

## ICD-10-CM Codes in Nursing Homes

Kim Huey, MJ, CHC, CPC, CCS-P, PCS, CPCO, COC  
January 2020



---

---

---

---

---

---

---

---

“Every patient deserves an  
accurate and complete story.”



---

---

---

---

---

---

---

---

### HCC – Hierarchical Condition Categories

- HCCs are based on a patient’s health, designed to accurately reflect patient “acuity” – or the severity of illnesses facing the patient. The health status in a given year is used to predict costs in the following year.
- The HCC values for a patient’s documented diagnoses are used to assign a Risk Adjustment Factor – the higher the RAF, the sicker the patient.
- Payments to a provider may be “adjusted” to reflect the intensity of caring for a sicker patient.

---

---

---

---

---

---

---

---

### HCCs – Diagnosis Coding

HCCs rely on accurate, complete, specific diagnosis coding as defined by The Official ICD-10-CM Guidelines for Coding and Reporting  
[https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020\\_final.pdf](https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf)

Guidance published by the American Hospital Association in Coding Clinic –  
<https://www.codingclinicadvisor.com/>

---

---

---

---

---

---

---

---

### RAF-HCC Case Study

Medical History 70 y/o male			
History of colon cancer with metastasis to the liver	Adult onset diabetes controlled by medication with progressive neuropathy causing weakness in his extremities	History of pneumonia	Chronic Obstructive Pulmonary Disease (COPD)/Asthma currently at baseline Recent hospitalization for packed cell transfusion for anemia due to his cancer

---

---

---

---

---

---

---

---

### RAF-HCC Case Study

Final Impression after exam and blood count:			
Weakness and headaches due to continued anemia	Inoperable cancer in the liver	Diabetic neuropathy	COPD with asthma

---

---

---

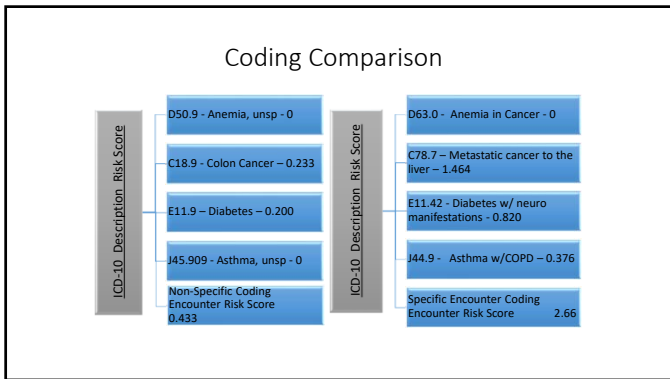
---

---

---

---

---




---

---

---

---


---

---

---


---

### Role of Coders



**Coders CAN:**

Apply the conventions and definitions of ICD-10-CM  
Follow the guidance in AHA Coding Clinic  
Code the diagnoses documented by the physician for this encounter



**Coders CANNOT:**

Code from the Past Medical History or Problem List  
Make inferences – e.g., patient’s blood sugar is 300, so this must be diabetes with hyperglycemia  
Pull information from elsewhere in the medical record – each note must stand on its own

---

---

---

---

---

---

---

---

## What Qualifies?

**MEAT**

- **Monitoring** – Signs, symptoms, disease progression or regression
- **Evaluating** – Test results, medication effectiveness, response to treatment
- **Assessing/addressing** – Ordering tests, discussion, review record, counseling
- **Treating** – Referral, medications, planned surgery, therapies, other modalities

---

---

---

---

---

---

---

---

About HCC Coding -

- Starts over every year on January 1
  - All ongoing conditions must be addressed again each calendar year.
- An AWW and/or comprehensive visit at least once a year is helpful to assess and document all chronic conditions
- Diagnoses must be documented during a face-to-face visit, according to ICD-10-CM Guidelines.
- Remember the impact of interactions, status codes on Risk Scores
- Take care with "history of"

---

---

---

---

---

---

---

---

EMR Issues

- EMR code descriptions may be truncated or incorrect
- EMR diagnosis lists lack guidance contained in the ICD-10-CM book or guidelines – for example:
  - “When unilateral weakness is clearly documented as being associated with a stroke, it is considered synonymous with hemiparesis/hemiplegia.” Coding Clinic 1Q 2015
  - M62.81 Muscle weakness (generalized)
  - R53.1 Weakness
  - I69.959 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side

---

---

---

---

---

---

---

---

Diagnosis Guidelines

---

---

---

---

---

---

---

---

### Unspecified

- Sometimes there is not enough known about the patient’s condition to be more specific – NOS – Not Otherwise Specified or unspecified
- Sometimes you know more, but there is not a code that specific – NEC – Not Elsewhere Classified
- Focus on specificity where it affects treatment or further defines severity.

---

---

---

---

---

---

---

---

### NOTES and Conventions

Chapter-specific guidelines along with Includes, Excludes1 and Excludes2 notes provide coding information that may not be apparent with crosswalks and encoder software.

Includes and Inclusion Terms are the same in ICD-9-CM as in ICD-10-CM

ICD-9-CM had one note for Excludes

ICD-10-CM has

- Excludes 1 – NOT CODED HERE!  
The two conditions cannot occur together.
- Excludes 2 – Not included here. Must use a second code if both conditions are present.

---

---

---

---

---

---

---

---

### “With”

“The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated. For conditions not specifically linked by these relational terms in the classification, provider documentation must link the conditions in order to code them as related.”

15

---

---

---

---

---

---

---

---

### ICD-10-CM Guidelines

- Code assignment is based on the documentation by patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). There are a few exceptions, such as codes for the Body Mass Index (BMI), depth of non-pressure chronic ulcers, pressure ulcer stage, coma scale, and NIH stroke scale (NIHSS) codes.... only reported as secondary diagnoses.
- For social determinants of health, such as information found in categories Z55-Z65, Persons with potential health hazards related to socioeconomic and psychosocial circumstances, code assignment may be based on medical record documentation from clinicians involved in the care of the patient who are not the patient's provider since this information represents social information, rather than medical diagnoses.

---

---

---

---

---

---

---

---

### Steps to Correct Coding

- The appropriate code or codes from A00.0 through T88.9, Z00-Z99 must be used to identify diagnoses, symptoms, conditions, problems, complaints, or other reason(s) for the encounter/visit.
- For accurate reporting of ICD-10-CM diagnosis codes, the documentation should describe the patient's condition, using terminology which includes specific diagnoses as well as symptoms, problems or reasons for the encounter.

---

---

---

---

---

---

---

---

### Steps to Correct Coding

- Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a diagnosis has not been established (confirmed) by the provider. Chapter 18 of ICD-10-CM, Symptoms, Signs, and Abnormal Clinical and Laboratory Findings Not Elsewhere Classified (codes R00-R99) contain many, but not all codes for symptoms.

---

---

---

---

---

---

---

---

### Steps to Correct Coding

- ICD-10-CM provides codes to deal with encounters for circumstances other than a disease or injury. The Factors Influencing Health Status and Contact with Health Services codes (Z00-99) is provided to deal with occasions when circumstances other than a disease or injury are recorded as diagnosis or problems.

---

---

---

---

---

---

---

---

### Steps to Correct Coding

- ICD-10-CM is composed of codes with either 3, 4, 5, 6 or 7 digits. Codes with three digits are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of fourth fifth digits, sixth or seventh digits which provide greater specificity.
- A three-digit code is to be used only if it is not further subdivided. A code is invalid if it has not been coded to the full number of characters required for that code, including the 7th character extension, if applicable.

---

---

---

---

---

---

---

---

### Steps to Correct Coding

- List first the ICD-9-CM/ICD-10-CM code for the diagnosis, condition, problem or other reason for the encounter shown in the medical record to be chiefly responsible for the services provided. List additional codes that describe any coexisting conditions.
- In some cases the first-listed diagnosis may be a symptom when a diagnosis has not been established (confirmed) by the physician.

---

---

---

---

---

---

---

---

### Steps to Correct Coding

- Do not code diagnoses documented as “probable”, “suspected”, “questionable”, “rule out”, or working diagnosis. Rather, code the condition(s) to the highest degree of certainty for that encounter, such as symptoms, signs, abnormal test results, or other reason for the visit.
- Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition(s).

---

---

---

---

---

---

---

---

### Steps to Correct Coding

- Code all documented conditions that coexist at the time of the encounter, and require or affect patient care, treatment, or management. Do not code conditions that were previously treated and no longer exist. However, history codes (Z80-Z87) may be used as secondary codes if the historical condition or family history has an impact on current care or influences treatment.

---

---

---

---

---

---

---

---

### Steps to Correct Coding

- The subcategories for encounters for general medical examinations, Z00.0-, provide codes for with and without abnormal findings. Should a general medical examination result in an abnormal finding, the code for general medical examination with abnormal finding should be assigned as the first listed diagnosis. A secondary code for the abnormal finding should also be coded.

---

---

---

---

---

---

---

---



### Documentation Issues

- Documentation must clearly indicate the reason for the visit and any coexisting conditions that affect treatment and care.
- Documentation for each visit must stand alone.
- If practice uses a problem list, it must be updated at each visit – and referenced in the documentation for the date of service.
- Each progress note should be signed with credentials.

---

---

---

---

---

---

---

---

### Documentation Problems

- A prescription is listed but not the condition treated – e.g., the drug is for hypertension but the provider did not list hypertension in the diagnoses for that date of service.
- Provider notes a diagnosis on the encounter form but it is not documented in the chart for the date of service billed.
- Diagnoses are not linked –

---

---

---

---

---

---

---

---

### Certain Infectious and Parasitic Diseases

- Includes diseases generally recognized as communicable or transmissible
- Use additional code to identify resistance to antimicrobial drugs (Z16)
- When coding sepsis or AIDS, it is important to review the Coding Guidelines and the notes at the category level of ICD-10-CM
- Categories B90-B94 are to be used to indicate conditions in categories A00-B89 as the cause of sequelae, which are themselves classified elsewhere.

---

---

---

---

---

---

---

---

HIV

- Code only confirmed cases, but the physician's statement is sufficient confirmation.
    - R75 – inconclusive test
    - Z21 – HIV positive
    - B20 - AIDS
  - Sequencing –
    - If the encounter is for an HIV-related illness, B20 is coded first
    - If the encounter is for an unrelated illness, B20 is coded last
- Patients with any known prior diagnosis of an HIV-related illness should be coded to B20 BUT the physician must state AIDS
- Patients previously diagnosed with any HIV illness (B20) should never be assigned to R75 or Z21, Asymptomatic human immunodeficiency virus [HIV] infection status.

---

---

---

---

---

---

---

---

---

---

Neoplasms

- Neoplasm Table
- Malignant
    - Primary – default
    - Secondary – metastasis, secondary
    - Ca in Situ
  - Benign
  - Uncertain Behavior
  - Unspecified Behavior

LOCATION – LOCATION - LOCATION

29

---

---

---

---

---

---

---

---

---

---

Neoplasm Table

Neoplasm	Malignant Primary	Malignant Secondary	Ca In Situ	Benign	Uncertain Behavior	Unspecified Behavior
..all sites	C00.0	C79.82	D07.1	D08.0	D19.9	D49.99
..all sites	C00.1	C79.82	D07.1	D08.0	D19.9	D49.99
..all sites	C00.0	C79.89	D09.0	D10.0	D49.7	D49.99
..all sites	C00.1	C79.89	D09.0	D10.0	D49.7	D49.99
..all sites	C00.0	C79.89	D09.0	D11.0	D49.7	D49.99
..all sites	C00.1	C79.89	D09.0	D11.0	D49.7	D49.99
..all sites	C00.0	C79.89	D09.0	D12.0	D49.7	D49.99
..all sites	C00.1	C79.89	D09.0	D12.0	D49.7	D49.99
..all sites	C00.0	C79.89	D09.0	D13.0	D49.7	D49.99
..all sites	C00.1	C79.89	D09.0	D13.0	D49.7	D49.99
..all sites	C00.0	C79.89	D09.0	D14.1	D38.9	D49.1
..all sites	C00.1	C79.89	D09.0	D14.1	D38.9	D49.1
..all sites	C00.0	C79.89	D09.0	D15.1	D37.9	D49.0
..all sites	C00.1	C79.89	D09.0	D15.1	D37.9	D49.0
..all sites	C00.0	C79.89	D09.0	D16.1	D38.9	D49.1
..all sites	C00.1	C79.89	D09.0	D16.1	D38.9	D49.1
..all sites	C00.0	C79.89	D09.0	D17.1	D38.9	D49.1
..all sites	C00.1	C79.89	D09.0	D17.1	D38.9	D49.1
..all sites	C00.0	C79.89	D09.0	D18.1	D38.9	D49.1
..all sites	C00.1	C79.89	D09.0	D18.1	D38.9	D49.1
..all sites	C00.0	C79.89	D09.0	D19.1	D38.9	D49.1
..all sites	C00.1	C79.89	D09.0	D19.1	D38.9	D49.1
..all sites	C00.0	C79.89	D09.0	D20.1	D49.9	D49.2
..all sites	C00.1	C79.89	D09.0	D20.1	D49.9	D49.2

---

---

---

---

---

---

---

---

---

---

Metastasis

 What does "metastatic colon cancer mean"?

 Where has it spread to?

---

---

---

---

---

---

---

---

### When to code history of malignancy?

As in ICD-9-CM, guidelines are that the condition is coded as "history of" when the malignancy has been eradicated and the patient is no longer receiving treatment and care for that condition.

May differ from clinical guidelines.

32

---

---

---

---

---

---

---

---

### Diabetes

Five Categories

- E08 – DM due to underlying condition
- E09 – Drug or chemical-induced DM
- E10 – Type 1 DM
- E11 – Type 2 DM
- E13 – Other specified DM

Previously, complications had to be specifically linked – now certain conditions are assumed to be complications

---

---

---

---

---

---

---

---

### Combination Codes

Code as many complications as are documented

- Type
- Body system affected
- Complications affecting that system
- Additional code may still be needed if further specificity documented

---

---

---

---

---

---

---

---

### Incidence of Diabetes Complications

- **Diabetic retinopathy** – estimated at 50% of patients with diabetes, and is the leading cause of new cases of blindness each year.
- **Diabetic nephropathy** - Diabetes is the leading cause of kidney failure, accounting for 44% of new cases in 2005.
- **Diabetic neuropathy** - 60% to 70% of people with diabetes have mild to severe forms of nervous system damage.
- **Peripheral circulatory disorders** - More than 60% of nontraumatic lower-limb amputations occur in people with diabetes. The rate of amputation for people with diabetes is 10 times higher than for people without diabetes.
- **Periodontal (gum) disease** - One-third of people with diabetes have severe periodontal disease with loss of attachment of the gums to the teeth measuring 5 millimeters or more.

---

---

---

---

---

---

---

---

### Uncontrolled?

ICD-10-CM assigns primary code for hypoglycemia or hyperglycemia, then additional code for complications

- E08-E13.641 – with hypoglycemia with coma
- E08-E13.649 – with hypoglycemia without coma
- E08-E13.65 – with hyperglycemia

---

---

---

---

---

---

---

---

Longterm (Current) Use of Insulin

Z79.4

- “longterm” is defined by physician, but is not to be used when insulin is given temporarily to reduce the patient’s blood sugar during the particular encounter
- In ICD-10-CM Guidelines, specific to type 2 or secondary – not incorrect to code for type 1 but does not add value
- Code for insulin pump, Z96.41, is also appropriate – in both Type 1 and Type 2 patients

---

---

---

---

---

---

---

---

Secondary to Drug/Chemical

Patient is seen for ongoing management of steroid-induced diabetes mellitus due to the prolonged use of corticosteroids, which have been discontinued. The patient’s diabetes is managed with insulin which he has been taking for the last 2 years.

- E09.9 - Diabetes, diabetic, (mellitus)(sugar) due to drug or chemical
- T38.0X55 - Refer to Table of Drugs and Chemicals, Corticosteroid, adverse effect
- Z79.4 - Long-term (current) (prophylactic) drug therapy (use of), insulin

---

---

---

---

---

---

---

---

Other Diabetes Diagnosis Codes

- Abnormal fasting glucose – R73.01
  - Abnormal glucose tolerance test – R73.02
  - Pre-diabetes NOS – R73.03
  - Dysmetabolic syndrome X – E88.81
- Not used in a patient with known diabetes
- Hyperglycemia – R73.9
  - Hypoglycemia – E16.2
  - Glycosuria – R81

---

---

---

---

---

---

---

---

### Obesity

- E66.01 - Morbid (severe) obesity due to excess calories
- E66.09 - Other obesity due to excess calories
- E66.1 - Drug-induced obesity  
Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)
- E66.2 - Morbid (severe) obesity with alveolar hypoventilation
- E66.3 - Overweight
- E66.8 - Other obesity
- E66.9 - Obesity, unspecified

Also code BMI if documented - can be documented by staff  
New guideline for 2019 – DO NOT code BMI unless physician documents associated condition

---

---

---

---

---

---

---

---

### Hypertension

I10 – hypertension now includes high blood pressure  
New category I16 – to be coded in addition to I10-I15 –  
I16.0 Hypertensive urgency  
I16.1 Hypertensive emergency  
I16.9 Hypertensive crisis, unspecified  
Assumed linkage between hypertension and kidney failure or hypertension and heart failure

---

---

---

---

---

---

---

---

### Example

The physician lists the patient’s diagnoses as hypertension, congestive heart failure, diabetes

- I11.0 - Hypertensive heart disease with heart failure
- I50.9 – Heart failure, unspecified
- E11.9 – Diabetes, unspecified

---

---

---

---

---

---

---

---

### Tobacco Exposure

Used as an additional code with otitis media, asthma, COPD, CAD -

- 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)

43

---

---

---

---

---

---

---

---

### Alzheimer's Disease and Other Dementias

- G30.0 Alzheimer's disease with early onset Alzheimer's dementia senile and presenile forms
- G30.1 Alzheimer's disease with late onset Alzheimer's dementia senile and presenile forms
- G30.8 Other Alzheimer's disease Alzheimer's dementia senile and presenile forms
- G30.9 Alzheimer's disease, unspecified

Senility is now coded as symptom code R41.81

Senile dementia coded as nervous and mental code F03

Additional code to specify behavioral disturbance

44

---

---

---

---

---

---

---

---

52yo male has been having increasing dementia and forgetfulness. He has been wandering off and leaving his home and forgetting where he is or where he is going. The diagnosis of dementia due to early-onset Alzheimer's was established.

- G30.0 Alzheimer's disease, early onset
- F02.81 Dementia, in Alzheimer's disease, with behavioral disturbance
- Z91.83 Wandering, in diseases classified elsewhere

45

---

---

---

---

---

---

---

---

### CVA or Stroke

- Without any further information, “stroke” is coded as a current condition.
- Late effects of a CVA or stroke are coded from the I69 series – the late effect may be present from the onset or may occur at a later time. Physician must specify that the condition is a late effect of the stroke.
- History of CVA without any residual effects is coded Z86.73 - Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits

46

---

---

---

---

---

---

---

---

### COPD

- J44.0 - Chronic obstructive pulmonary disease with acute lower respiratory infection  
Use additional code to identify the infection
- J44.1 - Chronic obstructive pulmonary disease with (acute) exacerbation
- J44.9 - Chronic obstructive pulmonary disease, unspecified

Excludes2 note indicates that you will code both J44.0 and J44.1 in a patient with acute bronchitis and COPD exacerbation

A separate Excludes2 note indicates that you would also code J45.\* to indicate the status of patient’s asthma – mild/moderate/severe and persistent/intermittent.

---

---

---

---

---

---

---

---

### Arthritis/Arthropathy

- Differing codes for different types/causes of arthritis
- Site and laterality specific codes
- Arthritis of “multiple site” codes may be applicable
- If category does not contain “multiple site” codes, code each site individually
- If no option for bilateral, code L and R separately

---

---

---

---

---

---

---

---



### Osteoarthritis

- Generalized
- Specific Site, including Laterality
- Secondary, including Post-traumatic
- Codes for multiple sites
- Unspecified

Per Coding Clinic, in US "arthritis" assumes osteoarthritis – if site is specified, then assume primary osteoarthritis of that site.

---

---

---

---

---

---

---

---

### Osteoporosis

- Site is not a component of the code unless there is a current pathological fracture
- History of osteoporosis fractures – Z87.310 may be used as a secondary code

---

---

---

---

---

---

---

---

### Example

80yo female with senile osteoporosis. She complains of severe back pain with no history of trauma. Xrays revealed pathological compression fractures of several lumbar vertebrae.

- M80.08XA - Fracture, pathological, due to osteoporosis

(7<sup>th</sup> character A for initial encounter)

---

---

---

---

---

---

---

---

### Symptoms, Signs and other Abnormal Clinical Findings

**Code symptoms when:**

- No more specific diagnosis can be made even after all facts have been investigated
- Provisional diagnosis in patient failing to return
- Referred elsewhere before diagnosis made
- More precise diagnosis not available

Do not code symptoms when the cause is known and coded.

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

---

---

---

---

---

---

---

---

### Injury, Poisoning, and other Consequences of External Causes

- Injuries grouped by body part rather than category of injury
- Encompasses 2 alpha characters
  - **S** - Injuries related to body region
    - Note: Use secondary code(s) from Chapter 20 to indicate cause of injury
  - **T** - Injuries to unspecified region - Poisonings, external causes – codes that include the external cause do not require an additional external cause code
- Seventh character to indicate episode of care

---

---

---

---

---

---

---

---

### 7<sup>th</sup> Characters – Episode of Care

- **Initial encounter**  
The patient is receiving active treatment for the condition – such as surgical treatment, emergency department encounter
- **Subsequent encounter**  
After patient received active treatment for the condition and receiving routine care during healing or recovery phase: cast change or removal, medication adjustment, other aftercare and follow-up visits following injury treatment
- **Sequela**  
Complications or conditions that arise as a direct result of a condition (“late effects”)
  - Use both the injury code that precipitated sequela and code for sequela – code for sequela first
  - S added only to injury code, not sequela code

---

---

---

---

---

---

---

---

Example

Patient complains of pain in right hip, due to arthritis from fracture of hip several years ago.

- M16.51 - unilateral post-traumatic osteoarthritis, right hip
- S72.051S - unspecified fracture of head of right femur, sequela

---

---

---

---

---

---

---

---

---

---

Table of Drugs and Chemicals

Poisoning

- Poisoning code to include circumstances
- Manifestation of poisoning

Adverse Effect

- Nature of adverse effect
- Adverse Effects column

Circumstances

- Accidental
- Intentional Self-Harm
- Assault
- Undetermined

Default is Accidental

---

---

---

---

---

---

---

---

---

---

Table of Drugs and Chemicals - Example

Calcium	Poisoning				Adverse Effect	
	Accidental	Intentional	Assault	Undetermined	Underdosing	Overdosing
Calcium	T60.3X1	T60.3X2	T60.3X3	T60.3X4	T60.3X5	T60.3X6
acetylsalicylate	T39.011	T39.012	T39.013	T39.014	T39.015	T39.016
benzamideacetylate	T37.8X1	T37.8X2	T37.8X3	T37.8X4	T37.8X5	T37.8X6
bromide	T42.8X1	T42.8X2	T42.8X3	T42.8X4	T42.8X5	T42.8X6
bromideacetylate	T42.8X1	T42.8X2	T42.8X3	T42.8X4	T42.8X5	T42.8X6
carbamate	T39.011	T39.012	T39.013	T39.014	T39.015	T39.016
carbonate	T60.6X1	T60.6X2	T60.6X3	T60.6X4	T60.6X5	T60.6X6
chloride	T47.1X1	T47.1X2	T47.1X3	T47.1X4	T47.1X5	T47.1X6
anhydrous	T50.991	T50.992	T50.993	T50.994	T50.995	T50.996
oxide	T57.8X1	T57.8X2	T57.8X3	T57.8X4	T57.8X5	T57.8X6
perchlorate	T47.4X1	T47.4X2	T47.4X3	T47.4X4	T47.4X5	T47.4X6
diosmium edisylate	T45.8X1	T45.8X2	T45.8X3	T45.8X4	T45.8X5	T45.8X6
diosmium edisylate	T45.8X1	T45.8X2	T45.8X3	T45.8X4	T45.8X5	T45.8X6
diacetate	T45.8X1	T45.8X2	T45.8X3	T45.8X4	T45.8X5	T45.8X6
EDTA	T45.8X1	T45.8X2	T45.8X3	T45.8X4	T45.8X5	T45.8X6

---

---

---

---

---

---

---

---

---

---

Example

Patient seen for initial evaluation for pulmonary fibrosis due to Methotrexate used in treatment of Rheumatoid arthritis

- J70.2 - Acute drug-induced interstitial lung disorders
- T45.1X5A - Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
- M05.40 - Rheumatoid myopathy with rheumatoid arthritis of unspecified site

---

---

---

---

---

---

---

---

Example

The patient has constipation due to their longterm use of narcotics for chronic back pain.

- K59.03 - Drug induced constipation
- T40.605A - Adverse effect of unspecified narcotics, initial encounter
- M54.9 - Back pain
- G89.29 - other chronic pain
- Z79.891 - Long term (current) use of opiate analgesic

---

---

---

---

---

---

---

---

Drug Therapy

- Z79.1 - Long term (current) use of non-steroidal anti-inflammatory (NSAID)
- Z79.2 - Long term (current) use of antibiotics
- Z79.3 - Long term (current) use of hormonal contraceptives
- Z79.52 - Long term (current) use of systemic steroids
- Z79.82 - Long term (current) use of aspirin
- Z79.83 - Long term (current) use of bisphosphonates
- Z79.84 - Long term (current) use of oral antidiabetic drugs
- Z79.890 - Long term (current) use of hormone replacement
- Z79.899 - Other long term (current) drug therapy

---

---

---

---

---

---

---

---



**Questions?**

Kim Huey, MJ, CHC, CPC, CCS-P, PCS, CPCO,  
COC  
205/621-0966  
[kim@kimthecoder.com](mailto:kim@kimthecoder.com)  
[Facebook.com/KimtheCoder](https://www.facebook.com/KimtheCoder)

---

---

---

---

---

---

---

---