ICD-10 Clinical Concepts Series

Common Codes
Clinical Documentation Tips
Clinical Scenarios

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

With Road to 10, you can:

- Build an ICD-10 action plan customized for your practice
- Use interactive case studies to see how your coding selections compare with your peers' coding
- Access quick references from CMS and medical and trade associations
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ICD-10 Compliance Date: October 1, 2015
Specifying anatomical location and laterality required by ICD-10 is easier than you think. This detail reflects how physicians and clinicians communicate and to what they pay attention - it is a matter of ensuring the information is captured in your documentation.

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

- Definition Changes
- Terminology Differences
- Increased Specificity

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

ACUTE MYOCARDIAL INFARCTION (AMI)

Definition Change

When documenting an AMI, include the following:

1. Timeframe
   - An AMI is now considered "acute" for 4 weeks from the time of the incident.

2. Episode of care
   - ICD-10 does not capture episode of care (e.g. initial, subsequent, sequelae).

3. Subsequent AMI
   - ICD-10 allows coding of a new MI that occurs during the 4 week "acute period" of the original AMI.

ICD-10 Code Examples

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

Definition Change

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

When documenting hypertension, include the following:

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

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

ICD-10 Code Examples

L10 Essential (primary) hypertension
L11.9 Hypertensive heart disease without heart failure
L15.0 Renovascular hypertension

ASTHMA

Terminology Difference

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

When documenting asthma, include the following:

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

2. Severity  
   Choose one of the three options below for persistent asthma patients
   1. Mild persistent
   2. Moderate persistent
   3. Severe persistent

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

ICD-10 Code Examples

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

Terminology Difference.

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

When documenting underdosing, include the following:

1. Intentional, Unintentional, Non-compliance
   Is the underdosing deliberate? (e.g., patient refusal)

2. Reason
   Why is the patient not taking the medication? (e.g., financial hardship, age-related debility)

**ICD-10 Code Examples**

- Z91.120 Patient’s intentional underdosing of medication regimen due to financial hardship
- T36.4x6A Underdosing of tetracyclines, initial encounter
- T45.526D Underdosing of antithrombotic drugs, subsequent encounter
DIABETES MELLITUS, HYPOGLYCEMIA AND HYPERGLYCEMIA

Increased Specificity

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

When documenting diabetes, include the following:

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

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

3. **Treatment**
   Is the patient on insulin?

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

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

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**ICD-10 Code Examples**

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

Increased Specificity

When documenting abdominal pain, include the following:

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

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

ICD-10 Code Examples

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