Guidelines for ICD-10 Checkpoint
A CodeWrite Community News Feature

Purpose:
The purpose of this column is to demonstrate differences between ICD-9-CM and ICD-10-CM or ICD-10-PCS and to expose coding professionals to ICD-10-CM and ICD-10-PCS coding principles.

Content Guidelines:
Space is limited. Content developers are encouraged to focus on key points and major differences. Where applicable use phrases in bulleted lists rather than full sentences. Lengthy narrative should be avoided.

The column is to include the following elements as applicable:
1. The condition to be coded:
   • a statement or
   • brief description of a medical condition or surgical procedure
   • recommended length: 2-3 sentence maximum (under 50 words)
   • this should be a snap shot of a procedure or a diagnostic statement that will illustrate a key difference in the two classification systems
2. Correct codes assigned
   • for both ICD-9-CM and ICD-10-CM/PCS
   • with full code description for each
3. Indexed terms
   • for both ICD-9-CM and ICD-10-CM/PCS
4. Code comparisons
   • brief notes highlighting variances between the coding systems
   • may include changes in code categories/subcategories, basis for code assignment, etc.
   • recommended length: Maximum of 5 bullet points (under 100 words)
5. Documentation needed from physicians
   • brief notes highlighting what must be documented to support the highest level of specificity in code assignment
   • recommended length: Maximum of 3 bullet points (under 50 words)

Template:

ICD-10 Checkpoint
Check your knowledge. Compare ICD-9-CM codes to ICD-10-CM/PCS codes

What is the correct code for:
Insert condition to be coded here

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM/PCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code(s) Assigned</td>
<td>Insert correct ICD-10-CM or PCS codes here</td>
</tr>
<tr>
<td>Indicate term indexed in ICD-9-CM</td>
<td>Indicate term indexed in ICD-10</td>
</tr>
<tr>
<td>Code Comparisons</td>
<td>Bulleted notes comparing the two systems are entered on the left and right here</td>
</tr>
<tr>
<td>Documentation Needed From Physicians</td>
<td>Bulleted notes highlighting the documentation that is needed to assign the most specific code are entered for comparison side-by-side here</td>
</tr>
</tbody>
</table>

This ICD-10 Checkpoint was submitted by: Your name and credentials here, job title and E-mail address where you can be reached.
ICD-10 Checkpoint

Check your knowledge. Compare ICD-9-CM codes to ICD-10-CM/PCS codes

What is the correct code for:

**Type II diabetic, controlled on insulin with diabetic nephropathy**

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>250.40</strong> Diabetes mellitus with renal</td>
<td><strong>E11.21</strong> Type 2 diabetes mellitus with diabetic nephropathy</td>
</tr>
<tr>
<td>manifestations, type II or unspecified type,</td>
<td></td>
</tr>
<tr>
<td>not stated as uncontrolled</td>
<td></td>
</tr>
<tr>
<td><strong>583.81</strong> Nephritis and neuropathy, not</td>
<td><strong>Z79.5</strong> Long-term (current) use of insulin</td>
</tr>
<tr>
<td>specified as acute or chronic, in diseases</td>
<td></td>
</tr>
<tr>
<td>classified elsewhere</td>
<td></td>
</tr>
</tbody>
</table>

Indexed Terms

<table>
<thead>
<tr>
<th>Diabetes, diabetic (mellitus) nephropathy 250.4 [583.81]</th>
<th>Diabetes, diabetic (mellitus) nephropathy type II E11.21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use additional code to identify any insulin use (Z79.5)</td>
<td></td>
</tr>
</tbody>
</table>

**Code Comparisons**

- **One code category:** 250, Diabetes Mellitus
- Classification is based on presence/absence of complication/manifestation (at 4th digit level)
- 5th digits differentiate type as:
  - o Type I, insulin dependent, IDDM, or juvenile type
  - o Type II, non-insulin dependent, NIDDM, or adult onset
- 5th digits also differentiate the DM as controlled or uncontrolled

- **Six code categories:**
  - E08 DM due to underlying condition
  - E09 Drug or chemical induced DM
  - E10 Type 1 DM
  - E11 Type 2 DM
  - E13 Other specified DM
  - E14 Unspecified DM
- Classification based on type of DM
- 4th digits for presence/absence of complication. 5th & 6th digits for specific manifestations
- The concept of insulin and non-insulin dependent are not a factor for the DM code. An additional code is added to identify the use of insulin for categories E08-E09 & E11-E14

**Documentation Needed From Physicians**

- Any complications/manifestations of the DM
- Type of DM: insulin dependent or non-insulin dependent
- Whether the diabetes is controlled or not
- Type of DM: 1 or 2
- Any complications/manifestations of the DM
- Current use of insulin

*This ICD-10 Checkpoint was submitted by: Mary Stanfill, RHIA, CCS, CCS-P, coding practice manager for AHIMA. She can be reached at mary.Stanfill@ahima.org.*
Suggestions/ideas for ICD-10-CM topics
- Illustrate use of episode of care extension digits
- Illustrate different Excludes notes (1, 2)
- Migraines (new terminology)
- Heart valve (disease of tricuspid valve)
- OB with diabetes
- Injuries (grouped by site and then type)
- Late effects (sequela, extension q)
- Poisoning/adverse effects
- Respiratory failure
- Infection with multiple organisms
- V codes
- E codes
- H1N1 Flu
- Lyme Disease
- Occlusion/Stenosis of precerebral arteries with cerebral infarction
- Hematuria
- CAD with Angina
- Malignant neoplasms
- Alzheimer's disease
- Asthma

Suggestions/ideas for ICD-10-PCS topics
Surgical examples from Med/surg and OB that illustrate the definitions of the code characters (especially the various root operations), such as:
- Wedge ostectomy (excision)
- Fulgurate rectal polyp (destruction)
- Arthroscopy (percutaneous endoscopic)
- Common bile duct exploration during an open cholecystectomy (open intraluminal)
- Needle biopsy (percutaneous)