




Salem Health

ICD-10 

ICD-10-CM TRAINING

August 8, 2013

**Musculoskeletal System
Symptoms and Signs**

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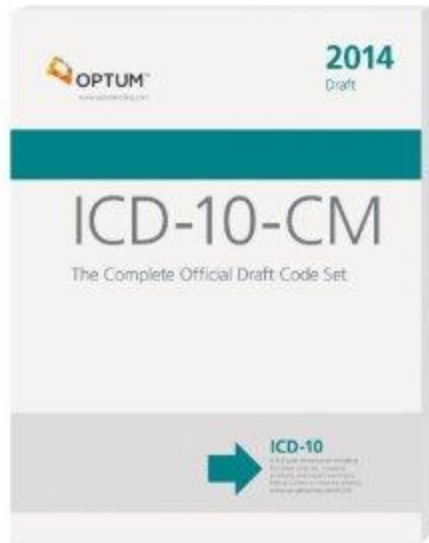
ICD-10-CM

3M



It looks like you're going to beat this ICD-10 thing after all.

ICD-10-CM



New code books will be available in September 2014

2014 ICD-10-CM Official Coding guidelines

Available
CDC Website

http://www.cdc.gov/nchs/data/icd9/icd10cm_guidelines_2014.pdf

Outpatient coding guidelines

http://www.cdc.gov/nchs/data/icd9/icd10cm_guidelines_2014.pdf

Page 102-106

Z Code guidelines P 81 - 97

Z codes that may only be first listed diagnosis P 96 - 97

2014 Coding guidelines

Admission following observation unit P 99

Admission following outpatient surgery P 99

Admission to Rehab P 100

POA

Present on admission reporting guidelines P107-111

Exemptions listing P 112-117

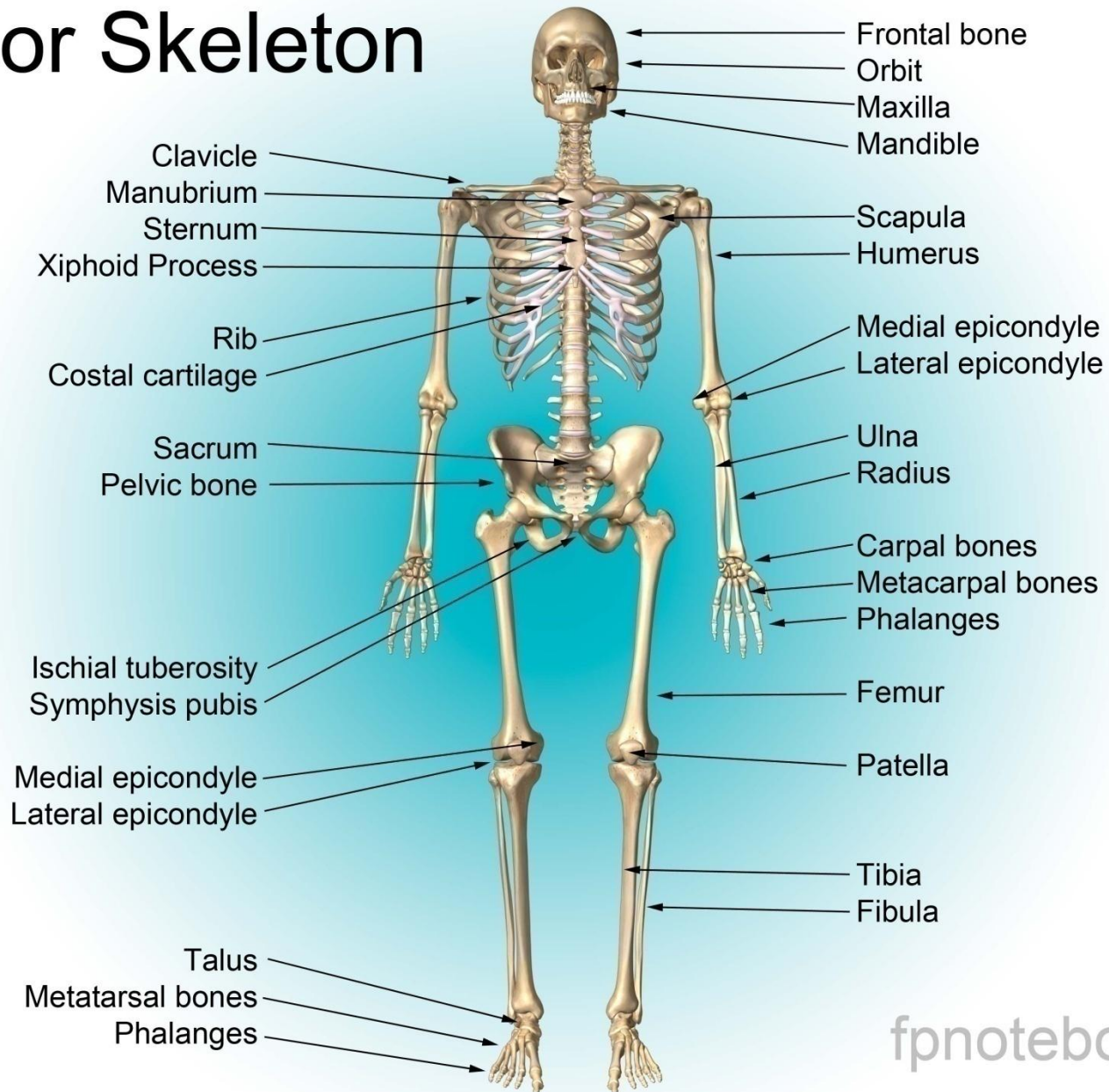
Musculoskeletal System



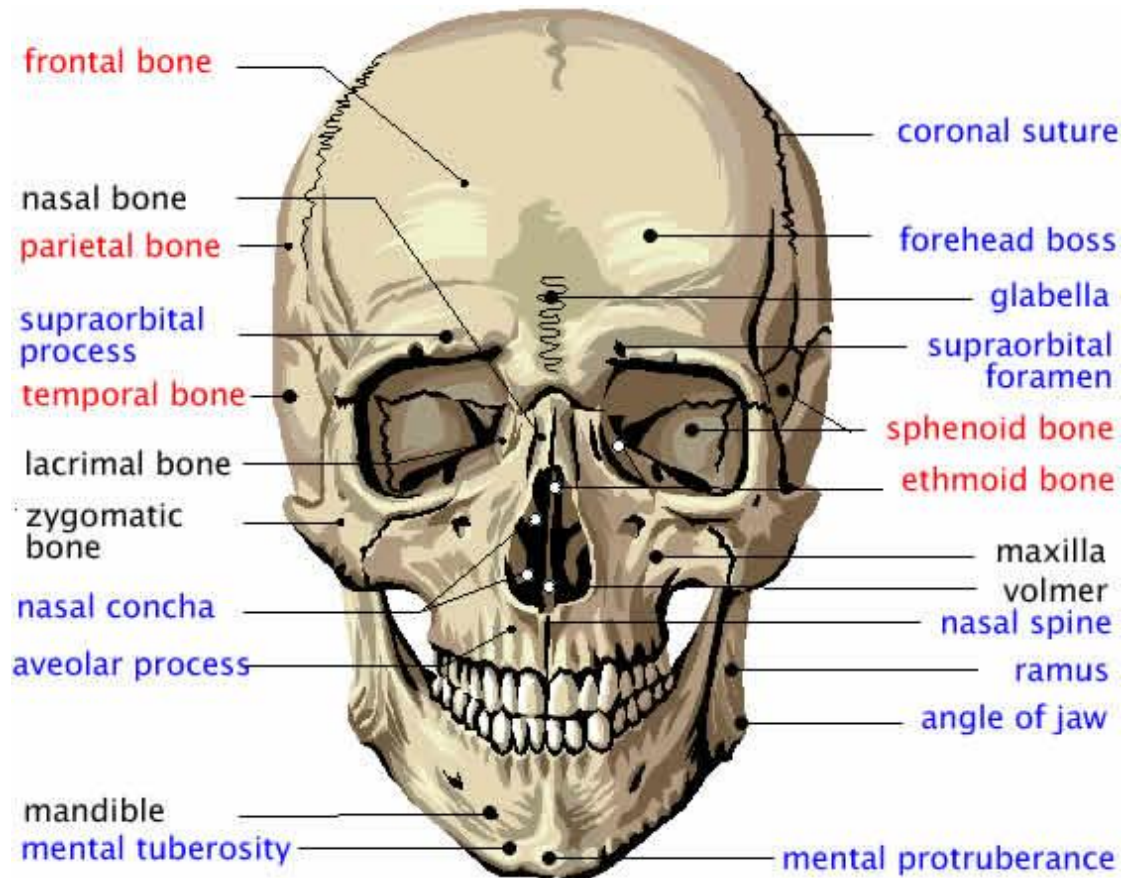
Musculoskeletal system

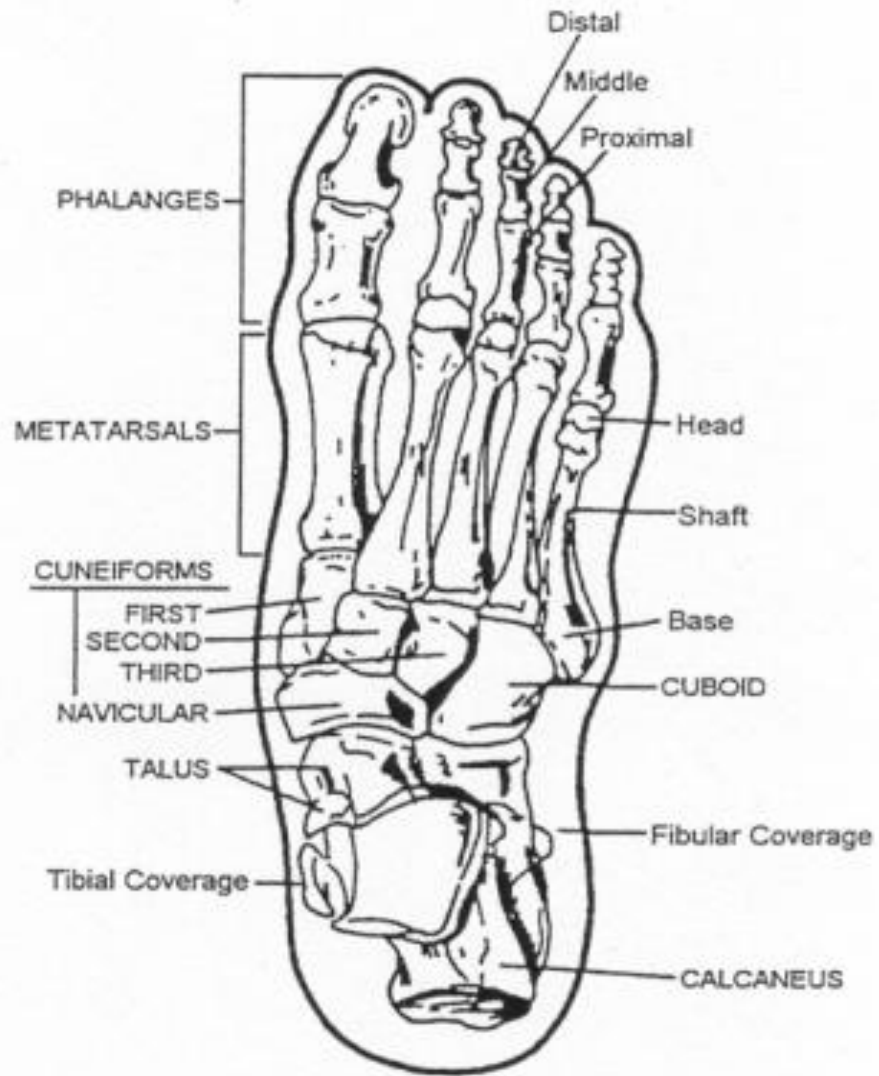


Anterior Skeleton



Cranial bones





HAND

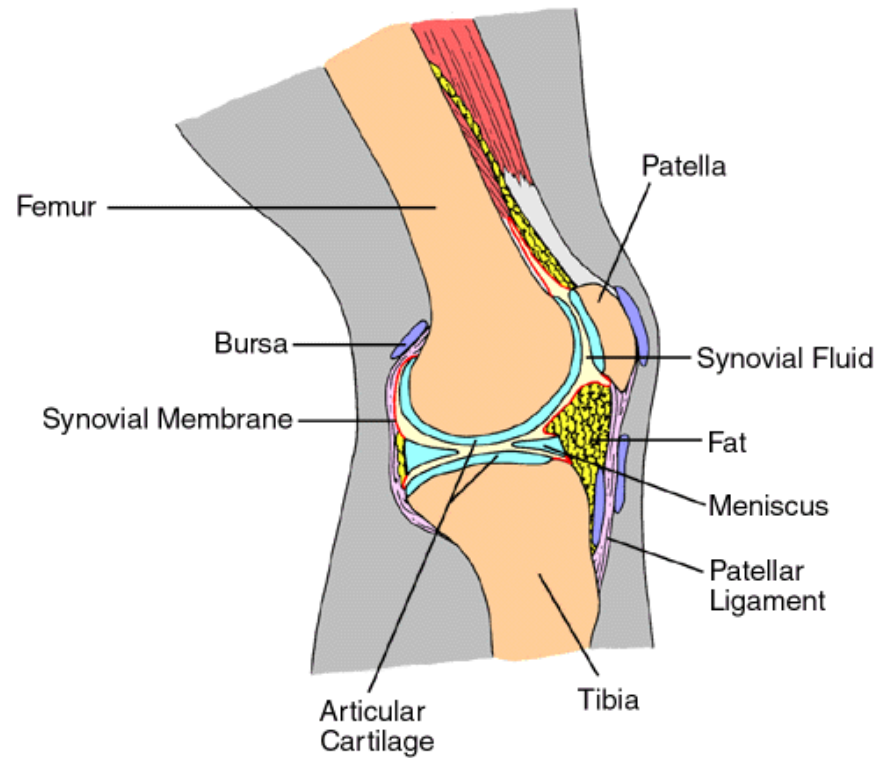


Return

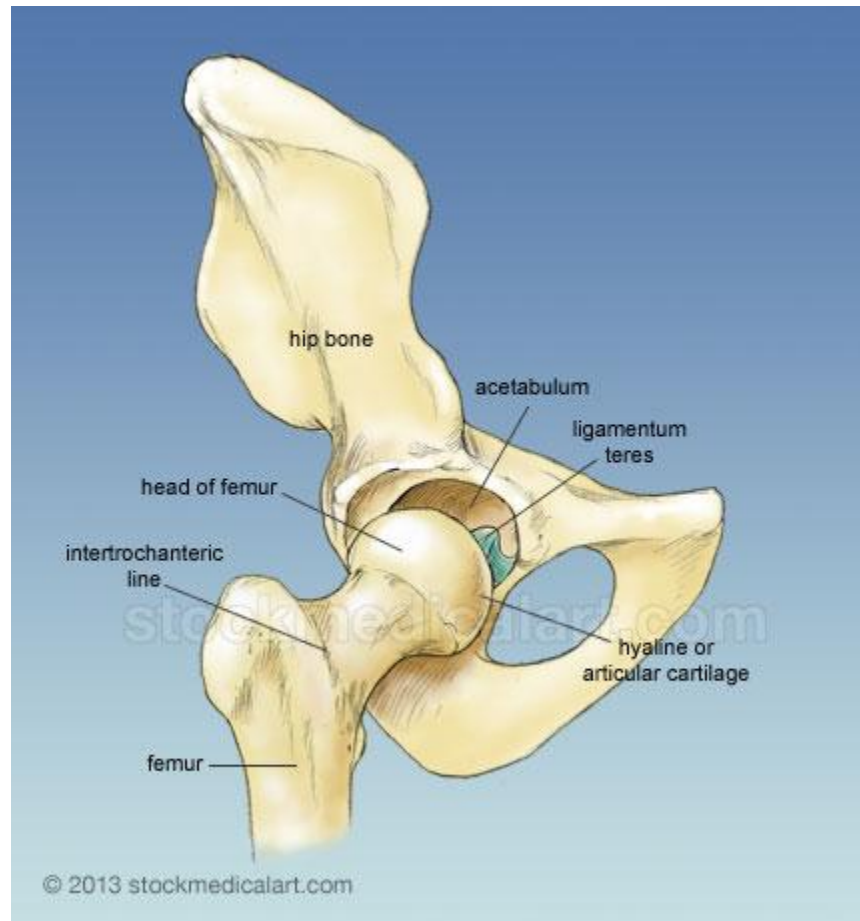


Knee joint

Knee Joint

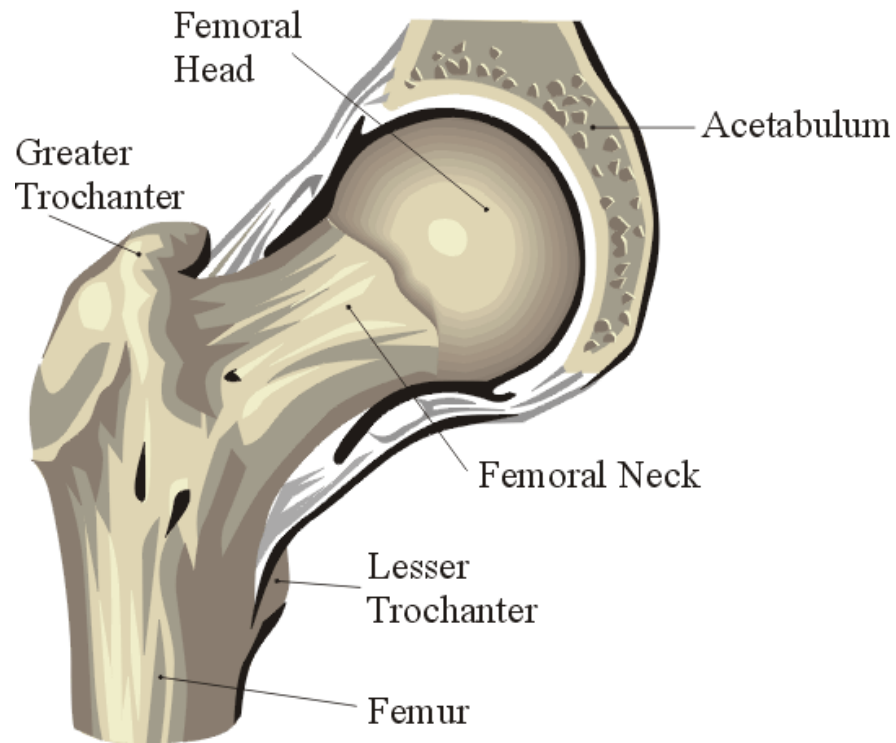


Hip joint



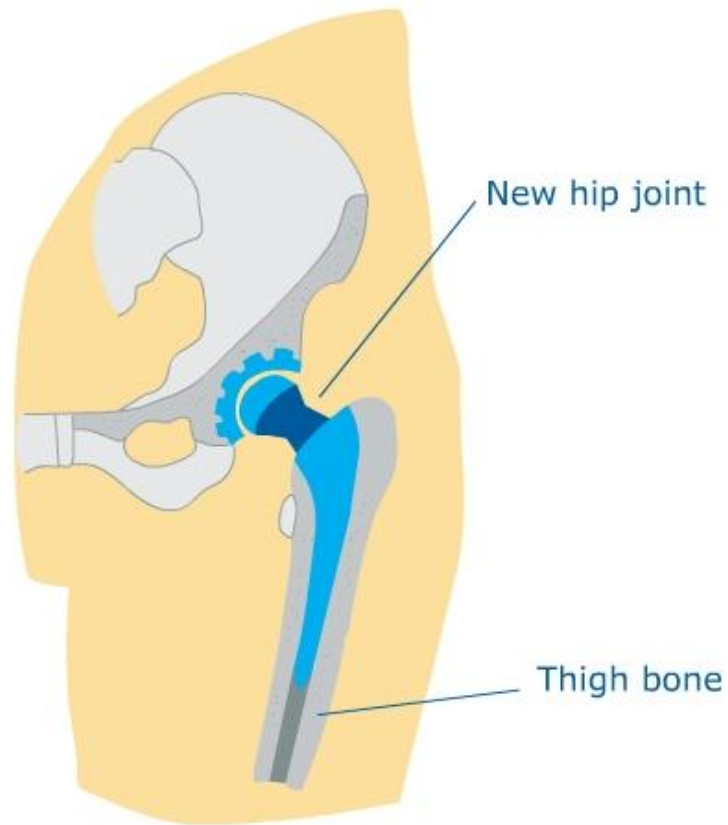
Hip joint

Anterior Femur

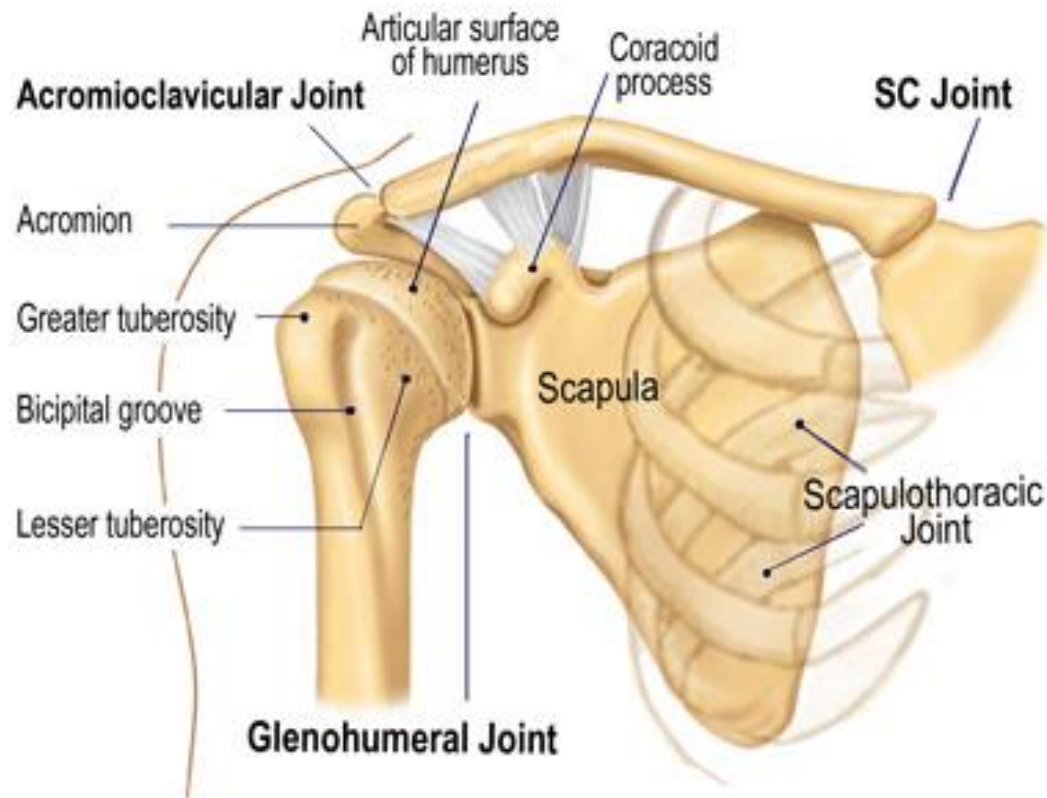


Adapted from Corel Draw 9 Library

Hip joint



Shoulder joint



Shoulder replacement



Reverse shoulder replacement

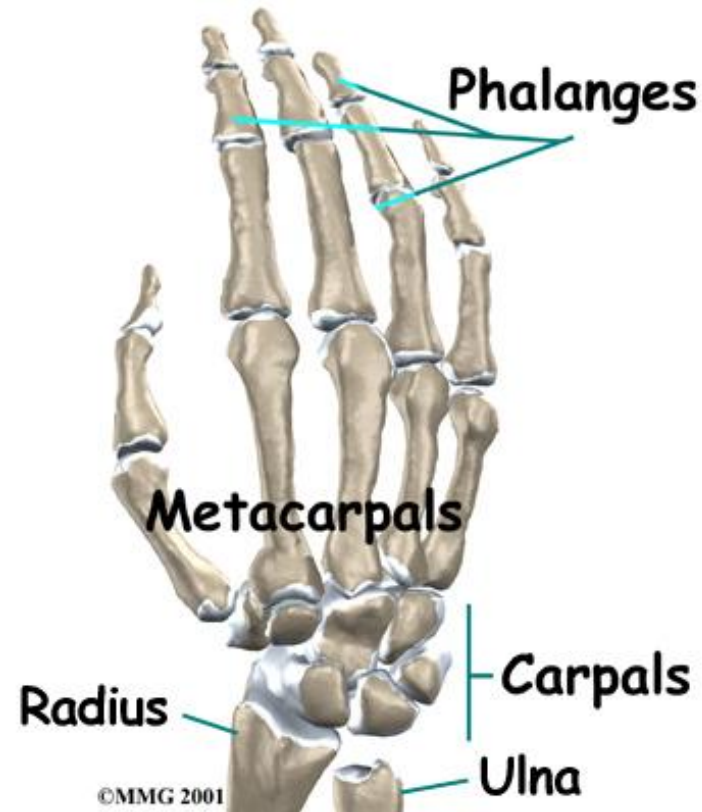


Ankle Joint

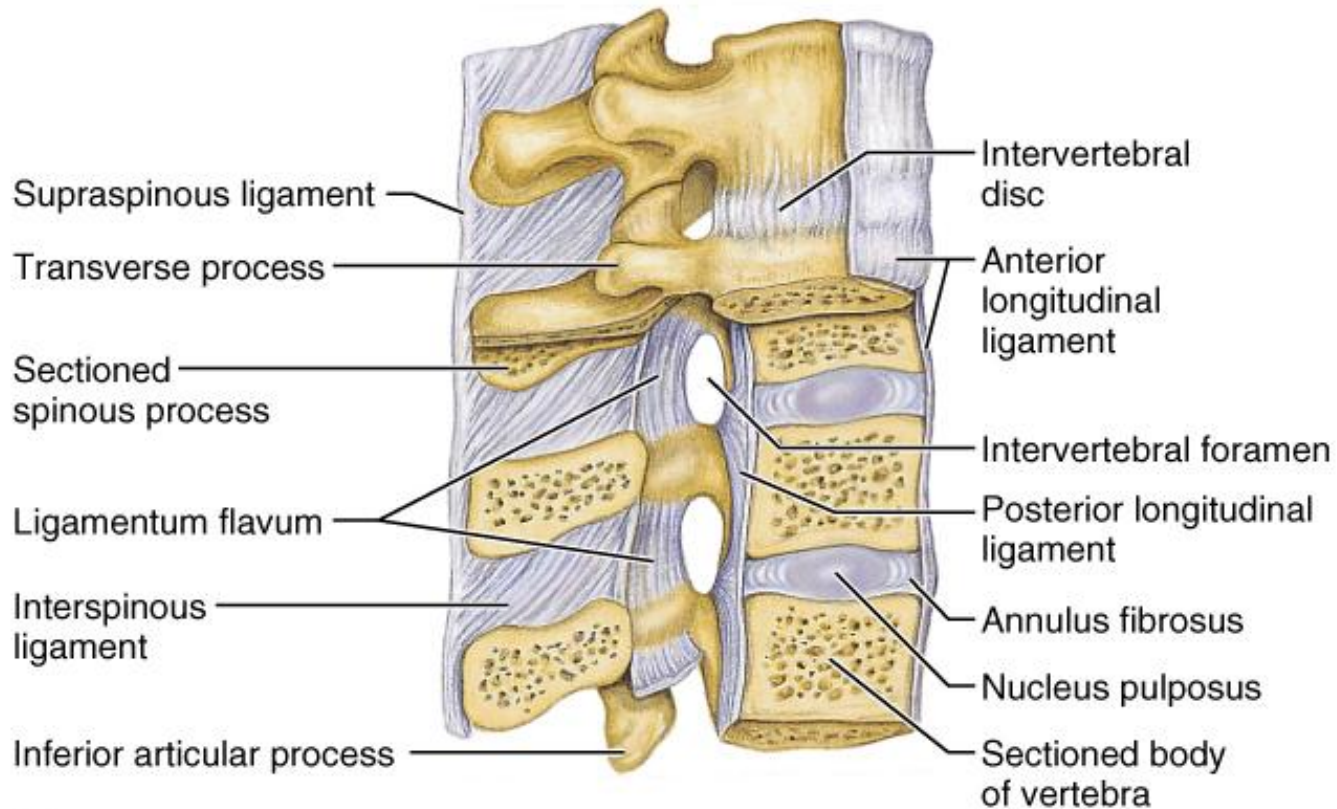


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Wrist joint



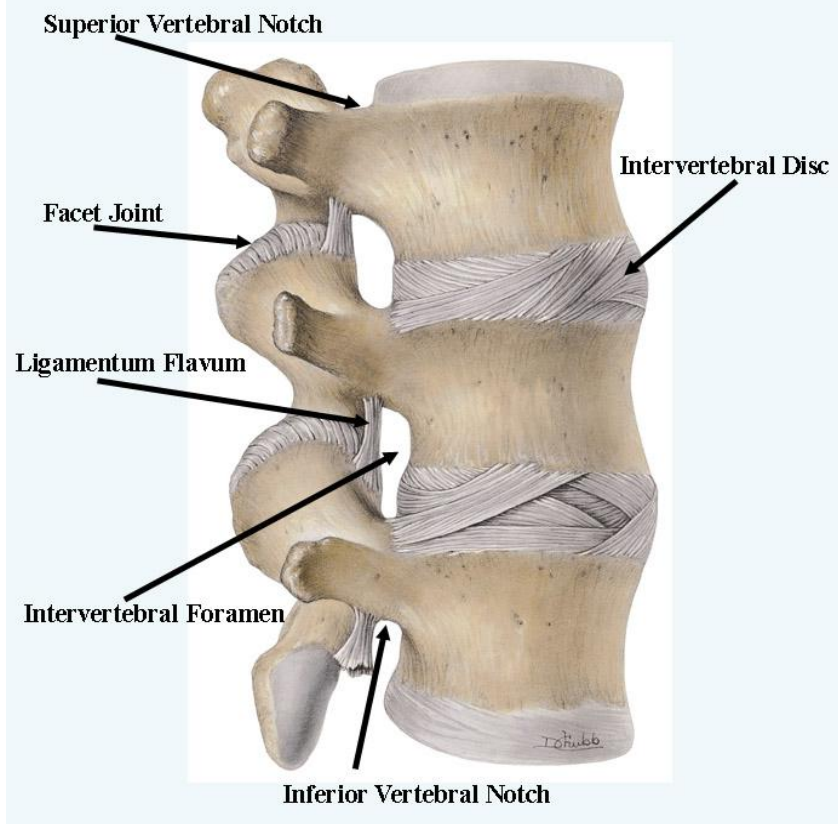
Intervertebral joints



(a)

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Intervertebral joints



Spinal Fusion Incisions

Posterior
cervical incision



Anterior
cervical incision



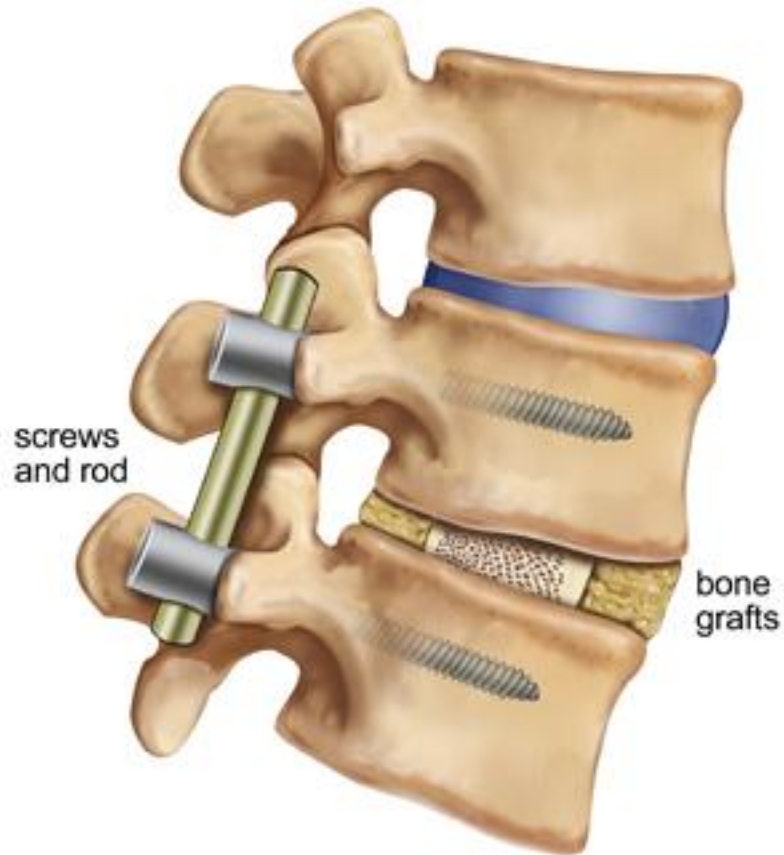
Posterior
lumbar incision



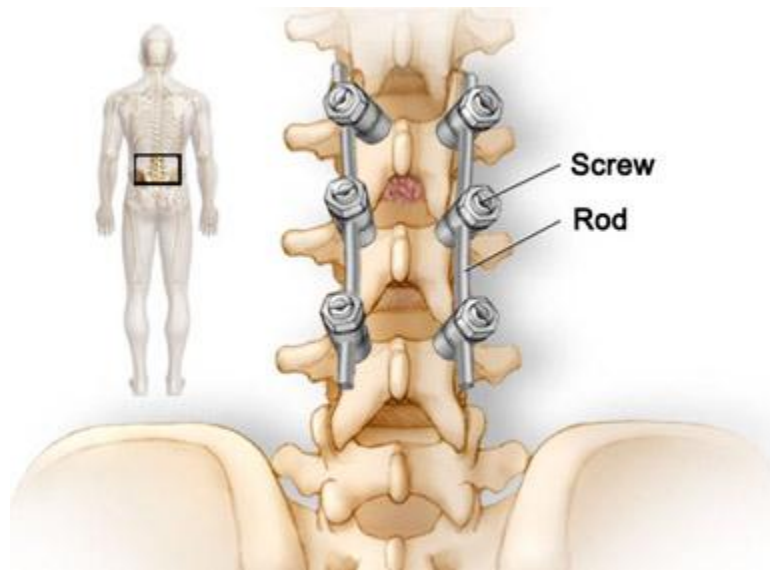
Anterior
lumbar incision



Posterior Spinal Fusion



Posterior Spinal Fusion



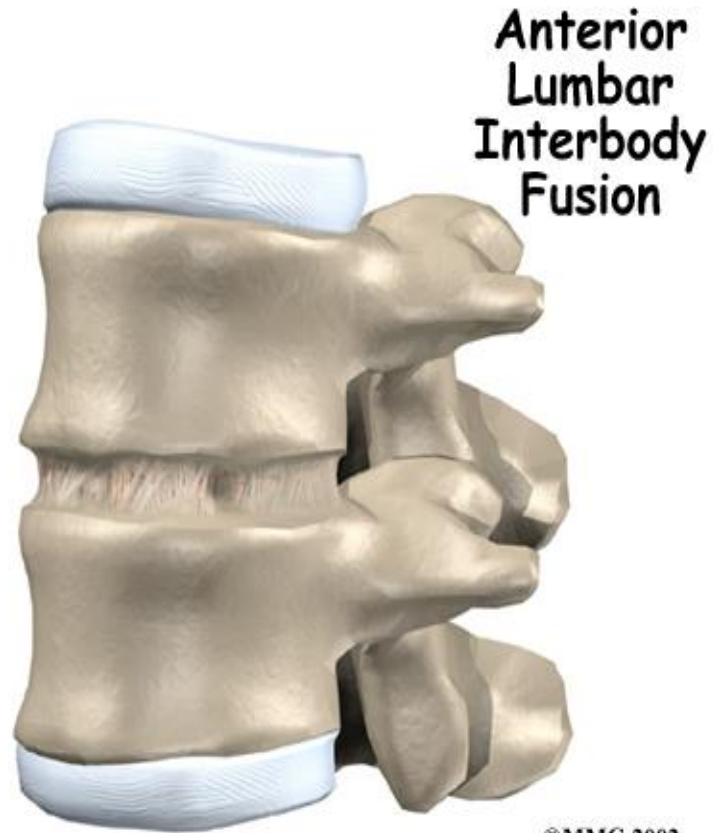
Anterior Lumbar Fusion

**Anterior
Lumbar
Fusion
with
Cages**

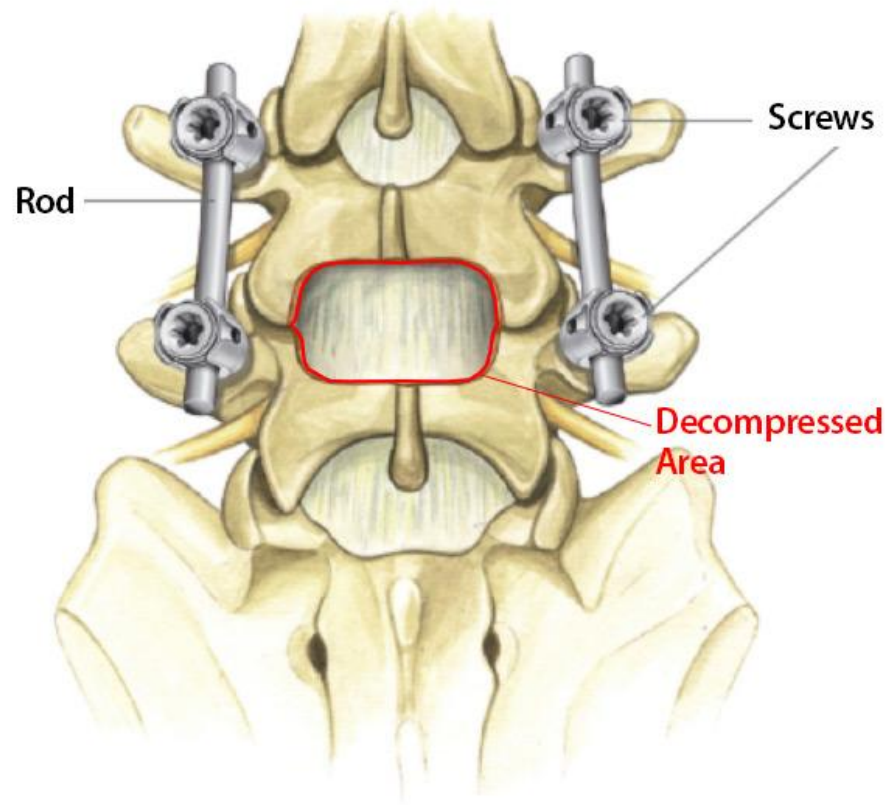


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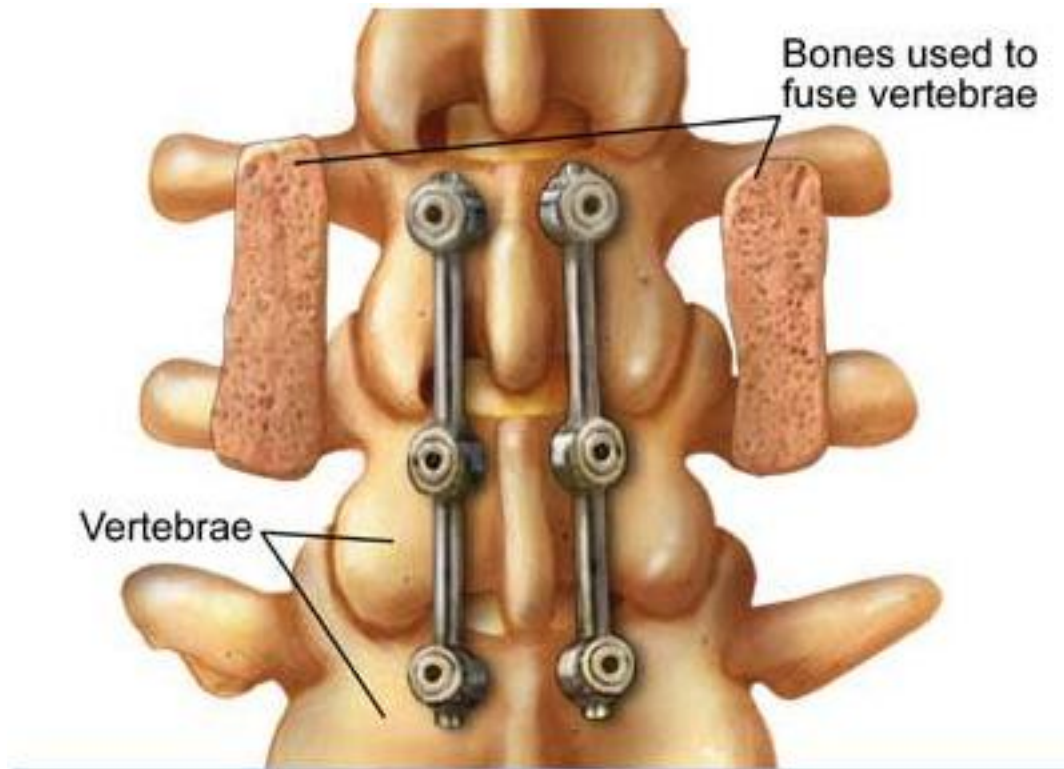
Lumbar fusion without cage



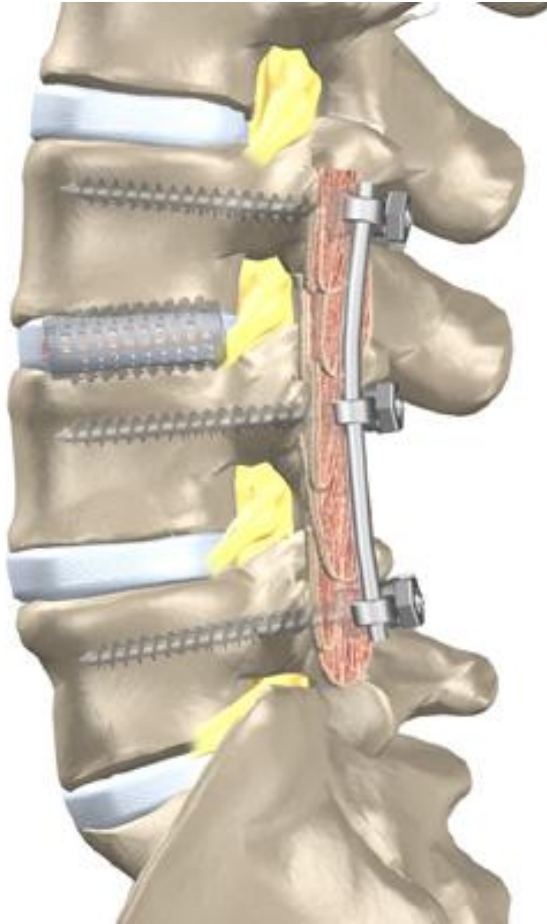
Spinal Decompression



Spinal Fusion with bone grafts



360 degree (A/P) Fusion



Diseases of the Musculoskeletal and Connective Tissue M00-M99

ICD-9-CM

700 series codes

*4 Subchapters

ICD-10-CM

M first character

*18 code blocks

brings related conditions of musculoskeletal and connective tissue together

Dentofacial anomalies included in chapter

Arthropathies associated with infection classified by etiology, type and nature of the infection

Category Title changes

ICD-9-CM

714 Rheumatoid arthritis
with other inflammatory
polyarthropathy

ICD-10-CM

M05 Rheumatoid arthritis
with rheumatoid
factor

M06 Other rheumatoid
arthritis

M07 Enteropathic
arthropathies

M08 Juvenile arthritis

ICD-10-CM changes

Gout is now included in Chapter 13 and has undergone major revisions.

Expansion to differentiate between:

- severity (third character)

- etiology or type (fourth character)

- anatomical site (fifth character)

- laterality (sixth character)

- presence of tophi (seventh character)

Tophi presence indicates disease progression

Gout

M1A Chronic gout

M1A.0 Idiopathic chronic gout

M1A.1 Lead-induced chronic gout

M1A.2 Drug-induced chronic gout

M1A.3 Chronic gout due to renal impairment

M1A.4 Other secondary gout

M1A.9 Chronic gout, unspecified

seventh character:

0 Without tophus (tophi)

1 With tophus (tophi)

Combination codes

Osteoporosis and pathological fractures are included in a combination code and specify the type of osteoporosis, the anatomical site of the fracture and laterality. Seventh characters identify the encounter.

M80.0 Age related osteoporosis with current pathological fracture.

Involutional, osteoporosis NOS, postmenopausal and senile osteoporosis

M80.01 Age related osteoporosis with current pathological fracture of the right shoulder

Complications

Many postoperative complications have been moved to the end of this individual body system.

M96.0 Pseudoarthrosis after fusion or arthrodesis

M96.1 Postlaminectomy syndrome, NEC

M96.2 Postradiation kyphosis

M96.3 Postlaminectomy kyphosis

M96.4 Postsurgical lordosis

M96.5 Postradiation scoliosis

M96.6 Fracture of bone following insertion of orthopedic implant, joint prosthesis, or bone plate

M96.8 Other intraoperative and postprocedural complications

A additional code may be needed to identify the complication

M99

Biomechanical lesions, NEC are used to report conditions that cannot better be classified to a more specific code.

These codes are commonly used in osteopathic and chiropractic medicine.

NOTE: This category should not be used if the condition can be classified elsewhere.

M99

M99.0 Segmental and somatic dysfunction

Conditions in which an anatomical state of altered function occurs in the musculoskeletal system. The bones, muscles, fascia, ligaments, discs, and related nerves and vessels may be affected resulting in impaired function.

Pain, inflammation, tenderness, muscle spasms, rigidity and tension.

These were formerly classified as stenosis of intervertebral, foramina, or disc.

Spinal stenosis is M48.-

Coding Guidelines

- **Site and laterality represent the bones, joints, or muscles
- **Code multiple sites when the condition affects more than one site within a category.
- **If no multiple site is listed and multiple sites are involved, report multiple codes as appropriate
- **For codes that specify a bone site near a joint, the site should be classified as affecting the bone.

Necrosis of shoulder greater tuberosity of humerus

Code to R. humerus as more specific

Coding Guidelines

**Most acute, traumatic musculoskeletal injuries are classified to Chapter 19. Chapter 13 is for healed, chronic and recurrent injuries.

**Pathological fractures must have 7th character “A” for encounter during the active treatment phase

This include: Emergency department, evaluation, surgery and treatment by a new MD.

D: encounters following completion of active tmt.

G, K, P, and S. complications of healing and Tmt.

Coding Guidelines

Osteoporosis is a systemic condition.

Category M80: Includes osteoporosis with “fragility fracture” :

A traumatic fracture in a patient with osteoporosis due to a minor fall or trauma, in which the causal event would not normally result in a fracture in a healthy bone.

Category M81: Osteoporosis without current pathological fracture.

****Used to specify the site of the fracture not the site of the disease.**

****for an osteoporosis patient who **does not have a current pathological fracture.****

Z87.310 History of osteoporotic fracture (status code)

Acute traumatic VS chronic/recurrent musculoskeletal conditions

Chapter 13 includes **chronic** conditions of the bones, joint or muscle that are due to a previous injury, are healed, or are a recurrent condition.

Acute injuries should be coded in Chapter 19 with codes in the **S and T** categories.

Multiple coding

Check the beginning of chapter, section, category, subcategory, and individual code for instructional notes.

Etiology/manifestation of the disease

Code first

Use additional code

Code also

Pyogenic arthritis

- M00.01** Staphylococcal arthritis and polyarthritis, Right shoulder
- use additional code B95.61 – B95.8 to identify the specific bacterial agent
- Excludes2: Infection and inflammation due to internal joint prosthesis (T84.5-)
- code is specified by site and laterality

Arthropathies

M01 Direct infection of (site) in infectious and parasitic diseases classified elsewhere

code underlying disease first:

mycoses

M02 Postinfectious and reactive arthropathy

code first underlying disease:

infective endocarditis

viral hepatitis

Inflammatory arthropathies

M05-M14

M05 Rheumatoid arthritis with rheumatoid factor

- .0 Felty's syndrome (with leukopenia and splenomegaly)
- .1 Rheumatoid lung disease
- .2 Rheumatoid vasculitis
- .3 Rheumatoid heart disease
Endocarditis, carditis, myocarditis and pericarditis
- .4 Rheumatoid myopathy
- .5 Rheumatoid polyneuropathy
- .6 Rheumatoid arthritis with involvement of other systems
- .7 Rheumatoid arthritis without organ or system involvement
- .8 Other rheumatoid arthritis with rheumatoid factor

Inflammatory arthropathies

M05-M14

M06 Other Rheumatoid arthritis

- .0 Other rheumatoid arthritis without rheumatoid factor
- .1 Adult onset Still's disease (adult form of juvenile)
- .2 Rheumatoid bursitis
- .3 Rheumatoid nodule
- .8 Other specified rheumatoid arthritis
site specific
- .89 multiple sites
- .9 Rheumatoid arthritis, unspecified

Inflammatory arthropathies

M05-M14

M08 Juvenile arthritis

- **Juvenile idiopathic arthritis (JIA)**, also known as juvenile rheumatoid arthritis (JRA), is the most common form of arthritis in children and adolescents. (Juvenile in this context refers to an onset before age 16,¹ idiopathic refers to a condition with no defined cause, and arthritis is the inflammation of the synovium of a joint.)
- JIA is a subset of arthritis seen in childhood, which may be transient and self-limited or chronic. It differs significantly from arthritis commonly seen in adults (osteoarthritis, rheumatoid arthritis), and other types of arthritis that can present in childhood which are chronic conditions (e.g. psoriatic arthritis and ankylosing spondylitis). **It is an autoimmune disorder.** The disease commonly occurs in children from the ages of **7 to 12, but it may occur in adolescents as old as 15 years of age, as well as in infants.**¹ JIA affects approximately 1 in 1,000 children in any given year, with about 1 in 10,000 having a more severe form.

Inflammatory arthropathies

M05-M14

M10 Gout

- .0 idiopathic gout
- .1 Lead induced
- .2 Drug induced
- .3 Gout due to renal impairment
- .4 Other secondary gout

Inflammatory arthropathies

M05-M14

M1A Chronic gout:

- .0 Idiopathic chronic gout
- .1 Lead-induced chronic gout
- .2 Drug-induced chronic gout
- .3 Chronic gout due to renal impairment
- .4 Other secondary chronic gout

Inflammatory arthropathies

M05-M14

M1A Chronic gout:

Idiopathic chronic gout, L. ankle and foot
with tophi

M1A.0721

Specificity in gout coding

M10.071 Acute gout of the R. big toe

M1A.0711 Chronic Gout of the R. big toe with tophi

M10.371 Gout due to renal impairment

Code first the renal disease

M11.071 Hydroxyapatite deposition disease, R. toe

Inflammatory arthropathies

M05-M14

M11 Other crystal arthropathies

M12 Other and unspecified arthropathy

M12.5 Traumatic arthropathy

M13 Other arthropathy – monoarthritis and
allergic arthritis

M14 Arthropathy in other diseases classified
elsewhere

M14.6 Charcot's joint

M14.8 Arthropathies in other specified diseases classified
elsewhere

Traumatic arthropathy

A joint affected by trauma, characterized by a fracture line through the joint, resulting in hemorrhage, capsular swelling and distension, followed by adhesions between the pannus and synovia, granulation tissue covering the articular cartilage and fibrous ankylosis which may become ossified.

Common sites: Shoulder, ankle, knee

Charcot Joint M14.6-

- **Neuropathic arthropathy** (or **neuropathic osteoarthropathy**), also known as **Charcot joint** (often "Charcot foot"), refers to progressive degeneration of a weight bearing joint, a process marked by bony destruction, bone resorption, and eventual deformity. Onset is usually insidious.
- If this pathological process continues unchecked, it could result in joint deformity, ulceration and/or superinfection, loss of function, and in the worst case scenario, amputation or death. Early identification of joint changes is the best way to limit morbidity.

Charcot Joint

The foot and ankle joint commonly involved include:

- Tarsometatarsal
- Naviculocuneiform joints
- Subtalar
- Talonavicular or calcaneocuboid joint
- Tibiotalar joint

Neuropathic conditions which lead to the condition include:

- Diabetic neuropathy
- Neurosyphilis
- Spinal cord injury
- Syringomyelia
- Peripheral nerve injury
- Pernicious anemia
- Hansen's disease

Charcot Joint

M14.6 Charcot's joint

Neuropathic arthropathy

Excludes1: Arthropathy in:

diabetes **E08-E13** with **4th and 5th characters of 61**

hematological disorders M36.2-M36.3

hypersensitivity reactions M36.4

neoplastic diseases M36.1

Neurosyphilis A52.16

Sarcoidosis D86.86

enteropathic conditions M07.-

juvenile psoriatic arthropathy L40.54-

lipoid dermatoarthritis E78.81

Fibromyalgia

ICD-9-CM

729.1

Myalgia and myositis,
Unspecified
Fibromyositis

ICD-10-CM

M79.7

Fibromyalgia
Fibromyositis
Fibrositis
Myofibrositis

Nontraumatic compartment syndrome M79.A

Specified by site

Code first, if applicable, associated postprocedural complication.

Excludes1: Compartment syndrome NOS T79.A

Fibromyalgia

Nontraumatic ischemic infarction of muscle M62.2-

Traumatic compartment syndrome (T79.A-

Nontraumatic compartment syndrome M79.A

Postoperative compartment syndrome following left total knee replacement.

T84.89 Other specified complication of internal orthopedic prosthetic devices, implants and grafts

M79.A22 Nontraumatic compartment syndrome of left leg

Osteoporosis

with current pathological fracture

M80.0 – Age related osteoporosis with current pathological fracture – Involutional, NOS, postmenopausal and senile.

(Bone mass reduction with fractures after minimal trauma) (chronic fractures)
specified by site and encounter type

A: Initial encounter

D: Subsequent encounter for fracture with routine healing

G: Subsequent encounter with delayed healing

K: Subsequent encounter with nonunion

P: Subsequent encounter with malunion

S. Sequela

Excludes1: Collapse vertebrae M48.5

Pathological fracture NOS M48.5

Wedging of vertebrae M48.5

Excludes 2: Personal history of healed osteoporotic fracture Z87.310

Use additional code to identify major osseous defects if applicable. (M89.7-)

Flail Joint

A joint with loss of function caused by loss of ability to stabilize the joint in any plane within its normal range of motion.

Flail L. elbow joint M25.222

Systemic Lupus Erythematosus

M32.1

A systemic autoimmune disease (or autoimmune connective tissue disease) that can affect any part of the body. As occurs in other autoimmune diseases, the immune system attacks the body's cells and tissue, resulting in inflammation and tissue damage.

ICD-9-CM

2 codes

710.0

517.8

ICD-10-CM

1 combination code

M32.13

Myelopathy

A functional disorder and/or pathological change in the spinal cord that often results from compression.

Radiculopathy

This refers to a nerve root problem resulting in weakness, numbness, or difficulty controlling muscles.

Intervertebral Disc Disorders

Alphabetical index: Disorder, disc:
with myelopathy by site
with radiculopathy by site

Radiculitis used to be a symptom of the disease in I-9 and not coded. It is now is a modifier for the term.

Disorder, disc, with radiculopathy, lumbar M51.16

Includes sciatica due to intervertebral disc disorder

Spondylosis

Spondylosis :

with or without myelopathy

with or without radiculopathy

Cervical spondylosis with myelopathy M47.12

Ischemia of Muscle

Occlusion of microvascular beds secondary to endothelial cell swelling, perivascular tissue edema, failed endothelium-dependent vessel relaxation, adherence of activated neutrophils and microvascular thrombosis.

ICD-9-CM 728.89

Other disorders of muscle, ligament and fascia

ICD-10-CM M62.2-

Nontraumatic ischemic infarction of muscle
by site

Muscular Wasting

ICD-9-CM – 728.2 Muscular wasting and atrophy, NEC
Nonspecific site

ICD-10-CM M62.5- Muscular wasting specified by site
added laterality

M62.521 Muscular wasting and atrophy, right upper arm

ICD-9 vs ICD-10 Comparison

ICD-9-CM

ICD-10-CM

Rhabdomyolysis

728.88

M62.82

Fibromyalgia

729.1

M79.7

Muscle weakness

728.87

M62.81

Rhabdomyolysis

A condition in which damaged skeletal muscle tissue breaks down rapidly. Breakdown products of damaged muscle cells are released into the bloodstream; some of these, such as the protein myoglobin, are harmful to the kidneys and may lead to kidney failure. The severity of the symptoms, which may include muscle pains, vomiting and confusion.

<http://en.wikipedia.org/wiki/Rhabdomyolysis>

(Teno)Synovitis

ICD-9-CM

Synovitis and tenosynovitis, unspecified 727.00-727.09

some sites and types available

ICD-10-CM

(by site and laterality)

Abscess of Tendon sheath, M65.0-

Other infective (teno)synovitis M65.1-

Calcific tendinitis M65.2-

Other synovitis and tenosynovitis M65.8-

Necrotizing fasciitis

A fulminating infection that begins with severe or extensive cellulitis that spreads to the superficial and deep fascia, producing thrombosis of the subcutaneous vessels and gangrene of the underlying tissue.

Group A Streptococcus is the most common organism, but any bacteria may be the cause

M72.6

Assign an additional code for the organism if known

7th Character

A – Patient is receiving active treatment for fracture.

Surgical treatment

ED encounter

Evaluation and treatment by new M.D.

D – Encounters after the patient has completed treatment

Subsequent encounters for treatment of healing

G - Subsequent encounter for delayed healing

K - Subsequent encounter for nonunion

P - Subsequent encounter with malunion

S - Sequela (late effect)

Pathological fractures

- Fracture can be the result of a fall or minor trauma
- The fall would not normally break a healthy bone.
- Patient has osteoporosis, metastatic disease or other diseases that weaken the bones.

If in question, query the physician if fracture is due to injury or due to disease process.

Osteoporosis
with current pathological fracture
neck of R. femur, initial encounter

ICD-9-CM

2 codes

733.14

733.00

ICD-10-CM

1 code – combination code

M80.051A

Osteoporosis with Fx

Osteoporosis with current pathological fracture of the left tibial shaft, with malunion of the fracture.

M80.862P



Pathological Fx in Neoplastic disease

Pathological fracture of the right femur due to bone metastasis in R. breast cancer, initial encounter

ICD-9-CM

733.15

198.5

174.9

ICD-10-CM

M84.551A

C40.21

C50.911

Stress Fracture

- A **stress fracture** is one type of incomplete fracture in bones. It is caused by "unusual or repeated stress" and also heavy continuous weight on the ankle or leg.^[1] This is in contrast to other types of fractures, which are usually characterized by a solitary, severe impact.
- It could be described as a very small sliver or crack in the bone; this is why it is sometimes dubbed "hairline fracture". It typically occurs in weight-bearing bones, such as the tibia (bone of the lower leg), metatarsals (bones of the foot), and less commonly, the femur.
- It is a common sports injury, and most cases are associated with athletics.

Stress Fracture

Stress fracture of the R. foot due to gymnastics injury, initial Injury.

M84.374A



Osteomyelitis

Further specificity:

- Acute – hematogenous and other specified
- Subacute
- Chronic – multifocal
 - with draining sinus
 - other
- Other

Hematogenous Osteomyelitis

- Hematogenous osteomyelitis accounts for approximately 20 percent of cases of osteomyelitis in adults.
- It occurs more frequently in males.
- Most commonly involves the vertebral bones; the next most common sites are the flat bones of the axial skeleton, such as the clavicle and pelvis. Less frequently, the long bones of the appendicular skeleton can be involved
- It is primarily a disease of children, with 85 percent of cases occurring in patients younger than 17 years of age .
- Most cases in adults are observed in patients over age 50, with the exception of intravenous drug users, the majority of whom are under age 40.
- It is also associated with other risk factors for bacteremia (eg, central lines, dialysis, sickle cell disease, urethral catheterization, urinary tract infection).

Osteomyelitis

- Use additional code (B95-B97) to identify the infectious agent
- Use additional code to identify major osseous defect, if applicable.

Acute hematogenous osteomyelitis of the right tibia, due to strep group D (enterococcal) infection

M86.061

B95.2

Major Osseous Defect M89.7-

Code first:

- Aseptic necrosis of bone
- Malignant neoplasm of bone
- Osteolysis
- Osteomyelitis
- Osteonecrosis
- Osteoporosis
- Periprosthetic osteolysis

Osseous Defects

Osseous defects are the result of extensive bone loss, typically in the area of the hip joint. The most common cause of this bone loss is peri-prosthetic osteolysis from a previous joint replacement, contributing to implant failure and need for revision. Other causes include osteomyelitis, aseptic or osteonecrosis, benign or malignant neoplasms, pathological fractures, severe osteoporosis, or trauma - with or without a previous joint replacement. Osseous defects can also be caused by combinations of these factors, for example, osteolysis could cause a joint implant to become loose, and repeated impact of the loose implant on bone weakened by osteoporosis could in turn create a cavity/defect. While some bone loss is common and treated incidentally in joint replacement, major defects are clinically meaningful, since the surrounding bone structure into which the joint implants are placed is not strong enough to mechanically support the implants without prior structural repair.

Intraoperative and Postprocedural complications M96

- M96 .0 Pseudoarthrosis – nonunion of fusion in the stipulated time in which fusions usually unite with no chance of union without intervention.
- M96.1 Postlaminectomy syndrome - refers to pain associated with symptoms not relieved following laminectomy. However, the term often is used more broadly to describe poor outcomes following any type of spinal surgery. The classic term laminectomy often is used to describe a partial laminotomy, which is removal of only a portion of the lamina to provide access to a disc herniation. The most frequent surgery preceding a diagnosis of post-laminectomy syndrome is lumbar discectomy.
- M96.2 Postradiation kyphosis - over-curvature of the thoracic vertebrae
- M96.3 Postlaminectomy kyphosis - where parts of the spinal column lose some or all of their lordotic profile. This causes a bowing of the back.
- M96.4 Postsurgical lordosis - the inward curvature of a portion of the lumbar and cervical vertebral column
- M96.5 Postradiation scoliosis - a medical condition in which a person's spine is curved from side to side.

Intraoperative and Postprocedural complications M96

M96.6 Fracture of bone following insertion of orthopedic implant, joint prosthesis, or bone plate.

Fracture of Left femur following insertion of Total hip replacement.

M96.662

Symptoms, Signs and abnormal laboratory findings, NEC R00-R99



Symptoms, Signs, Abnormal laboratory findings, NEC R00-R99

1. Sign and Symptoms existing at the time of the initial encounter that proved to be transient and whose causes could not be determined
2. Provisional diagnosis in a patient who failed to return for further investigation or care
3. Cases referred elsewhere for investigation or treatment before the diagnosis was made.
4. Cases in which a more precise diagnosis was not available for any other reason
5. Certain symptoms ,for which supplementary information is provided. That represents important problems in medical care in their own right.
6. Cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated.

Restructuring

ICD-9-CM

One subchapter

ICD-10-CM

separate block and disorders
sequenced according to
affected body system

14 code families

Symptoms/Signs

- R00-R09** Symptoms and signs – circulatory/respiratory
- R10-R19** Symptoms and signs – Digestive system/abdomen
- R20-R23** Symptoms and signs – Skin/subcutaneous
- R25-R29** Symptoms and signs – Nervous/Musculoskeletal
- R30-R39** Symptoms and signs – Genitourinary
- R40-R46** Symptoms and signs – cognition, perception,
emotional state/behavior
- R47-R49** Symptoms and signs – Speech and voice
- R50-R69** General symptoms and signs
- R70-R79** Abnormal findings of blood without diagnosis
- R80-R82** Abnormal findings of urine without diagnosis
- R83-R89** Abnormal findings of other body fluids, substances/tissues
- R90-R94** Abnormal findings on diagnostic imaging /function studies
- R97** Abnormal tumor markers
- R99** Ill-defined and unknown cause of mortality

Category title changes

ICD-9-CM

786

Symptoms involving respiratory
System and other chest symptoms

ICD-10-CM

R05 Cough

R06 Abnormalities of
breathing

R07 Pain in throat
and chest

R09 Other symptoms of
circulatory/respiratory

Gangrene – I96

Gangrene has been moved to Diseases of the Circulatory system.

When specified as due to a specific disease process, you will code to specific disease process (with gangrene)

Arteriosclerosis of the L. leg with gangrene I70.262

Abnormal Tumor Markers

R97.0 Elevated carcinoembryonic antigen (CEA)

R97.1 Elevated cancer antigen (CA)

R97.2 Elevated prostate specific antigen (PSA)

R97.8 Other abnormal tumor marker

Greater specificity

Refinements between the two systems are intended to enhance the understanding of diseases and to provide necessary data to support epidemiology and research.

ICD-9-CM

782.0 Disturbance of skin
sensation

ICD-10-CM

R20.0 Anesthesia/skin
R20.1 Hypoesthesia
R20.2 Paresthesia
R20.3 Hyperesthesia
R20.8 other disturbance of
skin sensation
R20.9 Unspecified disturbance of
skin sensation

Expanded anatomical specificity

ICD-10-CM codes have been expanded to include enhanced anatomical specificity and laterality of site where applicable.

ICD-9-CM

782.2 Localized
swelling, mass,
or lump

ICD-10-CM

R22.0 Head
R22.1 Neck
R22.2 Trunk
R22.31 Right upper limb
R22.32 Left upper limb
R22.41 Right lower limb
R22.42 Left lower limb

Expansion of abnormal findings

ICD-9-CM

790.99

ICD-10-CM

R70.1 Abnormal plasma viscosity

R77.0 Abnormality of albumin

R77.2 Abnormality of alpha-fetoprotein

R78.1 Findings of opiate in blood

R78.2 Findings of cocaine in blood

R78.6 Findings of steroid in blood

Expansion of abnormal findings

ICD-9-CM

792.0

ICD-10-CM

R83.1 Abnormality of hormones in
cerebrospinal fluid

R83.5 abnormal microbiological
findings cerebrospinal fluid

R83.6 abnormal cytological findings
in cerebrospinal fluid

Coma

Codes have been expanded to reflect the severity in accordance with the Glasgow clinical coma scale in trauma services.

- code first any associated:
 - S02.- Fracture of skull
 - S06.- Intracranial injury
- code coma code R40.2- seventh character describes the circumstances of coma at the time for encounter for health services.

7th character must match for all three subcategory
R40.2 codes

Coma

A code from each subcategory is required to complete the Coma scale.

Example: Fracture of frontal sinus – base of skull S02.19xA
R40.2122 Coma scale, eyes open, to pain
R40.2232 Coma scale, best verbal response,
inappropriate words
R40.2352 Coma scale, best motor response,
localizes pain

Coding guidelines

- Chapter 18 codes are intended to report symptoms, signs, and abnormal results for which no definite classifiable diagnosis has been established or confirmed by the physician.
- Signs and symptoms inherent in conditions classifiable elsewhere are not reported separately, unless prompted by instructional notes in the test.
- Signs and symptoms may be reported in addition to a related definitive diagnosis when not routinely associated with that diagnosis, however, the definitive diagnosis should be sequenced first.

Hypoxia with COPD: J44.9

R09.02

Coding guidelines

When a symptom is followed by a comparative/contrasting diagnosis, the symptom code is sequenced first:

RUQ abdominal pain, cholecystitis vs irritable bowel

R10.11

K81.9

K58.9

Coding guidelines

- Do not code symptoms when you have a definitive diagnosis.
- Report code R29.6 Repeated falls, when the reason for a recent fall is being investigated.
- Report Z91.81 History of falling, when the documentation states that the patient has fallen in the past and is at risk for future falls.
- Codes R29.6 and Z91.81 may be reported together when appropriate.

Coding guidelines

- Coma scales may be reported as a secondary diagnosis in conjunction with traumatic brain injury (TBI) acute CVA or sequelae of cerebrovascular disease.

A code from each coma scale subcategory is needed to complete the coma scale classification.

Report the initial score documented upon arrival to the facility, however, multiple scores may be collected.

Report R40.24- code only when the total score is documented, with no documentation of the individual scores.

Coding guidelines

- Code R53.2 Functional quadriplegia should not be coded with neurological quadriplegia. Assign only if specifically documented by the provider.
- When SIRS is documented with a noninfectious condition, report the underlying causal condition (Injury) first, followed by code R65.1- as appropriate.

Alcohol induced acute pancreatitis K85.12

SIRS of noninfectious origin without
acute organ dysfunction R65.10

Coding guidelines

- Code R99 III defined and unknown cause of mortality, is limited to facilitate reporting of a patient who expired prior to arrival at the facility, or is pronounced dead upon arrival at the facility, or is pronounced dead upon arrival.
- The code does not represent the discharge disposition of “expired.”

Drug-induced conditions

Retention of urine secondary to adverse effect of morphine taken for chronic back pain.
Initial episode of care.

R33.0

T40.2X5A

G89.29

M54.9

Multiple Coding

Oropharyngeal dysphagia secondary to nontraumatic intracerebral hemorrhage

I69.191 Dysphagia following intracerebral hemorrhage

R23.12 Dysphagia, oropharyngeal phase
(this code gives greater specificity)

Multiple Coding

Underweight

R63.6

BMI < 5%

Z68.51

use additional code to identify BMI

R06 and R09

Other symptoms and signs involving the circulatory and respiratory system. Abnormality of breathing.

Excludes1: Acute Respiratory Distress Syndrome J80
Respiratory arrest of newborn P28.81
Respiratory distress syndrome newborn P22.0
Respiratory failure J96
Respiratory failure of newborn P28.5

R06.4 Hypercapnia and R09.02 Hypoxia/Hypoxemia
do not code separately with above listing.

Abdominal Pain

R10.0 - Acute Abdomen

R10.1 - R10.33 abdominal pain similar to ICD-9-CM

R10.4 - Other abdominal pain

R10.81 - abdominal tenderness

R10.82 – Rebound abdominal tenderness

R10.83 – Colic

R10.84 Generalized abdominal pain

Vomiting

Further specificity:

R11.10 Unspecified

R11.11 Vomiting without nausea

R11.12 Projective vomiting

R11.13 Vomiting of fecal matter

R11.14 Bilious vomiting

R11.2 Nausea with vomiting, unspecified

includes persistent nausea and vomiting

Hematuria R31

Further Specificity:

R31.0 Gross hematuria

R31.1 Benign essential microscopic hematuria

R31.2 Other microscopic hematuria

R31.9 Hematuria, unspecified

Retention of Urine

R 33.0 Drug induced retention of urine due to morphine

use T40.2X5A for adverse effect, initial episode

R33.3 Other retention of urine

code first, if applicable, any causal agent such as
BPH.

N40.1

Glasgow Coma scale

Category		Best Response
Eye opening		
Spontaneous		4
To speech		3
To pain		2
None		1
Verbal	(Modified for Infants)	
Oriented	Babbles	5
Confused	Irritable	4
Inappropriate words	Cries to pain	3
Moans	Moans	2
None	None	1
Motor		
Follows commands		6
Localizes to pain		5
Withdraws to pain		4
Abnormal flexion		3
Abnormal extension		2
None		1
Glasgow Coma Score		
Best possible score		15
Worst possible score		3
If tracheally intubated then verbal designated with "T"		
Best possible score while intubated		10T
Worst possible score while intubated		2T

Glasgow Coma scale

Use in conjunction with:

- Traumatic brain codes
- Acute CVA disease
- Sequela of CVA

Sequenced after the trauma (diagnosis) codes

Pick one code from each subcategory:

7th character indicated when scale was recorded

7th character should batch all three codes

Glasgow Coma scale

At a minimum, report the initial score upon presentation to your facility. Can be from EMT, ED physician.

Facility may chose to record more than one score.

R40.24 Glasgow coma score, total score, when only the total score is documented in the medical record and not the individual scores.

Coma Scale

R40.20 Unspecified Coma

R40.21 Coma scale, eyes open

R40.211 Coma scale, eyes open, never

R40.212 Coma scale, eyes open, to pain

R31,213 Coma scale, eyes open, to sound

R31.214 Coma scale, eyes open, spontaneous

Coma Scale

R40.22 Coma scale. Best verbal response

R40.221 Coma scale, best verbal response, none

R40.222 Coma scale, best verbal response, incomprehensible words

R40.223 Coma scale, best verbal response, inappropriate words

R40.224 Coma scale, best verbal response, confused conversation

R40.225 Coma scale, best verbal response, oriented.

Coma Scale

- R40.23 Coma scale, best motor response
 - R40.231 Coma scale, best motor response, none
 - R40.232 Coma scale, best motor response, extension
 - R40.233 Coma scale, best motor response, abnormal.
 - R40.234 Come scale, best motor response, flexion withdrawal
 - R40.235 Coma scale, best motor response, localized pain.
 - R40.236 Coma scale, best motor response, obeys commands

Coma scale

R40.24 Glasgow coma scale, total score.

R40.241 Glasgow coma scale 13-15

R40.242 Glasgow coma scale 9-12

R40.243 Glasgow coma scale 3-8

R40.244 Other coma, without documentation of Glasgow coma scale, or with partial score reported.

R40.3 Persistent vegetative state

R40.4 Persistent alteration of awareness

Fever R50

See your Escludes1 notes

R50.2 Drug induced fever

code also T36-T50 for specified drug (adverse effect)

R50.82 Postprocedural fever

R50.83 Postvaccination fever

R50.84 Febrile nonhemolytic transfusion syndrome
Posttransfusion fever

Pain R52

Pain, unspecified

Acute pain, NOS

Generalized pain

Pain, NOS

Specific site – code to site

R. Shoulder pain M25.511

Functional Quadriplegia

R53.2 - Complete longstanding immobility due to severe physical disability or frailty.

The inability to use one's limbs or to ambulate due to extreme debility. It is not associated with neurological deficit or injury, and it should not be used for cases of neurological quadriplegia.

Functional Quadriplegia

R53.2 - Complete **longstanding** immobility due to **severe physical disability or frailty**.

It's used for severe arthritis, advanced (bedridden dementia, etc. It is characterized by minimal ability for purposeful movement and usually underlying subsequent problems such as bedsores. The term is used to indicate the level of nursing care required or kind of medical equipment needed.

SIRS due to non-infectious process

The systemic inflammatory response (SIRS) can develop as a result of certain non-infectious disease processes:

- Pancreatitis
- Trauma
- Malignant Neoplasm

Code first the underlying condition followed by R65.10 or R65.12

Alcoholic Pancreatitis	K85.2
SIRS/organ dysfunction	R65.11
Acute renal failure	N17.9

Findings in blood R78

R78.0 Findings of alcohol in blood

R78.1 Findings of opiate in blood

R78.2 Findings of cocaine in blood

R78.3 Findings of hallucinogen in blood

R78.4 Findings of other drugs in blood

R78.6 Findings of steroid agent in blood

R83

Abnormal findings in cerebrospinal

R83.0 Abnormal level of enzymes in CSF

R83.1 Abnormal level of hormones in CSF

R83.2 Abnormal level of other drugs in CSF

R83.5 Abnormal microbiological findings in CSF

R92

Abnormal and inconclusive findings on diagnostic imaging of breast.

R92.0 Mammographic microcalcifications found on diagnostic imaging of breast

R92.1 Mammographic calcifications found on diagnostic imaging of breast

R92.2 Inconclusive mammogram

Dense breasts

inconclusive mammogram

inconclusive mammogram secondary to dense breasts

inconclusive mammography NEC

R97

Abnormal tumor markers

R97.0 Elevated CEA

R97.1 Elevated CA 125

R97.2 Elevated PSA

R97.8 Other abnormal tumor markers

R99

Ill defined and unknown cause of mortality

Death unexplained NOS

Unexpected cause of mortality



Salem Health

ICD-10

REFERENCES

- CMS:
<http://www.cms.gov/Medicare/Coding/ICD10/index.html>
- AHIMA: <http://www.ahima.org/>
- AAPC: <http://www.aapc.com/>
- ACDIS: <http://www.hcpro.com/acdis/index.cfm>
- HCPro Just Coding: <http://www.justcoding.com/>



Salem Health

ICD-10



QUESTIONS?