



**The transition to ICD-10 is one of the largest initiatives that the healthcare industry has seen since Y2K.**

Preparing your staff and your clients is critical to a successful transition and implementation.

In an effort to start the conversation with your clients, the ICD-10 Committee has prepared this document that highlights examples of coding changes for designated specialties – offering you an opportunity to clearly identify the additional details that are required to assign an accurate ICD-10 code.

We would encourage you to use this document to help demonstrate to your clients their role in proper documentation so that they can better understand and begin preparing for the transition today!

HBMA ICD-10 Committee

# Pathology

It could be argued that coding to the highest level of specificity will not be as much of a challenge within the Pathology specialty as it is for others because of the amount of detail provided for most cases within the findings of the pathology report. However, there are some types of specimens where more comprehensive clinical information may be of value. One such area involves the specimens received from bariatric surgeries. The diagnosis generally provided for these specimens is obesity or morbid obesity.

**Documentation Tips:**

- Include the cause of the obesity
- Include the severity
- Identify any appropriate complications (i.e., alveolar hypoventilation)

ICD-9-CM	ICD-10-CM
<p><b>278.0- Overweight and obesity</b>            278.00 Obesity, unspecified            278.01 Morbid obesity            278.02 Overweight            278.03 Obesity hypoventilation syndrome</p> <p><i>*Use additional code to identify Body Mass Index (BMI), if known (V85.0-V85.54)</i></p>	<p><b>E66- Overweight and obesity</b>            E66.0- Obesity due to excess calories                E66.01 Morbid (severe) obesity due to excess calories                E66.09 Other obesity due to excess calories            E66.1 Drug-induced obesity            E66.2 Morbid (severe) obesity with alveolar hypoventilation            E66.3 Overweight            E66.8 Other obesity            E66.9 Obesity, unspecified</p> <p><i>*Use additional code to identify body mass index (BMI), if known (Z68.-)</i></p>

# Cardiology

Revising the definition of “initial episode” will be the first changed noted as Cardiology reports MI services. Separate codes (vs. just the 5<sup>th</sup> digit) for subsequent MI and the opportunity to report a more precise location account for the code expansion in this category. Additionally capturing the s/p administration of tPA will correlate with the PQRS reporting and reporting the patient’s exposure to or use of tobacco will allow the complete clinical picture to be communicated to the payer.

**Documentation Tips:**

- Target vessel of the MI
- Patient’s personal history of use and/or exposure to tobacco
- Administration of tPA at this or other facility within the previous 24 hrs
- Date of onset of symptoms (initial = 4 weeks)
- Any pertinent past medical history (s/p MI in 2011), any pertinent sequela

ICD-9-CM	ICD-10-CM
<p>410 Acute myocardial infarction</p> <ul style="list-style-type: none"> <li>410.0 Of anterolateral wall</li> <li>410.1 Of other anterior wall</li> <li>410.2 Of inferolateral wall</li> <li>410.3 Of inferoposterior wall</li> <li>410.4 Of other inferior wall</li> <li>410.5 Of other lateral wall</li> <li>410.6 True posterior wall infarction</li> <li>410.7 Subendocardial infarction</li> <li>410.8 Of other specified sites</li> <li>410.9 Unspecified site</li> </ul> <ul style="list-style-type: none"> <li>• Fifth digit for each code for the episode of care. Initial episode being 8 weeks</li> <li>• No instructions for “use additional code”</li> </ul>	<p>I121 STEMI and NSTEMI</p> <ul style="list-style-type: none"> <li>I21.0 STEMI of anterior wall               <ul style="list-style-type: none"> <li>I121.01 ... involving left main coronary artery</li> <li>I121.02 ... involving left anterior descending coronary artery</li> <li>I121.09.. involving other coronary artery of anterior wall</li> </ul> </li> <li>I121.1 STEMI of inferior wall               <ul style="list-style-type: none"> <li>I121.11.. involving right coronary artery</li> </ul> </li> <li>I121.2 STEMI of other sites               <ul style="list-style-type: none"> <li>I121.21.. involving left circumflex coronary artery</li> <li>I121.29.. involving other sites</li> </ul> </li> <li>...</li> <li>I22 Subsequent STEMI and NSTEMI               <ul style="list-style-type: none"> <li>I22.0 Subsequent STEMI of anterior wall</li> <li>I22.1 Subsequent STEMI of inferior wall</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>• Initial episode being within 4 weeks</li> <li>• <b>Use additional</b> code, if applicable, to identify:               <ul style="list-style-type: none"> <li>exposure to environmental tobacco smoke (Z77.22)</li> <li>history of tobacco use (Z87.891)</li> <li>occupational exposure to environmental tobacco smoke (Z57.31)</li> <li>status post administration of tPA (tPA) in a different facility within the last 24 hours prior to admission to current facility (Z92.82)</li> <li>tobacco dependence (F17.-)</li> <li>tobacco use (Z72.0)</li> </ul> </li> </ul>

# Radiology

Radiology will need to capture the laterality of most of the injury cases – explaining for the expansion in total # of codes available.

Dictation Tips:

- Confirm, when known, if this is a traumatic or non-traumatic injury
- Specify the location of the injury including laterality

ICD-9-CM	ICD-10-CM
840 Sprains and strains of shoulder and upper arm 840.4 Rotator cuff (capsule)  ...  840.7 Superior glenoid labrum lesion	S43.4 Sprain of shoulder S43.42 Sprain of rotator cuff capsule S43.421 Sprain of right rotator cuff capsule S43.422 Sprain of left rotator cuff capsule S43.429 Sprain of unspecified rotator cuff capsule S43.43 Superior glenoid labrum lesion S43.431 Superior glenoid labrum lesion right shoulder S43.432 Superior glenoid labrum lesion left shoulder S43.439 Superior glenoid labrum lesion unspec. shoulder

In addition to the documentation of laterality, Radiologists will need to adapt to the increased specificity for the type of injury. Specific characters also exist for nonunion, malunion with respect to the episode of care.

Documentation Tips:

- Specify severity of fracture (open or closed)
- Specify osteoporosis with pathological fracture
- Specify laterality
- Specify the bone – and if long bone, the portion of the bone (upper end, shaft etc)
- Specify bone alignment (displaced, nondisplaced)
- If subsequent encounter, specify the healing process (routine, delayed, malunion etc.)

Salter-Harris classification system is used for ICD-10 assignment of Physeal fractures

Neer classification system is used for fractures of the upper end of the humerus

Radial fractures also need to confirm the type of fracture (Barton’s, Smith’s, Colles’ etc.), if it is intraarticular or extraarticular, as well as the styloid process as applicable.

ICD-9-CM	ICD-10-CM
<p>812 Fracture of humerus</p> <ul style="list-style-type: none"> <li>812.0 Upper end, closed</li> <li>812.1 Upper end, open</li> <li>812.2 Shaft or unspecified part, closed</li> <li>812.3 Shaft or unspecified part, open</li> <li>812.4 Lower end, closed</li> <li>812.5 Lower end, open</li> </ul>	<p>S42.3 Fracture of shaft of humerus</p> <ul style="list-style-type: none"> <li>S42.30 Unspecified fracture of shaft of humerus               <ul style="list-style-type: none"> <li>S42.341 Displaced spiral fracture of shaft of humerus, RT arm</li> <li>S42.342 Displaced spiral fracture of shaft of humerus, LT arm</li> <li>S42.343 Displaced spiral fracture of shaft of humerus, unspec.</li> <li>S42.344 Nondisplaced spiral fracture of shaft of humerus RT arm</li> <li>S42.345 Nondisplaced spiral fracture of shaft of humerus LT arm</li> <li>S42.346 Nondisplaced spiral fracture of shaft of humerus, unspec.</li> </ul> </li> <li>S42.31* Greenstick fracture of shaft of humerus               <ul style="list-style-type: none"> <li>S42.311 Greenstick fracture of shaft of humerus, RT arm                   <ul style="list-style-type: none"> <li>A - initial encounter for closed fracture</li> <li>D - subsequent encounter for fracture with routine healing</li> <li>G - subsequent encounter for fracture with delayed healing</li> <li>K - subsequent encounter for fracture with nonunion</li> <li>P - subsequent encounter for fracture with malunion</li> <li>S - sequela</li> </ul> </li> </ul> </li> <li>S42.32* Transverse fracture of shaft of humerus</li> <li>S42.33* Oblique fracture of shaft of humerus</li> <li>S42.34* Spiral fracture of shaft of humerus</li> <li>S42.35* Comminuted fracture of shaft of humerus</li> </ul> <ul style="list-style-type: none"> <li>• 6<sup>th</sup> character for each category follows the same format as S42.30*</li> <li>• Additionally, the episode (initial/subsequent etc) will be added as a 7<sup>th</sup> character as shown with S42.311</li> </ul>

Also required in ICD-10-CM is specificity related to; location, and type of condition (i.e., pain/ fracture/ asthma) – it is all about the details. For example – abdominal pain.

Dictation Tips:

- Identify the specific location of the abdominal pain by quadrant
- Capture details of the type of pain (acute / tenderness / rebound)

ICD-9-CM	ICD-10-CM
<p>789.0 Abdominal pain</p> <p>789.00 Abdominal pain, unspec site</p> <p>789.01 Abdominal pain, RUQ</p> <p>789.02 Abdominal pain, LUQ</p> <p>789.03 Abdominal pain, RLQ</p> <p>789.04 Abdominal pain, LLQ</p> <p>789.05 Abdominal pain, periumbilical</p> <p>789.06 Abdominal pain, epigastric</p> <p>789.07 Abdominal pain, generalized</p> <p>789.09 Abdominal pain, other specified site</p>	<p>R10 Abdominal and pelvic pain</p> <p>R10.0 Acute abdomen</p> <p>R10.1 Pain localized to upper abdomen</p> <p>R10.10 Upper abdominal pain, unspecified</p> <p>R10.11 Right upper quadrant pain</p> <p>R10.12 Left upper quadrant pain</p> <p>R10.13 Epigastric pain</p> <p>R10.2 Pelvic and perineal pain</p> <p>R10.3 Pain localized to other parts of lower abdomen</p> <p>R10.30 Lower abdominal pain, unspecified</p> <p>R10.31 Right lower quadrant pain</p> <p>R10.32 Left lower quadrant pain</p> <p>R10.33 Periumbilic pain</p> <p>R10.8 Other abdominal pain</p> <p>R10.81 Abdominal tenderness</p> <p>R10.811 RUQ abdominal tenderness</p> <p>R10.812 LUQ abdominal tenderness</p> <p>R10.813 RLQ abdominal tenderness</p> <p>R10.814 LLQ abdominal tenderness</p> <p>R10.815 Periumbilic abdominal tenderness</p> <p>R10.816 Epigastric abdominal tenderness</p> <p>R10.817 Generalized abdominal tenderness</p> <p>R10.819 Abdominal tenderness, unspec. site</p> <p>R10.82 Rebound abdominal tenderness</p> <p>R10.821 RUQ rebound abdominal tenderness</p> <p>R10.822 LUQ rebound abdominal tenderness</p> <p>R10.823 RLQ rebound abdominal tenderness</p> <p>R10.824 LLQ rebound abdominal tenderness</p> <p>R10.825 Periumbilic rebound abdominal tenderness</p> <p>R10.826 Epigastric rebound abdominal tenderness</p> <p>R10.827 Generalized rebound abdominal tenderness</p> <p>R10.829 Rebound abdominal tenderness, unspec. site</p>

## Primary Care

For some conditions – the details won't change significantly. For example, Back Pain

ICD-9-CM	ICD-10-CM
724 Other and unspecified disorders of back 724.2 Lumbago 724.3 Sciatica ... 724.5 Backache, unspec.	M54 Dorsalgia M54.0 Panniculitis affecting regions of neck and back M54.1 Radiculopathy M54.2 Cervicalgia M54.3 Sciatica M54.30 Sciatica, unspecified side M54.31 Sciatica, right side M54.32 Sciatica, left side M54.4 Lumbago with sciatica M54.40 Lumbago with sciatica, unspecified side M54.5 Low back pain (Lumbago NOS) M54.6 Pain in thoracic spine M54.8 Other dorsalgia M54.9 Dorsalgia, unspecified (back pain NOS / backache NOS)

### Hypertension

For some, ICD-10-CM may even reduce the number of queries to the provider for clarification

ICD-9-CM	ICD-10-CM
401 Essential hypertension 401.0 Malignant 401.1 Benign 401.9 Unspecified	I10 Essential (primary) hypertension Includes: high blood pressure Hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic)

## Diabetes Mellitus

Diabetes will no longer be classified as ‘controlled’ or ‘uncontrolled’ within ICD-10-CM. Inadequately controlled, out of control, or poorly controlled will be coded by type of DM w/hyperglycemia. ICD-10-CM has expanded the code set to include combination codes for DM patients with concurrent medical conditions.

It will still be appropriate to code the insulin use as a secondary code.

Dictation tips:

- Type of DM
- Relationship of any concurrent medical conditions to the DM
- Confirm the use of long-term insulin
- Follow the format of ICD-10 – capture all the pertinent details in one concise statement
  - Patient on long-term insulin for Type1 DM w/diabetic CKD stage 2

ICD-9-CM	ICD-10-CM
<p>250 Diabetes mellitus The following fifth-digit subclassification is for use with category <u>250</u>:</p> <p>0 type II or unspecified type, not stated as uncontrolled 1 type I [juvenile type], not stated as uncontrolled 2 type II or unspecified type, uncontrolled 3 type I [juvenile type], uncontrolled</p> <p>250.4* DM with renal manifestations <b>Use Additionally:</b> to identify manifestation, as: chronic kidney disease (<u>585.1- 585.9</u>)diabetic: nephropathy <u>NOS</u> (<u>583.81</u>)nephrosis ( <u>581.81</u>)intercapillary glomerulosclerosis ( <u>581.81</u>)Kimmelstiel-Wilson syndrome ( <u>581.81</u>)</p>	<p>E10.2 Type 1 DM with kidney complications E10.21 Type 1 DM w/diabetic nephropathy E10.22 Type 1 DM w/diabetic chronic kidney disease E10.29 Type 1 DM w/other diabetic kidney complication</p> <p><b>Use additional</b> code to identify any insulin use (Z79.4)</p>

With the primary care setting, some clinical conditions may need to be clarified to ensure that words “always coded like X” are still appropriate. For example “headache” – does that mean a generic ‘pain in head NOS’, or more of a ‘tension headache’, or a ‘migraine’. Each with their own classification in both ICD-9 and ICD-10, it is an opportunity to ensure accurate reporting.

Now is a great time to review common diagnoses like ‘headache’ and review the various reporting options under ICD-9 and discuss the intended clinical condition with the providers

Documentation Tips:

- When appropriate, confirm the source of the ‘pain’ (i.e., traumatic vs. non-traumatic, drug induced)
- Include the details of frequency, timing, modifying factors, etc. as appropriate within the clinical history
- Capture the details for migraines (intractable, w or wo aura, w or wo status migrainosus)
- Remember the codes are different for a sign/symptom vs. syndrome vs. disease
  - Another example, chronic pain syndrome – vs. chronic pain

As the diagnosis code set is utilized to demonstrate the complexity of the patients, support the extensive treatment therapy and/or frequency of evaluations or diagnostic testing, it may be worth the time to really evaluate if that patient really has “just a headache.”

ICD-9-CM	ICD-10-CM
<p>784.0 Headache (facial pain, Pain in Head NOS)</p> <p>339 Other headache syndromes</p> <p>339.0 Cluster headaches and other trigeminal autonomic cephalgias</p> <p>339.00 Cluster headache syndrome, unspec</p> <p>339.01 Episodic cluster headache</p> <p>339.02 Chronic cluster headache</p> <p>339.1 Tension type headache</p> <p>339.10 Tension type headache, unspec.</p> <p>339.11 Episodic tension type headache</p> <p>339.12 Chronic tension type headache</p> <p>339.2 Post-traumatic headache</p> <p>339.20 Post-traumatic headache</p> <p>339.21 Acute post-traumatic headache</p> <p>339.22 Chronic post-traumatic headache</p> <p>339.3 Drug induced headache NEC (rebound headache)</p>	<p>R51 Headache, Facial Pain NOS</p> <p>G43 Migraine</p> <p>G43.0 Migraine without aura</p> <p>G43.1 Migraine with aura</p> <p>G43.4 Hemiplegic migraine</p> <p>G43.5 Persistent migraine aura wo cerebral infarction</p> <p>G43.A Cyclical vomiting</p> <p>G43.B Ophthalmologic migraine</p> <p>G43.C Periodic headache syndrome in child/adult</p> <p>G43.82 Menstrual migraine, not intractable</p> <p>G44. - Headache syndromes</p> <p>G44.00 Cluster headache syndrome</p> <p>G44.01 Episodic cluster headache</p> <p>G44.02 Chronic cluster headache</p> <p>G44.1 Vascular headache, NEC</p> <p>G44.2 Tension-type headache, unspecified</p> <p>G44.3 Post-traumatic headache</p> <p>G44.4 Drug-induced headache, NEC</p>

EMERGENCY DEPARTMENT

Similar to Radiology, ED providers will need adapt to the increased specificity for all types of injuries. Specific characters also exist for nonunion, malunion with respect to the episode of care.

Documentation Tips:

- Specify severity of fracture (open or closed)
- Specify osteoporosis with pathological fracture
- Specify laterality
- Specify the bone – and if long bone, the portion of the bone (upper end, shaft etc)
- Specify bone alignment (displaced, nondisplaced)
- If subsequent encounter, specify the healing process (routine, delayed, malunion etc.)

Salter-Harris classification system is used for ICD-10 assignment of Physeal fractures

Neer classification system is used for fractures of the upper end of the humerus

Radial fractures also need to confirm the type of fracture (Barton’s, Smith’s, Colles’ etc.), if it is intra-articular or extra-articular, as well as the styloid process as applicable.

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ED providers will want to ensure that the final assessment includes all the details related to; location, and type of condition (i.e., pain/ fracture/ asthma) – it is all about the details. For example – abdominal pain.

Dictation Tips:

- Identify the specific location of the abdominal pain by quadrant
- Capture details of the type of pain (acute / tenderness / rebound)

ICD-9-CM	ICD-10-CM
<p>789.0 Abdominal pain</p> <p>789.00 Abdominal pain, unspec site</p> <p>789.01 Abdominal pain, RUQ</p> <p>789.02 Abdominal pain, LUQ</p> <p>789.03 Abdominal pain, RLQ</p> <p>789.04 Abdominal pain, LLQ</p> <p>789.05 Abdominal pain, periumbilical</p> <p>789.06 Abdominal pain, epigastric</p> <p>789.07 Abdominal pain, generalized</p> <p>789.09 Abdominal pain, other specified site</p>	<p>R10 Abdominal and pelvic pain</p> <p>R10.0 Acute abdomen</p> <p>R10.1 Pain localized to upper abdomen</p> <p>R10.10 Upper abdominal pain, unspecified</p> <p>R10.11 Right upper quadrant pain</p> <p>R10.12 Left upper quadrant pain</p> <p>R10.13 Epigastric pain</p> <p>R10.2 Pelvic and perineal pain</p> <p>R10.3 Pain localized to other parts of lower abdomen</p> <p>R10.30 Lower abdominal pain, unspecified</p> <p>R10.31 Right lower quadrant pain</p> <p>R10.32 Left lower quadrant pain</p> <p>R10.33 Periumbilic pain</p> <p>R10.8 Other abdominal pain</p> <p>R10.81 Abdominal tenderness</p> <p>R10.811 RUQ abdominal tenderness</p> <p>R10.812 LUQ abdominal tenderness</p> <p>R10.813 RLQ abdominal tenderness</p> <p>R10.814 LLQ abdominal tenderness</p> <p>R10.815 Periumbilic abdominal tenderness</p> <p>R10.816 Epigastric abdominal tenderness</p> <p>R10.817 Generalized abdominal tenderness</p> <p>R10.819 Abdominal tenderness, unspec. site</p> <p>R10.82 Rebound abdominal tenderness</p> <p>R10.821 RUQ rebound abdominal tenderness</p> <p>R10.822 LUQ rebound abdominal tenderness</p> <p>R10.823 RLQ rebound abdominal tenderness</p> <p>R10.824 LLQ rebound abdominal tenderness</p> <p>R10.825 Periumbilic rebound abdominal tenderness</p> <p>R10.826 Epigastric rebound abdominal tenderness</p> <p>R10.827 Generalized rebound abdominal tenderness</p> <p>R10.829 Rebound abdominal tenderness, unspec. site</p>

Another common presenting problem for the ED is asthma. Many of the details are captured in the current documentation; however, it may be important for the providers (and coders) to understand the new classification system of mild vs. moderate vs. severe

Documentation Tips:

- Include all details about the patient’s symptoms (frequency, severity, duration, modifying factors) within the clinical history
- As appropriate use terms within the data set to ensure accurate reporting.

ICD-9-CM	ICD-10-CM
<p>493 Asthma</p> <p>493.0 Extrinsic asthma</p> <p>493.00 Extrinsic asthma, unspec.</p> <p>493.01 Extrinsic asthma, w status asthmaticus</p> <p>493.02 Extrinsic asthma, w (acute) exacerbation</p> <p>493.1 Intrinsic asthma</p> <p>493.10 Intrinsic asthma, unspec.</p> <p>493.11 Intrinsic asthma, w status asthmaticus</p> <p>493.12 Intrinsic asthma, w (acute) exacerbation</p> <p>493.2 Chronic obstructive asthma</p> <p>493.20 Chronic obstructive asthma, w status asthmaticus</p>	<p>J45 Asthma</p> <p>J45.2 Mild intermittent asthma</p> <p>J45.20 Mild intermittent asthma, uncomplicated</p> <p>J45.21 Mild... with (acute) exacerbation</p> <p>J45.22 Mild... with status asthmaticus</p> <p>J45.3* Mild persistent asthma</p> <p>J45.4* Moderate persistent asthma</p> <p>J45.5* Severe persistent asthma</p> <ul style="list-style-type: none"> <li>• The 6<sup>th</sup> character following the same specificity as shown for J45.2</li> </ul>