ICD-9-CM Coding Fundamentals – Part 1

Developed By:
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Introduction to ICD-9-CM Coding
Why do we code?

- Diagnosis coding in Long Term Care (LTC) is required to provide data:
  - clinical
  - financial and
  - statistical
Why do we code?

- **External uses:**
  - Reporting to Fiscal Intermediaries (FIs) and the Centers for Medicare & Medicaid Services (CMS)
    - Minimum Data Set (MDS), Quality Indicators (QIs), and Quality Measures (QMs)
    - Billing claims (i.e. UB-04)
  - Focused Medical Review derived from reported data (Medicare, Medicaid)
  - Vendors: Lab, pharmacy, rehabilitation/therapy
Why do we code?

- **Internal uses:**
  - Statistical collection of disease information
  - Quality assessment/improvement
  - Infection control
  - Continuity of care
Introduction to ICD-9-CM

- ICD-9:
  - International Classification of Diseases
  - 9th revision
  - Published by World Health Organization
  - Used internationally to communicate disease/procedure data
Introduction to ICD-9-CM

- ICD-9-CM
  - Clinical modification used in U.S.
  - Published by the National Center for Health Statistics
  - Updated semi-annually
    - Codes may be added, deleted, or revised
    - Major updates are effective October 1st of each year
      - *Acquire updated code books prior to October 1 effective date*
    - Minor updates may be released to be effective April 1st, but should be rare
Introduction to ICD-9-CM

- FYI - ICD-10 published in 1992
  - ICD-10-CM scheduled for implementation in U.S. on Oct. 1, 2013
  - ICD 10 resources can be found at:
    - http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm
    - http://www.cms.hhs.gov/ICD10/01m_2009_ICD10PCS.asp#TopOfPage
Where to Find Coding Guidelines

**ICD-9-CM Official Guidelines for Coding and Reporting**
- Published by the National Center for Health Statistics and CMS

**AHA Coding Clinic**
- Published quarterly
- Content approved by:
  - National Center for Health Statistics (NCHS)
  - Centers for Medicare & Medicaid Services (CMS)
  - American Health Information Management Association (AHIMA)
  - American Hospital Association (AHA)
Where to Find Training Information

- CMS Medicare Learning Network
  - “Diagnosis Coding: Using the ICD-9-CM” updated May 2007
  - Free, web-based, general coding training
  - Not specific to LTC setting
    - Select Diagnosis Coding Using the ICD-9 CM 9 (May 2007)
Training objectives

REVIEW:

- Basic use of code book
- Volumes 1, 2, 3
- Disease chapters
- E-codes
- V-codes
Training objectives

MASTER:
- **Official Coding Guidelines**
- *Coding Clinic* LTC guidelines
- Diagnosis sequencing & communication process
- Involvement of ancillary departments
  - Business Office, Therapy, MDS
The Coding Book -

- ICD-9-CM code book arrangement
  - Different publishers have variations to punctuation and color coding within the ICD-9-CM code book
  - Codes and descriptions are standard regardless of publisher
Volume 1 - Tabular List of Diseases and Injuries

- Numerical list of codes
- 17 chapters – by body system
- Supplementary classifications:
  - V codes
  - E codes
- Appendices A - E
### Volume 1 - Tabular List of Diseases and Injuries

#### 3. Endocrine, Nutritional, Metabolic, and Immunity Disorders (240-279)

**Excluded: endocrine and metabolic disturbances specific to the fetus and newborn (775.0-775.9)**

Note: All neoplasms, whether functionally active or not, are classified in Chapter 2. Codes in Chapter 3 (i.e., 242.8, 246.0, 251-253, 255-259) may be used, if desired, to identify such functional activity associated with any neoplasm, or by ectopic endocrine tissue.

**Disorders of Thyroid Gland (240-246)**

**Simple and unspecified goiter**

- **240.0** Goiter, specified as simple
  - Any condition classifiable to 240.9, specified as simple

**240.9 Goiter, unspecified**

- Enlargement of thyroid
- Goiter or struma: NOS
- Diffuse colloid endemic
- **Excluded:** congenital (dyshormonogenic) goiter (246.1)

- Goiter or struma: hyperplastic
- Nontoxic (diffuse)
- Parenchymatous sporadic

**242.0** Toxic diffuse goiter

- Basedow's disease
- Exophthalmic or toxic goiter NOS
- Graves' disease
- Primary thyroid hyperplasia

**242.1** Toxic unilobular goiter

- Thyroid nodule
- Unilobular goiter

**242.2** Toxic multinodular goiter

- Secondary thyroid hyperplasia

**242.3** Toxic nodular goiter, unspecified

- Adenomatous goiter
- Nodular goiter
- Struma nodosa

- Any condition classifiable to 241.9 specified as toxic or with hyperthyroidism

**242.4** Thyrotoxicosis from ectopic thyroid nodule

**242.8** Thyrotoxicosis of other specified origin

- Overproduction of thyroid-stimulating hormone (TSH)
- Thyrotoxicosis: factitia from ingestion of excessive thyroid material

- Use additional E code to identify cause if drug-induced

**242.9** Thyrotoxicosis without mention of goiter or other cause
Volume 2 – Alphabetic Index to Diseases

- Alphabetical list of conditions
- Hypertension Table
- Neoplasm Table
- Table of Drugs and Chemicals
- Index to External Causes of Injury and Poisoning (E codes)
### INDEX TO DISEASES

#### Paraplegia — continued
- late effect 344.1
- Pott's (see also Tuberculosis) 015.0 [730.88]
- psychogenic 306.0
- spastic
  - Erb's spinal 094.89
  - hereditary 334.1
  - not infantile or congenital 344.1
- spinal (cord)
  - traumatic NEC — see Injury, spinal, by site
  - syphilitic (spastic) 094.89
- traumatic NEC — see Injury, spinal, by site

#### Paraproteinemia 273.2
- benign (familial) 273.1
- monoclonal 273.1
- secondary to malignant or inflammatory disease 273.1

#### Parapsoriasis 696.2
- en plaques 696.2
- guttata 696.2
- lichenoides chronica 696.2
- retiformis 696.2
- varioliformis (acuta) 696.2

#### Parascapulatina 057.8

#### Paresis (see also Paralysis): 344.9
- accommodation 367.51
- bladder (spastic) (sphincter) (see also Paralysis, bladder) 596.53
  - tabetic 094.0
  - bowel, colon, or intestine (see also ileus) 596.1
  - brain or cerebral — see Paralysis, brain
  - extrinsic muscle, eye 378.55
  - general 094.1
  - arrested 094.1
  - brain 094.1
  - cerebral 094.1
  - insane 094.1
  - juvenile 090.40
    - remission 090.49
    - progressive 094.1
    - remission (sustained) 094.1
  - tabetic 094.1
- heart (see also Failure, heart) 428.9
- infantile (see also Poliomyelitis) 045.9
- insane 094.1
- juvenile 090.40
- late effect — see Paralysis, late effect
  - tabetic (general) 094.1
- tabetic 094.1

#### Parosmia 781.1
- psychogenic 306.7

#### Parotid gland — see condition

#### Parotiditis (see also Parotitis) 527.2
- epidemic 072.9
- infectious 072.9

#### Parotitis 527.2
- allergic 527.2
- chronic 527.2
- epidemic (see also Mumps) 072.9
- infectious (see also Mumps) 072.9
- noninfectious 527.2
- nonspecific toxic 527.2
- not mumps 527.2
- postoperative 527.2
- purulent 527.2
- septic 527.2
- suppurative (acute) 527.2
- surgical 527.2
- toxic 527.2

#### Paroxysmal — see also condition
- dyspnea (nocturnal) 786.09

#### Parrot's disease (syphilitic osteochondritis) 090.0

#### Parrot fever 073.9
Volume 3 - Index and Tabular List of Procedures

- ICD-9-CM procedure codes have 2 digits before the decimal point (xx.xx)
- Procedure codes are not used by LTC facilities (per direction from HIPAA-Transaction Code Set Standards)
  - DO NOT ASSIGN CODES FROM THIS SECTION
Volume 3 - Index and Tabular List of Procedures
Coding Conventions & Formatting: Alphabetic Index

- **Main Terms:**
  - Identify disease, condition
  - Listed in bold type, start with an uppercase letter
- Additional main term headings:
  - Complications
  - Late effects
  - V codes: admission for, examination, history of, observation, problem with, status, vaccination, absence of
Coding Conventions & Formatting: Alphabetic Index

Main Terms:

- **Pneumohemothorax** (see also Hemothorax) 511.8
  - traumatic 860.4
  - with open wound into thorax 860.5
- **Pneumohydropericardium** (see also Pericarditis) 423.9
- **Pneumohydrothorax** (see also Hydrothorax) 511.8
- **Pneumononmediastinum** 518.1
  - congenital 770.2
  - fetus or newborn 770.2
- **Pneumomycosis** 117.9
- with influenza, flu, or grippe 487.0
- adenoviral 480.0
- adynamic 514
- alba 090.0
- allergic 518.3
- alveolar – see Pneumonia, lobar
Coding Conventions & Formatting: Alphabetic Index

- **Subterms (Modifiers):**
  - Describe essential differences in a disease/condition related to:
    - Site
    - Cause
    - Clinical type
  - Listed in regular type, start with a lowercase letter
Coding Conventions & Formatting: Alphabetic Index

Subterms (Modifiers):

- **Pneumohemothorax** *(see also Hemothorax)* 511.8
  - traumatic 860.4
    - with open wound into thorax 860.5
- **Pneumohydropericardium** *(see also Pericarditis)* 423.9
- **Pneumohydrothorax** *(see also Hydrothorax)* 511.8
  - congenital 770.2
  - fetus or newborn 770.2
- **Pneumonomeediastinum** 518.1
- **Pneumomycosis** 117.9
  - with influenza, flu, or grippe 487.0
  - adenoviral 480.0
  - adynamic 514
  - alba 090.0
  - allergic 518.3
  - alveolar – see Pneumonia, lobar
Coding Conventions & Formatting: Alphabetic Index

- **Non-Essential Modifiers:**
  - Series of terms in parentheses that may follow a main term
  - Presence or absence of these words has *no effect* on the code selection
Coding Conventions & Formatting: Alphabetic Index

Non-essential Modifiers:

Pneumohemothorax (see also Hemothorax) 511.8
traumatic 860.4
with open wound into thorax 860.5
Pneumohydropericardium (see also Pericarditis) 423.9
Pneumohydrothorax (see also Hydrothorax) 511.8
Pneumonometadiastinum 518.1
  congenital 770.2
  fetus or newborn 770.2
Pneumomycosis 117.9
Pneumonia (acute) (Alpenstich) (benign) (bilateral)
  (brain) (cerebral) (circumscribed) (congestive)
  (creeping) (delayed resolution) (double)
  (epidemic) (fever) (flash) (fulminant) (fungoid)
  (granulomatous) (hemorrhagic) (incipient)
  (infantile) (infectious) (infiltration) (insular)
  (intermittent) (latent) (lobe) (migratory)
  (newborn) (organized) (overwhelming)
  (primary) (progressive) (pseudolobar)
  (purulent) (resolved) (secondary) (senile)
  (septic) (suppurative) (terminal) (true)
  (unresolved) (vesicular) 486
with influenza, flu, or grippe 487.0
  adenoviral 480.0
  adynamic 514
  alba 090.0
  allergic 518.3
  alveolar – see Pneumonia, lobar

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Coding Conventions & Formatting: Alphabetic Index

- **Eponyms:**
  - Diseases or syndromes named for a person
  - Listed as main terms, in appropriate alphabetic sequence, under both name of person *and* under Disease or Syndrome

**Examples:**
- Alzheimer’s disease (look up Alzheimer's or disease, Alzheimer's) - 331.0
- Guillain-Barré syndrome - 357.0
- Jakob-Creutzfeldt disease - 046.1
### Coding Conventions & Formatting: Alphabetic Index

#### Alzheimer’s Disease

- Alzheimer’s
  - dementia (senile)
    - with behavioral disturbance 331.0 [294.11]
    - without behavioral disturbance 331.0 [294.10]
  - disease or sclerosis 331.0
    - with dementia – see Alzheimer’s, dementia

- Disease, diseased – see also Syndrome
  - alpine 993.2
  - altitude 993.2
  - alveoli, teeth 525.9
  - Alzheimer’s – see Alzheimer’s
  - amyloid (any site) 277.3
  - anarthritic rheumatoid 446.5
Coding Conventions & Formatting: Alphabetic Index

- Hypertension table:
  - Found under “Hypertension”
  - Listing of conditions due to or associated with hypertension
  - Classifies hypertension as
    - Malignant
    - Benign
    - Unspecified
### Coding Conventions & Formatting: Alphabetic Index

<table>
<thead>
<tr>
<th>Hypertension, hypertensive</th>
<th>Malignant</th>
<th>Benign</th>
<th>Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td>arterial (arterior) (crisis) (degeneration) (disease) (essential) (fluctuating) (idiopathic) (intermittent) (labile) (low renin) (orthostatic) (paroxysmal) (primary) (systemic) (uncontrolled) (vascular)</td>
<td>401.0</td>
<td>401.1</td>
<td>401.9</td>
</tr>
<tr>
<td>with heart involvement (conditions classifiable to 425.8, 428, 429.0—429.3, 429.8, 429.9 due to hypertension) (see also Hypertension, heart)</td>
<td>402.00</td>
<td>402.10</td>
<td>402.90</td>
</tr>
<tr>
<td>with kidney involvement — see Hypertension, cardiorenal</td>
<td>403.00</td>
<td>403.10</td>
<td>403.90</td>
</tr>
<tr>
<td>renal involvement (only conditions classifiable to 585, 586, 587) (excludes conditions classifiable to 584) (see also Hypertension, kidney)</td>
<td>403.01</td>
<td>403.11</td>
<td>403.91</td>
</tr>
<tr>
<td>with heart involvement — see Hypertension, cardiorenal</td>
<td>403.00</td>
<td>403.10</td>
<td>403.90</td>
</tr>
<tr>
<td>failure (and sclerosis) (see also Hypertension, kidney)</td>
<td>401.0</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>accelerated (see also Hypertension, by type, malignant)</td>
<td>404.00</td>
<td>404.10</td>
<td>404.90</td>
</tr>
<tr>
<td>antepartum — see Hypertension, complicating pregnancy, childbirth, or the puerperium</td>
<td>404.01</td>
<td>404.11</td>
<td>404.91</td>
</tr>
<tr>
<td>cardiorenal (disease)</td>
<td>404.03</td>
<td>404.13</td>
<td>404.93</td>
</tr>
<tr>
<td>with heart failure (congestive)</td>
<td>404.02</td>
<td>404.12</td>
<td>404.92</td>
</tr>
<tr>
<td>and renal failure</td>
<td>404.03</td>
<td>404.13</td>
<td>404.93</td>
</tr>
<tr>
<td>renal failure</td>
<td>402.00</td>
<td>402.10</td>
<td>402.90</td>
</tr>
<tr>
<td>and heart failure (congestive)</td>
<td>402.01</td>
<td>402.11</td>
<td>402.91</td>
</tr>
<tr>
<td>cardiovascular disease (arteriosclerotic) (sclerotic)</td>
<td>404.00</td>
<td>404.10</td>
<td>404.90</td>
</tr>
<tr>
<td>with heart failure (congestive)</td>
<td>404.00</td>
<td>404.10</td>
<td>404.90</td>
</tr>
<tr>
<td>renal involvement (conditions classifiable to 403) (see also Hypertension, cardiorenal)</td>
<td>404.00</td>
<td>404.10</td>
<td>404.90</td>
</tr>
<tr>
<td>cardiovascular renal (disease) (sclerosis) (see also Hypertension, cardiorenal)</td>
<td>437.2</td>
<td>437.2</td>
<td>437.2</td>
</tr>
</tbody>
</table>
Coding Conventions & Formatting: Alphabetic Index

- Neoplasm table:
  - Found under “Neoplasm”
  - Anatomic site listed in leftmost column
  - Six columns indicate the type of neoplasm
    - Malignant: primary, secondary, carcinoma in situ
    - Benign
    - Uncertain behavior
    - Unspecified
## Coding Conventions & Formatting: Alphabetic Index

<table>
<thead>
<tr>
<th>Neoplasm, neoplastic</th>
<th>Malignant</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary</td>
<td>Secondary</td>
<td>C in situ</td>
<td>Benign</td>
<td>Uncertain Behavior</td>
<td>Unspecified</td>
</tr>
<tr>
<td></td>
<td>199.1</td>
<td>199.1</td>
<td>234.9</td>
<td>229.9</td>
<td>238.9</td>
<td>239.9</td>
</tr>
</tbody>
</table>

**Notes** — 1. The list below gives the code numbers for neoplasms by anatomical site. For each site there are six possible code numbers according to whether the neoplasm in question is malignant, benign, in situ, of uncertain behavior, or of unspecified nature. The description of the neoplasm will often indicate which of the six columns is appropriate; e.g., malignant melanoma of skin, benign fibroadenoma of breast, carcinoma in situ of cervix uteri.

Where such descriptors are not present, the remainder of the Index should be consulted where guidance is given to the appropriate column for each morphological (histological) variety listed; e.g., Malignant — see Neoplasm, malignant; Embryoma — see also Neoplasm, uncertain behavior; Disease, Bowen’s — see Neoplasm, skin, in situ. However, the guidance in the Index can be overridden if one of the descriptors mentioned above is present; e.g., malignant adenoma of colon is coded to 153.9 and not to 211.3 if the adjective “malignant” overrides the Index entry “Adenoma — see also Neoplasm, benign.”

2. Sites marked with the sign *(e.g., face NEC*) should be classified to malignant neoplasm of skin of these sites if the variety of neoplasm is a squamous cell carcinoma or an epidermoid carcinoma and to benign neoplasm of skin of these sites if the variety of neoplasm is a papilloma (any type).

<table>
<thead>
<tr>
<th>Neoplasm, Neoplastic</th>
<th>Code Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>abdomen, abdominal</td>
<td>195.2</td>
</tr>
<tr>
<td>cavity</td>
<td>195.2</td>
</tr>
<tr>
<td>organ</td>
<td>195.2</td>
</tr>
<tr>
<td>viscerae</td>
<td>195.2</td>
</tr>
<tr>
<td>wall</td>
<td>173.5</td>
</tr>
<tr>
<td>connective tissue</td>
<td>171.5</td>
</tr>
<tr>
<td>abdominopelvic</td>
<td>195.8</td>
</tr>
<tr>
<td>accessory sinus — see Neoplasm, sinus</td>
<td>192.0</td>
</tr>
<tr>
<td>acromion (process)</td>
<td>170.4</td>
</tr>
<tr>
<td>adnoid (pharynx) (tissue)</td>
<td>147.1</td>
</tr>
<tr>
<td>adipose tissue (see also Neoplasm, connective tissue)</td>
<td>171.9</td>
</tr>
<tr>
<td>adnexa (uterine)</td>
<td>183.9</td>
</tr>
<tr>
<td>adrenal (cortex) (gland) (medulla)</td>
<td>194.9</td>
</tr>
<tr>
<td>ala nasi (external)</td>
<td>173.3</td>
</tr>
<tr>
<td>alimentary canal or tract NEC</td>
<td>159.9</td>
</tr>
<tr>
<td>alveolar</td>
<td>143.9</td>
</tr>
<tr>
<td>mucosa</td>
<td>143.9</td>
</tr>
<tr>
<td>lower</td>
<td>143.1</td>
</tr>
<tr>
<td>upper</td>
<td>143.0</td>
</tr>
<tr>
<td>ridge or process</td>
<td>170.1</td>
</tr>
<tr>
<td>carcinoma</td>
<td>143.9</td>
</tr>
</tbody>
</table>
Coding Conventions: Punctuation
Alphabetic Index & Tabular List

- Parentheses ( )
  - Enclose supplementary words that may be present or absent in the statement of a disease or condition

- Slanted Brackets [ ]
  - Enclose a code number that must be used in conjunction with the preceding number
Alveolitis
  allergic (extrinsic) 495.9
  due to organisms (fungal, thermophilic actinomycete, other) growing in ventilation (air conditioning systems) 495.7
  specified type NEC 495.8
  due to
  Aspergillus clavatus 495.4
  Cryptostroma corticale 495.6
  fibrosing (chronic) (cryptogenic) (lung) 516.3
  idiopathic 516.3
  rheumatoid 714.81
  jaw 526.5
  sicca dolorosa 526.5
Alveolus, alveolar – see condition
Alymphocytosis (pure) 279.2
Alymphoplasia, thymic 279.2
Alzheimer’s
dementia (senile)
  with behavioral disturbance 331.0 [294.11]
  without behavioral disturbance 331.0 [294.10]
disease or sclerosis 331.0
  with dementia – see Alzheimer’s, dementia
Coding Conventions: Punctuation
Alphabetic Index & Tabular List

- Square Brackets [ ]
  - Enclose synonyms, alternative wordings, or explanatory phrases
- Colon :
  - Used in Tabular List
  - Indicates an incomplete term that needs one or more modifiers
Coding Conventions: Punctuation
Alphabetic Index & Tabular List

Square
Brackets:

Colons:

460 Acute nasopharyngitis
   Coryza (acute)
   Nasal catarrh, acute
   Nasopharyngitis:
       NOS
       acute

Nasopharyngitis:
   infective NOS

Rhinitis:
   acute
   infective

[common cold]
Instructional Notations – Alphabetic Index & Tabular List

- Not Elsewhere Classified (NEC)
  - Coder **has** specific information but has determined that a code is not available that matches the information
  - Equivalent to “other specified”

- Not Otherwise Specified (NOS)
  - Coder **lacks** specific information to code the condition to a more specific category
  - Equivalent to “unspecified”
## Instructional Notations – Alphabetic Index & Tabular List

### 480  Viral pneumonia

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>480.0</td>
<td>Pneumonia due to adenovirus</td>
</tr>
<tr>
<td>480.1</td>
<td>Pneumonia due to respiratory syncytial virus</td>
</tr>
<tr>
<td>480.2</td>
<td>Pneumonia due to parainfluenza virus</td>
</tr>
<tr>
<td>480.3</td>
<td>Pneumonia due to SARS-associated coronavirus</td>
</tr>
<tr>
<td>480.8</td>
<td>Pneumonia due to other virus <strong>not elsewhere classified</strong></td>
</tr>
<tr>
<td>480.9</td>
<td>Viral pneumonia, <strong>unspecified</strong></td>
</tr>
</tbody>
</table>

**EXCLUDE**
- congenital rubella pneumonitis (771.0)
- influenza with pneumonia, any form (487.0)
- pneumonia complicating viral diseases classified elsewhere (484.1 – 484.8)

**Not Elsewhere Classified (NEC or “other specified”):**

**Not Otherwise Specified (NOS or “unspecified”):**
Instructional Notations – Alphabetic Index & Tabular List

- **Cross Reference:**
  - Reference to possible modifiers for a term or synonyms
  - Three types of cross references –
    - See
    - See also
    - See category
Instructional Notations – Alphabetic Index & Tabular List

- **See:**
  - An explicit direction to look elsewhere

- Example - Searching the alphabetic index under the main term “kidney” results in the following direction:
  - “Kidney - *see* condition”
  - Search index using main term for condition or disease such as:
    - Stone(s), kidney
Instructional Notations – Alphabetic Index & Tabular List

See:

<table>
<thead>
<tr>
<th>Ketonuria 791.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>branched-chain, intermittent 270.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ketosis 276.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>diabetic 250.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kidney – see condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>disease 732.3</td>
</tr>
<tr>
<td>adult 732.8</td>
</tr>
<tr>
<td>osteochondrosis 732.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kienbock’s</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Stone(s) – see also Calculus</th>
</tr>
</thead>
<tbody>
<tr>
<td>bladder 594.1</td>
</tr>
<tr>
<td>diverticulum 594.0</td>
</tr>
<tr>
<td>cystine 270.0</td>
</tr>
<tr>
<td>heart syndrome (see also Failure, ventricular, left) 428.1</td>
</tr>
<tr>
<td>kidney 592.0</td>
</tr>
<tr>
<td>prostate 602.0</td>
</tr>
<tr>
<td>pulp (dental) 522.2</td>
</tr>
<tr>
<td>renal 592.0</td>
</tr>
<tr>
<td>salivary duct or gland (any) 527.5</td>
</tr>
<tr>
<td>ureter 592.1</td>
</tr>
<tr>
<td>urethra (impacted) 594.2</td>
</tr>
<tr>
<td>urinary (duct) (impacted) (passage) 592.9</td>
</tr>
<tr>
<td>bladder 594.1</td>
</tr>
<tr>
<td>diverticulum 594.0</td>
</tr>
<tr>
<td>lower tract NEC 594.9</td>
</tr>
<tr>
<td>specified site 594.8</td>
</tr>
<tr>
<td>xanthine 277.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stonecutters’ lung 502</th>
</tr>
</thead>
<tbody>
<tr>
<td>tuberculous (see also Tuberculosis) 011.4</td>
</tr>
</tbody>
</table>
Instructional Notations – Alphabetic Index & Tabular List

- **See also:**
  - Instruction to review another main term if all needed information is not located under the first main term
  
  - Example - Searching the alphabetic index for “dementia, multi-infarct” results in the following direction:
    
    “Dementia, multi-infarct (cerebrovascular) – *see also* Dementia, arteriosclerotic”
Instructional Notations – Alphabetic Index & Tabular List

See also:

Dementia – continued
- Lewy body 331.82
  - with behavioral disturbance 331.82 [294.11]
  - without behavioral disturbance 331.82 [294.10]
- multi-infarct (cerebrovascular) (see also Dementia, arteriosclerotic) 290.40
- old age 290.0
- paralytica, paralytic 094.1
  - juvenilis 090.40
  - syphilitic 094.1
  - congenital 090.40
  - tabetic form 094.1

Dementia
- alcohol-induced persisting (see also Psychosis, alcoholic) 291.2
- Alzheimer’s – see Alzheimer’s dementia arteriosclerotic (simple type) (uncomplicated) 290.40
  - with acute confusional state 290.41
  - delirium 290.41
  - delusions 290.42
  - depressed mood 290.43
  - depressed type 290.43
  - paranoid type 290.42
- Binswanger’s 290.12
- catatonic (acute) (see also Schizophrenia) 295.2
Instructional Notations – Alphabetic Index & Tabular List

- **See category:**
  - Instruction to review a particular code category in Volume I (Tabular List)

- Example - Searching the alphabetic index for “paralysis, late effect of cerebrovascular lesion” results in the following direction:
  
  “Paralysis, late effect, due to, lesion, cerebrovascular – see category 438”
Instructional Notations – Alphabetic Index & Tabular List

Paralysis, paralytic – continued
larynx (see also Paralysis, vocal cord) 478.30
due to diphtheria (toxin) 032.3
late effect
due to
birth injury, brain or spinal (cord) – see
Palsy, cerebral
edema, brain or cerebral – see Paralysis, brain
lesion
cerebrovascular – see category 438
late effect – see Late effect(s) (of)
cerebrovascular disease
spinal (cord) – see Paralysis, spinal
lateral 335.24

See category:
Instructional Notations – Alphabetic Index & Tabular List

- **Notes:**
  - Found in Alphabetic Index and Tabular List
  - Give coding instructions such as
    - Assignment of fifth digits
    - Cross references
  - Define terms
Diabetes, diabetic (brittle) (congenital) (familial) (mellitus) (poorly controlled) (severe) (slight) (without complication) 250.0

Note – Use the following fifth-digit Subclassification with category 250:

<table>
<thead>
<tr>
<th>Fifth-digit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Type II or unspecified type, not stated As uncontrolled</td>
</tr>
<tr>
<td>1</td>
<td>Type I [juvenile type], not stated as Uncontrolled</td>
</tr>
<tr>
<td>2</td>
<td>Type II or unspecified type, Uncontrolled</td>
</tr>
</tbody>
</table>

Fifth-digit 0 is for use for type II patients, even if the patient requires insulin

Fifth-digit 2 is for use for type II patients, even if the patient requires insulin

3 Type I [juvenile type], uncontrolled
Instructional Notations – Alphabetic Index & Tabular List

- **"Includes" Notes:**
  - Found in Tabular List
  - Appear at:
    - Beginning of a chapter or section
    - Directly below a category or subcategory code
  - Lists synonyms or similar conditions classified to code number
  - Content is not exhaustive
Instructional Notations – Alphabetic Index & Tabular List

401 Essential hypertension

**INCLUDES**
- high blood pressure
- hyperpiesia
- hyperpiesis
- hypertension (arterial) (essential)
  (primary) (systemic)
- hypertensive vascular:
  degeneration
disease

Conditions Included In Code #: 401
Instructional Notations – Alphabetic Index & Tabular List

- “Excludes” Notes:
  - Found in Tabular List
  - Appear at:
    - Beginning of a chapter or section
    - Directly below a category, subcategory, or subclassification code
  - Guidance to select another code for condition(s) identified in the note
### Listed exclusions:
- Are *not* coded under category code 250 (Diabetes mellitus)
- Are assigned to code number stated

<table>
<thead>
<tr>
<th>250</th>
<th>Diabetes mellitus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXCLUDES</strong></td>
<td>gestational diabetes (648.8)</td>
</tr>
<tr>
<td></td>
<td>hyperglycemia NOS (790.6)</td>
</tr>
<tr>
<td></td>
<td>neonatal diabetes mellitus (775.1)</td>
</tr>
<tr>
<td></td>
<td>nonclinical diabetes (790.29)</td>
</tr>
</tbody>
</table>
Instructional Notations – Alphabetic Index & Tabular List

- Instructional Notations for Etiology & Manifestation Codes
  - Etiology - cause or underlying disease
  - Manifestations - symptom or condition related to disease

**Example:**
Diabetic Retinopathy
- Etiology – Diabetes mellitus (250.5x)
- Manifestation – Retinopathy (362.0x)
Instructional Notations – Alphabetic Index & Tabular List

- Code BOTH the etiology and manifestation of the disease when listed
- Disease Etiology:
  - Alphabetic index lists etiology code followed by the manifestation code in slanted brackets []
  - Tabular listing includes "Use additional code" notation to identify disease manifestation
  - Etiology codes are listed before the associated manifestation code when sequencing diagnoses
Instructional Notations – Alphabetic Index & Tabular List

- Disease Manifestation:
  - Alphabetic index lists etiology code followed by the manifestation code in slanted brackets \\
  - Tabular listing includes “Code first” notation to identify underlying disease
  - Manifestation codes are listed after the associated etiology code when sequencing diagnoses
Diabetic Retinopathy

**ALPHABETIC INDEX**

- Retinopathy (background) 362.10
- arteriosclerotic 440.8 [362.13]
- atherosclerotic 440.8 [362.13]
- central serous 362.41
- circinate 362.10
- Coat's 362.12
- diabetic 250.5 [362.01]
  - proliferative 250.5 [362.02]
- exudative 362.12
- hypertensive 362.11
- of prematurity 362.21
- pigmentary, congenital 362.74
- proliferative 362.29
  - diabetic 250.5 [362.02]
- sickle-cell 282.60 [362.29]
- solar 363.31

**TABULAR LIST**

- **250.5 Diabetes with ophthalmic manifestations**
  - Use additional code to identify manifestation, as:
    - diabetic:
      - blindness (369.00 – 369.9)
      - cataract (366.41)
      - glaucoma (365.44)
      - retinal edema (362.01)
      - retinopathy (362.01 – 362.02)

- **362.0 Diabetic retinopathy**
  - Code first diabetes (250.5)
How to Assign a Code

When searching in the alphabetic index:
1. Review the diagnostic statement
2. Identify the main terms which are diseases or conditions and are often nouns
3. Do not start with anatomical site
4. Generally, review diagnostic statement from right to left
5. Capture all components of diagnoses when possible
How to Assign a Code

Example: COPD
Chronic Obstructive Pulmonary Disease

1. Start with **Disease**
2. Then, Pulmonary
3. Next, Obstructive
4. Last, Chronic
Structure of Codes

- Sections are groups of 3 digit codes
- Categories are 3 digit codes
- Subcategories are 4th digit of code
- Subclassifications are 5th digit of code
- ICD-9-CM codes should be used at their highest level of specificity (highest number of digits available)
  - Observe symbols used by code book publisher to indicate need for 4th and 5th digits
SNF Coding Considerations

Coding guidelines for long-term care (LTC) have been developed and approved by the Cooperating Parties (CMS, AHIMA, AHA, NCHS), in conjunction with the Editorial Advisory Board of Coding Clinic, to standardize the process of data collection for LTC and to assist the coder in coding and reporting these cases.
SNF Coding Considerations

The diagnostic listing in LTC is dynamic and dependent on many factors and has a longer time frame than an acute care stay.

ICD-9-CM codes are assigned upon admission, concurrently as diagnoses arise, at the time of discharge, transfer, or expiration of the resident. Other diagnoses present (i.e., chronic conditions), which affect the resident's continued care, should also be coded.
SNF Coding Considerations

The Uniform Hospital Discharge Data Set (UHDDS) definition of principal diagnosis has been expanded to include all non-outpatient settings including nursing homes as specified in Section II, Selection of Principal Dx, of the *ICD-9-CM Official Guidelines for Coding and Reporting*.

The listing of diagnosis in the long-term care setting may vary depending on the point in time when coding is being done.
The same concept applies for continued stays: in LTC where claims are submitted for extended stays, the principal dx listed may change to the reason for which the resident remains in the facility (often referred to as primary diagnosis).

*Coding Clinic 4th Quarter 1999*
SNF Coding Considerations- Subsequent Admissions (readmits)

Following transfer to hospital with anticipated return to the facility, the principal dx will be:

- The “primary” reason that the resident is returning or remaining in the facility.
- This *may* not be the reason for Medicare coverage.
SNF Coding Considerations-
Subsequent Admission (readmits)

V57.89 for therapy services will only be listed when the resident:

- Returns from a hospital transfer within the **initial** Medicare A stay AND
- Was originally admitted for therapies AND
- Continues to receive therapies
Admissions/Encounters for Rehabilitation

- If the purpose is for rehabilitation, report a code from category V57 as the principal diagnosis.
- Add a code for the condition for which rehabilitation is being provided
- Only one code from V57 is required
- Assign code V57.89 if more than one type of therapy is provided.
SNF Coding Considerations

- Diagnosis codes will support services being billed
- Code sequence may be adjusted to capture new diagnoses from hospital stay
Steps to Accurate Coding

1. Locate the main term in the diagnostic statement
2. Locate that same main term in the Alphabetic Index
3. Refer to all notes under the main term
4. Examine any modifiers in parentheses
5. Carefully follow the subterms indented under the main term
Steps to Accurate Coding

6. Follow any cross reference instructions
7. CONFIRM THE CODE IN THE TABULAR LIST
8. Read and be guided by instructions in the Tabular List (i.e. includes and excludes notes)
9. Assign code number to the highest level of specificity
Coding Exercise:

Underline the main term, then locate code:

- Stenosis of Carotid Artery
- Transient Ischemic Attack
- Gastrointestinal Hemorrhage
- Degenerative Joint Disease
- Coronary Artery Disease
- Alcoholic Cirrhosis of the Liver
- Dysphagia, oral phase, due to CVA
Acknowledgments...

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References...

- **ICD-9-CM Official Guidelines for Coding and Reporting.**
  Centers for Medicare and Medicaid Services and National Center for Health Statistics. 2007.


- **Coding Clinic for ICD-9-CM**
  American Hospital Association. *(specific dates/issues as referenced in slides)*
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- ICD-9-CM Coding in Post Acute Care.

- Documentation and Reimbursement for Long-Term Care.
  James, Ella, AHIMA

- ICD-9-CM Diagnostic Coding for Long-Term Care and Home Care, Second Edition.
  Lefert, Charlotte A. and Blevins, Ida K., AHIMA