ICD-10 IN PRIMARY CARE
An Approach to Clinical Documentation Improvement

LYNN M. MYERS MD, CPC, CHC

Agenda

- The Challenge of ICD-10
- The Assessment of our Providers
- Actions Taken
- The Result

The Challenge

Train providers on ICD-1Ø
- Coding guidelines
- Documentation
- EMR upgrades
- Paper vs. electronic
- Hospital and ambulatory

Defining the Scope

- Identify the high impact codes
  - Unspecified code analysis
- Audit Charts for 5 specialties
  - Cardiology
  - Orthopedics
  - Obstetrics
  - Family Practice
  - Internal Medicine

Code	Description	Count	% Total
401.9	HYPERTENSION NOS	72652	13.85%
244.9	HYPOTHYROIDISM NOS	68916	11.61%
268.9	VITAMIN D DEFICIENCY NOS	47850	10.59%
477.9	ALLERGIC RHINITIS NOS	30912	7.65%
285.9	ANEMIA NOS	29669	7.95%
461.9	ACUTE SINUSITIS NOS	22670	6.60%
465.9	ACUTE URI NOS	20344	6.34%
724.5	BACKACHE NOS	14365	4.78%
789.00	ABDOM PAIN NOS SITE	12788	4.47%
493.9	ASTHMA, UNSPECIFIED	12965	4.75%
584.9	ACUTE RENAL FAILURE NOS	10363	3.98%
486	PNEUMONIA, ORGANISM NOS	10102	4.04%
174.9	MALIGN NEOPL BREAST NOS	9596	4.00%
280.9	IRON DEFIC ANEMIA NOS	9096	3.95%
715.90	OSTEOARTHROS NOS-UNSPEC	7734	3.50%
733.90	BONE & CARTILAGE DIS NOS	7051	3.30%
682.9	CELLULITIS NOS	6765	3.28%
692.9	DERMATITIS NOS	6859	3.44%
473.9	CHRONIC SINUSITIS NOS	5774	3.00%
382.9	OTITIS MEDIA NOS	5921	3.17%
443.9	PERIPH VASCULAR DIS NOS	5841	3.23%
716.90	ARTHROPATHY NOS-UNSPEC	4621	2.64%
402.9	HYPERTENSIVE HRT DIS NOS	4526	2.65%
274.9	GOUT NOS	4339	2.61%
585.9	CHRONIC KIDNEY DISEASE NOS	4263	2.64%
162.9	MAL NEO BRONCH/LUNG NOS	4438	2.82%

Audit Report

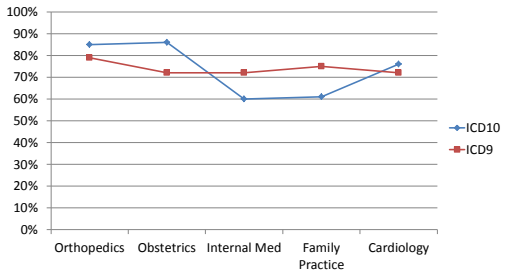
ICD-10-CM Assessment Summary

Findings	Counts	Description
Documentation supports	39	Accurately documented
Documentation does not support	27	Potential risk for compliance

Recommendations

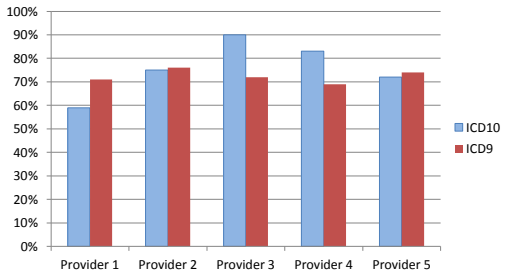
- It is recommended the provider receive additional training on level of specificity found in ICD-10-CM regarding:
- In ICD-10-CM documentation for atrial fibrillation requires information to indicate if the condition is paroxysmal, persistent, chronic, typical or atypical to be able to assign the code to the highest level of specificity.
- In ICD-10-Cm documentation for peripheral vascular disease should include the type (atherosclerosis, aneurysm, etc.), the site, including laterality (right leg, left leg), any complications (ulceration of heel and midfoot, gangrene, etc.) and type of vessel (native, autologous vein bypass, nonautologous biological, etc.) in order for the most specific code to be assigned.
- In ICD-10-CM Diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system and documentation should include all concepts. Code Z79.4, Long term (current) use of insulin, should also be assigned to indicate that the patient uses insulin.
- In ICD-10-CM documentation for Hyperlipidemia should include the type such as pure, mixed, or other or otherwise confirmed by testing. When testing is on file in the medical record in order to code to the highest level of specificity type should be documented and coded.
- In ICD-10-CM documentation for arthritis / osteoarthritis should include the location of the affected area, with unilateral or bilateral; as well as the type of arthritis – primary, secondary, or post-traumatic in order for the most specific code assignment.
- In ICD-10-CM documentation for chronic obstructive pulmonary disease should include if the condition is an acute lower respiratory infection, with acute exacerbation and unspecified. For COPD with acute lower respiratory infection instructional notes indicate to code also the infection. Instructional notes for all codes in this category to code also exposure to environmental exposure to tobacco smoke, history of tobacco use, tobacco dependence, or tobacco use.
- Avoid the use of unspecified codes as this may result in reduced payments or denials in payment.
- ICD-10-CM the new concept of laterality is introduced. Documentation of laterality (left, right, bilateral) should be included when applicable.
- In ICD-10-CM documentation for chronic obstructive pulmonary disease should include if the condition is an acute lower respiratory infection, with acute exacerbation and unspecified. For COPD with acute lower respiratory infection instructional notes indicate to code also the infection. Instructional notes for all codes in this category to code also exposure to environmental exposure to tobacco smoke, history of tobacco use, tobacco dependence, or tobacco use.
- Documentation In ICD-10-CM for ischemic heart disease should include type of vessel (coronary bypass graft, native coronary artery, etc also indicate angina when present. When angina is present, the codes further break down by forms of angina (unstable, with spasm, etc). There is an instructional note at the beginning of the category that states to use additional codes to identify: chronic total occlusion of coronary artery, exposure to environmental tobacco smoke, history of tobacco use, occupational exposure to environmental tobacco smoke, tobacco dependence, or tobacco use.

ICD-9-10 Diagnosis Accuracy



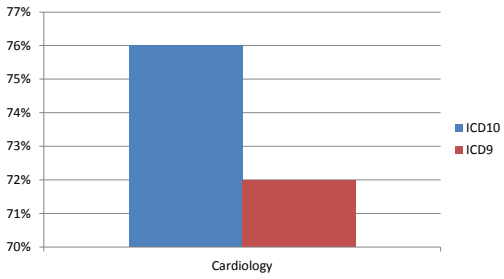
9/13/2013 8

ICD9 vs. ICD10 Cardiology

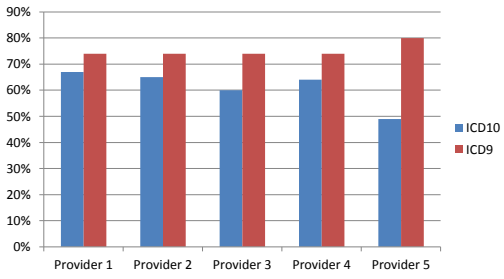


9/13/2013 9

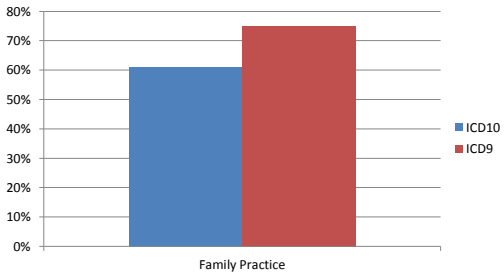
Summary Cardiology



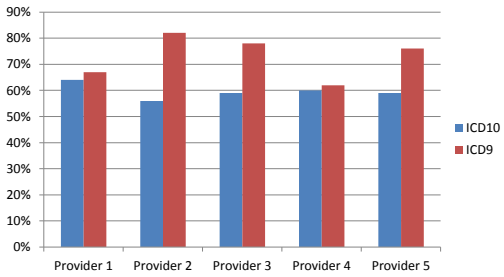
ICD9 vs. ICD10 Family Practice



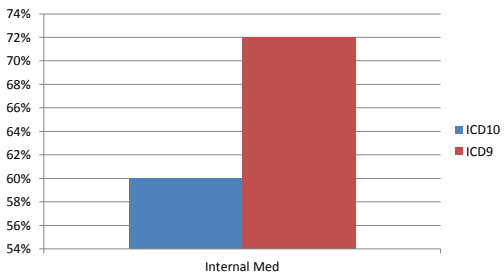
Summary Family Practice



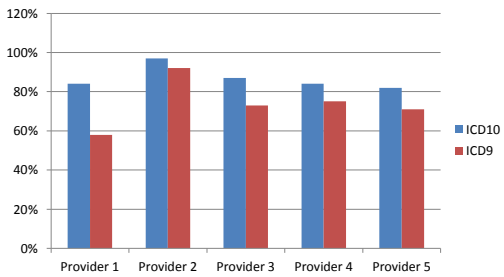
ICD9 vs. ICD10 Internal Medicine (not including hospitalists or LTAC)



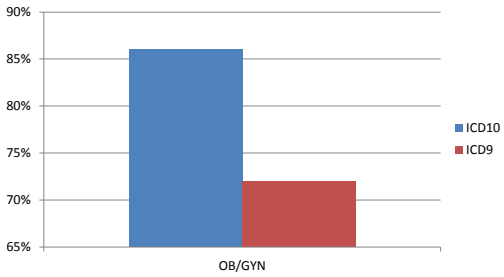
Internal Medicine Summary



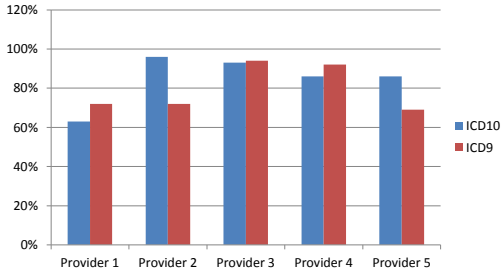
ICD9 vs. ICD10 Obstetrics/Gyn



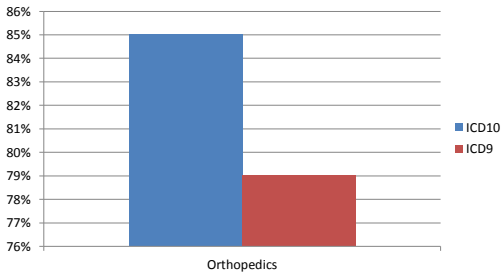
Summary OB/GYN



ICD9 vs. ICD10 Orthopedics



Summary Orthopedics



Diabetes EØØ-E89

- In ICD-9
  - 4th digit (if other than 0 or 9, requires add'l code)
  - 5th digit (describes control and type)
- In ICD-10-Combination codes
  - Type of DM
  - Body system affected
  - Complications affecting that body system

Diabetes EØ8-E13

- 5 categories
  - EØ8-DM due to underlying condition (secondary)
    - Cushing's, CF, pancreatitis, etc.
  - EØ9-DM induced by drug or chemical (secondary)
    - Steroids
  - E1Ø-Type 1 DM (insulin deficiency)
  - E11-Type 2 DM (insulin resistance)
  - E13-Other specified DM (secondary)
    - Genetic defects, post-surgical

Diabetes

- Codes expanded to reflect manifestations and complications by use of 4th or 5th characters instead of additional 'companion codes'
- Inadequately controlled, out of control, poorly controlled are coded to diabetes, by type, with hyperglycemia

Diabetes-Key Terms

- Document insulin use! *Z79.4*
- Document the causal condition, drug or chemical
- Document the underlying associated condition
- Document insulin pump complications
  - Initial, subsequent or sequela
  - Overdose or under-dosing of insulin related to pump malfunction
- Document complications – Hyperglycemia, hypoglycemia, renal, ophthalmic, etc.

Diabetes in Pregnancy O24

- Document if
  - diabetes pre-dates pregnancy
  - gestational
- Document trimester
- Document treatment
  - Diet controlled
  - Insulin controlled
  - Unspecified control

Hyperlipidemia

- ICD-9 Ability to define hypercholesterolemia, hypertriglyceridemia, and mixed
- ICD-10 Similar format

Hyperlipidemia-Key Terms

Encourage specificity by documenting significant laboratory test data. Coders cannot code from lab report.

- Pure hypercholesterolemia
- Pure glyceridemia (hypertriglyceridemia)
- Mixed (elevated cholesterol and triglycerides)
- Lipoprotein deficiency

Definitions

	ICD-9	ICD-10	Comments
Pure Hypercholesterolemia	272.0	E78.0	Familial, inherited, elevated LDL
Pure Hyperglyceridemia	272.1	E78.1	Elevated Very Low Density Lipoproteins Elevated Triglycerides
Mixed	272.2	E78.2	Elevated cholesterol and triglycerides
Other and Unspecified Hypercholesterolemia	272.4	E78.4 E78.5	'Hyperlipidemia'
Lipoprotein Deficiencies	272.5	E78.6	Low HDL with normal cholesterol

Obesity-E66

- ICD-9 defined as
  - Overweight, morbid and unspecified
- ICD-10 Documented by type and severity and BMI
- Pediatrics should be documented in BMI percentile (0-20yrs)
  - Overweight (85th to less than 95th percentile)
  - Obese (equal to or greater than the 95th percentile)

Obesity-Key Terms

- Obesity due to excess calories *E66.0*
  - Morbid (severely) obese due to excess calories (Adult BMI 40+) *E66.01*
  - Other obesity due to excess calories (Adult BMI 30+) *E66.02*
- Drug-induced obesity *E66.1* (use additional code for adverse effect of drug)
- Morbid severe obesity with alveolar hypoventilation syndrome *E66.2* (Pickwickian syndrome)
- Overweight (Adult BMI 25-29.9) *E66.3*
- Adult BMI codes are assigned for patient age 21+

Chapter IX i00-i99 Diseases of the Circulatory System

- Heart disease
- Cerebrovascular diseases
- Vascular diseases

This chapter contains the following blocks:

I00–I02	Acute rheumatic fever
I05–I09	Chronic rheumatic heart diseases
I10–I15	Hypertensive diseases
I20–I25	Ischaemic heart diseases
I26–I28	Pulmonary heart disease and diseases of pulmonary circulation
I30–I52	Other forms of heart disease
I60–I69	Cerebrovascular diseases
I70–I79	Diseases of arteries, arterioles and capillaries
I80–I89	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified
I95–I99	Other and unspecified disorders of the circulatory system

Hypertension i1Ø-i15

- In ICD-9
  - Requires documentation of benign, etc.
  - Combination codes/dual code requirement
    - Hypertensive heart + disease code
    - Hypertensive renal + renal disease code
    - Hypertensive heart and renal + both and renal codes
- In ICD-10
  - Combination codes
  - Dual code requirement remains
  - Hypertension in pregnancy is not included in Chapter IX

Hypertensive Heart Disease i11 Documentation

- Causal relationship "due to"
  - Echocardiogram
  - ECG findings
  - Exam findings of JVD and edema
- Type of heart failure- *i50.-*

Hypertensive Kidney Disease i12 Documentation

- Causal relationship may be assumed
- Stage of CKD included with the code
- Still requires additional code for CKD *(N18.-)*

Hypertensive Heart and Kidney Disease i13 Documentation

- Causal relationship
- Additional codes for heart failure *(i50.-)* and CKD-*(N18-)*
- Stage of CKD included in the code

Heart Failure i50

- Be sure that associated hypertensive heart and/or hypertensive heart & renal disease are documented
- Documentation must identify the cause-and-effect relationship between HTN and CHF.

Heart Failure i50.- Key Terms

- Cardiac asthma
- Edema of lung with heart disease
- Edema of lung with heart failure
- Left heart failure
- Pulmonary edema with heart disease
- Pulmonary edema with heart failure
- Biventricular (heart) failure
- Cardiac or myocardial failure
- Congestive heart disease or failure
- Right ventricular failure (secondary to left heart failure)

Heart Failure-Definitions

- Systolic HF i5Ø.2 *A dilated ventricle that does not empty properly. 'Exacerbation' indicates an acute flare. If the patient has chronic HF, use the 'acute on chronic' CHF codes*
- Diastolic HF i5Ø.3- 40-60% of CHF; *Impaired myocardial relaxation results in increased diastolic pressure*

Cerebrovascular Disease i60-i67 Key Terms

- Type
  - Cerebral infarction
  - Occlusion
  - Hemorrhage
- Site
  - Cerebral
  - Subarachnoid
  - Carotid
- Cause
  - Embolism
  - Occlusion
  - Thrombosis
- Use Additional Code for
  - Alcohol abuse/dependence
  - Exposure to tobacco smoke
  - History of tobacco use
  - Tobacco dependence
  - Tobacco use

CVA or Stroke Documentation

- Acute diagnosis within the first 24 hours, so not usually an ambulatory diagnosis
- Need specific information
  - Acute process
    - Cause, site, type
  - Late residual deficits (Sequela) if not acute-*(i69)*

Sequela of Cerebrovascular Disease Key Terms

- Type of sequela
  - Apraxia
  - Dysphagia
  - Ataxia
  - Paralysis
  - Hemiplegia
  - Monoplegia
- Dominant or non-dominant side of the brain

Peripheral Vascular Disease

- Diabetic PVD coded in combination codes indicating type and nature of DM and PVD
  - Type 1 or 2 DM
  - Gangrene, peripheral angiopathy without gangrene
- Raynaud's syndrome -With or without gangrene *i73.0*
- Buerger's disease

Peripheral Vascular Disease Key Terms

- Type
  - Aneurysm
  - Atherosclerosis
- Site
- Laterality
- Complications
  - Ulceration
  - Gangrene
- Type of vessel
  - Native
  - Autologous vein bypass
  - Non-autologous biological

Ischemic Heart Disease i20-i25 Documentation

- Combination codes for atherosclerotic Coronary Artery Disease & Angina *i20*
  - Native coronaries
  - Bypass grafts
  - Transplant
- With AMI *i21*

Mental, Behavioral & Neurodevelopmental Disorders

- ICD-9 is grouped by psychotic, nonpsychotic or mental retardation
- ICD-10 is grouped in blocks

F01-F09 Due to known physiologic issues
F10-F19 Due to psychoactive substance use
F20-F29 Schizophrenia, etc.
F30-F39 Mood [affective] disorders-depression
F40-F48 Anxiety, dissociative, etc.
F

Dementia FØ1-FØ3

- Progressive decline in mental ability
  - Usually >60 y/o
  - Due to trauma, disease, toxins
- Often diagnosed by symptoms and behavior
  - Confirmation of diagnosis sometimes at autopsy
- Document the type of dementia AND any behavioral component
  - None
  - Aggressive, combative, violent, wandering off

Dementia-Key Terms

- Vascular-with or without behavioral disturbance
- Other causes-with or without behavioral disturbance
- Identify underlying disease as causative
  - Alzheimer's with dementia
  - Creutzfeldt-Jakob
  - Lewy body disease
  - Fronto-temporal
  - Due to hypercalcemia, MS, syphilis, etc.

Depression F30-39 Key Terms

- Very much like ICD-9!
- Single, recurrent, persistent
- Mild, moderate, severe
- Remission
  - Full
  - Partial
- Psychosis
  - With
  - Without

Alzheimer's Disease G3Ø.-

- Currently coded to 331.0
- Key terms
  - Early onset- before age 65 - *New!*
  - Late onset-*New!*
  - Other type causing diffuse atrophy of cerebrum
  - Unspecified

Injury and Poisoning SØØ-T88

- Injuries
- Traumatic fractures
- Burns and corrosions
- Adverse effects
  - Poisoning, under-dosing and toxic effects
- Child and Adult abuse and neglect
- Complications of care

Injuries

- Specific types of injuries are arranged by body region beginning with the head and concluding with the ankle and foot
- External cause codes capture the cause of the injury or condition, the intent, the place where the event occurred and the activity of the patient at the time of the event and the person's status (military, etc.)
- Most diagnoses will have 7th character
  - A-initial encounter
  - D-subsequent encounter
  - S-sequela

Injuries

- Documentation of most serious injury is critical
  - Primary injury with minor damage to peripheral nerves or vessel
  - Primary injury to nerves, spinal cord or vessels

Traumatic fractures

- A-patient receiving active treatment
  - Surgical
  - ED encounter
  - Evaluation by new physician
- D-routine care during recovery
  - Cast change or removal
  - Removal of external or internal fixation device
  - Medication adjustment
  - Other aftercare and follow up following treatment
- S-complications or conditions that arise as a direct result of a condition
  - scar

Traumatic Fractures Documentation

- Site
- Laterality-(if bilateral, and no bilateral code is provided, both sides are coded)
- Open or closed
- Displaced
- Initial or Subsequent encounter
- Complications
  - Malunion or nonunion?
- Presence of Osteoporosis (M80)

Late Effects (Sequela)

- The residual effect after the acute phase of an illness or injury has terminated
- No time limit
- Document the nature of the sequela as well as the cause of the sequela

Burns and Corrosions

- Burn codes are for burns that come from a heat source such as fire, a hot appliance, electricity & radiations
  - Depth
    - 1st- erythema
    - 2nd – blistering
    - 3rd – full thickness
- Corrosions are burns due to chemicals

Burns-Documentation

- Site
- Source of burn and place of occurrence
- Degree
- Focus of treatment (most severe)
- Non-healing or necrosis
- Infection
- Late effect (scar or contracture)
- Rule of 9s
  - 9% -Head & neck
  - 9% -Each arm
  - 18%-Each leg
  - 18%-Anterior trunk
  - 18%-Posterior trunk
  - 1% -Genitalia

Adverse Effects T36-T6 Documentation

Combination codes that include the substance as well as the intent

Adverse Effect: effect of a drug properly prescribed and administered

Examples of Effect: tachycardia, delirium, gastro-intestinal hemorrhaging, vomiting, hepatitis, renal failure, respiratory failure

Poisoning-Documentation

- A reaction to the improper use of a medication
  - Overdose
  - Wrong substance given in error
  - Wrong substance taken in error
  - Wrong route of administration
- Intent
  - Accidental
  - Intentional self-harm
  - Assault
  - Undetermined

Poisoning-Examples

- Error in drug prescription or administration of the drug by the provider, nurse, patient or other person
- Overdose of a drug intentionally taken
- Non-prescribed drug taken with correctly prescribed and properly administered drug
- Interaction of drug and alcohol

Under Dosing Documentation

- New code available to describe taking less of a medication than is prescribed by a provider or a manufacturer's instruction
  - Financial reasons
  - Side effects
- Relapse or exacerbation of the medical condition for which the drug is prescribed should be documented
- Noncompliance should be documented, if known

Toxic Effects-Documentation

- When a harmful substance is ingested or comes in contact with a person
- Document intent
  - Accidental
  - Intentional self-harm
  - Assault
  - Undetermined

GERD

- ICD-9 Gastroesophageal Reflux vs. Reflux Esophagitis
- ICD-10 Gastroesophageal Reflux Disease is now a combination code

GERD Key Terms

With esophagitis *K20.9*
Without esophagitis *K21.9*

Sinusitis

- ICD-9 Acute vs. chronic and location
- ICD-10 Similar structure
  - Document acute vs. acute recurrent by site (use additional code to identify infectious agent – e.g., Staphylococcus)
  - Chronic (include tobacco exposure)

Sinusitis

Documentation for ***acute sinusitis*** may support specific codes based upon which sinuses are involved, and the causative organism. In primary care, the causative organism is often unknown, as indicated by the word 'unspecified' in the codes below. If the organism is known, a code from the B95-B97 series is also coded.

- J01.00 Acute maxillary sinusitis, unspecified
- J01.10 Acute frontal sinusitis, unspecified
- J01.20 Acute ethmoidal sinusitis, unspecified
- J01.30 Acute sphenoidal sinusitis, unspecified
- J01.40 Acute pansinusitis, unspecified
- J01.80 Other acute sinusitis-use for more than one sinus, but not pansinusitis

Key Terms-Sinusitis

- Frontal
- Maxillary
- Ethmoidal
- Sphenoidal
- Pansinusitis (inflammation of all paranasal sinuses on one or both sides)
- Tobacco details

Arthritis
Chapter 13 MØØ-M99

- ICD-9 Type and site involved no designation for laterality
- ICD-10 Cause, Site & Laterality
  - For certain conditions the upper or lower end may be involved, the designation is still the bone and not the joint
  - Bone vs. joint
  - Document whether acute traumatic, chronic or recurrent
  - Some types include ability to code for multiple sites

Arthritis-Key Terms

- Pyogenic (infectious)(document organism)
- Primary
  - Rheumatoid, by site
  - Other symptoms
    - With/without RF
    - With/without rheumatoid nodule
    - Involvement of other organs or systems
  - Juvenile
  - Psoriatic
- Secondary arthritis
  - Post-traumatic
  - Osteoarthritis (polyosteoarthritis-multiple sites)

Tobacco Exposure

Many different categories suggest coding tobacco exposure
- Neoplasms, Heart Disease, Pulmonary, Obstetrics

Document specific types of exposure:
- Exposure to environmental tobacco smoke
  - Second hand exposure (acute)(chronic)
  - Passive smoking (acute)(chronic)
- History of tobacco use (personal)
- Occupational exposure to environmental tobacco smoke (servers)
- Document type of Nicotine dependence
  - Cigarettes, chewing tobacco, other types
- Document uncomplicated, withdrawal, remission, other nicotine-induced disorders

Tobacco

- Environmental exposure to tobacco smoke
- History of tobacco use
- Tobacco dependence
- Tobacco use-use when criteria for dependence is not met.

Defining Tobacco Dependence

At least 3 of the following in 12 months:

- Tolerance
- Withdrawal
- Nicotine is used in larger amounts or over a longer period than intended.
- The user has a persistent desire or makes unsuccessful attempts to cut down on tobacco.
- A great deal of time is spent in obtaining or using the substance (e.g., chain smoking).
- Reduction in activities because of tobacco use
- Recurrent use of the substance continues despite recurrent physical or psychological problems

COPD J44.Ø-J44.9

- ICD-9 Chronic bronchitis, obstructive chronic bronchitis, emphysema
- ICD-10 Chronic obstructive pulmonary disease

COPD-Key Terms

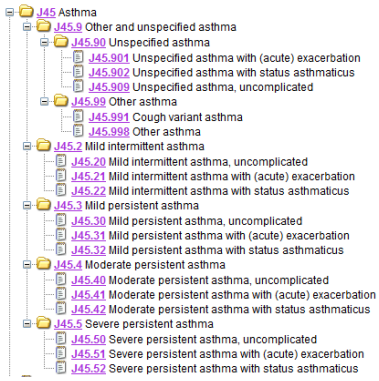
- Chronic bronchitis
- Chronic obstructive asthma
- Emphysema
- Exacerbation
- Decompensation
- Chronic lung disease
- Tobacco details

Asthma

- ICD-9 defined as intrinsic, extrinsic, exercise induced, other specified types
- ICD10 Document type includes allergic and non-allergic asthma.

Asthma Key Terms

- Mild intermittent
- Mild persistent
- Moderate persistent
- Severe persistent
- Tobacco Exposure



Asthma Documentation

	Intermittent	Mild Persistent	Moderate Persistent	Severe Persistent
Symptoms	2 or less days per week	More than 2 days per week	Daily	Throughout the day
Nighttime Awakenings	2 X's per month or less	3-4 X's per month	More than once per week but not nightly	Nightly
Rescue Inhaler	2 or less days per week	More than 2 days per week but not daily	Daily	Several times per day
Interference with Normal activity	None	Minor limitations	Some limitations	Extremely limited
Lung Function	FEVI >80% predicted and normal between exacerbations	FEVI >80% predicted	FEVI 60-80% predicted	FEVI less that 60% predicted

Headache-Key terms

- Type
  - Migraine G43.-
  - Cluster G44.0-
  - Vascular G44.1-
  - Tension G44.2-
  - Post-traumatic G44.3-
  - Drug induced G44.4-
  - Menstrual G44.8-
- Aura (with or without)
- Intractable (or not)

Rhinitis J30-31
Key Terms

Vasomotor & Allergic *J3Ø.-*

- Allergic rhinitis
- Vasomotor rhinitis
- Allergic rhinitis due to pollen
- Other seasonal allergic rhinitis
- Allergic rhinitis, unspecified

Chronic rhinitis *J31.Ø*

Acute nasopharyngitis (common cold) *JØØ*

UTI
Key Terms

- Site
  - Cystitis *N30.-*
  - Urethritis *N34.-*
  - Not specified *N39.Ø*
- Infectious Agent *B95-B97*

Training

- Make the most of 'Teachable Moments'
- Regular newsletter publications
  - "***ICD-10 Coding Corner***"
- Audit Recommendations

Formal Training

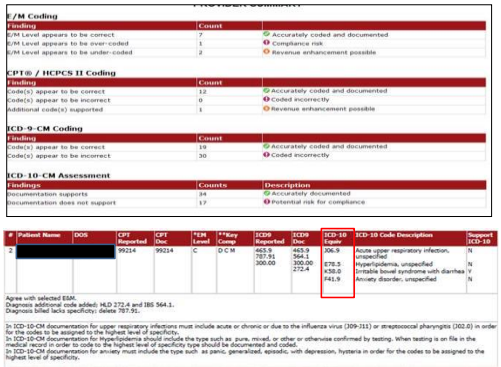
- Leverage system resources
- Capitalize on existing educational offerings
  - Medicare Advantage
  - ACO
  - Meaningful Use

Training Schedule

- Web-based training
  - Awareness
  - Non-coders that use ICD codes in daily work
    - Providers
    - Staff
- Instructor-led training
  - Coders
  - Providers
    - Ambulatory : Five 2-hour sessions in each of 3 zones
    - Hospital – Two 2-day one hour sessions in each of 14 hospitals, followed by on site coder access

The Result

- To Be Determined!
- Chart Audits for ICD-10 to begin in the 4th quarter



E/M Coding

Finding	Count	
E/M Level appears to be correct	7	Accurately coded and documented
E/M Level appears to be over-coded	1	Compliance risk
E/M Level appears to be under-coded	2	Revenue enhancement possible

CPT® / HCPCS II Coding

Finding	Count	
Code(s) appear to be correct	12	Accurately coded and documented
Code(s) appear to be incorrect	0	Coded incorrectly
Additional code(s) supported	1	Revenue enhancement possible

ICD-9-CM Coding

Finding	Count	
Code(s) appear to be correct	19	Accurately coded and documented
Code(s) appear to be incorrect	30	Coded incorrectly

ICD-10-CM Assessment

Findings	Counts	Description
Documentation supports	34	Accurately documented
Documentation does not support	17	Potential risk for compliance

#	Patient Name	DOS	CPT Reported	CPT Doc	*EM Level	**Key Comp	ICD9 Reported	ICD9 Doc	ICD-10 Equiv	ICD-10 Code Description	Support ICD-10
2	[redacted]		99214	99214	C	D C M	463.9 787.91 300.00	465.9 564.1 300.00 272.4	J06.9 E78.5 K58.0 F41.9	Acute upper respiratory infection, unspecified Hyperlipidemia, unspecified Irritable bowel syndrome with diarrhea Anxiety disorder, unspecified	N N Y N

Agree with selected E&M.
Diagnosis additional code added: HLD 272.4 and IBS 564.1.
Diagnosis billed lacks specificity; delete 787.91.

In ICD-10-CM documentation for upper respiratory infections must include acute or chronic or due to the influenza virus (J09-J11) or streptococcal pharyngitis (J02.0) in order for the codes to be assigned to the highest level of specificity.
In ICD-10-CM documentation for Hyperlipidemia should include the type such as: pure, mixed, or other or otherwise confirmed by testing. When testing is on file in the medical record in order to code to the highest level of specificity type should be documented and coded.
In ICD-10-CM documentation for anxiety must include the type such as panic, generalized, episodic, with depression, hysteria in order for the codes to be assigned to the highest level of specificity.

THANK YOU!

LynnMyers@TexasHealth.org