

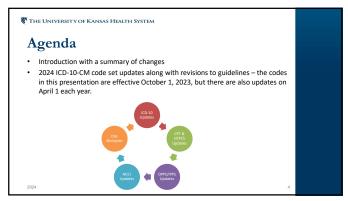


The University of Kansas Health System

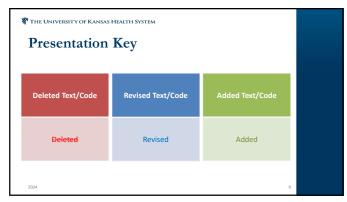
Disclaimer

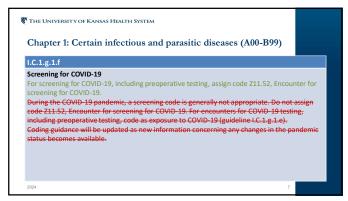
This program is intended to be informational only. Attendees are advised to reference payer specific provider manuals, online or otherwise, for verification prior to making changes to their coding, documentation, and/or billing practices. Attendees are also advised to consult their managers or compliance departments before making changes to coding practices. Keep in mind that different payers may have different payment policies. The policies in this presentation represent ICD-10-CM Official Guidelines.

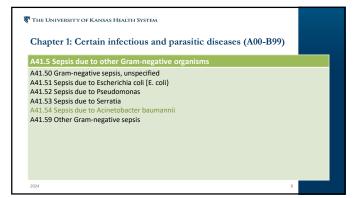
Not all codes, guidelines, or instructional note changes are included in this presentation. It is always recommended that you review the complete guidelines and code set for updates.

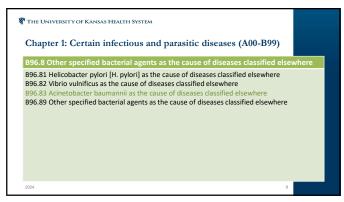


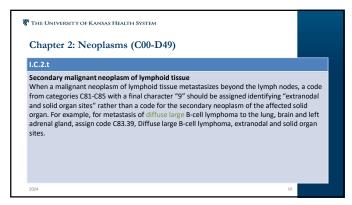


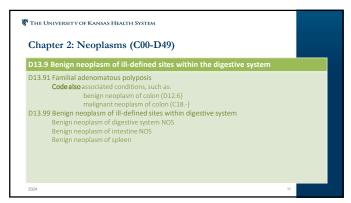


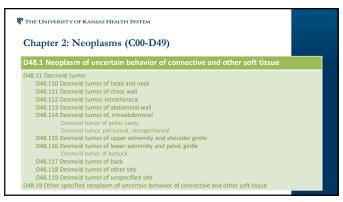


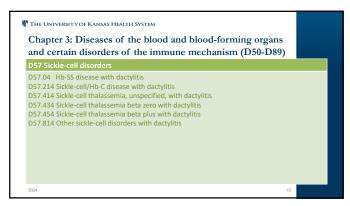


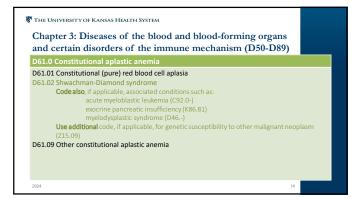


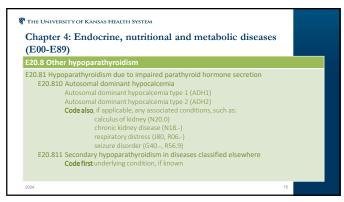


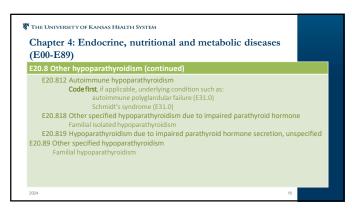


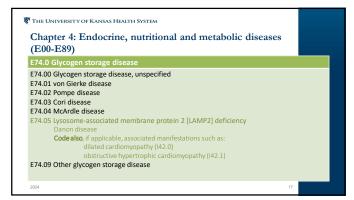


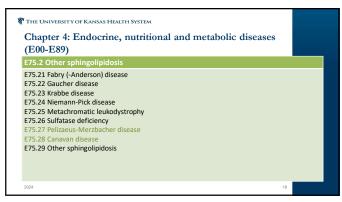


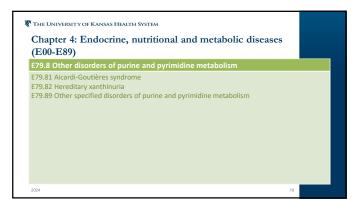


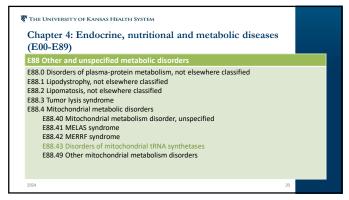


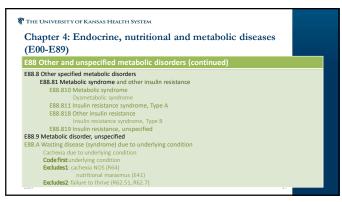










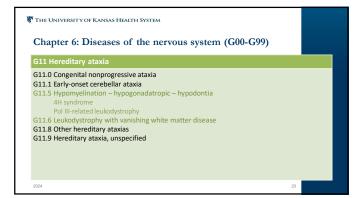


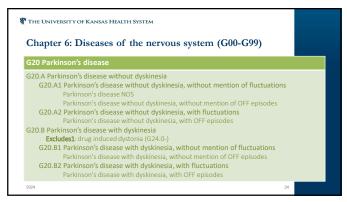
Chapter 5: Mental, behavioral and neurodevelopmental disorders (F01-F99)

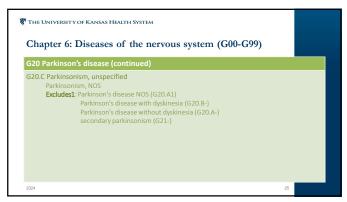
■ No added or deleted codes

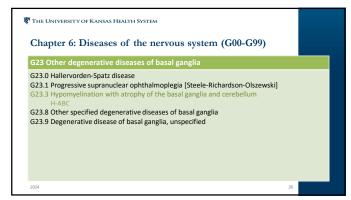
■ No chapter specific guideline revisions

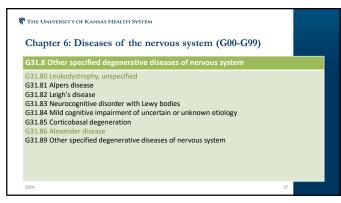
■ Some revisions to instructional notes

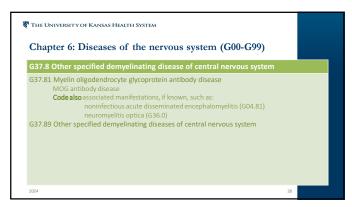


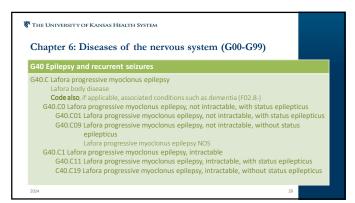


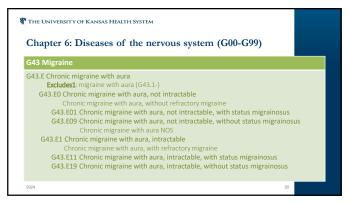


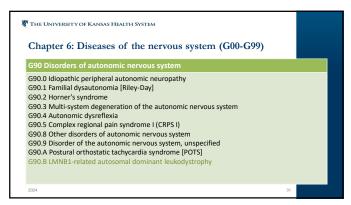


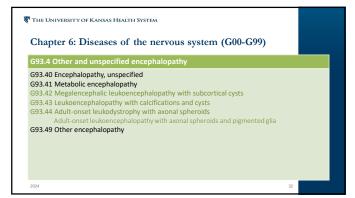


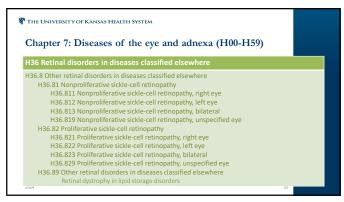


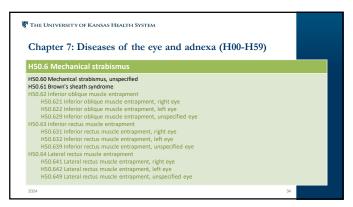


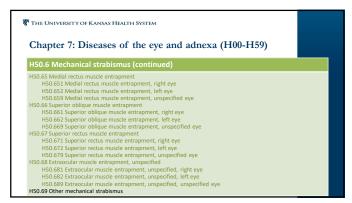


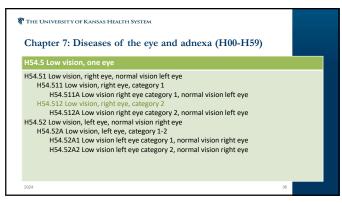


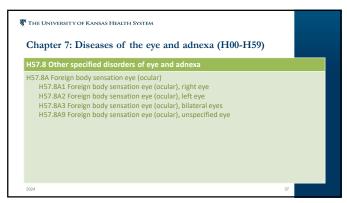


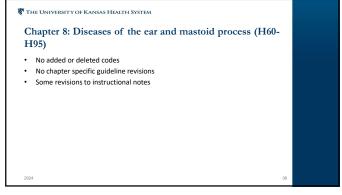


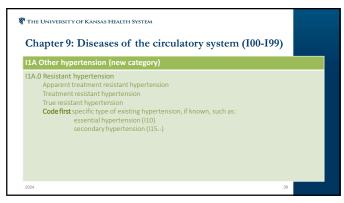


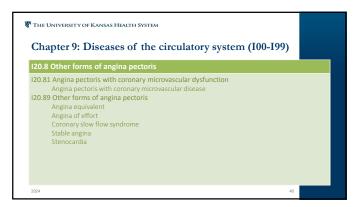


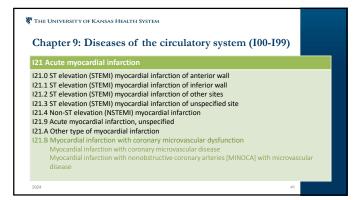


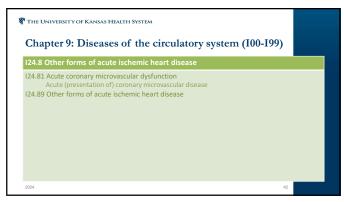


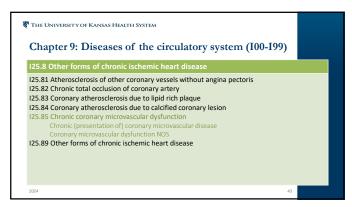


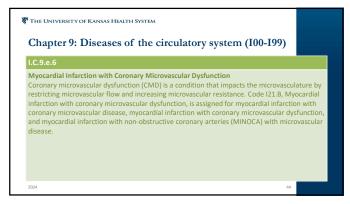


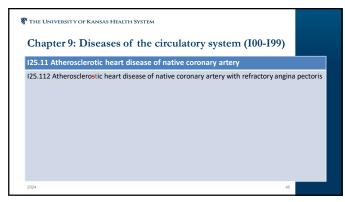


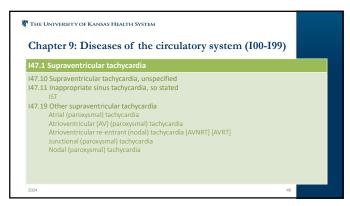


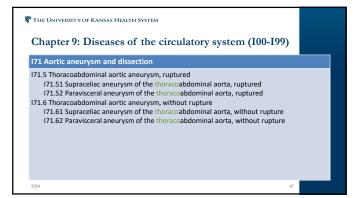


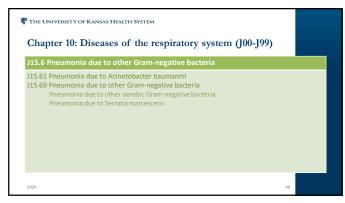


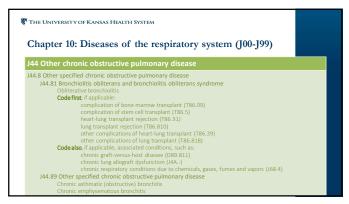


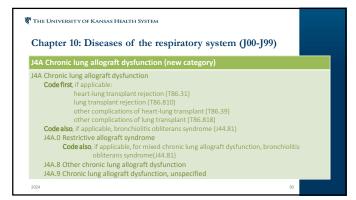


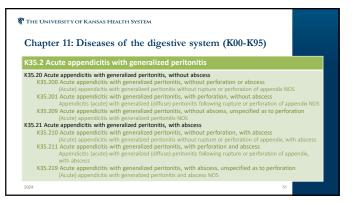


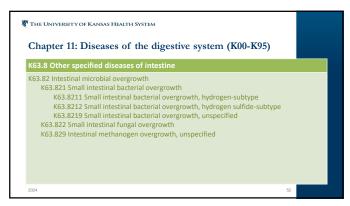


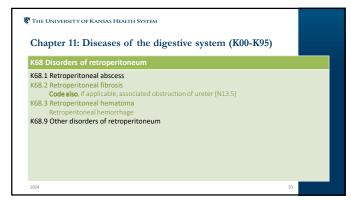


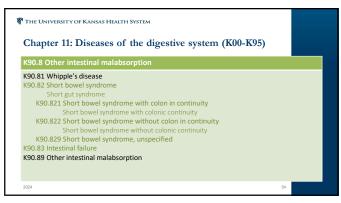




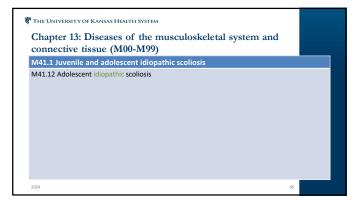


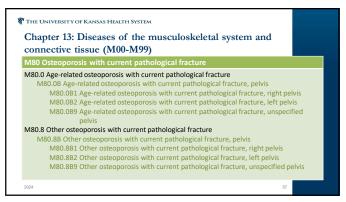


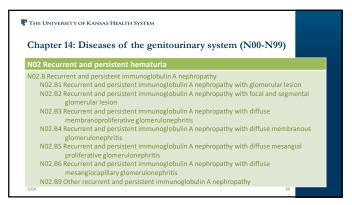


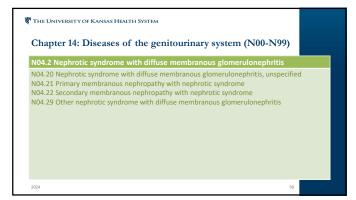


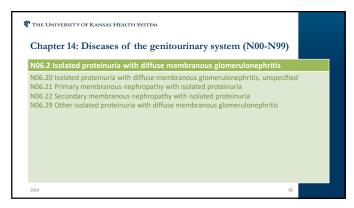
THE UNIVERSITY OF KANSAS HEALTH SYSTEM Chapter 12: Diseases of the skin and subcutaneous tissue (L00-L99)	
No added or deleted codes No chapter specific guideline revisions Some revisions to instructional notes	
2004 55	

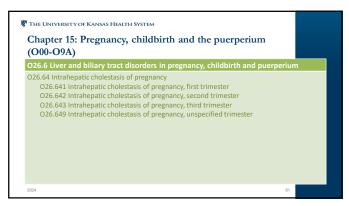


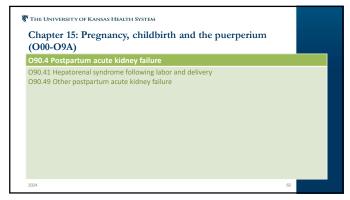


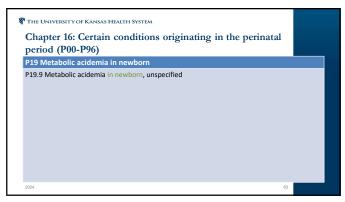


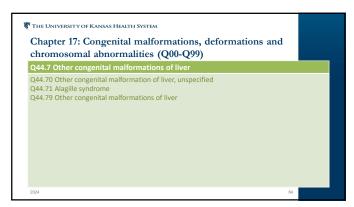


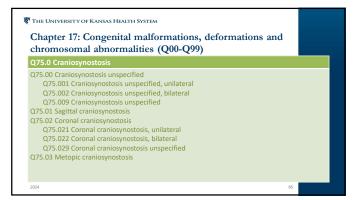


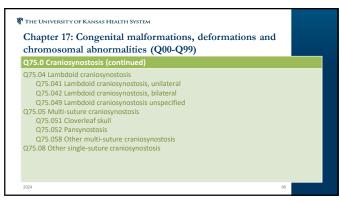


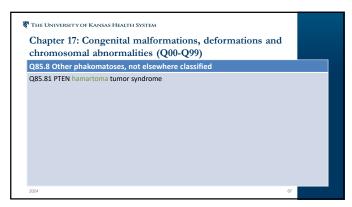


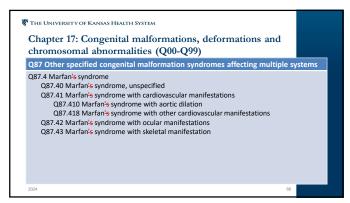


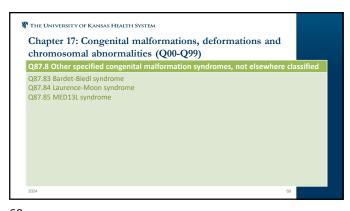


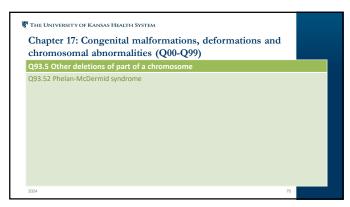


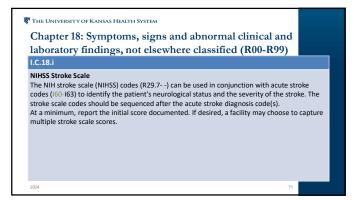


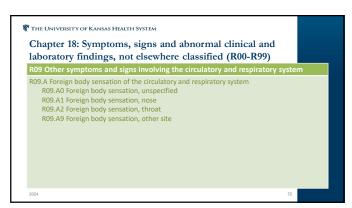


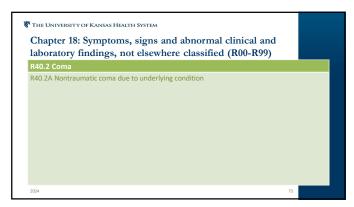


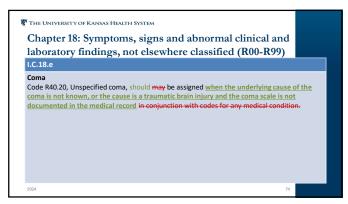












Chapter 18: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

I.C.18.e.1

Coma Scale

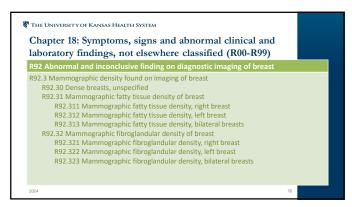
The coma scale codes (R40.21- to R40.24-) can be used in conjunction with traumatic brain injury codes. These codes cannot be used with code R40.2A, Nontraumatic coma due to underlying condition. They are primarily for use by trauma registries, but they may be used in any setting where this information is collected. The coma scale codes should be sequenced after the diagnosis code(s).

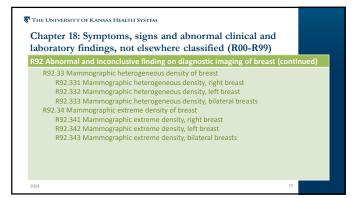
These codes, one from each subcategory, are needed to complete the scale. The 7th character indicates when the scale was recorded. The 7th character should match for all three codes.

At a minimum, report the initial score documented on presentation at your facility. This may be a score from the emergency medicine technician (EMT) or in the emergency department. If desired, a facility may choose to capture multiple coma scales scores.

Assign code R40.24-, Glasgow coma scale, total score, when only the total score is documented in the medical record and not the individual score(s).

If multiple coma scores are captured within the first 24 hours after hospital admission, assign only the code for the score at the time of admission. ICD-10-CM does not classify coma scores that are reported after admission but less than 24 hours later.





Chapter 19: Injury, poisoning and certain other consequences of external causes (S00-T88)

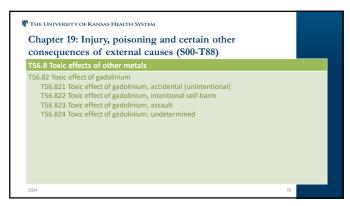
LC.19.c.5.c

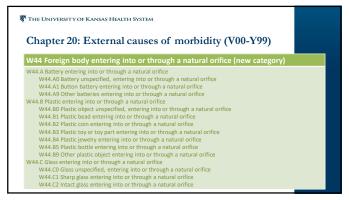
Underdosing
Underdosing refers to taking less of a medication than is prescribed by a provider or a manufacturer's instruction. Discontinuing the use of a prescribed medication on the patient's own initiative (not directed by the patient's provider) is also classified as an underdosing, For underdosing, assign the code from categories T36-T50 (fifth or sixth character "6").

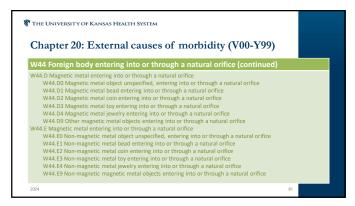
Documentation of a change in the patient's condition is not required in order to assign an underdosing code. Documentation that the patient is taking less of a medication than is prescribed or discontinued the prescribed medication is sufficient for code assignment.

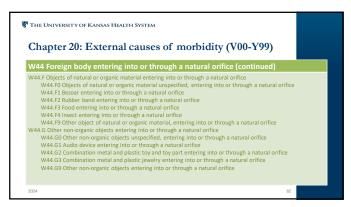
Codes for underdosing should never be assigned as principal or first-listed codes. If a patient has a relapse or exacerbation of the medical condition for which the drug is prescribed because of the reduction in dose, then the medical condition itself should be coded.

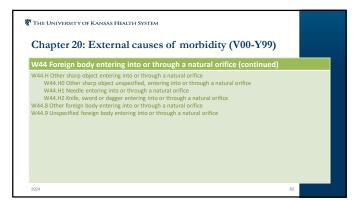
Noncompliance (Z91.12-, Z91.13-, Z91.14- and Z91.A4-) or complication of care (Y63.6-Y63.9) codes are to be used with an underdosing code to indicate intent, if known.











Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)

I.C.21.e.3

Follow-up

The follow-up codes are used to explain continuing surveillance following completed treatment of a disease, condition, or injury. They imply that the condition has been fully treated and no longer exists. They should not be confused with aftercare codes, or injury codes with a 7th character for subsequent encounter, that explain ongoing care of a healing condition or its sequelae. Follow-up codes may be used in conjunction with history codes to provide the full picture of the healed condition and its treatment. The follow-up code is sequenced first, followed by the history code.

A follow-up code may be used to explain multiple visits. Should a condition be found to have recurred on the follow-up/sit, then the diagnosis code for the condition should be assigned in place of the follow-up code. The follow-up cannot provide the conditions of the follow-up code. The follow-up examination after completed treatment for conditions other than malignant neoplasm 209 Encounter for follow-up examination after completed treatment for malignant neoplasm, and 209, Encounter for follow-up examination after completed treatment for malignant neoplasm, and 209, Encounter for follow-up examination after completed treatment for malignant neoplasm, and 209, Encounter for follow-up examination after completed treatment for malignant neoplasm, and 209, Encounter for follow-up examination after completed treatment for malignant neoplasm, and 209, Encounter for follow-up examination after completed treatment for malignant neoplasm, and 209, Encounter for follow-up examination after completed treatment for malignant neoplasm, and 209, Encounter for follow-up examination after completed treatment for malignant neoplasm, and 209, Encounter for follow-up examination after completed treatment for malignant neoplasm, and 209, Encounter for follow-up examination after completed treatment for malignant neoplasm, and 209, Encounter f

