

## ICD 10 Coding Alert

### Training: Take Your Cardiology ICD-10-CM Compliance to the Next Level With 3 Tips

#### Do you know where to find the Excludes1 note for congenital aorta malformations?

At this time of year, you should be feeling fairly comfortable with the ICD-10-CM changes that went into effect on Oct. 1, 2016. Once you've got the broad strokes down, it's good to be sure you've caught all the nuances, too. Here are a few tips to help ensure you never miss key cardiology updates.

#### Tip 1: Check Every Level in the Tabular

When you look up a code in the ICD-10-CM Tabular List, you'll often see code-level notes that help you code correctly. But don't stop your search there.

The ICD-10-CM Tabular has instructional notes that appear at other levels too, such as in the front of each chapter, says **Marchelle Cagle, CPC, CPC-I, PCS**, of Cagle Medical Consulting. You can sometimes miss these other notes if you're searching only the code notes. Each level may have important instructions, such as Excludes1 and Excludes2 notes, so be sure to check the code, subcategory, category, block, and chapter notes. In a paper manual, you may have to flip pages. An electronic coding resource may post all relevant notes with a code.

**Example:** Code Q25.49 (Other congenital malformations of aorta) may seem like a tempting option for hypoplasia of aorta in hypoplastic left heart syndrome. And if you're looking just at Q25.49, you won't see any Excludes notes to steer you away. But if you look up a level to subcategory Q25.4- (Other congenital malformations of aorta), you'll see an Excludes1 note letting you know that you should use Q23.4 (Hypoplastic left heart syndrome) for that aorta hypoplasia diagnosis.

The good news is that if you follow good coding practices and use the Index to search for your code, you land on Q23.4 from that approach, too, by searching for "Hypoplasia, aorta." The Tabular is our confirmation of the Alphabetic Index, Cagle says.

**Resource:** The CDC and CMS post a Tabular Addenda each year. The Addenda includes code updates but also includes new, revised, and deleted notes, making it easy to see what's new for that year's code set when you're doing your update prep. You can download the Addenda from [www.cdc.gov/nchs/icd/icd10cm.htm](http://www.cdc.gov/nchs/icd/icd10cm.htm).

#### Tip 2: Combine Official Guidelines With Code Set Notes

In addition to reviewing the Tabular notes and Tabular Addenda, there is value in reviewing the ICD-10-CM Official Guidelines for Coding and Reporting, says Cagle. Pay particular attention to Section I and Chapter C, she adds.

The Official Guidelines are available at the same link as the Tabular Addenda. Or you can reach the FY2017 Official Guidelines directly at [www.cdc.gov/nchs/data/icd/10cmguidelines\\_2017\\_final.pdf](http://www.cdc.gov/nchs/data/icd/10cmguidelines_2017_final.pdf).

Section I is titled "Conventions, general coding guidelines, and chapter specific guidelines." Formatting helps you identify what's new for the year:

- Bold indicates narrative changes
- Underline indicates content moved in the guidelines
- Italics indicate heading changes.

**Example:** The 2017 guidelines bold text in Section I.A.15 where there is a new explanation that you should assume a causal relationship between two conditions linked by the terms with, associated with, or due to in the Index or Tabular. This addition has an important impact on cardiology coding. It changes the previous requirement for a stated causal condition to support coding hypertension with heart disease using I11.- (Hypertensive heart disease). See Cardiology Coding Alert, Vol. 19, no. 10, "Get Up to Speed on ICD-10-CM 2017 Official Guidelines for Hypertension" for more on that

change and how it brings consistency to the rules for coding hypertensive heart disease and hypertensive kidney disease.

**Tip 3: Take Advantage of Index Addenda, Too**

You may not expect to see interesting changes in the Index, but surprises can happen.

CMS and the CDC post an Index Addenda file at the same link as the Tabular Addenda file. A quick review each year is worthwhile. Focus on the additions and revisions, suggests Cagle.

**Example:** Here are three 2017 Index Addenda changes you may not catch if you review only the Tabular. If you code from job aids (which isn't advised), you need to be doubly sure you check for Index changes:

- The 2017 entry "Angina, stable" points you to I20.8 (Other forms of angina pectoris). In 2016, the Index pointed you to I20.9 (Angina pectoris, unspecified).
- The 2017 entry for "Murmur, systolic" points you to R01.1 (Cardiac murmur, unspecified), which gains the synonym "Systolic murmur NOS." In contrast, the 2016 Index entry for "Murmur, systolic" said to "see Endocarditis."
- The 2017 entry for "Complication(s) (from) (of), coronary artery (bypass) graft, specified type NEC" points you to T82.898- (Other specified complication of vascular prosthetic devices, implants and grafts). This is a change from the 2016 entry, T82.897- (Other specified complication of cardiac prosthetic devices, implants and grafts).