CIHI Recommendations

ICD-10-CA	Dx Type	Code Description
E11.704	M	Diabetes Mellitus type 2 with foot ulcer
L97.9	3	Foot ulcer
L03.11	1	Cellulitis
B95.6	3	Staphylococcus Aureus
A41.9	1	Sepsis
E11.224	1	Diabetes Mellitus type 2 with renal complications
N08.3	3	Glomerular disorders in diabetes mellitus
N17.9	3	Acute renal failure, unspecified
I12	3	Hypertensive renal disease
N18.9	3	Chronic Renal Failure
E86.0	1	Dehydration
N39.0	1	Urinary Tract Infection
I95.2	3	Hypotension due to drugs
Y52.4	9	Angiotensin-converting-enzyme inhibitors
L40.5†	3	Arthropathic psoriasis
M07.3	3	Other psoriatic arthropathies
K52.9	3	Noninfective gastroenteritis and colitis, unspecified
Y41.8	9	Drugs, medicaments and biological substances causing adverse effects in therapeutic use, other specified systemic anti-infectives and antiparasitics
D64.9	3	Anemia, unspecified

The codes listed above represent the CIHI coding query team's assessment of the diagnoses that should be coded for this particular chart. It should be noted that the absence of a comprehensive discharge summary made the coding of this chart difficult and somewhat controversial. While we have agreed that E11.704 is acceptable as the MRDx for this case, it does appear that the focus of care for this patient may have been septicemia. We strongly recommend that the facility where this chart originated verify the correct coding of this case with the attending physician. The importance of consistent, complete documentation cannot be overemphasized.

THESE ARE SOME OF THE COMMITTEE'S CONTROVERSIAL ISSUES:

Question: Acute renal failure? This was only documented once in a consultation but not again– Should it be coded? If so, would it go under the E11.224 as a type 3 or on its own as a type 1?
Answer: We have also selected the code E11.224 as the patient has chronic renal failure. As acute renal failure is classified under E11.28, we would suggest adding N17.9 as a type 3 to the diabetic package. The diabetic code that is selected should reflect the highest level of progression which in this case would be E1122^.

Question: Patient has hypertension and renal failure. Have we coded both these conditions correctly by putting them under the E11.224 both as type 3? Or would the acute renal failure be coded separately as a type 1?
Answer: We have linked the hypertension with the renal failure by selecting code I12 because a cause/effect relationship is assumed between chronic renal failure and hypertension. In a case such as this, it is not clear if the renal conditions are due to the hypertension or the diabetes. One cannot assume a cause/effect relationship between *acute* renal failure and hypertension and therefore N17.9 is coded as part of the diabetic package.

Question: Hypotension/Hypertension - The physician in the consultation appears to link the hypotension with the hypertensive medications and alters the Altace. In this case, would the hypertension be captured as a type 1 or 3 as part of the diabetic package?
Answer: We agree that the physician in the consultation appears to link the hypotension with the hypertensive medications and alters the Altace and have coded the hypotension as such. The hypertension is already coded in the I12. We have considered this a type (3).

Question: Septicemia is documented. In your opinion, is the source of the infection from the foot and captured with the B95.6 or do we need to code A41.9? In a consultation, it says overwhelming septicemia so we are thinking it has gone systemic.
Answer: This patient had several infections and throughout the course of treatment, investigations were underway to determine if there were others present. Chest infection and a possible periumbilical abscess due to the psoriasis were queried. The consultation makes note of the fact that the source of infection was not determined and for this reason we have typed the cellulitis and the UTI as a type (1). Please note however that if localized infections are documented as the source of septicemia, these conditions should be diagnosis typed as (3) or not coded at all. Please see coding queries 8735, 9989 and 10856 for further information.

Question: When Sepsis, Septicemia, Bacteremia, urosepsis is mentioned, this seems to be a very controversial issue. Do you have any advice on coding these? Particularly the urosepsis, do we capture both the A41.^ and N39.0?
Answer:
Septicemia [sepsis] is an acute invasion of the bloodstream by microorganisms. It can be a serious, rapidly progressive, life-threatening infection that may arise due to localized infections of the respiratory, gastrointestinal tract, genitourinary system or from the skin. Symptoms include fever, chills, tachycardia, tachypnea, petechiae, decreased or no urine output, and altered mental state such as lethargy, agitation, and irritability. Patients with underlying diseases such as diabetes, cirrhosis, alcoholism, or cancer may be at a higher risk for septicemia.

The term bacteremia should not be confused with septicemia. Bacteremia, in which organisms enter and circulate in the blood stream in small numbers for a short time, may occur as a transient problem. The organisms are usually removed by circulating phagocytes. Bacteremia denotes a laboratory finding. Septicemia denotes acute illness. Undocumented bacteremias occur frequently and usually abate spontaneously. Physicians sometimes use these two terms interchangeably. Coders must be aware of the difference between the two conditions and verify the diagnosis with the physician when it is unclear. Simple bacteremia is not coded unless it represents a clinical condition of concern documented by the physician.

The term urosepsis is defined as a septic poisoning due to retention and absorption of urinary products in the tissues. If the term urosepsis is documented, the physician should be queried. Coding Clinic 1Q 1998 states, "the physician should be asked if the diagnosis urosepsis is intended to mean (1) generalized sepsis (code septicemia) (2) urine contaminated by bacteria (code UTI)." Only the physician can diagnose this condition.
[Source: Journal of AHIMA/March 2000/Reviewing the Details of Coding Septicemia, ICD-10-CA/CCI Classification Primer, second edition, page 6.4]

Question: Is dehydration part and parcel of the chronic renal failure? In the Standards, it does mention if dehydration is documented and IV fluids are given, we should code it. Are we understanding this Standard correctly in this case?
Answer: Yes, we agree with your interpretation of the standard and have coded the dehydration as a type 1.

Question: Urinary Tract Infection. Was it significant enough to code as a type 1?
Answer: See responses above..

Question: Psoriasis – Was it significant enough to code as a type 1?
Answer: No, we have coded it as a type 3 but note the change in code selection for psoriasis and psoriatic arthritis.

Question: Foot Ulcer – It does not appear that the L97.9 is an asterisk code. Would this be a type 1 or 3?
Answer: The L97.9 code is providing additional information and should be considered a type 3.

Question: Diabetic Pop Ups - Should all diabetic pop ups be a type 3? If so, can CIHI add this to the coding standards? If not, what would determine a type 1? We were thinking codes in the diabetic package are descriptors to better describe the diabetic complications and all should be type 3.
Answer: Yes, we agree that the pop-ups would be a type 3. These codes just add more specificity to the diabetic code. The standards will not be changed for this regard in 2005, but there will be changes to diabetes codes and standards for v2006 of ICD-10-CA.

Question: Level of Control – If the glucose blood work does not state fasting, such as random, do we use the level of 14 and above? Can we use glucometers to determine level of control?
Answer: If lab values do not indicate fasting glucose vs random glucose then you would be correct in using the level of 14 and above. We have stated that glucose meters should not be used.

There are multiple other conditions mentioned in the chart such as GERD, obesity, degenerative disc disease and even the COPD that may also be coded as diagnosis type (3).

PLEASE BE ADVISED THAT THIS CHART WAS REVIEWED DURING THE FISCAL YEAR OF 2004 AND THE CIHI RESPONSES ARE FOR THAT FISCAL YEAR ONLY, THERE MAY BE CHANGES FOR 2005 TO REFLECT A DIFFERENT CODING SELECTION .

FOR EXAMPLE – THE SIXTH DIGIT FOR DIABETIC LEVEL OF CONTROL HAS CHANGED FOR FISCAL YEAR 2005