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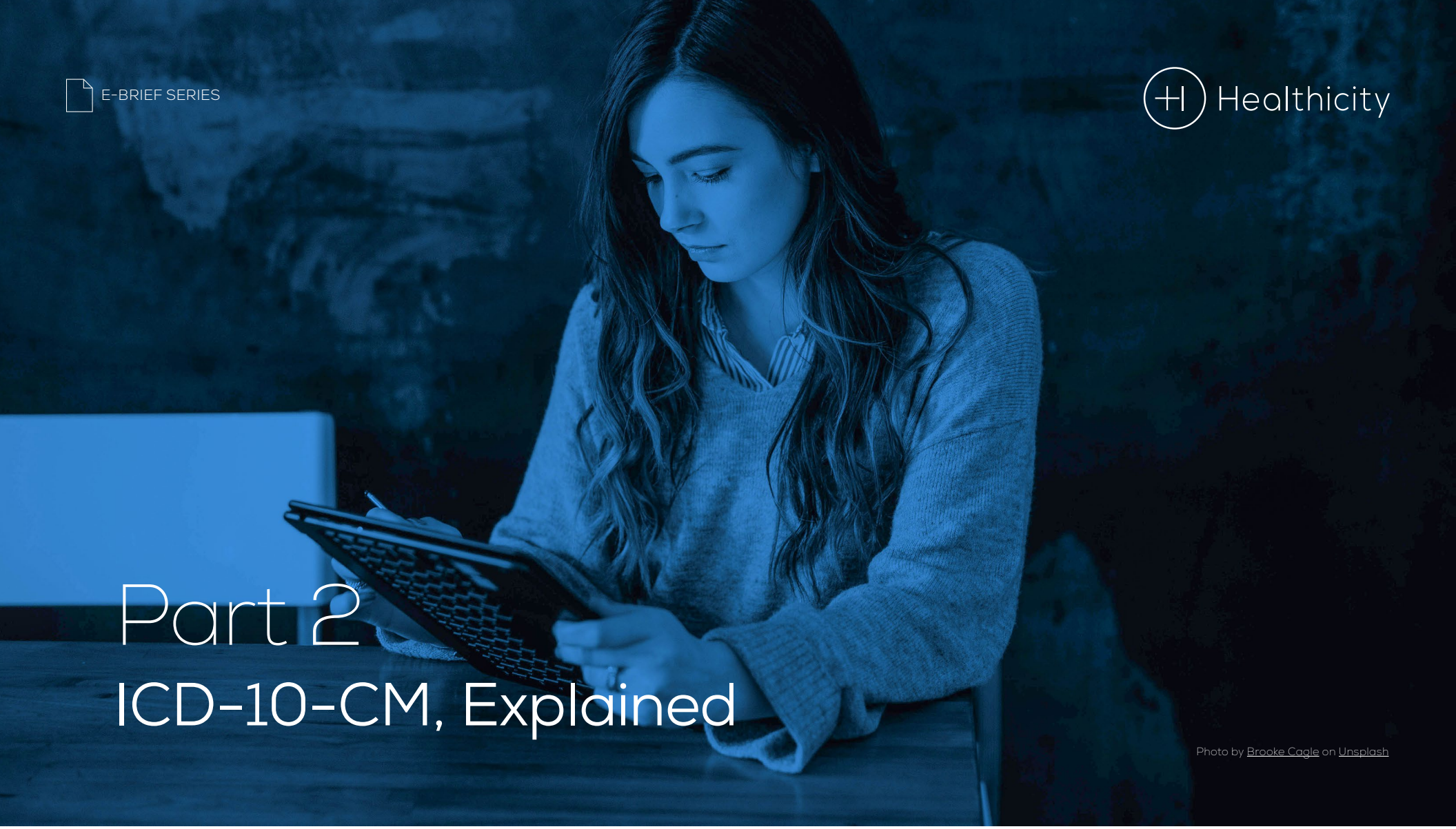

# Part 2
# ICD-10-CM, Explained

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## The Healthicity Audit Services Team

# From One Expert to Another...

As coders and auditors, we spend a lot of time tracking down information that will help us be as accurate as possible. That's why it's such a great career for people who love to learn because we are always learning. It's interesting, fascinating, and sometimes exhausting. Since we often use the same codes over and over again, it's only natural that small (but important) details can be lost. That's why we're pretty sure you're going to love our new on-going series, "ICD-10-CM, Explained." It's all of the details you need in one easy to navigate series. Our experts dissect every section of the ICD-10-CM Coding Guidelines to help keep you at the top of your game.

In this second series, our experts focused on neoplasms, endocrine, nutritional, and metabolic diseases, and neurodevelopmental disorders. Let's dive in!

Vipin Bhardwaj
CPC, CPMA, CPCO
Lead Medical Auditor,
Healthicity: Audit Services

## Section 1.C.2. Neoplasms

Let's talk about Neoplasms. Sounds like something out of Ghostbusters, doesn't it? But it's actually from Chapter 2 of the ICD-10-CM official guidelines that deal with general coding guidelines for correct ICD-10 code assignment for neoplasm conditions, neoplasm related conditions, as well as neoplasm treatment-related complications. This chapter contains more than 1,540 codes found in categories C00–D49. Most benign and all malignant neoplasm codes are found in chapter 2 of ICD-10-CM. For coders to properly code a neoplasm, the medical record must include documentation as to whether the neoplasm is: Benign, Malignant, In situ, or Uncertain behavior.

The correct assignment of the ICD-10-CM code for neoplasm depends on the reason for the visit. If the reason for the visit is for treatment directed at the malignancy, the malignancy code is designated as the principal or first-listed diagnosis. However, if a patient is admitted solely for the administration of chemotherapy, immunotherapy, or radiation therapy, assign a code from category Z51 as the principal diagnosis and the malignancy as the secondary diagnosis.

### EXAMPLE: A PATIENT WITH LUNG CANCER OF THE RIGHT UPPER LOBE

A patient with lung cancer of right upper lobe presents for radiation therapy today. Since the patient presented for treatment the codes would be, in order: Z51.0 - Encounter for antineoplastic radiation therapy will be reported as the primary code followed C34.11 - Malignant neoplasm of upper lobe, right bronchus or lung to identify cancer. With neoplasms, there are high chances that the primary malignant neoplasm may have two or more contiguous overlapping sites, in such situations coders should classify the sites to the subcategory/code with .8 (for overlapping sites) unless the combination is specifically indexed elsewhere. For example, the patient presents with a primary malignant tumor in the splenic flexure and transverse colon then C18.8 is the correct code to report the condition. In certain advanced circumstances if cancer becomes malignant and cancer from a primary site metastasize to a secondary site, both the cancers can be treated separately. In such circumstances, the proper assignment of the primary ICD-10-CM code again depends upon the cancer being treated. Designate the secondary site neoplasm as the principal diagnosis when the treatment is directed only toward the secondary (metastatic) neoplasm even though the primary site is still present. If the treatment is directed equally toward both the primary and secondary sites, assign the primary malignancy as the principal diagnosis.

### EXAMPLE: A PATIENT WITH A PRIMARY MALIGNANCY IN RIGHT RENAL PELVIS

A patient has a primary malignancy in the right renal pelvis, it has now metastasized to the right ureter. The reason for today's visit is the treatment of the cancer of ureter. Although the cancer of ureter is secondary cancer in this case, since the patient presented for treatment of the secondary site only, C79.19 - Secondary malignant neoplasm of other urinary organs should be first listed diagnosis followed by C65.1 - Malignant neoplasm of the right renal pelvis as the second listed diagnosis.

## COMPLICATIONS

In addition to the above, there are several complications associated with the malignancies as well as the therapy used for the treatment of malignancies. These complications again are reported based on the reason for the visit.

Anemia is listed as one of the most common complications of malignancy and malignancy-related treatments. It should be noted that guidelines for reporting the treatment of anemia related to neoplasm are a bit different than the guidelines for reporting other complications related to malignancy and malignancy-related treatments. In this, if there is an encounter for management of anemia associated with the malignancy and the treatment is only for anemia, the appropriate code for the malignancy is sequenced as the primary or first-listed diagnosis followed by the appropriate code for the anemia being treated listed as the secondary diagnosis. For all other complications of malignancy and malignancy-related treatments, if the encounter is for management of complications related to neoplasm the ICD-10-CM code for that complication is reported as the primary or first-listed diagnosis followed by the ICD-10-CM code for the malignancy listed as the secondary diagnosis.

Dehydration is also one of the several complications related to malignancies. When the admission is for the management of dehydration due to the malignancy or the therapy and only the dehydration is being treated, the ICD-10-CM code for dehydration is sequenced first followed by the code for the malignancy.

## TREATMENT

Treatment of neoplastic conditions includes the use of radiotherapy, immunotherapy, or chemotherapy, and surgical excision. When the patient is being admitted for the surgical removal of a malignancy followed by chemotherapy or radiation therapy, the code for the malignancy is listed as the principal diagnosis. If the patient is admitted solely for the purpose of receiving chemotherapy, immunotherapy, or radiotherapy, sequence code Z51.11 (Admit for chemotherapy), Z51.12 (Admit for immunotherapy), or Z51.0 (Admit for radiotherapy) as the principal diagnosis.

If the patient is admitted for determining the extent of the malignancy (staging) or for a procedure such as thoracentesis or a paracentesis the ICD10-CM-code for malignancy (either the primary or secondary) it should be sequenced as the principal diagnosis.

Sometimes neoplasm can occur in a transplanted organ and if the reason for a visit is to treat the neoplasm of a transplanted organ, in such scenarios a code from subcategory T86 - Complications of a transplanted organ, and code C80.2 - Malignant neoplasm associated with transplanted organ should be reported. A code for the specific malignancy is also reported to identify the malignancy.

When the patient is admitted with a nonneoplastic condition for chemotherapy or immunotherapy, assign the condition as the principal diagnosis. Do not assign code Z51.11 or Z51.12. For example, a patient is admitted for chemotherapy to treat macroglobulinemia. Assign code C88.0; do not assign code Z51.11 because the main reason for the visit is to treat the macroglobulinemia.

Assign a code for the malignancy if a patient is receiving treatment (eg, chemotherapy) for a malignancy that has already been excised. Do not assign a code from category Z85, Personal history of malignant neoplasm, because the patient would not still be under treatment if the malignancy was a history of malignancy. Keep in mind, cancer treatment is not inclusive of surgery, radiation therapy, and

chemotherapy. Physicians are often continuing a patient's treatment with immunotherapy, targeted therapy, and/or precision medications. Coders often overlook these ongoing therapies as a cancer treatment.

When a primary malignancy has been previously excised or eradicated from its site and there is no treatment directed at that site with no evidence of any remaining malignancy at the primary site, the appropriate code from category Z85, Personal history of malignant neoplasm, to indicate the former site of the primary malignancy should be reported. Documentation of the extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm to that site. The metastatic site may be sequenced as the principal diagnosis if the treatment is directed toward the metastatic site.

## TIPS FOR CODERS AND AUDITORS

In conclusion, it should be fair to say that a thorough review of the complete medical record documentation needs to be carried out carefully by the coder/auditor in order to concisely assign and sequence the most accurate ICD-10-CM code for the malignancy/complication being treated keeping in mind all the additional instructions and guidelines listed in the Section 1.C.2 of ICD-10-CM official guidelines.

**Nafheem Ameen**
**CPC, CPMA, CGSC**
**Senior Auditor**

## Section 1.C.5. Mental, Behavioral and Neurodevelopmental Disorders

Let's begin with pain. Pain Disorders may be classified as a mental disorder when psychological factors play the impact of the onset, severity, worsening, or maintenance of the pain. Pain can be acute, chronic or related to a psychological disorder. For pain that is exclusively related to psychological disorders, ICD-10-CM code F45.41 should be reported.

An ICD-10-CM code from the G89 series should be coded when the documentation states that the pain is acute or chronic (and not due to psychological factors). The excludes 1 note under category G89 (chronic pain) states the ICD-10-CM code from category G89 should never be reported together with ICD-10-CM F45.41.

When there is documentation supporting a psychological component for pain in a patient with acute or chronic pain, ICD-10-CM code F45.42 pain disorders with related psychological factors should be reported in addition to a code from category G89 pain, not elsewhere classified depending on the pain being acute or chronic.

Substance use disorders are often associated with patients with chronic pain. Some patients may even have a history of substance dependence which can make it challenging to make the correct code selection. It comes down to terminology and the provider's documentation. ICD-10-CM code assignment for Mental and Behavioral Disorders Due to Psychoactive Substance are categorized into whether the substance use is; use abuse, dependence or in remission. There is a clinical difference between use, abuse, and dependence. The National Institute of Drug Abuse (NIDA) defines these categories as:

Use: The use of alcohol or other drugs to socialize and feel effects. Use may not appear abusive and may not lead to dependence.

Abuse: Recurrent substance use resulting in; failure to fulfill obligations at work, home or school, puts the patient in a situation that is physically hazardous, results in legal problems or interpersonal problems.

Dependence: Also known as addiction, is a pattern of continuous use with 3 or more of the following symptoms: needing more to get "high", taken in large amounts over a longer period of time, causes withdrawal symptoms when not used, use is an important social, occupational, or recreational activity, a great deal of time is spent using, obtaining, or recovering from its effects, and/or patient has desire or is unsuccessful to cut down use.

ICD-10-CM codes for the history of alcohol or drug dependence don't exist in ICD-10-CM. Instead, these conditions are coded as "in remission." In 2017, the Official Guidelines for Coding and Reporting for Mental and Behavioral Disorders due to psychoactive substance use was revised to read, "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), unless otherwise instructed by the classification."

Plainly put…. “a status of remission cannot be coded unless the provider’s documentation specifically states “in remission.” This status is based on the provider’s clinical judgment. It would not be appropriate to code this status based on a description of cessation or decreased use, or history of.

In addition to this change, there are inclusion terms for substance use, abuse, and dependence disorders which are in remission. These inclusions include:

- Mild, in early remission
- Mild, in sustained remission
- Moderate, in early remission
- Moderate, in sustained remission
- Severe, in early remission
- Severe, in sustained remission

These changes were made to mirror the terms of the Fifth Edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM – 5).

When the provider documentation refers to the use, abuse, and dependence of the same substance (e.g. alcohol, opioid, cannabis, etc.), only one code should be assigned to identify the pattern of use based on the following hierarchy:

- If both use and abuse are documented, assign only the code for abuse
- If both abuse and dependence are documented, assign only the code for dependence
- If use, abuse, and dependence are all documented, assign only the code for dependence
- If both use and dependence are documented, assign only the code for dependence

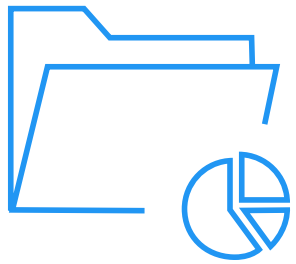
## LET’S GO OVER SOME EXAMPLES:

A 50-year-old female is currently receiving treatment for alcohol dependence, the patient also has a history of heroin use and dependence and is currently in remission. In this scenario, F10.20 Dependence, alcohol (without remission), and F11.21 Opioid dependence in remission can both can be reported.

The patient has a 10-year history of alcohol dependence and consumes high levels of alcohol daily. The patient was admitted for alcohol detoxification and rehabilitation. The patient began having withdrawal symptoms with delirium tremors. The correct code is F10.231 Alcohol dependence with withdrawal delirium.

## WHY YOU MUST REVIEW ENTIRE PATIENT NOTE

In conclusion, it’s important to review the entire patient note to ensure you capture the proper code. Look for keywords or phrases that support the definition or inclusion term(s) and query the provider when in doubt.



**Vikas Chawla**
**Medical Auditor**

# Section 1.C.4. Endocrine, Nutritional and Metabolic Diseases

Endocrine and metabolic diseases have a wide range of conditions affecting millions of people, which makes it imperative to have an in-depth understanding of ICD-10-CM guidelines and concepts so that the correct ICD-10-CM code is assigned based on documentation.

The ICD-10-CM code range for Endocrine, nutritional and metabolic diseases E00-E89 is a medical classification list by the World Health Organization (WHO). This chapter includes guidelines for correct ICD-10-CM code assignment for Disorders of the thyroid gland, Diabetes mellitus, Other disorders of glucose regulation and pancreatic internal secretion, Disorders of other endocrine glands, Intraoperative complications of the endocrine system, Malnutrition, and Other nutritional deficiencies.

## DIABETES AND RELATED CONDITIONS

Due to an extended list of Endocrine, nutritional, and metabolic conditions, today we will be going over the concept for correct ICD-10-CM code assignment for diabetes with related conditions.

Many of the ICD-10-CM diabetes codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system. The guidelines also include instructions to use additional codes to further define other related conditions and the use of insulin or other antidiabetic drugs.

In 2016 AHA Coding Clinic published a clarification that the sub-term “with” in the index should be interpreted as a link between diabetes and any condition indented under the word with. This means that we can assume a “cause and effect” relationship with diabetes and those diseases. An example is type 2 diabetes with kidney disease. The physician’s documentation does not need to specify that the patient’s diabetes is linked to their kidney disease. As coders, we can assume this relationship.

A common scenario we see in medical records are type 2 diabetic patients with neuropathy. Approximately 1/3 to ½ of patients with diabetes have peripheral neuropathy. Coding diabetic patients with neurological complications can be confusing. The key is to understand the disease process. When a diabetic patient develops peripheral neuropathy, damage to the peripheral nerves they experience symptoms of weakness, numbness, and pain in the hands and feet. This nerve damage can impact multiple nerves (polyneuropathy). When a physician states peripheral neuropathy due to diabetes it is understood as polyneuropathy which codes to E11.42. Mononeuropathy usually occurs when there is damage to a single nerve or nerve group. We see this in patients with carpal tunnel syndrome and Bell’s palsy.

## EXAMPLES OF DIABETES COMBINATION CODES:

A patient with type 2 diabetes presents for evaluation burning and tingling in both feet. Provider’s final diagnosis is type 2 diabetes with peripheral neuropathy and prescribes Lyrica. The correct code assignment for this scenario is:

- E11.42 type 2 diabetes mellitus with diabetic polyneuropathy

A diabetic patient with chronic kidney disease, stage 4. The patient has type 2 diabetes and takes insulin daily. The correct code assignment for this scenario is:

- E11.22 type 2 diabetes mellitus with diabetic chronic kidney disease
- N18.4 Chronic kidney disease stage 4
- Z79.4 long term (current) use of insulin

A patient with type 1 diabetes is seen for severe proliferative diabetic retinopathy with macular edema in both eyes. The correct ICD-10-CM coding is:

- E10.3513, Type 1 diabetes mellitus with severe proliferative diabetic retinopathy with macular edema.

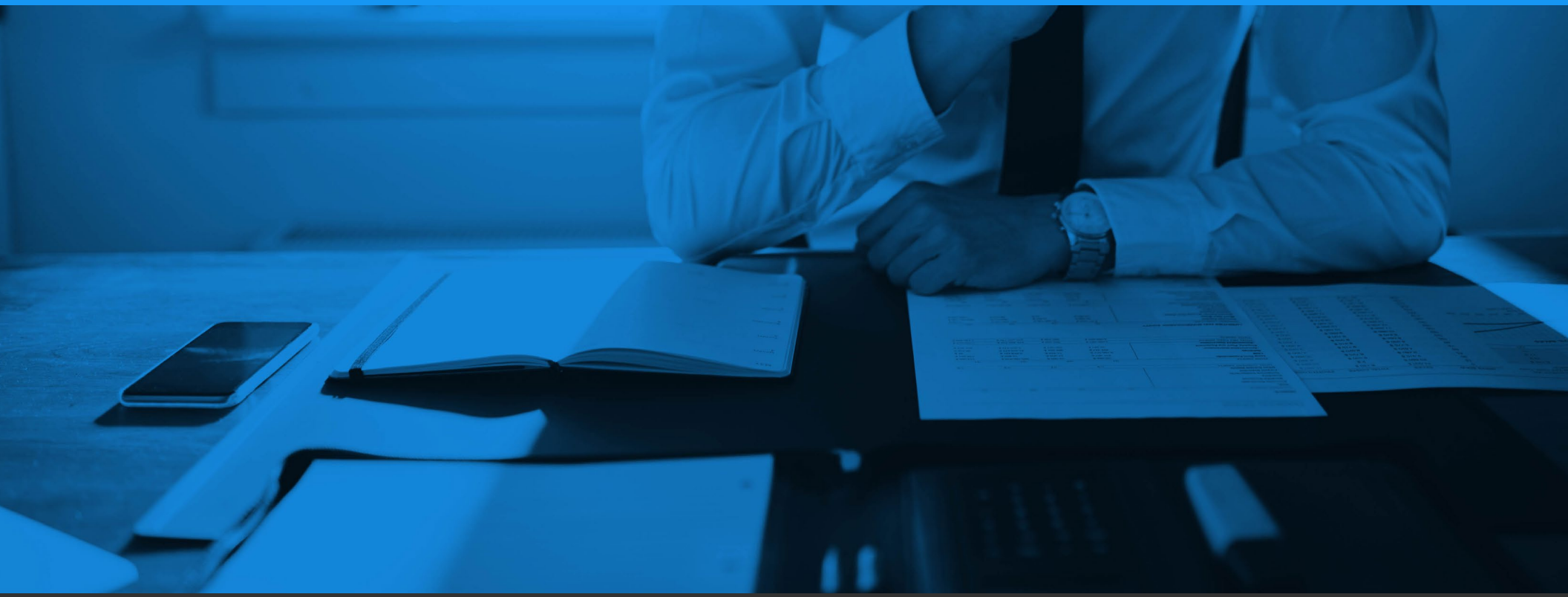
When reporting diabetes in pregnancy, the coder must review the codes in chapter 15, "Pregnancy, childbirth and the puerperium (O00-O9A)," to obtain the correct code combination. There are also instructions to include a final character indicating the trimester of pregnancy in which the mother is in.

For example, a pregnant mother with type 1 diabetes who is G2, P1 and is 24 weeks gestation, presents for evaluation of her diabetes. The correct ICD-10-CM coding is:

- O24.012, Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester
- Z3A.24, 26 weeks gestation of pregnancy

## DON'T FORGET: READ THE ENTIRE PATIENT NOTE

It is important to remember to read the entire note to ensure the physician's documentation is clear as to whether conditions are related to diabetes and that there is no documentation indicated that diabetes is not the underlying cause of the other condition. When in doubt query the physician.



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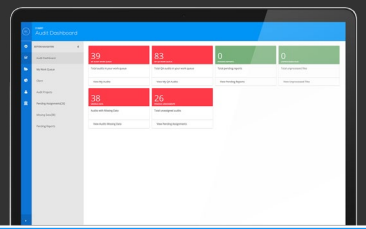


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