ICD-10 UPDATES & REVIEW

• Grace period ends
• Compare/Contrast secondary diagnoses
• Cocaine overdose
• Cervical disc disorders
• Upcoming webinar
CMS GRACE PERIOD ENDS 9/30

• "While you should report specific diagnosis codes when they are supported by the available medical record documentation and clinical knowledge of the patient's health condition, in some instances signs/symptoms or unspecified codes are the best choice to accurately reflect the health care encounter. You should code each healthcare encounter to the level of certainty known for that encounter."

• NCDs and LCDS remain unaffected. Same specificity will be required with these.

• Medicare Advantage Plans were not a part of this grace period.
Question:

• When coding comparative/contrasting secondary diagnoses in the hospital inpatient setting, which guideline applies?
(answer)

- Coders in the hospital inpatient setting should apply the guideline for uncertain diagnosis, when coding comparative/contrasting secondary diagnoses. The Official Guidelines for Coding and Reporting, Uncertain Diagnosis state, "If the diagnosis documented at the time of discharge is qualified as 'probable', 'suspected', 'likely', 'questionable', 'possible', or 'still to be ruled out', or other similar terms indicating uncertainty, code the condition as if it existed or was established. The bases for these guidelines are the diagnostic workup, arrangements for further workup or observation, and initial therapeutic approach that correspond most closely with the established diagnosis."
Question:

• A cocaine abuser is diagnosed as on crack cocaine and is admitted to the hospital. This is clearly a poisoning, but what is the appropriate "intent" for the poisoning code: accidental (unintentional) or undetermined? Is there a "default intent" for the poisoning codes?
ANSWER

• In ICD-10-CM, the default for the intent for poisonings is accidental. Assign code T40.5X1A, Poisoning by cocaine, accidental (unintentional), initial encounter, for the crack cocaine overdose.

• Note: C.19.e.5.b. “If there is also a diagnosis of abuse or dependence of the substance, the abuse or dependence is assigned as an additional code.” (F14.-)
Question:

• The instructional note at category M50, Cervical disc disorders states, "Code to the most superior level of disorder." Coders at our facility are trying to interpret this instruction for assigning codes for cervical disc disorders. Does this directive apply only to adjacent levels? If several regions are affected, involving different levels (e.g., C3-C4 and C5-C6), is the code for only the most superior level assigned or can both levels be coded?
Category: M50 - Cervical disc disorders

M50  Cervical disc disorders

Note: code to the most superior level of disorder

INCLUDES

cervicothoracic disc disorders with cervicalgia
cervicothoracic disc disorders

M50.0  Cervical disc disorder with myelopathy

M50.00  Cervical disc disorder with myelopathy, unspecified cervical region

M50.01  Cervical disc disorder with myelopathy, high cervical region

C2-C3 disc disorder with myelopathy
C3-C4 disc disorder with myelopathy
The intent of the note is to code each disorder at the highest (most superior) level. Each fourth digit subcategory describes a unique disorder, so within each subcategory, code to the highest level. For example, if several regions are affected (e.g., C3-C4 and C5-C6) that are classified to the same subcategory (e.g., M50.0), assign code M50.01, Cervical disc disorder with myelopathy, high cervical region, as C3-C4 is the most superior level.
SAVE THE DATE!

• Webinar discussing the 2017 Code Changes
• “Preparing for the End of the Code Freeze”
• Thursday, September 29th @ 11:00 a.m. Eastern