CDSA ICD-10-CM Training

Unit 4 - Part 1

ICD-10-CM Code Book Review of Relevant Chapters

North Carolina Public Health

Training Objectives

1. Develop a general understanding of the content of specific chapters in ICD-10-CM that have conditions relevant to CDSA clients
2. Understand any coding guidelines specific to chapters that are relevant for CDSA stakeholders
3. Demonstrate how to accurately assign ICD-10-CM codes to CDSA scenarios

Training Essentials

- The CDSA ICD-10-CM training is broken down into units
  - Staff should review the Training Objectives for each unit to determine the extent of training needed to perform their job functions
  - Staff that want to utilize **all** of the training should complete the units in sequential order (e.g., Unit 1 then Unit 2, etc.)
- ICD-10-CM Coding Training Workbook for CDSAs
  - **http://www.ncpublichealth.com/lhd/icd10/training.htm**
  - See "CDSA Training Materials"
- In order to complete this training, access to ICD-10-CM code book or downloads of the 2016 version of ICD-10-CM from the CMS website is needed
  - **http://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-CM-and-GEMs.html**
- Webinar basics
  - Pause/Play
  - Back/Forward

Chapter 21 ~ Z Codes

- **Code Range: Z00-Z99**
- Z codes represent reasons for encounters
- CPT code must accompany Z codes if a procedure is performed
- Provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00-Y89 are recorded as 'diagnoses' or 'problems'
  - This can arise in two main ways:
    - When a person who may or may not be sick encounters health services for some specific purpose
      - Example: Encounter for screening for certain developmental disorders in childhood
    - When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury
      - Example: Presence of cerebrospinal fluid shunt

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- Z codes are for use in any healthcare setting
- Depending on circumstances of the encounter, Z codes may be used as either
  - a first-listed code; **or**
  - secondary code
- Certain Z codes may only be used as first-listed

Chapter 21

Factors influencing health status and contact with health services

Content

Chapter 21 contains the following block – 1st character is Z

Z00-Z13	Persons encountering health services for examinations	Z40-Z53	Encounters for other specific health car
Z14-Z15	Genetic carrier and genetic susceptibility to disease	Z55-Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances
Z16	Resistance to antimicrobial drugs	Z66	Do not resuscitate status
Z17	Estrogen receptor status	Z67	Blood type
Z18	Retained foreign body fragments	Z68	Body mass index (BMI)
Z20-Z28	Persons with potential health hazards related to communicable diseases	Z69-Z76	Persons encountering health services in other circumstances
Z30-Z39	Persons encountering health services in circumstances related to reproduction	Z77-Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Status Codes**
  - Indicate a client is either
    - carrier of a disease **(Z21 Asymptomatic HIV infection status; Z22.51 Carrier of viral hepatitis B)**
    - has the sequelae or residual of a past disease or condition **(Z93.3 Colostomy status; Z98.2 Presence of cerebrospinal fluid drainage device)**
  - Include such things as the presence of prosthetic or mechanical devices resulting from past treatment **(Z97.0 Presence of artificial eye)**
  - Are informative - the status may affect the course of treatment and its outcome **(Z94.0 Kidney transplant status; Z28.3 Underimmunization status; Z68.5- Body Mass Index (BMI) pediatric)**
  - Are distinct from history codes which indicate the client no longer has the condition

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Status codes**
  - Z79 Long-term (current) drug therapy - Indicates a client's continuous use of a prescribed drug (e.g., **Z79.899 – Other long term (current) drug therapy**) for the long-term treatment of a chronic condition (e.g., seizure disorder), for prophylactic use (such as for the prevention of deep vein thrombosis), or a disease requiring a lengthy course of treatment (such as cancer)
    - It is **not** for use for clients who have addictions to drugs
    - It is **not** for use of medications for detoxification or maintenance programs to prevent withdrawal symptoms in clients with drug dependence (e.g., methadone maintenance for opiate dependence)
      - Assign the appropriate code for the drug dependence instead
  - Do not assign a code from category Z79 for medication being administered for a brief period of time to treat an acute illness or injury (such as a course of antibiotics to treat acute bronchitis)

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **History (of) – Personal and Family**
  - Personal history codes explain a client's past medical condition that no longer exists and is not receiving any treatment
    - Has the potential for recurrence, and therefore may require continued monitoring
    - Personal history codes may be used in conjunction with **follow-up codes**
  - Family history codes are for use when a client has a family member(s) who has had a particular disease that causes the client to be at higher risk of also contracting the disease
    - Family history codes may be used in conjunction with **screening codes** to explain the need for a test or procedure (**Z82.79 – Family history of other congenital malformations, deformations and chromosomal abnormalities**
  - History codes are acceptable on any medical record regardless of the reason for visit
    - A history of an illness, even if no longer present, is important information that may alter the type of treatment ordered

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Screening**
  - Testing for disease or disease precursors in seemingly well individuals so early detection and treatment can be provided for those who test positive for the disease
  - Screening code may be a first-listed code if the reason for the visit is specifically the screening exam
    - Should a condition be discovered during the screening then the code for the condition may be assigned as an additional diagnosis
  - Screening code may also be used as an additional code if the screening is done during an office visit for other health problems
  - Screening code is not necessary if the screening is inherent to a routine examination
  - In addition to the Z code, a procedure code is required to confirm that the screening was performed

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Observation**
  - **Two observation Z code categories:**
    - Z03 Encounter for medical observation for suspected diseases and conditions ruled out
    - Z04 Encounter for examination and observation for other reasons
      - Except: Z04.9, Encounter for examination and observation for unspecified reason
  - Used in very limited circumstances
    - Person is observed for suspected condition that is ruled out
    - Administrative and legal observation status
  - Observation codes are not for use if an injury or illness or any signs or symptoms related to the suspected condition are present
    - In such cases, the diagnosis/symptom code is used

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Aftercare**
  - Aftercare visit codes cover situations when the initial treatment of a disease has been performed and the client requires continued care during the healing or recovery phase, or for the long-term consequences of the disease
  - The aftercare Z code should not be used if treatment is directed at a current, acute disease
    - The diagnosis code is to be used in these cases
  - The aftercare codes are generally first-listed to explain the specific reason for the encounter
  - Certain aftercare Z code categories need a secondary diagnosis code to describe the resolving condition or sequelae
    - For others, the condition is included in the code title

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Aftercare Z category/codes:**
  - Z42 Encounter for plastic and reconstructive surgery following medical procedure or healed injury
  - Z43 Encounter for attention to artificial openings
  - Z44 Encounter for fitting and adjustment of external prosthetic device
  - Z45 Encounter for adjustment and management of implanted device
  - Z46 Encounter for fitting and adjustment of other devices
  - Z47 Orthopedic aftercare
  - Z48 Encounter for other post-procedural aftercare
  - Z49 Encounter for care involving renal dialysis
  - Z51 Encounter for other aftercare

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Counseling**
  - Client/family member receives assistance in aftermath of illness/ injury, or support is required in coping with family/social problems
    - Not used with a diagnosis code when counseling component is considered integral to standard treatment
- **Counseling Z codes/categories:**
  - Z30.0- Encounter for general counseling and advice on contraception
  - Z31.5 Encounter for genetic counseling
  - Z31.6- Encounter for general counseling and advice on procreation
  - Z32.2 Encounter for childbirth instruction
  - Z32.3 Encounter for childcare instruction
  - Z69 Encounter for mental health services for victim and perpetrator of abuse
  - Z70 Counseling related to sexual attitude, behavior and orientation
  - Z71 Persons encountering health services for other counseling and medical advice, not elsewhere classified
  - Z76.81 Expectant mother prebirth pediatrician visit

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Routine and administrative examinations**
  - Includes encounters for routine examinations and examinations for administrative purposes
    - Do not use these codes if the examination is for diagnosis of a suspected condition or for treatment purposes; in such cases the diagnosis code is used
  - During a routine exam, any diagnosis or condition discovered during the exam should be coded as an additional code
  - Pre-existing and chronic conditions and history codes may be included as additional codes as long as the examination is for administrative purposes and not focused on any particular condition
  - Some codes for routine health examinations distinguish between "with" and "without" abnormal findings
    - Code assignment depends on the information that is known at the time the encounter is being coded
    - When assigning a code for "with abnormal findings," additional code(s) should be assigned to identify the specific abnormal finding(s)

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Inoculations and vaccinations (Code Z23)**
  - Z23 **Encounter for immunization**

    Code first any routine childhood examination
    - Indicates client is being seen to receive a prophylactic inoculation against a disease
    - Procedure codes are required to identify the actual administration of the injection and the type(s) of immunizations given
    - Code Z23 may be used as a secondary code if the inoculation is given as a routine part of preventive health care, such as a well-baby visit
      - Z00.129 **Encounter for routine child health examination without abnormal findings**

        Z23 **Encounter for immunization**

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Miscellaneous Z codes**
  - These codes capture a number of other health care encounters that do not fall into one of the other categories
    - May identify the reason for the encounter
    - May be used as additional codes to provide useful information on circumstances that may affect a patient's care and treatment
- **Miscellaneous Z codes/categories**
  - Z28 Immunization not carried out
    - Except: Z28.3, Underimmunization status
  - Z40 Encounter for prophylactic surgery
  - Z41 Encounter for procedures for purposes other than remedying health state
    - Except: Z41.9, Encounter for procedure for purposes other than remedying health state, unspecified

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Miscellaneous Z codes/categories** (cont'd)
  - Z53 Persons encountering health services for specific procedures and treatment, not carried out
  - Z55 Problems related to education and literacy
  - Z56 Problems related to employment and unemployment
  - Z57 Occupational exposure to risk factors
  - Z58 Problems related to physical environment
  - Z59 Problems related to housing and economic circumstances
  - Z60 Problems related to social environment
  - Z62 Problems related to upbringing
  - Z63 Other problems related to primary support group, including family circumstances
  - Z64 Problems related to certain psychosocial circumstances
  - Z65 Problems related to other psychosocial circumstances

Chapter 21

Factors influencing health status **and contact with health services**

Coding Guidelines

- **Miscellaneous Z codes/categories** (cont'd)
  - Z72 Problems related to lifestyle
  - Z73 Problems related to life management difficulty
  - Z74 Problems related to care provider dependency
    - Except: Z74.01, Bed confinement status
  - Z75 Problems related to medical facilities and other health care
  - Z76.0 Encounter for issue of repeat prescription
  - Z76.3 Healthy person accompanying sick person
  - Z76.4 Other boarder to healthcare facility
  - Z76.5 Malingerer [conscious simulation]
  - Z91.1- Patient's noncompliance with medical treatment and regimen
  - Z91.83 Wandering in diseases classified elsewhere
  - Z91.89 Other specified personal risk factors, not elsewhere classified

Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

Content

Chapter 18 contains the following block – 1st character is R

R00-R09	Symptoms and signs involving the circulatory and respiratory systems	R50-R69	General symptoms and signs
R10-R19	Symptoms and signs involving the digestive system and abdomen	R70-R79	Abnormal findings on examination of blood, without diagnosis
R20-R23	Symptoms and signs involving the skin and subcutaneous tissue	R80-R82	Abnormal findings on examination of urine, without diagnosis
R25-R29	Symptoms and signs involving the nervous and musculoskeletal systems	R83-R89	Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis
R30-R39	Symptoms and signs involving the genitourinary system	R90-R94	Abnormal findings on diagnostic imaging and in function studies, without diagnosis
R40-R46	Symptoms and signs involving cognition, perception, emotional state and behavior	R97	Abnormal tumor markers
R47-R49	Symptoms and signs involving speech and voice	R99	Ill-defined and unknown cause of mortality

Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

Instructional Notes

- Chapter 18 includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded
- **Code Range: R00-R94** The conditions and signs or symptoms included in this code range consist of:
  - cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated
  - signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined
  - provisional diagnosis in a patient who failed to return for further investigation or care
  - cases referred elsewhere for investigation or treatment before the diagnosis was made
  - cases in which a more precise diagnosis was not available for any other reason
  - certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right

Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

CMS Comments Related to Chapter 18 codes

- Specific diagnosis codes should be reported when they are supported by:
  - medical record documentation, and
  - clinical knowledge of the patient's health condition
- Codes for signs/symptoms have acceptable, even necessary, uses
  - There are instances when signs/symptom codes are the best choice for accurately reflecting a health care encounter
  - If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis
- Each health care encounter should be coded to the level of certainty known for that encounter

Coding Guidelines

- Functional quadriplegia
  - Functional quadriplegia (code R53.2) is the lack of ability to use one's limbs or to ambulate due to extreme debility
  - It is not associated with a neurologic deficit or injury
    - Code R53.2 should not be used for cases of neurologic quadriplegia
  - R53.2 should only be assigned if functional quadriplegia is specifically documented in the medical record

Chapter 16
Certain conditions originating in the perinatal period
Instructional Notes

- **Code Range: P00-P96**

Note: Codes from this chapter are for use on newborn records only
  - Never on maternal records

Includes: conditions that have their origin in the fetal or perinatal period (before birth through the first 28 days after birth) even if morbidity occurs later
  - If a condition originates in the perinatal period and continues throughout the life of the client, the perinatal code should continue to be used regardless of client's age

Excludes2: congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
endocrine, nutritional and metabolic diseases (E00-E88)
injury, poisoning and certain other consequences of external causes (S00-T88)
neoplasms (C00-D49)
tetanus neonatorum (A33)

Chapter 16
Certain conditions originating in the perinatal period
Content

Chapter 16 contains the following block – 1st character is P

P00-P04	Newborn affected by maternal factors and by complications of pregnancy, labor, and delivery	P50-P61	Hemorrhagic and hematological disorders of newborn
P05-P08	Disorders of newborn related to length of gestation and fetal growth	P70-P74	Transitory endocrine and metabolic disorders specific to newborn
P09	Abnormal findings on neonatal screening	P76-P78	Digestive system disorders of newborn
P10-P15	Birth trauma	P80-P83	Conditions involving the integument and temperature regulation of newborn
P19-P29	Respiratory and cardiovascular disorders specific to the perinatal period	P84	Other problems with newborn
P35-P39	Infections specific to the perinatal period	P90-P96	Other disorders originating in the perinatal period

Chapter 16
Certain conditions originating in the perinatal period
Coding Guidelines

- Codes from other Chapters with Codes from Chapter 16
  - Codes from other chapters may be used with codes from chapter 16 if the codes from the other chapters provide more specific detail
  - Codes for signs and symptoms may be assigned when a definitive diagnosis has not been established
  - If the reason for the encounter is a perinatal condition, the code from chapter 16 should be first-listed
- Coding Additional Perinatal Diagnoses
  - Assign codes for conditions that require treatment or further investigation or require resource utilization
  - Assign codes for conditions that have been specified by the provider as having implications for future health care needs

Chapter 16
Certain conditions originating in the perinatal period
Coding Guidelines

- Newborn has a condition that may be either due to the birth process or community acquired
  - If the documentation does not indicate which it is, the default is due to the birth process and the code from Chapter 16 should be used
  - If the condition is community-acquired, a code from Chapter 16 should not be assigned

Chapter 16
Certain conditions originating in the perinatal period
Coding Guidelines

- Prematurity and Fetal Growth Retardation
  - Providers utilize different criteria in determining prematurity
    - A code for prematurity should not be assigned unless it is documented
  - Assignment of codes in categories **P05, Disorders of newborn related to slow fetal growth and fetal malnutrition**, and **P07, Disorders of newborn related to short gestation and low birth weight, not elsewhere classified**, should be based on the recorded birth weight and estimated gestational age
    - Codes from category P05 should not be assigned with codes from category P07
    - Exception: A code from P05 and codes from **P07.2** and **P07.3** may be used to specify weeks of gestation as documented by the provider in the record
  - When both birth weight and gestational age are available:
    - Two codes from category P07 should be assigned
    - Sequence the code for birth weight before the code for gestational age

Chapter 16
Certain conditions originating in the perinatal period
Coding Guidelines

- Low birth weight and immaturity status
  - Codes from category **P07, Disorders of newborn related to short gestation and low birth weight, not elsewhere classified**
    - Can be used for a child or adult who:
      - was premature or had a low birth weight as a newborn, and
      - this is affecting the client's current health status
- Observation and Evaluation of Newborns for Suspected Conditions not Found
  - Assign a code from categories **P00-P04, Newborn affected by maternal factors and by complications of pregnancy, labor, and delivery** to identify those instances when a healthy newborn is evaluated for a suspected condition that is determined after study not to be present
  - Do not use a code from categories P00-P04 when the patient has identified signs or symptoms of a suspected problem

Chapter 17

Congenital malformations, deformations and chromosomal abnormalities

Instructional Notes and Content

- **Code Range: Q00-Q99**

Note: Codes from this chapter are not for use on maternal or fetal records

Excludes2: inborn errors of metabolism (E70-E88)

Chapter 17 contains the following block – 1st character is Q

Q00-Q07	Congenital malformations of the nervous system	Q50-Q56	Congenital malformations of genital organs
Q10-Q18	Congenital malformations of eye, ear, face and neck	Q60-Q64	Congenital malformations of the urinary system
Q20-Q28	Congenital malformations of the circulatory system	Q65-Q79	Congenital malformations and deformations of the musculoskeletal system
Q30-Q34	Congenital malformations of the respiratory system	Q80-Q89	Other congenital malformations
Q35-Q37	Cleft lip and cleft palate	Q90-Q99	Chromosomal abnormalities, not elsewhere classified
Q38-Q45	Other congenital malformations of the digestive system		

Chapter 17
Congenital malformations, deformations and chromosomal abnormalities
Coding Guidelines

- Assign codes from Chapter 17 when a malformation/ deformation or chromosomal abnormality is documented
  - Chapter 17 codes may be first-listed or a secondary diagnosis
  - Chapter 17 codes can be used throughout life of client
  - If a congenital malformation or deformity has been corrected, use a personal history code instead of Chapter 17 code
    - Example: Z87.730 Personal history of (corrected) cleft lip and palate
- When a malformation/deformation/or chromosomal abnormality does not have a unique code assignment, assign additional code(s) for any manifestations that may be present
  - Example
    - Q05.2 Lumbar spina bifida with hydrocephalus
    - Q66.0 Congenital talipes equinovarus

Chapter 17

Congenital malformations, deformations and chromosomal abnormalities

Coding Guidelines

- When the code assignment specifically identifies the malformation/deformation/or chromosomal abnormality, manifestations that are an inherent component of the anomaly should not be coded separately
  - Example: Marfan's syndrome with long extremities
- Additional codes should be assigned for manifestations that are not an inherent component
  - Example
    - Q87.410 Marfan's syndrome with aortic dilation
    - Q25.4 Congenital aortic aneurysm

Chapter 17

Congenital malformations, deformations and chromosomal abnormalities

Changes from ICD-9-CM

ICD-9-CM	ICD-10-CM
2 main codes for **spina bifida**; 5th digit must be added to specify location **Example:** 741.01 Spina bifida with hydrocephalus, cervical region	Location is integral part of code **Example:** Q05.0 Cervical spina bifida with hydrocephalus
Arnold-Chiari syndrome is included under spina bifida with hydrocephalus	Has its own code series **Q07.0 Arnold-Chiari syndrome** Arnold-Chiari syndrome, type II Excludes1: Arnold-Chiari syndrome, type III (Q01.-) Arnold-Chiari syndrome, type IV (Q04.6) **Q07.00 Arnold-Chiari syndrome without spina bifida or hydrocephalus** **Q07.01 Arnold-Chiari syndrome with spina bifida** **Q07.02 Arnold-Chiari syndrome with hydrocephalus** **Q07.03 Arnold-Chiari syndrome with spina bifida and hydrocephalus**
Codes for **cleft lip, cleft palate** are divided into unilateral/bilateral and complete/incomplete	More specificity regarding location **Examples:** Q35.3 Cleft soft palate; Q36.0 Cleft lip, median; Q37.4 cleft hard and soft palate with bilateral cleft lip
Syndactyly codes include webbing of digits (fingers or toes), with/without fusion	Separate out webbing and fusion into different codes series; includes laterality

Chapter 5
Mental, Behavioral, Neurodevelopmental disorders
Instructional Notes and Content

- **Code Range: F01-F99**

Includes: disorders of psychological development

Excludes2: symptoms, signs and abnormal clinical laboratory findings, not elsewhere classified (R00-R99)

Chapter 5 contains the following blocks – 1st character is E

F01-F09	Mental disorders due to known physiological conditions	F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors
F10-F19	Mental and behavioral disorders due to psychoactive substance use	F60-F69	Disorders of adult personality and behavior
F20-F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	F70-F79	Intellectual disabilities
F30-F39	Mood [affective] disorders	F80-F89	Pervasive and specific developmental disorder
F40-F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders	F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
		F99	Unspecified mental disorder

Chapter 5
Mental, Behavioral, Neurodevelopmental disorders
Content

- Mental disorders due to known physiological conditions (F01-F09)
  - Range of mental disorders grouped together on the basis of their having in common a demonstrable etiology in:
    - cerebral disease
    - brain injury
    - other insult leading to cerebral dysfunction
      - The dysfunction may be:
        - » Primary (as in diseases, injuries, and insults that affect the brain directly and selectively); or
        - » Secondary (as in systemic diseases and disorders that attack the brain only as one of the multiple organs or systems of the body that are involved)
- Intellectual Disabilities (F70-F79)
  - Formerly Mental Retardation
  - Code first any associated physical or developmental disorder

Chapter 5
Mental, Behavioral, Neurodevelopmental disorders
Content

- Pervasive and specific developmental disorders (F80-F89)
  - Developmental disorders of speech and language
  - Developmental disorders of scholastic skills (e.g., Reading disorder)
  - Developmental disorders of motor function
  - Pervasive developmental disorders (e.g., Autistic disorder)
- Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)
  - Codes in this range can be used regardless of client's age
    - Disorders may continue throughout client's life
    - May not be diagnosed until adulthood
  - Attention-deficit hyperactivity disorders
  - Conduct disorders
  - Tic disorders

Chapter 6
Diseases of the Nervous System

- **Code Range: G00-G99**

Chapter 6 contains the following blocks – 1st character is G

G00-G09 Inflammatory diseases of the central nervous system	G50-G59 nerve, nerve root and plexus disorders
G10-G14 Systemic atrophies primarily affecting the central nervous system	G60-G65 Polyneuropathies and other disorders of the peripheral nervous system
G20-G26 Extrapyramidal and movement disorders	G70-G73 Diseases of myoneural junction and muscle
G30-G32 Other degenerative diseases of the nervous system	G80-G83 Cerebral palsy and other paralytic syndromes
G35-G37 Demyelinating diseases of the central nervous system	G89-G99 Other disorders of the nervous system
G40-G47 Episodic and paroxysmal disorders	

Chapter 6
Diseases of the Nervous System
Coding Guidelines

- **Dominant/nondominant side**
  - Codes from category G81, Hemiplegia and hemiparesis, and subcategories, G83.1, Monoplegia of lower limb, G83.2, Monoplegia of upper limb, and G83.3, Monoplegia, unspecified, identify whether the dominant or nondominant side is affected
    - Should the affected side be documented, but not specified as dominant or nondominant, and the classification system does not indicate a default, code selection is as follows:
      - For ambidextrous patients, the default should be dominant
      - If the left side is affected, the default is non-dominant
      - If the right side is affected, the default is dominant

G81.0 Flaccid hemiplegia

G81.00 Flaccid hemiplegia affecting unspecified side

G81.01 Flaccid hemiplegia affecting right dominant side

G81.02 Flaccid hemiplegia affecting left dominant side

G81.03 Flaccid hemiplegia affecting right nondominant side

G81.04 Flaccid hemiplegia affecting left nondominant side

Chapter 6
Diseases of the Nervous System
Epilepsy

- **Epilepsy and Recurrent Seizures (G40)**
  - Code descriptions include:
    - Intractable (pharmacologically resistant, treatment resistant, refractory and poorly controlled) or not intractable
    - With status epilepticus (serious medical condition where prolonged or clustered seizures develop into non-stop seizures) or without status epilepticus
    - Documentation must address both of these
  - Examples:
    - G40.B01 Juvenile myoclonic epilepsy, not intractable, with status epilepticus
    - G40.B09 Juvenile myoclonic epilepsy, not intractable, without status epilepticus
    - G40.B11 Juvenile myoclonic epilepsy, intractable, with status epilepticus
    - G40.B19 Juvenile myoclonic epilepsy, intractable, without status epilepticus

Chapter 13
Diseases of the musculoskeletal system and connective tissue
Content

- **Code Range: M00~M99**

Chapter 13 contains the following block – 1st character is M

M00-M02 Infectious arthropathies	**M60-M63** Disorders of muscles
M05-M14 Inflammatory polyarthropathies	**M65-M67** Disorders of synovium and tendon
M15-M19 Osteoarthritis	**M70-M79** Other soft tissue disorders
M20-M25 Other joint disorders	**M80-M85** Disorders of bone density and structure
M26-M27 Dentofacial anomalies [including malocclusion] and other disorders of jaw	**M86-M90** Other osteopathies
M30-M36 Systemic connective tissue disorders	**M91-M94** Chondropathies
M40-M43 Deforming dorsopathies	**M95** Other disorders of the musculoskeletal system and connective tissue
M45-M49 Spondylopathies	**M96** Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhereclassified
M50-M54 Other dorsopathies	**M99** Biomechanical lesions, not elsewhere classified

Chapter 13
Diseases of the musculoskeletal system and connective tissue
Coding Guidelines

- **External Cause of Injury**

Chapter 13

Diseases of the musculoskeletal system and connective tissue (M00-M99)

Note: Use an external cause code following the code for the musculoskeletal condition, if applicable, to identify the cause of the musculoskeletal condition

- **Site and laterality**
  - Most codes within Chapter 13 have site and laterality designations
    - Site represents the bone, joint or the muscle involved.
    - For some conditions where more than one bone, joint or muscle is usually involved, such as osteoarthritis, there is a "multiple sites" code available
      - For categories where no multiple site code is provided and more than one bone, joint or muscle is involved, multiple codes should be used to indicate the different sites involved
  - Bone versus joint
    - For certain conditions, the bone may be affected at the upper or lower end, (e.g., avascular necrosis of bone, M87, Osteoporosis, M80, M81)
    - Though the portion of the bone affected may be at the joint, the site designation will be the bone, not the joint

Chapter 13
Diseases of the musculoskeletal system and connective tissue
Coding Guidelines

- **Acute traumatic versus chronic or recurrent musculoskeletal conditions**
  - Many musculoskeletal conditions are a result of previous injury or trauma to a site, or are recurrent conditions
    - Chronic or recurrent conditions should generally be coded with a code from chapter 13
  - Any current, acute injury should be coded to the appropriate injury code from chapter 19

Unit 4, Part 1 – Review Questions True/False

1. A status code is distinct from a history code
2. If a Z code is used, a CPT procedure code is not necessary
3. Z28.3, Underimmunization status is used when some of a child's immunizations are delinquent
4. History codes are acceptable on any medical record regardless of the reason for visit
5. The 1st time you see a child with spina bifida, you will code the encounter as a Screening
6. Codes for signs and symptoms are not reported in addition to a related definitive diagnosis
7. ICD-10-CM contains a number of combination codes that identify both the definitive diagnosis and common symptoms of that diagnosis

Unit 4, Part 1 – Review Questions True/False

8. If a condition originates in the perinatal period and continues throughout the life of the client, the perinatal code should continue to be used regardless of client's age
9. When both birth weight and gestational age are available code one or the other but not both
10. When a malformation/deformation/or chromosomal abnormality does not have a unique code assignment, do not assign additional code(s) for any manifestations that may be present
11. Codes from Chapter 17 cannot be used after a client reaches age 18

Unit 4, Part 1
Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
1	17-month old male referred for medical and physical therapy evaluations. Child was enrolled in the ITP a couple of months earlier due to developmental delays. Parents note that child's joints seem to pop a lot and he doesn't seem strong. He has a history of torticollis and plagiocephaly for which he has already been prescribed a molding helmet. Child has some difficulty chewing food. Results of today's physical therapy evaluation determined that child continues to have mild delays in his gross motor development with more significant difficulties noted in his stationary and object manipulation skills as compared to his locomotion abilities. In addition, low-normal muscle tone was noted. Besides the obvious torticollis and plagiocephaly, resultant mandibular asymmetry has created a significant malocclusion of his bite. Further consultation with a craniofacial specialist is warranted and PT is warranted.	
2	Dystonic cerebral palsy	
3	Meningitis due to E.coli	
4	Spinal Muscular Atrophy	

Unit 4, Part 1
Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
5	9-month old girl who was born prematurely at 32 weeks gestation. History of reflux, slow weight gain, head tilt to left. Referred for concern of delayed gross motor skills. Physical exam significant for occipital-parietal flattening on the right side (plagiocephaly) and mild torticollis. Review of systems and clinical observation show difficulties with spoon feedings. Evaluation notable for mild gross motor and fine motor delays.	
6	Almost 3-month old male born prematurely at 29 weeks gestation who was referred for concerns with extensor dominant preference and a decrease in his state regulation. During his hospitalization, he was hyper-reactive to environmental stimuli and he was slow to settle after being examined or handled. His mother reports that her son has seemed to settle down and is much easier to soothe now but her current concerns are about his head positioning since he prefers to keep it turned to the right and this is flattening the right side of his skull. All areas of his development were appropriate for his adjusted-age but plagiocephaly were noted. Review of child's medical records indicates a history of meningitis (E. coli bacteria) during the neonatal period that makes child eligible for the NC Infant Toddler program.	

Unit 4, Part 1
Coding Exercises

Use the CDSA Common Diagnosis Reference List to Code the following scenarios

#	Scenario/Diagnosis	Answer
7	30 month old male referred by his maternal aunt (guardian) due to behavioral concerns. He has several tantrums every day which often include hitting, biting and spitting. He frequently breaks toys or household items. He has been expelled from two day care centers in the past 6 months. Aunt feels that he understands verbal directions but just chooses to ignore rules. He was placed with his grandmother after birth, but she developed health issues necessitating transfer to his aunt's custody when he was 16 months old. Aunt reported that he was an early walker (at 9 months) and that he now is very hyperactive. It takes him two hours to settle down to sleep at night, and he must watch TV from the bed. The pediatrician told her he is overweight, although eats very poorly, preferring instead to drink 10-12 cups of Kool-Aid, soda or sweet tea daily. He often wheezes when he gets colds, but the nebulizer machine he used to use for inhaled medicines has been misplaced. Medical records were not available. Developmental testing showed above-average gross motor skills, below-average social/emotional and communication skills (scores in the high 70s-low 80s) and average fine motor, cognitive and adaptive skills. Behavioral observations included an increased activity level, low frustration tolerance and both passive and active non-compliance at times. He threw test items at the examiner when she refused to allow him access to the test kit. The biological mother has a history of mental health issues and substance abuse with positive drug screen at delivery.	

Unit 4, Part 1
Coding Exercises

Use the CDSA Common Diagnosis Reference List to Code the following scenarios

#	Scenario/Diagnosis	Answer
8	Visit 1: A six week old infant is referred to Children's Developmental Services Agency with bilateral cleft lip and clefting of both the hard and soft palate. She has difficulties with latching on and subsequent loss of volume during feedings. Switching to a Habermann feeder has been somewhat effective, but she continues to lose volume. During the pregnancy, the child's mother was in active treatment at a local methadone clinic where she was compliant with medication management and was enrolled in the program throughout the pregnancy. Ultrasounds during the pregnancy revealed the congenital defects that the child was subsequently born with. Visit 2: Since being discharged home, the child has been slowly weaned from methadone orally. Unfortunately, a combination of feeding difficulties as noted above with associated somnolence due to methadone management has led to lack of expected weight gain resulting in failure to thrive.	

Questions/CEU Information

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Information for CEUs

http://publichealth.nc.gov/lhd/icd10/training.htm