PREPARING FOR ICD-10-CM

PRIMARY CARE

SPECIALTY TRAINING

(Family Practice/ Internal Medicine/ Pediatrics)

PART 2

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THE GOAL FOR THIS SESSION

The transition of our diagnosis coding system from ICD-9-CM (International Classification of Disease-Clinical Modification, 9th Revision) to ICD-10-CM (10th Revision) continues to approach, with an effective date that influences services that occur on or after October 1, 2015. Assuming that a basic knowledge of anatomy and pathophysiology exists, we provided an Introduction to ICD-10-CM training course, which supplied an introduction and broad overview of the code set.

Following completion of the Introduction to ICD-10, now is the time to begin focusing on the codes and issues associated with the sections of ICD-10-CM that will be used most frequently within your specialty. In this particular phase of the training (Part 2), our goals are:

• To equip you with detailed knowledge about Chapters 1, 5 through 8 and 10 through 12 in ICD-10-CM, that you can apply on a practical basis.
• To provide you with opportunities to practice code selection through the post-video quiz.
• To help make the transition to ICD-10-CM as smooth as possible.

A major challenge associated with the practice of Primary Care medicine is that the practitioner will need to be familiar with broad range of ICD-10 code chapters because such a broad range of conditions is encountered. During this particular session, we are going to cover 8 different chapters, which will make it difficult to focus on any one in any great depth. For that reason, we will focus on the major issues and the codes that will be used most frequently.

CHAPTER 1—CERTAIN INFECTIOUS AND PARASITIC DISEASES (A00-B99)

Introduction/Overview

The purpose of Chapter 1 in ICD-10-CM is to provide the opportunity to report infectious and communicable diseases that may affect any area of the body. There are two factors that are consistent about these codes:

• They are not typically unique to any one area of the body. The codes that are applicable to infections that occur only in connection with certain organ systems. Those are found in the respective organ chapter.
• They are generally communicable from one person to another. Diseases that can’t be transmitted from one person are not found in this chapter.

The codes in this chapter represent conditions that are exceptionally common, exceptionally rare, and everything else in between. Also, these codes are used in
conjunction with codes for other disease processes when the specific infectious agent is clinically known.

Chapter 1 has specific instructive guidelines for five different topics:

- HIV
- Infectious agents as the cause of disease classified elsewhere (see B95-B97)
- Infections resistant to antibiotics
- Sepsis
- MRSA conditions

The guidelines for HIV indicate that only confirmed cases of HIV should be reported using a code from this chapter. However, it is not required that a positive serology or culture be on file. Obviously, most providers will choose to have confirmed laboratory results before assigning an HIV diagnosis, but is not required.

The guidelines instruct users that, if the patient is being admitted for an HIV-related condition, then the HIV code is the primary diagnosis. Any symptoms that are relevant would be reported as a secondary diagnosis. If a patient with HIV is admitted for some other condition not caused by HIV, the condition is the primary diagnosis, with HIV as a secondary diagnosis.

ICD-10-CM code Z21 is used for patients who have a confirmed case of HIV, but who has no symptoms and who, based on clinical judgment and viral loads, is asymptomatic. If a laboratory test produces a result with inconclusive serology, then diagnosis code Z75 is used. Once a patient has a confirmed case of HIV, diagnosis B20 will always be the primary diagnosis until such time the patient is clinically declared “asymptomatic.”

Within Chapter 1, there are many codes to indicate, as part of the code, the fact that the infectious agent is resistant to drug treatment. If the patient has a condition that is resistant to drug treatment and there is no specific description of that found in Chapter 1, there is a category in Chapter 21 (Z16), which gives opportunity to report those conditions. In those cases, the condition would be reported first, followed by the Z16 code as a secondary diagnosis.

The guidelines give very specific instruction concerning the reporting of septic conditions. If the patient is septic, but the specific infection type or causal organism isn’t known, then diagnosis code A41.9 (Sepsis, unspecified) should be used. If the documentation associated with the patient’s condition indicates that the sepsis is “severe,” then a code from category R65.2- should be used. The final character used indicates whether or not the patient is in shock.

Finally, the Chapter 1 guidelines instruct the user to select the available combination codes to report cases of MRSA. If a combination code does not exist for the present circumstances, then multiple codes should be used to explain the situation (e.g. the
condition primary and B95.62 (MRSA infection as the cause of diseases classified elsewhere) should be the secondary diagnosis.

Not every type of infection is found in this chapter. There are some that address localized infections, such as pyoderma (L08.0). Others have the infectious agent built into the code, such as “pneumonia, due to Streptococcus pneumonia” (J13). In other cases, the code reports an infection, but not the type (N98.0 Infection associated with artificial insemination). In that situation, a code from Chapter 1 is used in conjunction with N98.0 to indicate the organism (if known).

In ICD-9-CM, Chapter 1 was also used for Infectious and Parasitic Diseases. This chapter contained codes ranging from 001 through 139.

- Intestinal infectious diseases (001–009)
- Tuberculosis (010–018)
- Zoonotic bacterial diseases (020–027)
- Other bacterial diseases (030–041)
- Human immunodeficiency virus (HIV) infection (042)
- Poliomyelitis and other non-arthropod-borne viral diseases of central nervous system (045–049)
- Viral diseases accompanied by exanthem (050–059)
- Arthropod-borne viral diseases (060–066)
- Other diseases due to viruses and chlamydiae (070–079)
- Rickettsioses and other arthropod-borne diseases (080–088)
- Syphilis and other venereal diseases (090–099)
- Other spirochetal diseases (100–104)
- Mycoses (110–118)
- Helminthiases (120–129)
- Other infectious and parasitic diseases (130–136)
- Late effects of infectious and parasitic diseases (137–139)

This chapter in ICD-10-CM is similar in many respects (compared to ICD-9-CM) and different in other ways. The chart on the next page illustrates the 22 code blocks that exist in Chapter 1 and indicates the corresponding chapters in ICD-9-CM (in red print). Many are identical in their title/description, but others are grouped differently, based on changes in understanding of certain infectious diseases. Chapters that exist in ICD-10-CM that don’t exist in ICD-9-CM are:

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

Examples of the commonly used codes from this chapter are:
- A08.4  Viral intestinal infection, unspecified
- A09  Infectious gastroenteritis and colitis, unspecified
- A15-A19  Tuberculosis
- A37.--  Whooping cough
- A39.--  Meningococcal infection
- A40.-  Streptococcal sepsis
- A56.02  Chlamydial vulvovaginitis
- A56.11  Chlamydial female pelvic inflammatory disease
- A59.01  Trichomonal vulvovaginitis
- A60.03  Herpesviral cervicitis
- A60.04  Herpesviral vulvovaginitis
- A63.0  Anogenital (venereal) warts
• B01.9  Varicella without complication
• B02.9  Herpes zoster without complications
• B07.-  Viral warts
• B15-B19 Viral hepatitis (A, B, C/acute or chronic)
• B20  HIV
• B37.-  Candidiasis of _____________________

The most significant change is the addition of the codes in the B95-B97 block, which represents the infectious agents that could cause infections reported by codes found in other chapters.

B95  Streptococcus, Staphylococcus, and Enterococcus
• B95.0  Strep, group A
• B95.1  Strep, group B
• B95.2  Enterococcus
• B95.3  Streptococcus pneumonia
• B95.4  Other streptococcus
• B95.5  Unspecified streptococcus
• B95.6-  Staphylococcus aureus (MSSA/MRSA)
• B95.7  Other staphylococcus
• B95.8  Unspecified staphylococcus

B96  Other Bacterial Agents
• B96.0  M. pneumoniae
• B96.1  K. pneumonia
• B96.2-  E. coli
• B96.3  H. influenza
• B96.4  Proteus (mirabilis) (morganii)
• B96.5  Pseudomonas (aeruginosa) (mallei) (pseudomallei)
• B96.6  B. fragilis
• B96.7  C. perfringens
• B96.8-  Other specified bacterial agents (H. pylori, etc.)

B97  Viral Agents
• B97.0  Adenovirus
• B97.1-  Enterovirus
• B97.2-  Coronavirus
• B97.3-  Retrovirus
• B97.4  Respiratory syncytial virus
• B97.5  Reovirus
• B97.6  Parvovirus
• B97.7  Papillomavirus
• B97.8-  Other viral agents
Call for Documentation Specificity

• The fundamental codes are the same—the organization of the codes is more logical.
• Whenever a known disease process or infectious agent is known, report it appropriately in the documentation.
• Use appropriate diagnosis protocol for HIV, sepsis, and MRSA

CHAPTER 5—MENTAL AND BEHAVIORAL DISORDERS (F01-F99)

Introduction/Overview
The purpose of Chapter 5 is to report conditions that are related to mental and behavioral status, as well as disorders and conditions related to psychological development. Obviously, this chapter will be a primary source of codes in the Mental Health specialties, but many of the conditions reported in this chapter are seen routinely by those that provide Primary Care services. Attention needs to be given to this particular chapter because the specificity required to assign a code in ICD-10-CM is substantially higher than it was for ICD-9-CM.

There are three specific guidelines provided in ICD-10-CM that is unique to Chapter 5. They are:

1. Codes exist in this chapter to report pain disorders that have a psychological component. If the patient is complaining of pain that is clinically determined to be psychological in origin, the correct code is F45.41 (Pain disorder exclusively related to psychological factors, such as persistent somatoform pain disorder). If the patient does have clinical acute or chronic pain, but there is a psychological component to the pain, the primary diagnosis will be the appropriate code for the physiologic pain (G89.-), with a secondary diagnosis of F45.42 (Pain disorders with related psychological factors).

2. If a patient is a user of a psychoactive substance, it should not be reported unless it is appropriately documented in the record and it is associated with a mental or behavior disorder (F10-F19).

3. The nature of severity of psychoactive substance abuse is explicitly defined in ICD-10-CM as:
   a. “In remission”
   b. “Use”
   c. “Abuse”
   d. “Dependence”

Whether or not a patient is “in remission” is defined clinically by the provider. If the medical record indicates multiple degrees of severity within the record, the
code reported is the one with the greatest degree of severity. The chart below illustrates that when there is a conflict in the documentation, the higher severity is reported.

<table>
<thead>
<tr>
<th>Use</th>
<th>Abuse</th>
<th>Dependence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>Use</td>
<td>Abuse</td>
</tr>
<tr>
<td>Abuse</td>
<td>Abuse</td>
<td>Abuse</td>
</tr>
<tr>
<td>Dependence</td>
<td>Dependence</td>
<td>Dependence</td>
</tr>
</tbody>
</table>

The corresponding codes in ICD-9-CM are also found in Chapter 5 of that code set. The organization of that group is substantially than that found in Chapter 5 in ICD-10-CM.

- Organic psychotic conditions (290–294)
- Other Disorders (295–299)
- Neurotic disorders (300)
- Personality disorders (301)
- Psychosexual disorders (302)
- Psychoactive substance (303–305)
- Other (primarily adult onset) (306–311)
- Mental disorders diagnosed in childhood (312–316)
- Mental retardation (317–319)

The reorganization of the codes is primarily attributable to changes in understanding concerning mental and behavioral health. The 11 code blocks are as follows:

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

**F01-F09—Mental disorders due to known physiological conditions**
The first code block is F01-F09—Mental disorders due to known physiological conditions. The most common disorders are dementia and delirium that is caused by a physical condition.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F01</td>
<td>Vascular dementia</td>
<td>F01.50</td>
<td>Vascular dementia without behavioral disturbance</td>
</tr>
<tr>
<td>F01.51</td>
<td>Vascular dementia with behavioral disturbance</td>
<td>F02</td>
<td>Dementia in other diseases classified elsewhere</td>
</tr>
<tr>
<td>F02.50</td>
<td>Dementia in other diseases classified elsewhere</td>
<td>F06</td>
<td>Other mental disorders due to known physiological condition</td>
</tr>
<tr>
<td>F02.51</td>
<td>Dementia in other diseases classified elsewhere</td>
<td>F07</td>
<td>Personality and behavioral disorders due to known physiological condition</td>
</tr>
<tr>
<td>F04</td>
<td>Amnestic disorder due to known physiological condition</td>
<td>F09</td>
<td>Unspecified mental disorder due to known psychological condition</td>
</tr>
</tbody>
</table>

Categories F01, F02, and F03 each have only two codes within the category. They are:

- **F01** Vascular dementia
  - F01.50 Vascular dementia without behavioral disturbance
  - F01.51 Vascular dementia with behavioral disturbance
- **F02** Dementia in other diseases classified elsewhere

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F02.80  Dementia in other diseases classified elsewhere without behavioral disturbance
F02.81  Dementia in other diseases classified elsewhere with behavioral disturbance
F03    Unspecified dementia
F03.90  Unspecified dementia without behavioral disturbance
F03.91  Unspecified dementia with behavioral disturbance

The F02 codes can only be used as secondary diagnoses. The primary diagnosis would be the disease that is causing the dementia, such as Alzheimer’s (G30.-), epileptic seizures (G40.-), muscular sclerosis (G35), etc.

F06.3- is used if the patient is experiencing depression (mood disorder) as a result of a physical condition. There is an Excludes2 note that indicates that if the patient is using other psychoactive substances to try to manage their depression (e.g. alcohol), that should also be reported (F10-F19).

F10-F19  Mental and behavioral disorders due to known psychoactive substance abuse

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F10</td>
<td>Alcohol related disorders</td>
<td>F15</td>
<td>Other stimulant related disorder</td>
</tr>
<tr>
<td>F11</td>
<td>Opioid disorders</td>
<td>F16</td>
<td>Hallucinogen related disorders</td>
</tr>
<tr>
<td>F12</td>
<td>Cannabis related disorders</td>
<td>F17</td>
<td>Personality and behavioral disorders due to known physiological condition</td>
</tr>
<tr>
<td>F13</td>
<td>Sedative, hypnotic or anxiolytic related disorders</td>
<td>F18</td>
<td>Inhalant related disorders</td>
</tr>
<tr>
<td>F14</td>
<td>Cocaine related disorders</td>
<td>F19</td>
<td>Other psychoactive substance related disorders</td>
</tr>
</tbody>
</table>

All of the codes in code block F10-F19 have 4th and 5th character patterns that are consistent throughout. If the code has 4 characters, the pattern is as follows:
- Fxx.1  Abuse
- Fxx.2  Dependence
- Fxx.9  Use, unspecified

If the code as 5 characters, the pattern is as follows:
• Fxx.x0  Uncomplicated  
• Fxx.x1  In remission  
• Fxx.x2  With intoxication  
• Fxx.x3  With withdrawal  
• Fxx.x4  With _______ mood disorder  
• Fxx.x5  With psychotic disorder  
• Fxx.x8  With other _________ disorder  
• Fxx.x9  With unspecified ________ disorder  

Many of these codes also have 6th characters. When the 5th character is “8,” it then follows this pattern:  
• Fxx.x80  …with induced anxiety disorder  
• Fxx.x81  …with induced sexual dysfunction  
• Fxx.x82  …with induced sleep disorder  
• Fxx.x88  …with other induced disorder  

If the 5th character is anything other than “8,” then the 6th characters follow this pattern:  
• Fxx.xx0  …uncomplicated  
• Fxx.xx1  …with delirium  
• Fxx.xx2  …with perceptual disturbance/hallucination  
• Fxx.xx9  …unspecified  

One of the most frequently used categories in this block will be F17--Nicotine Dependence. The notes for this category indicate that if the patient was a smoker, but is now a former smoker, the correct diagnosis is found at Z87.891 (History of tobacco dependence). If the patient is defined as a tobacco user, but is not dependent, the correct diagnosis is Z72.0 (Tobacco use, NOS).  

There is also specific instruction that F17 codes should be used if the patient is using tobacco during pregnancy (O99.33-) or if they are suffering from the toxic effects of nicotine (T65.2-). In both cases, the F17 code will be a secondary diagnosis.  

The codes associated with nicotine dependence are constructed as follows:  
• F17.20  Nicotine dependence, unspecified  
• F17.21  Nicotine dependence, cigarettes  
• F17.22  Nicotine dependence, chewing tobacco  
• F17.29  Nicotine dependence, other tobacco product  
  • F17.2x0  …uncomplicated  
  • F17.2x1  …in remission  
  • F17.2x3  …with withdrawal  
  • F17.2x8  …with other nicotine induced disorders  
  • F17.2x9  …with unspecified nicotine induced disorders
F30-F39  Mood [affective] disorders
Depression and other mood disorders are found in F32 and F33. Each one of these
codes has four characters. The primary differentiation between these codes is whether
the patient has a single episode of depression or if it is a recurrent condition. The
secondary differentiation is the severity of the condition. The assignment is categorized
based on the clinical judgment of the clinician.

- F32  Major depressive disorder, single episode
- F33  Major depressive disorder, recurrent
  - F3x.0  Mild
  - F3x.1  Moderate
  - F3x.2  Severe, without psychotic features
  - F3x.3  Severe, with psychotic features
  - F3x.4  In partial remission
  - F3x.5  In full remission
  - F3x.8  Other depressive episode
  - F3x.9  Unspecified

The fifth character pattern is the same for both F32 and F33.

F40-F48  Anxiety, dissociative, stress-related, somatoform and other
nonpsychotic mental disorders
The codes in block F40-F48 are for Anxiety, dissociative, stress-related, somatoform,
and other nonpsychotic mental disorders. The most common codes identified in the
context of Primary Care services are related to anxiety.

- F40.0-  Agoraphobia (unspecified or with panic disorder)
- F40.1-  Social phobia (unspecified or generalized)
- F41.0  Panic disorder without agoraphobia
- F41.1  Generalized anxiety disorder
- F41.3  Other mixed anxiety disorders
- F41.9  Anxiety disorder, unspecified
- F43.1-  PTSD
  - F43.10  Unspecified
  - F43.11  Acute
  - F43.12  Chronic

It will be essential that the documentation is clear as to the exact nature of the anxiety.

If the patient is suffering from an adjustment disorder, the nature of their symptoms
will be the controlling factor in code selection:
- F43.2-  Adjustment disorders
  - F43.20  Unspecified
- F43.21 With depressed mood
- F43.22 With anxiety
- F43.23 With mixed anxiety and depressed mood
- F43.24 With disturbance of conduct
- F43.25 With mixed disturbance of emotions and conduct
- F43.29 With other symptoms

**F50-F59 Behavioral syndromes associated with physiological disturbances and physical factors**

When the patient has a condition that affects their behavior, but results in physiological disturbances, the code selected will be found in F50-F59. The primary examples are eating disorders (such as anorexia nervosa and bulimia—found in F50), insomnia—found in F51, and non-physiological sexual dysfunction—found in F52.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F50</td>
<td>Eating disorders</td>
<td>F54</td>
<td>Psychological and behavioral factors associated with disorders or diseases classified elsewhere</td>
</tr>
<tr>
<td>F51</td>
<td>Sleep disorders not due to a substance or known physiological condition</td>
<td>F55</td>
<td>Abuse of non-psychoactive substances</td>
</tr>
<tr>
<td>F52</td>
<td>Sexual dysfunction not due to a substance or known physiological condition</td>
<td>F59</td>
<td>Unspecified behavioral syndromes associated with physiological disturbances and physical factors</td>
</tr>
<tr>
<td>F53</td>
<td>Puerperal psychosis</td>
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</tr>
</tbody>
</table>

**F80-F89 Pervasive and specific developmental disorders**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<th>Description</th>
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<tbody>
<tr>
<td>F80</td>
<td>Specific developmental disorders of speech and language</td>
<td>F84</td>
<td>Pervasive developmental disorders</td>
</tr>
<tr>
<td>F81</td>
<td>Specific developmental disorders of scholastic skills</td>
<td>F88</td>
<td>Other disorders of psychological development</td>
</tr>
<tr>
<td>F82</td>
<td>Specific developmental disorder of motor function</td>
<td>F89</td>
<td>Unspecified disorder of psychological development</td>
</tr>
</tbody>
</table>
If the patient has developmental disorders, it is typically reported with codes from F80-F89—Pervasive and specific developmental disorders. They are grouped by their nature.

Common examples of services from this block of codes are:
- Dyslexia   F81.0
- Autism   F84.0
- Asperger’s syndrome   F84.5

**F90-F98  Behavioral and emotional disorders with onset usually occurring in childhood and adolescence**
The instructions for code block F90-F98—Behavioral and emotional disorders with onset usually occurring in childhood and adolescence are clear that these codes can be used in any circumstance in which the patient demonstrates the symptoms, regardless of their age.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F90</td>
<td>Attention-deficit hyperactivity disorder</td>
<td>F94</td>
<td>Disorders of social functioning with onset specific to childhood and adolescence</td>
</tr>
<tr>
<td>F91</td>
<td>Conduct disorders</td>
<td>F95</td>
<td>Tic disorder</td>
</tr>
<tr>
<td>F93</td>
<td>Emotional disorders with onset specific to childhood</td>
<td>F98</td>
<td>Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence</td>
</tr>
</tbody>
</table>

**Call for Documentation Specificity**
- Mental health code organization was updated significantly
- Be certain to document the manifestations of particular disorders
  - Dementia—with or without behavioral disturbance
  - Substance abuse—presentations/complications
- Depression—degree of severity
- Nature of anxiety disorder
- Predominant type of ADHD
CHAPTER 6—DISEASES OF THE NERVOUS SYSTEM (G00-G99)

Introduction/Overview
The purpose of Chapter 6 is to primarily describe the serious conditions that can affect the central nervous system. In many cases, these codes will be used primarily by neurologists and neurosurgeons. This is particularly true given that codes related to the sensory organs (eyes and ears) have been removed from this chapter in ICD-10-CM and placed in their own individual chapters.

Physicians that practice in Primary Care will see and use these codes when participating in the care of patients being managed by others and when encountering certain common conditions related to the neurological system.

The chapter-specific guidelines for Chapter 6 address two primary issues:
1. When the patient has hemiplegia, monoplegia, and hemiparesis, the side of the body being affected must be reported. If the record does not adequately document the dominant or non-dominant side, the assignment is made as follows:
   a. If the left side is affected, the default is “non-dominant”
   b. If the right side is affected, the default is “dominant”
   c. If the patient is known to be ambidextrous, the default code is the “dominant”
2. There are very specific instructions regarding the assignment of codes related to pain, which includes both general guidelines and specific guidance regarding post-operative pain.

Diseases of the Nervous System are also reported in Chapter 6 of ICD-9-CM (320-389):
• Inflammatory diseases of the central nervous system (320–327)
• Hereditary and degenerative diseases of the central nervous system (330–337)
• Pain (338)
• Other headache syndromes (339)
• Other disorders of the central nervous system (340–349)
• Disorders of the peripheral nervous system (350–359)
• Disorder of the eye and adnexa (360-379)
• Diseases of the ear and mastoid process (380-389)

The last two groupings no longer exist within Chapter 6 in ICD-10-CM, because they have been broken out and separated into Chapter 7 and Chapter 8. The ICD-10-CM codes for Chapter 6 are split into 11 separate blocks. The more detailed breakdown is attributable to our more detailed understanding of this organ system.
Some of the most common Chapter 6 diagnoses are:

- **G20**  Parkinson’s disease
- **G30.**  Alzheimer’s disease
- **G31.1**  Senile degeneration of brain, not elsewhere classified
- **G35**  Multiple sclerosis
- **G40.**  Epilepsy
- **G70.0**  Myasthenia gravis
- **G71.0**  Muscular dystrophy

In the case of Alzheimer’s disease, the code selection is based on its onset timing.

- **G30.0**  Alzheimer’s disease with early onset
- **G30.1**  Alzheimer’s disease with late onset
- **G30.8**  Other Alzheimer’s disease
- **G30.9**  Alzheimer’s disease, unspecified

One of the categories that will be used most commonly in Primary Care is G43—Migraines. The organization of the codes has changed dramatically, compared to ICD-9-CM. However, they do follow a common pattern:

If the 5th character is:

- **0** = Not intractable
- **1** = Intractable
If the 6th character is:
1 = With status migrainosus
9 = Without status migrainosus

Therefore, the most common situation will be G43.x09. The only additional variable is the precise type of migraine. Those are characterized by the 4th digit:

- G43.0-- Migraine without aura
- G43.1-- Migraine with aura
- G43.4-- Hemiplegic migraine
- G43.5-- Persistent migraine aura without cerebral infarction
- G43.6-- Persistent migraine aura with cerebral infarction
- G43.7-- Chronic migraine without aura
- G43.A-- Cyclical vomiting
- G43.B-- Ophthalmoplegic migraine
- G43.C-- Periodic headache syndromes in child or adult
- G43.D-- Abdominal migraine
- G43.8-- Other migraine
  - G43.80- Other migraine, not intractable
  - G43.81- Other migraine, intractable
  - G43.82- Menstrual migraine, not intractable
  - G43.83- Menstrual migraine, intractable
- G43.9-- Migraine, unspecified
- G44.--- Other headache syndromes

Another commonly seen condition in Primary Care from Chapter 6 is G47—Sleep disorders. Their codes are:

- G47.0-- Insomnia
  - G47.00 Insomnia, unspecified
  - G47.01 Insomnia due to medical condition
  - G47.09 Other insomnia
- G47.3-- Sleep apnea
  - G47.30 Sleep apnea, unspecified
  - G47.31 Primary central sleep apnea
  - G47.32 High altitude periodic breathing
  - G47.33 Obstructive sleep apnea (adult) (pediatric)

The insomnia codes are used (particularly G47.00) when the patient complains of insomnia and the clinician has not yet determined it to be of psychiatric origin. If it is due to a known medical condition (e.g. menopausal symptoms, pain, etc.), then G47.01 would be the most appropriate code.

The codes for pain (G89) are used only if the underlying (definitive) causal agent is not known, unless the purpose of the encounter is to treat the pain. In most cases, the
fact is that a patient will have postprocedural pain. If that pain is simply a part of routine postprocedural care, then these diagnoses are unnecessary.

• G89 Pain, not elsewhere classified
  • G89.0 Central pain syndrome
  • G89.1- Acute pain, not elsewhere classified
    • G89.11 Acute pain due to trauma
    • G89.12 Acute post-thoracotomy pain
    • G89.18 Other acute postprocedural pain
  • G89.2- Chronic pain, not elsewhere classified
    • G89.21 Chronic pain due to trauma
    • G89.22 Chronic post-thoracotomy pain
    • G89.28 Other chronic postprocedural pain
    • G89.29 Other chronic pain

Call for Documentation Specificity

• If a patient has dementia, what kind of dementia is it (if known)?
• If a patient has a headache, what kind is it?
• If the patient has sleep apnea, what particular kind is it?
• If the patient has pain, is it acute or chronic? If known, what is causing the pain?

CHAPTER 7—DISEASES OF THE EYE AND ADNEXA (H00-H59)

Introduction/Overview

The codes in Chapter 7 will be used primarily by ophthalmologists and optometrists to report conditions related to the eye and ocular adnexa. However, there will be certain situations in which Primary Care providers will use codes from this chapter.

The only chapter-specific instructions for Chapter 7 are related to the assignment of codes for glaucoma. The specific instructions provided are:

• Use as many codes from H40 as necessary to identify the type of glaucoma, the affected eye, and the glaucoma stage
• If glaucoma with the same stage and type is bilateral, use a bilateral code if it exists. If a bilateral code does not exist, use only one code for the type of glaucoma.
• If the glaucoma is bilateral but has different types or stages, use two unilateral codes, as appropriate
• Use “indeterminate” glaucoma codes only if the type can’t be clinically determined. If the documentation doesn’t indicate the type, use “unspecified.”
Compared to ICD-9-CM, which had only one section for the eye and ocular adnexa (360-379), the number of codes available in ICD-10-CM has increased dramatically, primarily because of additional detail and the fact that laterality now has to be reported. There is a common coding pattern when the code has six character:

- Hxx.xx1 Right eye
- Hxx.xx2 Left eye
- Hxx.xx3 Bilateral
- Hxx.xx9 Unspecified eye

If the code only has 5 characters, laterality is reported as follows:

- Hxx.x0 Unspecified eye
- Hxx.x1 Right eye
- Hxx.x2 Left eye
- Hxx.x3 Bilateral

Virtually every code in this chapter has 6 characters and the code for “unspecified eye” should be avoided at all costs, unless the documentation truly does not state which eye(s) is/are affected.

The codes in this chapter are split into 12 separate blocks:

<table>
<thead>
<tr>
<th>Code Block</th>
<th>Description</th>
<th>Code Block</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H00-H05</td>
<td>Disorders of eyelid, lacrimal system and orbit</td>
<td>H43-H44</td>
<td>Disorders of vitreous body and globe</td>
</tr>
<tr>
<td>H10-H11</td>
<td>Disorders of conjunctiva</td>
<td>H46-H47</td>
<td>Disorders of optic nerve and visual pathways</td>
</tr>
<tr>
<td>H15-H22</td>
<td>Disorders of sclera, cornea, iris and ciliary body</td>
<td>H49-H52</td>
<td>Disorders of ocular muscles, binocular movement, accommodation and refraction</td>
</tr>
<tr>
<td>H25-H28</td>
<td>Disorders of lens</td>
<td>H53-H54</td>
<td>Visual disturbances and blindness</td>
</tr>
<tr>
<td>H30-H36</td>
<td>Disorders of choroid and retina</td>
<td>H55-H57</td>
<td>Other disorders of eye and adnexa</td>
</tr>
<tr>
<td>H40-H42</td>
<td>Glaucoma</td>
<td>H59</td>
<td>Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified</td>
</tr>
</tbody>
</table>

The most common codes that will be used in Primary Care are related to conjunctivitis. The two categories related to conjunctivitis are found in the table below, but the most commonly used codes are:
• H10.0  Mucopurulent conjunctivitis
  • H10.01- Acute follicular conjunctivitis
  • H10.02- Other mucopurulent conjunctivitis
• H10.1  Acute atopic conjunctivitis
• H10.2  Other acute conjunctivitis
  • H10.21- Acute toxic conjunctivitis
  • H10.22- Pseudomembranous conjunctivitis
  • H10.23- Serous conjunctivitis, except viral (B30.-)
• H10.3  Unspecified acute conjunctivitis
• H10.4  Chronic conjunctivitis
  • H10.40- Unspecified chronic conjunctivitis
  • H10.41- Chronic giant papillary conjunctivitis
  • H10.42- Simple chronic conjunctivitis
  • H10.43- Chronic follicular conjunctivitis
  • H10.44 Vernal conjunctivitis
  • H10.45 Other chronic allergic conjunctivitis

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H10.0</td>
<td>Mucopurulent conjunctivitis</td>
<td>H11.0</td>
<td>Pterygium of eye</td>
</tr>
<tr>
<td>H10.1</td>
<td>Acute atopic conjunctivitis</td>
<td>H11.1</td>
<td>Conjunctival degenerations and deposits</td>
</tr>
<tr>
<td>H10.2</td>
<td>Other acute conjunctivitis</td>
<td>H11.2</td>
<td>Conjunctival scars</td>
</tr>
<tr>
<td>H10.3</td>
<td>Unspecified acute conjunctivitis</td>
<td>H11.3</td>
<td>Conjunctival hemorrhage</td>
</tr>
<tr>
<td>H10.4</td>
<td>Chronic conjunctivitis</td>
<td>H11.4</td>
<td>Other conjunctival vascular disorders and cysts</td>
</tr>
<tr>
<td>H10.5</td>
<td>Blepharoconjunctivitis</td>
<td>H11.8</td>
<td>Other specified disorders of conjunctiva</td>
</tr>
<tr>
<td>H10.8</td>
<td>Other conjunctivitis</td>
<td>H11.9</td>
<td>Unspecified disorder of conjunctiva</td>
</tr>
</tbody>
</table>

When the patient has visual impairment (H54), the following codes would be used:
• H54.0  Blindness, both eyes
• H54.1- Blindness one eye, low vision other eye
• H54.2  Low vision both eyes
• H54.3 Unqualified visual loss, both eyes
• H54.4- Blindness, one eye
• H54.5- Low vision, one eye
• H54.6- Unqualified vision loss, one eye
• H54.7 Unspecified vision loss
• H54.8 Legal blindness, as defined in USA

Some of the most common eye-related conditions seen in the context of Primary Care are not found in Chapter 7. The reason is that the presence of foreign bodies and other injuries to the eye are reported in Chapter 19. Some of the more common examples are as follows:
• T15 Foreign body on external eye
  • T15.0-X- Foreign body in cornea
  • T15.1-X- Foreign body in conjunctival sac
  • T15.8-X- Foreign body in other and multiple parts of external eye
  • T15.9-X- Foreign body on external eye, part unspecified

When there is a foreign body on the external eye, the 4th character indicates the location (e.g. cornea, conjunctival sac, other/multiple parts, etc.). The 5th character will reflect laterality (right side or left side). There are no bilateral codes in the injury section. If there are bilateral injuries to the eyes, two codes should be used to report the injury. The 6th character will always be an “X”, which is a placeholder to facilitate the 7th character. The 7th character indicates the type of encounter.
  A = Initial encounter/active treatment
  D = Subsequent encounter/follow up
  S = Sequela

If the patient has a foreign body in the eye or orbit, the 5th, 6th, and 7th characters follow the same pattern as T15. The distinction is made in the 4th digit to reflect whether or not the patient has a foreign body in the eyeball.
• S05 Injury of eye and orbit
  • S05.4- Penetrating wound with or without foreign body of eyeball
  • S05.5- Penetrating wound with foreign body of eyeball

If the patient has a retained foreign body that requires treatment, the codes are as follows:
• H02.8- Retained foreign body in eyelid
• H05.5-- Retained foreign body following penetrating wound of orbit
• H44.6-- Retained intraocular foreign body, magnetic
• H44.7-- Retained intraocular foreign body, nonmagnetic

**Call for Documentation Specificity**
• What is the precise type of conjunctivitis present, if known?
• Ensure that the documentation indicates which eye(s) is/are affected
• If there is visual impairment, what is the nature of it and which eye(s) are affected?
• If there is a foreign body, what is the timing/status?
  • Was there a specific injury?
  • Is it a retained foreign body?
  • Where is it located?

CHAPTER 8—DISEASES OF THE EAR AND MASTOID PROCESS (H60-H95)

Introduction/Overview
The codes in Chapter 8 will be used primarily by otolaryngologists to report conditions related to the ear and mastoid. However, there will be certain situations in which Primary Care providers will use codes from this chapter. There are no chapter-specific guidelines for Chapter 8.

Compared to ICD-9-CM, which had only one section for the ear and mastoid process (380-389), the number of codes available in ICD-10-CM has increased substantially, primarily because of additional detail and the fact that laterality now has to be reported. There is a common coding pattern for the sixth character:

  • Hxx.xx1 Right ear
  • Hxx.xx2 Left ear
  • Hxx.xx3 Bilateral
  • Hxx.xx9 Unspecified ear

If the code only has 5 characters, laterality is reported as follows:

  • Hxx.x0 Unspecified ear
  • Hxx.x1 Right ear
  • Hxx.x2 Left ear
  • Hxx.x3 Bilateral
There are five code blocks in this chapter.

<table>
<thead>
<tr>
<th>Code Block</th>
<th>Description</th>
<th>Code Block</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H60-H62</td>
<td>Disease of external ear</td>
<td>H90-H94</td>
<td>Other disorders of ear</td>
</tr>
<tr>
<td>H65-H75</td>
<td>Diseases of middle ear and mastoid</td>
<td>H95</td>
<td>Intraoperative and postprocedural complications and disorders of ear and mastoid process, not elsewhere classified</td>
</tr>
<tr>
<td>H80-H83</td>
<td>Diseases of inner ear</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The first three blocks are related to the external, middle, and inner ear, respectively. All other disorders that don’t neatly fit in any one of those three categories goes into H90-H94, while intraoperative/postoperative complications and disorders.

To be successful in using codes from the first block (H60-H62), it will be necessary to know the precise condition, the nature of the infection (if present), and the nature of the disorder. Categories from H62 are used only as secondary diagnoses to conditions such as erysipelas (A46) or impetigo (L01.0). There are some conditions related to the external ear that found in other chapters (such as candidiasis-B37.84 or herpes viral [simplex]—B00.1.

<table>
<thead>
<tr>
<th>Category</th>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H60.0-</td>
<td>Abscess of external ear</td>
<td>H61.0--</td>
<td>Chondritis and perichondritis of external ear</td>
</tr>
<tr>
<td>H60.1-</td>
<td>Cellulitis of external ear</td>
<td>H61.1--</td>
<td>Noninfective disorders of pinna</td>
</tr>
<tr>
<td>H60.2-</td>
<td>Malignant otitis externa</td>
<td>H61.2-</td>
<td>Impacted cerumen</td>
</tr>
<tr>
<td>H60.3--</td>
<td>Other infective otitis externa</td>
<td>H61.3--</td>
<td>Acquired stenosis of external ear canal</td>
</tr>
<tr>
<td>H60.4--</td>
<td>Cholesteatoma of external ear</td>
<td>H61.8--</td>
<td>Other specified disorders of external ear</td>
</tr>
<tr>
<td>H60.5--</td>
<td>Acute noninfective otitis externa</td>
<td>H61.9-</td>
<td>Disorder of external ear, unspecified</td>
</tr>
</tbody>
</table>
Common categories that would be used in these codes for the external ear are:
- **H60** Otitis externa
- **H61** Other disorders of the external ear
  - **H61.2** Impacted cerumen

Disease of the middle ear are reported with code block H65-H75. The most common
categories in that block are H65 and H66. It is essential that the precise type of otitis
media is documented, as well as whether it is acute or chronic.

Codes H65.9, H66.4, and H66.9 should be avoided because there will usually be more
specific codes available in other subcategories.

Diseases of the inner ear most commonly seen in the context of Primary Care are:
- **H81.0** Meniere’s disease
• H81.1- Benign paroxysmal vertigo
• H81.2- Vestibular neuronitis
• H81.3- Other peripheral vertigo
• H81.4- Vertigo of central origin
• H81.8X- Other disorders of vestibular function
• H81.9- Unspecified disorders of vestibular function

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H90</td>
<td>Conductive and sensorineural hearing loss</td>
<td>H93</td>
<td>Other disorders of ear, not elsewhere classified</td>
</tr>
<tr>
<td>H91</td>
<td>Other and unspecified hearing loss</td>
<td>H94</td>
<td>Other disorders of ear in diseases classified elsewhere</td>
</tr>
<tr>
<td>H92</td>
<td>Otalgia and effusion of ear</td>
<td>H95</td>
<td>Intraoperative and postprocedural complications and disorders of ear and mastoid process, not elsewhere classified</td>
</tr>
</tbody>
</table>

Other disorders of the ear (H90-H95) are primarily related to hearing loss and disorders that are not simply not classifiable in any other way. The codes that will be used most frequently are:

• H90  Conductive and sensorineural hearing loss
  • H90.0  Conductive hearing loss, bilateral
  • H90.1- Conductive hearing loss, unilateral with unrestricted hearing loss on the contralateral side
  • H90.2  Conductive hearing loss, unspecified
  • H90.3  Sensorineural hearing loss, bilateral
  • H90.4- Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side
  • H90.5  Unspecified sensorineural hearing loss
  • H90.6  Mixed conductive and sensorineural hearing loss, bilateral
  • H90.7- Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side
  • H90.8  Mixed conductive and sensorineural hearing loss, unspecified

• H93  Other disorders of ear, not elsewhere classified
  • H93.1- Tinnitus

**Call for Documentation Specificity**
• Laterality is almost always required
  • Specificity about influence on both ears
• What type of otitis externa and otitis media is present?
• Is it acute or is it chronic?
• In the case of otitis media, is it recurrent or not?
• What is the nature and location of hearing loss?
• If the patient complains of tinnitus, what is the laterality?
CHAPTER 10—DISEASES OF THE RESPIRATORY SYSTEM (J00-J99)

Chapter 10 will be used extensively by otolaryngologists, pulmonologists, and Primary Care physicians, which reports conditions related to any and all portions of the respiratory system. The codes in this system are organized from the top of the respiratory system to the bottom, with separate sections for issues related to specific organs.

There are four chapter-specific guidelines provided in the ICD-10-CM manual in Chapter 10. They are:

1. **Clarifying “acute exacerbation” related to COPD and asthma.** The fact that a person acquires an infection does not inherently mean that the patient has an acute exacerbation, although an infection can trigger an acute exacerbation.

2. **Defining diagnoses to be used with acute respiratory failure.** When acute respiratory failure causes a hospitalization, it should be used as the primary diagnosis. If acute respiratory failure occurs after the patient is admitted to the hospital for some other condition, it is then the secondary diagnosis. It is also reported as a secondary diagnosis if the patient is admitted with acute respiratory failure being present, but it is not the primary condition being treated. If it is one of a number of multiple acute conditions, then it is ordered based on each individual patient’s case.

3. **The use of influenza codes.** Don’t use codes from J10 (Influenza) unless there is clinical documentation of the influenza virus. It does not necessarily have to be confirmed by a positive laboratory test, but that will be the most common circumstance. If there is not clinical documentation of the influenza virus, then a code from the J11 category (Influenza due to unidentified influenza virus) should be used.

4. **Ordering of codes related to ventilator associated pneumonia.** If these codes are to be used, there must be a clear cause/effect relationship documented in the record. If there was a pre-existing pneumonia and ventilator associated pneumonia is also present, it is a secondary diagnosis.

There are six groups of codes for Chapter 8—Disease of the Respiratory System in ICD-9-CM (460-519).

- Acute respiratory infections (460–466)
- Other diseases of the upper respiratory tract (470–478)
- Pneumonia and influenza (480–488)
- Chronic obstructive pulmonary disease and allied conditions (490–496)
- Pneumoconioses and other lung diseases due to external agents (500–508)
- Other diseases of respiratory system (510–519)
Chapter 10 in ICD-10-CM has eleven code blocks.

<table>
<thead>
<tr>
<th>Code Block</th>
<th>Description</th>
<th>Code Block</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>J00-J06</td>
<td>Acute upper respiratory infections</td>
<td>J80-J84</td>
<td>Other respiratory diseases principally affecting the interstitium</td>
</tr>
<tr>
<td>J09-J18</td>
<td>Influenza and pneumonia</td>
<td>J85-J86</td>
<td>Suppurative and necrotic conditions of the lower respiratory tract</td>
</tr>
<tr>
<td>J20-J22</td>
<td>Other acute lower respiratory infections</td>
<td>J90-J94</td>
<td>Other diseases of the pleura</td>
</tr>
<tr>
<td>J30-J39</td>
<td>Other diseases of upper respiratory tract</td>
<td>J95</td>
<td>Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified</td>
</tr>
<tr>
<td>J40-J47</td>
<td>Chronic lower respiratory diseases</td>
<td>J96-J99</td>
<td>Other diseases of the respiratory system</td>
</tr>
<tr>
<td>J60-J70</td>
<td>Lung diseases due to external agents</td>
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</tr>
</tbody>
</table>

As mentioned previously, the codes are organized from top to bottom of the respiratory system.
The first block of codes is **J00-J06 (Acute upper respiratory infections)**. The most common codes in grouping are:

- J00  Acute nasopharyngitis [common cold]
- J01  Acute sinusitis
  - J01.0-  Acute maxillary sinusitis
  - J01.1-  Acute frontal sinusitis
  - J01.2-  Acute ethmoidal sinusitis
  - J01.3-  Acute sphenoidal sinusitis
  - J01.4-  Acute pansinusitis
  - J01.8-  Other acute sinusitis
  - J01.9-  Acute sinusitis, unspecified
- J02  Acute pharyngitis
  - J02.0  Streptococcal
  - J02.8  Due to other specified organisms
  - J02.9  Unspecified
- J03  Acute tonsillitis
- J06  Acute upper respiratory infections of multiple and unspecified sites
  - J06.0  Acute laryngopharyngitis

Most codes in this chapter only have four or five characters. In the case of J01, the fifth character is either “0” for “unspecified” or “1” for “recurrant.” The default is “unspecified,” so the documentation needs to be clear regarding the nature of the sinusitis.

The next block of codes is **J09-J18 (Influenza and pneumonia)**. The first category is J09 and is used when certain influenza viruses have been identified. It is one of the few categories in which the fourth character is a letter—in this case, “X”.

- J09  Influenza due to certain identified influenza viruses
  - J09.X1  Due to identified novel influenza A virus with pneumonia
  - J09.X2  Due to identified novel influenza A virus with other respiratory manifestations
  - J09.X3  Due to identified novel influenza A virus with gastrointestinal manifestations
  - J09.X9  Due to identified novel influenza A virus with other manifestations

Category J10 is used when an identified influenza virus is present, but it is not one of the viruses found in J09.

- J10  Influenza due to other identified influenza virus
  - J10.0-  Due to other identified influenza virus with pneumonia
  - J10.1  Due to other identified influenza virus with other respiratory manifestations
  - J10.2  Due to other identified influenza virus with gastrointestinal manifestations
• J10.8- Due to other identified influenza virus with other manifestations

The codes in J11 follow the same pattern—the only difference is that the specific influenza virus is not known.

• J11  Influenza due to unidentified influenza virus
  • J11.0- Due to unidentified influenza virus with pneumonia
  • J11.1 Due to unidentified influenza virus with other respiratory manifestations
  • J11.2 Due to unidentified influenza virus with gastrointestinal manifestations
  • J11.8- Due to unidentified influenza virus with other manifestations

Most of the other categories in this block are single code categories. Those that are not have additional characters to provide more specificity regarding the cause of the pneumonia or the location of the pneumonia.

• J12.- Viral pneumonia, not elsewhere classified
• J13 Pneumonia due to Streptococcus pneumoniae
• J14 Pneumonia due to Hemophilus influenza
• J15.- Bacterial pneumonia, not elsewhere classified
• J16 Pneumonia due to other infectious organisms, not elsewhere classified
• J17 Pneumonia in diseases classified elsewhere (secondary diagnosis only)
• J18.- Pneumonia, unspecified organism

**Code block J30-J39—Other diseases of upper respiratory tract**, contains many conditions seen frequently, such as allergic rhinitis, chronic rhinitis, and a number of other chronic conditions whose final character(s) is/are matched up with the respective acute conditions in J00-J06.

• J31 Chronic rhinitis, nasopharyngitis and pharyngitis
  • J31.0 Chronic rhinitis
  • J31.1 Chronic nasopharyngitis
  • J31.2 Chronic pharyngitis
• J32.- Chronic sinusitis
• J35 Chronic diseases of tonsils and adenoids
  • J35.0- Chronic tonsillitis and adenoiditis
    • J35.01 Chronic tonsillitis
    • J35.02 Chronic adenoiditis
    • J35.03 Chronic tonsillitis and adenoiditis
  • J35.1 Hypertrophy of tonsils
  • J35.2 Hypertrophy of adenoids
  • J35.3 Hypertrophy of tonsils with hypertrophy of adenoids
• J35.8  Other chronic diseases of tonsils and adenoids
• J35.9  Chronic disease of tonsils and adenoids, unspecified

The most commonly used codes in code block **J40-J47—Chronic lower respiratory diseases** are found in category J45—Asthma. The 4th characters are used to differentiate the severity of the patient’s chronic condition. The 5th character is used to distinguish between various conditions.

- J45  Asthma
  - J45.2-  Mild intermittent asthma
  - J45.3-  Mild persistent asthma
  - J45.4-  Moderate persistent asthma
  - J45.5-  Severe persistent asthma
    - J45.x0  Uncomplicated
    - J45.x1  …with (acute) exacerbation
    - J45.x2  …with status asthmaticus
  - J45.9  Other and unspecified asthma
    - J45.90  Unspecified asthma
    - J45.901  …with (acute) exacerbation
    - J45.902  …with status asthmaticus
    - J45.909  Uncomplicated
  - J45.99  Other asthma
    - J45.990  Exercise induced bronchospasm
    - J45.991  Cough variant asthma
    - J45.998  Other asthma

The final code block that will be reviewed in this section is **J96-J99—Other diseases of the respiratory system**. The most commonly used codes will be found in J96—Respiratory failure, not elsewhere classified.

- J96.0-  Acute respiratory failure
- J96.1-  Chronic respiratory failure
- J96.2-  Acute and chronic respiratory failure
- J96.9-  Respiratory failure, unspecified

The fifth digits to be used with these codes are:
- 0 = Unspecified whether with hypoxia or hypercapnia
- 1 = with hypoxia
- 2 = with hypercapnia

**Call for Documentation Specificity**

- Sinusitis—what is the precise location and is it recurrent? Acute or chronic?
- Does the documentation indicate the infectious agent (where appropriate)?
- What are the manifestations associated with influenza?
- What is the nature of the patient’s allergies?
• Acute/chronic?
• Causes?
• How is the patient’s asthma classified?
  • Acute or chronic?

CHAPTER 11—DISEASES OF THE DIGESTIVE SYSTEM (K00-K94)

Chapter 11 will be used extensively by gastroenterologists, otolaryngologists, general surgeons, colorectal specialists, and Primary Care physicians, which reports conditions related to any and all portions of the digestive system. The codes in this system are organized from the top of the respiratory system to the bottom, with separate sections for issues related to specific organs. This particular chapter does not have any specific instructions unique to it.

There are seven code groupings for Chapter 9 in ICD-9-CM, which is the corresponding codes for the digestive system.
  • Diseases of oral cavity, salivary glands, and jaws (520–529)
  • Diseases of esophagus, stomach, and duodenum (530–537)
  • Appendicitis (540–543)
  • Hernia of abdominal cavity (550–553)
  • Noninfectious enteritis and colitis (555–558)
  • Other diseases of intestines and peritoneum (560–569)
  • Other diseases of digestive system (570–579)

There are ten code blocks in Chapter 11 in ICD-10-CM.

<table>
<thead>
<tr>
<th>Code Block</th>
<th>Description</th>
<th>Code Block</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K00-K14</td>
<td>Diseases of oral cavity and salivary glands</td>
<td>K55-K63</td>
<td>Other diseases of intestines</td>
</tr>
<tr>
<td>K20-K31</td>
<td>Diseases of esophagus, stomach and duodenum</td>
<td>K65-K68</td>
<td>Diseases of peritoneum and retroperitoneum</td>
</tr>
<tr>
<td>K35-K38</td>
<td>Diseases of appendix</td>
<td>K70-K77</td>
<td>Diseases of liver</td>
</tr>
<tr>
<td>K40-K46</td>
<td>Hernia</td>
<td>K80-K87</td>
<td>Disorders of gallbladder, biliary tract and pancreas</td>
</tr>
<tr>
<td>K50-K52</td>
<td>Noninfective enteritis and colitis</td>
<td>K90-K95</td>
<td>Other diseases of the digestive system</td>
</tr>
</tbody>
</table>
There is a fairly small number of codes in this chapter that would be seen with any regularity in the practice of Primary Care medicine.

- K21 Gastro-esophageal reflux disease
  - K21.0 Gastro-esophageal reflux disease with esophagitis
  - K21.9 Gastro-esophageal reflux disease without esophagitis
- K25.- Gastric ulcer
- K26.- Duodenal ulcer
- K27.- Peptic ulcer, site unspecified
- K28.- Gastrojejunal ulcer

In each case, the codes with 4th characters have the following pattern:
- 0 = Acute...with hemorrhage
- 1 = Acute...with perforation
- 2 = Acute...with both hemorrhage and perforation
- 3 = Acute...without hemorrhage or perforation
- 4 = Chronic or unspecified...with hemorrhage
- 5 = Chronic or unspecified...with perforation
- 6 = Chronic or unspecified...with both hemorrhage and perforation
- 7 = Chronic or unspecified...without hemorrhage or perforation
- 9 = Unspecified as acute or chronic, without hemorrhage or perforation

Clearly, significant documentation is necessary to facilitate appropriate code selection related to these issues.

The other commonly used codes within this chapter are:
- K30 Functional dyspepsia
- K37 Unspecified appendicitis
- K58.- Irritable bowel syndrome
  - K58.0 ...with diarrhea
  - K58.9 ...without diarrhea
- K59.0- Constipation
  - K59.00 Constipation, unspecified
  - K59.01 Slow transit constipation
  - K59.02 Outlet dysfunction constipation
  - K59.09 Other constipation
- K64.9 Unspecified hemorrhoids
- K92.1 Melena
- K92.2 Gastrointestinal hemorrhage, unspecified

Call for Documentation Specificity
- Provide additional documentation specificity
  - With or without hemorrhage?
  - What type of ulcer? Perforation?
  - Esophagitis with GERD?
• What is the nature of the constipation?
• What type of hemorrhoids?

CHAPTER 12—DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE (L00-L99)

The purpose of Chapter 12 is to provide dermatologists and those practicing in the field of Primary Care the codes to report conditions associated with integumentary system. The disease processes are grouped in one of three ways:
  • Infection type
  • Specific disorders
  • Causes of damage/disorders

The only chapter-specific guideline provides instruction regarding the staging of pressure ulcers. These guidelines can be classified as follows:
  • There are six ways in which an ulcer can be categorized—stages 1 through 4, “unstageable” and “unspecified”
  • The clinical documentation is the factor that facilitates code selection, making that documentation detail essential
  • If a pressure ulcer is healed, it is not reported at all
  • If a pressure ulcer is healing, the stage assigned for that claim should be based on its status on the day of the encounter.

In ICD-9-CM, there are only three groups of codes in Chapter 12—Diseases of the Skin and Subcutaneous Tissue (680-709).
  • Infections of skin and subcutaneous tissue (680–686)
  • Other inflammatory conditions of skin and subcutaneous tissue (690–698)
  • Other diseases of skin and subcutaneous tissue (700–709)

The number of code blocks has tripled to nine in ICD-10-CM and the clinical specificity required has virtually exploded in conjunction with the dramatically larger number of codes in the chapter.
The first code block, **L00-L08—Infections of the skin and subcutaneous tissue**, has dramatically increased specificity, in three ways:

- There is a distinction between abscesses, furuncles, and carbuncles. In ICD-9-CM, all three conditions were represented by a single code.
- There is a distinction between cellulitis and lymphangitis—a distinction not found in ICD-9-CM.
- In many cases, the precise location of the infection must be reported.

In **L20-L30—Dermatitis and eczema**, various types of dermatitis are reported.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L20</td>
<td>Atopic dermatitis</td>
<td>L26</td>
<td><em>Exfoliative dermatitis</em></td>
</tr>
<tr>
<td>L21</td>
<td>Seborrheic dermatitis</td>
<td>L27</td>
<td>Dermatitis due to substances taken internally</td>
</tr>
<tr>
<td>L22</td>
<td><em>Diaper dermatitis</em></td>
<td>L28</td>
<td>Lichen simplex chronicus and prurigo</td>
</tr>
<tr>
<td>L23</td>
<td>Allergic contact dermatitis</td>
<td>L29</td>
<td>Pruritus</td>
</tr>
<tr>
<td>L24</td>
<td>Irritant contact dermatitis</td>
<td>L30</td>
<td>Other and unspecified dermatitis</td>
</tr>
<tr>
<td>L25</td>
<td>Unspecified contact dermatitis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Other common diagnoses that will be used from Chapter 12 are:

- L40.- Psoriasis
- L50.- Urticaria
- L51.- Erythema multiforme
- L52. Erythema nodosum
- L53.- Other erythematous conditions
- L55.- Sunburn
- L63.- Alopecia areata
- L70.- Acne
- L71.- Rosacea
- L74.5 Focal hyperhidrosis
- L84. Corns and callosities
- L89.--- Pressure ulcer
- L90.0 Lichen sclerosus
- L91.0 Hypertrophic scar
- L97.--- Non-pressure chronic ulcer

For those categories that do have 4th characters, it simply provides the opportunity to be more specific regarding that condition. There is no consistent pattern associated with the 4th characters.

Category L97 is a very large group used to classify chronic ulcers. Most codes in this category have six characters. The 4th character reports the general location (e.g. thigh, calf, ankle, etc.) and the 5th character reports laterality. The 6th character describes the severity:

- 1 = limited to breakdown of skin
- 2 = with fat layer exposed
- 3 = with necrosis of muscle
- 4 = with necrosis of bone
- 9 = with unspecified severity

**Call for Documentation Specificity**

- Does the documentation clarify the exact nature of the condition (e.g. abscess, furuncle, carbuncle, cellulitis, lymphangitis)?
- Is the location adequately noted?
- Is the cause of the condition (allergic) reflected, if known?
- If the patient has an ulcer, is it adequately “staged” or described (for non-pressure ulcers)?
Coming in Section 3 for Pediatrics:

- Coding for services commonly seen in Pediatrics
  - Diseases of the Genitourinary System
  - Conditions Originating in the Perinatal Period
  - Congenital Malformations/Chromosomal Abnormalities
  - Injury, Poisoning, and Other External Causes
  - External Causes of Morbidity

Coming in Section 3 for Family Practice/Internal Medicine:

- Coding for services commonly seen in Primary Care
  - Neoplasms
  - Diseases of Blood and Blood Forming Organs
  - Endocrine, Nutritional and Metabolic Diseases
  - Diseases of the Circulatory System
  - Diseases of the Musculoskeletal System
  - Diseases of the Genitourinary System
  - Injury, Poisoning, and Other External Causes
  - External Causes of Morbidity