ICD-10 DIAGNOSIS CODING FOR CARDIAC AND PULMONARY REHABILITATION

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This is where I tell you a little about myself and my relationship with cardiac and pulmonary disease
Objectives

• Understand ICD-10-CM structure and guidelines
• Understand steps necessary to correctly select a diagnostic code according to ICD-10-CM guidelines
• Understand the necessity of reviewing code selection in both the alphabetic and tabular sections of ICD-10-CM.
• Take away a list of some of the codes that apply to Cardiac and Pulmonary Rehabilitation as well as a tool to help you convert ICD-9 to ICD-10

GEMs

• General Equivalence Mappings
• Developed to facilitate transition from one code set to the other
• Two GEMs files
  – ICD-9-CM to ICD-10-CM
  – ICD-10-CM to ICD-9-CM
• Files may be located at:
GEMs Disclaimer

• There is not a one-to-one match between ICD-9-CM and ICD-10-CM codes, for a multitude of reasons (i.e. new concepts, a single code may be mapped to many, more granular codes)
• GEMs are only used to assist, not to code directly from
• GEMs are only temporary

ICD-10-CM Structure

• Chapters are organized mainly by body system
  – Diseases of the Circulatory System are listed in Chapter 9 and include code range I00 - I99
  – Diseases of the Respiratory System are listed in Chapter 10 and include code range J00 - J99

• Of course, it may sometimes be necessary to use codes from other chapters to describe conditions not necessarily limited to these systems (i.e. Certain Infectious and Parasitic Diseases, Neoplasms, Diseases of the Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism, Diseases of the Musculoskeletal System and Connective Tissue, Congenital Malformation, Deformation, and Chromosomal Abnormalities or External Causes of Morbidity)
ICD-10-CM Example - MI

- Three-digit category (BLOCK)
  - I21 – ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction (decimal here)
  - 0 - 4th digit subcategory – ST elevation (STEMI) myocardial infarction of anterior wall
  - 2 – 5th digit sub-classification (location) – involving left anterior descending coronary artery
  - 6th –digit sub-classification sometimes necessary to identify additional detail, such as laterality
  - 7th –digit Extension sometimes necessary to identify the encounter (i.e. K-Subsequent encounter for fracture with nonunion)
  - Some codes require a placeholder (X)

Organizational Structure Differences

- 21 chapters vs. 17 chapters
- V and E code are incorporated into the main index
- Conditions of the sense organs have their own chapters
- Certain diseases reclassified to other chapters (gout moved from endocrine to musculoskeletal)
- Injuries classified by anatomical site rather than type of injury
- Postop complications now listed by system
ICD-10 Differences

- Up to 7 characters rather than 5
- Approximately 54,000 more codes
- First digit always alpha, digits 2 and 3 numeric.
- Digits 4 – 7 may be either alpha or numeric
- Flexible for adding new codes
- Very specific
- Allows laterality and bi-laterality

ICD-10 Alphabetic Index

- Used to identify a diagnosis code for use
- Divided into two parts
  - Diseases and Injuries
  - Index to External Causes
- Two Tables
  - Neoplasm
  - Drugs and Chemicals
- Morphology Code
- Manifestation Code
Identifying Characters

• The ICD-10-CM will only use capital letters
• The letter “O” is only utilized as a first character
• The number “0” will be seen with a “/” (strike-through)
• The letter “I” appears as “I”. Do not interpret this as “L” or 1. This character is only utilized as a first character

Tabular Index

• Used to verify a diagnosis code for use
• 21 chapters
  – Begin with Alpha character
  – Character “U” is not utilized
• Order of chapters slightly different
  – Chapters based on body/organ system/condition
  – Added chapters for senses
  – Reclassified/reassigned certain diseases to a more appropriate chapter

**Never code from Alpha Index alone**
ICD-10-CM
Instructional Notes

• Excludes
  – Excludes 1: A “pure” excludes note, it means not coded here. This indicates that the code excluded should never be used at the same time as the code above the note. Used when 2 conditions cannot occur together (ie Congenital vs Acquired).
  – Excludes 2: Indicates not included here. The condition excluded is not part of the condition; however, the patient may have both conditions. It is acceptable to list both codes when this occurs.

Chapter 9
Diseases of the Circulatory System

• I00-I02 Acute rheumatic fever
• I05-I09 Chronic rheumatic heart disease
• I10-I15 Hypertensive diseases
• I20-I25 Ischemic heart diseases
• I26-I28 Pulmonary heart disease and diseases of pulmonary circulation
• I30-I52 Other forms of heart disease
• I60-I69 Cardiovascular diseases
• I70-I79 Diseases of arteries, arterioles and capillaries
• I80-I89 Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified
• I90-I99 Other and unspecified disorders of the circulatory system
Changes to Circulatory Chapter

• No Hypertension table in the Alpha Index
• Chapter Reclassification – codes moved into Chapter 9
  – Binswanger’s disease
  – Chronic and mesenteric lymphadenitis
  – Gangrene
• Terminology updates
• Hypertension classifications
• Time frame changes for acute MI
• Expansion of Cerebrovascular codes

Hypertension Classification

• ICD-9-CM hypertension classifications
  – Benign
  – Malignant
  – Unspecified

• Only Axis used in ICD-10-CM is:
  – Essential hypertension
Terminology

**ICD-9-CM**
- 410-Acute myocardial infarction
- 411.1-Intermediate coronary syndrome
- 411.81-Acute coronary occlusion without MI

**ICD-10-CM**
- I21-ST Elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
- I20.0-Unstable Angina
- I24.0-Acute coronary thrombosis not resulting in MI

Myocardial Infarction

- STEMI and NSTEMI
  - Code title terms
  - NOT inclusion terms

- Time frame changes
  - Acute myocardial infarction
    - ICD-9-CM 8 weeks or less
    - ICD-10-CM 4 weeks or less
Coding Tip

• ICD-10-CM presumes a cause-and-effect relationship and classifies chronic kidney disease (CKD) with hypertension as hypertensive chronic kidney disease
• Sequencing
  – Category I12 – Primary
  – Category N18 - Secondary

Combination Codes

• For patients who have a diagnosis of Heart Failure (I12) and Chronic Kidney Disease (N18) both due to hypertension, a combination code should be assigned from category I13, Hypertensive Heart and Chronic Kidney Disease. An additional code may be assigned to specify the type of heart failure (I50) and/or to identify the stage of CKD (N18).
Subsequent Myocardial Infarction

• Use codes from category I22 for patients that have a new MI during the 4 week acute period
• Instructional note: A code from category I22 must be used in conjunction with a code from category I21
• Sequencing: reason for visit
  **Category I22 is never used alone**

Atherosclerotic Coronary Artery Disease

• Combination codes
  – I25.11 Atherosclerotic heart disease of native coronary artery with angina pectoris
  – I25.7 Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris
  – It is not necessary to use an additional code for angina pectoris when using one of these combination codes unless the angina is due to a condition other than atherosclerosis
Codes for Myocardial Infarction

- I21.01 ST elevation myocardial infarction of anterior wall left main coronary artery
- I21.02 STEMI of left anterior descending coronary artery
- I21.09 STEMI of other coronary artery of anterior wall
- I21.11 STEMI of right coronary artery
- I21.19 STEMI of other coronary artery of inferior wall
- I21.21 STEMI of left circumflex coronary artery
- I21.29 STEMI of other sites
- I21.3 STEMI of unspecified site
- I21.4 Non-ST elevation myocardial infarction

Codes for Subsequent MI

- I22.0 Subsequent STEMI of anterior wall
- I22.1 Subsequent STEMI of inferior wall
- I22.2 Subsequent Non ST Elevation MI
- I22.8 Subsequent STEMI of other sites
Other ICD-10-CM Diagnosis Codes for Cardiac Rehabilitation

- I25.2 – History of acute myocardial infarction (healed or old – 4 weeks or more) within preceding 12 months
- Z95.1 – Status coronary bypass surgery
- I20.1/I20.8/I20.9 - Stable angina pectoris (with documented spasm/other forms/unspecified)
- Z95.2 – Status heart valve repair/replacement
- Z98.61/Z98.5 – Status percutaneous transluminal coronary stenting (no graft/with graft)
- Z94.1 - History of heart transplant
- Z94.3 – History of heart-lung transplant
- Just FYI, history of lung transplant is Z94.2

Chapter 10
Diseases of the Respiratory System

- J00-J06 Acute upper respiratory infections
- J09-J18 Influenza and pneumonia
- J20-J22 Other diseases of acute lower respiratory tract
- J30-J39 Other diseases of upper respiratory tract
- J40-J47 Chronic lower respiratory diseases
- J60-J70 Lung diseases due to external agents
- J80-J84 Other respiratory diseased principally affecting interstitium
- J85-J86 Suppurative and necrotic conditions of the lower respiratory tract
- J90-J94 Other diseases of the pleura
- J95 Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified
- J96-J99 Other diseases of the respiratory system
What’s New

• Reclassification of codes
  – Codes moved to this chapter from other chapters (i.e. Streptococcal sore throat)
  – Terminology update
  – Increase in “Use additional code” and “Code first”

Terminology Update

<table>
<thead>
<tr>
<th>Asthma Severity</th>
<th>Frequency of Daytime Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermittent</td>
<td>Less than or equal to 2 times per week</td>
</tr>
<tr>
<td>Mild Persistent</td>
<td>More than 2 times per week</td>
</tr>
<tr>
<td>Moderate Persistent</td>
<td>Daily, may restrict physical activity</td>
</tr>
<tr>
<td>Severe Persistent</td>
<td>Throughout the day. Frequent severe attacks</td>
</tr>
</tbody>
</table>
Coding Tip

• An acute exacerbation is a worsening or a decompensation of a chronic condition

• An acute exacerbation is not equivalent to an infection superimposed on a chronic condition

Terminology Update

• Additional asthma terminology updates
  
  – Intrinsic Asthma – nonallergenic

  – Extrinsic Asthma – allergic

**Both are classified to J45.909, unspecified asthma, uncomplicated**
Chapter 10 Instructional Note

• Note: When a respiratory condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the lower anatomic site (e.g. tracheobronchitis to bronchitis in J40)

Expanded Notes

Increase in multiple code use:
• Use additional code to identify the infectious agent
• Use additional code to identify the virus
• Code first any associated lung abscess
• Code first the underlying disease
• Use additional code to identify other conditions such as tobacco use or exposure
COPD

• Excludes 2 note under J20 – J22
  – Lower respiratory infections (bronchitis/bronchiolitis) with COPD
  – Report two codes
• Category J44
  – Code also Asthma (J45)
  – Use additional code to identify tobacco exposure

Bronchitis

• J40 Bronchitis, not specified as chronic or acute
• J41 Simple and mucopurulent chronic bronchitis
  – J41.0 Simple chronic
  – J41.1 Mucopurulent chronic
  – J41.8 Mixed simple and mucopurulent chronic
• J42 Unspecified chronic bronchitis
Emphysema

• J43.0 Unilateral pulmonary emphysema (MacLeod’s syndrome)
• J43.1 Panlobular emphysema (Parachinar)
• J43.2 Centrilobular emphysema
• J43.8 Other emphysema
• J43.9 Emphysema, unspecified
  – Bullous emphysema
  – Emphysema NOS
  – Emphysematous bleb
  – Vesicular emphysema

Other COPD

• J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection (additional code to identify infection)
• J44.1 Chronic COPD with acute lower respiratory infection (decompensated, decompensated with acute exacerbation)
  Excludes 2 – COPD with acute bronchitis J44.0
• J44.9 COPD, unspecified
Asthma

- J45.2 Mild intermittent
- J45.3 Mild Persistent
- J45.4 Moderate persistent
- J45.5 Severe persistent

EACH REQUIRES ONE OF THE FOLLOWING 5th DIGITS:
- 0 Uncomplicated
- 1 Acute exacerbation
- 2 Status asthmaticus

Other and Unspecified Asthma

- J45.90 Unspecified asthma (requires 6th digit)
- J45.901 With acute exacerbation
- J45.902 With status asthmaticus
- J45.909 Uncomplicated (asthma NOS)
- J45.99 Other Asthma (requires 6th digit)
- J45.990 Exercise induced bronchospasm
- J45.991 Cough variant asthma
- J45.998 Other asthma
Bronchiectasis Notes

Includes bronchiolectasis
Use additional code to identify exposure to tobacco smoke via any means, tobacco dependence or tobacco use.
Excludes 1 congenital bronchiectasis (Q33.4)
    tuberculous bronchiectasis (current disease) (A15.0)

Bronchiectasis

• J47.0 Bronchiectasis with acute lower respiratory infection
• J47.1 Bronchiectasis with acute exacerbation
• J47.9 Bronchiectasis, uncomplicated
• Q33.4 Congenital bronchiectasis
• A15.0 Tuberculous bronchiectasis
Lung Disease Due to External Agents

- J60 Coalworker’s pneumoconiosis
- J61 Pneumoconiosis due to asbestos and other mineral fibers
- J62 Pneumoconiosis due to dust containing slice (requires 4th digit)
  - J63.0 Aluminosis of lung
  - J63.1 Bauxite fibrosis
  - J63.2 Berylliosis
  - J63.3 Graphite fibrosis
  - J63.4 Siderosis
  - J63.5 Stannosis
  - J63.6 Pneumoconiosis due to other specified inorganic dust
- J64 Unspecified pneumoconiosis
- J65 Pneumoconiosis associated with tuberculosis (any condition in J60 – J64 with tuberculosis) (Silicotuberculosis)

Airway Disease Due to Specific Organic Dust

- J66.0 Byssinosis (Airway disease due to cotton dust)
- J66.1 Flax-dresser’s disease
- J66.2 Cannabinosis
- J66.8 Airway disease due to other specific organic dusts
Hypersensitivity Pneumonitis Due to Organic Dust

- J67.0 Farmer’s lung (Harvester’s lung, Moldy hay disease
- J67.1 Bagassosis
- J67.2 Bird fancier’s lung
- J67.3 Suberosis (Corkhandler’s/Corkworker’s disease
- J67.4 Maltworker’s lung (Alveolitis due to Aspergillus Clavatus
- J67.5 Mushroom-worker’s lung
- J67.6 Maple-bark-stripper’s lung (Cryptostromosis)
- J67.7 Air conditioner and humidifier lung (due to fungal, thermophilic actinomycetes and other organisms growing in ventilation systems
- J67.8 Due to other organic dusts (Cheese-washer’s lung, Furrier’s lung, Coffee-worker’s lung, Sequoisosis, Fish-meal worker’s lung
- J67.9 Due to unspecified organic dust (Allergic alveolitis, extrinsic, NOS; pneumonitis NOS)

Other Respiratory Diseases Principally Affecting the Interstitium

- J80 Acute respiratory distress syndrome
- J81.0 Acute pulmonary edema
- J81.1 Chronic pulmonary edema
- J82 Pulmonary eosinophilia, NEC
- J84.01 – J84.09 Alveolar and parieto-alveolar conditions
- J84.10 Pulmonary fibrosis, unspecified
- J84.111-J84.117 Idiopathic interstitial pneumonia
- J84.17 Desquamative interstitial pneumonia
- J84.2 Lymphoid interstitial pneumonia
- J84.81 – J84.89 Other specified interstitial pulmonary disease
- J84.9 Interstitial pulmonary disease, unspecified
Other Conditions You May See

- J68.0 – J68.9 Respiratory conditions due to inhalation of chemicals, gases, fumes and vapors
- J69.0 – J69.8 Pneumonitis due to solids and liquids
- J70.0 – J70.9 Respiratory conditions due to other external agents
- J96.10 – J96.92 Respiratory failure
- J98.2 Interstitial emphysema
- J98.3 Compensatory emphysema
- J98.4 Other disorders of the lung (cystic lung disease, acquired, pulmolithiasis)
- E84.0 Cystic fibrosis with pulmonary manifestations
- M32.13 Respiratory disorders in systemic lupus erythematosus

Questions?
Thank you from the bottom of my