

ICD-10 ESSENTIALS for CHEST

The following elements are essential for the proper ICD-10-CM coding of conditions found in the **Chest**:

CHEST PAIN

- Location
- Type

RESPIRATORY CONDITIONS

- Location
- Acute vs. Chronic
- Cause
- Infectious Agent
- Tobacco Status

MYOCARDIAL INFARCTION

- Episode of Care
- Type
- Location
- Complication
- Current vs. Old

ABNORMAL FINDINGS

- Method of Testing
- Detailed Abnormalities

Common Chest Related Diagnoses	ICD-10 Specificity Guidance
Pulmonary Collapse	<ul style="list-style-type: none"> • Distinguish Atelectasis
Pleural Effusion	<ul style="list-style-type: none"> • Distinguish Underlying Disease
Pneumonia	<ul style="list-style-type: none"> • Distinguish Type
Congestion	<ul style="list-style-type: none"> • Distinguish between Nasal and Pulmonary
Respiratory Failure	<ul style="list-style-type: none"> • Distinguish with Hypoxia or Hypercapnia • Acuity

Chest Pain

Pain has been updated to include more specific locality and type. Chest pain is further described as chest pain on breathing, precordial, pleurodynia and intercostal. The option for chest pain unspecified is still available in ICD-10.

Unspecified Example:

Indication: **chest pain**

Coded as: *chest pain, unspecified*

Specified Example:

Indication: **precordial chest pain**

Coded as: *precordial pain*

Respiratory Conditions

Diseases of the respiratory system are classified by several different elements.

- Anatomic site of infection
- Severity
- Cause
- Acute vs. chronic

Diseases not documented as acute or chronic will be classified as unspecified.

Some respiratory system conditions require or suggest a secondary code to completely describe the condition. Other clinical information that could be needed for respiratory conditions include:

- Infectious Agent
- Manifestations
- Tobacco Exposure, Including:
 - History of Use
 - Dependence
 - Current Use

Unspecified Example:

Indication: **respiratory failure**

Coded as: *respiratory failure, unspecified,
unspecified whether with hypoxia
or hypercapnia*

Specified Example:

Indication: **acute respiratory failure with hypoxia**

Coded as: *acute respiratory failure with hypoxia*

Myocardial Infarction (MI)

The coding for acute MI has significantly changed for ICD-10. The following elements are needed to completely code an acute MI to the fullest extent available.

- Episode of Care:
 - Initial
 - newly diagnosed acute MI
 - Subsequent
 - a new acute MI occurring within the 4 week time frame after the initial acute MI
- Type of MI:
 - STEMI (default, if not stated)
 - NSTEMI

When the type of MI is STEMI, the specific site of the MI should also be given.

Anterior Wall	Inferior Wall	Other sites
Left Main Coronary Artery	Right Coronary Artery	Left Circumflex Coronary artery
Left Anterior Descending artery	Other Coronary Artery of Inferior Wall	Other Specified Site
Other Coronary Artery of Anterior wall		Unspecified

- Current complications of the MI
 - Septal Defects
 - Ruptures
 - Thrombosis
 - Hemopericardium
 - Postinfarction Angina
- Current v. Old
 - An MI that is greater than four weeks old that does not require further care is categorized as an old MI and should be documented as such, when known.

Unspecified Example:

Indication: **myocardial infarction**
 Coded as: *STEMI myocardial infarction of unspecified site*

Specified Example:

Indication: **STEMI, right coronary artery**
 Coded as: *STEMI myocardial infarction involving right coronary artery*

Abnormal Findings

Reports for which defined diagnoses are not assigned are coded to the highest specificity sign or symptom or abnormal findings for which the investigation has been launched.

Abnormal findings have expanded into many options. If the reason for the exam was based on another abnormal examination that should be the documented clinical history and should describe method of testing (X-ray, blood, specimens, urine, sputum, diagnostic study, function study, etc.) and specifically what was abnormal (enzymes, hormones, drugs, proteinuria, tumor markers, etc.)

Sources:

ICD-10-CM Draft Official Guidelines for Coding and Reporting 2014; Cooperating Parties for the ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), Centers for Medicare and Medicaid Services (CMS), National Center for Health Statistics (NCHS), 2013.

Best Practices for ICD-10-CM Documentation and Compliance, AMA 2012.