family, it is actually *five different* code families …
  • E08 - DM due to underlying condition
  • E09 - Drug or chemical-induced DM
  • E10 - Type 1 DM
  • E11 - Type 2 DM
  • E13 - Other specified DM
• And, these three digit “family” codes, even if correct, may not be enough to be a valid code for LCD/NCD determinations and/or to demonstrate medical necessity or SOI
Medicare Has ICD-10 Accommodation Period, But What About Other Insurers?

In early July, the Centers for Medicare and Medicaid Services struck a deal with the American Medical Association in which CMS agreed to a one-year Medicare payment accommodation period after the ICD-10 October 1 compliance date in which claims incorrectly coded would be paid as long as they are coded in the appropriate family of codes.

This was a big step as CMS expects ICD-10 compliance yet won’t demand perfect coding. But, what about state Medicaid agencies and private insurance companies? Where are their accommodations for providers? So far, there have been no big announcements.

Also See: CMS Policies Aid Physician ICD-10 Compliance

*Health Data Management* contacted seven national insurers, the Blue Cross and
The Coding Flexibility in Healthcare Act of 2015 (H.R. 3018)

Calls for a “Dual Processing Transition Period” of 180 days (October 1, 2015 - March 28, 2016)

CMS has stated that they (and many commercial health plans) are unable to process claims for both ICD-9 and ICD-10 codes submitted for the same dates of service --- so a dual coding approach is NOT possible
ICD-10 Components

- **ICD-10-CM**
  - *Diagnostic* coding system developed and modified by the Centers for Disease Control and Prevention, a division of the Centers for Medicare & Medicaid Services (CMS), for use in all U.S. health care treatment settings

- **ICD-10-PCS**
  - *Procedural* coding system developed by (CMS) for use in the U.S. for *inpatient hospital settings ONLY*
  - All 7 alpha or numeric digits *must* be accounted for
ICD-10-CM (Clinical Modification): The Diagnosis Codes
ICD-10 Captures Familiar Clinical Concepts

- Concepts that are new and integral to ICD-10 are *not new* to clinicians, who are often already documenting with more clinical information than an ICD-9 code can capture.

- For example:
  - Initial Encounter, Subsequent Encounter, Sequelae
  - Normal Healing, Delayed Healing, Nonunion, Malunion
  - Acute or Chronic
  - Right or Left
  - Etiology and/or infecting agent
  - Linking various diseases
Other ICD-10 General Features

- There are “unspecified” codes, just as in ICD-9, when no information is available to support a more specific code.
- A 7th character is used in certain chapters, with a different meaning depending on where it’s being used:
  - For example, Initial vs. subsequent encounter vs. sequela
    - Initial – should be used for multiple encounters if the patient continues to receive treatment for the acute condition.
    - Subsequent – encounters after the patient is done with active treatment for the condition, i.e., receiving routine care during the healing or recovery phase.
    - Sequela – used for complications or other conditions that arise as a direct result of another condition, after the acute phase of a condition has subsided. This is not necessarily the same as a complication.

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Change in Number of Codes Varies by Specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th># ICD-9 Codes</th>
<th># ICD-10 Codes</th>
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<tr>
<td>Gastroenterology</td>
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<td>1,056</td>
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</table>
ICD-9-CM vs. ICD-10-CM

Structural Changes

• ICD-9-CM (Diagnoses)

  # # # #

- Category
- etiology, site, manifestation

  3-5 characters
  - All numeric
  - Decimal point after 3rd digit

• ICD-10-CM (Diagnoses)

  α # α/# α/# α/# α/#

- Category
- etiology, site, manifestation
- extension

  3-7 characters
  - 1st is alpha (all letters except U)
  - 2nd is always #
  - Decimal point after 3rd digit
# Chapter Organization

1. **Certain Infectious and Parasitic Diseases**
2. **Neoplasms**
3. **Diseases of the Blood and Blood-forming Organs**
4. **Endocrine, Nutritional, and Metabolic Diseases**
5. **Mental, Behavioral, and Neurodevelopmental Disorders**
6. **Diseases of the Nervous System**
7. **Diseases of the Eye and Adnexa**
8. **Diseases of the Ear and Mastoid Process**
9. **Diseases of the Circulatory System**
10. **Diseases of the Respiratory System**
11. **Diseases of the Digestive System**
12. **Diseases of the Skin and Subcutaneous Tissue**
13. **Diseases of the Musculoskeletal System and Connective Tissue**
14. **Diseases of the Genitourinary System**
15. **Pregnancy, Childbirth, and the Puerperium**
16. **Certain Conditions Originating in the Perinatal Period**
17. **Congenital Malformations, Deformations, and Chromosomal Abnormalities**
18. **Symptoms, Signs, and Abnormal Clinical and Laboratory Findings**
19. **Injury, Poisoning, and Certain Other Consequences of External Causes**
20. **External Causes of Morbidity**
21. **Factors Influencing Health Status and Contact with Health Services**
Diabetes Mellitus

- Diabetes mellitus codes are now combination codes including the type of diabetes, the body system affected, and the nature of the complication(s) in that body system.
- Diabetes is no longer classified as controlled or uncontrolled.
- In ICD-10-CM there are 2 key axes for coding diabetes mellitus based on documentation of the:
  - Type/etiology (5)
  - Complications [Manifestations]
    - Absent
    - Present
      - By type or body system affected
        - Specific complication
        - By severity (e.g., with or without coma)
Diabetes Mellitus

ICD-9-CM

- Diabetes 249.0x-250.9x (60 codes)
- Primary Axis: Type (etiology) (3)
  - Type 1
  - Type 2
  - Secondary
- Sub-axis: Manifestation (10)
  - Without complication
  - Ketoacidosis (250.1x)
  - Hyperosmolarity (250.2x)
  - Other coma (250.3x)
  - Renal (250.4x)
  - Ophthalmic (250.5x)
  - Neurological (250.6x)
  - Peripheral circulatory (250.7x)
  - Other specified manifestation (250.8X)
  - Unspecified complication (250.9X)
- Subaxis: (2)
  - Controlled vs. Uncontrolled

ICD-10-CM

- Diabetes E08-E13 (206 codes)
- Primary Axis: Type (etiology):
  - Type 1 (E10) (40)
  - Type 2 (E11) (40)
  - Underlying condition (E08) (42)
    - Congenital rubella, cushing’s syndrome, cystic fibrosis, neoplasm, malnutrition, pancreatitis
  - Drug or chemical induced (E09) (42)
    - Identify drug or toxin if possible
  - Other (E13) – NEW (42)
- Sub-axes:
  - Further developed on next page

Includes diabetes due to genetic defects of beta-cell function or genetic defects of insulin action
### Secondary Axes

#### Type 1

- **Sub-axis:** \((40)\)
  - Ketoacidosis \((2)\)
    - +/- coma
  - Hyperosmolarity
  - Kidney complications \((3)\)
  - Ophthalmic complications \((12)\)
  - Neurologic complications \((6)\)
  - Circulatory complications \((3)\)
  - Other specified complications \((12)\)
  - Unspecified complications \((1)\)
  - Without complications \((1)\)

#### Type 2

- **Sub-axis:** \((40)\)
  - Ketoacidosis
  - Hyperosmolarity \((2)\)
    - +/- coma
  - Kidney complications \((3)\)
  - Ophthalmic complications \((12)\)
  - Neurologic complications \((6)\)
  - Circulatory complications \((3)\)
  - Other specified complications \((12)\)
  - Unspecified complications \((1)\)
  - Without complications \((1)\)

### Neurologic Complications
- Diabetic neuropathy, unsp
- Mononeuropathy
- Polyneuropathy
- Autonomic polyneuropathy
- Amyotrophy
- Other

### Kidney Complications
- Diabetic nephropathy
- Diabetic chronic kidney disease
- Other diabetic complication

### Circulatory Complications
- Peripheral angiopathy
  - + gangrene
  - - gangrene
- Other circulatory complication
Hypertension: Terminology Changes

- Under ICD-10, Hypertension is *no longer* classified by type (*benign, malignant, accelerated*) but primarily by *etiology and/or manifestation*
- Hypertensive “urgency” or “emergency” were *never* adequate documentation, even under ICD-9!
Hypertension

ICD-9-CM

- Code range: 401.0 – 405.9
  - 33 codes
  - Primary axis: Type
    - Essential hypertension (3)
    - Hypertensive heart disease (6)
      - With or without heart failure
    - Hypertensive CKD (6)
      - With stage 1-4 or unspecified
      - With stage 5 or ESRD
    - Hypertensive heart and CKD (12)
      - +/- heart failure
      - Staging of CKD as above
    - Secondary Hypertension (6)
  - Additional axis:
    - Malignant, benign, or unspecified

ICD-10-CM

- Hypertensive diseases: I10-I15
  - 14 combination codes
  - Primary axis: Manifestation
    - Essential hypertension(1)
    - Hypertensive heart disease (2)
      - With heart failure
      - Without heart failure
    - Hypertensive chronic kidney disease (2)
      - Stages 1-4 or unspecified
      - Stage 5 or ESRD
    - Hypertensive heart and chronic kidney disease (4)
      - With heart failure & stage 1-4 (1)
      - Without heart failure (2)
        - Stage 1-4 or unspecified
        - Stage 5 or ESRD
      - With heart failure & stage V / ESRD (1)
    - Secondary hypertension (5)
      - Renovascular, other renal, endocrine, other secondary, unspecified
Hypertension: Physician Notes

• Hypertension with Heart Disease
  • Codes for hypertensive heart disease are assigned only when the physician describes a causal relationship between the hypertension and the heart disease—e.g. “hypertensive heart disease”
  • On the other hand, if a patient has hypertension and chronic kidney disease, a causal relationship can be assumed by the coder
  • There is no coding distinction between “controlled” and “uncontrolled”
Angina and Coronary Artery Disease

New combination codes: atherosclerotic heart disease with angina pectoris
Angina and Coronary Artery Disease

ICD-9-CM

• Angina Pectoris: 413
  • 4 codes
  • Angina pectoris (3)
    • Angina decubitus (nocturnal)
    • Prinzmetal
    • Other and unspecified
  • Intermediate coronary syndrome 411.1
    (Unstable angina) (1)

• Coronary Artery Disease
  • 8 codes 414.00-414.07
  • Type of heart/vessel
    • Unspecified
    • Native coronary artery
    • Autologous vein
    • Nonautologous biological bypass
    • Artery bypass
    • Unspecified
    • Native coronary artery of transplanted heart
    • Bypass graft of transplanted heart

ICD-10-CM

• Chronic Ischemic Heart Disease: I25.110-I25.799 (select codes)
  • 32 combination codes
• Axis: Vessel (8)
  • Atherosclerotic heart disease of native coronary artery with angina pectoris (1)
  • Atherosclerosis of coronary artery bypass graft(s) (4)
    • Subaxis: vein, artery, nonautologous material, unspecified
  • Atherosclerosis of coronary artery of transplanted heart with angina pectoris (3)
    • Subaxis: Native coronary artery of transplanted heart, bypass graft of transplanted heart, other coronary bypass graft
  • Subaxis: Manifestation (Type of Angina) (4)
    • Unstable angina pectoris, angina pectoris with documented spasm, other forms of angina pectoris, unspecified
Acute Myocardial Infarction

ICD-9-CM

- Acute Myocardial Infarction
  - 30 codes
- Axes of classification:
  - Site involved (10)
    - anterolateral, other anterior wall, inferior wall, inferoposterior wall
  - Episode of care (3)
    - initial, subsequent, unspecified

ICD-10-CM

- Acute Myocardial Infarction
  - 14 codes
- Axes of classification:
  - Initial MI I21 (9)
    - STEMI (8) [by site]
    - Anterior (3)
      - Left main coronary, left anterior descending, other coronary artery
    - Inferior (2)
      - Right coronary artery, other
    - Other (2)
      - Left circumflex, other sites
    - Unspecified (1)
  - NSTEMI (1)
  - Subsequent MI I22 (5)
    - Anterior wall
    - Inferior wall
    - Non-STEMI
    - Other sites
    - Unspecified

Initial AMI- occurring within past 4 weeks (not 8), first episode of care

Subsequent AMI - occurring within 4 weeks of previous AMI, regardless of site
Non-Rheumatic Heart Valve Disorders

Codes now reflect manifestation, i.e., stenosis, insufficiency, both, other, unspecified
### Heart Valve Disorder

**ICD-9-CM**

- **Code Range:** 424.0-424.3
  - 4 codes
- **Specificity (Anatomic)**
  - Mitral valve disorders
  - Tricuspid valve disorders
  - Aortic valve disorders
  - Pulmonary valve disorders

**ICD-10-CM**

- **Code Range:** I34.0-I37.9
  - 20 codes
- **Specificity (Anatomic)**
  - Mitral
  - Tricuspid
  - Aortic
  - Pulmonary
- **Type of Disorder:**
  - Insufficiency
  - Prolapse
  - Stenosis
  - Other
  - Unspecified

Note: Unspecified aortic/mitral and multiple valve disorders default to rheumatic valve disease unless specified as nonrheumatic
Non-traumatic Subarachnoid Hemorrhage

ICD-9-CM

- Subarachnoid Hemorrhage
  - 1 code

Remember:
- Coders cannot code from a Radiology report (e.g., CT scan or MRI)

ICD-10-CM

- Non-traumatic Subarachnoid Hemorrhage
  - 20 codes
  - Specific artery (or pathologic process)
    - Carotid siphon & bifurcation (3)
    - Middle cerebral artery (3)
    - Anterior communicating artery (3)
    - Posterior communicating artery (3)
    - Basilar artery (1)
    - Vertebral artery (3)
    - Other intracranial arteries (1)
    - Unspecified intracranial artery (1)
    - Other non-traumatic subarachnoid hemorrhage (AVM) (1)
  - Unspecified (1)
  - Laterality: Right/left/unspecified
Cerebral Infarction

ICD-9-CM

- Code Range: 433.0-434.9
  - 9 codes
- Axes:
  - Anatomy
    - Precerebral (6)
      - Basilar
      - Carotid
      - Vertebral
      - Multiple
      - Bilateral
      - Other
      - Unspecified
    - Cerebral (3)
      - Thrombosis
      - Embolism
      - Unspecified

ICD-10-CM

- Code Range: I63
  - 72 codes
- Axis: Type / General location
  - Pre-cerebral (27)
    - Thrombosis of precerebral arteries (9)
    - Embolism of precerebral arteries (9)
    - Unspecified occlusion or stenosis of precerebral arteries (9)
      - Vertebral, carotid (6)
        - Laterality: Right/left/unspecified (3)
      - Basilar, other, unspecified (3)
  - Cerebral (42)
    - Thrombosis of cerebral arteries (14)
    - Embolism of cerebral arteries (14)
    - Unspecified occlusion or stenosis of cerebral arteries (14)
      - Cerebral (middle, anterior, posterior), cerebellar (12)
        - Laterality: Right/left/unspecified (3)
      - Other, unspecified (2)
  - Other (3)
    - Cerebral venous thrombosis, non-pyogenic (1)
    - Other cerebral infarction (1)
    - Unspecified cerebral infarction (1)
Pneumonia, Sepsis, and Respiratory Failure
Pneumonia Documentation Under ICD-10

- Acuity
- Laterality
- Specific location/lobe
- Identify the *probable* organism
- Identify if *presumed* due to aspiration
- Link associated conditions to the pneumonia, e.g., sepsis, acute respiratory failure, etc.
- Document tobacco use and/or nicotine dependence for this and all/most pulmonary diseases
Streptococcal Sepsis vs. Other Sepsis in ICD-10

- Sepsis
  - Streptococcal (5) A40
  - Other sepsis (14) A41
    - Due to Staphylococcus aureus (2)
      - Methicillin susceptible or resistant
    - Due to other specified staphylococcus (1)
    - Due to unspecified staphylococcus (1)
    - Due to H. influenzae (1)
    - Due to anaerobes (1)
    - Due to other Gram-negative organisms (5)
      - E. coli, pseudomonas, serratia, other, unspecified
    - Other specified sepsis (2)
      - Enterococcus, other
    - Sepsis, unspecified (1)

- Severe sepsis (end organ dysfunction)
  - Severe sepsis without septic shock
  - Severe sepsis with septic shock

- Bacteremia
Streptococcal Septicemia

ICD-9

- Streptococcal Septicemia
  - (2 codes)
  - Streptococcal sepsis
  - Pneumococcal sepsis

ICD-10

- Streptococcal Sepsis
  - (5 codes)
  - Axis: Type
    - Sepsis due to strep, group A
    - Sepsis due to strep, group B
    - Sepsis due to Strep pneumoniae
    - Other streptococcus
    - Unspecified
Sepsis Under ICD-10 – Key Documentation Points

- **Urosepsis** – still no good, *now not even code-able*
- **SIRS due to infection** will not code with the same severity as “sepsis”
- **Severe sepsis** = sepsis with organ dysfunction
  - Must list which organ(s) are in dysfunction
- **Septic shock** – *generally* only for persistent hypotension, despite fluid resuscitation
- **Bacteremia** – still a separate and different code
Respiratory Failure Classification

ICD-9-CM

- Code Range 518.xx, 348.89
  - 6 codes
- Axis: Acuity
  - Acute 518.81 (MCC)
  - Chronic 518.83 (CC)
  - Acute & chronic 518.84 (MCC)
- Axis: Acuity & Etiology
  - Acute respiratory failure following trauma & surgery 518.51 (MCC)
  - Acute and chronic respiratory failure ("acute on chronic") following trauma and surgery 518.53 (MCC)
- Center ("Central") 348.89 (No CC/MCC)

(Newborn & valve not addressed here)

ICD-10-CM

- Code Range J95, J96 , G93.89
  - 15 codes
- Axes: Acuity & Manifestation
  - Acuity
    - Acute MCC (3)
    - Chronic CC (3)
    - Acute and ("on") Chronic MCC (3)
      - Unspecified MCC (3)
  - Manifestation (for each above types)
    - Unspecified whether with hypoxia or hypercapnia
    - With hypoxia
    - With hypercapnia
- Axis: Etiology & Acuity
  - Post-procedural respiratory failure (2)
    - Acute (MCC)
    - Acute and chronic (MCC)
  - Center (No CC/MCC) G93.89 (1)
    - Other specified disorders of brain

(Newborn & valve not addressed here)
Pressure Ulcers: Anatomic Specificity

**ICD-9-CM**

- 2 codes required
  - 54 combinations (2 codes)
  - Pressure ulcer location (9)
    - Axis – anatomy
      - Unspecified, elbow, upper back, lower back, hip, buttock, ankle, heel, other
  - Pressure ulcer stage (6)
    - Stage I
    - Stage II
    - Stage III
    - Stage IV
    - Unstageable
    - Unspecified

**ICD-10-CM**

- Combination codes L89
  - 186 combination codes (single)
  - Axis: anatomy
    - Elbow, back (upper, lower, sacral), hip, buttock, ankle, heel, other site
      - Laterality: R, L, unspecified (3)
    - Contiguous site of back, buttock and hip (1)
  - Secondary axis:
    - Stage: 1,2,3,4, unspecified, unstageable (6)

As in ICD-9, Stage 3 and 4 pressure ulcers are Major Comorbidities (MCCs)
Building an ICD-10 Code

L89.213

Pressure Ulcer  Hip  Right  Stage 3

Desired Documentation

“Stage 3 pressure ulcer right hip” - MCC

Includes bed sore, decubitus ulcer, plaster ulcer pressure area, pressure sore
Some Office Considerations

- Continue using CPT codes for procedures and patient encounters
- Office personnel need only concern themselves with ICD-10-CM codes, and will likely only use a relatively small % of the 68,000 codes
- There are multiple resources online, including CMS and coalitionforicd10.org
- An EHR can be the ideal platform for documentation templates needed to assign ICD-10 codes. Many EHR providers incorporate ICD-10 software upgrades automatically
- The same holds true for offices that use vendors
- Superbills will become quite cumbersome, but can be converted to ICD-10 if necessary
- Smartphone apps, both Apple and Android
- Test processes in advance - CMS and other payers will do so for free
ICD-10-PCS
The Procedural Coding System
Physician Notes

• ICD-10-PCS codes are only used to code inpatient procedures
• Your office will continue to bill your professional fees (at least for now) with CPT codes!
• *To submit a bill, the hospital must have all seven characters of any ICD-10-PCS code* – that applies to every procedure during the inpatient stay
• And, CPT and ICD-10-PCS codes must “match”
ICD-9-CM vs. ICD-10-PCS

Structural Changes

- ICD-9-CM (Procedures)
  - 3-4 characters
  - All numeric
  - Decimal point after 2nd digit

- ICD-10-PCS (Procedures)
  - 7 characters
  - All letters except “I” & “O”
  - No decimal point
  - Each letter or # is called a “value”

Section, Body System, Root Operation, Body Part, Approach, Device, Qualifier
These nine have been designated as core competencies by the SHM curriculum for hospitalists:

- electrocardiogram interpretation
- chest X-ray interpretation
- arthrocentesis
- thoracocentesis
- abdominal paracentesis
- lumber puncture
- central line placement
- endotracheal intubation
- ventilator management
Central Line Placement

Documentation:

“Central line inserted left internal jugular vein”
## Building an ICD-10 Procedural Code

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<thead>
<tr>
<th>Body Part Character 4</th>
<th>Contrast Character 5</th>
<th>Qualifier Character 6</th>
<th>Qualifier Character 7</th>
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<tbody>
<tr>
<td>Azygous vein</td>
<td>Open</td>
<td>3 Infusion device</td>
<td>Z No qualifier</td>
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<tr>
<td>Hemiazygous vein</td>
<td>3 Percutaneous</td>
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<td>Internal jugular, L</td>
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<td>...</td>
</tr>
</tbody>
</table>

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Building an ICD-10 Procedural Code

0BH17EZ

Medical & surgical  Respiratory system  Insertion  Trachea  Via natural opening  Intraluminal device, endotracheal airway  No qualifier

“Endotracheal Intubation”
Summary

• Don’t try to focus on all the new codes
• Remember that what’s essential is providing the information necessary to code
• Use specific terminology
• Go through the online modules for much more detail
• Work with your clinical documentation/coding team in the hospital
The Commons
An introduction to the Diagnosis Calculator and Specialty Content Training for ICD-10

Log-in at: https://www.commonslearning.com/eco_login.php
ICD-10 Clinician
Web-Based
Specialty-Specific
Video Training
Modules
ICD-10 general questions or questions on The Commons content can be directed to:  
ICD10questions@providence.org

Questions regarding accounts and access to The Commons can be directed to: 
Anjna.Bhandari@providence.org
ICD-10 Diagnosis Documentation Tips – General Surgery

Infections:
- State first location and type
- Indicate organism if known

Acute Pancreatitis:
- Idiopathic, biliary, alcohol-induced, drug-induced, other, unspecified

Cholecystitis: document location, acuity, and w/ or w/o obstruction
- Calculus of gallbladder, with
  - Acute, chronic or acute on chronic cholecystitis or w/o any
- Calculus of bile duct, with
  - Cholangitis, cholecystitis (acute, chronic or acute on chronic) or without either
- Calculus of gallbladder and bile duct, with
  - Cholecystitis (acute, chronic or acute on chronic) or w/o
- All above: Document also whether obstruction or no obstruction

Malignant Neoplasm of Esophagus
- New classification:
  - Upper third, middle third, lower third, overlapping sites, or unspecified

Diabetes Mellitus:
- No longer controlled, uncontrolled
- New classification:
  - Specify type: Type 1, Type 2, drug or chemical induced, or due to underlying condition
  - Link any manifestations or complications in your documentation

ICD-10 [INPATIENT] Procedural Coding Tips – General Surgery

Characters:
- Section – almost always medical/surgical, don’t need to state
- Body system – should be self evident from your description
- Root operation – the intent of your procedure
  - Resection – removal of all of a body part
  - Excision – removal of a portion of a body part
- Body part – describe with anatomic specificity, laterality if applies
- Approach – open, percutaneous, percutaneous, via natural orifice, via natural orifice endoscopic, via natural orifice endo with perc endo assistance
- Device
  - Describe as specifically as possible any device left in the patient
- Qualifier – If diagnostic procedure be sure to state so

Eponyms: Don’t use them – may not be codeable in ICD-10
- Describe the procedures you perform on individual body parts:
  - Example: Whipple Procedure (multiple codeable procedures)
    - Excision head of pancreas
    - Excision distal portion of stomach
    - Excision first and second parts of duodenum
    - Resection (complete removal) common bile duct
    - Resection gallbladder
- Colostomy
  - Definition bypass: altering the route of passage of the contents of a tubular body part
  - Indicate the “from” – descending colon
  - Indicate the “to” - cutaneous
I think I'd rather manage an ICD-10 transition team.

The daydreams of cat herders
You Don’t Order Coffee the Way You Used to...

Large black coffee

Venti
½ Caff
Skinny
Vanilla
No foam
Latte

It’s Time to Add Specificity to Your Documentation Too.
Questions?

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