ICD-10-CM Chapter 5-6: Review and Tips Live Webinar

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ICD-10-CM Chapter 5 & 6 Review and Tips:
Mental, Behavioral, and Neurodevelopmental Disorders (F01 – F99)
Diseases of Nervous System (G00 – F99)

March 24, 2015

Speakers

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Disclaimer

• This material is designed and provided to communicate information about clinical documentation, coding, and compliance in an educational format and manner. The authors are not providing or offering legal advice, but rather practical and useful information and tools to achieve compliant results in the area of clinical documentation, data quality, and coding.

• Every reasonable effort has been taken to ensure that the educational information provided is accurate and useful. Applying best practice solutions and achieving results will vary in each hospital/facility and clinical situation.

• This presentation is only a snapshot of some aspects of ICD-10 CM and should not be considered complete. All participants are encouraged to carefully review the full ICD-10 coding rules and guidelines, codes, and content.

ICD-10-CM Codebook

• Please have your codebook or coding software (encoder) handy for this webinar.
Goals and Objectives

• Understand chapters 5 and 6 of the ICD-10-CM code set guidelines.
• Review differences between ICD-9 and ICD-10 diagnosis codes.
• Learn about key documentation and terminology for accurate code capture.
• Enhance coding query readiness.
• Practice coding case scenarios.
• Provide opportunity for questions and answers.

ICD-10-CM/PCS Implementation

• The Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. 113–93) was enacted April 1, 2014, which specified that the secretary may not adopt ICD–10 prior to Oct. 1, 2015.

• Delay in transition from ICD–9 to ICD–10 code sets: (Section 212 of Public Law 113–93) states “[t]he secretary of Health and Human Services may not, prior to Oct. 1, 2015, adopt ICD–10 code sets as the standard for code sets under section 1173(c) of the act.
Coding Background and History

- Health care systems are data centric.
  - Information governance.
  - Business intelligence.
- Hospital cost containment.
- Length of stay.
- Mortality/readmission rates.
- Patient safety indicators.
- Hospital acquired conditions (HACs).

Development of ICD-10

- 1990 – Endorsed by World Health Assembly (diagnosis only).
- 2002 – ICD-10 published in 42 languages (including six official WHO languages).
  - Implementation – 138 countries for mortality.
  - Implementation – 99 countries for morbidity.
- 2000 – 2009 U.S. continued to work on implementation strategies.
- 2009 Final rule with implementation date of 10/2013.
  - Five year timeline with 10/1/2013 go-live date.
  - Delayed two years.
ICD-10-CM Developers

- American Academy of Dermatology
- American Academy of Neurology
- American Academy of Oral and Maxillofacial Surgeons
- American Academy of Orthopedic Surgeons
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- American Burn Association
- American Diabetes Association
- American Nursing Association
- American Psychiatric Association
- American Urological Association
- ANSI Z16.2 Workgroup (Worker’s Comp)
- National Association of Children’s Hospitals and Related Institutions

Benefits and Goals

- Increased data quality and granularity, resulting in:
  - Improved ability to measure the quality, efficacy, and safety of patient care.
  - Increased sensitivity when refining grouping and reimbursement methodologies.
  - Enhanced ability to conduct public health surveillance.
  - Greater achievement of the anticipated benefits from electronic health record adoption.
Health Care Data Uses

- Designing health care delivery systems.
- Monitoring resource utilization.
- Improving clinical, financial, and administrative performance.
- Preventing and detecting health care fraud and abuse.
- Tracking public health and risks.
- Measuring the quality, safety, and efficacy of care.
- Reducing the need for attachments to explain the patient’s condition.
- Designing payment systems and processing claims for reimbursement.
- Conducting research, epidemiological studies, and clinical trials.
- Setting health policy.
- Operational and strategic planning.

When is ICD-10-CM Used?

- Used in all settings of care:
  - Hospital inpatients.
  - Hospital outpatients.
  - Physicians’ offices.
  - Emergency rooms.
  - Long term care (LTC).
  - Skilled nursing facilities (SNF).
  - Rehabilitation facilities (Rehab).
  - Home health.

- ANY diagnosis anywhere.
How is ICD-10-CM Organized?

- Twenty-one chapters and expanded codes.
  - Some chapters reorganized, some conditions put in to different chapters.
- Alphanumeric – first character is **always** a letter.
- Addition of **up to** seven characters.
- Seventh character code extensions in some cases.
  - Injuries:
    - Initial encounter.
    - Subsequent encounter.
    - Sequela.
  - Obstetrics.
  - Glaucoma.

ICD-9-CM vs ICD-10-CM

**ICD-9-CM Diagnosis Codes**
- 3-5 digits.
- 1st digit is numeric (except E and V codes).
- Digits 2-5 are numeric.
- Always at least 3 digits.
- Use of decimal after the 3rd digit.

**ICD-10-CM Diagnosis Codes**
- 3-7 characters.
- 1st character is always alphabetic, including I and O, but not U.
- Characters 2-7 numeric or alphabetic.
- Always at least 3 characters.
- Use of decimal after the 3rd character.
ICD-10-CM Chapters

- Chapter I: Certain Infectious and Parasitic Diseases (A00-B99).
- Chapter II: Neoplasms (C00-D49).
- Chapter III: Diseases of the Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism (D50-D89).
- Chapter IV: Endocrine, Nutritional, and Metabolic Diseases (E00-E89).
- Chapter V: Mental, Behavioral and Neurodevelopmental Disorders (F01-F99).
- Chapter VI: Diseases of the Nervous System (G00-G99).
- Chapter VII: Diseases of the Eye and Adnexa (H00-H59).
- Chapter VIII: Diseases of the Ear and Mastoid Process (H60-H95).
- Chapter IX: Diseases of the Circulatory System (I00-I99).
- Chapter X: Diseases of the Respiratory System (J00-J99).
- Chapter XI: Diseases of the Digestive System (K00-K55).
- Chapter XII: Diseases of the Skin and Subcutaneous Tissue (L00-L99).
- Chapter XIII: Diseases of the Musculoskeletal System and Connective Tissue (M00-M99).
- Chapter XIV: Diseases of Genitourinary System (N00-N99).
- Chapter XV: Pregnancy, Childbirth, and the Puerperium (O00-O9A).
- Chapter XVI: Certain Conditions Originating in the Perinatal Period (P00-P96).
- Chapter XVII: Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99).
- Chapter XVIII: Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99).
- Chapter XIX: Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88).
- Chapter XX: External Causes of Morbidity (V00-Y99).
- Chapter XXI: Factors Influencing Health Status and Contact with Health Services (Z00-Z99).
ICD-10-CM Official Guidelines for Coding and Reporting

FY 2015

Narrative changes appear in bold text
Items underlined have been moved within the guidelines since the FY 2014 version

Italics are used to indicate revisions to heading changes

The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), two departments within the U.S. Federal Government’s Department of Health and Human Services (DHHS) provide the following guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). These guidelines should be used as a companion document to the official version of the ICD-10-CM as published on the NCHS website. The ICD-10-CM is a morbidity classification published by the United States for classifying diagnoses and reason for visits in all health care settings. The ICD-10-CM is based on the ICD-10, the statistical classification of disease published by the World Health Organization (WHO).

These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS.
ICD-10-CM Official Coding Guidelines

• Guidelines have been approved by the four organizations that make up the four cooperating parties for the ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), Centers for Medicare & Medicaid Services (CMS), and NCHS (National Center Health Statistics).

• The instructions and conventions of the classification take precedence over guidelines.

• Guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD-10-CM, and provide additional instruction.

ICD-10-CM Official Coding Guidelines (cont.)

• Adherence to these guidelines when assigning ICD-10-CM diagnosis codes is required under the Health Insurance Portability and Accountability Act (HIPAA). The diagnosis codes (Tabular List and Alphabetic Index) have been adopted under HIPAA for all healthcare settings.

• The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.
ICD-10-CM Definitions

- **Encounter**: The term used for all settings, including hospital admissions.

- **Provider**: In the context of the coding guidelines, the term is used to mean physician or any qualified health care practitioner who is legally accountable for establishing the patient’s diagnosis.

- **Only this set of guidelines, approved by the cooperating parties, is considered the Official Coding Guidelines.**

Official Coding Guideline Sections

- **Section I** includes the structure and conventions of the classification and general guidelines that apply to the entire classification, and chapter-specific guidelines that correspond to the chapters as they are arranged in the classification.

- **Section II** includes guidelines for a selection of principal diagnosis for non-outpatient settings.

- **Section III** includes guidelines for reporting additional diagnoses in non-outpatient settings.

- **Section IV** includes guidelines for outpatient coding and reporting.

- **It is necessary to review all sections of the guidelines to fully understand all of the rules and instructions needed to code properly.**
New and Different Coding Conventions

• Excludes Notes:
  – The ICD-10-CM has two types of Excludes notes. Each type of note has a different definition for use, but they are all similar in that they indicate the codes excluded from each other are independent of each other.

  • Excludes1
   – A type 1 Excludes note is a pure excludes note. It means “NOT CODED HERE!” An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

  • Excludes2
   – A type 2 Excludes note represents “NOT INCLUDED HERE.” An Excludes2 note indicates that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time. When an Excludes2 note appears under a code, it is acceptable to use both the code and the excluded code together, when appropriate.

General Guidelines: Locating a Code in the ICD-10-CM Code Set

• First locate the diagnosis or reason for visit term in the Alphabetic Index, and then verify the code in the Tabular List. Read and be guided by instructional notations that appear in both the Alphabetic Index and the Tabular List.

• It is essential to use both the Alphabetic Index and Tabular List when locating and assigning a code. The Alphabetic Index does not always provide the full code.

• Selection of the full code, including laterality and any applicable seventh character can only be done in the Tabular List. A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no seventh character is required.
Guidelines

• **Borderline Diagnosis:**
  - If the provider documents a "borderline" diagnosis at the time of discharge, the diagnosis is coded as confirmed, unless the classification provides a specific entry (e.g., borderline diabetes). If a borderline condition has a specific index entry in ICD-10-CM, it should be coded as such. Since borderline conditions are not uncertain diagnoses, no distinction is made between the care setting (inpatient versus outpatient). Whenever the documentation is unclear regarding a borderline condition, coders are encouraged to query for clarification.

Chapter Specific Guidelines

• In addition to general coding guidelines, there are guidelines for specific diagnoses and/or conditions in the classification.
• Unless otherwise indicated, these guidelines apply to all health care settings.
Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders (F01 – F99)

- F01 – F09: Mental disorders due to known physiological conditions.
- F10 – F19: Mental and behavioral disorders due to psychoactive substance use.
- F20 – F29: Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders.
- F30 – F39: Mood (affective) disorders.
- F40 – F49: Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders.
- F50 – F59: Behavioral syndromes associated with physiological disturbances and physical factors.
- F60 – F69: Disorders of adult personality and behavior.
- F70 – F79: Intellectual disabilities.
- F80 – F89: Pervasive and specific developmental disorders.
- F90 – F98: Behavioral and emotional disorders with onset usually occurring in childhood and adolescence.
- F99: Unspecified mental disorder.

Chapter 5 Changes

- The grouping of diagnoses for this chapter has changed.
- Many chapter categories and subcategories were updated to reflect current clinical terminology.
- Clinical terms and codes in chapter 5 now align with clinical terms and codes used in Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Test Revision (DSM-IV TR).
Chapter 5 Coding Guidelines:
Pain disorders related to psychological factors

- Assign code F45.41, for pain that is exclusively related to psychological disorders.
  - A code from category G89 should not be assigned with code F45.41.
- Code F45.42, pain disorders with related psychological factors, should be used with a code from category G89, pain, not elsewhere classified, if there is documentation of a psychological component for a patient with acute or chronic pain.

Chapter 5 Coding Guidelines:
Mental and Behavioral Disorders Due to Psychoactive Substance Use (cont.)

- ICD-10-CM has new codes to differentiate between alcohol and substance use, abuse, and dependence.

- Codes for history of alcohol or drug dependence do not exist in ICD-10-CM. Instead these conditions are coded as “in remission.”

- ICD-10-CM also has a code for blood alcohol level (Y90.x) which can be added as a secondary diagnosis to indicate the level of alcohol intoxication.
Chapter 5 Coding Guidelines:
Mental and Behavioral Disorders Due to Psychoactive Substance Use

- Continuous and Episodic:
  - ICD-10-CM no longer identifies the stage of substance use as “continuous” or “episodic.”
  - A single ICD-10-CM code now identifies the substance and any disorder the substance use induced.

- In Remission:
  - Selection of codes for “in remission” requires the provider’s clinical judgment.
  - The appropriate codes for “in remission” are assigned only on the basis of provider documentation (as defined in the Official Guidelines for Coding and Reporting).
Chapter 5 Coding Guidelines:
Mental and Behavioral Disorders Due to Psychoactive Substance Use (cont.)

• Psychoactive Substance Use, Abuse, and Dependence:
  – When the provider documentation refers to use, abuse, and dependence of the same substance only one code should be assigned to identify the pattern of use based on the following hierarchy.

<table>
<thead>
<tr>
<th>If both use and abuse are documented.</th>
<th>Assign only the code for abuse.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If both abuse and dependence are documented.</td>
<td>Assign only the code for dependence.</td>
</tr>
<tr>
<td>If use, abuse, and dependence are all documented.</td>
<td>Assign only the code for dependence.</td>
</tr>
<tr>
<td>If both use and dependence are documented.</td>
<td>Assign only the code for dependence.</td>
</tr>
</tbody>
</table>

• The codes for psychoactive substance use should be assigned:
  – Based on provider documentation.
  – When they meet the definition of a reportable diagnosis.
  – When the psychoactive substance use is documented by the provider as associated with a mental or behavioral disorder.
Chapter 5: Tabular

• Mental disorders due to known physiological conditions:
  – Code first the underlying physiological condition.
  – Use additional code, if applicable, to identify “wandering in dementia.”
  – Dementia with and without behavioral disturbance.

Chapter 5: Tabular

Mental and behavioral disorders due to psychoactive substance use. Look for the following additional documentation to support accurate code assignment:

• Intoxication.
• Delirium.
• Mood or sleep disorder.
• Anxiety disorder.
• Sexual dysfunction.
• Perceptual disturbance.
• Delusions.
• Hallucinations.
• Psychotic disorder.
Example of Changes

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>290.10</td>
<td>Presenile dementia, uncomplicated</td>
<td>F03.90</td>
<td>Unspecified dementia without behavioral disturbance</td>
</tr>
<tr>
<td>290.11</td>
<td>Presenile dementia, with delirium</td>
<td>F03.91</td>
<td>Unspecified dementia with behavioral disturbance</td>
</tr>
<tr>
<td>290.12</td>
<td>Presenile dementia, with delusional features</td>
<td></td>
<td></td>
</tr>
<tr>
<td>290.13</td>
<td>Presenile dementia, with depressive features</td>
<td></td>
<td></td>
</tr>
<tr>
<td>309.81</td>
<td>Posttraumatic stress disorder (PTSD)</td>
<td>F43.10, F43.11, F43.12</td>
<td>PTSD, unspecified PTSD, acute PTSD, chronic</td>
</tr>
</tbody>
</table>

Documentation & Coding Diagnosis:

**ICD-9-CM**
- Schizophrenic Disorders:
  - 5th digit choices, i.e. unspecified, in remission.
- Alcohol abuse or dependence:
  - Unspecified.
  - Continuous.
  - Episodic.
  - In remission.
- No ICD-9 code category.

**ICD-10-CM**
- Schizophrenia:
  - Removed sub-chronic, chronic, in remission, etc.
- Alcohol use, abuse, and dependence:
  - Uncomplicated.
  - In remission.
  - With intoxication, withdrawal, psychotic disorder, persisting amnestic disorder, other alcohol-induced disorder.
- Pervasive and Specific Developmental Disorders: (F80 – F89)
Documentation

• Within chapter 5, documentation issues can range from mental disorders due to physiological conditions to intellectual disorders.

• Review the tabular classification closely to identify new and different changes to the terminology and indexing.

Physician Query

• Develop or revise your current queries for alcohol and drug use, abuse, and dependence to include degree of severity and episode.

• Look at other diagnoses within chapter 5 for query opportunities.

• Include all appropriate specifics and options for “other” and “undetermined.”

• Multiple choice query is acceptable.

• Remember to follow the AHIMA 2013 Practice Brief.
Physician Query Compliance

• Queries should not:
  – Be leading, prodding, or presumptive....
  – Denote financial outcome or severity profiling.
  – Contain only options which lead to a higher reimbursement.
  – Be titled with the presumed condition.
  – Contain information not already present in medical record (introduce new information).

Case Scenario #1

• A 50-year-old female is currently receiving treatment for alcohol dependence. As a result of her drinking, she is on medication for cirrhosis of the liver. The patient also has a history of heroin dependence.

• What code(s) should be assigned for this case?
Case Scenario #1 Answer

• F10.20: Dependence, alcohol (without remission).

• K70.30: Alcoholic cirrhosis of liver without ascites.

• F11.21: Opioid dependence, in remission.

Case Scenario #2

• An 20-year-old male is seen for psychotherapy for treatment of obsessive-compulsive personality disorder (OCPD). The patient has been taking his Prozac daily as prescribed and reports feeling that it helps manage his OCPD tendencies. The patient also uses alcohol as a coping mechanism, which is documented as frequent alcohol use. The patient will return next month for his next scheduled appointment.

• What code(s) should be assigned for this case?
Case Scenario #2 Answer

- F60.5: Obsessive-compulsive personality disorder.
- F10.99: Alcohol use, unspecified (without abuse or dependence).
- Z79.899: Long term use of medication, other specified.

Case Scenario #3

- The patient is a 2-year-old male brought in by his parents for a developmental evaluation. The evaluation documents delay in speech and language, lack of eye contact, inattention and difficulty following directions. Final evaluation and assessment documents the following diagnoses: autism with delayed speech and language, mild mental retardation and attention deficit hyperactivity disorder.
- What code(s) should be assigned for this case?
Case Scenario #3 Answer

• F84.0: Autistic disorder.

• F80.9: Developmental disorder of speech and language, unspecified.

• F70: Mild intellectual disabilities.

• F90.0: Attention-deficit hyperactivity disorder, predominantly inattentive type.

Case Scenario #4

• A 28-year-old female is seen in the emergency department with complaints of excruciating abdominal pain. The work up was non-diagnostic and the physician noted the patient had been seen four times in the past month with similar symptoms. The assessment is Munchhausen’s syndrome and referral is made for follow up with a psychiatrist the following day.

• What code(s) should be assigned for this case?
Case Scenario #4 Answer

- F68.12: Factitious disorder with predominantly physical signs and symptoms.
- F45.41: Pain disorder exclusively related to psychological factors.

Chapter 6:
Diseases of the Nervous System
(G00-G99)
Chapter 6: Coding Guidelines

Dominant/Nondominant Side G81

- Codes from category G81, Hemiplegia and hemiparesis, and subcategories G83.1, Monoplegia of lower limb, G83.2, Monoplegia of upper limb, and G83.3, Monoplegia, unspecified, identify whether the dominant of nondominant side is affected.
  - 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.
Chapter 6: Coding Guidelines
Pain – Category G89

• Codes in category G89, Pain, NOS may be used in conjunction with codes from other categories and chapters to provide more detail about acute or chronic pain and neoplasm-related pain, unless otherwise indicated.

• If the pain is not specified as acute or chronic, post-thoracotomy, post-procedural, or neoplasm-related, do not assign codes from category G89.

• A code from category G89 should not be assigned if the underlying (definitive) diagnosis is known, unless the reason for the encounter is pain control/management and not management of the underlying condition.

Chapter 6: Exclusions

• There are no chapter level exclusions for diseases of the nervous system listed in ICD-9-CM.

• In ICD-10-CM, there are no Excludes1, but there are a number of Excludes2.

• NOTE: *Excludes1* note indicates that the code excluded should never be used at the same time as the code above the *Excludes1* note (ICD-10-CM Coding Guideline I.A.12.a). An *Excludes2* note represents “not included here” and it is acceptable to use both the code and the excluded code together when both are documented (ICD-10-CM coding guideline I.A.12.b).
Chapter 6: Alzheimer’s

• In ICD-9-CM, there is a single code for Alzheimer’s disease, 331.0, which includes:
  – Alzheimer’s disease or sclerosis.
  – Alzheimer’s dementia (senile).
  – Use additional code from subcategory 294.1 to identify:
    • With or without behavioral disturbance.

Chapter 6: Alzheimer’s – cont.

• In ICD-10-CM requirements:
  – Identify type/onset of Alzheimer’s disease:
    • Early onset, late onset, other Alzheimer’s disease, or unspecified Alzheimer’s.
  – Use additional code when Alzheimer’s disease is associated with:
    • Delirium (F05).
    • Dementia with behavioral disturbance (F02.81).
    • Dementia without behavioral disturbance (F02.80).

• ICD-10-CM Code/Documentation:
  – G30.0 Alzheimer’s disease.
  – G30.1 Alzheimer’s disease with late onset.
  – G30.8 Other Alzheimer’s disease.
  – G30.9 Alzheimer’s disease, unspecified.
Diagnosis: Dementia in Late Onset Alzheimer’s Disease

- ICD-9-CM Code
  - 331.0 Alzheimer’s disease.
  - 294.10 Dementia in conditions classified elsewhere without behavioral disturbance.

- ICD-10-CM Code
  - G30.1 Alzheimer’s disease with late onset.
  - F02.80 Dementia in other diseases classified elsewhere without behavioral disturbance.

NOTE: Alzheimer’s disease with dementia requires dual coding in both ICD-9-CM and ICD-10-CM with the underlying conditions (Alzheimer’s disease) coded first followed by a code for dementia with or without behavioral disturbance.

Secondary Parkinsonism

- ICD-9-CM Coding and Documentation Requirements.
  - There is a single code for secondary Parkinsonism, which includes:
    - Neuroleptic-induced Parkinsonism.
    - Parkinsonism due to drugs.

- ICD-10-CM Coding and Documentation Requirements.
  - Identify the cause of secondary Parkinsonism:
    - Drug-induced: malignant neuroleptic syndrome, neuroleptic induced Parkinsonism, or other drug induced secondary Parkinsonism.
    - Due to other external agents.
    - Postencephalitic.
    - Vascular.
    - Other specified cause.
    - Unspecified cause.
  - For drug or external agent induced secondary Parkinsonism, use an additional code to identify the cause.
Essential and Other Specified Forms of Tremor

- ICD-9-CM Coding and Documentation Requirements:
  - There is a single code for essential and other specified forms of tremor 333.1.

- ICD-10-CM Coding and Documentation Requirements
  - Identify the form of tremor: cause of secondary parkinsonism:
    - Essential G25.0.
    - Drug-induced G25.1.
    - Other specified form (includes intention tremor) G25.2.

Restless Leg Syndrome (RLS)

- ICD-9-CM Coding and Documentation Requirements:
  - There is a single code for restless leg syndrome 333.94.

- ICD-10-CM Coding and Documentation Requirements:
  - There is a single code for restless leg syndrome G25.81.
Reflex Sympathetic Dystrophy

- ICD-9-CM Coding and Documentation Requirements:
  - Identify the site: upper limb, lower limb, other specified site, or unspecified site.
- ICD-10-CM Coding and Documentation Requirements:
  - Identify the site:
    - Upper limb (right, left, bilateral, unspecified side).
    - Lower limb (right, left, bilateral, unspecified side).
    - Other specified site.
    - Unspecified site.

Hemiplegia and Hemiparesis

- ICD-9-CM Coding and Documentation Requirements:
  - Identify the type of hemiplegia or hemiparesis: flaccid, spastic, other or unspecified.
  - Identify the side affected: dominant, nondominant, or unspecified.
- ICD-10-CM Coding and Documentation Requirements:
  - Identify the type of hemiplegia or hemiparesis: flaccid, spastic, or unspecified.
  - Identify the site affected: right (dominant or nondominant), left (dominant or nondominant), or unspecified.
Epilepsy or Recurrent Seizures

• ICD-9-CM Requirements:
  – Identify the epilepsy or recurrent seizures: epilepsy partialis continua, generalized, grand mal status, infantile spasms, localization-related epilepsy, petit mal status, other or unspecified.
  – Identify response to treatment: with or without intractable epilepsy.

• ICD-10-CM Requirements:
  – Identify the epilepsy or recurrent seizures: absence epileptic syndrome, due to external causes, juvenile myoclonic epilepsy, localization-related, other or unspecified.
  – Identify response to treatment: with intractable epilepsy (pharmacological resistant, poorly controlled, treatment resistant or refractory) or without intractable epilepsy.
  – Identify if with or without status epilepticus.

Migraine

• ICD-9-CM Requirements:
  – Identify the type of migraine: chronic without aura, hemiplegic, menstrual, persistent aura, variant, with or without aura, other or unspecified.
  – Identify intractability: intractable so stated, not intractable.
  – Identify status migrainosus: with or without status migrainosus.

• ICD-10-CM Requirements:
  – Identify the type of migraine: abdominal, chronic without aura, cyclical vomiting, hemiplegic, menstrual, ophthalmologic, periodic headache syndromes child/adult, persistent aura (with or without cerebral infarction, with or without aura, other, unspecified).
  – Identify intractability: intractable or not intractable.
  – Identify status migrainosus: with or without status migrainosus.
Case Scenario #5

• What is the code for right-sided hemiplegia?

Case Scenario #5 Answer

• G81.93 Hemiplegia, unspecified affecting right nondominant side.
Case Scenario #6

• A 61-year-old female has been diagnosed with dementia due to early onset Alzheimer’s and has been wandering off and forgetting where she is.

• What code(s) should be assigned for this case?

Case Scenario #6 Answer

• G30.0 Alzheimer’s disease or sclerosis, with early onset.

• F02.81 Dementia, in other diseases classified elsewhere with behavioral disturbance.

• Z91.83 Wandering, in diseases classified elsewhere.
Case Scenario #7

- A 58-year-old female patient was admitted for control of her acute pain due to bilateral breast cancer with metastasis to axillary lymph nodes.

- What code(s) should be assigned for this case?

Case Scenario #7 Answer

- G89.3 Neoplasm related pain (acute) (chronic).
- C50.911 Malignant neoplasm of unspecified site of right female breast.
- C50.912 Malignant neoplasm of unspecified site of left female breast.
- C77.3 Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes.
Case Scenario #8

- A 32-year-old female was diagnosed with intractable migraine without aura.
- What code(s) should be assigned for this case?

Case Scenario #8 Answer

- G43.019 Migraine without aura, intractable, without status migrainosus.
Documentation

- ICD-10-CM requires additional documentation in these key areas to meet requirements for code specificity:
  - Underlying cause of disease or disorder.
  - Severity.
  - Disease chronicity: acute or chronic.
  - With or without crisis (i.e. sickle-cell).
  - Site.
  - Etiology.
  - Primary vs. secondary disease process.

Documentation (con’t)

- Remember:
  - The medical record tells the story of the patient’s health care experience.
    - Does the documentation paint the complete picture of the patient?
  - A basic understanding of documentation requirements is critical to good coding practices.
Recommendations

- Continue to educate (CHIA offerings).
  - Coding Refresher Training.
- Probe into the code set and chapters with coding staff.
- Know the guidelines WELL.
- Continue documentation improvement efforts.
- Run a report for volume of diagnoses in data from chapters 5 and 6.
  - Analyze the potential impact.
  - Share with key stakeholders.

Recommendations (con’t)

- Consider using “dual coding” to allow for enhanced familiarity and practice with new coding concepts.
- Practice, Practice, and Practice!
Summary

• Know the coding conventions.
• ICD-10 coding guidelines are similar to ICD-9.
• Understand differences in coding guidelines between ICD-9 and ICD-10.
• Each Chapter has specific coding guidelines to learn.
• Understand documentation issues.
  – Enhance and improve the physician queries.
• Practice coding and use dual coding where possible; repetition helps.

Resources/References

• Guidelines Most Significantly Affected Under ICD-10-CM, May 29, 2013 ICD-10 Learning, Elsevier
• ICD-10-CM Draft Codebook 2015
• ICD-10-CM Office Guidelines 2015
• 3M Encoder
• AHIMA 2013 Practice Brief: Physician Query
• Cms.gov
Future CHIA Sponsored Programs

**Member Advocacy Efforts for ICD-10 - Everyone is needed! Webinar**
March 26, 2015
11:30am – 12:30pm

**HIPAA Round Two: Tips for Servicing OCR Privacy and Security Desk Audits in 2015 Webinar**
April 9, 2015
11:00am – 12:30pm

**Medical Record Confidentiality & Release of Information Seminar**
April 14, 2015 - Ontario, CA
April 15, 2015 - Sacramento, CA

**Clinical Documentation Improvement-Achieving its Necessary Potential Seminar**
May 12, 2015 - Ontario, CA
May 13, 2015 - Burbank, CA

**CHIA Convention & Exhibit**
May 7-10, 2015 - Palm Springs CA

**Coming Soon**

**Webinars**
Privacy: The Changing Frontier
A Single Source of Truth: Maintaining Data Integrity - May 12, 2015
Student Chat with CHIA President - April 22, 2015

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