Community Health Care Association of New York State

Albany, New York
October 3, 2010

WHY CODING AND DOCUMENTATION MATTERS TO HEALTH CENTERS

Shawn Hafer, CCS-P, CPC
Brown Consulting Associates, Inc.
codinghelp.com

AGENDA FOR TODAY

- *Coding - Beyond the Dollar and the Doctor*
  - Why is Coding Beneficial and Necessary?
  - Who is Responsible for Coding?
  - How is Coding Competence Achieved?
- *Major Code Sets – Always in Transition*
  - ICD-9-CM Diagnosis Coding
  - ICD-10-CM Diagnosis Coding
  - CPT Procedure Coding
- *Resources and BCA Data Samples*
  - RBRVS, Fee Schedule Data
  - CMS FQHC Documents

2

Brown Consulting Associates, Inc.

Shawn R. Hafer, CCS-P, CPC, Senior consultant and co-owner of Brown Consulting with more than 20 years of physician coding and reimbursement experience in a variety of specialties. She holds coding certifications from both the American Health Information Management Association (AHIMA) and the American Academy of Professional Coders (AAPC) and is a member of both organizations. Her background provides an excellent foundation for the demanding medical coding environment.

Shawn has been with Brown Consulting for 12 years and served as a coding instructor at the College of Southern Idaho and for Northwest Regional Primary Care Association. Shawn has been a long term member of the Advisory Committee for Coding Education at the College of Southern Idaho. Shawn authors and presents coding seminars and webinars for our many workshop/seminar partners including the Idaho Medical Association, Montana Medical Association, Iowa Medical Society, West Virginia Primary Care Association, Northwest Regional Primary Care Association and many other regional and national groups.

She is uniquely qualified due to her diverse management skills and experience, as well as her coding and billing expertise. Shawn also serves as a senior auditor conducting hundreds of medical record audits each year providing both clinician and coder training in all facets of coding and documentation. She has been involved in small rural health clinic projects served by visiting providers to large inner-city clinics with more than 100 providers. Shawn has worked with healthcare defense attorneys on behalf of physicians involved in third party payer audits. Shawn attended the College of Southern Idaho in Twin Falls, ID and Pima College in Tucson, AZ.

Bonnie R. Lewis, RN, CCS-P, is a private practice reimbursement consultant who has served as a national physician office consultant and seminar speaker for a variety of firms, including St. Anthony Publishing and Consulting in Alexandria, Virginia and Medical Learning Inc. in Minneapolis, Minnesota. Bonnie currently presents approximately 30 seminars each year with the Idaho Medical Association, Montana Medical Association, Iowa Medical Society and other groups. She continues to present seminars and workshops for the Northwest Regional Primary Care Association, Center for Health Training and other groups. Brown Consulting Associates, Inc. has developed and presents live, web-based certification training for the Northwest Regional Primary Care Association. As an instructor at the College of Southern Idaho, Bonnie teaches a three-semester course for students aspiring to become certified coders. During years 2005-2007 Bonnie served on the AHIMA national Physician Practice Council Group. Bonnie has worked with health care legal defense attorneys to assist physicians in resolving third party payer coding actions.

Sixteen years of clinical experience combined with seventeen years of coding consulting and training provides an exceptional skill base for application to the challenging and changing medical coding environment. Bonnie graduated from Los Angeles County-USC Medical Center School of Nursing in 1973. Her nursing experience includes 16 years of office nursing and hospital nursing in the areas of surgery, ER, ICU and home health. She served as an Air Force Flight Nurse.

Bonnie worked in physician office nursing and management, dealing directly with reimbursement issues in Las Vegas, Nevada; Salt Lake City, Utah; and Twin Falls, Idaho. She has been teaching and consulting since 1989 and has worked in 41 states. As a physician reimbursement consultant, Bonnie visits physician offices, clinics and ERs to assess the issues that directly and indirectly affect reimbursement and CMS compliance.

Donna Monroe, CCS-P, CPC, BA, is a senior auditor for BCA, conducting hundreds of record audits each year and providing both clinician and coder training in all facets of coding and documentation. She is the Academic Director of our 23-week Comprehensive Coding Education Program designed for coders aspiring to certification. Donna authors and presents multiple BCA seminars and webinars, drawing from her diverse coding background which includes coding administration and education for a 200-physician, 20-specialty Arizona trauma program, coding education for a multi-state neonatology group, management of a pulmonology physician practice and

coding/patient accounts responsibility for a large Ob-Gyn practice. Donna served as Communications Director and Reimbursement Specialist for the Idaho Medical Association for five years, interfacing with physicians and medical office staffs to resolve reimbursement and compliance issues. She has expertise working directly with payers on behalf of physicians and with the American Medical Association and national specialty societies. She has developed educational programs on topics ranging from ICD-9-CM and CPT coding to reimbursement issues such as Medicare guidelines and payment methodology. Her current efforts include planning education for physician transition to use of ICD-10-CM for diagnosis coding.

Donna is a graduate of Tulane University (New Orleans) and certified by the American Health Information Management Association (AHIMA) and the American Academy of Professional Coders (AAPC). She participates in the Minnesota Health Information Management Association (MIHIMA)) and the Minneapolis Chapter of AAPC. As a recent breast cancer survivor, Donna 's "seize the day" enthusiasm encompasses her BCA work and her family, including husband Gary, daughter Kate, future son-in-law Drew, and beloved black cat Toby. She resides in the Minneapolis suburb of Victoria, MN.

Dana Fox, CCS-P, CPC, began her Brown Consulting affiliation in June 2007, having completed the BCA coding curriculum at the College of Southern Idaho in Twin Falls. She entered the coding profession five years ago after working on the payer side of the healthcare system for 12 years. She began her career in the Seattle area working as an HMO hospital claims specialist with responsibilities including claims adjudication and research, utilization review, and benefits administration. She then transitioned to a position administering employer-sponsored medical, dental and vision benefits for a third party payer. In subsequent roles she has adjudicated claims for managed care plans, was a customer service representative for a major private insurer, and has provided claims re-pricing, hospital DRG, and claims system monitoring services.

Dana holds certifications and membership from both the American Health Information Management Association (AHIMA) and the American Academy of Professional Coders (AAPC). Her education in addition to the CSI credentials includes completion of technical courses encompassing computer and health insurance training and studies in medical terminology and anatomy.

Our Commitment

Brown Consulting Associates, Inc. has provided national physician training services since 1989. BCA recognizes the increasing and constantly changing demands placed on the physician office by federal and state government, CMS, Medicare, the Peer Review Organization, private insurance carriers and hospitals. In addition to serving physician offices, Brown Consulting Associates provides specialized training for various third party payers, Military Treatment Facilities, and Federally Qualified Health Care Centers. Brown Consulting Associates offers physician and staff education designed and customized to enhance operations and federal compliance and allow for appropriate third party payer reimbursement.

Our association with the American Health Information Management Association, American Academy of Professional Coders, Medical Group Management Association well as other groups, helps to keep us current in the field of coding, documentation and reimbursement. Our programs and services are designed to assist physicians and their staff to meet the new demands and challenges of coding, documentation, compliance and reimbursement. Customized in-office services and live web-based programs designed to educate physicians and their staff regarding coding, documentation and billing issues will continue to be our focus.

Brown Consulting Associates, Inc.
P.O. Box 468
Twin Falls, ID 83303
Ph 208.736.3755, Fax 208.736.1946

bonnielewis@codinghelp.com
shawnhafer@codinghelp.com
danafox@codinghelp.com
donnamonroe@codinghelp.com

CODING DEFINED

Coding transforms all that you do, for all those who need you, into digits. Coding identifies your value.

WHO IS RESPONSIBLE FOR CODING?

1. The Clinician

2. Clinic Administration

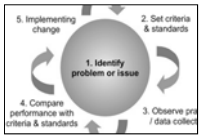
3. The Coder/Biller

5

WHAT IS THE ROLE OF ADMINISTRATOR?

1. Educate clinicians and coders
   a) Coding
   b) Documentation

x



2. Audit for compliance
   a) Production
   b) Medical records
   c) Billing

x

3. Collect reimbursement

Brown Consulting Associates, Inc. 2010

6

WHAT IS THE ROLE OF THE CLINICIAN?

- Identify the reasons for your services expressed in ICD-9-CM diagnosis codes.
- Identify the services provided for those diagnoses, expressed in CPT service codes.
- Document to prove the above.

WHAT IS THE ROLE OF THE CODER/BILLER?

- Validate codes which identify clinician's diagnosis and service utilizing ICD-9 and CPT codes, applying all guidelines and rules.
- Bill service in harmony with third-party contract/program requirements.

Brown Consulting Associates, Inc. 2010

7

CODER DEFINED (AHIMA OR AAPC CERTIFICATION RECOMMENDED)

- Coders possess coding expertise. Coders work with financial, clinical and compliance officers and supervisors to determine clinic coding issues and training needs.
- With the help of officers, coders are able to provide education to other coding/billing staff members and to clinicians.

BILLER DEFINED

- Responsible for sending appropriate code data in required third-party billing formats.
- Receives reimbursement and data (EOBs and RAs), applies payments, and make adjustments according to policy and addresses issues of inappropriate reimbursement.

VALUE OF CODING TO THE ADMINISTRATOR

- Coding reduces the description of what was done for a patient and why services were done into numeric/alpha-numeric codes from three code sets.
- It's all about value. What is the value of service of the services provided? Not the cost, not the payment, but the value.
  - Identifies the acuity of your patient's condition.
  - Proves the level of clinician work.
- State, Federal and Payer Compliance
- Coding provides "Quality" data and "Outcome" data *(P4P PQRI – Reimbursement Schemes)*

DANGEROUS TOP TEN LIST –

QUESTIONS, FOLKLORE, AND FAILED AUDITS

1. Dr. says, "In the clinic I came from, the coder read my record and assigned the codes…"
2. XXXXX Insurance Company will not pay for well woman exams, so we also list another diagnosis and assign a 99214….
3. When patients come in for a blood draw only, is it appropriate to send the clinician in to see the patient so that we may bill an encounter.
4. When the clinician does a procedure, we code only the visit but we assign a bigger visit code.
5. When we set up a patient to receive a telehealth visit with remote psychiatrist, the patient comes to our office to get online, what code do we assign for Medicare?
6. Can we bill cerumen removal when done by nurse?

DANGEROUS TOP TEN LIST

QUESTIONS, FOLKLORE, AND FAILED AUDITS

7. We do group diabetic education, the doctor attends these groups and makes notes in each chart. We will bill an encounter for each Medicare FQHC patient…
8. An FQHC Medicare patient sees the medical provider for HTN and social worker for behavioral health, which encounter should we bill?
9. Our physicians and NPPs provide patient services on the telephone and online using the CPT online and telephone codes, can we bill these services as Medicare encounters?
10. I heard that if our nurse makes a home visit to a Medicare patient we can bill it as an encounter….

VALUE OF CODER CERTIFICATION

AHIMA CCS-P CERTIFICATION OR AAPC CPC CERTIFICATION

Certified coder;

- Passed rigorous exam and has committed to ongoing development and recertification.
- Is committed to an established code of ethics.
- Represents high level of achievement and demonstrates proficiency in coding.
- Increased credibility/confidence in coding knowledge.
- Personal commitment and sense of accountability.

Certified coders enhance health information & operations by;

- Performance of medical record review, and qualifications to assign diagnosis & procedure codes.
- Improvement of the quality of information.
- Playing a critical role in business operations & clinician ed.
- Minimizing errors, reduced exposure to fraud and abuse.
- Increased efficiency and reduction cost. (AHIMA & other sources)

ICD-9-CM: CURRENT DIAGNOSIS CODING WHICH SERVES TO PROVIDE:

x

1. DATA REGARDING ACUITY OF PATIENTS SERVED
2. MEDICAL NECESSITY FOR SERVICES PROVIDED

BROWN CONSULTING EXPERIENCE
44%-72% CLINICIAN ACCURACY DURING FIRST EDUCATIONAL AUDIT BY BROWN *1999-2010 75,000 MEDICAL RECORDS*

Diagnosis Error Key:

1.1 Dx reported for billing is not supported by medical record documentation.
1.2 Dx documented in record is not reported for billing.
1.3 Dx reported for billing is documented in record as unconfirmed.
1.4 Dx reported as #1 for billing does not match primary reason for service per record.
1.5 Dx on EF lacks specificity.
1.6 Dx other error; auditor specify in Comments.

14

DIAGNOSIS CODING ACCURACY: EXAMPLE
FROM 2010 BCA INITIAL AUDITS OF CLINICS

Error %	Error Code	Error Description
39%	1.2	Dx in record not reported for billing
26%	1.1	Dx reported for billing not documented
26%	1.4	Dx reported as #1 does not match record
9%	1.5	Dx reported for billing lacks specificity
0%	1.3	Dx reported for billing is documented unconfirmed

15

DIAGNOSIS REPORTING GUIDELINES

SEE ICD-9-CM SECTION IV AND SECTION I

Section IV Guideline Examples

- Code the main reason for the encounter (determined by you) as the first-listed diagnosis.
  - May not be the most significant diagnosis.
  - Patient with prostate cancer evaluated for bronchitis – bronchitis is first-listed dx TODAY.
- Code reasons for all studies.
- Code specificity rather than generality.
  - Acute vs. chronic, controlled vs. uncontrolled.
  - Hypertensive heart and renal disease – not HTN.
  - Uncontrolled Type II DM with neuro manifestations in a patient where insulin is required.
- Code all conditions that affect/require care.
- Do not report Rule-Out diagnoses for billing.

16

COMMON EMR CONCERNS

BASED ON MEDICARE/MEDICAID/TITLE X AUDIT FINDING

- Cloned documentation
- Contradictions
- Med Lists do not match
- Not clear if problem is new
- Same ROS regardless of patient problem
- Full history data is populated into each encounter, whether it was needed or not. EMR "counts" this history toward code assignments.
- A/P commonly incomplete and not reflective of CMS documentation guidelines.
- Minimal use of "free text"
- Lack of "sense" from beginning to end

17

DANGEROUS TOP TEN DIAGNOSIS QUESTIONS

QUESTIONS, FOLKLORE, AND FAILED AUDITS

- Coders/Billers ask:
  1. My doctor asks, "Why should I be responsible for dx coding I am only a doctor?
  2. "If the clinician does not have a required 'fifth digit' for diabetes can I add it or do I have to send it back to the clinician?"
  3. "If the patient has a HgAc1 of 9.2 should I code the DM as uncontrolled?"
  4. "If the pain management patient has been on opiates for over a year should I code them as addicted?"
  5. "If the patient on Coumadin had a stoke 4 years ago should I code the stroke as the first-listed diagnosis?"
  6. "If the MA wrote, 'patient here for med refill' should I code med refill as the diagnosis?"

18

DANGEROUS TOP TEN DIAGNOSIS QUESTIONS

QUESTIONS, FOLKLORE, AND FAILED AUDITS

7. In cases where the patient has multiple diagnoses, I always list their worst diagnosis first…
8. Coder says, "We tell clinicians they only need two diagnoses on the encounter form because that is all our system will take. How many should be listed and entered into the system?"
9. Our doctors rarely give us the reason for lab tests so we code V72.60 'Laboratory exam' is that OK?
10. If I [clinician] think the patient has pneumonia, I write "presumptive pneumonia." I treat the patient for pneumonia, why does my coder not allow the pneumonia diagnosis code for billing?

19

A TOOL FOR YOU TO USE TODAY

BROWN GIRLS FAVORITE DIAGNOSIS LIST

ELECTRONIC VERSION AVAILABLE TO YOU, EMAIL KERRIROBBINS@CODINGHELP.COM

HTN, essential or unspecified	401.x
Hypertensive heart disease	402.xx
with heart failure, type:	
Hypertensive CKD	403.xx
CKD stage:	
Hypertensive heart dz & CKD	404.xx
with heart failure, type:	
CKD stage:	
4th digits: 9=unsp. 0=malig 1=benign	

Category 402 5th digits:
0= without heart failure
1= with heart failure

Use additional code to identify the stage of chronic kidney disease:
585.1 Chronic kidney disease, Stage I
585.2 Chronic kidney disease, Stage II (mild)
585.3 Chronic kidney disease, Stage III (mod)
585.4 Chronic kidney disease, Stage IV (severe)
585.5 Chronic kidney disease, Stage V
585.6 End stage renal disease (needs dialysis)
585.9 Chronic kidney disease, unspecified
Chronic renal disease
Chronic renal failure NOS
Chronic renal insufficiency

Brown Consulting Associates, Inc. 2010

20

ICD-10-CM FOR 2013: AN INTRODUCTION

WHAT WE KNOW ABOUT ICD-10-CM

- The International Classification of Disease (ICD)
  - Was created for mortality reporting.
  - Is expanded with "CM," (clinical modification) in the United States: ICD-9-CM and ICD-10-CM.
  - Operates on a hierarchical rubric system, so that all codes that begin with the same "rubric," three-digit category, are all part of the same disease system.
- Final implementation date is October 1, 2013.
- Involves many "players":
  - World Health Organization
  - National Center for Health Statistics
  - Centers for Medicare and Medicaid Services

ICD-10 TRANSITION MORE THAN NEW DX CODES

5010 – the "new HIPAA"

- 5010 is an electronic data interchange version of the ANSI X12 formats for all HIPAA financial & admin. transactions:
  - Claims
  - Remittance advice
  - Eligibility
  - Claim status query and response transactions
  - Plan enrollment
  - Referral authorization transactions
- 5010 will be the format that will allow the exchange of the larger size of ICD-10 code set.
- 5010 must be implemented to accommodate ICD-10 codes.
- The 5010 formats must be used as of January 1, 2012.
  - Medicare contractors will begin testing with submitters as early as January 2011.
  - It is important that you discuss your 5010 preparations and readiness with your vendor and/or clearinghouse.
- Medicare does not anticipate any extension on the 2012 compliance date.

CMS-RECOMMENDED 5010 AND ICD-10-CM TRANSITION TIMETABLE

Target Date	Activity
Jan 2009	Begin Level 1 5010 activities (gap analysis, design, development, internal testing)
Jan 2010	Begin internal testing for Version 5010
Dec 2010	Achieve Level 1 5010 compliance (covered entities have completed internal testing and can send and receive compliant transactions)
Jan 2011	- Begin Level 2 5010 testing period activities (external testing with trading partners and dual 4010A/5010 processing mode) - Begin initial ICD-10-CM compliance activities (gap analysis, design, development, internal testing)
Jan 1, 2012	5010 Compliance Date for all covered entities.
Oct 1, 2013	Compliance date for ICD-10-CM and ICD-10-PCS for all covered entities.

24

PREPARING FOR ICD-10

- Features of the code set:
  - More complete than ICD-9-CM, greater specificity.
  - Easy to expand the system.
  - Multi-axial structure makes it easier to analyze.
  - Standardized terminology makes it easier to use once the coder has initial training.
  - Initial training time will be a factor since ICD-10-CM differs significantly from ICD-9-CM:
    - Having all terms defined makes it easier to teach.

25

PHILOSOPHY OF ICD-10-CM

- Good information is at the heart of good health care.
  - The data generated by ICD-10 will put accurate, concise patient data at fingertips of caregivers.
- Quality equals cost-effectiveness.
  - "The right treatment at the right time."
- Preventable errors reduction:
  - Medical errors.
  - Medication errors.
- National system to identify healthcare issues:
  - Epidemics at an early stage.
  - Patterns of adverse drug reactions.

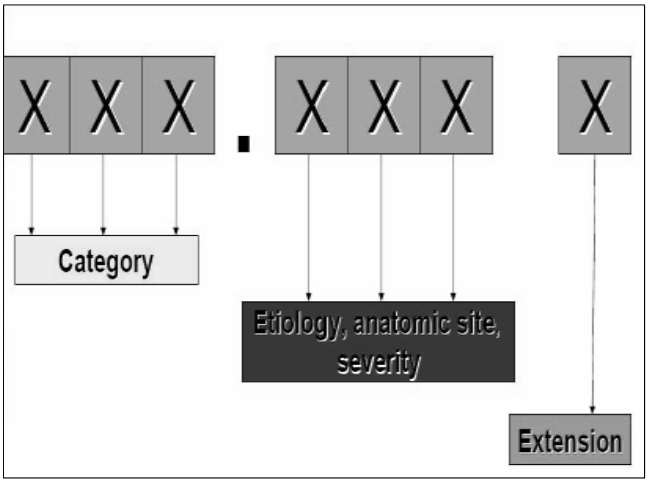
STRUCTURE OF ICD-9 VS ICD-10

ICD-9	**IDC-10**
3-5 characters	3-7 characters
First character is numeric or alpha (E or V)	Character 1 is alpha
Characters 2-5 are numeric	Character 2 is numeric
Always at least 3 characters	Characters 3-7 are alpha or numeric
Use of decimal after 3 characters	All letters except U are used
Alpha characters are not case-sensitive	Always at least 3 characters
	Use of decimal after 3 characters
	Alpha characters are not case-sensitive

SIMILARITIES AND DIFFERENCES

- Much of what you see in ICD-10-CM will be familiar:
  - Rubric system
  - Index conventions
  - Tabular conventions
  - Includes notes
  - Inclusion terms
  - Neoplasm table
- Some areas will be significantly changed compared to ICD-9-CM:
  - Injuries
  - Combined codes
  - Reassignment of existing codes to new categories
  - Alpha extensions
  - Excludes note changes
  - Some changes to guidelines

ICD-10-CM STRUCTURE:
3 TO 6 POSITION CODE WITH LEADING ALPHA (+ EXTENSION)



ICD-10-CM ATTRIBUTES: VALID CODES OF 3 TO 7 DIGITS

- **C52** Malignant neoplasm of vagina
- **D16.5** Benign neoplasm of lower jaw bone
- **C81.70** Other Hodgkin's disease, unspecified site
- **H04.132** Lacrimal cyst, left lacrimal gland
- **T45.1x2a** Poisoning by antineoplastic and immunosuppresive drugs, intentional self-harm, initial encounter

CODES FOR SPRAINED AND STRAINED ANKLES: ICD-9-CM VS. ICD-10-CM

4 ICD-9 Codes

845.00 Sprain and strain of ankle unspecified site

845.01 Sprain and strain of ankle, Deltoid ligament/ Internal collateral ligament

845.02 Sprain and strain of ankle, Calcaneofibular (ligament)

845.03 Sprain and strain of ankle, Tibiofibular (ligament) distal

72 ICD-10 Codes

S93.401A Sprain of unspecified ligament of right ankle - initial encounter
S93.401D Sprain of unspecified ligament of right ankle – subsequent encounter
S93.401S Sprain of unspecified ligament of right ankle – sequela
S93.402A Sprain of unspecified ligament of left ankle - initial encounter
S93.402D Sprain of unspecified ligament of left ankle – subsequent encounter
S93.402S Sprain of unspecified ligament of left ankle – sequela
S93.409A Sprain of unspecified ligament of unspecified ankle - initial encounter
S93.409D Sprain of unspecified ligament of unspecified ankle– subsequent encounter
S93.409S Sprain of unspecified ligament of unspecified ankle– sequela
S93.421a Sprain of deltoid ligament of right ankle - initial encounter
S93.421d Sprain of deltoid ligament of right ankle – subsequent encounter
S93.421q Sprain of deltoid ligament of right ankle –Sequela
S93.422a Sprain of deltoid ligament of left ankle - initial encounter
S93.422d Sprain of deltoid ligament of left ankle – subsequent encounter
S93.422q Sprain of deltoid ligament of left ankle – sequela
S93.429a Sprain of deltoid ligament of ankle unspecified - initial encounter
S93.429d Sprain of deltoid ligament of unspecified ankle– subsequent encounter
S93.429q Sprain of deltoid ligament of unspecified ankle– sequela
S93.411A Sprain of calcaneofibular ligament of right ankle - initial encounter
S93.411D Sprain of calcaneofibular ligament of right ankle – subsequent encounter
S93.411S Sprain of calcaneofibular ligament of right ankle – sequela
S93.412A Sprain of calcaneofibular ligament of left ankle - initial encounter
S93.412D Sprain of calcaneofibular ligament of left ankle – subsequent encounter
S93.412S Sprain of calcaneofibular ligament of left ankle – sequela
S93.419A Sprain of calcaneofibular ligament of unspecified ankle - initial encounter
S93.419D Sprain of calcaneofibular ligament of unspecified ankle– subsequent encounter
S93.419S Sprain of calcaneofibular ligament of unspecified ankle
S93.431A Sprain of tibiofibular ligament of right ankle - initial encounter
S93.431D Sprain of tibiofibular ligament of right ankle – subsequent encounter
S93.431S Sprain of tibiofibular ligament of right ankle – sequela
S93.432A Sprain of tibiofibular ligament of left ankle - initial encounter
S93.432D Sprain of tibiofibular ligament of left ankle – subsequent encounter
S93.432S Sprain of tibiofibular ligament of left ankle – sequela
S93.439A Sprain of tibiofibular ligament of unspecified ankle - initial encounter
S93.439D Sprain of tibiofibular ligament of unspecified ankle– subsequent encounter
S93.439S Sprain of tibiofibular ligament of unspecified ankle– sequela
S93.491A Sprain of other ligament of right ankle (Internal collateral/talofibular) initial encounter
S93.491D Sprain of other ligament of right ankle (Internal collateral/talofibular) subsequent encounter
S93.491S Sprain of other ligament of right ankle (Internal collateral/talofibular) sequela
S93.492A Sprain of other ligament of left ankle, initial encounter
S93.492D Sprain of other ligament of left ankle subsequent encounter
S93.492S Sprain of other ligament of left ankle sequela
S93.499A Sprain of other ligament of unspecified ankle initial encounter
S93.499D Sprain of other ligament of unspecified ankle subs encounter
S93.499S Sprain of other ligament of unspecified ankle (Internal collateral/talofibular) sequela
S96.211A Strain of intrinsic muscle and tendon at right ankle and foot level initial encounter
S96.211D Strain of intrinsic muscle and tendon at right ankle and foot level subsequent encounter
S96.211S Strain of intrinsic muscle and tendon at right ankle and foot level sequela
S96.212A Strain of intrinsic muscle and tendon at left ankle and foot level initial encounter
S96.212DStrain of intrinsic muscle and tendon at left ankle and foot level subsequent encounter
S96.212S Strain of intrinsic muscle and tendon at left ankle and foot level sequela
S96.219A Strain of intrinsic muscle and tendon at ankle and foot level, unspecified side initial encounter
S96.219D Strain of intrinsic muscle and tendon at ankle and foot level, unspecified side subs encounter
S96.219S Strain of intrinsic muscle and tendon at ankle and foot level, unspecified side
S96.811A Strain of other muscles and tendons at right ankle and foot level initial encounter
S96.811D Strain of other muscles and tendons at right ankle and foot level subsequent encounter
S96.811S Strain of other muscles and tendons at right ankle and foot level sequela
S96.812A Strain of other muscles and tendons at left ankle and foot level initial encounter
S96.812D Strain of other muscles and tendons at left ankle and foot level subsequent encounter
S96.812S Strain of other muscles and tendons at left ankle and foot level sequela
S96.819A Strain of other muscles and tendons at ankle and foot level, unspecified side initial encounter
S96.819D Strain of other muscles and tendons at ankle and foot level, unspecified side subs encounter
S96.819S Strain of other muscles and tendons at ankle and foot level, unspecified side sequela
S96.911A Strain of unspecified muscle and tendon at right ankle and foot level initial encounter
S96.911D Strain of unspecified muscle and tendon at right ankle and foot level subs encounter
S96.911S Strain of unspecified muscle and tendon at right ankle and foot level sequela
S96.912A Strain of unspecified muscle and tendon at left ankle and foot level initial encounter
S96.912D Strain of unspecified muscle and tendon at left ankle and foot level subs encounter
S96.912S Strain of unspecified muscle and tendon at left ankle and foot level sequela
S96.919A Strain of unspecified muscle and tendon at ankle and foot level, unspec. side initial encounter
S96.919D Strain of unspecified muscle and tendon at ankle and foot level, unspec. side subs encounter
S96.919S Strain of unspecified muscle and tendon at ankle and foot level, unspec. side sequela

INJURIES: CHANGE IN AXIS

- ICD-9-CM Injuries are categorized by type of injury: fracture, intracranial, internal, open wound, superficial.
- ICD-10-CM axis for injury coding is anatomical:
  - Injuries to the head (SØØ-SØ9)
  - **SØØ** *Superficial injury of head*
  - **SØ1** *Open wound of head*
  - **SØ2** *Fracture of skull and facial bones*
  - **SØ3** *Dislocation, sprain, strain of joints, ligaments of head*
  - **SØ4** *Injury of cranial nerve*
  - **SØ5** *Injury of eye and orbit*
  - **SØ6** *Intracranial injury*
  - **SØ7** *Crushing injury of head*
  - **SØ8** *Avulsion and traumatic amputation of part of head*
  - **SØ9** *Other and unspecified injuries of head*

SAMPLE CODES: INJURIES TO HEAD

- **SØØ. Ø5** Superficial foreign body of scalp
- **SØ1.151** Open bite of right eyelid and periocular area
- **SØ2.11Ød** Type 1 occipital condyle fracture, subsequent encounter for fracture with routine healing
- **SØ4.52** Injury of facial nerve, left side
- **SØ5.42** Penetrating wound of orbit with or without foreign body, left eye

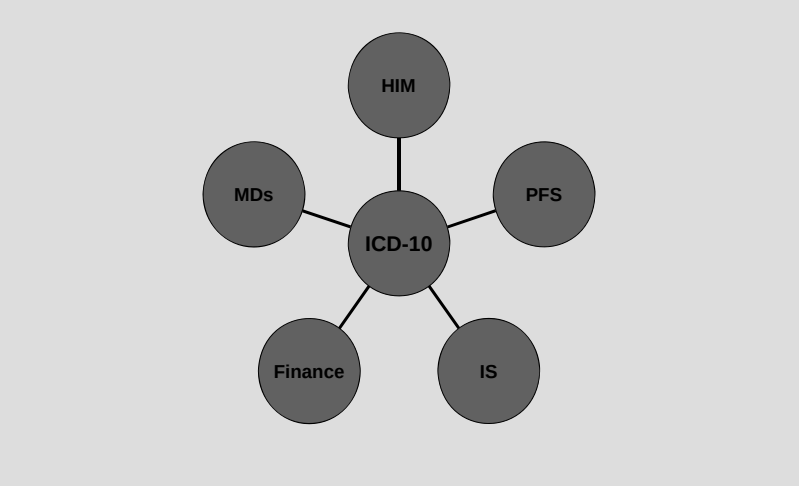
ALPHA EXTENSIONS: INJURIES

- **Always the 7th (last) digit:**
  - **a** initial encounter for closed fracture
  - **b** initial encounter for open fracture
  - **d** subsequent encounter fracture with routine healing
  - **g** subsequent encounter fracture with delayed healing
  - **k** subsequent encounter for fracture with nonunion
  - **p** subsequent encounter for fracture with malunion
  - **s** sequela
  - Example **S62.524d** *Nondisplaced fracture of distal phalanx of right thumb, subsequent encounter for fracture with routine healing*

COMBINED CODES: DIABETES

- Diagnosis: Type II diabetes mellitus with nephropathy
  - ICD-9-CM two codes: **250.40 + 581.81**
  - ICD-10-CM one code **E08.21** (both DM and complication are combined into a single code).
- Other examples of combined codes under Diabetes:
  - **E08.43** Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
  - **E09.00** Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
  - **E10.52** Type I diabetes mellitus with diabetic peripheral angiopathy with gangrene
  - **E11.319** Type II diabetes mellitus with diabetic unspecified diabetic retinopathy without macular edema
  - **E13.620** Other specified diabetes mellitus with diabetic dermatitis.
- DM no longer coded "controlled" vs "uncontrolled."

ALL AREAS OF YOUR PRACTICE WILL BE AFFECTED BY ICD-10 TRANSITION!



EVALUATE THE IMPACT ON EACH STAKEHOLDER

Clinician Benefits	Clinician Risks
Better profiling due to the specificity of data collected	Medical terminology challenges in documentation
Improved clinical information for research	Increased documentation requirements
Clearer code choices	Increased queries for coding clarification
Clearer reimbursement guidelines	Reimbursement delays

STEPS TO SUCCESSFUL CLINIC IMPLEMENTATION:

1. Gather information to assess risks.
2. Share information throughout your organization.
3. Identify key stakeholders for ICD-10 team.
4. Rank needs and development strategies.
5. Transform task force into action team.
6. Budget.
7. Schedule.
8. Manage.

ICD-10-CM CLINICAL PREPAREDNESS

AVOID THE POTENTIAL OF ON SLOT OF DENIALS/PAYMENT DELAYS

1. Take an active leadership role
2. Test process and system as soon as testing available
3. Improve level of ICD-9-CM coding competence
   - 2010–early 2011 - Assess your accuracy of current diagnosis coding
     - Internal audits of coder *and* clinicians
4. Train clinicians
   - 2011 - Improve competence in ICD-9-CM diagnosis coding guidelines and code assignments
   - 2010 - Provide paper/electronic diagnosis training tools

ICD-10-CM CLINICAL PREPAREDNESS

AVOID THE POTENTIAL OF ON SLOT OF DENIALS/PAYMENT DELAYS

5. *Train coders*
   - 2010 and forward - Empower coders to train clinicians.
   - 2010-2011 - Evaluate coder current coding base of knowledge related to both ICD-9-CM coding guidelines and coding.
   - 2011 and forward "Scrub" claims before submission.
   - 2011 – Provide course study in Medical Terminology
   - 2011 – 2012 - course study in Disease Process, then consider Anatomy/Physiology & Pharmacology
   - 2011 – 2012 – Guide coder(s) toward obtaining certification
   - Oct 2012 – Jan 2013 Finalize ICD-10-CM Training
   - Jan–Sept 2013 - Coders should have ICD-9 & ICD-10 code books and be given time to review/code some claims from both.
   - Jan-Sept 2013 – Intensive re-training/evaluation related to ICD-10-CM competence.

CPT CODING IN THE FQHC ENVIRONMENT
E/M "VISIT" CODES (CLINIC, HOSPITAL, OTHER LOCATIONS)
SURGERY CODES
OB CODES
SPECIAL STUDIES (EKG, RESP., INJECTION, IMMUNIZATIONS+)
LAB/RADIOLOGY

CPT Code Guidelines, Rules and Regulations

Code changes every year, Approximately 450 changes for 2011

- AMA/CPT Guidelines
- CMS Guidelines
- FQHC Guidelines
- Medicaid Guidelines
- Title X/Other Program Guidelines
- Many Third-party Payer Guidelines

Evaluation and Management CPT Codes

Coding the Visit

- Clinician should select the E/M code at the point of service.
- Clinician should document to support the code.
  - Five new patient CPT codes.
  - Four "clinician" established patient CPT codes.
    - Most frequently audited codes by feds, state, & private payers
    - Two acceptable techniques for code selection
    - Official documentation guidelines (requirements) are published by CPT and CMS.
  - Preventive CPT codes differentiated by whether the patient is new/established and patient age.
- Coders should "scrub claims" to validate coding
- Coding staff should be positioned to train clinician.

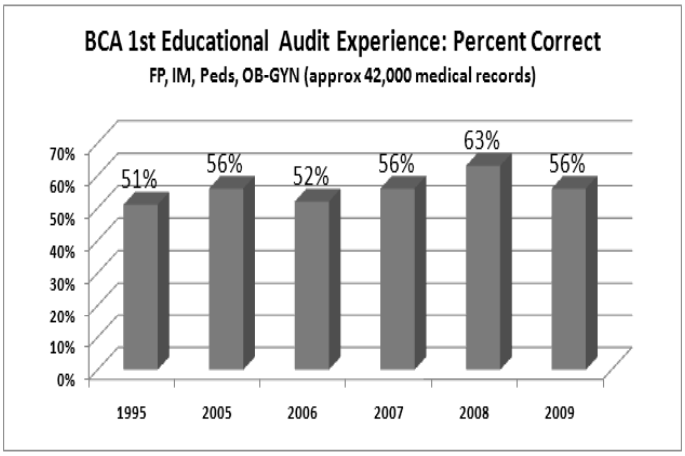
CODING DOES NOT MAKE SENSE TO CLINICIANS

Most physicians have a hard time being compliant with the E/M guidelines because they don't have a concrete plan to apply them in daily practice. In the current climate of increasing regulatory scrutiny, it is reckless and naïve to cobble together your documentation, circle an E/M code and simply hope for the best. Now, more than ever, forces are gathering to squash physicians who demonstrate a casual attitude toward E/M compliance.

--- Peter R. Jensen, MD, CPC

44

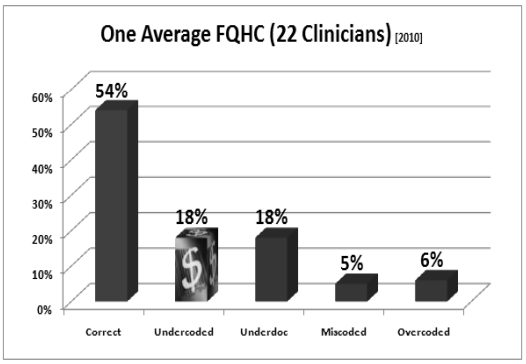
BROWN CONSULTING AUDIT RESULTS
1995-2010



45

BROWN CONSULTING AUDIT RESULTS

ONE CLINIC EXAMPLE



Undercoded: Documentation and complexity support higher code than was assigned.
Underdocumented: Code correct, lacks documentation; required hx or exam.
Miscoded: Incorrect category; e.g. new patient vs. established patient.
Overcoded: MDM complexity does not support assigned code.

THE GREAT (CODING) DELUSION ...

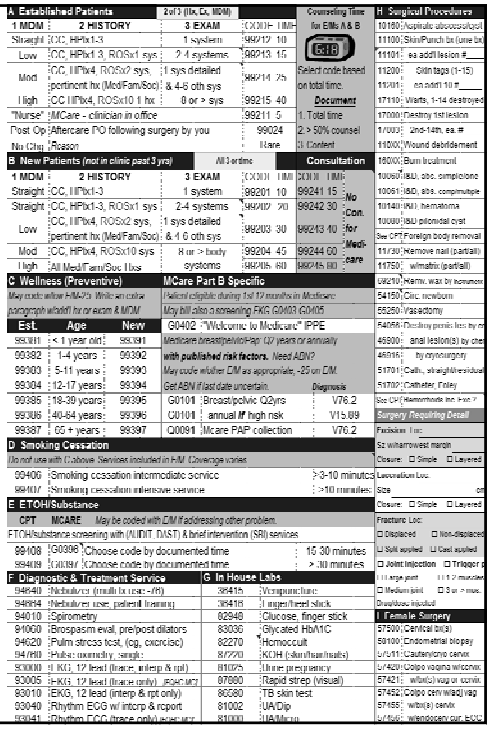
"It doesn't matter what I code; I get paid the same."

TOOLS FOR YOU

RECEIVE ELECTRONICALLY BY EMAIL
KERRIROBBINS@CODINGHELP.COM

A Established Patients		2 of 3			
MDM	HISTORY		EXAM	CODE	TIME
Straight	CC, HPIx1-3		1 system	99212	10
Low	CC, HPIx1-3, ROSx1 sys.		2-4 systems	99213	15
Mod	CC, HPIx4, ROSx2 sys, pertinent hx (Med/Fam/Soc)		1 sys. detailed plus 4-6 other sys	99214	25
High	CC HPIx4, ROSx10 1 hx		8 or > systems	99215	40
"Nurse"	*MCare - requires that clinician is in office*			99211	5
Post Op	Aftercare PO following surgery by you			99024	
No Chg	*Reason*			Rare	

C Wellness (Preventive)			MCare Part B Specific	
May code w/low E/M-25. Write an extra paragraph w/add'l hx or exam & MDM			*Patient eligible during 1st 12 months in Medicare. May bill also a screening EKG G0403-G0405*	
Est.	Age	New	G0402	"Welcome to Medicare" IPPE
99381	< 1 year old	99391	*Medicare breast/pelvic/Pap: Q2 years or annually*	
99382	1-4 years	99392	***with published risk factors.*** *Need ABN?*	
99383	5-11 years	99393	*May code w/other E/M as appropriate; -25 on E/M.*	
99384	12-17 years	99394	*Get ABN if last date uncertain.*	***Diagnosis***
99385	18-39 years	99395	G0101	Breast/pelvic Q2yrs V76.2
99386	40-64 years	99396	G0101	annual ***if*** high risk V15.89
99387	65 + years	99397	Q0091	Mcare PAP collection V76.2



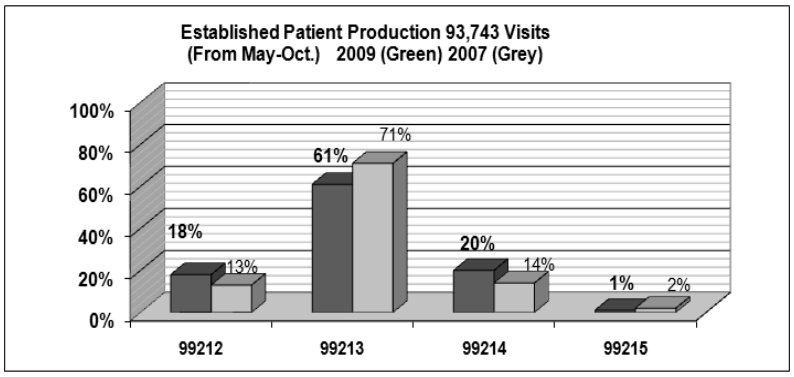
WHO CAN HELP WITH DOCUMENTATION?

- CC and HPI
  - Only Clinician.
- ROS and Past Hx
  - Nurse or MA
    - **With your review and verification.**
- Exam
  - VS – Only portion the nurse/MA can do.
  - "Nursing assessment" by qualified nurses may be included if properly identified, but are not "counted" in clinician code.

49

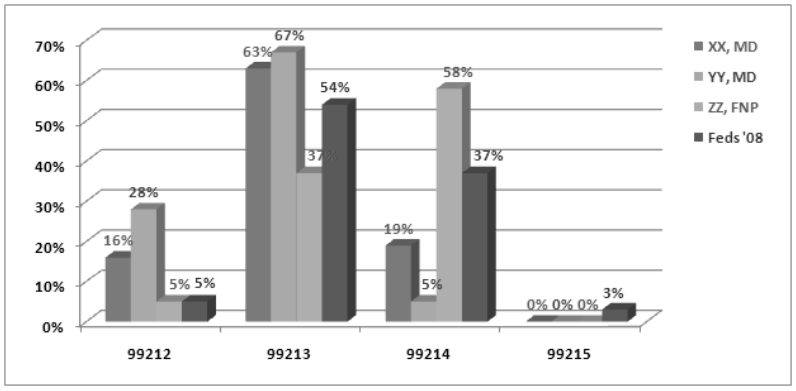
STUDY YOUR DATA ~ EVERYONE ELSE DOES!

YOUR DATA WILL POINT TO EDUCATIONAL NEEDS



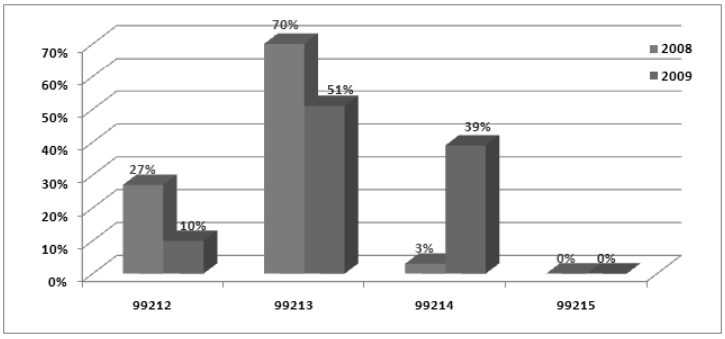
Clinic "averages" are not enough. Examine each clinician, each site, each specialty and compare production among providers who serve similar patients. Share production with clinicians.

STUDY YOUR DATA ~ EVERYONE ELSE DOES!



STUDY YOUR DATA ~ EVERYONE ELSE DOES!

YOUR DATA WILL POINT TO EDUCATIONAL NEEDS



BCA studies, reports and compares over time E/M code assignment production for each clinician, each site (if multiple sites), each specialty if appropriate .

YOU MAY BE REQUIRED

FROM NGS SEPTEMBER WEBCAST–REQUIRES VERIFICATION

"Affordable Care Act of 2010"

Effective January 1, 2011 "Claim system is required to accept HCPCS codes for FQHC claims"

Data collection is informational only

Appears related to PPS for FQHC which may have implementation date in the year 2014.

No further instructions as of September 17, 2010

Today's coding data may, in part, shape your future revenue!

DANGEROUS TOP TEN CPT LIST

QUESTIONS, FOLKLORE, AND FAILED AUDITS

1. If the clinician coded an established patient 99213, may I change it to a new patient 99203?
2. Is it OK to submit Nursing Home visits to Part B?
3. We have our clinicians do a "quick visit" for non-clinic patients for outside lab work, so we can code an encounter…
4. When the nurse sees the patient for DM is it OK to bill the service as a Medicare encounter?
5. We submit all surgical codes (eg 17000) to Medicare Part B.
6. When the FNP makes a home visit we assign the CPT codes for home visit and bill Part B.

54

DANGEROUS TOP TEN CPT QUESTIONS

QUESTIONS, FOLKLORE, AND FAILED AUDITS

7. My doctor did a laceration repair which has 10 days of follow-up care. When the patient returned in eight days for suture removal I changed his visit code to "no charge."
8. Are there minor surgical procedures that when done, cannot be billed as Medicare FQHC encounters?
9. My FNP saw a patient and filled out paperwork for a disability parking sticker, she did not code an encounter but I changed it because it was a face-to-face encounter.
10. Sometimes my doctors code only the surgical procedure but we send those back because we also need them to code an E/M to bill.

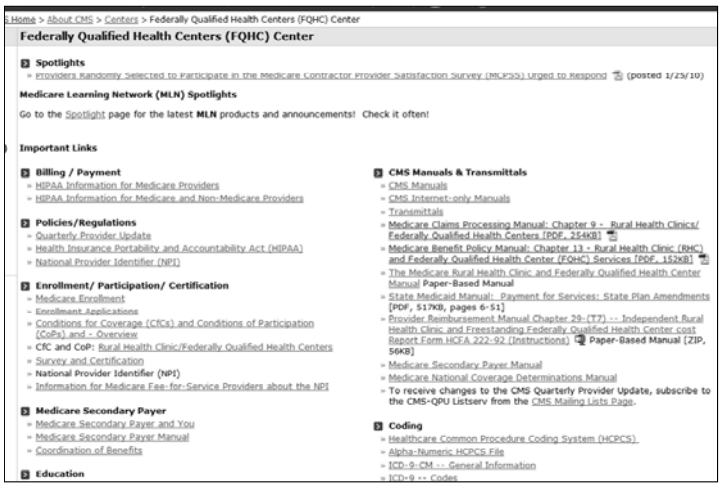
55

MANY OF THE BEST RESOURCES ARE FREE!

- CMS http://www.cms.gov
- Medicare Physician Fee Schedule Data Base
  http://www.cms.gov/PhysicianFeeSched/PFSRVF/list.asp#TopOfPage
- Medicare Manuals
  - Chapter 9 and Chapter 13 most useful for FQHCs
  - http://www.cms.gov/manuals/Downloads/bp102c13.pdf
- NCCI / CCI Bundling Edits
  http://www.cms.gov/NationalCorrectCodInitEd/NCCIEP/list.asp
- FQHC link from CSM Website
  http://www.cms.gov/center/fqhc.asp
- Medical Societies such as American Academy of Family Physicians
  http://www.aafp.org/online/en/home.html

CMS / FQHC

SCREEN SHOT FROM CMS WEBSITE



Home > About CMS > Centers > Federally Qualified Health Centers (FQHC) Center

Federally Qualified Health Centers (FQHC) Center

Spotlights

» Providers Randomly Selected to Participate in the Medicare Contractor Provider Satisfaction Survey (MCPSS) Urged to Respond (posted 1/25/10)

Medicare Learning Network (MLN) Spotlights

Go to the Spotlight page for the latest **MLN** products and announcements! Check it often!

Important Links

Billing / Payment
- HIPAA Information for Medicare Providers
- HIPAA Information for Medicare and Non-Medicare Providers

Policies/Regulations
- Quarterly Provider Update
- Health Insurance Portability and Accountability Act (HIPAA)
- National Provider Identifier (NPI)

Enrollment/ Participation/ Certification
- Medicare Enrollment
- Enrollment Applications
- Conditions for Coverage (CfCs) and Conditions of Participation (CoPs) and - Overview
- CfC and CoP: Rural Health Clinic/Federally Qualified Health Centers
- Survey and Certification
- National Provider Identifier (NPI)
- Information for Medicare Fee-for-Service Providers about the NPI

Medicare Secondary Payer
- Medicare Secondary Payer and You
- Medicare Secondary Payer Manual
- Coordination of Benefits

Education

CMS Manuals & Transmittals
- CMS Manuals
- CMS Internet-only Manuals
- Transmittals
- Medicare Claims Processing Manual: Chapter 9 - Rural Health Clinics/ Federally Qualified Health Centers [PDF, 254KB]
- Medicare Benefit Policy Manual: Chapter 13 - Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services [PDF, 152KB]
- The Medicare Rural Health Clinic and Federally Qualified Health Center Manual **Paper-Based Manual**
- State Medicaid Manual: Payment for Services: State Plan Amendments [PDF, 517KB, pages 6-51]
- Provider Reimbursement Manual Chapter 29- (T7) -- Independent Rural Health Clinic and Freestanding Federally Qualified Health Center cost Report Form HCFA 222-92 (Instructions) **Paper-Based Manual** [ZIP, 56KB]
- Medicare Secondary Payer Manual
- Medicare National Coverage Determinations Manual
- To receive changes to the CMS Quarterly Provider Update, subscribe to the CMS-QPU Listserv from the CMS Mailing Lists Page.

Coding
- Healthcare Common Procedure Coding System (HCPCS)
- Alpha-Numeric HCPCS File
- ICD-9-CM -- General Information
- ICD-9 -- Codes

SAMPLE INFORMATION FROM MPFSDB

									26 TC	FUD	56	54	55	51	50	80	62	66	
11100		Biopsy, skin lesion	A	2.12	1.95	1.23	1.17	$72.99	$43.87	No	000	0%	0%	0%	Ok	No	No	No	No	
11101		Biopsy, skin add-on	A	0.77	0.72	0.62	0.59	$27.04	$22.13	No	ZZZ	0%	0%	0%	No	No	No	No	No	
12001		Repair superficial wound(s)	A	3.86	3.58	2.35	2.26	$133.78	$84.37	No	010	10%	80%	10%	Ok	No	No	No	No	
12002		Repair superficial wound(s)	A	4.10	3.81	2.97	2.82	$142.32	$105.35	No	010	10%	80%	10%	Ok	No	No	No	No	
12031		Layer closure of wound(s)	A	4.64	4.32	3.14	3.01	$161.33	$112.25	No	010	10%	80%	10%	Ok	No	No	No	No	
17000		Destroy benign/premlg lesion	A	1.62	1.49	0.96	0.91	$55.68	$34.09	No	010	10%	80%	10%	Ok	No	No	No	No	
17003		Destroy lesions, 2-14	A	0.27	0.25	0.23	0.22	$9.50	$8.20	No	ZZZ	0%	0%	0%	No	No	No	No	No	
17110		Destruct lesion, 1-14	A	2.33	2.12	1.19	1.12	$79.12	$41.82	No	010	10%	80%	10%	Ok	No	No	No	No	
23600		Treat humerus fracture	A	9.13	8.33	7.22	6.66	$311.17	$248.68	No	090	10%	69%	21%	Ok	Ok	No	No	No	
23605		Treat humerus fracture	A	12.26	11.29	10.63	9.87	$421.71	$368.38	No	090	10%	69%	21%	Ok	Ok	No	No	No	
23615		Treat humerus fracture	A	19.61	18.24	19.61	18.24	$681.12	$681.12	No	090	10%	69%	21%	Ok	Ok	Ok	Maybe	No	
23616		Treat humerus fracture	A	38.96	36.55	38.96	36.55	$1,364.58	$1,364.58	No	090	10%	69%	21%	Ok	Ok	Ok	Ok	No	
44360		Small bowel endoscopy	A	3.88	3.71	3.88	3.71	$138.52	$138.52	No	000	0%	0%	0%	Ok	No	No	No	No	
44361		Small bowel endoscopy/biop	A	4.26	4.08	4.26	4.08	$152.22	$152.22	No	000	0%	0%	0%	Endo	No	No	No	No	44360
44363		Small bowel endoscopy	A	5.12	4.90	5.12	4.90	$183.11	$183.11	No	000	0%	0%	0%	Endo	No	Maybe	No	No	44360
44388		Colonoscopy	A	8.18	7.50	4.20	4.02	$280.15	$149.94	No	000	0%	0%	0%	Ok	No	No	No	No	
44389		Colonoscopy with biopsy	A	9.84	9.00	4.63	4.43	$335.89	$165.44	No	000	0%	0%	0%	Endo	No	No	No	No	44388
44390		Colonoscopy for foreign body	A	10.85	9.96	5.60	5.36	$372.01	$200.25	No	000	0%	0%	0%	Endo	No	Maybe	No	No	44388

USE RBRVS RELATIVE VALUE FOR EVALUATION AND EDUCATION

HTTP://WWW.CMS.GOV/PHYSICIANFEESCHED/PFSRVF/LIST.ASP#TOPOFPAGE

CPT	Abbreviated Description	Fully Implemented Facility Total RVU	Adj Fully Implemented Facility Total RVU	Medicare PAR Clinic	Medicare PAR Facility	2010 MCARE Conversion Factor	Our Fee	Our Conversion Factor	XXX Ins Co Allowable	XXX Ins Co Conversi...
992(	Office/outpatient visit, new	0.73	0.7035	$37.86	$24.58	36.8729	75.00			
992(	Office/outpatient visit, new	1.38	1.3333	$65.51	$47.46	36.8729				
992(	Office/outpatient visit, new	2.11	2.0325	$95.39	$71.88	36.8729				
992(	Office/outpatient visit, new	3.60	3.4684	$148.67	$121.76	36.8729				
992(	Office/outpatient visit, new	4.61	4.4504	$186.92	$157.28	36.8729				
992	Office/outpatient visit, est	0.26	0.2514	$18.47	$8.93	36.8729				
992	Office/outpatient visit, est	0.71	0.6850	$37.86	$24.24	36.8729				
992	Office/outpatient visit, est	1.41	1.3640	$63.92	$47.91	36.8729				
992	Office/outpatient visit, est	2.15	2.0830	$95.89	$73.74	36.8729				
992	Office/outpatient visit, est	3.03	2.9350	$129.69	$104.13	36.8729				

60

USE RBRVS RELATIVE VALUE

Code	Procedure (See CPT)	RVU	Charge
12001	Repair 2.5cm, simple	3.85	$ 231.00
12031	Repair 2.5cm, intermediate	6.12	$ 367.20
17000	Destry skin lesion	2.04	$ 122.40
54056	Destroy penile lesion	3.65	$ 219.00
96372	IM injection	0.59	$ 35.40
20610	Joint injection	1.98	$ 118.80
58320	Insert IUD	1.98	$ 118.80

61

NCCI – CMS CORRECT CODING INITIATIVE

SAMPLE

Column1/Column 2 Edits					
Column 1	Column 2	* = In existence prior to 1996	Effective Date	Deletion Date *=no data	Modifier 0=not allowed 1=allowed 9=not applicable
12001	01995		20020701	*	0
12001	11040		19990401	*	1
12001	11041		19990401	*	1
12001	11042		19990401	*	1
12001	11055		19990401	*	1
12001	11056		19990401	*	1
12001	11100		19970101	*	1
12001	11719		19990401	*	1
12001	11740		19990401	*	1
12001	11750		19990401	*	1
12001	11900		19960101	*	1
12001	11901		19960101	*	1
12001	36000		20021001	*	1
12001	69990		20000605	*	0
12001	90760		20060101	*	1
12001	90765		20060101	*	1
12001	90772		20060101	*	1
12001	96405		19960101	19960101	9

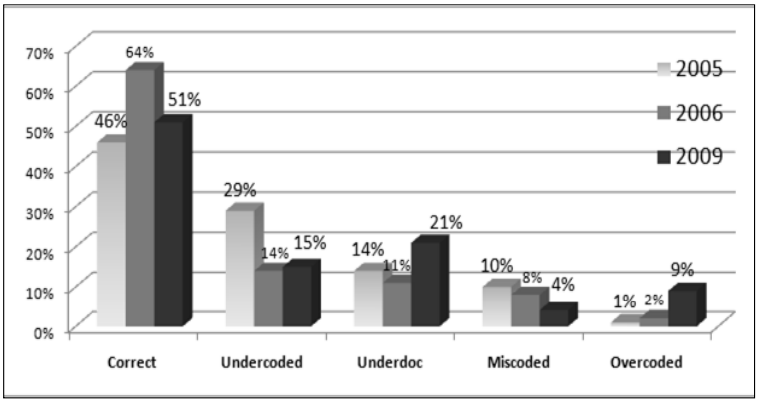
IMPROVE CODING AND DOCUMENTATION IN YOUR CLINIC

- Evaluate current competency
  - Perform diagnosis coding accuracy audits
  - Perform E/M audits
- Identify Clinician coding and documentation issues
- Identify Coder strengths and weaknesses
- Identify Billing strengths and weaknesses
- Develop an improvement plan
- Re-audit and re-identify

63

BROWN CONSULTING EXPERIENCE

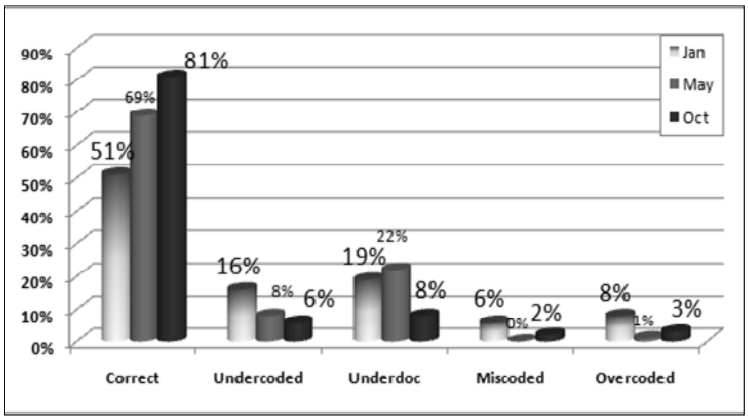
INTERMITTENT AUDIT PROJECTS



64

BROWN CONSULTING EXPERIENCE

SUSTAINED IMPROVEMENT PROJECTS



65

IF YOUR CLINICIANS AND STAFF HAVE CODING QUESTIONS – BROWN CONSULTING CAN HELP

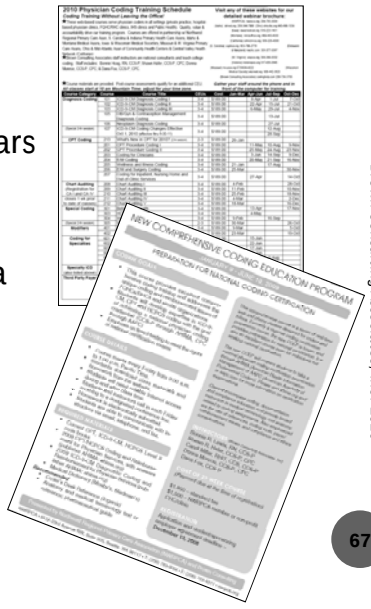
Codingquestions@codinghelp.com

THANK YOU FOR YOUR ATTENDANCE TODAY!

66

CODING EDUCATION

- Brown Consulting teaches approximately 80 coding webinars each for FQHCs.
- Brown Consulting also teaches a 23 week, live on line coding course for those wishing to become certified coders.



67

Brown Girls' Favorite Diagnosis Codes - *Always a work-in-progress, you may add to it!*

PREVENTIVE / WELLNESS

DOT/pre-employment	V70.5
Well child over 28 days	V20.2
Newborn <8 days	V20.31
Newborn 8-28 days, wt check	V20.32
General medical exam	V70.0
Lab: General medical exam	V72.62
GYN only with or w/o Pap	V72.31
Pap (screening, not w/V72.31)	V76.2
Immunization Dx (see front)	
School/student exam	V70.5
Sports/driver/immigration	V70.3
Pre-op exam (list surg dx 2nd)	V72.83
Lab: Pre-procedural	V72.63
Med. certificate, no exam	V68.09
Referral, no exam needed	V68.81

SCREENING (Patient w/o S/S)

HTN	V81.1
Anemia, iron deficiency	V78.0
Breast CA screening exam	V76.19
Cholesterol/lipoid disorder	V77.91
Diabetes mellitus	V77.1
Lead poisoning	V82.5
Osteoporosis	V82.81
Prostate CA screen (PSA, etc.)	V76.44
Preg test pos. V72.42 neg.	V72.41
TB (PPD)	V74.1
PPD+, now needs X-ray	795.5
Thyroid disorder	V77.0
STI screening (bacterial)	V74.5
HPV screening	V73.81
Chlamydia, unspecified	V73.98
Virus, other (HIV, Hep, HSV)	V73.89

SIGNS/SYMPTOMS & MISC

Acculturation/Social maladjust.	V62.4
Alcoholism in family	V61.41
Altered mental status	780.97
Anorexia (not nervosa)	783.0
Bereavement, uncomplicated	V62.82
Carrier. Hep B V02.61 Hep C	V02.62
Chills w/o fever	780.64
Disability exam	V68.01
Edema	782.3
Educational problem	V62.3
Exposure to:	
Family disruption due to:	
Military deployment	V61.01
Return from military deploy	V61.02
Divorce or legal separation	V61.03
Parent/child estrangement	V61.04
Child in welfare custody	V61.05
Death of family member	V61.07
Ext absence, family member	V61.08
Family problem, other	V61.8
Fatigue/malaise	780.79
Chronic fatigue syndrome	780.71
Fever unsp (incl. fever w/chills)	780.60
Fever w/other condition (not sx)	780.61
High risk sexual behavior	V69.2
History of (not current dx):	
Alcoholism (hx, not remission)	V11.3
Anemia	V12.3
Breast CA	V10.3
Colon CA	V10.05
CA of:	V10.xx
Colon polyps	V12.72
Falling (may be recent/current)	V15.88
Pulmonary embolism	V12.51
TIA/CVA w/o residual	V12.54
Tobacco use	V15.82
Other hx:	
Homeless	V60.0
Inadequate material resources	V60.2
Inappropriate diet/eating	V69.1
Insomnia	780.52
Lack of exercise	V69.0
Libido decreased	799.81
Malnutrition, unsp	263.9
Noncompliance w/med tx	V15.81
Overweight	278.02
Obesity, morbid	278.01
Obesity, unspecified	278.00
BMI=_____ (for over/underwt)	V85.xx
Pain (note site and type if known)	
+ w/psychosocial factors	307.89
+ on long-term high-risk med	V58.69
Site, if known:	
Acute	
d/t trauma	338.11
post-thoracotomy	338.12
other post-op (unexpected)	338.18
other acute pain	338.19
Chronic	
d/t trauma	338.21
post-thoracotomy	338.22
other post-op	338.28
other chronic pain	338.29
Central pain syndrome	338.0
Chronic pain syndrome	338.4
Neoplasm-related pain	338.3
Postprocedural fever	780.62
Post-vaccination fever	780.63
Preg, *incidental* (doc'd as such)	V22.2
Rape, observation following	V71.5
Reaction, drug/medication	
Drug(s):	
Symptom/rxn:	
Given/taken: correctly / incorrectly	
Repeat prescription, no MDM	V68.1
Sleep apnea, unsp	780.57
Sleep deprivation	V69.4
Sleep disturbance, unsp	780.50
Status/hx of (not complication):	
Amputation, site:	
Joint replacement, site:	
Cardiac pacemaker	V45.01
Angioplasty/PTCA	V45.82
CABG	V45.81
Bariatric surgery	V45.86
Hysterectomy (cervix & uterus)	V88.01
Hyster (remaining cerv stump)	V88.02
Substance abuse in family	V61.42
Supplemental O2 dependence	V46.2
Therapeutic drug monitoring	V58.83
Long-term meds (not abuse):	
Anticoagulant V58.61 Abx	V58.62
Antiplatelet/antithrobotic	V58.63
NSAID V58.64 Steroid	V58.65
Other (incl. opiate pain rx)	V58.69
Tobacco abuse (nondepend)	305.1
Weight gain, abnormal	783.1
Weight loss, abnormal	783.21
Wheelchair dependence	V46.3

DERMATOLOGY

Acne	706.1
Actinic keratosis	702.0
Abrasion	919.0
Bee sting	989.5
Candidiasis, skin/nails	112.3
Dermatitis, atopic	691.8
seborrheic, unspecified	690.10
Dermatitis, contact (plants)	692.6
Eczema	692.9
Folliculitis, unspecified	704.8
Fungal infection, unspecified	117.9
Heat rash	705.1
Hives/Urticaria	708.9
Insect bite, **site:**	91x.4
Impetigo	684
Ingrowing nail	703.0
Keloid	701.4
Lice, head 132.0 pubic	132.2
Lipoma (skin)	214.9
Molluscum contagiosum	078.0
Nevus/mole, benign	
type/site: _____	
Onychomycosis	110.1
Paronychia of finger	681.02
Pruritis, unspecified	698.9
Psoriasis	696.1
Rash, unspecified	782.1
Rosacea	695.3
Scabies	133.0
Sebaceous cyst	706.2
Seborrheic keratosis	702.19
Skin infection, unspecified	686.9
Skin lesion, unspecified	709.9
Skin tag	701.9
Sunburn 1st° 692.71 2nd°	692.76
Tinea versicolor	111.0
T. cruris 110.3 T. pedis	110.4
Pressure ulcer, **site:**	707.0x
Stage:	707.2x
Ulcer, lower limb, not pressure	707.1x
site:	
Viral exanthem	057.9
Wart, genital 078.19 unsp.	078.10
Plantar wart	078.12

MUSCULOSKELETAL

5th: 1=shoulder 2=elbow 3=wrist 4=hand 5=hip 6=knee 7=ankle/foot 8=other spec 9=mult

Arthralgia	719.4x
Osteoarthritis/DJD	715.9x
Arthritis, rheumatoid	714.0
Bursitis	727.3
Chest wall pain, pleuritic	786.52
Chondromalacia patella	717.7
Costochondritis	733.6
Epicondylitis, lateral	726.32
Fibromyalgia	729.1
Ganglion cyst unspecified	727.43
Lupus (SLE)	710.0
Muscle spasm	728.85
Nursemaid's elbow	832.2
Nontraum. hematoma, soft tissue	729.92
Osteoporosis, unspecified	733.00
Patellofemoral pain syn.	719.46
Plantar fasciitis	728.71
Post traumatic seroma	729.91
Rotator cuff syndrome, NOS	726.10
Sacroilitis, NEC	720.2
Sciatica	724.3

Spine	Pain	Strain	OA	DDD	Disk rup.
Cerv	723.1	847.0	721.0	722.4	
Thor	724.1	847.1	721.2	722.51	722.11
Lum	724.2	847.2	721.3	722.52	722.10

INJURY & AFTERCARE

Some payers require **date of injury:**

Abscess/cellulitis	
site:	
Burn: 1° 2° 3° infected	
site:	
Contusion	
site:	
Foreign body (w/o open wound)	
site:	
Fracture, closed	
site:	
Laceration/open wound (non-surg)	
select: infected delayed tx w/FB	
site:	
Sprain/strain	
site:	
Tendonitis/tenosynovitis	
site:	
Abrasion/superficial wound	
site:	
Bug/spider bite/sting, venomous	989.5
non-venom, site:	

Aftercare / Follow-up / Complic.

Dressing change, surgical	V58.31
Non-surgical	V58.30
Suture/staple removal today	V58.32
Aftercare, healing traumatic fracture:	
upper arm V54.11 lower arm V54.12	
upper leg V54.15 lower leg V54.16	
hip V54.13 other V54.19 (site:)	
Disruption/dehiscence	
op wound, internal/deep	998.31
op wound, external/superfic.	998.32
injury wound repair	998.33
Cesarean wound, postpart.	674.14
Infection, surgical wound	998.59
Non-healing surgical wound	998.83

PEDIATRICS

Abuse, unspecified	995.50
Child/Adol emotional disturb.	313.9
Circumcision-newborn	V50.2
Colic (newborn thru 12 mos)	789.7
Croup	464.4
Delay in development, unsp.	315.9
Delayed milestones	783.42
Diaper rash	691.0
Failure to thrive, newborn	779.34
Feeding problem, newborn	779.31
Fussy infant	780.91
Excess crying, infant	780.92
Excess crying, not infant	780.95
Jaundice, newborn	774.6
Learning difficulties, other	315.2
Pre-birth visit w/clinician (parent)	V65.11
Premature (specify wt, wks gest)	765.1x
wt (gm): wks gest:	
Sexual abuse, child	995.53
Short stature	783.43
Thrush 112.0 Newborn	771.7

FEMALE / GYN

Pap, Neoplasia & Related Dxs

Endometrial hyerplasia, benign	621.34
Endometrial neoplasia (EIN)	621.35
Pap, cervix, unsp abnormal	795.00
Pap, cervix, ASC-US	795.01
Pap, cervix, ASC-H	795.02
Pap, cervix, LGSIL	795.03
Pap, cervix, HGSIL	795.04
Pap, cervix, lacks tranform zone	795.07
Pap, cervix, inad cytology smear	795.08
Pap, vagina, unsp abnormal	795.10
Pap, vagina, ASC-US	795.11
Pap, vagina, ASC-H	795.12
Pap, vagina, LGSIL	795.13
Pap, vagina, HGSIL	795.14
Pap, vag, inad cytology smear	795.18
HPV (hi-risk), cervix, DNA test +	795.05
HPV (hi-risk), vagina, DNA test +	795.15
Cervical CA (current)	180.9
Ovarian CA (current)	183.0
Uterine CA (current)	182.0
CIN I / mild cervical dysplasia	622.11
CIN II / moderate dysplasia	622.12
CIN III / sev. dysplasia / CA in situ	233.1
VAIN I or II / vaginal dysplasia	623.0
VAIN III / sev. dysplasia / CA in situ	233.31
VIN I / mild vulvar dysplasia	624.01
VIN II / moderate dysplasia	624.02
VIN III / sev. dysplasia / CA in situ	233.32

Breast

Abnormal mammogram	793.80
Inconclusive mammogram	793.82
Breast CA (current)	174.9
Fibrocystic breast disease	610.1
Galactorrhea, not OB-related	611.6
Hypertrophy of breast	611.1
Hypoplasia of breast	611.82
Lump/mass in breast	611.72
Mastitis/abscess	611.0
Pain, breast	611.71
Ptosis of breast	611.81
Solitary breast cyst	610.0

Menstrual & Menopause

Amenorrhea	626.0
DUB, unspecified	626.8
Dysmenorrhea	625.3
Irreg. menstrual cycle	626.4
Menorrhagia/menometrorrhagia	626.2
Metrorrhagia	626.6
Oligomenorrhea	626.1
Premenstrual syndrome	625.4
Premenopausal menorrhagia	627.0
Postmenopausal bleeding	627.1
Menopause, symptomatic (natural)	627.2
Menopause, symptomatic (artificial)	627.4
Menopause, asymptomatic (nat'l)	V49.81
HRT (postmenopausal)	V07.4

Contraception/Fam Planning

Initiate Contraceptive Mgt Today:	
Fam planning advice only	V25.09
Oral contraceptive	V25.01
Depo/patch/other	V25.02
Emergency contraception	V25.03
Insert IUD	V25.1
Here for sterilization	V25.2
Follow-up Contraceptive Mgt Today:	
Oral contraceptive	V25.41
IUD (incl. ck, remove, replace)	V25.42
Depo/patch/other	V25.49
Natural Family Planning	
Counsel for preg avoidance	V25.04
Procreative counsel/advice	V26.41

Other

Bartholin's cyst	616.2
Cervical polyp	622.7
Cervicitis	616.0
Chlamydia	079.98
Condyloma (viral wart)	078.10
Condyloma acuminatum	078.11
Cystocele, midline	618.01
Dyspareunia	625.0
Endometriosis, unspecified	617.9
Endometriosis, uterus	617.0
Endometritis, acute	615.0
Fibroids, uterine unsp.	218.9
Herpes, vulvovaginitis	054.11
Ovarian cyst, unspecified	620.2
Pelvic adhesions	614.6
Pelvic pain	625.9
PID, acute	614.3
PID, chronic	614.4
Polycystic ovaries	256.4
Rectocele	618.04
Urethrocele	618.03
Vaginitis, bacterial	616.10
Vaginitis, yeast	112.1
Vulvar vestibulitis	625.71
Vulvodynia, unspecified	625.70

OB / PREGNANCY RELATED

Preg test + (not starting OB care)	V72.42
Preg test negative	V72.41
Preg test, preg unconfirmed	V72.40
Preg supervision, normal **1st**	V22.0
Preg supervision, normal **2nd +**	V22.1
Preg, *incidental* (doc'd as such)	V22.2
Postpartum follow-up, routine	V24.2

Antepartum Conditions

Antepartum hemorrhage, unsp	641.93
Diabetes, gestational	648.83
Edema/excess wt gain w/o HTN	646.13
HTN, gestational	642.33
Hyperemesis gravidarum, mild	643.03
Insufficient prenatal care	V23.7
Pre-eclampsia, mild/unsp	642.43
Preg w/ hx pre-term labor	V23.41
Primigravida <16 @ EDD	V23.83
Primigravida >35 @ EDD	V23.81
SAB 634.92 Incomplete	634.91
Spotting, antepartum	649.53
Threat labor, >37 wks or unsp	644.13
Threat premature labor, 22-37 wks	644.03
Threatened abortion, <22 wks	640.03
Twin pregnancy	651.03
Uterine size date discrepancy	649.63

Other Conditions Affecting Preg

Anemia	648.23
DM (also select DM code)	648.03
Drug dependence (not tobacco)	648.33
HTN, benign essential	642.03
Mental disorder	648.43
Obesity complicating preg	649.13
Thyroid dysfunction	648.13
Tobacco use complicating preg	649.03
UTI or vaginitis in pregnancy	646.63

GASTROINTESTINAL

5th: 1= RUQ 2= LUQ 3= RLQ 4= LLQ 5= Periumb 6= Epigas 7= Gen 9= Unsp

Abdominal pain	789.0x
Ascites, other	789.59
Anal fissure	565.0
Bowel sounds, abnormal	787.5
Cancer, colon (current)	153.9
Cholecystitis	575.10
Cholelithiasis w/o obstruct	574.20
Cirrhosis, alcoholic, liver	571.2
non-alcoholic	571.5
Colitis/Enteritis	558.9
Colon polyp	211.3
Constipation, unspecified	564.00
Crohn's, small intestine	555.0
large intestine	555.1
Diarrhea, NOS	787.91
Diarrhea, presumed infect.	009.3
Diverticulitis w/o bleed	562.11
Diverticulosis w/o bleed	562.10
Dyspepsia	536.8
Dysphagia	787.2**x**
when late effect of CVA use w/	438.82
Esophagitis, unspecified	530.10
Gas/bloating/distention	787.3
Gastritis, unspecified	535.50
Gastroenteritis, unsp.	558.9
GERD	530.81
reflux esophagitis	530.11
GI bleed, unspecified	578.9
Heartburn	787.1
Hematemesis	578.0
Hemorrhoid, ext. uncomp.	455.3
Hepatitis A-C, see Infectious Disease	
Hepatitis unspecified	573.3
Hepatitis, acute (non viral)	570
Hepatitis, alcoholic, acute	571.1
Hepatomegaly	789.1
Hernia *(note if gangene/obstruction)*	553.9
Epigastric (not recurrent)	553.29
Hiatal/esophageal	553.3
Incisional	553.21
Inguinal, unilat, 550.90 bilat.	550.92
Umbilical	553.1
Ventral (not incis. or recurr.)	553.20
Hyperbilirubinemia	277.4
Irritable bowel	564.1
Jaundice, newborn, unsp.	774.6
Jaundice, not newborn	782.4
Lap band, gastric, fit/adjust	V53.51
Liver function test, abnormal	794.8
Melena	578.1
Nausea with vomiting	787.01
Nausea only	787.02
Vomiting only	787.03
Occult stool	792.1
Pancreatitis, acute	577.0
Peptic ulcer w/o obstruct	533.90
Proctitis	569.49
Rectal bleed	569.3

GENITOURINARY

BPH 600.00 w/obstr. & LUTS	600.01
Chlamydia	079.98
Cystitis, acute	595.0
Cystitis, chronic	595.2
Discharge, penis	788.7
Dysuria	788.1
Enuresis, nocturnal	788.36
Erectile dysfunction, organic	607.84
Functional urinary incontinence	788.91
Hematuria, unspecified	599.70
Hematuria, gross	599.71
Hematuria, microscopic	599.72
Kidney infection	590.9
Nephrolithiasis	592.0
Nocturia	788.43
Prostate cancer (current)	185
Prostatitis, acute	601.0
Prostatitis, chronic	601.1
Pyelonephritis, acute	590.10
Renal failure, acute, unsp	584.9
Renal failure, chronic, unsp CKD	585.9
Renal insufficiency, acute	593.9
Stress incontinence, female	625.6
Stress incontinence, male	788.32
Urethritis, unspecified	597.80
Urinary hesitancy	788.64
Urinary straining	788.65
UTI (urinary tract infection)	599.0

INFECTIOUS DISEASE

Chicken pox (varicella)	052.9
Hepatitis A	070.1
Hepatitis B, chronic	070.32
Hepatitis C, chronic	070.54
Herpes, genital	054.10
Herpes simplex	054.9
[] Measles [] Mumps [] Rubella	
MSSA (Methicillin-susceptible)	041.11
MSSA (Methicillin-resistant)	041.12
MSSA carrier/colonization	V02.53
MRSA carrier/colonization	V02.54
Hx MRSA	V12.04
Mononucleosis	075
Shingles (herpes zoster)	053.9

STIs

Condyloma acum./HPV	078.11
GC, acute 098.0 chronic	098.2
Herpes, genital, unsp.	054.10
HIV/AIDS (confirmed)	042
HIV positive (not AIDS)	V08
Exposed to: HIV V01.79 STI	V01.6
Screen for: HIV V73.89 STI	V74.5
Counsel re: HIV V65.44 STI	V65.45

COUNSELING

Counsel: diet V65.3 Exercise	V65.41
Counsel: HIV V65.44 STI	V65.45
Counsel: child abuse victim	V61.21
Counsel: injury prevention	V65.43
Counsel: parent/child unspec.	V61.20
Counsel: parent/bio child	V61.23
Counsel: parent/adopted child	V61.24
Counsel: parent/foster child	V61.25
Counsel: spouse abuse victim	V61.11
Counsel: substance use/abuse	V65.42

EYES

Blurred vision	368.8
Cataract, senile, unspec.	366.10
Chalazion	373.2
Conjunctivitis, acute	372.00
Conjunctivitis, acute chemical	372.06
Corneal abrasion	918.1
Eye redness or discharge	379.93
Foreign body, external	930.9
Pain, eye 379.91 Black eye	921.0
Stye/hordeolum	373.11
ROP (retinopathy of prematurity)	362.2x

ENT

Ear

Cerumen impaction	380.4
Ear pain, (otalgia) unspecified	388.70
Eustachian tube dysfun.	381.81
Foreign body	931
Hearing loss unspecified	389.9
Otitis media, unspecified	382.9
OM acute, sup. w/o rupture	382.00
OM, acute, sup. w/rupture	382.01
OM, chronic, serous	381.10
Otitis externa, acute	380.22
Otitis externa, chronic	380.23

Nose

Sinusitis, acute unspecified	461.9
Sinusitis, chronic unspecified	473.9
Epistaxis	784.7
Foreign body	932
Rhinitis, allergic, unspecified	477.9
Rhinitis, acute (common cold)	460

Mouth / Throat

Dental abscess	522.5
Dental caries, unspecified	521.00
Laryngitis, acute w/o obstruct	464.00
Laryngitis, acute w/obstruct	464.01
Pharyngitis, acute	462
Pharyngitis, strep	034.0
Laryngopharyngitis, mult. sites	465.8
Stomatitis, unspecified	528.00
Thrush, oral	112.0
Tonsillitis, acute	463
URI, acute	465.9

RESPIRATORY

Asthma 5th digits: 0= stable or unsp. 1= status asthmaticus 2= exacerb.

Asthma, unspecified	493.9x
with COPD	493.2x
Asthma, cough variant	493.82
Asthma, exercise induced	493.81
Bronchitis, acute	466.0
Bronchitis, chronic, unsp.	491.9
Bronchospasm, acute	519.11
COPD (not with asthma)	496
Cough	786.2
Dyspnea	786.09
Emphysema	492.8
Hemoptysis	786.3
Hyperventilation	786.01
Influenza, NOS (seasonal)	487.1
Influenza, H1N1, swine	488.1
Painful respiration	786.52
Pneumonia 486 Viral	480.9
Pneumonia d/t MSSA	482.41
Pneumonia d/t MRSA	482.42
PPD positive	795.5
Pulmonary HTN	416.0
Reactive airway: *code as asthma, unsp.*	
SOB	786.05
Tobacco abuse (nondepend)	305.1
Wheezing (not asthma)	786.07

NEUROLOGY

Altered mental status	780.97
Alzheimer's (also 294 if dementia)	331.0
w/behavior disturbance	294.11
w/o behavior disturbance	294.10
Bell's palsy	351.0
Carpal tunnel syndrome	354.0
CVA (acute/current, not old)	434.91
Late effect old CVA	438.xx
Residual: aphasia, dysphasia, face wkns dysarthria, fluency disorder, other:	
History CVA/TIA (no late effect)	V12.59
Dementia, senile	290.0
Dizzy/vertigo	780.4
Epilepsy/seizure disorder, unsp.	345.90
Headache, unsp. (or below)	784.0
Cluster HA syndrome, unsp.	339.00
Tension type HA, unsp.	339.10
Episodic tension type HA	339.11
Chronic tension type HA	339.12
Post-traumatic HA, unsp.	339.20
Acute post-traumatic HA	339.21
Chronic post-traumatic HA	339.22
Drug induced HA (rebound)	339.3
Primary cough HA	339.83
Primary exertional HA	339.84
Head injury, unspecified	959.01
Insomnia, unsp.	780.52

5th: 0= no intractable/status migrainosus 1= w/intractable, no status migrainosus 2= no intractable, w/status migrainosus 3= w/intractable & status migrainosus

Migraine, unspecified	346.9x
Migraine w/aura	346.0x
Migraine w/o aura	346.1x
Menstrual migraine	346.4x
Neuralgia/neuritis	729.2
Numbness/disturb. Sensation	782.0
Pain *(see Pain in 1st column)*	
Parkinsonism, primary/NOS	332.0
Peripheral neuropathy, unsp.	356.9
Restless leg syndrome (RLS)	333.94
Seizure, unsp. 780.39 febrile	780.31
Syncope/vasovagal	780.2
TIA (transient cerebral ischem)	435.9
Tremor, NOS	781.0

CARDIOVASCULAR

Angina	413.9
Anticoag. long term use	V58.61
Arrhythmia, unspecified	427.9
Atrial fibrillation	427.31
ASHD	414.00
Cardiovascular disease, unsp.	429.2
Cardiomyopathy	425.4
Chest pain, unsp. 786.50 other	786.59
CHF	428.0
DVT, acute distal lower ext.	453.42
Edema	782.3
Fluid overload	276.6
Heart murmur, NOS	785.2
MI, unsp. site (1st 8 wks after)	410.92
Elevated BP w/o HTN	796.2
4th digits: 9=unsp. 0=malig 1=benign	
HTN, essential or unspec.	401.x
Hypertensive heart disease	402.xx
with heart failure, type:	
Hypertensive CKD	403.xx
CKD stage:	
Hypertensive heart ds & CKD	404.xx
with heart failure, type:	
CKD stage:	
Old MI (not s/p current MI)	412
Orthostatic hypotension	458.0
Palpitations	785.1
Periph. vascular disease, unsp.	443.9
Tachycardia	785.0
Tachycardia, parox. supravent.	427.0
Valvular heart disease, unsp.	424.90
Varicose veins, w/pain	454.8
Varicose veins, asymptomatic	454.9
Venous insufficiency/stasis	459.81
Hyperkalemia	276.7
Hypokalemia	276.8

ENDOCRINE / METABOLIC

Diabetes

Select: Type I Type II Secondary* (249.xx)
Select: Controlled Uncontrolled (documented)

DM w/o complications	250.0x
Long term insulin (Type II, sec.)	V58.67
Eye complications	250.5x
Retinop. 362.01 Prolif retinop.	362.02
Other:	
Kidney complications	250.4x
Nephrop. 583.81 Albuminuria	791.0
Other:	
Neuro complications	250.6x
Neurop. 357.2 Gastroparesis	536.3
Other:	
Peripheral vascular comp.	250.7x
Diabetic ulcer (or bone▲)	250.8x
foot 707.15 heel 707.14 other ____	
Other complications:	

Related Diagnoses

Dysmetabolic syndrome X; IR	277.7
Fasting glucose abnormal	790.21
Glucose intolerance	790.22
Glycosuria	791.5
Hyperglycemia unsp. (NOS)	790.29
Hyperglycemia, fasting	790.21
Hypoglycemia	251.2
Ketonuria	791.6
Polyuria 788.42 Polydipsia	783.5
Pre diabetes (abn. glucose)	790.29
Proteinuria	791.0

Dyslipidemia Diagnoses

Abnormal AST/ALT/LDH	790.4
High LDL only	272.0
High TG only	272.1
Hyperlipidemia, combined	272.4
Hyperlipidemia, mixed	272.2

Other

Dehydration	276.51
Gouty Arthropathy	274.0x

5th digits: 0= unspec. 1= acute 2=chronic w/o tophi 3=chronic w/ tophi

Graves' disease	242.00
Hungry bone syndrome	275.5
Hyperthyroidism	242.90
Hypokalemia	276.8
Hypothyroidism, unsp.	244.9
Malnutrition, unspecified	263.9
Obesity, morbid	278.01
Obesity, unspecified	278.00
Overweight	278.02
BMI=_____ (for over/underwt)	V85.xx
Thyromegaly / Goiter	240.9
Weight gain, abnormal	783.1
Weight loss, abnormal	783.21

HEMATOLOGIC / LYMPHATIC

Anemia, pernicious	281.0
Anemia, iron deficiency	280.9
Anemia, iron defic., d/t diet	280.1
Anemia, other B12 defic.	281.1
Anemia, unspecified	285.9
Lymphadenopathy	785.6
Splenomegaly	789.2
HIT (Heparin-induced thrombo.)	289.84
Thrombocytopenia unsp.	287.5

PSYCHIATRIC *(See also Peds)*

5th digits: 1= Continuous 2= Episodic 3= Remission 0= Unspecified

Alcohol abuse, non-dependent	305.0x
Alcoholism (alcohol depend.)	303.9x
Drug/substance abuse, non-dep	305.xx
Drug/substance dependence	304.xx
Specify drug(s):	
Abuse, adult, unspecified	995.80
ADD 314.00 ADHD	314.01
Anxiety 300.00 w/Depression	300.4
Bipolar disorder, unsp.	296.80
Bipolar I 296.7 Bipolar II	296.89
Depression alone, unsp.	311
Depression with anxiety	300.4
Gender identity disorder	302.85
Generalized anxiety disorder	300.02
Grief reaction	309.0
Hallucinations (not visual)	780.1
Manic-depressive	296.80
Neurotic disorder, unsp.	300.9
Obsessive-compulsive	300.3
Panic disorder	300.01
Personality disorder, unsp.	301.9
PTSD	309.81
Schizo-affective	295.70
Schizophrenia, unsp.	295.90
Sexual abuse, adult	995.83
Stress reaction	308.9
Suicidal ideation	V62.84

BCA 2010 ENCOUNTER FORM EXAMPLE

A Established Patients — 2 of 3 or time

1 MDM	2 HISTORY	3 EXAM	CODE TIME
Straight	CC, HPIx1-3	1 system	99212 10
Low	CC, HPIx1-3, ROSx1 sys	2-4 systems	99213 15
Mod	CC, HPIx4, ROSx2 sys, pertinent hx (Med/Fam/Soc)	1 sys detailed & 4-6 oth sys	99214 25
High	CC HPIx4, ROSx10 1 hx	8 or > sys	99215 40
"Nurse"	*MCare - clinician in office*		99211 5
Post Op	Aftercare PO following surgery by you		99024
No Chg	*Reason*		Rare

Counseling Time for E/Ms A & B

Select code based on total time.

Document

1. Total time
2. > 50% counsel
3. Content

B New Patients *(not in clinic past 3 yrs)* — All 3 or time

1 MDM	2 HISTORY	3 EXAM	CODE TIME	Consultation CODE TIME
Straight	CC, HPIx1-3	1 system	99201 10	99241 15
Straight	CC, HPIx1-3, ROSx1 sys	2-4 systems	99202 20	99242 30
Low	CC, HPIx4, ROSx2 sys, pertinent hx (Med/Fam/Soc)	1 sys detailed & 4-6 oth sys	99203 30	99243 40
Mod	CC, HPIx4, ROSx10 sys	8 or > body systems	99204 45	99244 60
High	All Med/Fam/Soc Hxs		99205 60	99245 80

No Con. for Medicare

C Wellness (Preventive)

May code w/low E/M-25. Write an extra paragraph w/add'l hx or exam & MDM

Est.	Age	New
99381	< 1 year old	99391
99382	1-4 years	99392
99383	5-11 years	99393
99384	12-17 years	99394
99385	18-39 years	99395
99386	40-64 years	99396
99387	65 + years	99397

MCare Part B Specific

Patient eligible during 1st 12 months in Medicare.

May bill also a screening EKG G0403-G0405

G0402	"Welcome to Medicare" IPPE	

Medicare breast/pelvic/Pap: Q2 years or annually with published risk factors. Need ABN?

May code w/other E/M as appropriate; -25 on E/M.

Get ABN if last date uncertain.

		Diagnosis
G0101	Breast/pelvic Q2yrs	V76.2
G0101	annual ***if*** high risk	V15.89
Q0091	Mcare PAP collection	V76.2

D Smoking Cessation

Do not use with C above. Services included in E/M. Coverage varies.

99406	Smoking cessation intermediate (clinician & patient)	>3-10 min
99407	Smoking cessation intensive (clinician & patient)	>10 min

E ETOH/Substance

CPT MCARE *May be coded with E/M if addressing other problem.*

ETOH/substance screening with (AUDIT, DAST) & brief intervention (SBI) services

99408	G0396	Choose code by documented time	15-30 min
99409	G0397	Choose code by documented time	> 30 min

F Diagnostic & Treatment Service

94640	Nebulizer (multi tx use -76)	
94664	Nebulizer use, patient training	
94010	Spirometry	
94060	Brospasm eval, pre/post dilators	
94620	Pulm stress test, (eg, exercise)	
94760	Pulse oximetry, single	
93000	EKG, 12 lead (trace, interp & rpt)	
93005	EKG, 12 lead (trace only) *[FQHC MC]*	
93010	EKG, 12 lead (interp & rpt only)	
93040	Rhythm ECG w/ interp & report	
93041	Rhythm ECG (trace only) *[FQHC MC]*	
93015	Cardiac stress w/ interp & report	
93230	Holter monitor with interp & rpt	
92567	Tympanometry, both ears (1 = -52)	
92551	Audiometry, air, both ears (1 = -52)	
99173	Visual acuity screen, quant, bilat.	

G In House Labs

36415	Venipuncture
36416	Finger/heel stick
82948	Glucose, finger stick
83036	Glycated HbA1C
82270	Hemoccult
87220	KOH (skin/hair/nails)
81025	Urine pregnancy
87880	Rapid strep (visual)
86580	TB skin test
81002	UA/Dip
81000	UA/Micro
87210	Wet mount
80050	General health panel
80055	OB panel
80061	Lipid panel
Other	

H Surgical Procedures

10160	Aspirate abscess/cyst
11100	Skin/Punch bx (one bx)
11101	ea add'l lesion #____
11200	Skin tags (1-15)
11201	ea add'l 10 #_____
17110	Warts, 1-14 destroyed
17000	Destroy 1st lesion
17003	2nd-14th, ea. #_____
110XX	Wound debridement
160XX	Burn treatment
10060	I&D, abs. simple/one
10061	I&D, abs. comp/multiple
10140	I&D, hematoma
10080	I&D pilonidal cyst
See CPT	Foreign body removal
11730	Remove nail (part/all)
11750	w/matrix (part/all)
69210	Remv. wax by instrument
54150	Circ. newborn
55250	Vasectomy
54056	Destroy penis les by cryo
46900	anal lesion(s) by chem
46916	by cryosurgery
51701	Cath., straight/residual
51702	Catheter, Foley
See CPT	Hemorrhoids Inc Exc ?

Surgery Requiring Detail

Excision Loc:

Sz w/narrowest margin

Closure: ☐ Simple ☐ Layered

Laceration Loc:

Size cm

Closure: ☐ Simple ☐ Layered

Fracture Loc:

☐ Displaced ☐ Non-displaced

☐ Split applied ☐ Cast applied

☐ **Joint Injection** ☐ **Trigger pt**

☐ Large joint ☐ 1-2 muscles

☐ Medium joint ☐ 3 or > mus.

Drug/dose injected

I Female Surgery

57500	Cervical bx(s)
58100	Endometrial biopsy
57511	Cautery/cryo cervix
57420	Colpo vagina w/cervix
57421	w/bx(s) vag or cervix
57452	Colpo cerv w/adj vag
57455	w/bx(s) cervix
57456	w/endocerv cur. ECC
57454	w/bx(s) cervix & ECC
57061	Destroy vag lesion(s)
58300	Insert IUD *+IUD* V25.1
58301	Remove IUD V25.42
Other	

J Injections

Code injection and product (J code)

See CPT and Medicare rules for injections with "nurse visits"

95115	Allergy svc,1 injection
95117	multiple injections
96372	IM or SQ injection

IV Services

See CPT for detailed infusion rules

Document time where appropriate

96374	IV push/single
96360	IV Hydration 31-60 min
96361	each add'l hour
96365	Infusion, <1 hour
96366	each add'l hour

Injectable Drugs

Check HCPCS, assign proper units

J3420	B12 1000 mcg (ABN?)
J1030	Depo Medrol 40 mg
J1055	Depo Provera 150 mg
J1815	Insulin per 5 units
J3301	Kenalog per 10 mg
J1940	Lasix per 20 mg
J0696	Rocephin per 250 mg
J1885	Toradol 15 mg

K Immunizations

Code administration and vaccine(s)

Document time where appropriate

90465	Dr. counsels, pt <8 yrs.
90466	each add'l CPT below
90471	Admin any 1 CPT below
90472	each add'l CPT below

Vaccines (code with admin.)

90700	DTaP (< 7 yrs) V06.1
90715	Tdap >7 yrs (Boostrix)
90723	DtaP-HepB-IPV (Pediarix) V06.8
90633	Hep A peds/adol. (2 dose)
90744	Hep B peds/adol. (3 dose)
90743	Hep B adol.(2 dose) V05.3
90746	Hep B *(Mcare adm G0010)*
90648	Hib PRP-T (4 dose) V03.81
90657	Flu split 6-35 mos V04.81
90657	Flu split 3yr-adult V04.81
90658	Flu split *(MC adm G0008)*
90663	H1N1 flu *Admin. 90470*
G9142	H1N1 *(Mcare adm G9141)*
90713	IPV V04.0
90707	MMR V06.4
90669	Pneumo 7-valent IM
90732	Pneumo *(MC adm G0009)*
90718	Td (> 7 yrs) V06.5
90703	Tetanus toxoid V03.7
90716	Varicella vaccine V05.4
90736	Zoster vaccine V04.89