

Part B Insider (Multispecialty) Coding Alert

ICD-10 Coding: Quiz: Are You Up To Speed with ICD-10?

Test your knowledge with our handy ICD-10 coding quiz.

Oct. 1, 2016—are you ready? The ICD-10 implementation date has come and gone, but many practices have a false sense of security since CMS has allowed a one-year "grace period," allowing practitioners time to ramp up to using the new diagnoses.

Without the appropriate diagnosis code, your claim will be denied quickly, and with the ICD-10 grace period ending in three short months, you can't afford to risk using the wrong diagnosis codes on your claims.

Take this quiz to ensure you know which ICD-10 codes apply to these conditions.

Know the Urologic Cancer Codes

Question 1: When you are treating a patient with bladder cancer of the lateral bladder wall and dome, what sub-category do you use?

Answer 1: If the bladder lesions are separate tumors, code for each location: C67.2 (Malignant neoplasm of lateral wall of bladder) for the lateral wall tumor, and C67.1 (Malignant neoplasm of dome of bladder) for the tumor on the dome.

Here's why: In ICD-10, once you know the patient has a malignant tumor, choose a code from the C67.0-C67.8 categories.

For example, if your urologist documents contiguous and overlapping tumor from the lateral bladder wall and the dome of the bladder, code C67.8 (Malignant neoplasm of overlapping sites of the bladder), showing that tumor may have originated from more than one site.

Understand These Orthopedic Codes

Question 2: You will be providing IV antibiotics to treat your patient's Staphylococcus aureus infection of her right hip joint prosthesis. How would you code for this patient?

Answer 2: List the following codes for this patient, says Lisa Selman-Holman, JD, BSN, RN, COS-C, HCS-D, HCS-O, AHIMA Approved ICD-10-CM Trainer/Ambassador of Selman-Holman & Associates, LLC, CoDR—Coding Done Right and Code Pro University in Denton, Texas:

- T84.51xA (Infection and inflammatory reaction due to internal right hip prosthesis, initial encounter)
- B95.61 (Methicillin susceptible Staphylococcus aureus infection as the cause of diseases classified elsewhere).
- Z96.641 (Presence of right artificial hip joint)

Due to the fact that your patient is still receiving active care for an infected hip replacement, you'll use seventh character "A" for the initial encounter. Don't forget seventh character "A" isn't tied to the setting where care is provided, but instead to the condition for which the care is administered.

Special note. Follow this with B95.61 to indicate that your patient's infection is caused by Staph aureus, as well as the "Z" code to tell the payer that the patient has an artificial hip.

Look at this New Code for Complex Partial Seizures

Question 3: Complex partial seizures can cause patients to be incapacitated for long periods of time after the seizures due to prolonged symptoms and confusion. Which ICD-10 code should be used to code complex partial seizures correctly?

Answer 3: With distinct symptoms that manifest themselves more readily, complex partial seizures are often more obvious to the provider than simple seizures. Depending on the episode, complex partial seizures might include automatisms (lip-smacking, picking at clothes, fumbling, etc.), disorientation, and a proclivity for wandering off.

Lethargy and confusion are by-products of complex partial seizures, too, lasting approximately 15 minutes during an episode. Once the seizure ends, these patients can suffer from functionality issues for hours afterward.

Use this ICD-10 code. If a patient has a complex partial seizure, then you'd mark a 2 in the fourth character slot of the epilepsy diagnosis □ for example, G40.2- (Localization-related [focal] [partial] symptomatic epilepsy and epileptic syndromes with complex partial seizures).

Code Like an Ace with New Ob-Gyn Options

Question 4: If a pregnant patient has been exposed to Parvo but you don't have the definitive test results back yet, you should use O09.89- (Supervision of other high risk pregnancies...) with a sixth digit based on trimester (1, 2, or 3)) and _____ for the diagnoses codes.

Answer 4: It is of utmost importance that you clarify that this is a high risk pregnancy due to the particular circumstances, and to ensure that list Z20.828 (Contact with and [suspected] exposure to other viral communicable diseases) as your secondary code.

The reasoning behind using Z20.828 is because the ob-gyn only suspects the Parvo, but the possible presence of this condition would put the pregnancy at risk. If Parvo is not confirmed, the diagnosis code reverts to Z34.0- (Encounter for supervision of normal first pregnancy ...) or Z34.8- (Encounter for supervision of other normal pregnancy ...) with a sixth digit based on trimester (1, 2, or 3).

Here's the takeaway. However, if Parvo is confirmed, your diagnosis would change to O98.51- (Other viral diseases complicating pregnancy ...) with a sixth digit based on trimester (1, 2, or 3). If the patient is not pregnant and the ob-gyn has not yet confirmed the Parvo, you would use only Z20.828.

Cardio Codes Allow for Hypertension Differentiation

Question 5: Coding for high blood pressure spikes can be tricky, especially with the past generic code offerings. What options do you have now for differentiating hypertension intensity?

Answer 5: The current ICD-10-CM Index directs you to see the hypertension entry if you look up "Urgency, hypertensive." Following the physician's documentation will be key to avoid denied claims. The three options are determined by the intensity and presentation of the hypertension.

Here are the new hypertensive crisis coding options you can use this October:

- I16.0 (Hypertensive urgency)
- I16.1 (Hypertensive emergency)
- I16.9 (Hypertensive crisis, unspecified)

Determine the level of intensity. According to the American Heart Association, hypertensive urgency involves severely elevated blood pressure (180 or higher systolic or 110 or higher diastolic) with no associated organ damage. However, with hypertensive emergency, there is organ damage, and you should code accordingly. You will use the unspecified code if the provider does not document urgency or emergency for the hypertensive crisis.

Check Documentation When Coding with the New Pediatric Offerings

Question 6: A newborn patient comes in with some unusual symptoms, and the pediatrician suspects that an abnormal condition may be present that requires further evaluation and testing. What new ICD-10 codes can help with situations like these?

Answer 6: Starting Oct. 1, 2016, pediatric coders will have something to smile about. If the pediatrician does have to follow-up after the presentation of abnormal symptoms in his newborn patient, you'll have plenty of codes to choose from depending on the documentation.

Take a look at these new ICD-10 options coming Oct. 1:

- Z05.0 (Observation and evaluation of newborn for suspected cardiac condition ruled out)
- Z05.1 (Observation and evaluation of newborn for suspected infectious condition ruled out)
- Z05.2 (Observation and evaluation of newborn for suspected neurological condition ruled out)
- Z05.3 (Observation and evaluation of newborn for suspected respiratory condition ruled out)
- Z05.41 (Observation and evaluation of newborn for suspected genetic condition ruled out)
- Z05.42 (Observation and evaluation of newborn for suspected metabolic condition ruled out)

Auxiliary options. This partial list represents several codes—but not all—from the new Z05 category. You'll also find codes for suspected immunologic conditions (Z05.43), gastrointestinal conditions (Z05.5), genitourinary conditions (Z05.6), musculoskeletal condition (Z05.72) and more among the new ICD-10 codes for newborns. These codes are perfect to use when seeing a neonate at their three to four day-old post-hospital visit when a condition is suspected but ruled out. The first visit within three to five days of life often includes checking to see if the neonate is jaundiced (Z05.42), has a heart problem (Z05.0) or any of those listed above.