ICD-10CM - Dispelling the Fear

Presented by
Teresa Thompson, CPC, CMSCS
TM Consulting, Inc
Teresathom@aol.com
Objectives for Lecture

- Understand the documentation guideline requirements for ICD-10 Coding
- Understand the differences between ICD-9 and ICD-10 coding systems
- Identify strategies for implementing ICD-10 in the allergy practice
Principals of Documentation

- If it is not written, it was not done
- If it is illegible, it was not done
- If it is not signed, it was not done
- If it is not specific - we may not be reimbursed
Are skin test signed or initialed? Is the information translated to the code

Are PFT’s signed or initialed?

ROS and past family and social history obtained by someone other than the provider? Signed or recognized in the physician documentation?

EHR’s –if scanned in - initialed first?

Are there separate reports for challenges, nebulizer treatments, mdi instructions?

How often are the allergy injection records reviewed and documented as reviewed?
Principles of Documentation

- Chief Complaint
- Relevant history
- Physical Exam findings
- Diagnostic tests – medical necessity
- Assessment/impression and/or diagnosis
- Plan/recommendation for care
- Time if it is counseling and/or coordination
- Date & verifiable legible identity of provider
ICD-10 CM Diagnosis Coding
Knowledge where to access the latest information for implementation of ICD-10. Updates are still happening.  

Within your practice you should be discussing the change and what will be required.

Create a timeline and flowchart for assignment of duties for everyone involved in diagnosis coding – may be more efficient to work from deadline backward.
## ICD-10-CM Timeline for Small-Medium Practices at a Glance

### 2013

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Planning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create project team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create project plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secure budget</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2014

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Planning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create project team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create project plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secure budget</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Communications

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact vendors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact payers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor vendor prep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor payer prep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Testing

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-level training for test team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 1: internal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 2: external</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Comprehensive Training

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Deadlines

- **2013**: Ongoing practice before “go live”
- **2014**: Ongoing practice before “go live”
# ICD-10-CM Timeline for Large Practices at a Glance

<table>
<thead>
<tr>
<th>PLANNING</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create project team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create project plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secure budget</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| COMMUNICATIONS    |     |     |     |     |     |     |     |     |     |     |     |     |
| Inform staff      |     |     |     |     |     |     |     |     |     |     |     |     |
| Contact vendors   |     |     |     |     |     |     |     |     |     |     |     |     |
| Contact payers    |     |     |     |     |     |     |     |     |     |     |     |     |
| Monitor vendor prep| | | | | | | | | | | | |
| Monitor payer prep|     |     |     |     |     |     |     |     |     |     |     |     |

| TESTING           |     |     |     |     |     |     |     |     |     |     |     |     |
| High-level training for test team| | | | | | | | | | | | |
| Level 1: internal |     |     |     |     |     |     |     |     |     |     |     |     |
| Level 2: external |     |     |     |     |     |     |     |     |     |     |     |     |

| COMPREHENSIVE TRAINING |     |     |     |     |     |     |     |     |     |     |     |     |
| Documentation         |     |     |     |     |     |     |     |     |     |     |     |     |
| Coding                |     |     |     |     |     |     |     |     |     |     |     |     |

**DEADLINE OCT 1, 2014**
# ICD-10-CM Timeline for Payers at a Glance

## ICD-10 Timeline for Payers at a Glance

<table>
<thead>
<tr>
<th>Activity</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning</td>
<td>Jan-Feb-Mar</td>
<td>Jan-Feb-Mar</td>
</tr>
<tr>
<td>Identify resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create project team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess effects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create project plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secure budget</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revise coverage policies</td>
<td></td>
<td>Oct-Nov-Dec</td>
</tr>
<tr>
<td>Revise provider contracts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrate ICD-10 systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inform staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact vendors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 1: internal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 2: external</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coding/coverage policies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DEADLINE Oct 1, 2014**
Why?

- ICD-10 will be more detailed moving from 14,000 code for ICD-9 to 70,000 or more codes for ICD-10
- Capacity to measure the quality, safety and efficacy of care
- Reduces the need for attachments to explain the patient’s condition
- Claims should be processed quicker
Why the Change to

- Maximum number of diagnosis codes increased
- 5010 format accommodates 12 diagnosis codes per claim
- 5010 accommodates both ICD-9 and ICD-10 codes – very important looking ahead
Timelines

- ICD-10 CM will be required October 1, 2014
- ICD-9 and ICD-10 will be used after October 1, 2014
- Will be used by all providers in every health care setting
- No delays – no grace period - ??
ICD-9 CM diagnosis codes will not be accepted for services provided on or after October 1, 2014 BUT you may have a payer not covered under HIPAA that will require ICD-9.

For inpatient scenarios use the date of discharge. If after October 1, 2014 use ICD-10CM diagnosis codes.
Responsibility

- Select a team to implement the changes in your office
- Each department should have a representative involved in the process – small office or large
- Determine what should be outsourced and what may be handled internally
Plan

- Budget – funds to operate practice if payments for services rendered are interrupted

- Manpower requirements – is the staff prepared and knowledgeable?

- Staff training – providers as well as support staff; who is the physician “champion”?

- Vendor contracts – what is it going to cost additionally?
  - What conversions will your EHR and/or practice management system do for your practice
  - When will the upgrade be implemented?
  - How long and who is training the staff with the new system?

- Office policy and procedures and impact on their documentation and structure
ICD-9 CM Versus ICD-10CM

ICD-10-CM

- 3 - 7 characters
- Character 1 is alpha (all letters except U are used)
- Character 2 is numeric
- Characters 3 - 7 are alpha or numeric
- Use of decimal after 3 characters
- Use of dummy placeholder “x”
- Alpha characters are not case-sensitive

ICD-9-CM

- 3-5 characters
- First character is numeric or alpha (E or V)
- Characters 2-5 are numeric
- Always at least 3 characters
- Use of decimal after 3 characters
ICD-10 CM General Rules

Format

The Index
- An alphabetical list of terms and their corresponding code
- Index to External Causes of Injury
- Neoplasm table
- Table of Drugs and Chemicals

Tabular List
- A sequential, alphanumerical list based on body system or condition
- ICD-10 CM uses the letter X as a place holder
- X as a place holder may be in the fifth or sixth position
ICD-10 Conventions

Format

[]Brackets in the alphabetical index are used for manifestation codes

- Otitis externa impetigo L01.00 [H64.4-] otitis externa in other disease classified elsewhere (R L Bilateral)

[]Brackets in the tabular list are used to enclose synonyms, alternative wording, or explanatory phrases

- R68.2 – Dry month unspecified Excludes:
  - Dry mouth due to sicca syndrome [Sjogren]
ICD-10 Conventions

- Parentheses are used in both the Index and tabula list to enclose nonessential modifiers; supplementary words that may be present or absent in the statement of a disease or procedure without affecting the code number to which it is assigned
- Stuttering (F80.81)

- Colon is used in the Tabular list after an incomplete term that needs one or more of the modifiers following the colon to make it assignable to a given category
- Subsection instructions for Chapter 10
  “This chapter contains the following blocks:
  J00-J06 Acute upper respiratory infection,
ICD-10 Conventions

- **Abbreviations**
  - NEC – Not elsewhere classified represents other specified
    - Are used when the medical record provides detail for which a specific code does not exist
  - NOS – Not otherwise specified is to be interpreted as unspecified
    - Medical record has insufficient information to assign a more specific code

- **Bold Face** – is used for main terms in the Alphabetic Index and all codes and descriptions in the Tabular list

- **Italicized** – is used for all exclusion notes and manifestation codes. Italicized codes should not be used as primary codes
ICD-10 Conventions

General Notes (Tabular List)
- Includes
- Inclusion terms
- Excludes notes
  - Excludes 1 – Do not code here –
    - mutually exclusive codes, two conditions that cannot be reported together
  - Excludes 2 – Not included here
    - May have a patient that has both conditions at the same time
- Default Codes – listed next to the main term – may be used when lack of more specific documentation or unspecified code for the condition
ICD-10 Conventions

- **Syndromes**
  - Follows the alphabetical index
  - Code the documented manifestations of the syndrome if there is no code

- **And** – when used may be interpreted as “and/or”

- **With/Without**
  - Five character codes – 0 as the 5th position represents without
  - Five character codes – 1 as the 5th position presents with
  - Six character codes – 1 represents with in the 6th position
  - Six character codes 9 represents without in the 6th position
ICD-10 Conventions

- Instructional notes used in the tabular list
- Code First/Use Additional code
- Code also
- These notes are in Red to alert the coder
ICD-10 CM Character Layout

- 1ˢᵗ Character – name of section
- 2ⁿᵈ Character – body system
- 3ʳᵈ Character – etiology
- 4ᵗʰ Character – anatomical site
- 5ᵗʰ Character – severity
- 6ᵗʰ Character – device
- 7ᵗʰ Character - qualifier (extension) only used in some sections of the system
General Coding Guidelines

- Locating a code in ICD-10CM
  - First locate the term in the Alphabetic Index, and then verify the code in the Tabular List.
  - Read and be guided by instructional notations that appear in both the Alphabetic Index and the Tabular List.
  - Selection of the full code, including laterality and any applicable 7th character can only be done in the Tabular List. A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required.
  - Read instructional notations that appear in both alphabetic Index and tabular index.

- Diagnosis Codes are to be reported at their highest level of specificity – and use the highest number of characters available.
ICD-10CM Coding Guidelines

- Codes are composed of codes with 3-7 characters
  - A three character code may be used as well as a seven character code. Three character codes may also be used as headings for a subcategory of codes further specified

- Codes will be from A00.0 through T88.9, Z00-Z99.8

- Codes describing signs and symptoms are acceptable for reporting when a related definitive diagnosis has not been confirmed by the provider

- Chapter 18 - R00.0-R99 contain most of the signs, symptoms and abnormal clinical and lab finding codes
ICD-10CM Coding Guidelines

- Conditions that are an integral part of the disease process that are associated routinely with a disease process should not be assigned as additional codes; unless otherwise instructed.

- Conditions that are not an integral part should be coded when present.

- “Use additional code” notes are found in the tabular section.

- “Code first” guidelines will also be found in the tabular section.
Acute and chronic conditions can be coded together when there are separate subentries that exist in the Alphabetic Index at the same indentation level; sequence the acute first and the chronic secondary.
Diseases with Manifestations

- Conditions with an underlying etiology and a manifestation requires the underlying etiology be coded first and the manifestation be coded second.

- Example: Cystic Fibrosis with nasal Polyps

- E84.8 for Cystic Fibrosis with other manifestations

- J33.0 for nasal polyps
A combination code is a single code used to classify:

- Two diagnoses, or
  - A diagnosis with an associated secondary process (manifestation)
  - A diagnosis with an associated complication
Each unique ICD-10-CM diagnosis code may be reported only once for an encounter. This applies to bilateral conditions when there are no distinct codes identifying laterality or two different conditions classified to the same ICD-10-CM diagnosis code.

Laterality - this will be a place holder

- Right side - 1
- Left side - 2
- Bilateral - 3
- Unspecified side -0-
A sequela is the residual effect (condition produced) after the acute phase of an illness or injury has terminated. There is no time limit on when a sequela code can be used. The residual may be apparent early, such as in cerebral infarction, or it may occur months or years later, such as that due to a previous injury. Coding of sequela generally requires two codes sequenced in the following order: The condition or nature of the sequela is sequenced first. The sequela code is sequenced second.
ICD-10CM Coding Guidelines

- Coding for BMI
  - Code assignment may be based on medical record documentation from clinicians who are not the patient’s provider since this information is typically documented by other clinicians
  - Associated diagnosis such as overweight, obesity should be documented by provider and coded by provider
Syndromes

- Follow the Alphabetic Index guidance when coding syndromes. In the absence of Alphabetic Index guidance, assign codes for the documented manifestations of the syndrome. Additional codes for manifestations that are not an integral part of the disease process may also be assigned when the condition does not have a unique code.
ICD-10CM Coding Guidelines

- Complications of Care
  - Based on the documentation of the relationship between the condition and the care or procedure
  - There must be a cause and effect relationship between the care provided and the condition, and an indication in the documentation that it is a complication.
  - Complications are classified to each of the areas of the body systems.
Diagnosis Code Location

- Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99)
  - Chapter 2: Neoplasms (C00-D49)
  - Chapter 3: Disease of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
  - Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)
Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01 – F99)

Chapter 6: Diseases of the Nervous System (G00-G99)

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

Chapter 8  H60-H95  Diseases of the Ear and Mastoid
Diagnosis Code Location

- Chapter 9: Diseases of the Circulatory System (I00-I99)
- Chapter 10 – J 00 through J 99
  - Diseases of the Respiratory System
- Chapter 11 – K00-K95
  - Diseases of the Digestive System
- Chapter 12 – L00-L99
  - Diseases of the skin and subcutaneous system
- Chapter 13 – M00-M99
  - Disease of the musculoskeletal and connective tissue
Diagnosis Code Location

- Chapter 17  Q00-Q99
- Congenital malformations, deformations and chromosomal abnormalities

- Chapter 18  R00-R99
  - symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

- Chapter 19  S00-T88
  - Injury, poisoning and certain other consequences of external causes
Diagnosis Code Location

- V00-Y99   External causes of morbidity
- Z00-Z99   Factors influencing health status and contact with health services
Additional codes required for all J codes (if appropriate to patient)

- Chapter 10 (J codes – Diseases of the Respiratory System)

- Use additional code where applicable 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.– depends if it is smokeless or smoke)
  - Tobacco Use (Z72.0) – not addicted – “Problems related to lifestyle”
J30 Vasomotor and allergic rhinitis
  Includes: spasmodic rhinorrhea
  Excludes: allergic rhinitis with asthma (bronchial) (J45.909)
  rhinitis NOS (J31.0)
J30.0 Vasomotor rhinitis
J30.1 Allergic rhinitis due to pollen
  Allergy NOS due to pollen
  Hay fever    Pollinosis
Examples of ICD-10CM

- J30.2 Other seasonal allergic rhinitis
- J30.5 Allergic rhinitis due to food
- J30.8 Other allergic rhinitis
  - J30.81 Allergic rhinitis due to animal (cat) (dog) hair and dander
  - J30.89 Other allergic rhinitis
    - Perennial allergic rhinitis
- J30.9 Allergic rhinitis, unspecified
Examples of ICD-10CM

- **J31.0 Chronic rhinitis**
  - Atrophic rhinitis (chronic)
  - Granulomatous rhinitis (chronic)
  - Hypertrophic rhinitis (chronic)
  - Obstructive rhinitis (chronic)
  - Ozena
  - Purulent rhinitis (chronic)
  - Rhinitis (chronic) NOS
  - Ulcerative rhinitis (chronic)
    - Excludes1: allergic rhinitis (J30.1-J30.9)

- vasomotor rhinitis (J30.0)
Examples of ICD-10CM

Includes: Allergic (predominantly) asthma
Allergic bronchitis NOS
Allergic rhinitis with asthma
Atopic asthma
Extrinsic allergic asthma
Hay fever with asthma
Idiosyncratic asthma
Intrinsic nonallergic asthma
Nonallergic asthma
Excludes 1:
- detergent asthma (J69.8)
- eosinophilic asthma (J82)
- lung diseases due to external agents (J60-J70)
- Miner’s asthma (J60)
- wheezing NOS (R06.2) wood asthma (J67.8)
Excludes2: asthma with chronic obstructive pulmonary disease (J44.9)
chronic asthmatic (obstructive) bronchitis (J44.9)
chronic obstructive asthma  (J44.9)

J45.2 Mild intermittent asthma
    J45.20 Mild intermittent asthma, uncomplicated
    Mild intermittent asthma NOS
    J45.21 Mild intermittent asthma with (acute) exacerbation
    J45.22 Mild intermittent asthma with status asthmaticus
Asthma

- **J45.3 Mild persistent asthma**
  - J45.30 Mild persistent asthma, uncomplicated
  - J45.31 Mild persistent asthma with (acute) exacerbation
  - J45.32 Mild persistent asthma with status asthmaticus

- J45.4 – Moderate persistent asthma

- J45.5 - Severe persistent asthma
Asthma

- J45.9 – Other and unspecified asthma
  - J45.901  Unspecified asthma with (acute) exacerbation
  - J45.902  Unspecified asthma with status asthmaticus
  - J45.900  Unspecified asthma, uncomplicated

- J45.99 – Other asthma
  - J45.990  Exercise induced bronchospasm
  - J45.991  Cough variant asthma
  - J45.998  Other asthma
Other guidelines for Asthma

- Exacerbation – ICD-10 CM definition:
  - “An acute exacerbation is a worsening or a decompensation of a chronic condition. An exacerbation is not equivalent to an infection superimposed on a chronic condition though an exacerbation may be triggered by an infection.

- J45.90 includes the following
  - Asthmatic bronchitis NOS
  - Childhood asthma NOS
  - Late onset asthma
Anaphylaxis – ICD-10CM

- 995.61 – Anaphylaxis peanut ICD-9 CM
- T78.00XA – Anaphylaxis peanut initial encounter
- T78.00XD – Anaphylaxis peanut subsequent encounter
- T78.00XS – Anaphylaxis peanut sequela encounter
7th character “A”, initial encounter is used while the patient is receiving active treatment for the condition. Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and treatment by a new physician.
7th character “D” subsequent encounter is used for encounters after the patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase. Examples of subsequent care are: cast change or removal, removal of external or internal fixation device, medication adjustment, other aftercare and follow up visits following treatment of the injury or condition.
7th character “S”, sequela, is for use for complications or conditions that arise as a direct result of a condition, such as scar formation after a burn. The scars are sequelae of the burn. When using 7th character “S”, it is necessary to use both the injury code that precipitated the sequela and the code for the sequela itself. The “S” is added only to the injury code, not the sequela code. The 7th character “S” identifies the injury responsible for the sequela. The specific type of sequela (e.g. scar) is sequenced first, followed by the injury code.
ICD10-CM for Bee sensitivity – 989.5 ICD 9

- T63.441A,D, S, - Toxic effect of venom bees – accidental
- T63.442- – toxic effect bees – intentional
- T63.443- – toxic effect bees – assault
- T63.444- - toxic effect bees - undetermined
ICD-10 Signs and Symptoms

- Cough - R05 (affected) (chronic) (epidemic) (nervous) bronchial, laryngeal spasmodic
- Wheeze – R06.2
- Nasal Congestion - R09.81
- Postnasal drip – R09.82
- Vomiting unspecified R11.10
- Nausea with vomiting, unspecified R11.2
Perioral Dermatitis

- No ICD-9CM Codes
- ICD10CM Code L71.0
- Instructions – Use additional code for adverse effect, if applicable, to identify drug T36-T50 with 5th or 6th character 5)
Examples of conversions

<table>
<thead>
<tr>
<th>ICD-(CM)</th>
<th>ALLERGIC DISORDERS</th>
<th>ICD-10CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>477.0</td>
<td>Allergic Rhinitis - pollen</td>
<td>J30.1</td>
</tr>
<tr>
<td>477.2</td>
<td>Allergic Rhinitis - danders</td>
<td>J30.81</td>
</tr>
<tr>
<td>477.8</td>
<td>Allergic Rhinitis - other</td>
<td>J30.89</td>
</tr>
<tr>
<td>477.1</td>
<td>Allergic Rhinitis - foods</td>
<td>J30.5</td>
</tr>
<tr>
<td>477.9</td>
<td>Allergic Rhinitis - unspecified</td>
<td>J30.9</td>
</tr>
</tbody>
</table>
### Examples of conversions

| ASTHMA: 5th digits: |  
|---------------------|---
| 0 uncomplicated     | 0 |
| 2 with acute exacerbation | 1 |
| 1 with status asthmaticus | 2 |
| 493.0_ Asthma, Mild intermittent | J45.2- |
| 493.1_ Asthma, Mild persistent | J45.3- |
| 493.2_ Asthma, Moderate persistent | J45.4- |
| Asthma, Severe Persistent | J45.5 |
## Examples of conversions

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>ICD-11 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>372.05</td>
<td>Acute Atopic Conjunctivitis</td>
<td>H10.10- H10.13</td>
</tr>
<tr>
<td>372.00</td>
<td>Acute Conjunctivitis, unspecified eye</td>
<td>H10.30</td>
</tr>
<tr>
<td></td>
<td>Acute conjunctiviitis, unspecified rt eye</td>
<td>H10.31</td>
</tr>
<tr>
<td></td>
<td>Acute conjunctivitis, unspecified, left eye</td>
<td>H10.32</td>
</tr>
<tr>
<td></td>
<td>Acute conjunctivitis, unspecified, bilateral</td>
<td>H10.33</td>
</tr>
<tr>
<td>372.01</td>
<td>Acute Serous Conjunct-non viral</td>
<td>H10.231 thru H10.233</td>
</tr>
<tr>
<td>372.14</td>
<td>Chronic Allergic Conjunctivitis</td>
<td>H10.45</td>
</tr>
<tr>
<td>372.13</td>
<td>Seasonal conjunctivitis-childhood</td>
<td>H10.44</td>
</tr>
<tr>
<td></td>
<td>Simple chronic conjunctititis - right eye</td>
<td>H10.421</td>
</tr>
<tr>
<td></td>
<td>Simple chronic conjunctivitis - left eye</td>
<td>H10.422</td>
</tr>
<tr>
<td></td>
<td>Simple chronic conjunctivitis - bilateral</td>
<td>H10.423</td>
</tr>
<tr>
<td></td>
<td>Simple chronic conjunctivitis - unspecified eye</td>
<td>H10.429</td>
</tr>
</tbody>
</table>
### Examples of conversions

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>ICD-10 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>381.04</td>
<td>OM acute allergic (mucoid) rt ear</td>
<td>H65.111</td>
</tr>
<tr>
<td></td>
<td>OM allergic acute &amp; subacute lt ear</td>
<td>H65.112</td>
</tr>
<tr>
<td></td>
<td>OM allergic acute &amp; subacute bilateral</td>
<td>H65.113</td>
</tr>
<tr>
<td></td>
<td>OM allergic recurrent rt ear</td>
<td>H65.114</td>
</tr>
<tr>
<td></td>
<td>OM allergic recurrent lt ear</td>
<td>H65.115</td>
</tr>
<tr>
<td></td>
<td>OM allergic recurrent bilateral</td>
<td>H65.116</td>
</tr>
<tr>
<td></td>
<td>OM allergic recurrent unspecified</td>
<td>H65.117</td>
</tr>
<tr>
<td></td>
<td>OM allergic and subacute unspecified</td>
<td>H65.119</td>
</tr>
<tr>
<td>381.1</td>
<td>OM Serous chronic, unspecified ear</td>
<td>H65.20</td>
</tr>
<tr>
<td></td>
<td>OM serous chronic, right ear</td>
<td>H65.21</td>
</tr>
<tr>
<td></td>
<td>OM Serous chronic, left ear</td>
<td>H65.22</td>
</tr>
<tr>
<td></td>
<td>OM Serous chronic, bilateral</td>
<td>H65.23</td>
</tr>
<tr>
<td>ICD-9CM</td>
<td>Skin Disorders</td>
<td>ICD-10CM</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>691.8</td>
<td>Atopic( neurodermatitis) Dermatitis</td>
<td>L20.81</td>
</tr>
<tr>
<td></td>
<td>Perioral Dermatitis</td>
<td>L71.0</td>
</tr>
<tr>
<td>692.84</td>
<td>Allergic eczema</td>
<td>L20.84</td>
</tr>
<tr>
<td></td>
<td>Contact , allergic due to adhesives</td>
<td>L23.1</td>
</tr>
<tr>
<td>692.8</td>
<td>Contact, allergic Dermatitis - animal</td>
<td>L23.81</td>
</tr>
<tr>
<td>692.0</td>
<td>Contact, allergy due to cosmetics</td>
<td>L23.2</td>
</tr>
<tr>
<td>692.3</td>
<td>Contact, allergy due to detergent</td>
<td>L23.89</td>
</tr>
<tr>
<td>692.5</td>
<td>Contact, allergy due to drugs (topical)</td>
<td>L23.3</td>
</tr>
<tr>
<td>692.4</td>
<td>Contact, allergy due to food</td>
<td>L23.6</td>
</tr>
<tr>
<td>692.83</td>
<td>Contact, allergy due to latex, rubber</td>
<td>L23.5</td>
</tr>
<tr>
<td>692.6</td>
<td>Contact, allergy due to metals</td>
<td>L23.0</td>
</tr>
<tr>
<td></td>
<td>Contact, allergy Due to plants</td>
<td>L23.7</td>
</tr>
<tr>
<td></td>
<td>Unspecified contact dermatitis, cosmetics</td>
<td>L25.0</td>
</tr>
<tr>
<td></td>
<td>Unspecified contact dermatis, drugs</td>
<td>L25.1</td>
</tr>
<tr>
<td></td>
<td>Unspecified contact dermatis, dyes</td>
<td>L25.2</td>
</tr>
<tr>
<td></td>
<td>Unspec contact dermatitis -other chemicals (cement, insecticide)</td>
<td>L25.3</td>
</tr>
<tr>
<td></td>
<td>Unspec contact dermatis  food in contact</td>
<td>L25.4</td>
</tr>
<tr>
<td></td>
<td>Unspecified contact dermatitis due to plants</td>
<td>L25.5</td>
</tr>
</tbody>
</table>
Summary

2014

- Budget, plan – this should be in place and working toward completion
- Work on more specific documentation – an ongoing project
- Document co-morbidities and the impact as part of the allergy/immunology evaluation
- Begin end to end testing through vendors to payers – become involved with you payers who have the highest volume of claims to make sure your able to submit claims.
2014
- Complete end to end testing with payers
- Begin to recognize the difference in the verbiage for diagnosis codes in your software
- Learn the general guidelines for choosing the appropriate code
- Practice with some encounters and see how everyone does.
- October 1, 2014 – Begin using the ICD-10CM codes
Summary

- Questions???
- Thank you