AHIMA’s monthly e-newsletter created exclusively for coding professionals

Guidelines for Clinical Articles

Purpose:
The purpose of these articles is to:
- Illustrate correct coding in ICD-10-CM, ICD-10-PCS, CPT, and/or HCPCS Level II
- Apply coding principles and guidelines
- Apply concepts of pathophysiology, pharmacology, or medical terminology
- Practice analysis of information from the health record as the source document

Content Guidelines:

Suggest limiting articles to 750 – 1000 words

Articles may include the following elements, as applicable:

1. The objective:
   - A statement relating the purpose of the article
   - This should tell the reader the main thing he/she will learn from the article
   - Recommend one or two objectives only for an article

2. Clinical Information:
   - Useful notes for correct code assignment
   - Common pitfalls that lead to incorrect code assignment

3. Official coding conventions/guidelines involved
   - Cite the official guideline by reference number
   - Reproduce the applicable guideline if space permits

4. Coding Clinic/CPT Assistant citations
   - List applicable references by issue

5. Coding scenario:
   - 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 the learning objective

6. Codes assigned:
   - Correct code assignment
   - Either diagnosis or procedure codes, or both, whichever is necessary to illustrate the learning objective.
   - Include mention that the codes assigned in the article depict the code results of one coder and the article is not intended to introduce new official coding advice or official sequencing instruction.

7. Footnotes, references and helpful web sites:
   - URLs for web sites, articles with helpful information

8. Additional questions for coding roundtable discussion:
   - Suggest 2-3 questions for further discussion on the topic
   - Should be thought provoking, not easily answerable, perhaps no one “right” answer
   - Perhaps other common problems associated with the code category addressed.

See sample article in Appendix A.
Questions? Contact Melanie Endicott at Melanie.Endicott@ahima.org if you have questions or wish to submit an article.

Ideas for Potential Topics:
General Topics:
- Codes or guidelines known to be problematic or confusing
- Codes with recent changes in either the codes themselves or coding instructions
- Codes with specific instructions for sequencing or multiple code assignment
- Vague or nonspecific codes that must be used for specific procedures not elsewhere classifiable
- Comparison of ICD-9-CM to ICD-10-CM/PCS
- Coding conventions that vary between procedural classifications (ICD-10-PCS vs. CPT/HCPCS)
- MS-DRGs
- POA/HAC

ICD-10-CM Diagnoses:
- Heart valve disease, with/without heart disease
- Combination codes for hypertension with heart or renal failure
- Congenital disorders treated later in life
- Sequela codes (how late is late?)
- Any section of the official guidelines that has multiple instructions (neoplasms, HIV, etc.)
- Complications (confirming causative relationship, correct sequencing)
- Identifying infectious organisms
- Complicated wounds, crush injuries
- Differentiating primary from secondary neoplasms
- Symptoms (when it is appropriate to report them separately, inpt vs outpt use)
- Specified vs unspecified anemias
- Mental disorders
- CAD if native vs. bypass vessel
- Cholecystitis (acute, chronic, with/without stones)
- OB delivery with problems (multiple codes, causes of obstructed labor)

ICD-10-PCS Procedures:
- Biopsy vs. excision of lesion
- Coding of multiple procedures
- Bypass procedures
- Intestinal procedures
- Fracture repairs with bone grafts
- Spinal fusion
- Coding of devices

CPT/HCPCS:
- Excision of lesions
- Skin grafts
- Breast procedures
- Bronchoscopy
- Nasal/sinus endoscopy
- Arteriovenous fistulas
- Central venous access
- Laminectomies
- Strabismus surgery
- Spinal fusion
- Heart caths
- CABG
- Hemodialysis access
- Transurethral procedures
- Injections/Infusions
Appendix A: Sample Article

**Digoxin Toxicity: Adverse Effect or Poisoning?**

Judy A. Bielby, MBA, RHIA, CPHQ, CCS

**Objective**

The objective of this article is to examine the classification of drug toxicity in ICD-9-CM and in ICD-10-CM.

**Clinical Information**

Digoxin is a medication used to treat conditions such as atrial fibrillation. Toxicity can be an adverse effect of digoxin taken as prescribed. Digoxin can build up in a person’s body, so blood tests are done on a regular basis to monitor for buildup of digoxin in the system. A variety of factors can impact how digoxin works in a patient’s body, including reduced kidney function, interaction with certain foods or medications, and the individual’s level of tolerance to the medication. In some instances what is documented as digoxin toxicity is documented further as being caused by an overdose of digoxin. Accidentally taking too much medication can cause a buildup of digoxin in the system. Coders must take care to report code assignment based on the documentation in the health record.

**Coding Conventions and Guidelines Involved**

Both the ICD-9-CM and the ICD-10-CM *Official Guidelines for Coding and Reporting* describe the occurrence of drug toxicity as being classified as adverse effects, poisoning, or toxic effects. Additionally, ICD-10-CM also has classification for medication underdosing.

ICD-9-CM guidelines I.C.17.e “Adverse Effects, Poisoning and Toxic Effects”

The “occurrence of drug toxicity” is classified in ICD-9-CM as adverse effects, poisonings, and toxic effects. The guidelines define and provide direction on how to code and sequence these conditions.1


These guidelines define and provide direction on how to code and sequence adverse effects, poisoning, underdosing, and toxic effects.2

Please note that the scenarios described below depict the code results of one experienced coder. This is not intended to represent official coding advice or official sequencing instruction, but is only intended to illustrate how documentation impacts code assignment.

**Coding Scenario 1:**

A 62-year-old female is seen for nausea and vomiting due to digoxin toxicity. It was discovered that the patient was taking twice the dose prescribed.

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>972.1, Poisoning by cardiotonic glycosides and drugs of similar action</td>
<td>T46.0X1A, Poisoning by cardiac-stimulant glycosides and drugs of similar action, accidental (unintentional), initial encounter</td>
</tr>
<tr>
<td>787.01, Nausea with vomiting</td>
<td>R11.2, Nausea with vomiting, unspecified</td>
</tr>
<tr>
<td>E858.3, Accidental poisoning by agents primarily affecting cardiovascular system</td>
<td></td>
</tr>
</tbody>
</table>

Table of Drugs and Chemicals:
Digoxin (Poisoning column and Accident External Cause column) 972.1, E858.3
Index:
Vomiting
with nausea 787.01

Digoxin (Accidental Poisoning column) T46.0x1
Index:
Vomiting
-with nausea R11.2

**Coding Scenario 2:**
A 62-year-old female is seen for nausea and vomiting due to digoxin toxicity. The patient was taking the medication as prescribed.

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code(s) Assigned</strong></td>
<td></td>
</tr>
<tr>
<td>787.01, Nausea with vomiting</td>
<td>R11.2, Nausea with vomiting, unspecified</td>
</tr>
<tr>
<td>E942.1, Cardiotonic glycosides and drugs of similar action causing adverse effect in therapeutic use</td>
<td>T46.0X5A, Adverse effect of cardiac-stimulant glycosides and drugs of similar action</td>
</tr>
</tbody>
</table>

Index:
Vomiting
with nausea 787.01

Table of Drugs and Chemicals:
Digoxin (Therapeutic use External Cause column) E942.1

<table>
<thead>
<tr>
<th>ICD-9-CM Index to Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toxicity</td>
</tr>
<tr>
<td>drug</td>
</tr>
<tr>
<td>asymptomatic 796.0</td>
</tr>
</tbody>
</table>

**Coding Scenario 3:**
A 62-year-old female is seen for digoxin toxicity. On a blood test, the level of digoxin was noted to be above the therapeutic range, so the patient was provided treatment in order to get the level of digoxin back into the therapeutic range. The patient was asymptomatic and taking the medication as prescribed. According to the ICD-9-CM Index to Diseases, asymptomatic drug toxicity is coded as 796.0, Nonspecific abnormal toxicological findings. This is further reinforced by Coding Clinic for ICD-9-CM, which provides this coding advice when an asymptomatic patient experiences drug toxicity shown on elevated level of drug in a blood test: "Assign code 796.0, Nonspecific abnormal toxicological findings, for a drug toxicity with no documented adverse reaction listed."\(^3,4\)

**Notes**

Additional References


Judy Bielby is a clinical assistant professor at the University of Kansas and a consultant with Durst & Associates in the Kansas City, MO, area.

This sample article is an excerpt from CodeWrite December 2012, available in its entirety at: https://newsletters.ahima.org/newsletters/Code_Write/2012/December/December12_CW.html