ICD-10-CM Chapter 6 - 10
TIPS AND HINTS

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Continuing with your ICD-10-CM (International Classification of Diseases, 10th revision, Clinical Modification) learning is extremely important as we move into the final months of readiness. Getting into the depths of the code chapters and understanding key changes and similarities is very beneficial. Learning more about the specific chapters can help identify documentation improvement areas and where the coding or clinical documentation improvement professionals need to be more attentive or cautious. This article will highlight some key concepts, guidelines and documentation elements that will be key to success with Chapters 6 to 10. “ICD-CM “Chapters 1 to 5: Hints, tips and guidelines” was published in the September 2014 CHIA Journal.

The structure of ICD-10-CM for diagnosis coding will have a minimum of three characters for a given code all the way up to seven characters in some situations. ICD-10 as we commonly refer to the new code set is made up of codes that have both alpha and numeric characters. ICD-10-CM, which is the diagnosis code set, has 21 chapters and contains some new conventions.

ICD-10-CM chapters have codes in blocks or a cluster of conditions that fall into a group based upon their clinical cohesiveness. Chapter VI is titled “Diseases of the Nervous System” and has a code range of G00 to G99. Within Chapter VI are these blocks:

G00-G09 Inflammatory diseases of the central nervous system
G10-G14 Systemic atrophies primarily affecting the central nervous system
G20-G26 Extrapyramidal and movement disorders
G30-G32 Other degenerative diseases of the nervous system
G35-G37 Demyelinating diseases of the central nervous system
G40-G47 Episodic and paroxysmal disorders
G50-G59 Nerve, nerve root and plexus disorders
G60-G64 Polyneuropathies and other disorders of the peripheral nervous system
G70-G73 Diseases of myoneural junction and muscle
G80-G83 Cerebral palsy and other paralytic syndromes
G89-G99 Other disorders of the nervous system

One example of documentation specificity in Chapter VI, is for a diagnosis of migraine. Documentation should specify whether the migraine is:

- Intractable
- Pharmacoresistant (pharmacologically resistant)
- Treatment resistant
- Refractory (medically)
- Poorly controlled

Next is Chapter VII, which is titled “Diseases of the Eye and Adnexa” with a code range of H00 to H59. Remembering the first alpha character can help get your code selection into the correct chapter, so with Chapter VI, think of your “head” = H. Then remember that saying first your eyes and then your ears, so diseases and conditions of the eyes are in the first half of the code range for the alpha character H. Included in this chapter are the following blocks of codes:

H00-H09 Disorders of eyelid, lacrimal system and orbit
H10-H11 Disorders of conjunctiva
H15-H22 Disorders of sclera, cornea, iris and ciliary body
H25-H28 Disorders of lens
H30-H36 Disorders of choroid and retina
H40-H42 Glaucoma
H43-H44 Disorders of vitreous body and globe
H46-H47 Disorders of optic nerve and visual pathways
H49-H52 Disorders of ocular muscles, binocular movement, accommodation and refraction
H53-H54 Visual disturbances and blindness
H55-H57 Other disorders of eye and adnexa
H59 Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified

ICD-10-CM, codes for diseases of the eye and adnexa has been expanded to increase anatomic specificity and add the
concept of laterality. Many of the diseases in the chapter include codes for right, left, bilateral, and unspecified. Some codes also identify the upper and lower eyelids.

Some category titles in Chapter VII have been revised to reflect current terminology, such as “senile” cataract which ICD-9-CM uses to categorize a cataract, while ICD-10-CM uses the description “age-related” cataract.

If there is a relationship between the condition and the treatment of an eye disorder, the physician must document this cause and effect relationship in the medical record, including whether the complication occurred intraoperatively or postoperatively.

“Diseases of the Ear and Mastoid Process” are found in chapter VIII (8) which contains code range H60 to H95 in the following blocks:

H60-H62 Diseases of external ear
H65-H75 Diseases of middle ear and mastoid
H80-H83 Diseases of inner ear
H90-H94 Other disorders of ear
H95 Intraoperative and postprocedural complications and disorders of ear and mastoid, process, not elsewhere classified

Similar to Chapter VII, the first alpha character for ears is letter “H.” Also, in this chapter is the simple concept of laterality, which has resulted in an increase of codes.

Next is Chapter IX covering the “Diseases of the Circulatory System” from code range I00 to I99. This chapter contains blocks:

I00-I02 Acute rheumatic fever
I05-I09 Chronic rheumatic heart diseases
I10-I15 Hypertensive diseases
I20-I25 Ischemic heart diseases
I26-I28 Pulmonary heart disease and diseases of pulmonary circulation
I30-I52 Other forms of heart disease
I60-I69 Cerebrovascular diseases
I70-I79 Diseases of arteries, arterioles and capillaries
I80-I89 Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified
I95-I99 Other and unspecified disorders of the circulatory system

Today with ICD-9-CM, there are three codes to capture hypertension. With ICD-10-CM essential, benign and malignant hypertension are all represented with the single code “110.” This will be an easy code to remember.

Coronary atherosclerosis is a condition in which the arteries of the heart become clogged with fatty plaque build-up that restricts blood flow through the arteries while simultaneously causing hardening of the arterial walls. Reporting coronary atherosclerosis in ICD-10-CM presents some differences from current ICD-9-CM coding that are worth noting.

Code selection is by type of vessel or graft: unspecified whether native or grafted vessel, native coronary artery, autologous vein bypass graft, arterial bypass graft, nonautologous biological bypass graft, unspecified type of bypass graft, or native artery or bypass graft of a transplanted heart. Codes for angina pectoris are reported in addition to coronary atherosclerosis codes when both conditions are present. In ICD-10-CM, there is an assumed causal relationship in a patient with both coronary atherosclerosis and angina pectoris, as one will cause the other.

In ICD-10-CM the timeframe for a myocardial infarction (MI) to be designated as “acute” has changed from eight weeks to four weeks. Also important to note is that ICD-10-CM has a classification for a subsequent myocardial infarction, which is another acute MI within four weeks of the first AMI. Assure that your physicians are familiar with this timeframe change and that specific dates for these diagnostic events are documented.

The final chapter covered in this article is Chapter X which is “Diseases of the Respiratory System” code range J00-J99. The blocks in this chapter are:

J00-J06 Acute upper respiratory infections
J09-J18 Influenza and pneumonias
J20-J22 Other acute lower respiratory infections
J30-J39 Other diseases of upper respiratory tract
J40-J47 Chronic lower respiratory diseases
J60-J70 Lung diseases due to external agents
J80-J84 Other respiratory diseases principally affecting the interstitium

Asthma terminology and classification in ICD-10-CM has been updated to:

- Mild Intermittent
- Mild persistent
- Moderate persistent
- Severe persistent

Most adults with asthma will NOT require an inpatient admission however; look for indicators of acute respiratory failure in the inpatient record for a possible query.

Pneumonia documentation requirements are similar to ICD-9-CM. Look for and obtain the specific type of pneumonia, if known and use a physician query when appropriate.

Documentation of “respiratory failure” should include whether the condition is “acute,” “chronic” or “acute or chronic” and this does not change with ICD-10-CM. Documentation should additionally reflect the inclusion of
hypoxia or hypercapnia, if present with the condition of respiratory failure.

**Summary**

Knowing the coding guidelines is imperative for the coding professional. Having a thorough understanding of the ICD-10-CM chapter-specific guidelines will assist in coding accuracy and data integrity.

Stay engaged in learning the ICD-10 code set, remember that repetition is necessary and good as it helps with the learning and retention process.

**References**

- http://www.cdc.gov/nchs/icd/icd10cm.htm#10update
- www.ibx.com/icd10
- http://www.roadto10.org/
- AHA ICD-10-CM/PCS Coding Handbook

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**Focus on Education from Page 12**

the program. As we move towards creating modern and innovative campus with the construction of new buildings and resources, we also must look to the ways to enhance the program and increase our student completion rate.

The HIT program at ELAC has improved its curriculum, provided access to advanced computer applications in the HIM field, and raised the RHIT and CCS pass rates over the last two years. The AHIMA Virtual Lab is accessible to all HIT students regardless of their program level. The Professional Practice Experience (PPE) course curricula was revised last year to include a component to increase computer self-efficacy in computerized testing leading to the RHIT pass rate for certifications increase of 80%.

To support request from the surrounding community, beginning this fall, 2015, for the first time ELAC will offer a daytime program, giving students who work at night the ability to pursue an Associate of Science Degree in Health Information Technology. In addition, ELAC’s HIT Program is currently working with a collaborative of K-12 schools as partners in the Career Pathways Program to introduce young students to the field of Health Information Management. Faculty members and ELAC HIT Club students attend monthly career and job fairs to offer ELAC program information and disseminate information on the professional field of Health Information Management.

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