ICD-10 CM diagnosis codes offer much more specificity because of the expansion of codes. In the event that you have a patient with a condition which is impacting your care plan, but that you are not directly treating, it is still possible to assign nonspecific codes. Otherwise, it is imperative that the most specific code be reported to maximize ICD-10’s ability to provide meaningful data on patient care and severity of illness. Please refer to the enclosed crosswalk showing the ICD-9 codes used most frequently by the Department of Medicine Providers and the ICD-10 codes to which they map.

Below are some of the diagnoses/conditions that have expanded code specificity:

Alcohol, Tobacco and Substance Use
- Identify the specific type of drug or substance
- Describe the frequency of usage as:
  - Use
  - Dependence
  - Abuse
  - In remission
- Describe mode of nicotine use as cigarettes, chewing tobacco, pipe, and/or gum
- Specify intoxication/withdrawal as “Uncomplicated” or “With delirium”
- Document any withdrawal symptoms
- Document any associated diagnoses/conditions
- List the blood alcohol level, if available
- State “no related complications,” when applicable
- Document any related mood disorder
- Document any delusions, hallucinations, anxiety, sleep disorders, sexual dysfunctions, or other related conditions
- List any treatment provided:
  - Detoxification services
  - Medication management
  - Counseling
  - Pharmacotherapy
  - Psychotherapy

Anemia
- Documentation of Anemia should include the type of anemia:
  - Nutritional (iron deficiency, vitamin B12 deficiency, dietary or drug induced, vegan)
  - Hemolytic
  - Aplastic
  - Due to blood loss (acute or chronic)
  - Other (please specify)
- Include in documentation if Anemia is due to nutrition or mineral deficits, resulting in a nutritional anemia
- Document if the Anemia is due to a neoplasm (primary and/or secondary)
Document whether the ANEMIA is “related to or due to” chemo or radiotherapy treatments
Document any “cause–and-effect” relationship between the intervention and the blood or immune disorder
Document the specific drug if anemia is drug-induced
Link any laboratory findings to a related diagnosis (if appropriate)
Document any associated diagnoses/conditions

Burns
- Type:
  - Corrosion
  - Thermal
- Site:
  - Specify body part
  - Include laterality
- Degree:
  - First
  - Second
  - Third
- Document total body surface area (TBSA) burned (percentage)
- Specify the percentage of third degree burns
- Include the external cause of the burn, such as house fire, stove, acid, etc.
- Document any associated diagnoses/conditions

Circulatory and Vascular Disorders
- CHF
  - Acute, chronic or acute on chronic
  - Systolic, diastolic or systolic and diastolic
- MI
  - Specify artery of involvement (if known), such as left main coronary and location such as inferior or anterior wall
  - Document date of any recent acute MIs within 28 days of admission
  - Document whether or not the current MI has occurred within 28 days of a previous MI
- CVA
  - Specify type of occlusion, site and laterality
- Hypotension
  - Document type (orthostatic, postural, idiopathic, drug-induced, chronic, postoperative, other, etc.)
- Peripheral Vascular Disease
  - PVD can be further specified to a site with laterality
    (native vs. bypass graft arteries, at rest vs. intermittent claudication, with or without ulcer or gangrene)
- Chest Pain – specify by exact location or type
  - anterior wall, precordial, intercostal
-non-cardiac, on breathing, pleurodynia, ischemic, atypical

-Cardiomyopathy
  -Dilated
  -Endocardial
  -Obstructive hypertrophic
  -Other restrictive
  -Other hypertrophic
  -Alcoholic
  -Endomyocardial
  -Due to Drug or external agent or other

-Cardiac Arrest
  -When there is a “Cardiac Arrest” the documentation should include:
    -due to underlying cardiac condition
    -due to other underlying condition
    -cardiac arrest, cause unspecified
  -In addition, specify if:
    -postprocedural cardiac arrest following cardiac surgery
    -postprocedural cardiac arrest following other surgery
    -intraoperative cardiac arrest during cardiac surgery
    -intraoperative cardiac arrest during other surgery
  -Always document the “underlying cardiac condition” if known
  -Document any associated diagnoses/conditions

-Endocrine and Electrolyte Disorders
  -Diabetes: (documentation will need to include)
    -Type or cause of diabetes:
      -Type 1
      -Type 2
      -Due to drugs or chemicals
      -Due to underlying condition
      -Other specified diabetes
      -Poorly controlled or out of control diabetes is reported as diabetes with hyperglycemia
      -Insulin Use
    -Body system complications related to diabetes, such as kidney or neurological complications
  
  The physician must state a cause and effect relationship before the condition is reported as a diabetic condition. Specific complications, such as: Chronic kidney disease, Foot ulcer

  -Hyperlipidemia can be further specified as groups A, B, C, D, mixed or combined, familial, etc.
  -Hypothyroidism (congenital, due to medicaments and other exogenous substances, post-infectious, atrophy of thyroid, myxedema coma, and other)

  -Malnutrition
    -Severity (mild – 1st degree, moderate-2nd degree, severe-3rd degree)
    -Avoid documenting a range of severity, such as “moderate to severe”
    -Form:
      -Kwashiororkor (rarely seen in the U.S.)
      -Marasmus
      -Marasmic kwashiororkor
      -Other
-Document any associated diagnoses/conditions

- **Gout**
  - Acuity (acute, chronic)
  - Type (idiopathic, lead induced, drug induced, due to renal impairment, other secondary)
  - Site – shoulder, elbow, wrist, hand, hip, knee, ankle, foot, vertebrae, multiple sites

- **Obesity**
  - Morbid (severe)
    - Due to excess calories
    - With alveolar hypoventilation (Pickwickian syndrome)
  - Drug Induced
    - Document drug
  - Other
    - Due to excess calories, familial, endocrine

• Overweight
• Body Mass Index (BMI)
• Document any associated diagnoses/conditions

**Digestive Disorders**

- **Constipation** (slow transit, outlet dysfunction, or other)
- Barrett's esophagus can be further specified as with low or high grade dysplasia or without dysplasia
- Diverticulitis and diverticulosis translate to unspecified part of intestine. Documentation of these conditions should specify large or small intestine
- Peptic ulcer can be further specified to the exact location and acuity as well as with or without hemorrhage and perforation
- Ischemic colitis can be further specified as acute or chronic
- Abdominal pain can be further specified by exact location such as right lower quadrant, pelvic, etc.
- **Crohn’s Disease/Regional Enteritis**
  - With Complication
    - Abscess
    - Fistula
    - Intestinal obstruction
    - Rectal bleeding
    - Other (specify)
  - Site
    - Small intestine
    - Large intestine
    - Both small and large intestines
  - Document any associated diagnoses/conditions

**ENT/Ophthalmology Diagnoses**

- **Glaucoma**
- Specify type (open-angle, primary angle-closure, secondary to eye trauma, etc...)
- Specify laterality

- Hearing Loss
  - Laterality (bilateral or unilateral)
  - Extent of hearing loss (Left/right ear with unrestricted hearing on contralateral side)
  - Types (conductive, mixed, sensorineural or other (specify))
  - Document any associated diagnoses/conditions

- Dysphagia
  - Specify phase (oral, oropharyngeal, pharyngeal, pharyngoesophageal or other)

- Cataract
  - Specify type (age-related, infantile, juvenile or secondary)
  - Specify laterality

- Macular degeneration
  - Specify types (e.g. angioid streaks, congenital, hereditary, non-exudative)
  - Specify laterality

- Sleep apnea
  - Specify – (primary central, high altitude periodic breathing, obstructive, idiopathic sleep related non-obstructive alveolar hypoventilation, congenital central alveolar hypoventilation syndrome, sleep related hypoventilation in conditions classified elsewhere, central sleep apnea in conditions classified elsewhere and other)

- Sinusitis
  - Specify acuity and affected area (ethmoidal, frontal, maxillary, sphenoidal, or pansinusitis)

### Infectious Disease

- Herpes Simplex
  - Specify if “Eczema herpeticum” is present.
  - Document if “Herpes viral vesicular dermatitis” is present
    - Herpes simplex facialis
    - Herpes simplex labialis
    - Vesicular dermatitis of ear or lip
  - Document if “Herpes viral gingivostomatitis and pharyngotonsillitis” are present
  - Document if “Herpes viral meningitis” is present
  - Specify if “Herpes viral encephalitis” is present
  - Simian B disease
  - Document if “Herpes viral ocular disease” is present
    - Herpes viral iridocyclitis
    - Herpes viral keratitis
    - Herpes viral conjunctivitis
  - Specify if “Disseminated herpes viral disease” is present
  - Document if “Other forms of herpes viral infections” are present
    - Herpes viral hepatitis
    - Herpes simplex myelitis
    - Other herpes viral infection
Herpes viral whitlow
- Document any associated diagnoses/conditions

**MRSA/MSSA**
**Methicillin-resistant Staphylococcus aureus**
- Include documentation of “MRSA infection” when the patient has that condition.
- Document if sepsis and/or septic shock is present.
- Document any associated diagnoses/conditions.

**Methicillin susceptible Staphylococcus aureus**
- Include documentation of “MSSA infection” when the patient has that condition.
- Document if sepsis, and/or septic shock is present.
- Document any associated diagnoses/conditions.

**Systemic Infection/Inflammation**
- Bacteremia (positive blood cultures only)
- Urosepsis—**MUST specify sepsis with UTI, versus UTI only**
- Sepsis—specify causative organism if known
- Sepsis due to:
  - Device
  - Implant
  - Graft
  - Infusion
  - Abortion
- Severe sepsis—sepsis with organ dysfunction
  - Specify organ dysfunction
    - Respiratory failure
    - Encephalopathy
    - Acute kidney failure
    - Other (specify)
- SIRS (Systemic Inflammatory Response Syndrome)
  - With or without organ dysfunction
- Document septic shock if present
- Document any associated diagnoses/conditions

**Injuries/Poisonings:** (documentation will need to include the type of encounter)
- Initial encounter: As long as patient is receiving active treatment for the condition.
  Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and treatment by a new physician.
- Subsequent encounter: After patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase.
  Examples of subsequent care are: cast change or removal, removal of external or internal fixation device, medication adjustment, other aftercare and follow up visits following treatment of the injury or condition.
- Sequela: Complications or conditions that arise as a direct result of a condition (e.g., scar formation after a burn).
Mental Disorders
- Depression (specify type such as due to grief reaction or adjustment disorder)
- Anxiety
  - Specify as - generalized, mixed, other (anxiety depression, anxiety hysteria, or panic disorder without agoraphobia)
- Bipolar disorder
  - Specify the current episode as manic, depressed, or mixed with severity of mild, moderate, or severe or in remission or a single manic episode
- Schizophrenia
  - Specify by type - disorganized, catatonic, undifferentiated, etc.
- Schizoaffective disorder
  - Specify - bipolar type, depressive type, manic type, or mixed type
- Major depression
  - Specify as a single or recurrent episodes, and then by severity (mild, moderate, severe without psychotic features, and severe with psychotic features) or in partial or full remission

Musculoskeletal Disorders
- Osteoarthritis
  - Specify type (primary/secondary) and location
- Rheumatoid arthritis
  - Specify type and location as well as with and without rheumatoid factor and organ or system involvement
- Chronic pain
  - Specify if due to trauma, post-thoracotomy, or other post-procedural chronic pain
- Back pain
  - Specify by exact location
- Osteopenia
  - Specify by the affected site as well as laterality
- Hip and knee replacement status- provides laterality
- Scoliosis can be further specified by the type (juvenile or adolescent idiopathic) and the region (cervical, thoracic, lumbar) affected
- Cervical disk displacement and spondylosis can be further specified as to the location within the cervical area such as occipito-atlanto-axial, mid-cervical, or cervicothoracic
- Gout
  - Specify the type/cause of gout (Drug-induced, Idiopathic, Lead-induced, Primary, Secondary, Syphilitic)
  - Specify the specific joint involved along with laterality
  - Specify the acuity of gout
  - Document any associated diagnoses/conditions

Neurology Diagnoses
- Hemiplegia
  - Laterality
- Flaccid or Spastic
- Affected Side – Dominant or Non-Dominant
- Migraines
  - Specify type (with or without aura, intractable or not intractable)
- Epilepsy
  - Specify type (intractable or not intractable, with or without status epilepticus)
- Alzheimer’s
  - Early onset
  - Late onset
- Convulsions
  - Specify type (simple febrile, complex febrile, post traumatic, due to epilepsy, etc.)
- Altered Mental Status
  - Document the etiology of the altered mental status as:
    ° Coma
    ° Stupor/semi-coma
    ° Transient alteration of awareness
    ° Drowsiness/somnolence
    ° Confusion/delirium (including drug-induced)
- Encephalopathy
  ° Alcoholic
  ° Hepatic
  ° Wernicke
  ° Anoxic/hypoxic
  ° Hypertensive
  ° Other (specify)
  ° Drug-induced/toxic (specify drug)
  ° Hypoglycemic
  ° Metabolic/septic
  ° Traumatic/post-concussion
- Document any associated diagnoses/conditions

**Respiratory Disorders** (documentation will need to include the following if known)
- Respiratory Failure:
  - With hypoxia
  - With hypercapnia
  - Acute
  - Chronic
  - Acute and chronic
- Asthma:
  — Mild intermittent
  — Mild persistent
  — Moderate persistent
  — Severe persistent
  — With acute exacerbation
  — With status asthmaticus
- Pneumonia
  - Document causative organism (if known)
  - Document mechanism:
    ° Aspiration
    ° Ventilator-associated
    ° Radiation-induced
    ° Other (specify)
- Upper Respiratory Infection
  - Specify location (if known) such as acute laryngopharyngitis or acute nasopharyngitis
- Bronchitis
  - Document acuity and if specific organism is known (strep, rsv, rhinovirus)
- Document history of tobacco use—present or past

**Skin Disorders**

- Pressure Ulcers
  - Site (include laterality):
  - Pressure Ulcer Stage or Other (specify)
  - With gangrene
  - Document any associated diagnoses/conditions
  - Document if ulcer (including stage) is present on admission
- Non-Pressure Ulcers
  - Site
  - Laterality
  - Specific site/area (e.g. ankle, calf, heel/midfoot, plantar surface, thigh)
  - Ulcer depth:
    - Limited to skin breakdown
    - With fat layer exposed
    - With muscle necrosis
    - With bone necrosis
  - Cause of lower limb ulcers:
    - Atherosclerosis of lower extremity
    - Chronic venous hypertension
    - Diabetic ulcer
    - Postphlebitic syndrome
    - Postthrombotic syndrome
    - Varicose ulcer
    - Other (specify)
  - With gangrene
  - Document any associated diagnoses/conditions
- Contact dermatitis (specify as either allergic or irritant – identify the agent)

**Underdosing**

Under-dosing is a new code in ICD-10-CM. It identifies situations in which a patient has taken less of a medication than prescribed by the physician. The medical condition is sequenced first followed by the underdosing code. If known, additional information can be captured to explain why the patient is not taking the medication (e.g., financial reasons).

- Using a prescribed medication less frequently than prescribed, in small doses, or not using the medication as instructed should be documented as “underdosing” by the provider
If the reduction in the prescribed dose of the medication results in a relapse or an exacerbation of the medical condition for which the drug is prescribed, the medical condition must also be documented.

**Urinary and Renal Disorders**

**Acute Kidney Failure**
- Document underlying condition(s) contributing/causing acute renal failure if known or suspected
- Document if acute kidney injury (AKI) is due to traumatic injury or if due to a non-traumatic event
- Document if acute renal failure is due to:
  - Acute tubular necrosis (ATN)
  - Acute cortical necrosis
  - Acute medullary necrosis
  - Other (specify)
- Be specific with documentation
  - Acute renal insufficiency and acute kidney disease are not reported as acute renal failure
- Document any associated diagnoses/conditions

**Chronic Kidney Disease**
- Document the stage of CKD
- Document any underlying cause of CKD such as Diabetes or Hypertension
- Document if the patient is dependent on Dialysis
- Chronic renal failure without a documented stage will be assigned to Chronic kidney disease, unspecified
- Document any associated diagnoses/conditions
- Urinary tract infection can be further specified to the exact location of the infection (bladder, kidney, urethra, etc.)
- Urinary incontinence [stress, urge, incontinence with sensory awareness, post-void dribbling, nocturnal enuresis, continuous leakage, mixed, or other (overflow, reflex, total)]
- Urinary retention (drug-induced, organic, psychogenic, due to hyperplasia, etc.)
- Hydronephrosis can be further specified as with ureteral stricture, renal and ureteral calculus obstruction, and other