The Physician’s Perspective of ICD-10

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Provided by: American College of Allergy, Asthma & Immunology
Disclosures

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  Nothing to disclose

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  Nothing to disclose

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Learning Objectives

Upon completion of this activity, participants should be able to:

• Summarize the overall structure and contents of the ICD-10-CM system, highlighting the differences from ICD-9-CM

• Review the areas of ICD-10-CM codes most used by allergists

• Discuss specific concerns of allergists as related to ICD-10-CM codes
Recap of Ten Things About ICD-10

1. ICD-10-CM is the United States’ version of an update to an International System

2. Yes - More codes – Use only the codes needed

3. ICD-10-CM is more the same than it is different from ICD-9-CM
ICD-9-CM Our System Since 1979

- Diagnoses
  - New codes added as available and possible
    - AIDS
    - Legionnaire’s Disease
    - SARS
  - Some specificity not possible

ICD-10-CM- A98.4

__________________________
Ebola virus disease
HIPAA and Code Sets

- Health Insurance Portability and Accountability Act (HIPAA)-enacted in 1996
- Privacy
- Security
- Combat Fraud and Abuse

CODE SETS
- ICD-9-CM for all diagnoses
- ICD-9-CM procedures for hospital procedures
- CPT/HCPCS for physicians and all outpatient procedures
ICD-10

- ICD-10 International system
- Published by the World Health Organization (WHO) in 1990
- Causes of death
- 1994-1998 – ICD-10-CM was developed and issued
- Coding of death certificates – since 1999 in the USA using ICD-10
ICD-10-CM/PCS

- ICD-10-CM-Clinical Modification
  - United States version of ICD-10
  - Codes for inpatient and outpatient diagnoses
  - Diagnosis codes for all patients regardless of treatment setting

- ICD-10-PCS—Not For Physicians
  - Codes for inpatient procedures
  - Only coded by hospital for inpatient claims/reporting
# ICD-9-CM vs. ICD-10-CM

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Codes</th>
<th>ICD-10-CM Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 13,000 codes</td>
<td>• 68,000 codes</td>
</tr>
<tr>
<td>• 17 chapters</td>
<td>• 21 chapters</td>
</tr>
<tr>
<td>• All numeric except 2 supplementary classifications</td>
<td>• All alphanumeric</td>
</tr>
<tr>
<td>• V codes</td>
<td>• Supplementary classifications are part of the system</td>
</tr>
<tr>
<td>• E codes</td>
<td>• Maximum of 7 characters</td>
</tr>
<tr>
<td>• Maximum of 5 digits</td>
<td></td>
</tr>
</tbody>
</table>
ICD-10-CM Official Guidelines for Coding and Reporting

- “Rules of the Road” for using the coding system
- Issued by CMS and NCHS and approved by the “Cooperating Parties”
- Organized into sections including General and Chapter specific guidelines
- Very similar to ICD-9-CM diagnosis guidelines
- Differences reflect code changes
Similarities Between ICD-9 and ICD-10

- Basic coding rules are the same
- Alphabetic Index & Tabular List
- NEC codes mean not elsewhere classified
- NOS codes mean unspecified
- Includes notes under codes
- Inclusion terms under codes
  - Not all inclusive list, just examples
- Etiology and Manifestation
  - Code first the underlying condition
Allergist Question

• What does NOS mean?
  • Not Otherwise Specified
  • No further information
  • Unspecified

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
More Similarities

- Diagnosis title with “And” means and/or
- Diagnosis title with “With” means associated with or due to
- See and See Also notes to be used
- Code Also Note – two codes may be required
- Default code in Alphabetic Index means it is the condition most commonly associated with the main term or it is the unspecified code
### Some Differences – Example Asthma in ICD-9-CM

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>493</td>
<td>Asthma</td>
</tr>
<tr>
<td></td>
<td>Excludes: wheezing NOS (786.07)</td>
</tr>
<tr>
<td></td>
<td>The following fifth-digit subclassification is for use with category 493.0-493.2, 493.9:</td>
</tr>
<tr>
<td></td>
<td>0 unspecified</td>
</tr>
<tr>
<td></td>
<td>1 with status asthmaticus</td>
</tr>
<tr>
<td></td>
<td>2 with (acute) exacerbation</td>
</tr>
<tr>
<td>493.0</td>
<td>Extrinsic asthma [0-2]</td>
</tr>
<tr>
<td></td>
<td>Asthma: allergic with stated cause</td>
</tr>
<tr>
<td></td>
<td>atopic</td>
</tr>
<tr>
<td></td>
<td>childhood</td>
</tr>
<tr>
<td></td>
<td>hay</td>
</tr>
<tr>
<td></td>
<td>platinum</td>
</tr>
<tr>
<td></td>
<td>Hay fever with asthma</td>
</tr>
<tr>
<td></td>
<td>Excludes: asthma: allergic NOS (493.9)</td>
</tr>
<tr>
<td></td>
<td>detergent (507.8)</td>
</tr>
<tr>
<td></td>
<td>miners’ (500)</td>
</tr>
<tr>
<td></td>
<td>wood (495.8)</td>
</tr>
<tr>
<td>493.1</td>
<td>Intrinsic asthma [0-2]</td>
</tr>
<tr>
<td></td>
<td>Late-onset asthma</td>
</tr>
</tbody>
</table>
Asthma in ICD-9-CM (continued)

493.2 Chronic obstructive asthma
    [0-2]
    Asthma with chronic obstructive pulmonary disease [COPD]
    Chronic asthmatic bronchitis
Excludes: acute bronchitis (466.0)
    chronic obstructive bronchitis (491.20-491.22)

493.8 Other forms of asthma

493.81 Exercise induced bronchospasm

493.82 Cough variant asthma

493.9 Asthma, unspecified
    [0-2]
    Asthma (bronchial) (allergic NOS)
    Bronchitis:
    allergic
    asthmatic
Some Differences – Example Asthma in ICD-10-CM

J45 Asthma

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

Use additional code to identify:
- exposure to environmental tobacco smoke (Z77.22)
- exposure to tobacco smoke in the perinatal period (P96.81)
- history of tobacco use (Z87.891)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17-)
- tobacco use (Z72.0)

Excludes1: 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)
Classification of Asthma

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

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

J45.4  Moderate persistent asthma
   J45.40  Moderate persistent asthma, uncomplicated
           Moderate persistent asthma NOS
   J45.41  Moderate persistent asthma with (acute) exacerbation
   J45.42  Moderate persistent asthma with status asthmaticus
Classification of Asthma

J45.5  Severe persistent asthma
    J45.50  Severe persistent asthma, uncomplicated
            Severe persistent asthma NOS
    J45.51  Severe persistent asthma with (acute) exacerbation
    J45.52  Severe persistent asthma with status asthmaticus

J45.9  Other and unspecified asthma
    J45.90  Unspecified asthma
            Asthmatic bronchitis NOS
            Childhood asthma NOS
            Late onset asthma
    J45.91  Unspecified asthma with (acute) exacerbation
    J45.92  Unspecified asthma with status asthmaticus
    J45.909  Unspecified asthma, uncomplicated
            Asthma NOS

J45.99  Other asthma
    J45.990  Exercise induced bronchospasm
    J45.991  Cough variant asthma
    J45.998  Other asthma
<table>
<thead>
<tr>
<th>Components of Severity</th>
<th>Classification of Asthma Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intermittent</td>
</tr>
<tr>
<td></td>
<td>0-4 yrs 5-11 yrs 12 + yrs</td>
</tr>
<tr>
<td>Symptoms</td>
<td>≤ 2 days/week</td>
</tr>
<tr>
<td></td>
<td>≤ 2 days/week but not daily</td>
</tr>
<tr>
<td>Nighttime awakenings</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>SABA use for</td>
<td>≤ 2 days/week</td>
</tr>
<tr>
<td>symptom control</td>
<td>≤ 2 days/week</td>
</tr>
<tr>
<td>(not prevention of EIB)</td>
<td></td>
</tr>
<tr>
<td>Impairment</td>
<td></td>
</tr>
<tr>
<td>Normal FEV₁/FVC</td>
<td>N/A</td>
</tr>
<tr>
<td>FEV₁/FVC</td>
<td>≥ 80%</td>
</tr>
<tr>
<td>Interference with</td>
<td>None</td>
</tr>
<tr>
<td>normal activity</td>
<td></td>
</tr>
<tr>
<td>Lung function</td>
<td></td>
</tr>
<tr>
<td>FEV₁/N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>FEV₁/FVC</td>
<td>≥ 80%</td>
</tr>
<tr>
<td>Risk</td>
<td>0-1/year</td>
</tr>
<tr>
<td>Exacerbations</td>
<td></td>
</tr>
<tr>
<td>requiring oral</td>
<td>0-1/year</td>
</tr>
<tr>
<td>systemic corticosteroids</td>
<td></td>
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<tr>
<td>Recommended Step for</td>
<td>Step 1</td>
</tr>
<tr>
<td>Initiating Treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Step 3 and consider short course</td>
</tr>
<tr>
<td></td>
<td>of oral steroids</td>
</tr>
<tr>
<td></td>
<td>Step 3 and consider short course</td>
</tr>
<tr>
<td></td>
<td>of oral steroids</td>
</tr>
</tbody>
</table>

Consider severity and interval since last exacerbation. Frequency and severity may fluctuate over time for patients in any severity category.

0-4 years: If no clear benefit is observed in 4-6 weeks, stop treatment and consider alternate diagnosis or adjusting therapy. 5-11 and 12+ years: adjust therapy accordingly.

AMERICAN LUNG ASSOCIATION®
of Minnesota
• Is this classification from before the GINA guidelines? Can the codes be updated?

• Are codes based on symptoms prior to or after our asthma control treatment was started? Severe, now well controlled?
Clinical questions
- Uncomplicated
- With (acute) exacerbation
- With status asthmaticus
  - Status asthmaticus is a condition in which severe airway obstruction and asthmatic symptoms persist despite the administration of standard acute asthma therapy. It can present with little warning and progress rapidly to asphyxiation.

How to code intermittent severe asthma such as when severe asthma in Spring only?

Severity based on the highest category?
Allergist Question

- Patient refuses lung function test due to cost. Can we still state severity without it?
- Can we use unspecified codes?
- Asthma in control = unspecified?

Unspecified Codes:

- J45.901 Unspecified asthma with (acute) exacerbation
- J45.902 Unspecified asthma with status asthmaticus
- J45.909 Unspecified asthma, uncomplicated
  Asthma NOS
Allergist Question

- Is reactive airway disease a proper diagnosis?
  - Index says “See Asthma”
  - This cross reference also appears in the ICD-9-CM index
  - No change for ICD-10-CM
• Locating a code in the ICD-10-CM

• To select a code in the classification that corresponds to a diagnosis or reason for visit documented in a medical record, 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.

• It is essential to use both the Alphabetic Index and Tabular List when locating and assigning a code. The Alphabetic Index does not always provide the full code.
Example: Allergic Rhinitis-Index

- Index entry under the main term

Rhinitis (atrophic) (catarrhal) (chronic) (croupous) (fibrinous) (granulomatous) (hyperplastic) (hypertrophic) (membranous) (obstructive) (purulent) (suppurative) (ulcerative) J31.0

- with

- - sore throat —see Nasopharyngitis

- acute J00

- allergic J30.9
Allergic Rhinitis - Tabular List

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

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
4. There are two types of Excludes notes in ICD-10-CM
12. Excludes Notes

The ICD-10-CM has two types of excludes notes. Each type of note has a different definition for use but they are all similar in that they indicate that codes excluded from each other are independent of each other.

a. Excludes1

A type 1 Excludes note is a pure excludes note. It means “NOT CODED HERE!” An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.
Example- Excludes1 and Excludes2

J20  Acute bronchitis

Includes: acute and subacute bronchitis (with) bronchospasm
acute and subacute bronchitis (with) tracheitis
acute and subacute bronchitis (with) tracheobronchitis, acute
acute and subacute fibrinous bronchitis
acute and subacute membranous bronchitis
acute and subacute purulent bronchitis
acute and subacute septic bronchitis

Excludes1: bronchitis NOS (J40)
tracheobronchitis NOS (J40)

Excludes2: acute bronchitis with bronchiectasis (J47.0)
acute bronchitis with chronic obstructive asthma (J44.0)
acute bronchitis with chronic obstructive pulmonary disease (J44.0)
allergic bronchitis NOS (J45.909-)
bronchitis due to chemicals, fumes and vapors (J68.0)
chronic bronchitis NOS (J42)
chronic mucopurulent bronchitis (J41.1)
chronic obstructive bronchitis (J44.-)
chronic obstructive tracheobronchitis (J44.-)
chronic simple bronchitis (J41.0)
chronic tracheobronchitis (J42)

J20.0  Acute bronchitis due to Mycoplasma pneumoniae
b. Excludes2

A type 2 Excludes note represents “Not included here”. An excludes2 note indicates that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time. When an Excludes2 note appears under a code, it is acceptable to use both the code and the excluded code together, when appropriate.
• Rhinitis
  • Why would chronic rhinitis exclude allergic? People have both
• Rhinitis
  • Patients commonly have both seasonal and perennial allergic rhinitis. Vasomotor and allergic. Code together? – no excludes notes

Excludes1: 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
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
• Patients can have anaphylactic reaction to both peanuts and other nuts. There is an Excludes 1 note.
• Yes, this is a problem. Report to the NCHS
5. Codes can be longer, or just as short as in ICD-9, but they always begin with a letter and have a maximum of 7 characters.
Code Structure

XXX. XXXXXX X

Category    Etiology, anatomic site    Extension

or severity

Placeholder X if necessary
L50.6 - Contact Urticaria

L50.6

L50.
Category
Urticaria

6
4th, 5th, 6th
Etiology,
Anatomic Site
Contact

Some have 7th
Character
ICD-10-CM Diagnosis

Angioneurotic edema

T78.3XXA

T78.
Category: Adverse effects, NEC

.3XX
Angioneurotic edema

A
7th Character: Initial Encounter

995.1 Angioneurotic edema NOS (ICD-9-CM)
Is it possible to code angioedema and urticaria together?
Allergist Question

- Please explain the use of the 7th characters
- A Initial
- D Subsequent
- S Sequela
ICD-10-CM Diagnosis
Anaphylactic reaction to peanuts, initial encounter

T78.01XA initial encounter (ICD-10-CM)
T78.01XD = last character D is for subsequent encounter
T78.01XS = last character S is for sequela or long term effect
995.61 Anaphylactic reaction to peanuts (ICD-9-CM)
have additional 7th character values. While the patient may be seen by a new or different provider over the course of treatment for an injury, assignment of the 7th character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time.

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 continuing treatment by the same or a different 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.

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.
• If we see a new patient with a recent history of anaphylaxis to peanut, is the last character A or D?

• Is the patient still in the active phase of treatment?
  • A for Initial
  • Remember it is the condition not the provider

• Is the patient in the recovery or healing phase of the reaction?

• D for Subsequent
Ten Things About ICD-10

6. Which side matters – in some cases
New Feature in ICD-10-CM

• Laterality is responsible for more than 50% of the increase in the number of codes in ICD-10-CM vs. ICD-9-CM

13. Laterality

Some ICD-10-CM codes indicate laterality, specifying whether the condition occurs on the left, right or is bilateral. If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side. If the side is not identified in the medical record, assign the code for the unspecified side.
ICD-10-CM Diagnosis

Acute atopic conjunctivitis, right eye

H10.11

H10.
Category: Conjunctivitis

11
Acute atopic.
Right eye

7th Character:
None for this code

H10.11 Acute atopic conjunctivitis, right eye

372.05 Acute atopic conjunctivitis (ICD-9-CM - which eye? Not specified)
• Do all codes require laterality? For example, nasal polyps vs. eyes and ears?
  • Only if codes exist
Ten Things About ICD-10

7. Underdosing is a new concept
(c) **Underdosing**

Underdosing refers to taking less of a medication than is prescribed by a provider or a manufacturer’s instruction. For underdosing, assign the code from categories T36-T50 (fifth or sixth character “6”).

Codes for underdosing should never be assigned as principal or first-listed codes. If a patient has a relapse or exacerbation of the medical condition for which the drug is prescribed because of the reduction in dose, then the medical condition itself should be coded.

Noncompliance (Z91.12-, Z91.13-) or complication of care (Y63.6-Y63.9) codes are to be used with an underdosing code to indicate intent, if known.
Underdosing Example

• Patient with uncomplicated moderate persistent asthma stops taking their prescribed anti-asthmatic medication. The patient is seen in the Emergency Department and diagnosed with status asthmaticus. The patient states that they stopped taking their medication because they could not afford the cost.
Codes Assigned

- J45.42  Moderate persistent asthma with status asthmaticus
- T48.6X6A  Underdosing of antiasthmatics
- Z91.120  Patient’s intentional underdosing of medication regimen due to financial hardship
<table>
<thead>
<tr>
<th>Substance</th>
<th>Poisoning, Accidental (unintentional)</th>
<th>Poisoning, Intentional self-harm</th>
<th>Poisoning, Assault</th>
<th>Poisoning, Undetermined</th>
<th>Adverse effect</th>
<th>Underdosing</th>
</tr>
</thead>
<tbody>
<tr>
<td>pyrimidine</td>
<td>T45.1X1</td>
<td>T45.1X2</td>
<td>T45.1X3</td>
<td>T45.1X4</td>
<td>T45.1X5</td>
<td>T45.1X6</td>
</tr>
<tr>
<td>serotonin</td>
<td>T46.5X1</td>
<td>T46.5X2</td>
<td>T46.5X3</td>
<td>T46.5X4</td>
<td>T46.5X5</td>
<td>T46.5X6</td>
</tr>
<tr>
<td>Antazolin(e)</td>
<td>T45.0X1</td>
<td>T45.0X2</td>
<td>T45.0X3</td>
<td>T45.0X4</td>
<td>T45.0X5</td>
<td>T45.0X6</td>
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<td>Anterior pituitary hormone NEC</td>
<td>T38.811</td>
<td>T38.812</td>
<td>T38.813</td>
<td>T38.814</td>
<td>T38.815</td>
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<td>T37.4X3</td>
<td>T37.4X4</td>
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<td>T45.1X6</td>
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<td>T45.0X4</td>
<td>T45.0X5</td>
<td>T45.0X6</td>
</tr>
<tr>
<td>Anti-anemic(drug) (preparation)</td>
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<td>T45.8X2</td>
<td>T45.8X3</td>
<td>T45.8X4</td>
<td>T45.8X5</td>
<td>T45.8X6</td>
</tr>
<tr>
<td>Antiandrogen NEC</td>
<td>T38.6X1</td>
<td>T38.6X2</td>
<td>T38.6X3</td>
<td>T38.6X4</td>
<td>T38.6X5</td>
<td>T38.6X6</td>
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<td>Antianxiety drug NEC</td>
<td>T43.501</td>
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<td>T43.503</td>
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<td>Antiaris toxicaria</td>
<td>T65.891</td>
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<td>Antiartherosclerotic drug</td>
<td>T46.6X1</td>
<td>T46.6X2</td>
<td>T46.6X3</td>
<td>T46.6X4</td>
<td>T46.6X5</td>
<td>T46.6X6</td>
</tr>
<tr>
<td>Antiasthatic drug NEC</td>
<td>T48.6X1</td>
<td>T48.6X2</td>
<td>T48.6X3</td>
<td>T48.6X4</td>
<td>T48.6X5</td>
<td>T48.6X6</td>
</tr>
</tbody>
</table>
Ten Things About ICD-10

8. Most V codes from ICD-9-CM become Z codes in ICD-10-CM
## ICD-9-CM vs ICD-10-CM

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>ICD-9-CM</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V15.01</td>
<td>Personal history of allergy to peanuts</td>
<td>Z91.010</td>
<td>Allergy to peanuts</td>
</tr>
<tr>
<td>V15.02</td>
<td>Personal history of allergy to milk products</td>
<td>Z91.011</td>
<td>Allergy to milk products</td>
</tr>
<tr>
<td>V15.03</td>
<td>Personal history of allergy to eggs</td>
<td>Z91.012</td>
<td>Allergy to eggs</td>
</tr>
<tr>
<td>V15.04</td>
<td>Personal history of allergy to seafood</td>
<td>VZ1.013</td>
<td>Allergy to seafood</td>
</tr>
<tr>
<td>V15.05</td>
<td>Personal history of allergy to other foods</td>
<td>Z91.018</td>
<td>Allergy to other foods</td>
</tr>
<tr>
<td>V15.06</td>
<td>Personal history of allergy to insects</td>
<td>Z91.030</td>
<td>Bee allergy status</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Z91.038</td>
<td>Other insect allergy status</td>
</tr>
</tbody>
</table>
21. Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)

3) Status

Status codes indicate that a patient is either a carrier of a disease or has the sequelae or residual of a past disease or condition. This includes such things as the presence of prosthetic or mechanical devices resulting from past treatment. A status code is informative, because the status may affect the course of treatment and its outcome. A status code is distinct from a history code. The history code indicates that the patient no longer has the condition.
Z91  Personal risk factors, not elsewhere classified

Excludes: contact with and (suspected) exposures hazardous to health (Z77.-)
exposure to pollution and other problems related to physical environment (Z77.1-)
personal history of physical injury and trauma (Z87.81, Z87.82-)
occupational exposure to risk factors (Z57.-)

Z91.0  Allergy status, other than to drugs and biological substances
Excludes: Allergy status to drugs, medicaments, and biological substances (Z88.-)

Z91.01  Food allergy status
Excludes: food additives allergy status (Z91.02)

Z91.010  Allergy to peanuts

Z91.011  Allergy to milk products
Excludes: lactose intolerance (E73.-)

Z91.012  Allergy to eggs

Z91.013  Allergy to seafood
  Allergy to shellfish
  Allergy to octopus or squid ink

Z91.018  Allergy to other foods
  Allergy to nuts other than peanuts

Z91.02  Food additives allergy status

Z91.03  Insect allergy status

Z91.030  Bee allergy status

Z91.038  Other insect allergy status
• What is the use of the family history of asthma code?

• If applicable to case, can be used, as in ICD-9-CM

• ICD-9-CM  V17.5 Family history of asthma

• ICD-10-CM  Z82.5 Family history of asthma and other chronic lower respiratory disease
**Allergist Question**

- What are the uses for the allergy testing codes?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V72.7</td>
<td>Diagnostic skin and sensitization tests</td>
<td>Z01.82</td>
<td>Encounter for allergy testing</td>
</tr>
<tr>
<td>V72.61</td>
<td>Antibody response examination</td>
<td>Z01.84</td>
<td>Encounter for antibody response examination</td>
</tr>
</tbody>
</table>
Ten Things About ICD-10

9. External Cause codes are not new for ICD-10-CM
https://www.youtube.com/watch?v=hTq6gW31p3E
External Cause Codes - Now Used by Allergists?

Chapter 20: External Causes of Morbidity (V00-Y99)

The external causes of morbidity codes should never be sequenced as the first-listed or principal diagnosis.

External cause codes are intended to provide data for injury research and evaluation of injury prevention strategies. These codes capture how the injury or health condition happened (cause), the intent (unintentional or accidental; or intentional, such as suicide or assault), the place where the event occurred the activity of the patient at the time of the event, and the person’s status (e.g., civilian, military).

There is no national requirement for mandatory ICD-10-CM external cause code reporting. Unless a provider is subject to a state-based external cause code reporting mandate or these codes are required by a particular payer, reporting of ICD-10-CM codes in Chapter 20, External Causes of Morbidity, is not required. In the absence of a mandatory reporting requirement, providers are encouraged to voluntarily report external cause codes, as they provide valuable data for injury research and evaluation of injury prevention strategies.
a. General External Cause Coding Guidelines

1) Used with any code in the range of A00.0-T88.9, Z00-Z99

An external cause code may be used with any code in the range of A00.0-T88.9, Z00-Z99, classification that is a health condition due to an external cause. Though they are most applicable to injuries, they are also valid for use with such things as infections or diseases due to an external source, and other health conditions, such as a heart attack that occurs during strenuous physical activity.
External Cause Codes Show

- How it happened - this code is assigned throughout care: active, subsequent, sequela

- Other External Cause Codes, Initial Visit Only
  - Where it happened
    - Category Y92
  - What activity was involved
    - Category Y93
  - Military or civilian status
    - Category Y99
Crushed by alligator?

There's a code for that!

(ICD-10) W5803XA
Ten Things About ICD-10

10. CPT coding is NOT affected by ICD-10-CM
HIPAA and Code Sets

- Health Insurance Portability and Accountability Act (HIPAA)-enacted in 1996
- Any change to code sets requires a minimum of 24 months notice
- Approved Code Sets
  - ICD-10-CM for all diagnoses
  - ICD-10-PCS procedures for hospital procedures
  - CPT/HCPCS for physicians and all outpatient procedures
Implementation Date
10-1-2015

- Delayed due to SGR patch of 2014 – Protecting Access to Medicare Act (PAMA)
  - Section 212 of the bill
  - New Final Rule issued by CMS August 4, 2014
  - Implementation on October 1, 2015

- Most recent opportunities for delay language have not occurred
  - Funding bill passed in December of 2014
  - Medicare Access and Chip Reauthorization Act (MACRA)

- New bill introduced 5/13/15 HR 2247
  - [Link](http://journal.ahima.org/2015/05/13/new-house-bill-calls-for-icd-10-transition-period-but-not-a-delay)
Miscellaneous Questions
• Symptoms vs. Disease Coding
• E.g., Wheezing with Acute Exacerbation of Asthma
• Unchanged from ICD-9-CM Guidelines
• If the symptom is integral to the disease, it is not coded
Allergist Question

- Pregnant patient with Asthma
- Same as ICD-9-CM – obstetrical code first, followed by the code for the condition
- Example, patient 20 weeks pregnant, seen for follow up of moderate persistent asthma
- O99.512 Diseases of the respiratory system complicating pregnancy, second trimester
- J45.40 Moderate persistent asthma, uncomplicated
- Z3A.20 20 weeks gestation
• Acute bronchitis with COPD has a note to use additional code to identify infection?

J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection
Use additional code to identify the infection

J20 Acute bronchitis

Excludes2: acute bronchitis with bronchiectasis (J47.0)
  acute bronchitis with chronic obstructive asthma (J44.0)
  acute bronchitis with chronic obstructive pulmonary disease (J44.0)
• Is there a code for personal history of pneumonia?
  • Z87.01 (V12.61 in ICD-9-CM)

• Is there a code for deviated nasal septum?
  • J34.2 (470 in ICD-9-CM)
    • If stated as congenital Q67.4 (754.0 in ICD-9-CM)

• What is the code for chronic unspecified rash?
  • R21- Rash and other nonspecific skin eruption
    • (782.1 in ICD-9-CM)
**Allergist Question**

- **What is the code for tobacco use vs. dependence?**
  - Smoker = dependent F17.200

- **What is the difference between nicotine dependence in remission (F17.201) and history of nicotine dependence (Z87.891)?**
  - No specific guidance – opinion
  - In remission – currently in smoking cessation
  - History – ex-smoker
Allergist Question

• Is there a code for providing education on a particular topic? For example asthma disease management?
  • Z71.89  Other specified counseling
  • Z71.9    Counseling, unspecified
**Allergist Question**

- Code for selective Immune deficiency?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>279.00 NOS</td>
<td>Hypogammaglobulinemia, NOS</td>
</tr>
<tr>
<td>279.01</td>
<td>Immunodeficiency Selective IgA</td>
</tr>
<tr>
<td>279.02</td>
<td>Selective IgM Immunodeficiency</td>
</tr>
<tr>
<td>279.03</td>
<td>Other selective immunoglobulin deficiencies</td>
</tr>
<tr>
<td>279.04</td>
<td>Congenital hypogammaglobulinemia</td>
</tr>
<tr>
<td>279.05</td>
<td>Immunodeficiency with increased IgM</td>
</tr>
<tr>
<td>279.06</td>
<td>Common variable immunodeficiency</td>
</tr>
<tr>
<td>279.09</td>
<td>Other</td>
</tr>
<tr>
<td>279.01</td>
<td>D80.1</td>
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<td>D80.1</td>
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<td>D83.9</td>
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<tr>
<td>279.00</td>
<td>D80.7</td>
</tr>
</tbody>
</table>
- If multiple agents trigger dermatitis code all?
QUESTIONS?
Motto

Keep Calm and Code On
Thank You!