

**JOB ID:** BLAPEC-1438-19  
**PROJECT NAME:** ICD-10 Coding Tips Sheet Flier  
**BO/DEPARTMENT:** Alison Leifert/Care Delivery Transformation  
**WRITER/BCM:** Jason Quinn/Shirien Maher  
**DATE:** [Date]

**HEAD:** ICD-10-CM Coding Tips Sheet

**COPY:** This document is designed to provide general information and tips for accurate ICD-10-CM diagnosis coding. Providers should use the current ICD-10-CM coding manual for a complete list of codes and coding guidelines.

**SUB:** Key Coding Guidelines Section IV. Diagnostic Coding and Reporting for Outpatient Services

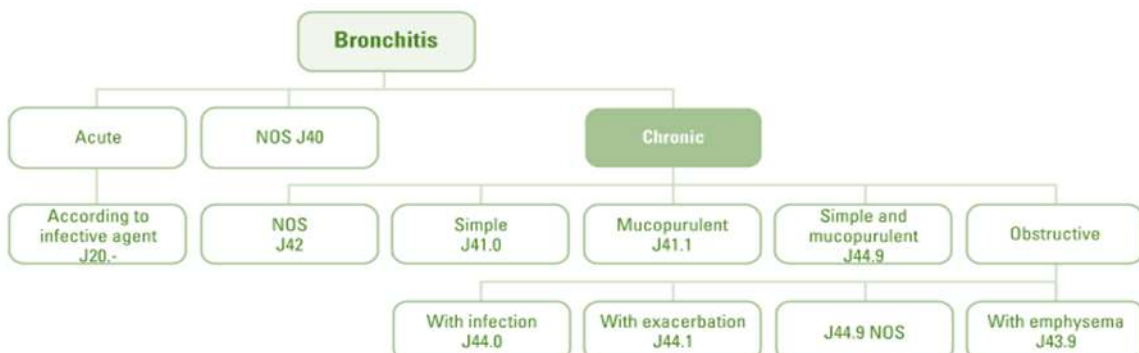
**COPY:**

- **C — accurate reporting** — For accurate reporting of ICD-10-CM codes, the documentation should describe the patient's condition, diagnoses, symptoms, problems or reasons for the encounter.
- **G — code for the reason for the encounter** — List the ICD-10-CM code that represents the diagnoses, condition, symptoms, problems or reasons for the encounter. List additional codes that describe any coexisting conditions.
- **H — uncertain diagnoses** — Do not code diagnoses that are listed in terms of uncertainty. Code only to the highest degree of certainty based on the medical record.
- **I — chronic diseases** — When treated on an ongoing basis, chronic diseases may be coded as many times as the patient receives treatment and care for the conditions.
- **J — code all documented conditions that coexist** — At the time of the encounter, if conditions exist and influence patient care, treatment or management, **code them**.

**SUB:** Respiratory conditions

**COPY:** Chronic obstructive pulmonary disease (COPD) includes:

- Emphysema — Report only emphysema J43.9 when both COPD and emphysema are documented.
- Chronic bronchitis.
- Certain types of bronchiectasis.
- Asthma — sometimes, depending on the type.



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- COPY:** Asthma requires documentation to support the following:
- Severity — mild, moderate, severe or unspecified
  - Type — intermittent or persistent
  - Episodes — uncomplicated, with acute exacerbation (asthma attack), with status asthmaticus (an emergent condition)
  - Other types of asthma — exercise-induced bronchospasm, cough variant asthma and other specified types

ICD-10-CM subcategories for asthma	Description
J45.2	Mild intermittent asthma
J45.3	Mild persistent asthma
J45.4	Moderate persistent asthma
J45.5	Severe persistent asthma
J45.9	Unspecified and other asthma

Additional documentation tips for respiratory conditions:

- Document results of pulmonary function tests.
- Note respiratory failure whenever it exists as either acute or chronic:
  - Document hypoxia or hypercapnia as appropriate.
  - Document severity (mild, moderate, severe or end-stage).
  - Document tobacco use, dependence, history and exposure:
    - Include counseling, treatment or intervention toward tobacco cessation.
  - Document patient dependence on supplemental oxygen.

**SUB:** Diabetes mellitus (DM)

- COPY:** **Coding tips:**
- If type is not stated, report DM type 2.
  - Use as many codes as required to describe each complication of diabetes that is documented for the patient.
  - Report treatment with insulin (Z79.4) or antidiabetic drugs (Z79.84). If patient has an insulin pump, report code Z96.41.
  - Look for documentation to support hyperglycemia or hypoglycemia as this now affects code assignment.
  - Poorly controlled/out-of-control diabetes is reported as hyperglycemia (according to the ICD-10-CM index).

ICD-10-CM subcategories for diabetes	Coding guidance
E08: secondary diabetes due to underlying condition	Due to Cushing's, cystic fibrosis, cancer, pancreatitis or nutrition
E09: secondary diabetes due to drugs or chemical	Due to drugs or chemical (code also with T36-T65)
E10: type 1 diabetes	Due to autoimmune process

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E11: type 2 diabetes	Due to shortage of insulin or poor insulin transport
E13: other specified diabetes	Due to genetic defect, pancreatectomy or not elsewhere classified (NEC)
O24: diabetes in pregnancy, childbirth and the puerperium	Pre-existing and gestational diabetes

Documenting *cause and effect*:

- Causal links are required for comorbidities not specifically identified in the *Alphabetic Index* entries under diabetes/with.
- However, *with/other specified comorbidity* must be clearly linked in the documentation.
- For example:
  - Diabetes documented in the same encounter as candidiasis infection of skin of groin does not represent a causal relationship because the index entry in ICD-10-CM leads to *diabetes/with/other specified disorder of the skin*. The entry is not specific to a candidal skin infection.
  - In this case, documentation would need to state *diabetic candidiasis of skin to show* the causal link that would allow one to properly code the candidiasis as a complication of diabetes with code E11.628.

**SUB:** Behavioral health conditions

**COPY:** Attention deficit hyperactivity disorder (ADHD):

- ADHD is one of the most common neurodevelopmental disorders of childhood.
- About [two million] out of more than [six million] children with ADHD were diagnosed as young children, ages [2 to 5] years.
- Current research shows genetics play an important role.

ICD-10-CM subcategories for ADHD	Description
F90.0	Predominantly inattentive type
F90.1	Predominantly hyperactive
F90.2	Combined type
F90.8	Other type
F90.9	Unspecified

Documentation and coding tips for mood disorders:

- Unconfirmed behavioral health disorders should be documented as suspected or probable so that the coder does not abstract the diagnosis as being established.
- Document the presence of any confirmed behavioral conditions even if its manifestations are well-controlled with treatment.

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- For certain behavioral disorders that resolve and do not require treatment (for example, anxiety disorders, dysthymia, etc.), it is appropriate to report code Z86.59 — personal history of other mental and behavioral disorders.

ICD-10-CM subcategories for mood disorders	Description
F30	Manic episode
F31	Bipolar disorder
F32	Major depressive disorder, single episode
F33	Major depressive disorder, recurrent episode
F34	Persistent mood (affective) disorder
F39	Unspecified mood (affective) disorder

Major depressive disorder (MDD) tips:

- Use the correct descriptors for documenting mood disorders including MDD.
- Behavioral disorders should be reported as often as they are documented and assessed or treated.
- A patient's mental status contributes to MDD and should be considered when coding the record.
- Document treatment, noncompliance, and substance use or abuse.
- The *Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* has tools to assist providers in confirming the diagnosis based on frequency and severity of symptoms.

**SUB:** Hypertensive diseases

**COPY:** Documentation tips:

- Hypertension controlled by medication should not be documented as history of hypertension or listed in past medical history.
- ICD-10-CM guidelines state that a causal relationship can be assumed for hypertension when it occurs with:
  - Heart failure.
  - Cardiomyopathy.
  - Chronic kidney disease.
- For pregnant patients, specify hypertension as pre-existing, gestational, and pre-eclampsia or eclampsia.

ICD-10-CM subcategories for hypertensive diseases	Description	Instructional notes
I10	Essential hypertension	No instructional notes

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I11	Hypertensive heart disease	Code also I50 for heart failure/condition
I12	Hypertensive chronic kidney disease	Code also N18 for stage of chronic kidney disease
I13	Hypertensive heart and chronic kidney disease	Code also I50 for heart failure/condition and N18 for stage of chronic kidney disease
I15	Secondary hypertension	Code also underlying condition
I16	Hypertensive crisis	Code also identified hypertensive disease (I10-I15)

**SUB:** Correct coding for body mass index (BMI):

**COPY:**

- Document a weight-related diagnosis for any patient with an abnormal BMI.
- Documentation of a treatment plan for each weight problem is imperative.
- BMI is an important measurement tool and should be reported whenever documentation supports weight-related diagnosis or clinical significance.
- BMI adult codes are for use for those [21] years of age and older.
- BMI pediatric codes are for use for those [2 to 20] years of age.
- Percentiles are based on the growth charts published by the Centers for Disease Control and Prevention ([[https://www.cdc.gov/growthcharts/cdc\\_charts.htm](https://www.cdc.gov/growthcharts/cdc_charts.htm)]).

ICD-10-CM	Adult BMI ranges
Z68.1	[19 or less, adult
Z68.2-	20 to 29, adult
Z68.3-	30 to 39, adult
Z68.4-	40 or greater, adult]
ICD-10-CM	Pediatric BMI
Z68.51	[Less than 5th percentile for age
Z68.52	5th to less than 85th percentile for age
Z68.53	85th to less than 95th percentile of age
Z68.54	Greater than or equal to 95th percentile for age]

**Note:** BMI codes are secondary and should be reported with a weight-related diagnosis. Weight-related diagnoses include:

- E65 — localized adiposity (fat pad).
- E66 — overweight and obesity (use additional code to report BMI):
  - E66.01 — morbid (severe) obesity due to excess calories.
  - E66.09 — other obesity due to excess calories.

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- E66.1 — drug-induced obesity (use additional code to identify adverse effect and drug).
- E66.2 — morbid (severe) obesity with alveolar hypoventilation.
- E66.3 — overweight.
- E66.8 — other obesity.
- E66.9 — obesity, unspecified.

**LOGO:** Healthy Blue

**LOGO TAGLINE:** Healthy Blue  
Medicaid Managed Care  
Dual Advantage

**WEB:** [<https://providers.healthybluela.com>]

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