ICD 10–CM Preview

Chapter 3
Diseases of Blood & Blood Forming Organs &
Certain Disorders Involving Immune Mechanism
D Codes: D50–D89
Reserved for future guideline expansion
No Guidelines for Chapter 3

Section List

- Nutritional anemias (D50–D53)
- Hemolytic anemias (D55–D59)
- Aplastic and other anemias and other bone marrow failure syndromes (D60–D64)
- Coagulation defects, purpura and other hemorrhagic conditions (D65–D69)
- Other disorders of blood and blood-forming organs (D70–D77)
- Intraoperative and postprocedural complications of the spleen (D78)
- Certain disorders involving the immune mechanism (D80–D89)
Anemia

- Blood condition
- Deficient number of red blood cells
- Different types and causes
- Mild with few symptoms
- Life threatening
- Four categories
  - Nutritional
  - Hemolytic
  - Aplastic
  - Other types

Nutritional Anemia

- Deficiencies in vitamins and minerals
- Inadequate dietary intake
- Malabsorption of the vitamin or mineral
- Types
  - D50 Iron deficiency Anemia
  - D51 Vitamin B12 deficiency
  - D52 Folate Deficiency
  - D53.0 Protein deficiency
Hemolytic Anemia

- Premature destruction or rupture of red blood cells at a rate that exceeds the ability of the bone marrow to replace the red blood cells
- Hereditary Hemolytic Anemia
  - D57 Sickle cell Disorders
  - D56 Thalassemia
  - D55 Caused by enzyme disorders
    - Glucose-6-phosphate dehydrogenase (G6PD) deficiency anemia

Acquired Hemolytic Anemias

- Drug-Induced anemia
- Autoimmune Anemia
- D59.3 Hemolytic-uremic syndrome
  - occurs when infection in digestive system produces toxic substances that destroy red blood cells, causing kidney injury.
    - after a gastrointestinal infection with *E. coli* bacteria (*Escherichia coli* O157:H7).
    - Shigella & Salmonella
Aplastic Anemia

- Rare, life threatening blood condition
- Failure of bone marrow to produce enough red blood cells, white blood cells, and platelets -- Pancytopenia

Etiology
- High dose radiation and chemotherapy
- Exposure to toxic external agents such as chemicals
- Use of certain drugs
- Autoimmune disorders
- Viral infections
- Unknown or idiopathic

Other Types, Bone Marrow Failure

- Acute post-hemorrhagic anemia
  - D.62
    - Excludes: anemia due to chronic blood loss (D50.0)
    - Excludes: blood loss anemia (D50.0)
    - Excludes: congenital anemia from fetal blood loss (P61.3)

- Anemia due to chronic disease
  - D63.0 Anemia in neoplastic disease
    - Code first the neoplasm
  - D 63.1 Anemia in chronic kidney disease
    - Code first underlying CKD
  - D63.8 Anemia in other chronic diseases classified elsewhere

- Sideroblastic anemia
- Dyserythropoietic anemia
Coagulation Defects

- **Hypocoagulation**
  - Inability of blood to clot
  - Leads to hemorrhage

- **Hypercoagulation**
  - Formation of blood clots
  - Obstruction blood flow

- **D65 Disseminated intravascular coagulation**
  - Increased clotting uses up platelets & clotting factors in the blood. With fewer platelets & clotting factors in the blood, serious bleeding occurs.
    - Sepsis, Surgery and trauma, cancer
    - Serious complications of pregnancy and childbirth

Scenario 3: Acute postoperative blood loss anemia

- A 43 year-old woman with HIV, with a status-post abdominal surgery (cholecystectomy), transferred from an outside hospital with a two-day history of nausea, vomiting, and melena. Upon physical examination, patient is severely anemic, due to suspected blood loss. Patient was transfused with 3 units of PRBC’s.

- Final Diagnosis: Acute postoperative blood loss anemia due to splenic hemorrhage S/P cholecystectomy; HIV

- Procedure: 3 units of PRBCs, IV infusion
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HIV: Human, Immunodeficiency

Category: K0 Human immunodeficiency virus (HIV) disease

- acquired immune deficiency syndrome (AIDS)
- AIDS-related complex (ARC)
- HIV infection, symptomatic

Code first: Human immunodeficiency (HIV) disease complicating pregnancy, childbirth, and the puerperium, if applicable (O83.84)

Use additional code(s) to identify all manifestations of HIV infection.

- asymptomatic human immunodeficiency virus (HIV) infection status (O83.7)
- exposure to HIV virus (O83.0)
- indeterminate serologic evidence of HIV (O82)
Scenario 12: Coagulopathy due to Coumadin

- The male patient presents to ER with abdominal pain, nausea, vomiting, and melena. Patient had a elevated INR a few days ago and Coumadin was held off for a few days. INR results are elevated at 5.6. Plan is to continue to hold his Coumadin. The GI work-up reveals GI bleed resulting from Coumadin induced coagulopathy.
- PMH: CABG x 2
- Final diagnosis: GI bleed secondary to Coumadin
- What else would be important to think about coding?
Is Long Term Use of Coumadin also coded? What about reason for Coumadin?

#2. Adenocarcinoma of breast

- The patient is a 56 year-old, Hispanic woman with history of breast cancer times with recurring primary right breast adenocarcinoma just superior to the previous lumpectomy site. Post right mastectomy, a VAD placed for chemotherapy. After two courses of chemotherapy, she develops anemia from the chemotherapy. Now admitted for outpatient transfusion of PRBCs.
- Final diagnosis: Chemotherapy-induced anemia; Right breast adenocarcinoma; S/P mastectomy
- Question from last month:
  - Do you use code for history of breast cancer?
  - What is Principal Diagnosis?
The exception to this guideline is anemia. When the admission/encounter is for management of an anemia associated with the malignancy, and the treatment is only for anemia, the appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis followed by code D63.0, Anemia in neoplastic disease.

Does the same principal apply if patient is admitted for erythropoetin injections in anemia caused by chronic kidney disease?
Do you code therapeutic adverse effect of antineoplastic agent?

**D64.8 Other specified anemias**

**D64.81 Anemia due to antineoplastic chemotherapy**

Antineoplastic chemotherapy induced anemia

EXCLUDES 1

- anemia in neoplastic disease (D63.0)
- aplastic anemia due to antineoplastic chemotherapy (D61.1)