ICD-10 Clinical Concepts Series

- Common Codes
- Clinical Documentation Tips
- Clinical Scenarios

ICD-10 Clinical Concepts for Internal Medicine is a feature of Road to 10, a CMS online tool built with physician input.
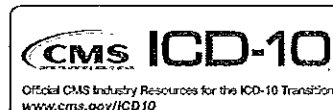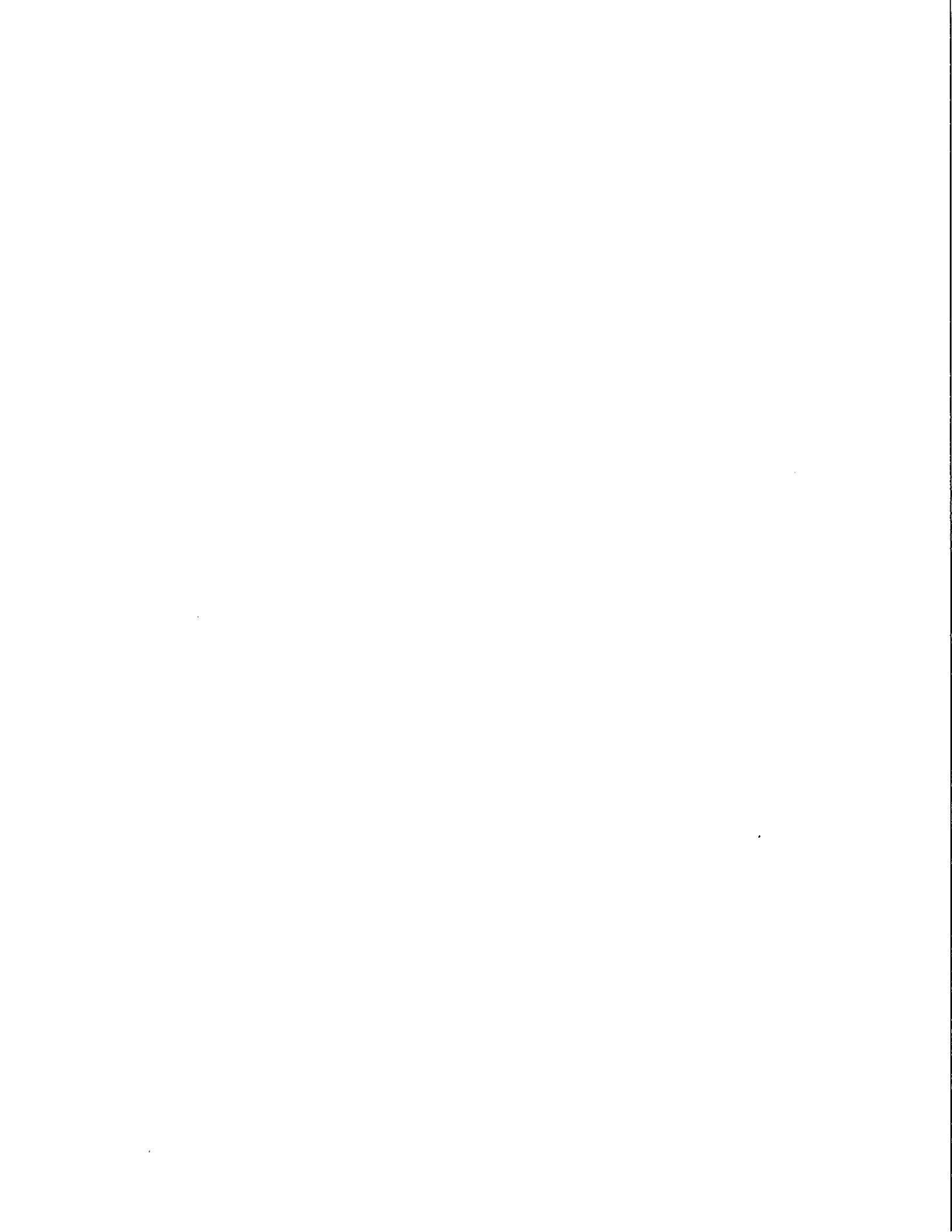
With Road to 10, you can:

- Build an ICD-10 action plan customized for your practice
- Use interactive case studies to see how your coding selections compare with your peers' coding

- Access quick references from CMS and medical and trade associations
- View in-depth webcasts for and by medical professionals

To get on the Road to 10 and find out more about ICD-10, visit:

cms.gov/ICD10
roadto10.org

CMS ICD-10
Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10

ICD-10 Compliance Date: **October 1, 2015**

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Specifying anatomical location and laterality required by ICD-10 is easier than you think. This detail reflects how physicians and clinicians communicate and to what they pay attention - it is a matter of ensuring the information is captured in your documentation.

In ICD-10-CM, there are three main categories of changes:

- **Definition Changes**
- **Terminology Differences**
- **Increased Specificity**

Over 1/3 of the expansion of ICD-10 codes is due to the addition of laterality (left, right, bilateral). Physicians and other clinicians likely already note the side when evaluating the clinically pertinent anatomical site(s).

ACUTE MYOCARDIAL INFARCTION (AMI)

Definition Change

When documenting an AMI, include the following:

1. Timeframe	An AMI is now considered "acute" for 4 weeks from the time of the incident.
2. Episode of care	ICD-10 does not capture episode of care (e.g. initial, subsequent, sequelae).
3. Subsequent AMI	ICD-10 allows coding of a new MI that occurs during the 4 week "acute period" of the original AMI.

ICD-10 Code Examples

I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I22.1	Subsequent ST elevation (STEMI) myocardial infarction

HYPERTENSION

Definition Change

In ICD-10, hypertension is defined as essential (primary). The concept of "benign or malignant" as it relates to hypertension no longer exists.

When documenting hypertension, include the following:

1. Type   e.g. essential, secondary, etc.

2. Causal relationship   e.g. Renal, pulmonary, etc.

ICD-10 Code Examples

I10	Essential (primary) hypertension
I11.9	Hypertensive heart disease without heart failure
I15.0	Renovascular hypertension

ASTHMA

Terminology Difference

ICD-10 terminology used to describe asthma has been updated to reflect the current clinical classification system.

When documenting asthma, include the following:

1. Cause   Exercise induced, cough variant, related to smoking, chemical or particulate cause, occupational

2. Severity   Choose one of the three options below for persistent asthma patients

1. Mild persistent

2. Moderate persistent

3. Severe persistent

3. Temporal Factors Acute, chronic, intermittent, persistent, status asthmaticus, acute exacerbation

ICD-10 Code Examples

J45.30	Mild persistent asthma, uncomplicated
J45.991	Cough variant asthma

UNDERDOSING

Terminology Difference

Underdosing is an important new concept and term in ICD-10. It allows you to identify when a patient is taking less of a medication than is prescribed.

When documenting underdosing, include the following:

1. Intentional, Unintentional,Non-compliance	Is the underdosing deliberate? (e.g., patient refusal)
2. Reason	Why is the patient not taking the medication? (e.g.financial hardship, age-related debility)

ICD-10 Code Examples

Z91.120	Patient's intentional underdosing of medication regimen due to financial hardship
T36.4x6A	Underdosing of tetracyclines, initial encounter
T45.526D	Underdosing of antithrombotic drugs, subsequent encounter

DIABETES MELLITUS, HYPOGLYCEMIA AND HYPERGLYCEMIA

Increased Specificity

The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system.

When documenting diabetes, include the following:

1. Type   e.g. Type 1 or Type 2 disease, drug or chemical induces, due to underlying condition, gestational

2. Complications   What (if any) other body systems are affected by the diabetes condition? e.g. Foot ulcer related to diabetes mellitus

3. Treatment   Is the patient on insulin?

A second important change is the concept of "hypoglycemia" and "hyperglycemia." It is now possible to document and code for these conditions without using "diabetes mellitus." You can also specify if the condition is due to a procedure or other cause.

The final important change is that the concept of "secondary diabetes mellitus" is no longer used; instead, there are specific secondary options.

ICD-10 Code Examples

E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
R73.9	Transient post-procedural hyperglycemia
R79.9	Hyperglycemia, unspecified

ABDOMINAL PAIN AND TENDERNESS

Increased Specificity

When documenting abdominal pain, include the following:

1. Location e.g. Generalized, Right upper quadrant, periumbilical, etc.

2. Pain or tenderness type e.g. Colic, tenderness, rebound

ICD-10 Code Examples

R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.33	Periumbilical pain