



COLORADO
Department of Public
Health & Environment

ICD-10-CM Coding

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AHIMA-Approved ICD-10-CM/PCS Trainer

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Meet Your Presenter



Toni Woods, CCS, CPC,
AHIMA Approved ICD-10-CM/PCS
Trainer

Ms. Woods is a nationally known speaker and educator and has extensive auditing, coding and billing experience in a wide variety of specialties, including but not limited to, Primary Care, Public Health, Orthopedic Surgery, Neurosurgery, General Surgery, Oncology, etc.

When she's not working, Toni enjoys playing poker, tennis, and traveling.



Learning Objectives

- Establish the importance of ICD-10-CM and its linkage to CPT coding, reimbursement, and payment methodologies
- Discuss the proper use of the alphabetical index and tabular list for code selection
- Discuss computer-based coding software – Encoderpro
- Review some of the basic ICD-10 coding conventions and guidelines
- Review pertinent ICD-10-CM Concept Changes & Additions by chapter
- Code Specific Documentation Examples
- Test your knowledge
- Let's code some cases together in ICD-10!
- Questions





Why are codes used?

You already know...Coding provides a description of diseases, illnesses, injuries and procedures

- Tracking of mortality and morbidity rates and statistical data
- Track DX treated by providers
- Communicate with payers for payment
 - Coding allows payers to evaluate resources
 - Develop quality measures
 - Assist in the treatment of conditions
- Provides the following information:
 - **What** service(s) was provided?
 - **Why** the service(s) was provided?
 - Increasingly – **What** works and what does not!



Medical Necessity

- Diagnosis codes, whether in ICD-9 or ICD-10, are used to support the **medical necessity** of **ALL** services provided. Whether an E/M, an office procedure, or a surgical procedure; the diagnosis codes(s) assigned should support the level of service(s) reported and when correctly assigned can lead to *more accurate and timely payment*.



Payment Methodologies

- We are currently in a Volume-based system:
 - Fee for Service (FFS) based on CPT codes submitted
 - Volume of services provided is the basis for payment
- We are shifting to a Value-based system:
 - Value of the service provided is the basis for payment
 - This information is derived from ICD-10 codes!



Why the Change to ICD-10-CM?

- The new structure allows for further expansion than the current ICD-9 system; allowing clinical advances to be incorporated more readily
- ICD-10 is used in all other industrialized countries, and is better suited to capture morbidity and mortality data; allows for international data collection
- Need for more specificity in the reporting of diseases and recently recognized conditions
- Much of additional clinical detail was recommended by physician groups
- The greater detail and granularity allows greater capability to measure quality outcomes, which is the future of payment methodology



ICD-10 Advantages Providers

- Predictions are for **faster reimbursement** from carriers, **fewer denials and appeals** due to code specificity better illustrating clinical circumstances
- **More specific codes**
 - More anatomic site selection
 - Laterality
 - Increased expandability
 - Decreased need for CPT modifiers to tell the story
 - Better explanation of level of service assigned
 - Increase in number of codes for the “acute” phase of chronic conditions



ICD-10 **Disadvantages** Providers

- Education process will slow down daily routine, as providers and staff learn
- “Superbills or Cheatsheets” must be modified
- Memorization that many providers and coders rely upon will have to be re-established
- Code selections contain increased specificity, so must documentation. This could slow down the coding process if provider inquiries regarding documentation must be made by staff regularly.



Potential Issues & Risks Following Implementation

- Payment disruption (claims delays/denials)
- Decreased cash flow and revenue: do you have enough cash on hand to deal with this?
- Decreased Productivity
 - Decline in coder/biller productivity
 - Coder frustration / coder retention
 - Decline in other staff productivity
 - Do you need additional temp staff to stay on top of everything?
- **Decreased Provider Productivity**

Start the implementation NOW to avoid these risks!!!!



It's Happening.....

The ICD-10-CM/PCS final rule requires HIPAA *covered entities* to adopt the code sets by October 1, 2015.

Adoption is not required for non-covered entities such as:

- Work comp and auto
- Property and casualty insurance health plans
- Disability insurance programs
- Many do have plans to implement ICD-10, but you will have to find out which system they will use.

People, processes and systems must accommodate both!!

ICD-9 will no longer be maintained once ICD-10 is implemented. The final ICD-9 update was 2012.



We're going through changes...



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Sometimes Humor is the best approach...

TOP 8 ZANIEST ICD-10 CODES
A Collection of the Craziest Codes You Hope Never to Encounter
|| especially after Oct. 1, 2014 ||

1. Problems with the **in-laws**
Z63.1
2. Asphyxiation due to being trapped in a **discarded refrigerator**, accidental
T71.231D
3. Sucked into **jet engine**
V97.33XD
4. Fall into **bucket of water**, causing drowning & submersion
W16.221
5. Burn due to **water-skis on fire**
V91.07XD
6. Walked into **lamppost**
W22.02XD
7. **Hair causing external constriction**
W49.01XA
8. Animal-rider injured in collision with **trolley**
V80.730A

WARNING



What ICD-10 Means to Providers

ICD-10-CM:

Unspecified = I
don't know!

ALL About the
SPECIFICITY!

ICD-9:
Unspecified =
I don't care!



Documentation

- There is an Elephant in the Room!
 - We can no longer ignore the elephant in the room
 - **Identify and correct documentation deficiencies *before* October 2015!**
 - Providers may think the data needed for I-10 is not presently significant





ICD-10-CM: A Snapshot

2015 numbers:

- Approximately 14,000 ICD-9-CM codes
- Approximately 68,000+ ICD-10-CM codes
 - ***Some chapters have fewer changes in the number of codes; the majority of additions lie in the musculoskeletal system and the injury/poisoning sections (S00-T99). The S and T sections contain over 40,000 codes now, due to the increased specificity of type of fracture, laterality, specific bone, and encounter information. An increased number of codes doesn't mean increased complexity in using the coding system.
- ICD-10-PCS inpatient procedure codes (currently ICD 9 Vol 3 codes) go from about 3,000 codes to about 72,000 codes
- Physician office and other outpatient coders don't need to learn ICD-10-PCS, but inpatient coders will. **HOWEVER, new code set will affect level of detail needed in surgical dictations.**
- During the transition, coders will need to be proficient with both code sets, ICD-9-CM and ICD-10-CM



Resources & References

2015 ICD-10-CM is available at

<http://www.cdc.gov/nchs/icd/icd10cm.htm> or
<http://www.cms.hhs.gov/ICD10>

- **2015 ICD-10-CM Index to Diseases and Injuries**
- **2015 ICD-10-CM Tabular List of Diseases and Injuries**
 - Instructional Notations
- 2015 Official Guidelines for Coding and Reporting
- 2015 Table of Drugs and Chemicals
- 2015 Neoplasm Table
- 2015 Index to External Causes



GEMs

- CMS and the CDC developed General Equivalency Mapping to ensure that consistency in national data is maintained.
- They made a commitment to update these annually along with the annual ICD-10 updates for the transition period prior to ICD-10 implementation and for 3 years beyond implementation.





GEMs

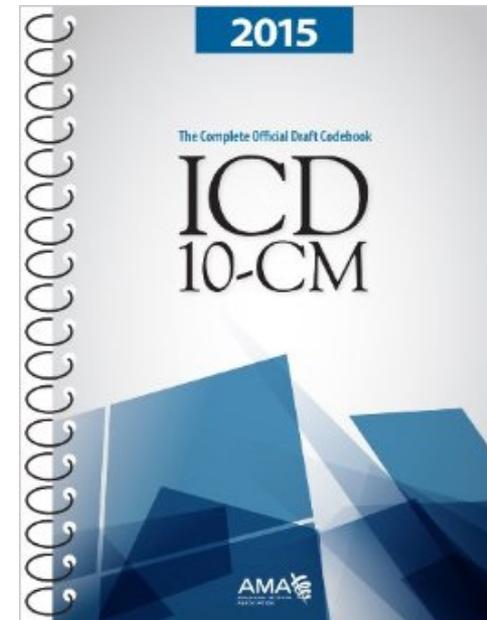
- While GEMs are a useful tool; due to concept additions in ICD-10, GEMs forward maps are not all encompassing and should not solely be relied upon for diagnosis code conversion.
 - Example: ICD-9 code V72.31 for routine GYN exam would map to unspecified exam in ICD-10 as the new concept of with/without abnormal findings now exists in ICD-10, whereas it was not a concept in ICD-9.



ICD-10-CM

Structure of the book:

- Coding Conventions
- Coding Guidelines
- Volume II: Alphabetic Index
- Volume I: Tabular List
- Volume III: Hospital procedure codes



***Always code directly from the tabular list and never from the alphabetic index**

****Revisions published annually on October 1st.**



ICD-10-CM

How to look up a code:

- Locate the condition, disease, or injury term in the alphabetic index
- Locate the suggested code in the Tabular List
- Review the three digit category
- Review the code description, any inclusion terms, and excludes notes
- Assign any required additional digits (up to 7)



CAC-Computer Assisted Coding

Optum EPro-For-Payers Profes... x +

https://www.encoderprof.com/epro4payers/

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All Code Sets Enter Term / Code Search Help with Search?

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Quick Links

Code Books

Find the codes you need the old-fashioned way ... look them up in the index.

- [Current Procedural Coding Expert Index](#)
- [HCPCS Index](#)
- [ICD-9-CM Section 1 - Index to Diseases](#)
 - [Hypertension Table](#)
 - [Neoplasm Table](#)
- [ICD-9-CM Section 2 - Table of Drugs and Chemicals](#)
- [ICD-9-CM Section 3 - Index to External Causes \(E Codes\)](#)
- [ICD-9-CM Index to Procedures](#)
- [ICD-10-CM Index to Diseases and Injuries](#)
 - [Neoplasm Table](#)
- [ICD-10-CM Table of Drugs and Chemicals](#)
- [ICD-10-CM Index to External Causes](#)
- [ICD-10-PCS Index to Procedures](#)

Coding Guidance

Browse color code edits, glossaries, and additional guidelines from Optum's top-selling publications.

- [CPT Color Codes](#)
- [CPT Glossary](#)
- [ICD-9-CM Coding Guidelines](#)
- [ICD-9-CM Vol 1 Color Codes](#)
- [ICD-9-CM Glossary of Mental Disorders](#)
- [ICD-9-CM Vol 3 Color Codes](#)
- [ICD-10-CM Official Guidelines](#)
- [ICD-10-CM Color Codes](#)
- [ICD-10-PCS Color Codes](#)
- [HCPCS Color Codes](#)
- [HCPCS Abbreviations and Acronyms](#)
- [Pub-100 Lookup](#)
- [1997 E&M Guidelines](#)
- [1995 E&M Guidelines](#)

CCI 3-Step Quick Check

Step 1. Choose and customize your results

CCI Conflict View View MPFS CCI Code View

Step 2. Enter codes:

Check CCI relationships for all the following codes:

What's New?

What's New? content & training

[Click here for FREE TRAINING & a summary of code and content updates](#)

EPro-For-Payers Professional News

EncoderProFP.com News product info [more...](#)

NOTICE: Monthly Data Update Coming Up
06/22/2015

For all users of Optum360 online applications: Please be aware that on Tuesday, June 30th, during the evening hours after 7:00 pm MDT, access to the online applications will be limited. This is due to the end of the month database maintenance and tables update. We anticipate that the interruption will be minimal and will be completed quickly. After the update process is complete, you will have access to the latest coding and referential information from Optum360, CMS, and other industry entities. For a calendar of future scheduled updates, please select the 'Support' link at the bottom of the page below. Thank-you for your patronage of Optum360 online applications.

TITLE: Increased Security to EncoderPro.com — 30-Minute Session Timeout
05/11/2015

Optum360 is responsible for the personal information of the customers we serve and the users of our software applications. As a result, Optum360 products must be on the forefront of software application security. The recent addition of a 30-minute session timeout is a security measure to protect your information and avoid unapproved application access. The following are some specific reasons why Optum360 has implemented this security measure: • Even though Optum360 medical coding solutions have limited personal/protected health information (PHI), they are web-based applications that can serve as portals to Optum360 servers that do have PHI content • Passwords are considered personally identifiable information (PII), so access to someone's application is access to their password, which can then provide access to other applications that use the same password, such as bank applications, other personal applications, etc. • Optum360 is not the only organization with these requirements. Optum360, as a HIPAA-compliant organization, is required by several of our customers to implement this security measure: https://www.hipaa.com/access-control-automatic-logout-what-to-do-and-how-to-do-it/ Other organizations such as large commercial payers, hospital systems, and physician groups, in order to use our applications, must have this security protocol in place for security compliance. If Optum360 does not comply and there is a subsequent breach, Optum360 could be held liable, making these customers ineligible to use our products. It is unfortunate that security breaches are a growing concern, but they do exist, forcing Optum360 to minimize the risk. —What are we doing to help? The Optum360 coding solutions development team is doing its best to identify ways to help you, the application user. The team is developing a "pop-up" message that will appear after 25 minutes of application inactivity. Clicking the "ok" button will allow you the ability to extend your session. This simple "one click" will be much less of an interruption than having to enter a user name and password again. The timeout is based on user inactivity for 30 minutes, so one thing users can do is occasionally refresh the screen to reset the clock to 30 minutes. Any simple search or clicking on a code resets the clock. Thank you for your continued patience while these security measures are implemented because keeping PHI protected is everyone's business.

Technical Tip — Newer internet browsers give better application performance
05/07/2015

Optum360 is always trying to maximize your experience when using our coding solutions. To this end, a simple way to enhance both the speed and full-feature usability of Optum360 applications, as well as other Internet uses, is to update your Internet browser to a newer version, such as Internet Explorer 11. Upgrade today or contact your IT staff to identify whether you are able to update.

Local Administrator Information

Local Administrator Information

The Administrator for this user:
Name: Toni Woods
Email: tmw@rtwelter.com



ICD-10-CM

CODING CONVENTIONS AND STRUCTURE



Code Structure ICD-10-CM

ICD-10-CM

3-7 characters

First character is always alpha

All letters used except U

Character 2 always numeric

Characters 3 through 7 can be alpha or numeric

Always at least 3 characters

Approximately 68,000 codes versus approximately 13,000 ICD-9 diagnosis codes

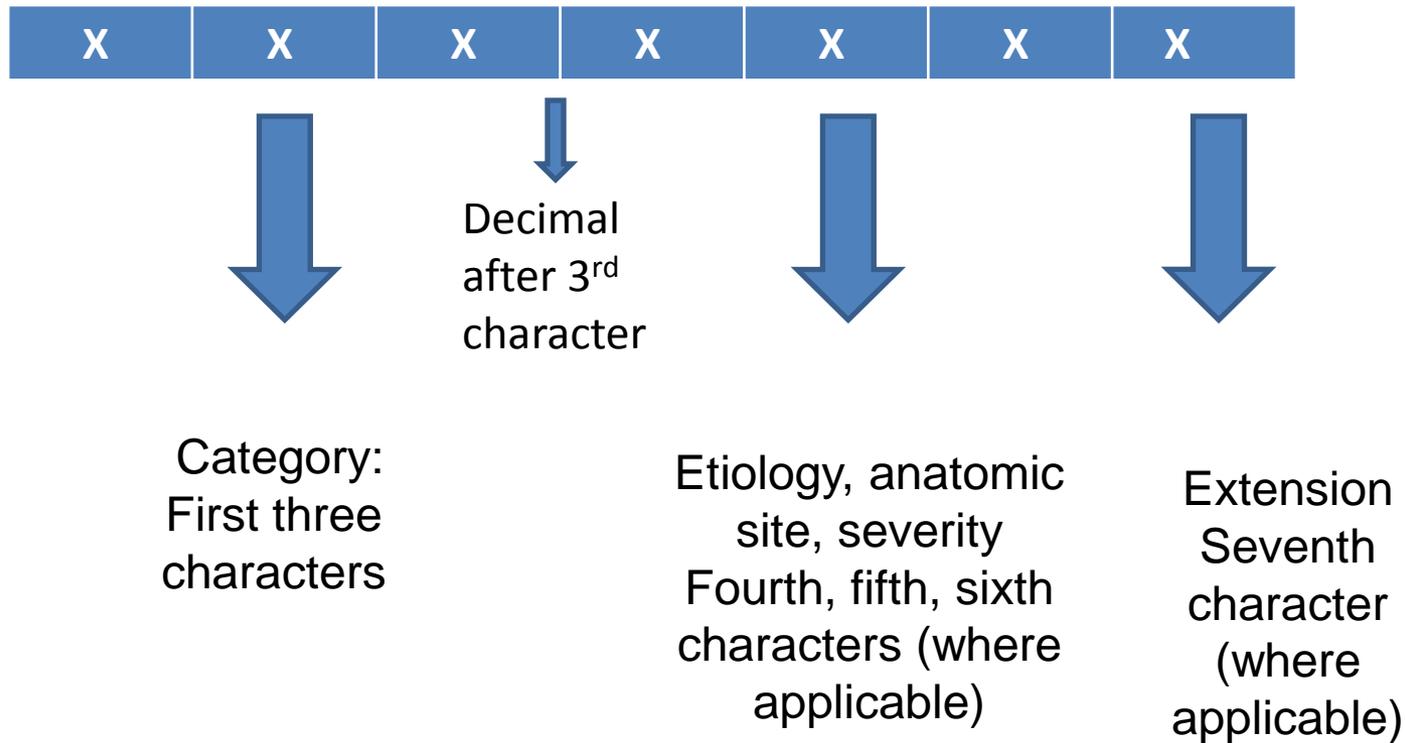
Use of decimal after 3 characters

Alpha characters are not case-sensitive

Each code description is completely defined; no need to refer to the category/subcategory for reference



Code Structure ICD-10-CM





ICD-10-CM Convention Additions

- **Excludes 1** notes to indicate when the code can't be used with another code. Used when a condition cannot occur together, such as a congenital form of a condition with an acquired form of the same condition (NOT CODED HERE) Example: See A56-
- **Excludes 2** notes to indicate that the condition excluded is not part of the condition represented by the code, but that the patient may have both conditions at the same time. Example: See A56-

Think about it: this information will not be available in your EMR



ICD-10-CM Conventions

- **Includes notes**
 - Appear immediately under a three character category title to further define, or give examples of, the content of the category.
 - See A56
- **Inclusion terms**
 - List of terms included under some codes that reflect conditions for which that code is to be used. The inclusion terms are not necessary exhaustive.



Official Coding Conventions

- **NOS: Not otherwise specified**
 - Used as the unspecified option when the coder lacks the information necessary to code more specifically
- **NEC: Not elsewhere classified**
 - Used when the ICD-10 code set does not provide a code specific for the patient's condition.



Official Coding Conventions

Use additional code: Used to signal the coder that another additional code may be necessary to fully define the disease process or condition. If the condition that is indicated in the note is present in the documentation, it should always be assigned.

- **Example: N39.0 Urinary tract infection, site not specified**
- **Use additional code to identify organism, such as Escherichia coli [E.coli] (B95-B97)**



Official Coding Conventions

Code First Underlying Condition: Represents what is known as the "Manifestation/Etiology" sequencing rule. When a particular condition is due to another underlying causal condition, the underlying condition (etiology) code is sequenced first, followed by the code for the manifestation. A manifestation code can never be sequenced as the first-listed or principal diagnosis.

– **Example:**

- **Z68.30 BMI, adult, 30.0-30.9**

– **Code first underlying medical condition:**

- **Overweight (E66.3)**
- **Obesity (E66.01-E66.9)**



General Coding Guidelines

Combination Code: Single code used to classify:

- Two diagnoses, or
- A diagnosis with an associated secondary manifestation, or
- A diagnosis with an associated complication

Assign only the combination code when the code fully identifies the diagnostic conditions involved



General Coding Guidelines

Combination Code Example:

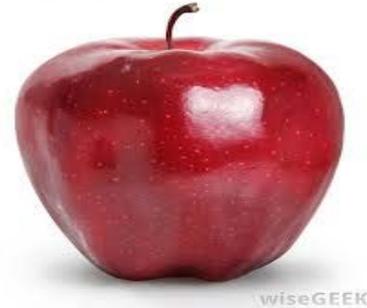
- Anxiety – F41.9
- Depression – F32.9
- **Depression with anxiety – F41.8**

***When these two conditions are present together, the combination code should be reported only**



One-to-One?

- ICD-9-CM code – Apple



- ICD-10-CM codes:





Overview of ICD-10-CM Changes

- **21 Chapters in ICD-10-CM** compared to 17 Chapters in ICD-9-CM
- The majority of supplemental V and E codes in ICD-9 are incorporated into the main classification in ICD-10
- Placeholder “X” is now used to complete a code
Example: T30.0XXA



Inaccurate/Incomplete Coding Example

- Provider reports CPT code ***58301: Removal of IUD***
- Assigns diagnosis code: ***Z30.9 – Encounter for contraceptive management, unspecified***
- Carrier questions how the contraceptive method is unknown when billing for removal? How could the provider not know what they removed? Claim is returned for clarification, ***delaying reimbursement.***



Chapter-specific concept additions that may affect the way you document



**KEEP
CALM
AND
CODE
ON**



ICD-10 Chapter Mnemonic Phrases:

- Chapter 1-Infectious and Parasitic Diseases A-B: **All bugs**
- Chapter 2-Neoplasms C: **Cancer**
- Chapter 3-Blood/Blood Forming Organs D: **Dracula**
- Chapter 4-Endocrine/Nutritional/Metabolic Diseases E: **Endocrine**
- Chapter 5-Mental/Behavioral/Neurodevelopmental Disorders F:
Freud
- Chapter 6-Nervous System G: **Getting on my nerves**
- Chapter 7-Eye and Adnexa H: **Hallelujah I can see!**
- Chapter 8-Ear/Mastoid Process H: **Hearing**
- Chapter 9-Circulatory System I: **Ischemia**
- Chapter 10-Respiratory J: **Just Breathing**



ICD-10 Chapter Mnemonic Phrases:

- Chapter 11-Digestive K: **KFC**
- Chapter 12-Skin/Subcutaneous L: **Lesions**
- Chapter 13-Musculoskeletal M: **Muscle**
- Chapter 14-Genitourinary N: **Nagging Bladder**
- Chapter 15-Pregnancy O: **Obstetrics**
- Chapter 16-Diseases in Perinatal P: **Pretty Babies**
- Chapter 17-Congenital Anomalies Q: **Quirk**
- Chapter 18-Signs/Symptoms/Abnormal Labs R: **Ridiculous symptomology**
- Chapter 19-Injuries S/T: **Stupid Trauma**
- Chapter 20-External Causes V, W, X, Y: **Ven? Where? Xactly Y?**
- Chapter 21-Health status Z: **Zealous**



ICD-10-CM: Diagnosis Coding for FP, PE, and IMM

- ICD-10-CM codes for your most frequently utilized codes are found in the following chapters:
 - **Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99)**
 - **Chapter 4: Endocrine, Nutritional and Metabolic Diseases (E00-E89)**
 - **Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders (F00-F99)**
 - **Chapter 14: Diseases of the Genitourinary System (N00-N99)**
 - **Chapter 15: Pregnancy, Childbirth and the Puerperium (O00-O9A)**
 - **Chapter 18: Symptoms, Signs and Abnormal Clinical/Laboratory Findings (R00-R99)**
 - **Chapter 21: Factors Influencing Health Status and Contact With Health Services (Z00-Z99)**



Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99)

- Intestinal infectious diseases (A00-A09)
- Tuberculosis (A15-A19)
- Certain zoonotic bacterial diseases (A20-A28)
- Other bacterial diseases (A30-A49)
- Infections with a predominantly sexual mode of transmission (A50-A64)
- Other spirochetal diseases (A65-A69)
- Other diseases caused by chlamydiae (A70-A74)
- Rickettsioses (A75-A79)
- Viral infections of the central nervous system (A80-A89)
- Arthropod-borne viral fevers and viral hemorrhagic fevers (A90-A99)
- Viral infections characterized by skin and mucous membrane lesions (B00-B09)
- Other human herpes viruses (B10)
- Viral hepatitis (B15-B19)
- Human immunodeficiency virus [HIV] disease (B20)
- Other viral diseases (B25-B34)
- Mycoses (B35-B49)
- Protozoal diseases (B50-B64)
- Helminthiasis (B65-B83)
- Pediculosis, acariasis and other infestations (B85-B89)
- Sequelae of infectious and parasitic diseases (B90-B94)
- Bacterial, viral and other infectious agents (B95-B97)
- Other infectious diseases (B99)



Chapter 1: Infectious and Parasitic Diseases (A00-B99)

- **Changes:**
 - Includes new section called infections with a predominantly sexual mode of transmission (A50-A64).
 - Herpes viral infections are now site/type specific



Chapter 1: Infectious and Parasitic Diseases (A00-B99)

- Viral warts and Venereal warts are now classified in 2 separate sections of Chapter 1
- Viral Warts due to human papilloma virus
 - Plantar wart = B07.0
 - Other viral warts (flat, common) = B07.8
 - Viral warts, unspecified = B07.9
- Venereal Warts due to human papilloma virus
 - Anogenital = A63.0
 - Condyloma



Chapter 1: Infectious and Parasitic Diseases (A00-B99)

- HPV
 - B97.7: Papillomavirus
- Syphilis
 - A53.9: Syphilis NOS
 - A53.0: Latent syphilis, unspecified as early or late
- Herpes Simplex
 - B00.9: Herpes Simplex Infection w/o complications



Chapter 1: Infectious and Parasitic Diseases (A00-B99)

- Gonococcal infections:
 - A54.00: Gonococcal infection of lower genitourinary tract, unspecified
 - A54.01: Gonococcal cystitis and urethritis, unspecified
 - A54.22: Gonococcal prostatitis
 - A54.24: Gonococcal female pelvic inflammatory disease



Chapter 1: Infectious and Parasitic Diseases (A00-B99)

- Chlamydial diseases:
 - A56.00: Chlamydial infection of lower genitourinary tract, unspecified
 - A56.02: Chlamydial vulvovaginitis
 - A56.11: Chlamydial female pelvic inflammatory disease
 - A56.3: Chlamydial infection of anus and rectum



Chapter 1: Infectious and Parasitic Diseases (A00-B99)

- Trichomoniasis:
 - A59.01: Trichomonal vulvovaginitis
 - A59.03: Trichomonal cystitis and urethritis
- Candidiasis:
 - B37.3: Candidiasis of vulva and vagina



Chapter 4: Endocrine, Nutritional and Metabolic Disease (E00-E89)

- **Disorders of thyroid gland (E00-E07)**
- **Diabetes mellitus (E08-E13)**
- **Other disorders of glucose regulation and pancreatic internal secretion (E15-E16)**
- **Disorders of other endocrine glands (E20-E35)**
- **Intraoperative complications of endocrine system (E36)**
- **Malnutrition (E40-E46)**
- **Other nutritional deficiencies (E50-E64)**
- **Overweight, obesity and other hyperalimentation (E65-E68)**
- **Metabolic disorders (E70-E88)**
- **Postprocedural endocrine and metabolic complications and disorders, not elsewhere classified (E89).**



Chapter 4: Endocrine, Nutritional and Metabolic Diseases (E00-E89)

- Obesity:
 - Now distinguishes cause of obesity
 - **Must use** additional code to identify BMI (Z68) with these codes
 - E66.01: Morbid (severe) obesity due to excess calories
 - E66.09: Other obesity due to excess calories
 - E66.1: Drug-induced obesity
 - E66.2: Other obesity
 - E66.3: Overweight



Chapter 4: Endocrine, Nutritional and Metabolic Disease (E00-E89)

Obesity – Overweight

For patients who are overweight or obese, 2 codes will be required. One to identify the overweight/obesity (**E66.-**) and another for the BMI (**Z68.-**).

- 45 year old female diagnosed as morbidly obese due to excess calories. BMI is recorded as 42.
 - **E66.01** - Morbid (severe) obesity due to excess calories
 - **Z68.41** - Body mass index (BMI) 40.0-44.9, adult



Chapter 4: Endocrine, Nutritional and Metabolic Disease (E00-E89)

Disorders of Fluid, Electrolyte & Acid-base Balance

- **E86.0** – Dehydration
- **E86.1** – Hypovolemia
- **E87.0** – Hyperosmolality and hypernatremia
- **E87.1** – Hypo-osmolality and hyponatremia
- **E87.2** – Acidosis
- **E87.3** – Alkalosis
- **E87.4** – Mixed disorder of acid-base balance
- **E87.5** – Hyperkalemia
- **E87.6** – Hypokalemia
- **E87.70** – Fluid overload, unspecified
- **E87.71** – Transfusion associated circulatory overload
- **E87.8** – Other disorders of electrolyte and fluid balance, not elsewhere classified



Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders (F01-F99)

- Mental disorders due to known physiological conditions (F01-F09)
- Mental and behavioral disorders due to psychoactive substance use (F10-F19)
- Schizophrenia, schizotypal and delusional, and other non-mood psychotic disorders (F20-F29)
- Mood [affective] disorders (F30-F39)
- Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders (F40-F48)
- F50-F59 Behavioral syndromes associated with physiological disturbances and physical factors (F50-F59)
- Disorders of adult personality and behavior (F60-F69)
- Mental retardation (F70-F79)
- Pervasive and specific developmental disorders (F80-F89)
- Behavioral and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)
- Unspecified mental disorder (F99)



Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders (F00-F99)

- **Depression:**
 - Excludes: Bipolar disorder, manic episodes, recurrent depressive disorder
 - F32.0: Major depressive disorder, single episode, mild
 - F32.1: Major depressive disorder, single episode, moderate
 - F32.2: Major depressive disorder, single episode, severe without psychotic features
 - F32.3: Major depressive disorder, single episode, severe with psychotic features
 - F32.4: Major depressive disorder, single episode, in partial remission
 - F32.5: Major depressive disorder, single episode, in full remission



Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders (F00-F99)

- Anxiety:
 - F41.0: Panic disorder [episodic paroxysmal anxiety] without agoraphobia
 - F41.1: Generalized anxiety disorder
 - F41.3: Other mixed anxiety disorders
 - F41.8: Other specified anxiety disorders
 - Anxiety with depression
 - F41.9: Anxiety disorder, unspecified



Chapter 5: Mental, Behavioral, and Neurodevelopmental Disorders (F01-F99)

Depression/Anxiety

- **F34.1: Dysthymic disorder**
 - Inclusion terms: Persistent anxiety depression, Depressive neurosis, Depressive personality disorder, Dysthymia, Neurotic depression
- **F41.8: Other specified anxiety disorders**
 - Inclusion terms: Anxiety depression (mild or not persistent), Anxiety hysteria, Mild anxiety and depressive disorder

Puerperal psychosis

- **F53: Postpartum depression**



Chapter 5: Mental, Behavioral, and Neurodevelopmental Disorders (F01-F99)

- **ADD/ADHD**
 - F90.0: ADHD, predominantly inattentive type
 - F90.1: ADHD, predominantly hyperactive type
 - F90.2: ADHD, combined type
 - F90.8: ADHD, other type
 - F90.9: ADHD, unspecified type



Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders (F01-F99)

- **Use** – periodic, occasional
- **Dependence** – need for substance so strong that it becomes necessary to have the substance to function properly
- **Abuse** – using substance for other than intended purpose; in amounts or methods not approved
- **History of** – previous use, abuse or dependence without current use



Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders (F00-F99)

- Alcohol:
 - Classified by abuse, dependence, use and by associated complications
 - F10.120: Alcohol abuse with intoxication, uncomplicated
 - F10.151: Alcohol abuse with alcohol-induced psychotic disorder with hallucinations
 - F10.21: Alcohol dependence, in remission
 - F10.221: Alcohol dependence with intoxication delirium
 - F10.280: Alcohol dependence with alcohol-induced anxiety disorder
 - F10.950: Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions



Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders (F00-F99)

- Tobacco Use:
 - Excludes: History of dependence and current use
 - Classified by type of nicotine (cigarettes, chewing) and status
 - F17.210: Nicotine dependence, cigarettes, uncomplicated
 - F17.211: Nicotine dependence, cigarettes, in remission
 - F17.213: Nicotine dependence, cigarettes, with withdrawal
 - F17.218: Nicotine dependence, cigarettes, with other nicotine-induced disorders
 - F17.223: Nicotine dependence, chewing tobacco, with withdrawal
 - F17.291: Nicotine dependence, other tobacco product, in remission



Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders (F01-F99)

Drug Related Disorders

Combined codes are available for reporting drug related disorders which include the drug or general drug classification and the associated conditions.

Examples:

- **F11.120** - Opioid abuse with intoxication, uncomplicated
- **F12.250** - Cannabis dependence with psychotic disorder with delusions
- **F13.129** - Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified
- **F14.20** - Cocaine dependence, uncomplicated
- **F15.180** - Other stimulant abuse with stimulant-induced anxiety disorder
- **F16.90** - Hallucinogen use, unspecified, uncomplicated
- **F18.21** - Inhalant dependence, in remission
- **F19.121** - Other psychoactive substance abuse with intoxication delirium



Chapter 7: Diseases of Eye and Adnexa (H00-H59)

Conjunctivitis continues to be coded by type and whether acute or chronic. Additional concept has been added for laterality in ICD 10.

- **H10.011** - Acute follicular conjunctivitis, right eye
- **H10.022** - Other mucopurulent conjunctivitis, left eye
- **H10.13** - Acute atopic conjunctivitis, bilateral
- **H10.411** - Chronic giant papillary conjunctivitis, right eye
- **H10.432** - Chronic follicular conjunctivitis, left eye



Chapter 8: Diseases of Middle Ear and Mastoid (H60-H99)

Impacted cerumen – the concept of laterality has been added in ICD 10

- **H61.20** - Impacted cerumen, unspecified ear
- **H61.21** - Impacted cerumen, right ear
- **H61.22** - Impacted cerumen, left ear
- **H61.23** - Impacted cerumen, bilateral

Document and code laterality. Don't give carriers a reason to delay your payment.



Chapter 8: Diseases of the Ear and Mastoid Process (H60-H99)

- Otitis Externa: 380.10
 - Concept of laterality now exists, documentation should specify this information for accurate code selection
 - The following subsections now exist:
 - Abscess
 - Cellulitis
 - Malignant
 - Diffuse otitis externa
 - Hemorrhagic otitis externa
 - Other otitis externa
 - Many of these were inclusion terms of 380.10 in ICD-9
- ICD-10 code set example:
 - H60.311: Diffuse otitis externa, right ear
 - H60.312: Diffuse otitis externa, left ear
 - H60.313: Diffuse otitis externa, bilateral
 - H60.319: Diffuse otitis externa, unspecified ear



Chapter 8: Diseases of Middle Ear and Mastoid (H65-H75)

Non-Suppurative otitis media:

Concepts of laterality and acute vs. acute recurrent now exist
ICD-10 code series (excluding unspecified ear):

- **H65.01:** Acute serous otitis media, right ear
- **H65.112:** Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), left ear
- **H65.193:** Other acute nonsuppurative otitis media, bilateral
- **H65.06:** Acute serous otitis media, recurrent, bilateral
- **H65.115:** Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), recurrent, left ear
- **H65.21:** Chronic serous otitis media, right ear
- **H65.413:** Chronic allergic otitis media, bilateral



Chapter 8: Diseases of the Ear and Mastoid Process (H60-H99)

- **Suppurative otitis media: 382.00**
 - Concept of laterality now exists
 - Concept of acute vs. acute recurrent now exists
- **ICD-10 code series (excluding unsp. ear):**
 - H66.001: Acute suppurative otitis media without spontaneous rupture of ear drum, right ear
 - H66.002: Acute suppurative otitis media without spontaneous rupture of ear drum, left ear
 - H66.003: Acute suppurative otitis media without spontaneous rupture of ear drum, bilateral
 - H66.004: Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, right ear
 - H66.005: Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, left ear
 - H66.006: Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, bilateral



Chapter 10: Diseases of the Respiratory System (J00-J99)

Acute bronchitis: 466.0 (J20.0-J20.9)

Now includes code selections which include type of infection by definition:

- **J20.0** - Acute bronchitis due to *Mycoplasma pneumoniae*
- **J20.1** - Acute bronchitis due to *Hemophilus influenzae*
- **J20.2** - Acute bronchitis due to streptococcus
- **J20.3** - Acute bronchitis due to coxsackievirus
- **J20.4** - Acute bronchitis due to parainfluenza virus
- **J20.5** - Acute bronchitis due to respiratory syncytial virus
- **J20.6** - Acute bronchitis due to rhinovirus
- **J20.7** - Acute bronchitis due to echovirus
- **J20.8** - Acute bronchitis due to other specified organisms
- **J20.9** - Acute bronchitis, unspecified

In ICD-10 if the underlying cause is not specified, an unspecified code will have to be used; this can be avoided by thorough documentation.



Chapter 10: Diseases of the Respiratory System (J00-J99)

Strep Throat (034.0) & Acute Pharyngitis (462)

These conditions now exist in the same chapter, same code series:

- **J02.0** - Streptococcal pharyngitis
- **J02.8** - Acute pharyngitis due to other specified organisms
- **J02.9** - Acute pharyngitis, unspecified

Pharyngitis due to any cause other than streptococcal should be specified as such in the record to achieve highest level specificity code selection.



Chapter 10: Diseases of the Respiratory System (J00-J99)

***Asthma*: 493.90 (J45.20-J45.99)**

This series **excludes**: detergent asthma, eosinophilic asthma, and chronic obstructive asthma.

Subsections now include:

- Mild intermittent
- Mild persistent
- Moderate persistent
- Severe persistent
- Other and Unspecified

Each of these include selections for **uncomplicated**, **with (acute) exacerbation**, and **with status asthmaticus**, corresponding with those concepts that currently exist in ICD-9.

***For accurate code selection- severity, chronicity, and status must be documented.**



Chapter 10: Diseases of the Respiratory System (J00-J99)

Acute Sinusitis: 461.9

- Concepts now exist for acute and acute recurrent:
 - **J01.90** - Acute sinusitis, unspecified
 - **J01.91** - Acute recurrent sinusitis, unspecified

Please note that the remaining acute sinusitis codes for specified locations (maxillary, frontal etc.) also include code choices in ICD-10 that reflect these concepts.

Allergic Rhinitis: 477.9

Now a unique code for vasomotor rhinitis:

- **J30.0** - Vasomotor rhinitis
- **J30.9** - Allergic rhinitis, unspecified
- Code selections still exist for other specified causes such as pollen, food, animal dander etc.

URI: 465.9

- **J06.9** - Acute upper respiratory infection, unspecified
 - Inclusion terms: upper respiratory disease, acute; upper respiratory infection NOS



Chapter 10: Diseases of the Respiratory System (J00-J99)

Use additional code to identify:

- Exposure to environmental tobacco smoke (**Z77.22**)
- Exposure to tobacco smoke in the perinatal period (**P96.81**)
- History of tobacco use (**Z87.891**)
- Occupational exposure to environmental tobacco smoke (**Z57.31**)
- Tobacco dependence (**F17.-**)
- Tobacco use (**Z72.0**)

****Think about it: what will be the most effective way to collect this information?****



Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00-L99)

Acne

No new concepts have been added for this condition but there is additional specificity.

Examples:

- **L70.0** - Acne vulgaris
- **L70.1** - Acne conglobata
- **L70.2** - Acne varioliformis
- **L70.3** - Acne tropica
- **L70.4** - Infantile acne
- **L70.5** - Picker's acne
- **L70.8** - Other acne
- **L70.9** - Acne, unspecified



Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00-L99)

Dermatitis

Dermatitis (used synonymously with “eczema”)

- **Expanded specificity**
 - **Atopic Dermatitis**
 - **Seborrheic Dermatitis**
 - **Diaper dermatitis**
 - **Allergic contact dermatitis**
 - **Irritant contact dermatitis**
 - **Unspecified contact dermatitis**
 - **Exfoliative dermatitis**
 - **Dermatitis due to substances taken internally**



Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00-L99)

Atopic Dermatitis

Examples:

- **L20.0** - Besnier's prurigo
- **L20.81** - Atopic neurodermatitis
- **L20.82** - Flexural eczema
- **L20.83** - Infantile eczema
- **L20.84** - Intrinsic eczema
- **L20.89** - Other atopic dermatitis
- **L20.9** - Atopic dermatitis, unspecified



Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00-L99)

Allergic contact dermatitis

Use additional code to identify any adverse effects

Examples:

- **L23.0** - Allergic contact dermatitis due to metals
- **L23.1** - Allergic contact dermatitis due to adhesives
- **L23.2** - Allergic contact dermatitis due to cosmetics
- **L23.3** - Allergic contact dermatitis due to drugs in contact with skin
- **L23.4** - Allergic contact dermatitis due to dyes
- **L23.5** - Allergic contact dermatitis due to other chemical products
- **L23.6** - Allergic contact dermatitis due to food in contact with skin
- **L23.7** - Allergic contact dermatitis due to plants, except food
- **L23.81** - Allergic contact dermatitis due to animal dander
- **L23.89** - Allergic contact dermatitis due to other agents
- **L23.9** - Allergic contact dermatitis, unspecified cause



Chapter 14: Diseases of the Genitourinary System (N00-N99)

- **Glomerular diseases (N00-N08)**
- **Renal tubulo-interstitial diseases (N10-N16)**
- **Acute kidney failure and chronic kidney disease (N17-N19)**
- **Urolithiasis (N20-N23)**
- **Other disorders of kidney and ureter (N25-N29)**
- **Other diseases of the urinary system (N30-N39)**
- **Diseases of male genital organs (N40-N51)**
- **Disorders of breast (N60-N65)**
- **Inflammatory diseases of female pelvic organs (N70-N77)**
- **Noninflammatory disorders of female genital tract (N80-N98)**
- **Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhere classified (N99)**



Chapter 14: Diseases of the Genitourinary System (N00-N99)

- UTI:
 - N39.0: Urinary tract infection, site not specified
 - Use an additional code to identify infectious agent (B95-B97)
- Site specific options exist for:
 - Cystitis
 - Urethritis



Chapter 14: Diseases of the Genitourinary System (N00-N99)

- Dysplasia of cervix uteri:
 - N87.0: Mild cervical dysplasia
 - N87.1: Moderate cervical dysplasia
 - N87.9: Dysplasia of cervix uteri, unspecified
- Inflammation of vagina/vulva:
 - N76.0: Acute vaginitis



Chapter 14: Diseases of the Genitourinary System (N00-N99)

- Issues with menstruation:
 - N92.0: Excessive and frequent menstruation with regular cycle
 - N92.1: Excessive and frequent menstruation with irregular cycle
 - N92.6: Irregular menstruation, NOS
- Best pain/Lump:
 - N63: Unspecified lump in breast
 - N64.4: Mastodynia



Chapter 15: Pregnancy, Childbirth and the Puerperium (000-099)

- **Pregnancy with abortive outcome (000-008)**
- **Supervision of high risk pregnancy (009)**
- **Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium (010-016)**
- **Other maternal disorders predominantly related to pregnancy (020-029)**
- **Maternal care related to the fetus and amniotic cavity and possible delivery problems (030-048)**
- **Complications of labor and delivery (060-077)**
- **Encounter for delivery (080, 082)**
- **Complications predominantly related to the puerperium (085-092)**
- **Other obstetric conditions, not elsewhere classified (094-09A)**



Chapter 15: Pregnancy, Childbirth and the Puerperium,

New Features:

- **The episode of care**, which is designated in ICD-9 (antepartum, delivered, postpartum) **is no longer a primary classification in ICD-10.**
- Now (ICD-10) the majority of obstetric codes have a **final character that identifies the trimester of pregnancy**, which also includes a character for unspecified trimester.

Applicable to the Presumptive Eligibility program



ICD-9-CM	ICD-10-CM
<p>V23.2 – Supervision of high-risk pregnancy; Pregnancy with history of abortion</p>	<p>O09.291 - Supervision of pregnancy with other poor reproductive or obstetric history, first trimester</p> <p>O09.292- Supervision of pregnancy with other poor reproductive or obstetric history, second trimester</p> <p>O09.293 - Supervision of pregnancy with other poor reproductive or obstetric history, third trimester</p> <p>O09.299 – Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester</p>
<p>649.03 – Tobacco use disorder complicating pregnancy, childbirth, or the puerperium, antepartum condition or complication</p>	<p>O99.331 – Smoking (tobacco) complicating pregnancy, first trimester</p> <p>O99.332 - Smoking (tobacco) complicating pregnancy, second trimester</p> <p>O99.333 - Smoking (tobacco) complicating pregnancy, third trimester</p> <p>O09.339 – Smoking (tobacco) complicating pregnancy, unspecified trimester</p>



Chapter 18: Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99)

- This chapter contains the following blocks:
 - R00-R09: Symptoms and signs involving the circulatory and respiratory systems
 - R10-R19: Symptoms and signs involving the digestive system and abdomen
 - R20-R23: Symptoms and signs involving the skin and subcutaneous tissue
 - R25-R29: Symptoms and signs involving the nervous and musculoskeletal systems
 - R30-R39: Symptoms and signs involving the genitourinary system
 - R40-R46: Symptoms and signs involving cognition, perception, emotional state, and behavior
 - R47-R49: Symptoms and signs involving speech and voice
 - R50-R69: General symptoms and signs
 - R70-R79: Abnormal findings on examination of blood, without diagnosis
 - R80-R82: Abnormal findings on examination of urine, without diagnosis
 - R83-R89: Abnormal findings on examination of other bodily fluids, substances and tissues, without diagnosis
 - R90-R94: Abnormal findings on diagnostic imaging and in function studies, without diagnosis
 - R97: Abnormal tumor markers
 - R99: Ill-defined and unknown cause of mortality



Chapter 18

Codes Used for:

a

- No more specific diagnosis can be made even after all facts have been investigated

b

- Signs or symptoms existing at time of initial encounter - transient and causes not determined

c

- Provisional diagnosis in patient failing to return

d

- Referred elsewhere before diagnosis made

e

- More precise diagnosis not available

f

- Certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right



Chapter 18 Guidelines

- **Use of symptom codes**
 - Codes that describe symptoms and signs are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by provider.



Chapter 18: Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99)

- **Abdominal Pain**

- R10.0: Acute abdomen
 - Inc. Severe abdominal pain (generalized) (with abdominal rigidity)
- R10.10: Upper abdominal pain, unspecified
- R10.11: Right upper quadrant pain
- R10.12: Left upper quadrant pain
- R10.13: Epigastric pain
 - Inc. Dyspepsia
- R10.2: Pelvic and perineal pain
- R10.30: Lower abdominal pain, unspecified
- R10.31: Right lower quadrant pain
- R10.32: Left lower quadrant pain
- R10.33: Periumbilical pain
- R10.84: Generalized abdominal pain
- **R10.9: Unspecified abdominal pain**



Chapter 18: Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99)

- **Abnormal Pap Smear**

- R87.610 : Atypical squamous cells of undetermined significance on cytologic smear of cervix (ASC-US)
- R87.611: Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of cervix (ASC-H)
- R87.612: Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL)
- R87.613: High grade squamous intraepithelial lesion on cytologic smear of cervix (HGSIL)
- R87.614: Cytologic evidence of malignancy on smear of cervix
- R87.618: Other abnormal cytological findings on specimens from cervix uteri
- R87.619: Unspecified abnormal cytological findings in specimens from cervix uteri



Chapter 18: Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99)

- **Positive HPV**

- High risk vs. Low risk

- Must use additional code for associated HPV (B97.7)

- R87.810: Cervical high risk human papillomavirus (HPV) DNA test positive
- R87.811: Vaginal high risk human papillomavirus (HPV) DNA test positive
- R87.820: Cervical low risk human papillomavirus (HPV) DNA test positive
- R87.821: Vaginal low risk human papillomavirus (HPV) DNA test positive



Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

This chapter contains the following blocks:

- Z00-Z13: Persons encountering health services for examinations
- Z14-Z15: Genetic carrier and genetic susceptibility to disease
- Z16: Resistance to antimicrobial drugs
- Z17: Estrogen receptor status
- Z18: Retained foreign body fragments
- Z20-Z28: Persons with potential health hazards related to communicable diseases
- Z30-Z39: Persons encountering health services in circumstances related to reproduction

- Z40-Z53: Encounters for other specific health care
- Z55-Z65: Persons with potential health hazards related to socioeconomic and psychosocial circumstances
- Z66: Do not resuscitate status
- Z67: Blood type
- Z68: Body mass index (BMI)
- Z69-Z76: Persons encountering health services in other circumstances
- Z77-Z99: Persons with potential health hazards related to family and personal history and certain conditions influencing health status



Chapter 21 Guidelines

- Z codes are the new V codes.
- Z codes are for use in any healthcare setting and may be used as either a first listed (principal diagnosis in the inpatient setting) or secondary code, depending on the circumstances of the encounter.



Chapter 21 Guidelines

- Screening
 - The testing for disease or disease precursors in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease.
- The testing of a person to rule out/confirm a suspected diagnosis because the patient has some sign/symptom is a diagnostic examination, not a screening.
- A screening code may be used as the first listed code if the reason for the visit is specifically for the screening exam.
- A screening code may also be used as an additional code if the screening is done during an office visit for other health problems.
- Should a condition be discovered during the screening then the code for the condition may be assigned as an additional diagnosis.



Chapter 21 Guidelines

- Coding for History (of)
 - Personal
 - Explain a patient's past medical condition that no longer exists and is not receiving any treatment, but that has the potential for recurrence and may require continued monitoring.
 - May be used in conjunction with follow-up codes.
 - Family
 - Used when a patient has a family member(s) who had a disease that caused the patient to be at higher risk of also contracting the disease.
 - May be used in conjunction with screening codes to explain the need for a test or procedure.



Chapter 21: Factors Influencing Health Status and Contact With Health Services (Z00-Z99)

New Features

Extensive expansion of codes for circumstances relating to social, economic and psychosocial circumstances that may present potential health hazards. Occupational exposures, problems related to upbringing, stressors, etc. Some may be necessary for reimbursement.

- Extreme poverty
- Low income
- Removal from home in childhood
- Problems in relationship with in-laws
- Unemployment
- Work stressors (very specific now; threat of job loss, change of job, uncongenial work environment, etc.)
- Blood alcohol level
- DNR status

****Think about it: Medical necessity for E/M visits dominated by counseling****



Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

- Personal History Z code categories are:
 - Z85 – Personal history of malignant neoplasm
 - Z86 – Personal history of certain other diseases
 - Z87 – Personal history of other diseases and conditions
 - Z91.4 – Personal history of psychological trauma, not elsewhere classified
 - Z91.5 – Personal history of self-harm
 - Z91.6 – Personal history of other physical trauma
 - Z91.8 – Other specified personal risk factors, not elsewhere classified
 - Z92 – Personal history of medical treatment



Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

- Family History Z code categories are:
 - Z80 – Family history of primary malignant neoplasm
 - Z81 – Family history of mental and behavioral disorders
 - Z82 – Family history of certain disabilities and chronic diseases
 - Z83 – Family history of other specific disorders
 - Z84 – Family history of other conditions



Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

- Personal Risk Factors:
 - Z91.040: Personal history of Latex allergy
 - Latex sensitivity status
 - Z87.440: Personal history of urinary (tract) infections
 - Z87.410: Personal history of cervical dysplasia
 - Z87.411: Personal history of vaginal dysplasia



Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

- Routine Examinations

ICD-9

- V70.0: Routine general medical examination at a health care facility

ICD-10

- Z00.00: Encounter for general adult medical examination without abnormal findings
- Z00.01: Encounter for general adult medical examination with abnormal findings

ICD-9

- V72.31: Routine gynecological examination

ICD-10

- Z01.411: Encounter for gynecological examination (general) (routine) with abnormal findings
- Z01.419: Encounter for gynecological examination (general) (routine) without abnormal findings



Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

- Encounters with abnormal findings:
 - Use additional codes to reflect the abnormal findings, when present.
 - Established chronic conditions should not be considered “abnormal findings” unless a change in their status has occurred.



Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

- **Initial Contraceptive Management**

- Z30.011: Encounter for initial prescription of contraceptive pills
- Z30.012: Encounter for prescription of emergency contraception
- Z30.013: Encounter for initial prescription of injectable contraceptive
- Z30.014: Encounter for initial prescription of intrauterine contraceptive device
- Z30.018: Encounter for initial prescription of other contraceptives
- Z30.019: Encounter for initial prescription of contraceptives, unspecified
- Z30.02: Counseling and instruction in natural family planning to avoid pregnancy



Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

- **Surveillance of Contraceptives**

- Z30.41: Encounter for surveillance of contraceptive pills
- Z30.42: Encounter for surveillance of injectable contraceptive
- Z30.430: Encounter for insertion of intrauterine contraceptive device
- Z30.431: Encounter for routine checking of intrauterine contraceptive device
- Z30.432: Encounter for removal of intrauterine contraceptive device
- Z30.433: Encounter for removal and reinsertion of intrauterine contraceptive device



Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

- **Counseling**

- Z70.0: Counseling related to sexual attitude
- Z70.1: Counseling related to patient's sexual behavior and orientation
- Z70.2: Counseling related to sexual behavior and orientation of third party
- Z70.3: Counseling related to combined concerns regarding sexual attitude, behavior and orientation
- Z70.8: Other sex counseling
- Z70.9: Sex counseling, unspecified



Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

- **Counseling**

- Z71.1: Person with feared health complaint in whom no diagnosis is made
 - “Worried Well”
- Z71.3: Dietary counseling and surveillance
 - Code first any underlying medical conditions
 - Use additional code to identify BMI
- Z71.6: Tobacco abuse counseling
- Z71.7: Human immunodeficiency virus [HIV] counseling



Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

- **BMI:**

- Z68 Code series
- Code selection based on age (adult/pediatric), KG, and percentiles based on CDC growth charts
- Codes from this series are required when coding obesity or other dietary/exercise related conditions
- Z68.35: Body mass index (BMI) 35.0-35.9, adult
- Z68.53: Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age



Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

- **Problems related to lifestyle:**
 - Z72.0: Tobacco use
 - Z72.3: Lack of physical exercise
 - Z72.4: Inappropriate diet and eating habits
- **High Risk Sexual Behavior:**
 - Z72.51: High risk heterosexual behavior
 - Z72.52: High risk homosexual behavior
 - Z72.53: High risk bisexual behavior



Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

- **HPV Screening**
 - Z11.51: Encounter for screening for HPV
- **HIV Screening**
 - Z11.4: Encounter for screening for human immunodeficiency virus [HIV]
- **Chlamydia Screening**
 - Z11.8: Encounter for screening for chlamydia
- **Contact with/Exposure**
 - Z20.2: Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
 - Z20.6: Contact with and (suspected) exposure to human immunodeficiency virus [HIV]



Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

- **Pregnancy Test Confirmation**
 - Z32.00: Encounter for pregnancy test, result unknown
 - Z32.01: Encounter for pregnancy test, result positive
 - Z32.02: Encounter for pregnancy test, result negative
- **Presence of:**
 - Z97.5: Presence of (intrauterine) contraceptive device



Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

- **Encounter for Immunization**
 - In ICD-10 the concept of individually specified diagnosis codes (“V” codes in ICD-9) for varying types of immunizations has been abandoned. Only one ICD-10 code exists for immunization encounters:
- **Z23: Encounter for immunization**
 - This code takes the place of over 3 dozen ICD-9 codes for immunization encounters.



SO....

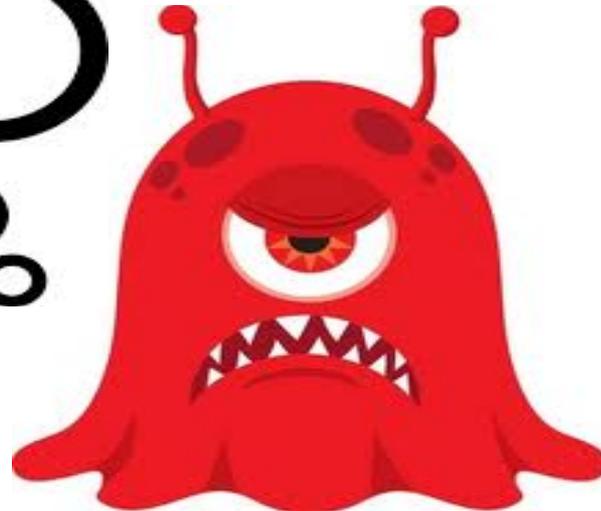
What does this mean to you?



<http://www.cptidpros.com/ags/demos.html>



Beware of the 'Unspecified' Coding Monster!!!



- Many carriers will no longer be accepting those 'unspecified' codes that many have grown so accustomed to using; particularly in regards to injury coding and laterality specification.



Test Your Knowledge!





Test Your Knowledge!

A 7 digit code requirement is optional.

- a) True
- b) False

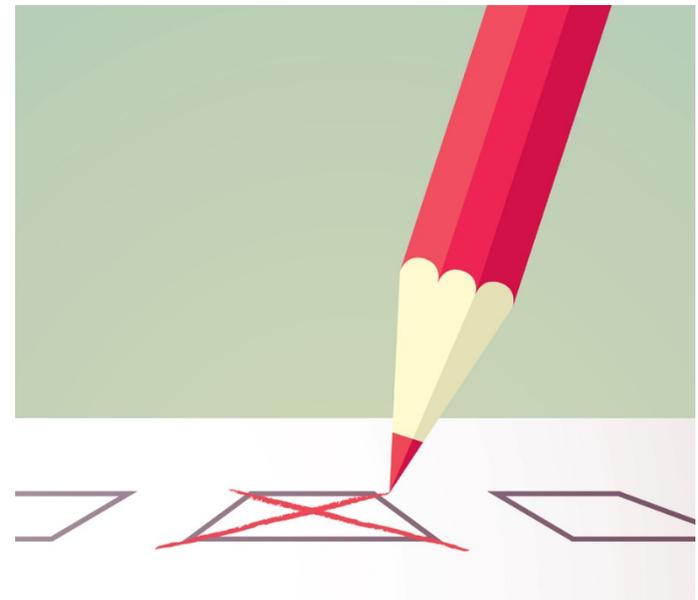




Test Your Knowledge!

It is appropriate to select an unspecified ICD-10 code if you don't know more information regarding the condition.

- a) True
- b) False

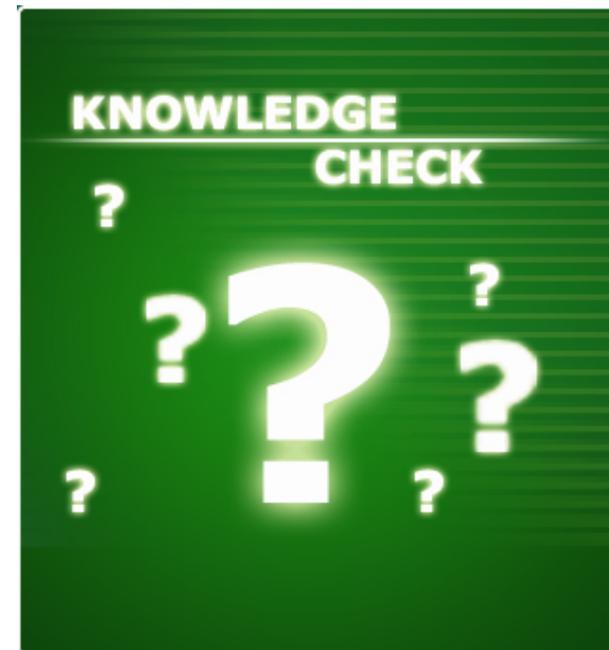




Test Your Knowledge!

Medical necessity is communicated with:

- a) Modifiers
- b) Revenue codes
- c) ICD-10 codes
- d) CPT codes





Test Your Knowledge!

Z codes are used for...

- a) Immunizations
- b) Wellness visits
- c) Contraceptive management
- d) All of the above





Test Your Knowledge!

Combinatorial codes are used to reflect:

- a) A late effect
- b) Technical services
- c) 2 conditions with 1 code
- d) All of the above





Test Your Knowledge!

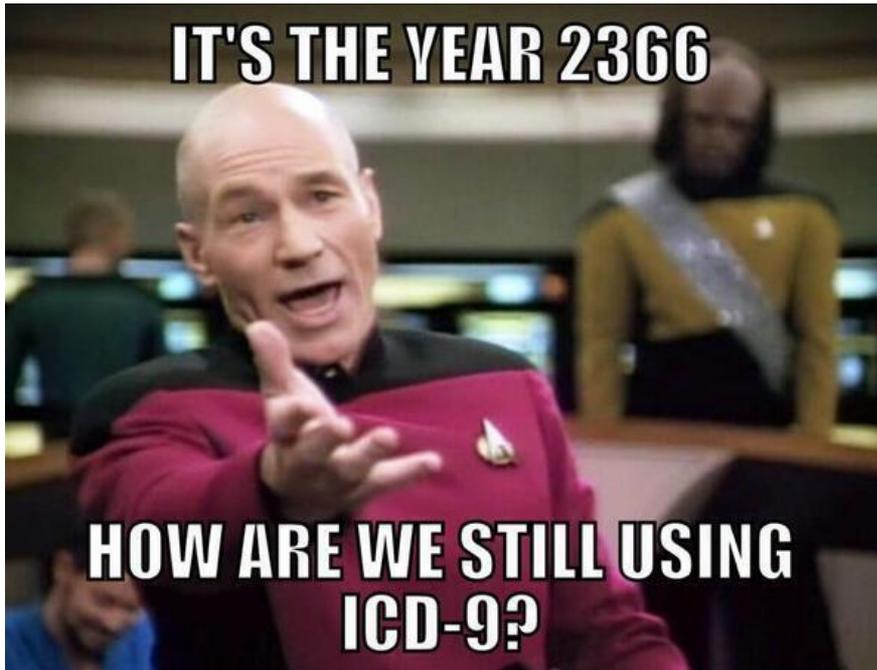
Contraceptive codes are selected based on:

- a) Initial vs. Surveillance
- b) Type of method
- c) Insertion/Removal
- d) All of the above





Let's code it in ICD-10...





FP Clinical Examples

25-year-old new client would like to discuss birth control options. She recently had sex and would like ECP, but also wants resources on LARCs.

What ICD-10 Code(s) should be billed?



FP Clinical Examples

ICD-10 code(s) for the encounter:

- Z30.012 – Encounter for prescription of emergency contraception
- Z30.09 – Encounter for other general counseling and advice on contraception



FP Clinical Examples

21-year-old established client is worried about being promiscuous and would like some counseling on sex practices. She would also like to discuss nutrition and exercise as she is trying to lose weight. Patient is obese due to excess calories with BMI of 34.

The NP spent 25 minutes discussing STD prevention and diet and exercise.

What ICD-10 Code(s) should be billed?



FP Clinical Examples

ICD-10 code(s) for the encounter:

- Z70.1 – Counseling related to patient's sexual behavior and orientation
- Z71.3 – Encounter for Dietary counseling and surveillance
- E66.01 – Morbid (severe) obesity due to excess calories
Z68.34 – Body Mass Index 34.0-34.9, adult



FP Clinical Examples

Dori has had an IUD for 3 years. She has decided to have a child and would like the IUD removed. She is also a cigarette smoker and would like resources on how to quit to ensure a healthy pregnancy.

The nurse practitioner removes the IUD. She also provides smoking cessation counseling to the patient for tobacco dependence.

What ICD-10 Code(s) should be billed?



FP Clinical Examples

ICD-10 code(s) for the encounter:

- Z30.432 – Encounter for removal of intrauterine contraceptive device
- Z71.6 – Tobacco abuse counseling
- F17.210 – Nicotine dependence, cigarettes, uncomplicated



FP Clinical Examples

Sara is a 28-year-old female who presents with vaginal symptoms consistent with gonorrhea. She also complains of burning and pain during urination. Patient has frequent UTIs. Diagnostic test for gonorrhea was positive; U/A positive for UTI. Culture and sensitivity showed presence of E. coli. UTI treated with cipro. Rocephin given for gonorrhea.

What ICD-10 Code(s) should be billed?



Clinical Examples

ICD-10 code(s) for the encounter:

- A54.00 - Gonococcal infection, NOS
- N39.0 – Urinary tract infection, site not specified
- B96.20 – Escherichia coli
- Z87.440 - Personal history of urinary (tract) infections



FP Clinical Examples

Laura presents to discuss family planning and birth control options. Patient was advised of all forms of contraception and has decided to try birth control pills. Patient also complains of fatigue more recently. Patient requested flu vaccination and it was administered. Will order a TSH and prescribe oral contraceptives.

What ICD-10 Code(s) should be billed?



FP Clinical Examples

ICD-10 code(s) for the encounter:

- Z30.011 – Encounter for initial prescription of contraceptive pills
- R53.83 – Fatigue NOS
- Z23 – Encounter for immunization



FP Clinical Examples

19-year-old established client is having menstrual irregularity following placement of the nexplanon implant. She is also experiencing symptoms of mild depression.

Spent 30 minutes discussing the causes of depression and various treatment options. The patient would like to keep the implant but use Lysteda to stop the period.

What ICD-10 Code(s) should be billed?



FP Clinical Examples

ICD-10 code(s) for the encounter:

- N92.6 – Irregular bleeding NOS
- Z30.49 – Encounter for surveillance of nexplanon
- F32.0 – Major depressive disorder, single episode, mild



FP Clinical Examples

Jen had an IUD inserted 2 weeks ago and now complains of pain at the insertion site with accompanying left lower quadrant abdominal pain.

The nurse practitioner examines the insertion site and does not visualize any issues. The provider has a 15 minute discussion regarding whether to keep or remove the IUD.

The patient decides not to have the IUD removed and will return in a month if symptoms persist.

What ICD-10 Code(s) should be billed?



FP Clinical Examples

ICD-10 code(s) for the encounter:

- Z30.431 – Encounter for routine checking of intrauterine contraceptive device
- R10.32 – Left lower quadrant pain



QUESTIONS?

