ICD-10 Conventions, Guidelines, Pointers and Pitfalls

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Conventions vs. Guidelines

What are the conventions?
- instructions provided within ICD-10-CM itself
- published by the World Health Organization

What are the guidelines?
- rules that complement the conventions
- published by CMS (Centers for Medicare and Medicaid Services) and NCHS (National Center for Health Statistics)

• Conventions within ICD-10-CM supersede guidelines.
• Adherence to guidelines is required under HIPAA.

Guidelines

Section I:
- conventions
- general guidelines
- chapter-specific guidelines

Section IV:
- outpatient coding and reporting

Disclosures

• Everything here is strictly my opinion only and does not reflect the opinion of my employer nor of ASOA.

• Dr. Qaum and spouse own a publishing company which publishes various ICD-10 coding forms on Amazon.
Conventions

Conventions:

• instructions provided within ICD-10-CM itself

• found within Alphabetical Index and Tabular List

Format and Structure

The ICD-10-CM Tabular List contains categories, subcategories and codes.

Example:
H16 Keratitis (All categories are 3 characters)
   H16.0 Corneal ulcer (subcategory)
      H16.01 Central corneal ulcer (subcategory)
         H16.011 Central corneal ulcer, right eye (code)

Format and Structure

Codes may be 3, 4, 5, 6, or 7 characters.

Examples:
3 digits: R51 Headaches
4 digits: H53.8 Blurry vision
5 digits: H35.31 Dry AMD
6 digits: H04.12* Dry eyes R(1) L(2) B(3)
7 digits: H40.12** Low tension glaucoma R(1) L(2) B(3); Unspecified(0) Mild(1) Moderate(2) Severe(3) Indeterminate(4)

A code that has a 7th character is invalid without it.

Placeholder and 7th Character

• A placeholder character “X” is used in certain codes and must be used if it exists.

• S05.0*X* Corneal Abrasion R(1XA 1XD 1XS) L(2XA 2XD 2XS)
• S02.3XX* Orbital Floor Fracture (A, D, S)

• The 7th character must be in the 7th character position. Use the placeholder “X” to fill empty characters.
Abbreviations: NEC

Example:
• E13 Other specified diabetes mellitus
  Includes: secondary diabetes mellitus NEC

NEC = “Not Elsewhere Classifiable”
• Means “other specified” or “other”
• Information in the medical record provides detail for which a specific code does not exist.
• A goal of ICD-10 was to reduce NEC.

Abbreviations: NOS

Example:
• H20.9 Unspecified iridocyclitis
  Uveitis NOS

NOS = “Not otherwise specified”
• means “unspecified”
• Information in the medical record is insufficient to assign a more specific code.

Brackets [ ]

Brackets enclose synonyms, alternative wording or explanatory phrases.

Examples:
• H49.22 Sixth [abducent] nerve palsy, left eye
• H11.13 Conjunctival argyrosis [argyria]
• H54.5 Visual impairment categories 1 or 2 in one eye [normal vision in other eye]

Parentheses ( )

Examples:
• H21.262 Iris atrophy (essential) (progressive), left eye
• H35.362 Drusen (degenerative) of macula, left eye

• Parentheses enclose supplementary words that may be present or absent.
• Enclosed words are called nonessential modifiers.
“Other” and “Other Specified”

Example:
- H26.8 Other specified cataract

- Information in the medical record provides detail for which a specific code does not exist.

“Unspecified”

Examples:
- H26.9 Unspecified cataract
- H21.29 Other iris atrophy
  
  But, where is unspecified iris atrophy?

- Information in the medical record is insufficient to assign a more specific code.

- If an unspecified code is not provided, the “other specified” code may represent both “other” and “unspecified.”

“Includes” Notes

Example:
- H44 Disorders of globe
  Includes: disorders affecting multiple structures of eye

- Appear immediately under the 3 character category.

- Define or give examples of the content of the category.

- Only 1 code in Section H has an “includes” note.

Inclusion Terms

H20.0 Acute and subacute iridocyclitis
- Acute anterior uveitis
- Acute cyclitis
- Acute iritis
- Subacute anterior uveitis
- Subacute cyclitis
- Subacute iritis
Inclusion Terms

• List of terms under some codes

• Can be synonyms of the code title

• For “other specified” codes, can be a list of conditions assigned to that code.

• These terms are not necessarily exhaustive (i.e. you can use other unlisted codes as well).

Excludes1

The excluded code cannot be coded at the same time as the code in question.

Examples: (some make sense; others don’t make sense)
• H16.22 Keratoconjunctivitis sicca, not specified as Sjögren’s
  Excludes1: Sjögren’s syndrome (M35.01)

• H10.81 Pingueculitis
  Excludes1: pinguecula (H11.15-)

Excludes2

Example:
• H20.1 Chronic iridocyclitis
  Excludes2: posterior cyclitis (H30.2-)

• Excludes2 means “Not included here.”

• Think of it as: “Did not include so far.”

• You may use the excluded code and the code in question, when appropriate.

Etiology/Manifestation Convention

ICD-9 Example:
• Diabetes with ophthalmic manifestations
• Non-proliferative diabetic retinopathy

ICD-10 convention:
• Code the underlying condition/etiology first.
• Code the manifestation second.

Example:
• H20.1 Chronic iridocyclitis
  Use additional code for any associated cataract (H26.21-)
Etiology/Manifestation Convention

Example:
• H42 Glaucoma in diseases classified elsewhere
  Code first underlying condition, such as:
  amyloidosis (E85.-)
  aniridia (Q13.1)
  Lowe's syndrome (E72.03)
  Reiger's anomaly (Q13.81)
  specified metabolic disorder (E70-E88)

• These manifestation codes are never permitted to be
  used as first listed or principal diagnosis codes.

“And” Means “And/Or”

Examples:
• H15-H22 Disorders of sclera, cornea, iris and ciliary
  body

• H26.0 Infantile and juvenile cataract

“Code also”

Examples:
• H18.04 Kayser-Fleischer ring
  Code also associated Wilson's disease (E83.01)

• H35.033 Hypertensive retinopathy, bilateral
  Code also any associated hypertension (I10-)

• Two codes may be required to fully describe a condition.
• There is not sequencing direction.

General Coding Guidelines

• The Alphabetic Index does not always provide the full code. The Tabular List does.

• You may code a symptom or sign if a related definitive diagnosis has not been established.

• Do not code signs and symptoms that are routinely associated with a disease process.
  Example: Do not code eye pain with a corneal abrasion.

• Additional signs/symptoms that may not be associated routinely with a disease process should be coded. The diagnosis code should precede the symptom code.
  Example: Posterior vitreous detachment and vomiting.
Multiple Coding for a Single Condition

Example:
• H44.0 Purulent endophthalmitis
  Use additional code to identify organism

• Some single conditions require more than one code.

• “Use additional code” indicates a secondary code should be added.

Combination Codes

• Do not use multiple codes when a combination code exists that clearly identifies all of the elements documented in the diagnosis.

Example: Use this:
• H16.20 Unspecified keratoconjunctivitis

Instead of:
• H16.101 Unspecified superficial keratitis, right eye
  AND
• H10.31 Unspecified acute conjunctivitis, right eye

Sequela (Late effects)

A sequela is the residual effect after the acute phase of an illness or injury has terminated.

Example:
• H18.831 Recurrent erosion of cornea, right eye
• S05.01XS Injury of conjunctiva and corneal abrasion without foreign body, right eye

• Code the condition of the sequela first.
• Code the sequela “S” code second.

Report Each Diagnosis Once Only

Each unique ICD-10 diagnosis code may be reported only once for a specific encounter.

Example:
• H35.31 Nonexudative age-related macular degeneration

• Do not code this twice, once for the right eye and once for the left eye.
Chapter-Specific Coding Guidelines

• Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)

• Most type 1 diabetics develop the condition before reaching puberty.

• If the type of diabetes mellitus is not documented in the medical record the default is E11.-, Type 2 diabetes mellitus.

• Code Z79.4, Long-term (current) use of insulin, should also be assigned to indicate that the patient uses insulin.

Bilateral Glaucoma with Same Type and Same Stage

If patient has glaucoma OU, same type and same stage, you only need one code.

Example 1: (bilateral code is available)
• H40.123* Low-tension glaucoma, bilateral.

Example 2: (bilateral code is NOT available)
• H40.11X* Primary open angle glaucoma.

Bilateral Glaucoma with Same Type, But Different Stages:

If patient has glaucoma OU with same type, but different stages, assign one code for each stage of glaucoma.

Example 1: (different stages with laterality)
• H40.121* Low-tension glaucoma, right eye
• H40.122* Low-tension glaucoma, left eye

Example 2: (different stages without laterality)
• H40.11X* Primary open angle glaucoma

Bilateral Glaucoma with Different Types

If patient has glaucoma OU with different types, assign one code for each type of glaucoma.

Example 1: (different types with laterality)
• H40.121* Low-tension glaucoma, right eye
• H40.132* Pigmentary glaucoma, left eye

Example 2: (different types without laterality)
• H40.11X* Primary open angle glaucoma
• H40.20X* Primary angle closure glaucoma
Glaucoma Stages: Unspecified vs Indeterminate

- Use “indeterminate” when the stage cannot be clinically determined.
- Use “unspecified” when there is no documentation regarding the stage of the glaucoma.

Chapter 19: ADS 7th Character

Conventions state:
- A = initial encounter
- D = subsequent encounter
- S = sequale
- “Assignment of the 7th character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time.”

Chapter 19: ADS 7th Character

- “7th character A is used while the patient is receiving active treatment for the condition.

Examples of active treatment include: surgical treatment; emergency department encounter; and evaluation and continuing treatment by same or different physician.”

- “7th character D is used for encounters after the patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase.

Examples of subsequent care are: medication adjustment; other aftercare and follow up visits following treatment of the injury or condition.”

Coding of Injuries

- Superficial injuries (abrasions or contusions) are not coded when associated with more severe injuries of the same site.

Example 1: ruptured globe (lacerated cornea)
- Do not also code corneal abrasion.

Example 2: eyelid laceration. Do not also code contusion.
Chapter 20: External Causes of Morbidity.

• These codes should never be sequenced as the first listed or principal diagnosis.

• There is no national requirement for mandatory ICD-10-CM external cause code reporting.

• Unless a provider is subject to a state-based external cause code reporting mandate or these codes are required by a particular payer, reporting of ICD-10-CM codes in Chapter 20, External Causes of Morbidity, is not required.