

ICD-10 DIAGNOSIS CODING TIPS INDEX

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Coding Tip #1 - Diabetes

Coding diabetes with a manifestation will require only one code. For example Diabetes Type II with retinopathy is now E11.311 if there is macular edema, and E11.319 without macular edema. There are also additional codes if the retinopathy is proliferative or non-proliferative and with or without macular edema.

Coding Tip #2 – Combination Code for COPD

There is now a combination code for COPD with or without asthma J44.9, and for COPD with exacerbation J44.1. There are separate codes for asthma alone.

Coding Tip #3 - Hypertension

There is only one code for Hypertension whether it is malignant or benign I10, and the code for elevated blood pressure without a diagnosis of hypertension is R03.0.

Coding Tip #4 – Coding to the Highest Specificity

There can be up to seven (7) digits on certain codes. The code range for osteoarthritis in ICD-10 is M15-M19 and depending on the body part and type of osteoarthritis can be up to 6 digits long. For example Bilateral Primary Osteoarthritis of the knee is M17.0, for unilateral Primary Osteoarthritis of the knee is M17.10 for unspecified knee, M17.11 (right) knee, and M17.12 (left) knee.

Coding Tip #5 – Influenza Codes

- J09.X1 Influenza due to identified novel influenza A virus with pneumonia
- J09.X2 Influenza due to identified novel influenza A virus with other respiratory manifestations
- J09.X3 Influenza due to identified novel influenza A virus with gastrointestinal manifestations
- J09.X9 Influenza due to identified novel influenza A virus with other manifestations
- J10.08 Influenza due to other identified influenza virus with other specified pneumonia
- J10.1 Influenza due to other identified influenza virus with other respiratory manifestations

Coding Tip #6 – Evaluation and Management – See Link below

[Evaluation and Management Coding Tip](#)

Coding Tip #7 – Neoplasms

When coding a patient with cancer do not use the codes for neoplasm of unspecified nature (D49). These codes should be used only for a patient with a growth or mass that is “not otherwise specified”, for example if a patient has a current diagnosis of breast cancer use the code C50.919 for neoplasm, breast, unspecified. If there is a personal history of cancer the appropriate Z code can be used, such as Z85.3 for a personal history of breast cancer. If there is definitive cancer diagnoses use the code range C00-D48 with the appropriate 4-7th digits to define the location.

Coding Tip #8 – Depression with Anxiety

When coding a patient with a diagnosis of depression with anxiety use code F34.1 not the codes for major depressive disorder (F32.0-F33.9). There needs to be documentation that the patient has major depressive disorder and whether it is a single or recurrent event and also whether it is mild, moderate, severe in order to use (F32.0-F33.9).

Coding Tip #9 – 7th Digit Required when Coding Fractures

When coding fractures in ICD-10 a seventh digit is required on all the codes. The seventh digit specifies whether the fracture is open or closed, whether it is routine healing, delayed healing or nonunion/malunion. Also the seventh digit tells whether it is the initial, subsequent or sequela visit.

Coding Tip #10 – Some Diabetic Codes Require an Additional Code

In ICD-10 there are some diabetic codes that require an additional code for the manifestation. These codes are diabetes with a skin condition such as an ulcer (L97.1-L97.9, L98.41-L98.49), diabetes with a kidney complication (N18.1-N18.6) and lastly diabetes with an ophthalmic manifestation (H40-H42).

Coding Tip #11 – Codes for Nonspecific Abnormal Findings

There are codes for nonspecific abnormal findings that are good to use when there is not a definitive diagnosis. For example (R73.01) for impaired fasting glucose, or (R03.0) elevated blood pressure reading without a diagnosis of hypertension. These codes are appropriate if the patient has not yet been diagnosed with diabetes or hypertension.

Coding Tip #12 – Additional Codes for Hypertension with Chronic Illness

When coding hypertension and another chronic illness some codes require an additional code to describe the chronic condition in more detail. Hypertension codes can be found in ICD 10 under (I10-I16). For hypertensive heart disease an additional code is needed from section (I50) to describe the type of heart failure. For hypertensive CKD stage 5 or ESRD you need to use an additional code to describe the stage either (N18.5 CKD 5 or N18.6 for ESRD). Last but not least, Hypertensive Heart disease with CKD will require two additional codes one from section (I50) and one from section (N18.1-N18.4 and N18.9).

Coding Tip #13 – Benign Prostatic Hypertrophy (BPH)

When coding BPH-Benign Prostatic Hypertrophy (N40.0). If you use (N40.0) then there are no LUTS but if you use (N40.1) there is LUTS and an additional code will be needed to specify the symptom for example, urinary frequency (R35.0) or urinary retention (R33.8).

Coding Tip #14 – Importance of Documentation

Proper documentation is vital to coding correctly and to the highest specificity. If it isn't documented it didn't happen. During an audit the auditor will only look at the documentation for the date of service on the claim and if there are discrepancies between diagnoses on the claim and what is documented in the medical record that will be counted as an error. Diagnosis coding is the wave of the future and will determine the HCC score of each individual patient and in turn affect payment.