ICD 10-CM

In a *SNAP*™

2017

Essential Companion Desk Reference for:

Medical Records Department
Business Office
Nursing, MDS and RN Coordinators
Therapists and Physicians.

A listing of commonly used diagnosis codes
For Post Acute Health Care Settings

ICD-10-CM in a SNAP

ICD-10-CM in a SNAP is a quick reference to commonly used ICD-10-CM codes in post acute care.
Providers should always rely on the complete Official ICD-10-CM coding book for accurate coding assignment.

INTRODUCTION

ICD-10-CM IN A SNAP provides a simple way to assign diagnostic codes for common diagnoses. Code numbers are found quickly because the alphabetical listing is by diagnostic terms used by physicians and not obscure coding terminology. It becomes easy for staff to code correctly and consistently every time.

Finding codes in **ICD-10-CM IN A SNAP** is easy. The alphabetical listing is divided into six columns:

DIAGNOSIS   ICD-10-CM   ICD-9-CM   MDS REHAB   NOTES

DIAGNOSIS column is an alphabetical listing by diagnostic terms. These statements are in common terms that physicians use to write diagnoses. Some statements are cross-referenced to make it easier to locate the code no matter how the physician has stated the diagnosis. For example, "cerebral arteriosclerosis" is also listed as "arteriosclerosis, cerebral." Similar diagnoses are grouped together, such as all cancer codes or fractures are listed together.

ICD-10-CM column contains the ICD 10-CM code for the diagnosis listed. Some diagnoses require two codes. The addition code appears in brackets, for example, Hypertension and Chronic Kidney Disease stage 3 I-10 [N18.3]. Always use both codes in the order they are listed.

MDS column identifies diagnoses in skilled nursing facilities (SNF) reported in Section I of the Minimum Data Set (MDS 3.0). This column indicates the Section item to be checked. The items in Section I are major disease categories. If an ICD-10-CM code is a Z code that represents a condition being treated, check the appropriate major diagnostic category. Additional ICD-10-CM codes for conditions actively being treated but not listed in the major disease categories are entered in Item I8000.

Complete instructions and ongoing clarifications are published in the CMS RAI Version 3.0 Manual. Website is http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/index.html Then select MDS 3.0 Training Materials. Chapter 3 (I)

REHAB column identifies diagnoses that influence the exception process for Medicare Part B Therapy billing. The exceptions from therapy caps are dependent upon congressional legislation and change from year to year. Check with your Medical Administrative Contractor (MAC) for the current status of the exception process.

"T" indicates the "therapy condition" that is likely to qualify for the automatic process therapy cap exception.

"C" indicates additional "complexities" that may significantly impact the patient's rate of recovery and may contribute to the necessity of services exceeding the cap. "Complexities" are reported as additional diagnosis with the "treatment condition."

The Medicare Claims Manual, Chapter 6, Section 30, regarding billing transaction for SNF PPS Services states "The codes must be reported according to Official ICD-10-CM. The

code must be the full diagnosis code including all seven digits where applicable."

Assigning accurate ICD-10-CM codes makes a difference for reimbursement. Avoid payment delays and Medicare denials due to inaccurate codes.

NOTES column provides the coder with alerts and information to assist with correct code assignment. HIPAA compliance requires that ICD-10-CM codes be reported on billing forms according to Official Coding Guidelines.

NOS = Not Otherwise Specified. This note identifies codes that are general categories for use when there is no other specific documentation. For example, if the physician documents "Edema", the default (NOS) code is R60.9.

NEC = Not Elsewhere Classified. NEC codes group multiple conditions into the same code. Look for more specific documentation. For example, the note "NEC ulcer site" identifies a code that groups other specified sites. If there is a specified site, then a more specific code should be used instead.

Principal Dx Only = Official coding guidelines identify certain codes that may only be reported on billing transactions as the first-listed diagnosis.

* acute hospital only = Do not use these codes for post-acute care admission. These codes are used only for the initial treatment of the condition, such as, in the acute hospital or emergency room. Official coding guidelines direct coders in post acute care For aftercare of an injury, assign the acute injury code with the appropriate 7th character (for subsequent encounter).

Code first = This note instructs the coder to "Code first" the underlying condition or a residual condition. This note identifies the need for multiple coding.

Specify = An additional code will be required to completely identify a manifestation associated with a condition, such as, dementia, primary site of cancer, stage of ulcer, dialysis status, residual.

The aftercare Z code should not be used if treatment is directed at a current, acute disease. The diagnosis code is to be used in these cases. The aftercare Z codes should also not be used for aftercare for injuries. For aftercare of an injury, assign the acute injury code with the appropriate 7th character (for subsequent encounter).

More than 2000 diagnosis codes commonly used by post-acute care providers are listed in ICD-10-CM IN A SNAP. Less frequently occurring diagnostic statements can be located in the complete official ICD-10-CM coding book.

Always consult the complete official ICD-10-CM coding book to assign codes for diagnostic statements not included or fully described in ICD-10-CM in a SNAP.

ICD-9-CM will not be used after 9/30/2015

FRACTURES AND INJURIES SPECIFIC GUIDELINES

Fractures and Injuries are coded to their body system Category "S" and the level of detail furnished by documentation.

First – category, for injury/fracture this is the "S"

Second – body system

This is the first "_" in the code set

  0 = Head
  1 = Neck
  2 = Thorax
  3 = Abdomen, Low Back, Pelvis, External genitalia
  4 = Shoulder, Upper Arm
  5 = Elbow, Forearm
  6 = Wrist, Hand, Fingers
  7 = Hip, Thigh
  8 = Knee, lower leg
  9 = Ankle, Foot, Toes

Third – type of injury example fracture, crush injury

Fourth thru Sixth – more detailed specificity

Seventh – two categories for 7th character and is based on whether the patient is undergoing active treatment or not. Not whether the provider is seeing the patient for the first time.

This is the last "_" in the code set

Injuries:

  A = Initial Encounter – this equates to active treatment for condition

  D = Subsequent Encounter –this equates to aftercare or care during the healing phase

  S = Sequela – this equates to Late Effect

All Fractures:

  A = Initial encounter for Closed fracture (Fx)

B = Initial encounter for Open fracture type I or II

C = Initial encounter for Open fracture type IIIA, IIIB, or IIIC

D = Subsequent encounter for closed fracture with routine healing

E = Subsequent encounter, Routine Healing open Fx type I or II

F = Subsequent encounter, Routine Healing open Fx any type III

G = Subsequent encounter for closed fracture with delayed healing

H = Subsequent encounter, delayed healing open Fx type I or II

J = Subsequent encounter, delayed Healing open Fx any type III

K = Subsequent encounter for closed fracture with nonunion

M = Subsequent encounter, nonunion open Fx type I or II

N = Subsequent encounter, nonunion open Fx any type III

  P = Subsequent encounter for closed fracture with nonunion

  Q = Subsequent encounter, nonunion open Fx type I or II

  R = Subsequent encounter, nonunion open Fx any type III

  S = Sequela of closed or open Fx – this equates to Late Effect

The aftercare Z codes should also not be used for aftercare for injuries. For aftercare of an injury, assign the acute injury code with the appropriate 7th character (for subsequent encounter).

Traumatic Fracture:

  If a fracture is not indicated as open or closed, it should be coded as closed.

  If a fracture is not indicated as displaced or non-displaced, it should be coded as displaced.

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Diagnosis	ICD-10-CM*	MDS	Rehab	Notes
Abnormal blood chemistry test	R79.9			
Abnormal blood count (red Blood Cells)	R71.8			
Abnormal blood sugar	R73.09			
Abnormal coagulation profile	R79.1			
Abnormal creatinine clearance	R94.4			
Abnormal electrocardiogram	R94.31			
Abnormal glucose test (fasting)	R73.01			
Abnormal glucose tolerance test	R73.02			
Abnormal liver function study	R94.5			
Abnormal microscopic urinalysis	R82.79			
Abnormal posture	R29.3		C	
Abnormal prostatic specific antigen	R97.20			
Abnormal serum enzymes	R74.8			
Abnormal serum enzymes unspecified	R74.9			NOS
Abnormal stool (findings)	R19.5			
Abnormal transaminase/LDH	R74.0			
Abnormal x-ray findings of abdomen	R93.5			
Abnormal x-ray findings of biliary tract	R93.2			
Abnormal x-ray findings of gastrointestinal tract	R93.3			
Abnormal x-ray findings of intrathoracic organs	R93.1			
Abnormal x-ray findings of lung field	R93.8			
Abnormal x-ray findings of pelvic	R93.5			
Abscess, ankle, right	L02.415			
Abscess, ankle, left	L02.416			
Abscess, buttock	L02.31		C	
Abscess, face	L02.01		C	
Abscess, finger(s) unspecified	L02.519			NEC
Abscess, fingernail(s) unspecified	L03.019			NEC
Abscess, foot, right	L02.611		C	NEC
Abscess, foot, left	L02.612		C	NEC
Abscess, foot unspecified	L02.619		C	NEC
Abscess, lower limb (leg), right	L02.415		C	NEC