Commonly Coded Conditions for Family Practice

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AGENDA

• Asthma
• Bronchitis
• Chronic Obstructive Pulmonary Disease
• Congestive Heart Failure
• Allergic Rhinitis
• Dermatitis
• General Medical Examinations

Asthma

• Asthma is a chronic lung disease that inflames and narrows the airways. People with asthma experience symptoms when the airways tighten, inflame, or fill with mucus.
• Common symptoms include:
  • Coughing, especially at night
  • Wheezing
  • Shortness of breath
  • Chest tightness, pain, or pressure
Etiology

- Environmental Allergens
- Viral respiratory tract infections
- Exercise, hyperventilation
- GERD
- Chronic sinusitis or rhinitis
- Aspirin or NSAID hypersensitivity
- Use of beta-adrenergic receptor blockers
- Obesity
- Tobacco smoke exposure and use
- Irritants
- Emotional factors or stress
- Perinatal factors

Documentation and Asthma

- Documentation should include:
  - Symptoms
    - Frequency
    - Severity
  - Precipitating Factors
  - Family History of respiratory conditions
Asthma

• Severity
  • Mild Intermittent
  • Mild Persistent
  • Moderate Persistent
  • Severe Persistent
  • Exercise induced bronchospasm
  • Cough variant asthma

### Severity

<table>
<thead>
<tr>
<th></th>
<th>Intermittent</th>
<th>Mild Persistent</th>
<th>Moderate Persistent</th>
<th>Severity Persistent</th>
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<tbody>
<tr>
<td>Symptoms</td>
<td>2 or less days per week</td>
<td>More than 2 days per week</td>
<td>Daily</td>
<td>Throughout the day</td>
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<td>Nighttime Awakenings</td>
<td>2 X’s per month or less</td>
<td>3-4 X’s per month</td>
<td>More than once per week but not nightly</td>
<td>Nightly</td>
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<td>Rescue Inhaler Use</td>
<td>2 or less days per week</td>
<td>More than 2 days per week, but not daily</td>
<td>Daily</td>
<td>Several times per day</td>
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<td>Interference with Normal Activity</td>
<td>None</td>
<td>Minor limitation</td>
<td>Some limitation</td>
<td>Extremely limited</td>
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<td>Lung Function</td>
<td>FEV&lt;sub&gt;1&lt;/sub&gt; &gt;80% predicted and normal between exacerbations</td>
<td>FEV&lt;sub&gt;1&lt;/sub&gt; &gt;80% predicted</td>
<td>FEV&lt;sub&gt;1&lt;/sub&gt; 60-80% predicted</td>
<td>FEV&lt;sub&gt;1&lt;/sub&gt; less than 60% predicted</td>
</tr>
</tbody>
</table>
Asthma

• In ICD-10-CM, the code set is expanded. It is subcategorized by severity.

• J45.2- Mild intermittent
• J45.3- Mild persistent
• J45.4- Moderate persistent
• J45.5- Severe persistent
• J45.9- Other and unspecified asthma

Asthma

• The subcategories are further broken down by complication:
  • Uncomplicated
  • With acute exacerbation
  • With status asthmaticus
• Acute exacerbation is a worsening or decompensation of a chronic condition, not an infection superimposed on a chronic condition.
REASON FOR CONSULTATION/CHIEF COMPLAINT: Asthma.

HISTORY OF PRESENT ILLNESS: 6-year-old little boy who has been having problems with asthma since the age of 2 years. His asthma symptoms have been mild and he didn't have any admissions. This summer he started to have more problems with his asthma. He had one ER visit and was initially started on AeroBid that was eventually changed to Advair. Mom is not sure of the strength, but the Advair was stopped on October 28 because of chest pain. Mom says that since being off the Advair, he seems to have a little bit more symptoms. She thinks that he wheezes some nights. Mom said that he also has occasional nighttime cough. While he was on an inhaled steroid mom said that patient would not have daytime cough, and only occasionally coughed at night. She also said that he used to wheeze, but only when he was sick. Patient also has symptoms of allergic rhinitis. He is currently on Allegra and Singulair and mom thinks that if he misses a dose, he starts having a runny nose teary eyes.

BIRTH HISTORY: He was born full term by vaginal delivery. Birth weight was only 4 lbs. Mom said she had toxemia during the pregnancy. He didn’t have any problems after birth, and didn’t need oxygen or intensive care.

FEEDING HISTORY: He is on a regular diet. He does not seem to complain of a lot of vomiting or heartburn.

GROWTH AND DEVELOPMENT: He is in the first grade, doing well.

IMMUNIZATIONS: Up to date.

HOSPITALIZATIONS AND OPERATIONS: No hospitalizations. Patient had a T&A when he was 4 years old. PAST ILLNESSES: See above.

ACCIDENTS AND INJURIES: None.

ALLERGIES: None known.

MEDICATIONS: He is on Singulair, the strength of which is unknown. He is also on Allegra. He is on Ventolin that he takes at night.
FAMILY HISTORY: Mom has a history of asthma. Dad also has a history of asthma. There are multiple allergies in dad and the paternal uncle and aunts. There is no history of cystic fibrosis in the family. SOCIAL HISTORY: Patient lives with his parents. He has one half-sister. They live in an old house, but they don’t seem to see mold problems. There is no smoke exposure. They have no pets.

PHYSICAL EXAMINATION:

- GENERAL: He is alert, active, in no distress.
- SKIN: No skin lesions.
- LYMPH NODES: Not enlarged.
- HEART: Normal S1 and S2. No murmur.
- ABDOMEN: Soft, lax. No organomegaly.
- EXTREMITIES: Well perfuse. No clubbing.
- CNS: Grossly intact.

INVESTIGATION: CHEST X-RAY: A chest x-ray was obtained today and was normal. PULMONARY FUNCTION TESTS: PFT’s were obtained today and were also within normal limits. IMPRESSION AND DISCUSSION: 1. Given patient’s history, I do think that he has mild persistent asthma. 2. Possible allergies.

PLAN OF MANAGEMENT: 1. Flovent 44 mcg, 2 puffs twice a day. 2. Allergy referral. 3. Albuterol 2 puffs on an as needed basis. 4. Sweat chloride test.

Coding: J45.30 Mild persistent asthma, uncomplicated
CHIEF COMPLAINT: Referral for premature birth, asthma, allergic rhinitis and respiratory infection.

HISTORY OF PRESENT ILLNESS: New patient is a 15 month old male who comes to our clinic with the following problems: 1. Ex-premature infant at 29 weeks gestational age. 2. Asthma, moderate persistent. 3. Allergic rhinitis. 4. Respiratory infection. As per mother, Has been more stable with the use of Flovent rather than Pulmicort, but still he has some episodes of nocturnal cough, some cough with weather changes and wheezing with respiratory infections. At this present time he is having an upper respiratory infection and he has been coughing and wheezing for the last few days. Mother is using albuterol and he has been relatively stable. He has not required going to the emergency room or the hospital. No admissions in the last month. He has tolerated Synagis without any problem.

PRESENT MEDICATIONS: 1. Flovent 110 mcg 2 puffs twice a day. 2. Albuterol 24 puffs every 4-6 hours as needed for cough and wheezing. 3. Synagis on a monthly basis.


INFECTION DISEASE: The patient presently has a respiratory tract infection. GU: Within normal limits. LOCOMOTOR: Within normal limits. NEUROLOGIC: Within normal limits. Rest of the 14 systems was reviewed with negative results.

PHYSICAL EXAMINATION: The patient is afebrile. Heart rate 142 per minute, respiratory rate 40 per minute. O2 saturation on room air is 99%. Height 82 cm, weight 13.46 kg. GENERAL APPEARANCE: The patient is in no apparent distress. HEENT: Eyes: Allergic shiners. Nose: Clear nasal discharge. Throat: Erythematous throat, no exudate. NECK: Supple, no lymphadenopathy. Thyroid not palpable. Trachea is midline. CARDIOVASCULAR: Normal S1 and S2 with no audible murmur or gallop. CHEST: Symmetric. LUNGS; Clear to auscultation with no crackles, wheeze or rhonchi. ABDOMEN: Soft and nontender, no masses, no hepatosplenomegaly. EXTREMITIES: No clubbing, cyanosis or edema. NEUROLOGIC: No focal deficits and normal tone.


PLAN AND MEDICATION: 1. Discontinue Flovent. 2. Start Qvar 80 mcg 2 puffs twice a day. 3. Continue albuterol 2-4 puffs every 4.6 hours as needed for cough and wheezing. 4. Flonase 1 spray each nostril once a day. 5. Synagis was provided today and will continue through the RSV season. 6. Follow up in 1 month.

ICD-10-CM Coding: J45.40 Moderate persistent asthma, uncomplicated, P07.32 Preterm newborn, gestational age 29 completed weeks
Bronchitis

• In ICD-10-CM, the codes for bronchitis are divided into the time parameters of acute and chronic. The acute bronchitis codes are further broken down by causal organism, including:

  • J20.0 Acute bronchitis due to Mycoplasma pneumoniae
  • J20.4 Acute bronchitis due to parainfluenza virus
  • J20.7 Acute bronchitis due to echovirus

Bronchitis

• The codes for chronic bronchitis are broken down by whether the bronchitis is simple, mucopurulent, or mixed.

  • J41.0 Simple chronic bronchitis
  • J41.1 Mucopurulent chronic bronchitis
  • J41.8 Mixed simple and mucopurulent chronic bronchitis
Example

- 4-month-old Jake is brought in by his father for a hospital follow-up visit. Jake was taken to the ED by his mother and admitted due to breathing problems. Respiratory viral panel showed Jake to have acute bronchitis due to RSV. He had an eight-day hospital stay. He is doing very well today with minimal cough and easy breathing.

- J20.5 Acute bronchitis due to respiratory syncytial virus

COPD

- Chronic Obstructive Pulmonary Disease
- Group of lung diseases
  - Emphysema
  - Chronic bronchitis
  - Bronchiectasis
CHIEF COMPLAINT: Follow-up on COPD, allergies.
HISTORY OF PRESENT ILLNESS: 72-year-old established male patient here for follow-up. He is ok except for decreased appetite. He has had a lot of allergy symptoms. He wants refill on eye drops. When he goes outside, his eyes water and he sneezes. The Kadian is doing well for him.
MEDICATIONS: Kadian 10mg 1 daily, Ativan .5 q 8 h p.r.n., Eye drops, Flomax .4, Albuterol p.r.n., Mobic 7.5, Norvasc 5, Prevacid 30, Zoloft 100, Pravachol 40, Spiriva once daily.
EXAMINATION: Wt. 200 lbs., down 5 lbs., BP 142/77, P 70, T 97.1F, 02 sat was 94% on room air, RBS: 109. He looks good in NAD. HEENT: NECK: No nodes. Thyroid not felt. HEART: Regular w/o murmur LUNGS: Decreased breath sounds but clear. EXTREMITIES: No edema.
ASSESSMENT: (1) COPD (2) Hayfever
PLAN: (1) Refill Kadian 10 mg 1 daily a.m., #30 w/o refill. Refill Ativan. Give eye drops. He wants multivitamins, gave that. Return in one month.
ICD-10-CM codes

- J44.0 COPD, with acute lower respiratory infection
- J44.1 COPD, with (acute) exacerbation
- J44.9 COPD, unspecified

Category J44

- Excludes I note
  - Bronchiectasis (J47-)
  - Chronic bronchitis NOS (J42)
  - Chronic simple and mucopurulent bronchitis (J41.-)
  - Chronic tracheitis (J42)
  - Chronic tracheobronchitis (42)
  - Emphysema without chronic bronchitis (J43.-)
  - Lung diseases due to external agents (J60-J70)
Coding Tips

- Instructional note under Category J44
- Code also any asthma, if applicable (J45-)
- Use additional code to identify
  - Exposure to environmental tobacco smoke (Z77.22)
  - History of tobacco use (Z87.891)
  - Occupational exposure to environmental tobacco smoke (Z57.31)
  - Tobacco dependence (F17-)
  - Tobacco use (Z72.0)

Example

CHIEF COMPLAINT: COPD

HISTORY OF PRESENT ILLNESS: New patient is an 80-year-old Caucasian female who presents today with past history significant for COPD, osteoporosis, chronic renal insufficiency, anxiety, and low-grade memory loss. Her son indicates that she is stable with her memory. They are very comfortable with her living at home by herself. She continues to smoke. For a time she was spending a lot of time in the emergency department getting breathing treatments. That has not been the case since she was started on Xanax.

Examination: Vitals BP 118/60, pulse 96, wt. 106 lbs. Lungs reveal decreased breath sounds diffusely but there is no wheezing. Her spine is grossly kyphotic. Heart is regular rate and rhythm without murmurs gallops or rubs. Abdomen is soft and nontender. Extremities are without clubbing, cyanosis, or edema.

A&P: COPD, Tobacco Abuse

I urged smoking cessation. I don’t think she will accomplish this. We will continue her medications without changes.
Congestive heart failure

• Category I50 in ICD-10-CM contains the codes for heart failure. The subcategories indicate the type:
  
  • I50.1 Left ventricular
  • I50.2- Systolic
  • I50.3- Diastolic
  • I50.4- Combined systolic and diastolic

Congestive heart failure

• The codes are further broken down by time parameters acute, chronic, and acute on chronic. There is also an instructional note under I50 that states that the following conditions should be coded first, if applicable:
  
  • heart failure complicating abortion or ectopic or molar pregnancy (O00-O07, O08.8)
  • heart failure following surgery (I97.13-)
  • heart failure due to hypertension (I11.0)
  • heart failure due to hypertension with chronic kidney disease (I13.-)
  • obstetric surgery and procedures (O75.4)
  • rheumatic heart failure (I09.81)
Example

• Sheila comes in today for a check-up of her chronic diastolic heart failure. She reports feeling better on Vasotec. She is less fatigued and is sleeping better. Patient to return in 3 months. Will get echo before next visit.

• I50.32 Chronic diastolic (congestive) heart failure

Allergic rhinitis

• ICD-10-CM only contains a few codes for allergic rhinitis, but it is a condition commonly treated in family practice. From a coding perspective, the codes specify causation.

• J30.1 Allergic rhinitis due to pollen (which includes hay fever)
• J30.2 Other seasonal allergic rhinitis
• J30.5 Allergic rhinitis due to food
• J30.81 Allergic rhinitis due to animal (cat) (dog) hair and dander
• J30.89 Other allergic rhinitis
Example

- Paul is a 50 year-old man. He has allergic rhinitis that is hypersensitive to pollen. Peter has had this condition for several years and is currently treating it himself with over the counter medications, but they do not work well. His symptoms include sneezing, rhinorrhea and nasal blockage. His eyes, nose and palate are itchy. Paul is given a prescription for an intranasal corticosteroid.

- J30.1 Allergic rhinitis due to pollen

Dermatitis

- Dermatitis is inflammation of the skin
- Early stage symptoms:
  - Red
  - Dry
  - Itchy skin
- Progressive symptoms:
  - Crusty scales
  - Oozing blister
Dermatitis

- Types
  - Atopic
  - Seborrheic
  - Contact

Atopic Dermatitis

- Most common affected areas:
  - Forehead
  - Scalp
  - Face (especially the cheeks)
- 10-20% of children worldwide
- 1-3% of adults
- Risk factors:
  - Allergies (personal or family history)
  - Asthma (personal or family history)
  - Family history of atopic dermatitis
Atopic Dermatitis

• L20.0 Besnier's prurigo - AD which may be associated with asthma, hay fever, or other allergic conditions, characterized by extreme itching, leading to scratching and rubbing that result in typical lesions of eczema.
• L20.81 Atopic neurodermatitis - AD characterized by localized or disseminated lichenified skin lesions that itch severely. May possibly be a psychogenic disorder as it is seen in nervous, anxious individuals.
• L20.82 Flexural eczema - AD that appears at the flexures of the elbows, knees, wrists, etc.
• L20.83 Infantile (acute) (chronic) eczema - AD in infants
• L20.84 Intrinsic (allergic) eczema - AD in patients with normal serum IgE levels.
• L20.89 Other atopic dermatitis
• L20.9 Atopic dermatitis, unspecified

Example

• Ava is a 4-year-old girl who is brought to the office by her mother for the evaluation of AD. The mother says that ever since Ava was a baby, she has had eczema. They have tried "everything," and nothing seems to work. Over the last few weeks, her skin seems worse than ever. She often experiences intense burning when her medications are applied. Ava's mother states that she also had AD as a child.
Example Continued….

On examination, Ava has normal vital signs. She is scratching her skin. Cutaneous examination reveals markedly thickened, hyperpigmented plaques with enhanced skin lines on her shins, and ill-defined, pink, scaling patches on her antecubital and popliteal fossae.

Seborrheic Dermatitis

• Skin symptoms:
  • Flaky
  • White to yellowish scales to form on oily areas such as the scalp or inside the ear.
• Begin in infancy
• Usually disappears between 6 months and 1 year.
• If begins in adulthood, may come and go for the remainder of the patient’s life.
Seborrheic Dermatitis

• L21.0 Seborrheic capitis - Seborrheic dermatitis that forms on baby’s scalps (also called cradle cap), forming scaly, greasy patches that may become thickened and crusty.
• L21.1 Seborrheic infantile dermatitis - Seborrheic dermatitis that appears on infants other than the scalp.
• L21.8 Other seborrheic dermatitis
• L21.9 Seborrheic dermatitis, unspecified

Example

• Kyle is a 2-month old who’s mother brings him in for a yellowish, crusty deposits on the baby’s scalp. He is diagnosed with cradle cap. The mother is told to wash the baby’s hair once a day with a mild baby shampoo and brush gently with a soft brush to loosen the scales.
Contact Dermatitis

• External allergens (allergic contact)
  • Common causes are poison ivy, poison oak, fragrances, rubber compounds, and nickel.
  • Main symptom is itching.
• Irritants (irritant contact)
  • Common causes are soaps and detergents.
  • Main symptoms are pain and burning

Contact Dermatitis

• L23.0 Allergic contact dermatitis due to metals
• L24.81 Irritant contact dermatitis due to metals
• L23.2 Allergic contact dermatitis due to cosmetics
• L24.3 Irritant contact dermatitis due to cosmetics
Example

- A 30-year-old woman described recurrent dermatitis that usually began within 12 hours after she used various eye shadows and lipsticks. She had used many of these cosmetics since her teenage years, but she first developed symptoms in her mid twenties. She also had a history of contact dermatitis from costume jewelry and a history of allergic rhinitis but no history of asthma or atopic dermatitis.

General Medical Examinations

- Z00-Z13 contains codes for persons encountering health services for examination.
- This block of codes includes general medical examinations, special examinations, administrative examinations, and medical observation.
- The main general examinations include adult, newborn, child, and examinations. There are two codes for each subcategory: one for with abnormal findings and one for without abnormal findings.
Example

• Debbie (36 years-old) presents for her preventive medicine exam. She is doing well, a full examination is performed. Discussion is held in regards to exercising and weight maintenance. Patient requests flu vaccination and it was given.

• Z00.00 Encounter for general adult medical examination without abnormal findings
• Z23 Encounter for immunization

Example

• A woman brings her 6-month-old daughter in for her well-child check. During the exam, the mother states the baby has had a rash for the past 2 days. The family practitioner takes a history and performs an exam of the rash, which is present on both sides of the baby's trunk. The provider decides to complete the preventive exam, but not give immunizations. He gives a prescription for rash and tells the mother to leave the baby's shirt off when possible and come back in one week.
Example

- Z00.121 Encounter for routine child health examination with abnormal findings
- R21 Rash and other nonspecific skin eruption

Migraines

- National Headache Foundation estimates 28 million Americans suffer migraines
- More common in women
- May sufferer 4 or more attacks each month
- May last from 4 hours to 3 days
- Occur with or without aura
Migraines

• ICD-10-CM classifies migraines as follows:
  • Type
  • Severity
  • Complications
  • Contributing factors
  • Temporal factors

EXAMPLE:
• G43.831 Menstrual migraine, intractable, with status migrainosus

Hyperlipidemia

• Cholesterol is fat that the body needs to work properly, but too much bad cholesterol can increase risk for heart disease
• Serum cholesterol includes:
  • VLDL
  • LDL
  • HDL

• HDL + VLDL + LDL = Total cholesterol
Hyperlipidemia

• Familial hypercholesterolemia (E78.0, E78.4)
• Combined hyperlipidemia (E78.1)
• Mixed hyperlipidemia (E78.2)

Otitis Media

• Most common ear infection
• Affect the middle ear behind the tympanic membrane
• Children are more likely than adults
Otitis Media

- Severity
  - Mild
  - Moderate
  - Severe
- Duration
  - Acute
  - Subacute
  - Chronic
Otitis Media

- Children
  - Ear pain, especially when lying down
  - Tugging or pulling at an ear
  - Difficulty sleeping
  - Crying more than usual
  - Acting more irritable than usual
  - Difficulty hearing or responding to sounds
  - Loss of balance
  - Fever of 100 F (38 C) or higher
  - Drainage of fluid from the ear
  - Headache
  - Loss of appetite

- Adults
  - Ear pain
  - Drainage of fluid from the ear
  - Diminished hearing

Example

- **CHIEF COMPLAINT:** Ear pain
- **HISTORY OF PRESENT ILLNESS:** Established male patient here for ear pain. Patient is complaining of bilateral ear pain that started last night. He has not had URI symptoms. No fevers. No ear drainage noted. He didn’t sleep well last night. No vomiting. He is drinking well, appetite is fine.
- **REVIEW OF SYSTEMS:** All systems negative except for ear pain.
- **ASSESSMENT/PLAN:** Otitis media, suppurative.
Example

- **CHIEF COMPLAINT:** Cold, fever, earache
- **HISTORY OF PRESENT ILLNESS:** Established male patient here for fever, ear pain, and congestion. Onset: 1 week ago. Severity level is moderate. Timing has been constant. The patient’s mom describes the cough as moist and productive. Symptoms are aggravated by lying down. He is also experiencing fever, nasal congestion, cough, and earache. Pertinent negatives include SOB, wheezing, and stridor.
- **REVIEW OF SYSTEMS:** Positive for fever, ear pain, nasal congestion, and cough.
- **ASSESSMENT:** Otitis media, suppurative, bilateral and acute upper respiratory infection

Otitis Media with Effusion

- Thick or sticky fluid behind the eardrum in the middle ear without presence of an ear infection.
- Also called serous otitis media or nonsuppurative otitis media
- May be caused by:
  - Upper respiratory infections
  - Allergies
  - Exposure to irritants (especially cigarette smoke)
Example

- **PREOPERATIVE DIAGNOSIS:** Chronic otitis media with effusion
- **POSTOPERATIVE DIAGNOSIS:** Chronic otitis media with effusion
- **INDICATIONS:** The 23-month-old child status post tubes on year ago. The tubes have extruded and his problem has returned. Therefore, the above procedure was planned. Prior to the procedure, all of the risks vs. benefits were discussed at length with the patient’s mother. An informed consent was obtained.
- **FINDINGS:** Dull membranes bilaterally with a small amount of serous fluid.
- **PROCEDURE IN DETAIL:** After appropriate written consent was obtained from the patient’s parents he was taken to the operating room, placed supine on the operating stretcher. General anesthesia was given by mask. Once an adequate depth of anesthesia had been achieved, the right ear was examined with an operating microscope. The tympanic membrane was noted to be retracted and dull. A tube was note in the external auditory canal which was removed with an alligator forceps. A small radial incision was made on the tympanic membrane and the serous fluid was suctioned from the middle ear. A Paparella style tube was placed. Saline drips were applied.

Example Continued ….

- Attention was then turned to the left ear. Again, the tympanic membrane was noted to be retracted and dull. A small radical incision was made. A small amount of serous fluid was suctioned from the middle ear and a Paparella style tube was placed. Saline drops were applied. The patient was then awakened and taken to the recovery area in stable condition. Estimated blood loss was less than 5cc. he tolerated the procedure well without complications.

H65.493 Other chronic nonsuppurative otitis media, bilateral
ICD-10-CM Coding

• Serous otitis media (Acute and recurrent:H65.00-H65.07; Chronic: H65.20–H65.23)
• Allergic otitis media (Acute, subacute, and recurrent: H65.111–H65.119; Chronic: H65.411-H65.419)
• Other nonsuppurative otitis media (acute, subacute, and recurrent: H65.191-H65.199; Chronic: H65.491–H65.499)
• Chronic mucoid otitis media (MOM) (H65.30–H65.33)

ICD-10-CM Coding Continued ….

• Suppurative otitis media without spontaneous rupture of tympanic membrane (Acute and recurrent: H66.001–H66.009)
• Suppurative otitis media with spontaneous rupture of tympanic membrane (Acute and recurrent H66.011–H66.019)
• Chronic tubotympanic suppurative otitis media (H66.10–H66.13)
• Chronic atticoantral suppurative otitis media (H66.20–H66.23)
ICD-10-CM Coding

<table>
<thead>
<tr>
<th>Use additional code to identify:</th>
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<tr>
<td>Associated perforated tympanic membrane (H72.-)</td>
<td>Occupational exposure to environmental tobacco smoke (Z57.31)</td>
</tr>
<tr>
<td>Exposure to environmental tobacco smoke (Z77.22)</td>
<td>Tobacco dependence (F17.-)</td>
</tr>
<tr>
<td>Exposure to tobacco smoke in the perinatal period (P96.81)</td>
<td>Tobacco use (Z72.0)</td>
</tr>
<tr>
<td>History of tobacco use (Z87.891)</td>
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Osteoarthritis

- Primary osteoarthritis
  - “Wear and Tear”
  - More common

- Secondary osteoarthritis
  - Caused by injury, heredity, obesity, or some other condition

- Treatment for both usually the same
Example

• Subjective: 62-yr-old female with OA for 3 years. Takes anti-inflammatory medications when needed. She complains of pain in both knees. It is affecting her walking ability and preventing her from going up and down stairs. Objective: Upon exam there is edema at the anterior/posterior aspect of the knee joints and edema at the medial/superior aspect of the right knee. There is tenderness to palpation bilaterally.

• Assessment: Primary osteoarthritis confined to the knees

  • M17.0 Bilateral primary osteoarthritis of knee

Commonly Coded in Family Practice

**Hypertension with Heart Disease**

• Heart conditions classified to I50.- or I51.4–I51.9, are assigned to a code from category I11, Hypertensive heart disease, when a causal relationship is stated (due to hypertension) or implied (hypertensive).

• Use an additional code from category I50, Heart failure, to identify the type of heart failure in those patients with heart failure.

  • The same heart conditions (I50.-, I51.4–I51.9) with hypertension, but without a stated causal relationship, are coded separately.
Example

A patient visits his cardiologist for his 3-month follow-up visit. He is being treated by the cardiologist for hypertensive heart disease with benign hypertension.

I11.9 Hypertensive heart disease without heart failure

Commonly Coded in Family Practice

Hypertensive Chronic Kidney Disease

- Assign codes from category I12, Hypertensive chronic kidney disease, when both hypertension and a condition classifiable to category N18, Chronic kidney disease (CKD), are present.
- Unlike hypertension with heart disease, ICD-10-CM presumes a cause-and-effect relationship and classifies chronic kidney disease with hypertension as hypertensive chronic kidney disease.
Example

A patient with malignant hypertension and stage V chronic kidney disease is admitted to the critical care unit.

- First-listed diagnosis: I12.0 Hypertensive chronic kidney disease with stage V chronic kidney disease or end stage renal disease
- Second listed diagnosis: N18.5 Chronic kidney disease, stage V

Commonly Coded in Family Practice

**Hypertensive Heart and Chronic Kidney Disease**

- Assign codes from combination category I13, Hypertensive heart and chronic kidney disease, when both hypertensive kidney disease and hypertensive heart disease are stated in the diagnosis.
- Assume a relationship between the hypertension and the chronic kidney disease, whether the condition is so designated.
Example

A patient is admitted to the hospital with acute diastolic heart failure due to hypertension with end stage renal disease.

| I13.2 Hypertensive heart and renal disease with both heart failure and chronic renal failure |
| I50.31 Acute diastolic (congestive) heart failure |
| N18.6 End-stage renal disease |

Diabetes Mellitus

- Diabetes mellitus occurs when the body can’t use glucose normally
- Glucose is the main source of energy for the body’s cells.
- Controlled by hormone called insulin
- Insulin made by pancreas
- Insulin helps glucose enter the cells
Diabetes Mellitus

- According to the ADA, 25.8 million Americans have diabetes
- 18.8 million diagnosed and 7 million undiagnosed
- 79 million people are estimated to have prediabetes

Diabetes Mellitus

- Type 1
  - Autoimmune disease
  - Destruction of beta cells
  - Pancreas does not make enough insulin
  - Can occur at any age, but most common in juveniles
  - Requires lifelong insulin therapy
Diabetes Mellitus

• Type 2
  • Does not make enough insulin
  • Insulin resistance
  • Non-insulin dependent
  • Can run in families

Diabetes Mellitus

• Highest risk for diabetes type 2 are those who:
  • Over 45
  • Overweight or obese
  • Had gestational diabetes
  • Have family members with type 2 diabetes
  • Have prediabetes
  • Don’t exercise
  • Have low HDL cholesterol or high triglycerides
  • Have high blood pressure
  • Are members of certain racial or ethnic groups
Diabetes Mellitus

• Symptoms of diabetes:
  • Increased thirst
  • Increased hunger (especially after eating)
  • Dry mouth
  • Nausea and sometimes vomiting
  • Increased urination
  • Fatigue (weak, tired feeling)
  • Blurred vision
  • Numbness or tingling of the hands or feet
  • Frequent infections of the skin, urinary tract, or vagina
  • Sores that are slow to heal

Diabetes Mellitus

• Complications Associated with Diabetes:
  • Retinopathy
  • Kidney damage
  • Poor blood circulation
  • Nerve damage
Example

• A 10-year-old patient presents to the office with a 10lb weight loss over the last 3 weeks, nausea, increased thirst and urination. She denies abdominal pain. Her father is a Type 1 diabetic. Physical exam reveals a thin, white female in no acute distress. Mucous membranes are dry. Rest of PE is normal. Her random blood sugar is 453. The patient started on insulin for her type 1 diabetes.

   E10.65 Type 1 Diabetes with hyperglycemia

Example

• A 56-year-old patient presents for his follow-up of his type 2 diabetes. He is feeling good and has not had any problems since he began his oral medications. He is watching what he is eating and he has begun an exercise program.

   E11.9 Type 2 diabetes mellitus without complications
Diabetes Mellitus

Coding for diabetes mellitus

• Type

• Body system affected

• Complications affecting that body system

• Insulin use for non-type 1

Diabetes Mellitus

Type of diabetes

• E08 – Diabetes mellitus due to underlying condition
• E09 – Drug or chemical induced diabetes mellitus
• E10 – Type 1 diabetes mellitus
• E11 – Type 2 diabetes mellitus
• E13 – Other specified diabetes mellitus
Diabetes Mellitus

Body system affected

- Kidney
- Ophthalmic
- Neurological
- Circulatory
- Other specified

Diabetes Mellitus

Complications affecting the body system

- Nephropathy
- CKD
- Retinopathy
- Neuropathy
- Amyotrophy
- Peripheral angiopathy
Diabetes Mellitus

**Diabetes mellitus and the use of insulin**

- Code Z79.4, Long-term (current) use of insulin

- Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient’s blood sugar under control during an encounter

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**Example**

- 68-year-old male with type 2 diabetes mellitus is seen in follow-up. Patients current and regular medications include NovoLog 20 units with each meal, Lantus 30 units at bedtime.

  E11.9 Type 2 diabetes without complications
  Z79.4 Long term use of insulin
Commonly Coded in Family Practice

- Sequencing of diabetes codes from categories E08–E09 have a “Code first” note indicating that diabetes is to be sequenced after the underlying condition, drug or chemical that is responsible for the diabetes.
- The diabetes mellitus codes are combination codes that include the type of DM, the body system affected, and the complications affecting that body system.

Example

A 25-year-old patient with diabetes mellitus Type 1 in her second trimester at 18 weeks visited her OB/GYN for her routine follow-up visit. The patient’s blood sugar was well controlled and the patient indicated she was doing well with her diet and exercise regimen. The physician scheduled the patient for follow-up for one month.

O24.012 Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester
Z3A.18 18 weeks gestation
Thank You!