

Session Title: ICD-10: Real-World Examples With the Foot and Ankle

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- **Session Objectives:**
- Learn typical ICD-10 coding scenarios for
 - foot conditions
 - ankle conditions
 - lower leg conditions
- Discuss payer LCDs and ICD-10 coding as it relates to foot and ankle conditions

ICD-10 Coding Just A Thought..... Can You First Describe A Pencil

It is thought to be black and white. I can draw using a pencil and it describes things through the letters I create or the pictures I draw. There also can be shades of grey with a pencil so sometimes there can be different versions of the same story. Patients often tell a different story than what I perceive as their doctor and what you may perceive being the coder/biller. Ultimately, it should be their story. The pencil allows each of us to tell the same story but often there are different shades of grey.



Documentation Starts With a Patient Record

The screenshot displays a medical software interface for a patient record. The patient's name, "Mr Icy D Ten", and his ID, "Patient ID: 513", are circled in red. The interface includes a navigation menu on the left with options like "Chart", "Documents for Edit", "Problems", "Medications", "Allergies", "Directives", "Alerts / Flags", "Documents", "Flowsheet", "Orders", "Histories", "Quality", "Protocols", "Graphs", and "Handouts". The main content area is divided into several panels: "Problems", "Medications", "Allergies", and "Directives". Each panel has a header with a plus sign, a pencil icon, and a red 'X' icon, and a dropdown menu set to "Active Only". The "Problems" panel is currently empty. The "Allergies" and "Directives" panels also appear to be empty. The "Medications" panel is partially visible on the right. At the bottom right of the screenshot, there is a logo for "ICD-10 HELP.COM" with the text "October 1, 2014: Will You and Your Practice be Ready?".

7th Character and Injuries

- **Non-fracture care**
 - A- initial encounter
 - D- subsequent encounter
 - S- sequela
- **Fracture care**
 - A- initial encounter (for closed fracture)
 - B – initial encounter for open fracture
 - D- subsequent encounter for normal healing fracture
 - G- subsequent encounter for delayed healing fracture
 - K- subsequent encounter for fracture with non-union
 - P- subsequent encounter for fracture with mal-union
 - S- sequela of fracture

ICD-10 Coding Scenarios For Foot Conditions



- Patient presents to the foot and ankle specialist but there are no feet or ankles?
- So what to do?

Let's Start With Charting

- Example #1

Diabetic At Risk Foot Care

"Initial" Encounter



Primary Problem | Problem #2 | Problem #3 | Problem #4

Name: Mr. Icy D Ten Referring MD: Last Visit:

DOB: 10/20/1970 PCP: Last Visit:

Previous: Clear All Additional MD: Last Visit:

Podiatry History of Present Illness - Problem #1

Initial encounter Subsequent encounter Date of injury/onset:

Chief Complaint: my nails are real thick and those corns and calluses are also a problem

Onset: sudden slow gradual insidious unknown

Location	Nature	Duration
<input type="checkbox"/> left <input type="checkbox"/> right <input checked="" type="checkbox"/> both	<input type="checkbox"/> aching <input type="checkbox"/> bleeding <input type="checkbox"/> blistering <input checked="" type="checkbox"/> burning <input type="checkbox"/> constant <input type="checkbox"/> cracked/dry/sc: <input type="checkbox"/> cramping	<input type="checkbox"/> several hours <input type="checkbox"/> <24 hours <input type="checkbox"/> 1 day <input type="checkbox"/> days <input type="checkbox"/> the past week <input type="checkbox"/> the past month <input type="checkbox"/> the past year
<input type="checkbox"/> foot <input type="checkbox"/> ankle <input checked="" type="checkbox"/> feet <input type="checkbox"/> heel <input type="checkbox"/> heels <input type="checkbox"/> bottom of foot <input type="checkbox"/> ball of foot <input type="checkbox"/> top of foot	<input type="checkbox"/> legs <input type="checkbox"/> toe(s) <input type="checkbox"/> lower leg <input type="checkbox"/> generalized	<input type="checkbox"/> weeks <input type="checkbox"/> months <input checked="" type="checkbox"/> years <input type="checkbox"/> since birth <input type="checkbox"/> yesterday <input type="checkbox"/> unknown

both feet burning and numbness years

Severity

Pain scale (from 0 - 10) - Left: 0 1 2 3 4 5 7 8 9 10

Pain scale (from 0 - 10) - Right: 0 1 2 3 4 5 6 7 8 9 10

Improved by	Aggravating Factors
<input type="checkbox"/> arch supports <input type="checkbox"/> orthotic devices <input type="checkbox"/> heat <input type="checkbox"/> ice <input type="checkbox"/> immobilization <input type="checkbox"/> injections nothing special	<input type="checkbox"/> athletic activities <input type="checkbox"/> first steps after rest <input type="checkbox"/> footwear <input type="checkbox"/> medication (topical/oral) <input type="checkbox"/> movement <input type="checkbox"/> none
<input type="checkbox"/> OTC treatment <input type="checkbox"/> pain relieving medication <input type="checkbox"/> prior care rendered <input type="checkbox"/> rest <input type="checkbox"/> soaking <input type="checkbox"/> nothing	<input type="checkbox"/> previous treatment <input type="checkbox"/> running <input type="checkbox"/> sleeping (night pain) <input type="checkbox"/> standing <input type="checkbox"/> walking

Prior treatment: Injection(s) previous surgery
 NSAID night splint
 PT medication
 orthotic devices OTC remedies

Prior treatment:

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General | Cardio | Neuro | Lesions | Corn/Callus | Nails

Physical Exam **Brief PE** **All Normal** **All Prior** **Clear All**

General **Normal** **Prior** **Clear**

no pain/distress Development: normal abnormal
 mild pain/distress Nourishment: well poor
 moderate pain/distress Deformities: absent present
 severe pain/distress Body habitus: normal abnormal
 obese Grooming: satisfact. unsatisfact.
 poor hygiene
 unkempt

Development is normal. Well nourished. Normal body habitus. No gross

Cardio **normal** **Prior** **Clear**

non-palpable pedal pulses right varicosities
 non-palpable pedal pulses left pitting edema
 capillary refill delayed
 telangiectasias

non-palpable pedal pulses right, non-palpable pedal pulses left, capillary refill

Integumentary **Normal** **Prior** **Clear**

absent hair growth hyperkeratotic lesions thin
 atrophy increased pigmentation texture-rough
 blister interdigital maceration texture-smooth
 cellulitis macular lesions turgor-decreased
 decreased elasticity moccasin distribution turgor-increased
 discolored papular lesions turgor-within normal lim
 draining plaque-like lesions shiny
 ecchymotic rashes ulceration
 erythematous raw varicose veins
 eczema scaly warm to the touch
 fissured stasis pigmentation xerotic
 hemosiderosis sparse hair growth

absent hair growth and fissured

Mental **Normal** **Prior** **Clear**

Orientation: oriented to person/pla
 disoriented to person
 disoriented to place
 disoriented to time
 general disorientation

Memory: good recall and lear
 global memory impar
 impaired new learni
 poor recent recall
 poor remote recall

Mood and Affect: no anxiety or depression
 anxious
 depressed mood
 flat affect
 labile mood

oriented to person/place/time

Neuro **normal** **Prior** **Clear**

hyperesthesia general weakness
 hypoesthesia left hemiparesis
 sensory changes right hemiparesis
 stocking glove sensory changes hyperreflexia
 foot drop hyporeflexia

hyperesthesia and sensory changes

Extremities **Normal** **Prior** **Clear**

achy or heavy feeling in legs phlebotic vein
 edema poor cosmesis
 eczema skin ulcers near ankle
 scarring from recent ulceration swelling in lower legs
 itching around one or more veins telangiectasia
 inflammatory eczematous change throbbing in lower legs
 lymphedema varicose vein
 muscle cramping in lower legs venous hypertension
 pigmentation

Lesions **Ulcer** **Corn/Callus** **ICD10HELP.COM**

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Neurological **All Normal - Detail** **Clear All**

All Prior Right **Prior Left**

Right **Left** **Right** **Left**

Achilles DTRs

symmetric symmetric
 absent absent
 diminished diminished
 brisk brisk
 hyperactive hyperactive

Paresthesia

paresthesia paresthesia
 burning burning

Percussion/Compression test

Tibial **Intermediate**

positive positive
 negative negative

Medial **Peroneal**

positive positive
 negative negative

Mulder's Sign

2nd **3rd**

positive positive
 negative negative

5.07 Gram Monofilament Test

normal normal
 abnormal to the level of the toes abnormal to the level of the toes
 abnormal at the level of the metatarsal heads abnormal at the level of the metatarsal heads
 abnormal at the heel abnormal at the heel

Leg Raise Test **Proprioception** **Vibratory Sensation**

positive positive
 negative negative

intact intact
 not intact not intact

intact intact
 diminished diminished
 not intact not intact

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General **Cardio** Neuro Lesions Corn/Callus Nails

Cardiovascular

All Normal - Detail Clear All

Normal Right Normal Left

Prior Right Prior Left

Right	Left	Right	Left	Right	Left
Dorsalis Pedis Pulses		Posterior Tibial Pulses		Popliteal Pulse	
<input checked="" type="radio"/> absent	<input type="radio"/> absent	<input type="radio"/> absent			
<input type="radio"/> 1+	<input type="radio"/> 1+	<input type="radio"/> 1+	<input type="radio"/> 1+	<input type="radio"/> 1+	<input type="radio"/> 1+
<input type="radio"/> 2+	<input type="radio"/> 2+	<input type="radio"/> 2+	<input type="radio"/> 2+	<input type="radio"/> 2+	<input type="radio"/> 2+
<input type="radio"/> 3+	<input type="radio"/> 3+	<input type="radio"/> 3+	<input type="radio"/> 3+	<input type="radio"/> 3+	<input type="radio"/> 3+
<input type="radio"/> 4+	<input type="radio"/> 4+	<input type="radio"/> 4+	<input type="radio"/> 4+	<input type="radio"/> 4+	<input type="radio"/> 4+

<input type="radio"/> none	<input type="radio"/> none
<input type="radio"/> pitting	<input checked="" type="radio"/> pitting
<input checked="" type="radio"/> non-pitting	<input type="radio"/> non-pitting
	<input type="radio"/> +1
	<input checked="" type="radio"/> +2
	<input type="radio"/> +3
	<input type="radio"/> +4

<input type="radio"/> positive	<input type="radio"/> positive
<input checked="" type="radio"/> negative	<input checked="" type="radio"/> negative

<input type="radio"/> positive	<input type="radio"/> positive
<input type="radio"/> negative	<input type="radio"/> negative

<input type="radio"/> normal	<input type="radio"/> normal
<input type="radio"/> decreased	<input type="radio"/> decreased
<input type="radio"/> increased	<input type="radio"/> increased
<input checked="" type="radio"/> cool	<input checked="" type="radio"/> cool
<input type="radio"/> warm	<input type="radio"/> warm
<input type="radio"/> hot	<input type="radio"/> hot

<input type="radio"/> immediate	<input type="radio"/> immediate
<input checked="" type="radio"/> 2 seconds	<input type="radio"/> 2 seconds
<input type="radio"/> 3 seconds	<input checked="" type="radio"/> 3 seconds
<input type="radio"/> 4 and > seconds	<input type="radio"/> 4 and > seconds

Statement - Normal

Prior Statement

HPI PMH FH-SH Risk Factors ROS VS PE Problems CPOE A/P

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General Cardio Neuro Lesions **Corn/Callus** Nails

Skin Hyperkeratotic Findings

All Prior Clear All

Right Foot

Clear Right Foot

Toes	Metatarsal	Midfoot	Heel
Clear Right Toes	Clear	Clear	Clear
1st <input type="checkbox"/> dorsal <input type="checkbox"/> plantar <input type="checkbox"/> medial <input type="checkbox"/> lateral <input type="checkbox"/> distal	<input checked="" type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th	<input type="checkbox"/> medial <input type="checkbox"/> central <input type="checkbox"/> lateral	<input type="checkbox"/> medial <input type="checkbox"/> central <input type="checkbox"/> lateral
2nd <input type="checkbox"/> dorsal <input type="checkbox"/> plantar <input type="checkbox"/> medial <input type="checkbox"/> lateral <input type="checkbox"/> distal			
3rd <input type="checkbox"/> dorsal <input type="checkbox"/> plantar <input type="checkbox"/> medial <input type="checkbox"/> lateral <input type="checkbox"/> distal			
4th <input type="checkbox"/> dorsal <input type="checkbox"/> plantar <input type="checkbox"/> medial <input type="checkbox"/> lateral <input type="checkbox"/> distal			
5th <input checked="" type="checkbox"/> dorsal <input type="checkbox"/> plantar <input type="checkbox"/> medial <input type="checkbox"/> lateral <input type="checkbox"/> distal			

Left Foot

Clear Left Foot

Toes	Metatarsal	Midfoot	Heel
Clear Left Toes	Clear	Clear	Clear
1st <input type="checkbox"/> dorsal <input type="checkbox"/> plantar <input type="checkbox"/> medial <input type="checkbox"/> lateral <input type="checkbox"/> distal	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th	<input type="checkbox"/> medial <input type="checkbox"/> central <input type="checkbox"/> lateral	<input type="checkbox"/> medial <input type="checkbox"/> central <input type="checkbox"/> lateral
2nd <input checked="" type="checkbox"/> dorsal <input type="checkbox"/> plantar <input type="checkbox"/> medial <input type="checkbox"/> lateral <input type="checkbox"/> distal			
3rd <input type="checkbox"/> dorsal <input type="checkbox"/> plantar <input type="checkbox"/> medial <input type="checkbox"/> lateral <input type="checkbox"/> distal			
4th <input type="checkbox"/> dorsal <input type="checkbox"/> plantar <input type="checkbox"/> medial <input type="checkbox"/> lateral <input type="checkbox"/> distal			
5th <input type="checkbox"/> dorsal <input type="checkbox"/> plantar <input type="checkbox"/> medial <input type="checkbox"/> lateral <input checked="" type="checkbox"/> distal			

Prior Statement

Clear Statement

HPI PMH FH-SH Risk Factors ROS VS PE Problems CPOE A/P

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Nail Examination
Dystrophic/Mycotic/Non-Dystrophic Ingrown Nail

Ingrown Nail

Right Toenail(s)			Left Toenail(s)		
	Prior	Clear		Prior	Clear
Non-dystrophic	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th
Thickened	<input type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th
Discolored	<input checked="" type="checkbox"/> 1st <input type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th
Incurved	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th
Subungual debris	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th
Brittle	<input checked="" type="checkbox"/> 1st <input type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th
Elongated	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th

Comments: _____

Previous Exam Right Toenail(s)
Incurved Medial: Incurved Lateral:
Incurved Brdrs: Erythematous:
Edematous: Purulent:
Drainage: Painful:

Previous Exam Left Toenail(s)
Incurved Medial: Incurved Lateral:
Incurved Brdrs: Erythematous:
Edematous: Purulent:
Drainage: Painful:

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Nail Examination
Dystrophic/Mycotic/Non-Dystrophic Ingrown Nail

Ingrown Nail

Right Toenail(s)			Left Toenail(s)		
	Prior	Clear		Prior	Clear
Non-dystrophic	<input type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th
Thickened	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th
Discolored	<input checked="" type="checkbox"/> 1st <input type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th
Incurved	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th
Subungual debris	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th
Brittle	<input checked="" type="checkbox"/> 1st <input type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th
Elongated	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input checked="" type="checkbox"/> 4th <input checked="" type="checkbox"/> 5th

Comments: _____

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Edematous: Purulent:
Drainage: Painful:

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Name: Mr Icy D Ten **Date last seen:** 01/08/2014 **Shoe size:** 8.5W
DOB: 10/20/1970 **Appropriate footwear that fits properly:** No, current footwear is worn out
Last: <None> **Inappropriate footwear:** Yes, size was too large wearing size 9.5 currently
 Recommend measurement and fitting for new shoes

Foot Care

Select option below then press appropriate button:

corn/callus
 corns/calluses (2-4)
 corns/calluses (5+)

Trimmed Nondystrophic Nails + Corn/Callus Options Trimmed Dystrophic Nails + Corn/Callus Options
 Debride Mycotic, Trim Nondystrophic + Corn/Callus Options Debride Mycotic, Trim Dystrophic + Corn/Callus Options
 Debride Mycotic, Trim Nondystrophic + Corn/Callus 2-4 Options Debride Mycotic, Trim Dystrophic + Corn/Callus 2-4 Options
 Debride Mycotic, Trim Nondystrophic + Corn/Callus 5 and > Options Debride Mycotic, Trim Dystrophic + Corn/Callus 5 and > Options
 Nail Debridement and Trim Nondystrophic Nail Debridement - Dystrophic

Alternative Options

right foot left foot both feet

Paring/Cutting Tyloma/Heloma Paring/Cutting Tyloma/Heloma 2-4 Paring/Cutting Tyloma/Heloma 5 and Greater
 Trim Nondystrophic Trim Dystrophic Debridement < 5 Debridement 6 and Greater

Performance by a non-professional would pose as a hazard to this patient
 Apply antibiotic ointment to affected areas.
 Apply antibiotic ointment and padding with dry dressing to affected areas
 Apply antibiotic ointment and dry protective dressing.
 Apply gentamicin cream and dry protective dressing to affected area.
 Apply silvadene cream and dry protective dressing to affected areas

Insert Directions from Checkboxes Above

Debridement mycotic/fungus/dystrophic/nails to reduce the thickness and girth using both nail splitter and grinder one to five and trimmed remaining dystrophic nails and pared the corns/calluses (5+) with a scalpel as a non-professional would pose a hazard to this patient.

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Insert Previous Clear All
 New Problem Modify Problems Enter Order

Update Orders - Mr Icy D Ten 43 Years Old Male, (DOB: 10/20/1970)

Orders: This update Open All Primary Coverage: Carefirst BCBS Set Coverage...

!	Date	Description	Status	Diagnoses
	01/20/2014	11720-Debridement of Toenails (1	Unsigned	DIABETES MELLITUS WITH PERIPHER
	01/20/2014	G0127-Trim Dystrophic Nails (1-1	Unsigned	DIABETES MELLITUS WITH PERIPHER
	01/20/2014	11057-Debride Hyperkeratotic Le:	Unsigned	CORNS AND CALLOSITIES. (ICD-700

Potential Diagnoses:
 Corns and callosities.
 DIABETES MELLITUS WITH PERIPHER
 Hypertrophy of nail.
 Dermatophytosis of nail

Remove Reorder Clear Diagnoses New...

Custom List Categories Search Order Details

Use custom list: Foot Care Organize...

- A9160-Routine Foot Care
- A9270-NON-COVERED ITEM OR SERVICE
- G0127-Trim Dystrophic Nails (1-10)
- 11719-Trim Non-Dystrophic Toenails (1-10)
- 11720-Debridement of Toenails (1-5)
- 11721-Debridement of Toenails (6-10)
- 11055-Debride Hyperkeratotic Lesion
- 11056-Debrided Hyperkeratotic Lesion (2-4)
- 11057-Debride Hyperkeratotic Lesions (> 4)

ICDTENHELP.COM
ICD-10
 October 1, 2014: Will You and Your Practice be Ready?

Sign Orders

Is there a problem with mapping? It gets you close
but not the actual code most of the time!!!



The screenshot shows a web-based tool titled "ICD-10 Code Conversion". It features two radio buttons: "ICD-9 to ICD-10" (which is selected) and "ICD-10 to ICD-9". Below the radio buttons is a text input field and a blue "GO" button. At the bottom of the tool, there is a small text link that says "add to your website".

<https://www.aapc.com/ICD-10/icd-10-mapping.aspx>



In ICD-10-CM

- There are many types of Diabetes. It is critical you know the type of diabetes the patient has.
- Let's go over the many options



E08.52 Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
Diabetes mellitus due to underlying condition with diabetic gangrene

E08.59 Diabetes mellitus due to underlying condition with other circulatory complications

E08.6 Diabetes mellitus due to underlying condition with other specified complications

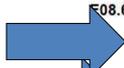
E08.61 Diabetes mellitus due to underlying condition with diabetic arthropathy



E08.610 Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy

Diabetes mellitus due to underlying condition with Charcôt's joints

E08.618 Diabetes mellitus due to underlying condition with other diabetic arthropathy



E08.62 Diabetes mellitus due to underlying condition with skin complications

E08.620 Diabetes mellitus due to underlying condition with diabetic dermatitis

Diabetes mellitus due to underlying condition with diabetic necrobiosis lipoidica



E08.621 Diabetes mellitus due to underlying condition with foot ulcer

Use additional code to identify site of ulcer (L97.4-, L97.5-)

E08.622 Diabetes mellitus due to underlying condition with other skin ulcer

Use additional code to identify site of ulcer (L97.1-L97.9, L98.41-L98.49)

E08.628 Diabetes mellitus due to underlying condition with other skin complications

E08.63 Diabetes mellitus due to underlying condition with oral complications

E08.630 Diabetes mellitus due to underlying condition with periodontal disease

E08.638 Diabetes mellitus due to underlying condition with other oral complications

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Drug or chemical induced diabetes mellitus with Charcôt's joints

E09.618 Drug or chemical induced diabetes mellitus with other diabetic arthropathy

E09.62 Drug or chemical induced diabetes mellitus with skin complications



E09.620 Drug or chemical induced diabetes mellitus with diabetic dermatitis

Drug or chemical induced diabetes mellitus with diabetic necrobiosis lipoidica

E09.621 Drug or chemical induced diabetes mellitus with foot ulcer

Use additional code to identify site of ulcer (L97.4-, L97.5-)

E09.622 Drug or chemical induced diabetes mellitus with other skin ulcer

Use additional code to identify site of ulcer (L97.1-L97.9, L98.41-L98.49)

E09.628 Drug or chemical induced diabetes mellitus with other skin complications

E09.63 Drug or chemical induced diabetes mellitus with oral complications

E09.630 Drug or chemical induced diabetes mellitus with periodontal disease

E09.638 Drug or chemical induced diabetes mellitus with other oral complications

E09.64 Drug or chemical induced diabetes mellitus with hypoglycemia

E09.641 Drug or chemical induced diabetes mellitus with hypoglycemia with coma

E09.649 Drug or chemical induced diabetes mellitus with hypoglycemia without coma



E09.65 Drug or chemical induced diabetes mellitus with hyperglycemia

E09.69 Drug or chemical induced diabetes mellitus with other specified complication

Use additional code to identify complication

E09.8 Drug or chemical induced diabetes mellitus with unspecified complications

E09.9 Drug or chemical induced diabetes mellitus without complications



E10.4 Type 1 diabetes mellitus with neurological complications

- E10.40 Type 1 diabetes mellitus with diabetic neuropathy, unspecified
- E10.41 Type 1 diabetes mellitus with diabetic mononeuropathy
- E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy
Type 1 diabetes mellitus with diabetic neuralgia
- E10.43 Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
Type 1 diabetes mellitus with diabetic gastroparesis
- E10.44 Type 1 diabetes mellitus with diabetic amyotrophy
- E10.49 Type 1 diabetes mellitus with other diabetic neurological complication

E10.5 Type 1 diabetes mellitus with circulatory complications

- E10.51 Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
- E10.52 Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
Type 1 diabetes mellitus with diabetic gangrene
- E10.59 Type 1 diabetes mellitus with other circulatory complications

E10.6 Type 1 diabetes mellitus with other specified complications

- E10.61 Type 1 diabetes mellitus with diabetic arthropathy
 - E10.610 Type 1 diabetes mellitus with diabetic neuropathic arthropathy
Type 1 diabetes mellitus with Charcôt's joints
 - E10.618 Type 1 diabetes mellitus with other diabetic arthropathy
- E10.62 Type 1 diabetes mellitus with skin complications

**E10.6 Type 1 diabetes mellitus with other specified complications**

- E10.61 Type 1 diabetes mellitus with diabetic arthropathy
 - E10.610 Type 1 diabetes mellitus with diabetic neuropathic arthropathy
Type 1 diabetes mellitus with Charcôt's joints
 - E10.618 Type 1 diabetes mellitus with other diabetic arthropathy
- E10.62 Type 1 diabetes mellitus with skin complications
 - E10.620 Type 1 diabetes mellitus with diabetic dermatitis
Type 1 diabetes mellitus with diabetic necrobiosis lipoidica
 - E10.621** Type 1 diabetes mellitus with foot ulcer
Use additional code to identify site of ulcer (L97.4-, L97.5-)
 - E10.622 Type 1 diabetes mellitus with other skin ulcer
Use additional code to identify site of ulcer (L97.1-L97.9, L98.41-L98.49)
 - E10.628 Type 1 diabetes mellitus with other skin complications
- E10.63 Type 1 diabetes mellitus with oral complications
 - E10.630 Type 1 diabetes mellitus with periodontal disease
 - E10.638 Type 1 diabetes mellitus with other oral complications
- E10.64 Type 1 diabetes mellitus with hypoglycemia
 - E10.641 Type 1 diabetes mellitus with hypoglycemia with coma
 - E10.649 Type 1 diabetes mellitus with hypoglycemia without coma
- E10.65 Type 1 diabetes mellitus with hyperglycemia
- E10.69 Type 1 diabetes mellitus with other specified complication
Use additional code to identify complication
- E10.8 Type 1 diabetes mellitus with unspecified complications
- E10.9 Type 1 diabetes mellitus without complications



- E11.4 Type 2 diabetes mellitus with neurological complications**
- E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified
 - E11.41 Type 2 diabetes mellitus with diabetic mononeuropathy
 - E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy
Type 2 diabetes mellitus with diabetic neuralgia
 - E11.43 Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
Type 2 diabetes mellitus with diabetic gastroparesis
 - E11.44 Type 2 diabetes mellitus with diabetic amyotrophy
 - E11.49 Type 2 diabetes mellitus with other diabetic neurological complication

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- E11.5 Type 2 diabetes mellitus with circulatory complications**
- E11.51 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
 - E11.52 Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
Type 2 diabetes mellitus with diabetic gangrene
 - E11.59 Type 2 diabetes mellitus with other circulatory complications
- E11.6 Type 2 diabetes mellitus with other specified complications**
- E11.61 Type 2 diabetes mellitus with diabetic arthropathy
 - E11.610 Type 2 diabetes mellitus with diabetic neuropathic arthropathy
Type 2 diabetes mellitus with Charcot's joints
 - E11.618 Type 2 diabetes mellitus with other diabetic arthropathy
 - E11.62 Type 2 diabetes mellitus with skin complications



- E11.6 Type 2 diabetes mellitus with other specified complications**
- E11.61 Type 2 diabetes mellitus with diabetic arthropathy
 - E11.610 Type 2 diabetes mellitus with diabetic neuropathic arthropathy
Type 2 diabetes mellitus with Charcot's joints
 - E11.618 Type 2 diabetes mellitus with other diabetic arthropathy
 - E11.62 Type 2 diabetes mellitus with skin complications
 - E11.620 Type 2 diabetes mellitus with diabetic dermatitis
Type 2 diabetes mellitus with diabetic necrobiosis lipoidica
 - E11.621 Type 2 diabetes mellitus with foot ulcer**
Use additional code to identify site of ulcer (L97.4-, L97.5-)
 - E11.622 Type 2 diabetes mellitus with other skin ulcer
Use additional code to identify site of ulcer (L97.1-L97.9, L98.41-L98.49)
 - E11.628 Type 2 diabetes mellitus with other skin complications
 - E11.63 Type 2 diabetes mellitus with oral complications
 - E11.630 Type 2 diabetes mellitus with periodontal disease
 - E11.638 Type 2 diabetes mellitus with other oral complications
 - E11.64 Type 2 diabetes mellitus with hypoglycemia
 - E11.641 Type 2 diabetes mellitus with hypoglycemia with coma
 - E11.649 Type 2 diabetes mellitus with hypoglycemia without coma
 - E11.65 Type 2 diabetes mellitus with hyperglycemia
 - E11.69 Type 2 diabetes mellitus with other specified complication
Use additional code to identify complication
- E11.8 Type 2 diabetes mellitus with unspecified complications**
- E11.9 Type 2 diabetes mellitus without complications**



ICD-9 to ICD 10 Coding

1) E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy



ICD-9 to ICD 10 Coding

2) E11.51 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene



ICD-9 to ICD 10 Coding

3) B35.1 Onychomycosis



ICD-9 to ICD 10 Coding

4) L60.3 Nail Dystrophy



ICD-9 to ICD 10 Coding

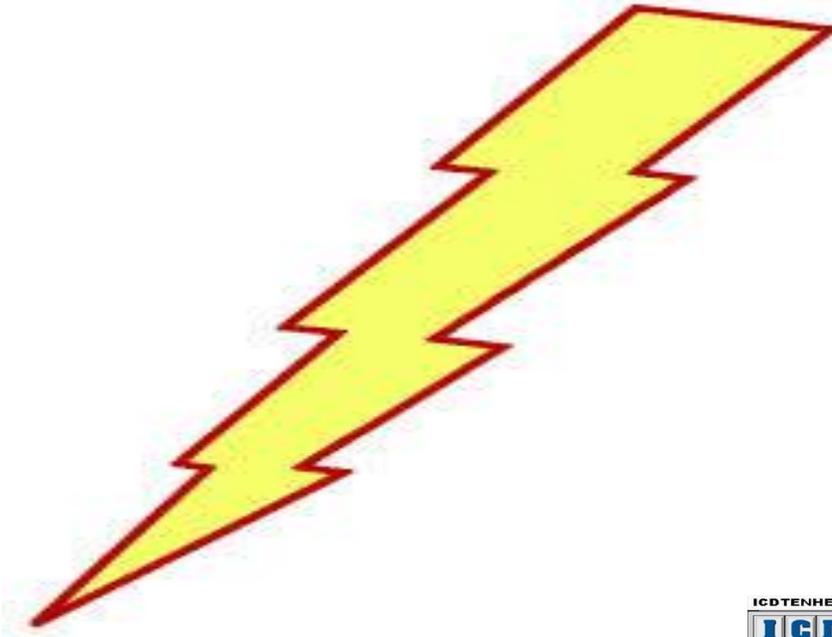
5) L84 Corn/Callus



In Summary Based On ICD-10 Rules The Following Are Coded:

- 1) E11.51 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
- 2) E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy
- 3) B35.1 Onychomycosis
- 4) L60.3 Nail Dystrophy
- 5) L84 Corn/Callus





So What If The Patient Has PVD?

Problems							
+ Enter search text		Active Only		Medscape Problem Search			
Description	ICD-9	ICD-10	Onset Date	End Date	Entered By	Signed By	
Dystrophic nails	703.8	L60.3	04-Jun-2013		David J Freedman DPM	David J. Freedman DP	
Corn/Callus	700	L84	04-Jun-2013		David J Freedman DPM	David J. Freedman DP	
Onychomycosis	110.1	B35.1	04-Jun-2013		David J Freedman DPM	David J. Freedman DP	
PVD	443.9	I73.9	04-Jun-2013		David J Freedman DPM	David J. Freedman DP	



In Summary Based On ICD-10 Rules To Meet “At Risk Foot Care” The Following Are Coded:

- 1) I73.9 Other peripheral vascular diseases, unspecified
OR
- 2a) I70.201-Unspecified Atherosclerosis of native arteries of
extremities, right leg
- 2b) I70.202-Unspecified Atherosclerosis of native arteries of
extremities, left leg
- 2c) I70.203-Unspecified atherosclerosis of native arteries of
extremities, bilateral legs
- 3) B35.1 Onychomycosis
- 4) L60.3 Nail Dystrophy
- 5) L84 Corn/Callus



Just To Throw Another Twist On The PVD Front, What If.....?

There is Claudication

- 1a) I70.211- Atherosclerosis of native arteries of extremities with
intermittent claudication, right leg
- 1b) I70.212- Atherosclerosis of native arteries of extremities with
intermittent claudication, left leg
- 1c) I70.213- Atherosclerosis of native arteries of extremities with
intermittent claudication, bilateral legs



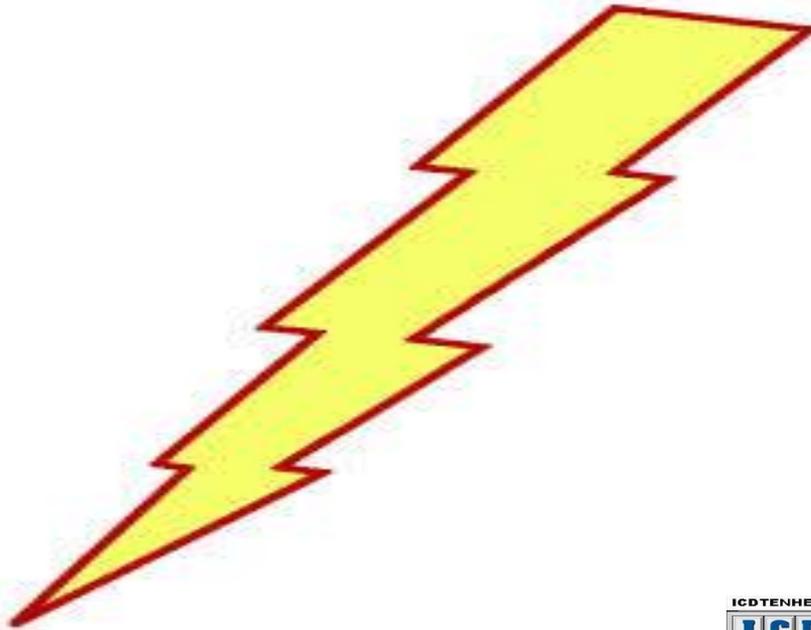
Just to throw another twist on the PVD
Front, what if.....?

There is rest pain

1a) I70.221- Atherosclerosis of native arteries of extremities with rest pain, right leg

1b) I70.222- Atherosclerosis of native arteries of extremities with rest pain, left leg

1c) I70.223- Atherosclerosis of native arteries of extremities with rest pain, bilateral legs



Primary Problem	Problem #2	Problem #3	Problem #4
Name: Mr Icy D Ten ← Referring MD: <input type="text"/> Last Visit: <input type="text"/>			
DOB: 10/20/1970 PCP: <input type="text"/> Last Visit: <input type="text"/>			
<input type="button" value="Previous"/> <input type="button" value="Clear All"/>		Additional MD: <input type="text"/> Last Visit: <input type="text"/>	
Podiatry History of Present Illness - Problem #1			
<input checked="" type="radio"/> Initial encounter <input type="radio"/> Subsequent encounter Date of injury/onset: <input type="text"/>			
Chief Complaint: The big toe feels sore and ingrown ←			
Onset: <input checked="" type="radio"/> sudden <input type="radio"/> slow <input type="radio"/> gradual <input type="radio"/> insidious <input type="radio"/> unknown			
Location	Nature	Duration	
<input checked="" type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> both <input checked="" type="checkbox"/> foot <input type="checkbox"/> feet <input type="checkbox"/> heel <input type="checkbox"/> heels <input type="checkbox"/> bottom of foot <input type="checkbox"/> ball of foot <input type="checkbox"/> top of foot	<input type="checkbox"/> ankle <input type="checkbox"/> legs <input type="checkbox"/> toe(s) <input type="checkbox"/> lower leg <input type="checkbox"/> generalized <input checked="" type="checkbox"/> aching <input type="checkbox"/> bleeding <input type="checkbox"/> blistering <input type="checkbox"/> burning <input type="checkbox"/> constant <input type="checkbox"/> cracked/dry/sc: <input type="checkbox"/> cramping <input type="checkbox"/> non-painful <input type="checkbox"/> numbness <input checked="" type="checkbox"/> painful <input type="checkbox"/> pressure <input type="checkbox"/> progressing <input type="checkbox"/> pulling <input checked="" type="checkbox"/> radiating aching, painful, pressure and radiating	<input type="checkbox"/> several hours <input type="checkbox"/> <24 hours <input type="checkbox"/> 1 day <input type="checkbox"/> days <input type="checkbox"/> the past week <input type="checkbox"/> the past month <input type="checkbox"/> the past year	<input checked="" type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years <input type="checkbox"/> since birth <input type="checkbox"/> yesterday <input type="checkbox"/> unknown
Severity Pain scale (from 0 - 10) - Left: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10			
Improved by		Aggravating Factors	
<input type="checkbox"/> arch supports <input type="checkbox"/> orthotic devices <input type="checkbox"/> heat <input type="checkbox"/> ice <input type="checkbox"/> immobilization <input type="checkbox"/> injections	<input type="checkbox"/> OTC treatment <input checked="" type="checkbox"/> pain relieving medication <input type="checkbox"/> prior care rendered <input checked="" type="checkbox"/> rest <input checked="" type="checkbox"/> soaking <input type="checkbox"/> nothing	<input type="checkbox"/> athletic activities <input checked="" type="checkbox"/> first steps after rest <input type="checkbox"/> footwear <input type="checkbox"/> medication (topical/oral) <input type="checkbox"/> movement <input type="checkbox"/> none	<input type="checkbox"/> previous treatment <input type="checkbox"/> running <input type="checkbox"/> sleeping (night pain) <input type="checkbox"/> standing <input type="checkbox"/> walking
Drug store medication, rest and soaking		when I where shoes	
Prior treatment: <input type="checkbox"/> Injection(s) <input type="checkbox"/> NSAID <input type="checkbox"/> PT <input type="checkbox"/> orthotic devices		<input type="checkbox"/> previous surgery <input type="checkbox"/> night splint <input type="checkbox"/> medication <input type="checkbox"/> OTC remedies	
		Prior treatment: <input type="text"/>	

Examination Documentation

- Incurvated medial left hallux nail border.
- Inflamed, erythematous, purulence, and pain medial nail border left hallux.

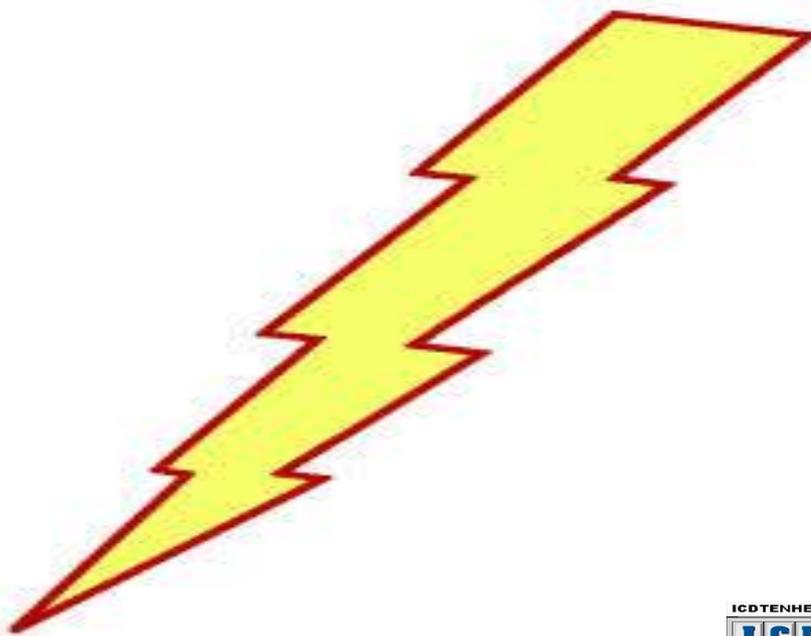
Ingrown Nail 703.0

ICD 10 Quick Sheet Conversion Lower Extremity ☆

File Edit View Insert Format Data Tools Help All changes saved in Drive 1 other viewer

fx | 703

	A	B	C	D	E	F
1	ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will mean you M highest level)
2	Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
185	Hyperhidrosis	780.8	Generalized hyperhidrosis / Excessive sweating Excludes1: focal (primary) (secondary) hyperhidrosis (L74.5-)	R61		
186			Primary focal hyperhidrosis, soles	L74.513		
187	Hypermobility	728.5	Hypermobility syndrome Excludes1: Ehlers-Danlos syndrome (Q79.6) ligamentous laxity, NOS (M24.2-)	M35.7		
188	Ingrown nail →	703.0	Ingrowing nail Excludes2: onychia and paronychia (L03.0-)	L60.0		←
189	Instability of joint-ankle and foot	718.87	Other specific joint derangements of ankle		M24.871	M24.872
190	Instability of joint-ankle and foot	718.87	Other specific joint derangements of foot		M24.874	M24.875
191			Other instability of joint, ankle		M25.371	M25.372
192			Other instability of joint, foot		M25.374	M25.375



Cellulitis/Abscess Example Must Look---



ICD-10-CM INDEX TO DISEASES and INJURIES

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#)

A

Aarskog's syndrome Q87.1
Abandonment —see Maltreatment
Abasia (-astasia) (hysterical) F44.4
Abderhalden-Kaufmann-Lignac syndrome (cystinosis) E72.04
Abdomen, abdominal —see *also* condition
 - acute R10.0
 - angina K55.1
 - muscle deficiency syndrome Q79.4
Abdominalgia —see Pain, abdominal
Abduction contracture, hip or other joint —see Contraction, joint
Aberrant (congenital) —see *also* Malposition, congenital
 - adrenal gland Q89.1
 - artery (peripheral) Q27.8
 -- basilar NEC Q28.1
 -- cerebral Q28.3
 -- coronary Q24.5
 -- digestive system Q27.8
 -- eye Q15.8
 -- lower limb Q27.8
 -- precerebral Q28.1



- eyelid —see Abscess, eyelid
 - face NEC L03.211
 - finger (intrathecal) (periosteal) (subcutaneous) (subcuticular) L03.01-
 - foot —see Cellulitis, lower limb
 - gangrenous —see Gangrene
 - genital organ NEC
 -- female (external) N76.4
 -- male N49.9
 -- - multiple sites N49.8
 -- - specified NEC N49.8
 - gluteal (region) L03.317
 - gonococcal A54.89
 - groin L03.314
 - hand —see Cellulitis, upper limb
 - head NEC L03.811
 -- face (any part, except ear, eye and nose) L03.211
 - heel —see Cellulitis, lower limb
 - hip —see Cellulitis, lower limb
 - jaw (region) L03.211
 - knee —see Cellulitis, lower limb
 - labium (majus) (minus) —see Vulvitis
 - lacrimal passages —see Inflammation, lacrimal, passages
 - larynx J38.7
 - leg —see Cellulitis, lower limb
 - lip K13.0
 - lower limb L03.11-
 -- toe —see Cellulitis, toe
 - mouth (floor) K12.2
 - multiple sites, so stated L03.90



Onychauxis L60.2
 - congenital Q84.5
Onychia —see also Cellulitis, digit
 - with lymphangitis —see Lymphangitis, acute, digit
 - candidal B37.2
 - dermatophytic B35.1
Onychitis —see also Cellulitis, digit
 - with lymphangitis —see Lymphangitis, acute, digit
Onychocryptosis L60.0
Onychodystrophy L60.3
 - congenital Q84.6
Onychogryphosis, onychogryposis L60.2
Onycholysis L60.1
Onychomadesis L60.8
Onychomalacia L60.3
Onychomycosis (finger) (toe) B35.1
Onycho-osteodysplasia Q79.8
Onychophagia F98.8



Examination Documentation

- The right foot, great toe has erythema, pain, and a cavity with yellow purulence is noted.



ICD 10 Quick Sheet Conversion Lower Extremity ☆

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M66 Spontaneous rupture of synovium and tendon

A	B	C	D	E	F
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will mean you MU highest level of
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
		L03 Cellulitis and acute lymphangitis Excludes2: eosinophilic cellulitis [Wells] (L98.3) febrile neutrophilic dermatosis [Sweet] (L98.2) lymphangitis (chronic) (subacute) (I89.1)			
		L03.11 Cellulitis of other parts of limb Excludes2: cellulitis of toes (L03.03-) groin (L03.314)			
Abscess, Foot	682.7	Cellulitis of lower limb (Excludes 2: cellulitis of toes (L03.03-))		L03.115	L03.116
		L03.0 Cellulitis and acute lymphangitis of finger and toe Infection of nail Onychia Paronychia Perionychia			
Abscess, toe	681.10	Cellulitis (Includes: Infection of nail, Onychia, Paronychia) of toe		L03.031	L03.032
		M66 Spontaneous rupture of synovium and tendon			



ICD-9 to ICD 10 Coding

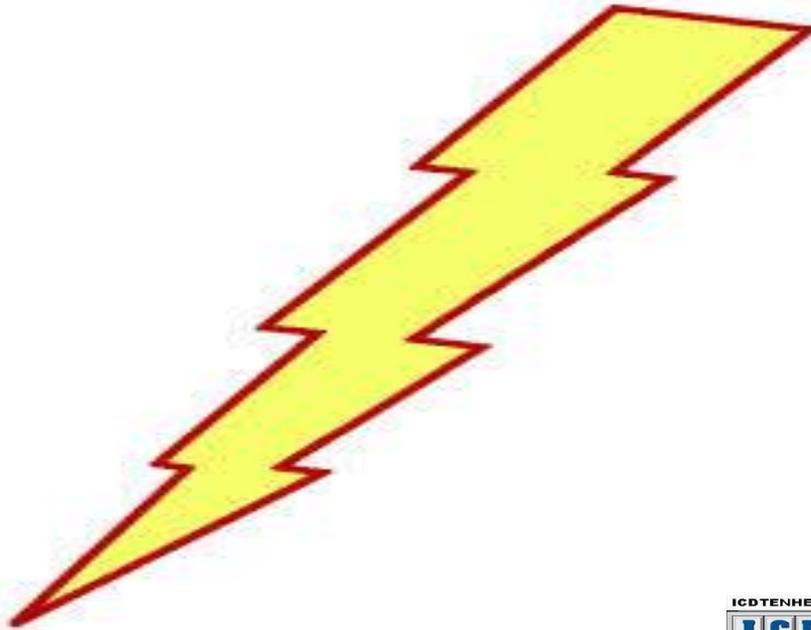
- 1) Cellulitis toe ICD9=681.10
- 2) Onychia/Paronychia ICD9= 681.11



ICD-9 to ICD 10 Coding

- 1) Cellulitis toe ICD9=681.10
- 2) Onychia/Paronychia ICD9= 681.11

- 1) L03.031 Cellulitis of right toe
- 2) L03.032 Cellulitis of left toe



ICD-9 to ICD 10 Coding

- 1) Now we have a patient who has a Post-operative infection. ICD9= 998.59



Examination Documentation

- The surgical site is evaluated showing the 1st ray incision on the left foot dorsally has dehisced. There is localized erythema and yellow drainage noted.



ICD 10 Quick Sheet Conversion Lower Extremity ☆

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	A	B	C	D	E	F
1	ICD 10 Quick list Top Practice codes				Correct Code	(Note: You means you highest lev
2	Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
275			<p>T81 Complications of procedures, not elsewhere classified</p> <p>Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)</p> <p>Excludes2:</p> <ul style="list-style-type: none"> complications following immunization (T88.0-T88.1) complications following infusion, transfusion and therapeutic injection (T80.-) complications of transplanted organs and tissue (T86.-) specified complications classified elsewhere, such as: complication of prosthetic devices, implants and grafts (T82-T85) dermatitis due to drugs and medicaments (L23.3, L24.4, L25.1, L27.0-L27.1) intraoperative and postprocedural complications of specific body system (D78.-, E36.-, E89.-, G97.3-G97.4, H59.3-, H59.-, H95.2-, H95.3, I97.4-, I97.5, J95, K91.-, L76.-, M96.-, N99.-) poisoning and toxic effects of drugs and chemicals (T36-T65 with fifth or sixth character 1-4 or 6) <p>The appropriate 7th character is to be added to each code from category T81</p> <p>A - initial encounter D - subsequent encounter S - sequela</p>			

RULES



ICD 10 Quick Sheet Conversion Lower Extremity ☆

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	A	B	C	D	E	F	G	H
T81.4 Infection following a procedure								
	ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will see Coding after th means you MUST pick the 7th Ch highest level of specificity.)		
	Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left	Multiple sites	Bilateral
			<p>T81.4 Infection following a procedure</p> <p>Postprocedural infection, not elsewhere classified</p> <p>Sepsis following a procedure</p> <p>Stitch abscess following a procedure</p> <p>Wound abscess following a procedure</p> <p>Use additional code to identify infection</p> <p>Use additional code (R65.2-) to identify severe sepsis, if applicable</p> <p>Excludes1:</p> <ul style="list-style-type: none"> postprocedural fever NOS (R50.82) <p>Excludes2:</p> <ul style="list-style-type: none"> infection due to infusion, transfusion and therapeutic injection (T80.2-) <p>infection due to prosthetic devices, implants and grafts (T82.6-T82.7, T83.5-T83.6, T84.5-T84.7, T85.7)</p>					
	(Other) postoperative infection	998.59	Infection following a procedure (Post-Procedural)	T81.4-				
			L89 Pressure ulcer					

RULES



ICD 10 Quick Sheet Conversion Lower Extremity ☆

dfreedman@foota

File Edit View Insert Format Data Tools Help All changes saved in Drive 2 other viewers Comments

123 Arial 10 Bold Italic Underline

T81.4 Infection following a procedure

B	C	D	E	F	G	H	I	J	K
			Correct Code	(Note: You will see Coding after the "initial" or "right and left" options this means you MUST pick the 7th Character code - Always code to the highest level of specificity.)					
ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left	Multiple sites	Bilateral	Initial	Subsequent	Sequelae
998.59	T81.4 Infection following a procedure (Post-Procedural) L89 Pressure ulcer	T81.4-					T81.4xxA	T81.4xxD	T81.4xxS

Excludes1: postprocedural fever NOS (R50.82)
Excludes2: infection due to infusion, transfusion and therapeutic injection (T80.2-)
infection due to prosthetic devices, implants and grafts (T82.6-T82.7, T83.5-T83.6, T84.5-T84.7, T85.7)

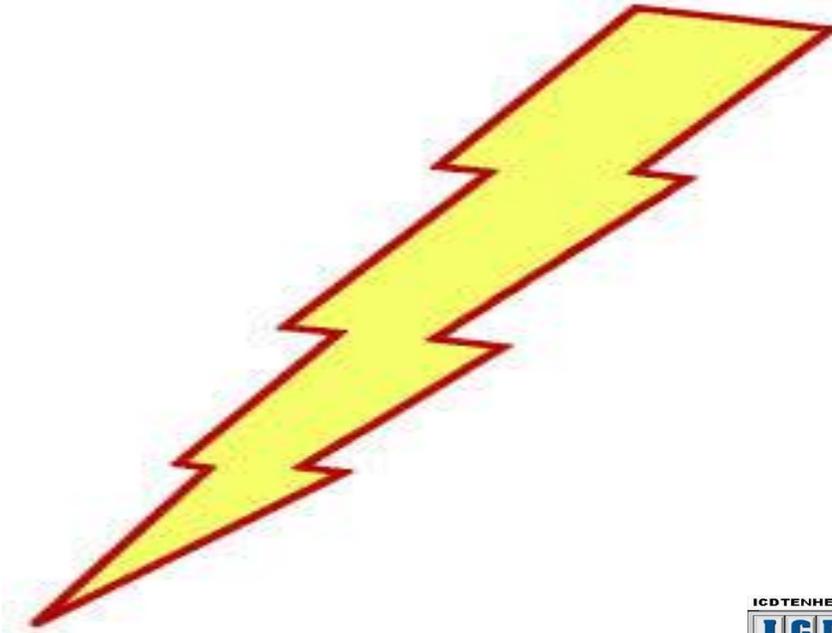
ICD-10 HELP.COM
October 1, 2014: Will You and Your Practice be Ready?

ICD-9 to ICD 10 Coding

1) 998.59 Post-op

1) T81.4xxA Infection following a procedure
"Initial Encounter"

Note: the laterality, left foot does not play a role in this coding selection, but A,D or S does



Examination Documentation

If there is abnormal skin under callous
for a diabetic how is that coded?

- A history of diabetic ulceration at a site, ie: **right foot, plantar 1st metatarsal head reveals non viable tissue "breakdown through skin"**. This is abnormal tissue and should be documented as such.
- Level of debridement depends on whether this area is partial skin or full thickness (97597 MC RVU 0.51) involvement Vs Office Visit (99212 MC RVU 0.48 or 99213 MC RVU 0.97)



ICD 10 Tabular Description **ICD-10-CM, Rules NON-Pressure Ulcer**

L97 Non-pressure chronic ulcer of lower limb, not elsewhere classified
Includes:
 chronic ulcer of skin of lower limb NOS
 non-healing ulcer of skin
 non-infected sinus of skin
 trophic ulcer NOS
 tropical ulcer NOS
 ulcer of skin of lower limb NOS

Code first any associated underlying condition, such as: ←
 any associated gangrene (I96)
 atherosclerosis of the lower extremities (I70.23-, I70.24-, I70.33-, I70.34-, I70.43-, I70.44-, I70.53-, I70.54-, I70.63-, I70.64-, I70.73-, I70.74-)
 chronic venous hypertension (I87.31-, I87.33-)
 diabetic ulcers (E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622)
 postphlebotic syndrome (I87.01-, I87.03-)
 postthrombotic syndrome (I87.01-, I87.03-)
 varicose ulcer (I83.0-, I83.2-)

Excludes2: ←
 pressure ulcer (pressure area) (L89.-)
 skin infections (L00-L08)
 specific infections classified to A00-B99



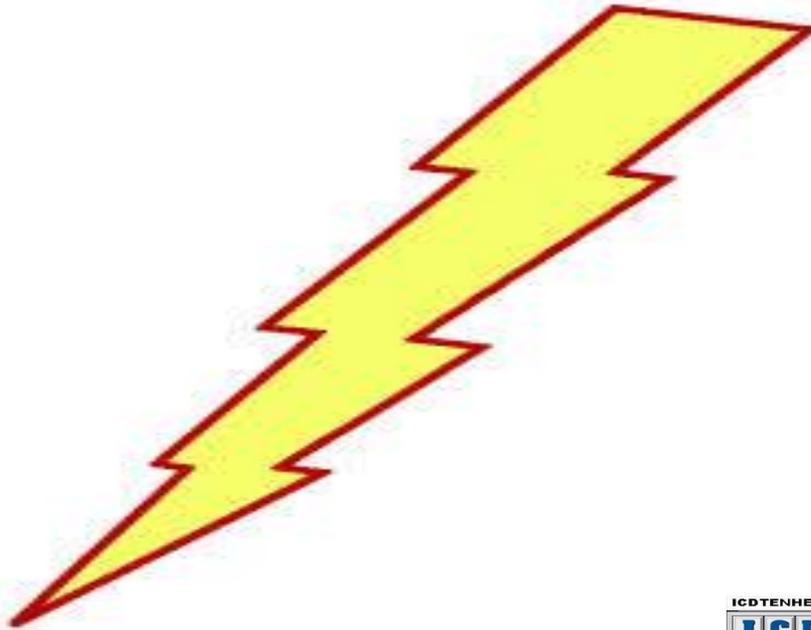
ICD-10-CM, Laterality and Terminology Level

				breakdn of skin	fat layer exposed	necrosis of muscle	necrosis of bone	unspecified severity
L97.3-- Non-pressure chronic ulcer of ankle			Right	L97.311	L97.312	L97.313	L97.314	L97.319
			Left	L97.321	L97.322	L97.323	L97.324	L97.329
L97.4--Non-pressure chronic ulcer of heel and midfoot-plantar surface of midfoot			Right	L97.411	L97.412	L97.413	L97.414	L97.419
			Left	L97.421	L97.422	L97.423	L97.424	L97.429
L97.5--Non-pressure chronic ulcer of other part of foot/toe(s)			Right	L97.511	L97.512	L97.513	L97.514	L97.519
			Left	L97.521	L97.522	L97.523	L97.524	L97.529
L60.9 Nail disorder, unspecified	L60.9							
		Right	Left					
Varicose veins of lower extremity with inflammation / Stasis dermatitis		I83.11	I83.12					
				Calf	Ankle	heel and midfoot	other part of foot	other part of lower leg
I83.01- Varicose veins of right lower extremity with ulcer			Right	I83.012	I83.013	I83.014	I83.015	I83.018
I83.02- Varicose veins of left lower extremity with ulcer			Left	I83.022	I83.023	I83.024	I83.025	I83.028
Venous insufficiency (chronic) (peripheral)	I87.2							



Summary For This Patient

1. E11.621 - **Type 2 diabetes mellitus with foot ulcer** Use additional code to identify site of ulcer (L97.4-, L97.5-)
2. E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy
3. L97.511 Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin



Examination Documentation

If there is a pressure ulcer how is that coded?

- A history of pressure ulceration at a site, ie: **“right heel” non viable tissue through and including subcutaneous tissue**. This is abnormal tissue and should be documented as such.
- Level of debridement depends on whether this area is partial skin or full thickness (97597 MC RVU 0.51) involvement Vs Office Visit (99212 MC RVU 0.48 or 99213 MC RVU 0.97)



ICD-10-CM, Rules Pressure Ulcer

L89 Pressure ulcer

Includes:

bed sore
decubitus ulcer
plaster ulcer
pressure area
pressure sore

Code First any associated gangrene (I96)

Excludes2: decubitus (trophic) ulcer of cervix (uteri) (N86)

diabetic ulcers (E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622)

non-pressure chronic ulcer of skin (L97.-)

skin infections (L00-L08)

varicose ulcer (I83.0, I83.2)



ICD-10-CM, Laterality and Level

non-pressure chronic ulcer of skin (L97.-) skin infections (L00-L08) varicose ulcer (I83.0, I83.2)						
L89.50- Pressure ulcer of unspecified ankle						
L89.51- Pressure ulcer of right ankle						
L89.52- Pressure ulcer of left ankle						
L89.60- Pressure ulcer of unspecified heel						
L89.61- Pressure ulcer of right heel						
L89.62- Pressure ulcer of left heel						
L89.89- Pressure ulcer of other site						

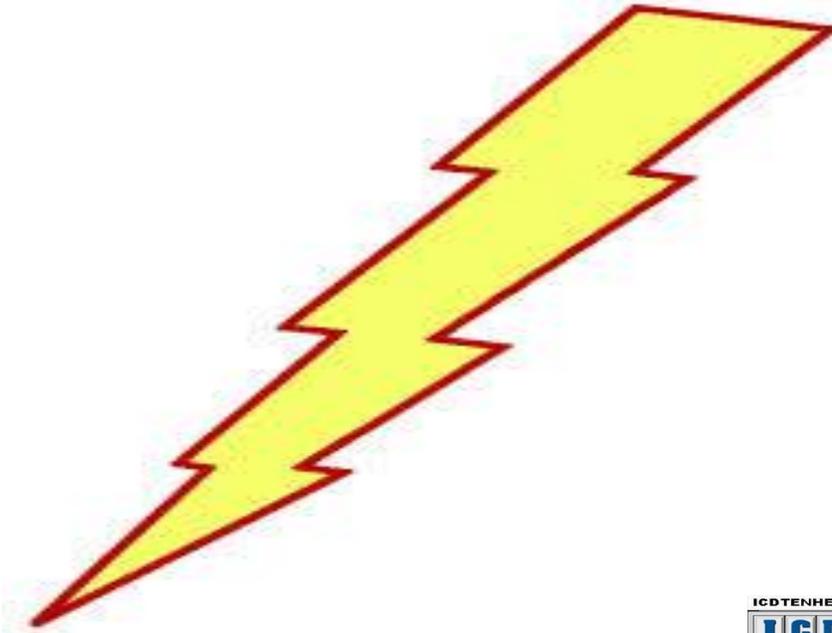


ICD-9 to ICD 10 Coding

1) **Pressure Ulcer, heel 707.07**

- 1) **L89.612 Pressure ulcer of right heel**
- 2) **No Gangrene so no additional coding**





Rules To Note From Chapter 13

Chapter 13

Diseases of the musculoskeletal system and connective tissue (M00-M99)

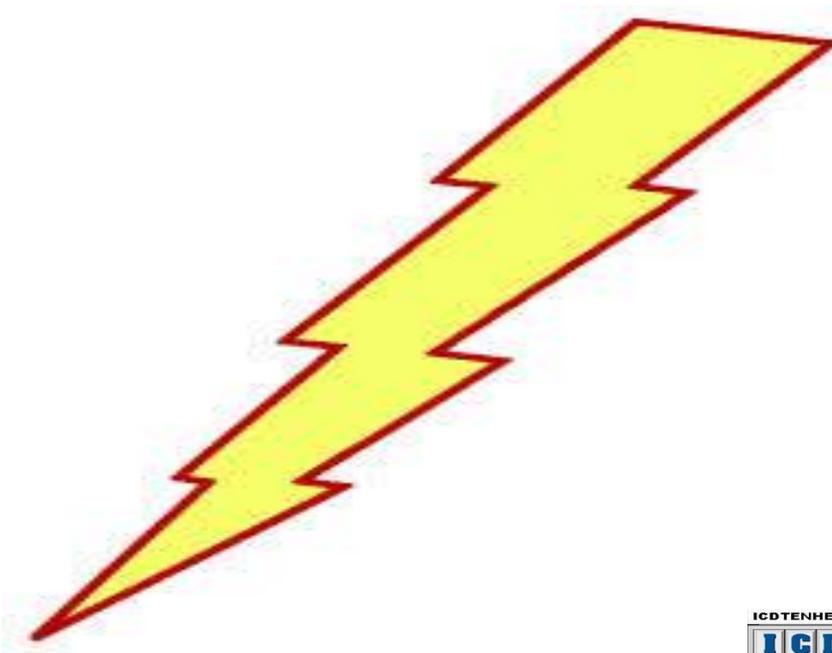
Note: Use an external cause code following the code for the musculoskeletal condition, if applicable, to identify the cause of the musculoskeletal condition

Excludes2: arthropathic psoriasis (L40.5-) certain conditions originating in the perinatal period (P04-P96) certain infectious and parasitic diseases (A00-B99) compartment syndrome (traumatic) (T79.A-) complications of pregnancy, childbirth and the puerperium (O00-O9A) congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99) endocrine, nutritional and metabolic diseases (E00-E88) injury, poisoning and certain other consequences of external causes (S00-T88) neoplasms (C00-D49) symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)

This chapter contains the following blocks:

M00-M02 [Infectious arthropathies](#)
M05-M14 [Inflammatory polyarthropathies](#)
M15-M19 [Osteoarthritis](#)
M20-M25 [Other joint disorders](#)
M26-M27 [Dentofacial anomalies \[including malocclusion\] and other disorders of jaw](#)
M30-M36 [Systemic connective tissue disorders](#)
M40-M43 [Deforming dorsopathies](#)
M45-M49 [Spondylopathies](#)
M50-M54 [Other dorsopathies](#)
M60-M63 [Disorders of muscles](#)
M65-M67 [Disorders of synovium and tendon](#)
M70-M79 [Other soft tissue disorders](#)
M80-M85 [Disorders of bone density and structure](#)
M86-M90 [Other osteopathies](#)
M91-M94 [Chondropathies](#)
M95 [Other disorders of the musculoskeletal system and connective tissue](#)
M96 [Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified](#)
M99 [Biomechanical lesions, not elsewhere classified](#)





Rules To Note From Chapter 19

Chapter 19

Injury, poisoning and certain other consequences of external causes (S00-T88)

Note: Use secondary code(s) from Chapter 20, External causes of morbidity, to indicate cause of injury. Codes within the T section that include the external cause do not require an additional external cause code

Use additional code to identify any retained foreign body, if applicable (Z18.-)

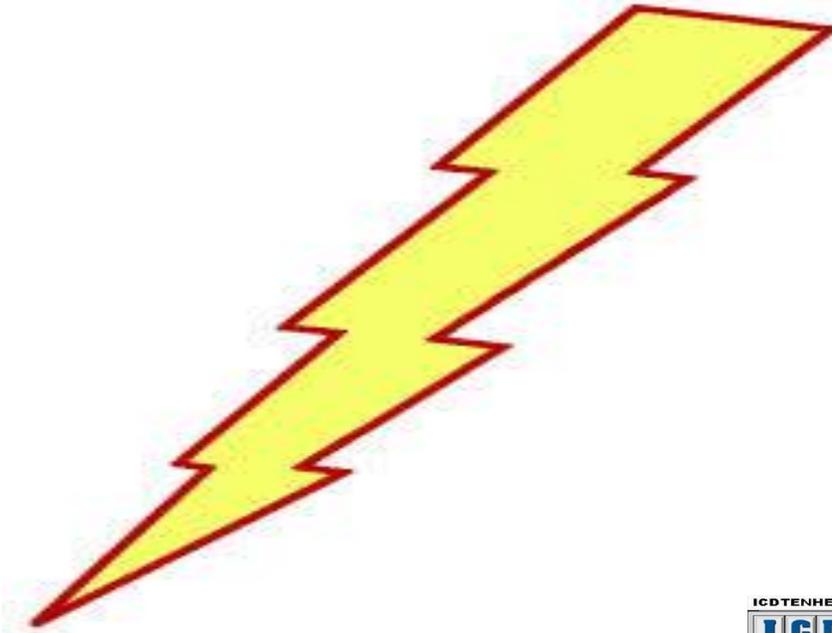
Excludes1: birth trauma (P10-P15)
obstetric trauma (O70-O71)

Note: The chapter uses the S-section for coding different types of injuries related to single body regions and the T-section to cover injuries to unspecified body regions as well as poisoning and certain other consequences of external causes.

This chapter contains the following blocks:

S00-S09	Injuries to the head
S10-S19	Injuries to the neck
S20-S29	Injuries to the thorax
S30-S39	Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals
S40-S49	Injuries to the shoulder and upper arm
S50-S59	Injuries to the elbow and forearm
S60-S69	Injuries to the wrist, hand and fingers
S70-S79	Injuries to the hip and thigh
S80-S89	Injuries to the knee and lower leg
S90-S99	Injuries to the ankle and foot
T07	Injuries involving multiple body regions
T14	Injury of unspecified body region
T15-T19	Effects of foreign body entering through natural orifice
T20-T32	Burns and corrosions
T20-T25	Burns and corrosions of external body surface, specified by site
T26-T29	Burns and corrosions, specified to eye and internal organs





Examination Documentation

- Patient presents with a very high arch right and left foot.
- The heel does not go past vertical during gait,
- Analysis shows that the midfoot does not touch the ground surface when walking.
- Radiologic Examination-AP, Lateral and Oblique views reveals the posterior break in the cyma line, calcaneal inclination at 30 degrees



Cavus Foot 736.73

ICD 10 Quick Sheet Conversion Lower Extremity ☆

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Cavus deformity of foot					
A	B	C	D	E	F
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will mean you M highest level of)
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
		Other infective bursitis, ankle and foot		M71.171	M71.172
		Rheumatoid bursitis, ankle and foot		M06.271	M06.272
Calcaneal Spur	726.73	Calcaneal spur		M77.31	M77.32
Candidiasis of skin and nail	112.3	Candidiasis of skin and nail	B37.2		
Capsulitis	726.90	Enthesopathy, unspecified Bone Spur NOS, Capsulitis NOS, Tendinitis NOS)	M77.9		
		M21.6 Other acquired deformities of foot Excludes 2: deformities of toe (acquired) (M20.1-M20.6)			
Cavus deformity of foot	736.73	Other acquired deformities of foot (ie Cavus)		M21.6x1	M21.6x2
Cellulitis, ankle	682.6	Cellulitis of lower limb		L03.115	L03.116
Cellulitis foot	682.7	Cellulitis of lower limb (includes foot)		I 03.115	I 03.116

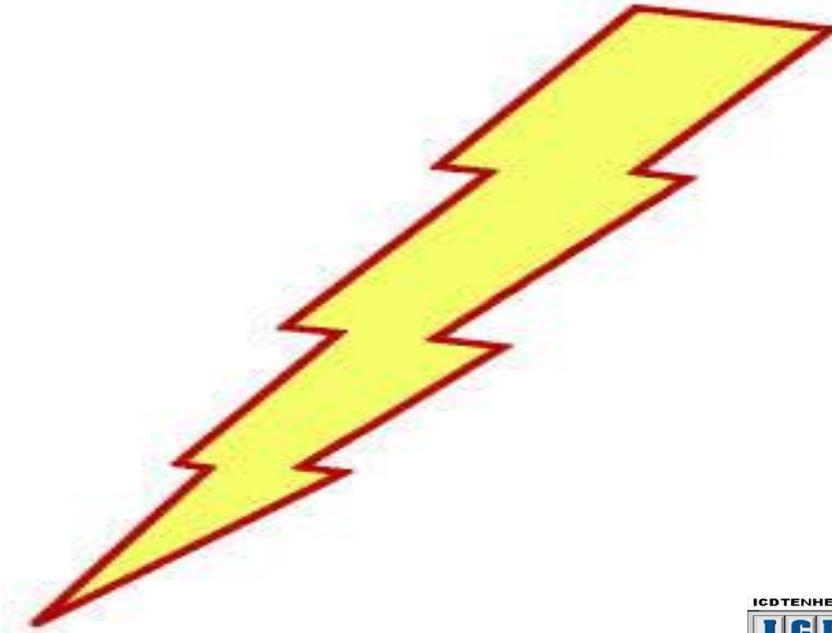


ICD-9 to ICD 10 Coding

1) Cavus Foot 736.73 (No laterality option)

- 1) M21.6x1 Cavus foot, right
- 2) M21.6x2 Cavus foot, left
- 3) No additional coding as no bilateral option





Examination Documentation

- Patient presents with very flat feet.
- The heel goes into valgus during gait,
- Analysis shows that the midfoot does touch the ground surface when walking.
- Radiologic Examination-AP, lateral and oblique views reveals an anterior break in the cyma line, the calcaneal inclination angle is 10 degrees. The talocalcaneal angle measures 40 degrees.



Other Acquired Deformity Foot "Pronation Syndrome" 736.79

ICD 10 Quick Sheet Conversion Lower Extremity ☆					
File Edit View Insert Format Data Tools Help All changes saved in Drive					
Other acquired deformities of foot					
A	B	C	D	E	F
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will mean you M highest level of
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
Diabetes with peripheral circulatory disorders type II or unspecified type, not stated as uncontrolled	250.70	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	E11.51		
		Type 2 diabetes mellitus (with diabetic peripheral angiopathy) with gangrene	E11.52		
Diabetes with peripheral circulatory disorders type II or unspecified type, uncontrolled	250.72	Type 2 diabetes mellitus with other circulatory complications	E11.59		
Difficulty Walking	719.7	Difficulty in walking, not elsewhere classified [Excludes1: falling (R29.6) /unsteadiness on feet (R26.81)]	R26.2		
Drop Foot	736.79	Foot drop (acquired)		M21.371	M21.372
Other acquired deformities of ankle and foot (Pronation Syndrome)	736.79	Other acquired deformities of foot Excludes2: deformities of toe (acquired) (M20.1-M20.6)		M21.6x1	M21.6x2

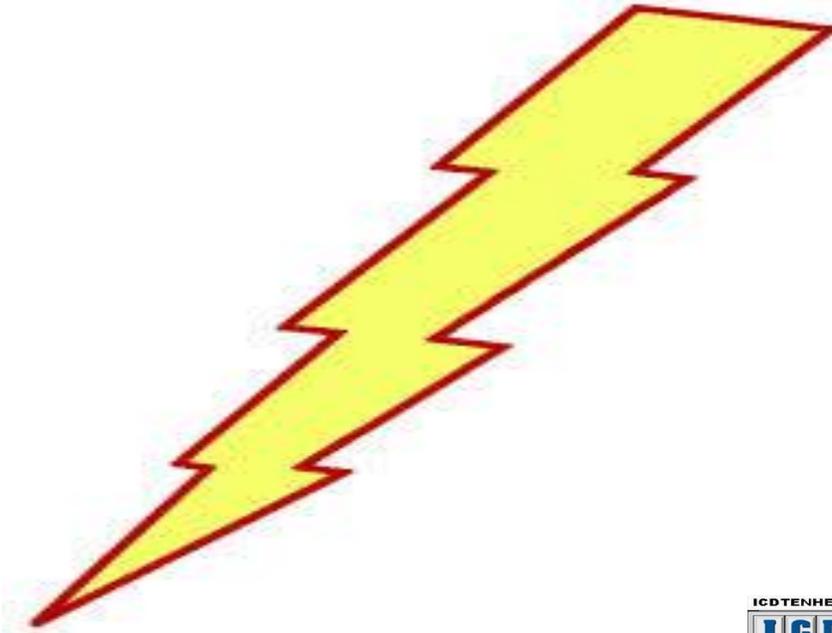


ICD-9 to ICD 10 Coding

1) Other acquired deformity of ankle and foot 736.79

- 1) M21.6x1 other acquired deformities of foot, right
- 2) M21.6x2 other acquired deformities of foot, left
- 3) No alternative coding as no bilateral option exists





Examination Documentation

- The right foot, 1st MTPJ has pain on range of motion.



Joint Pain Foot and Ankle 719.47

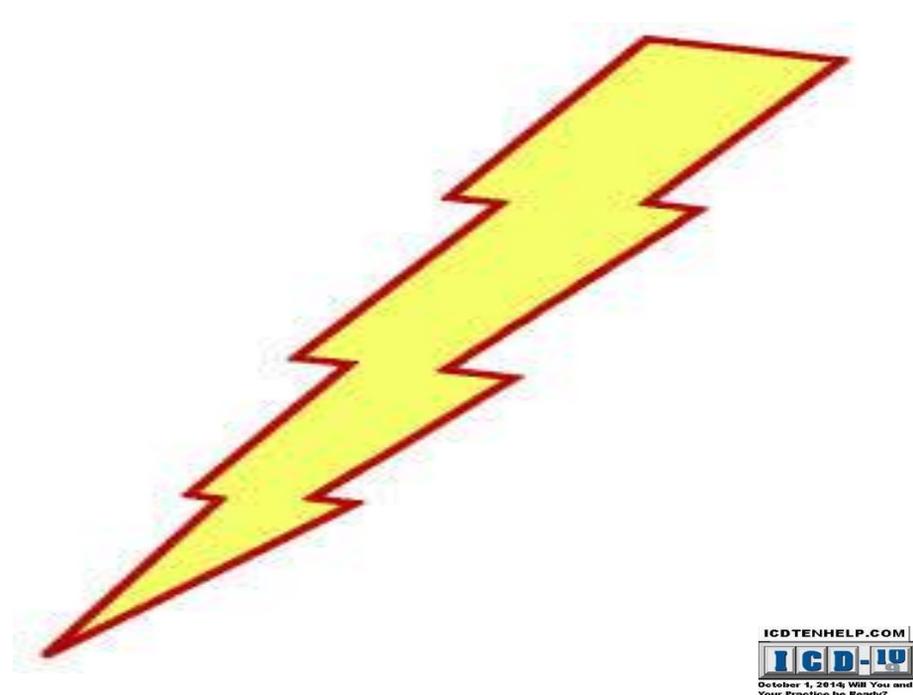
ICD 10 Quick list Top Practice codes			Correct Code		(Note: You will mean you M highest level of)
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description	Right	Left	
Instability of joint-ankle and foot	718.87	Other specific joint derangements of ankle	M24.871	M24.872	
Instability of joint-ankle and foot	718.87	Other specific joint derangements of foot	M24.874	M24.875	
		Other instability of joint, ankle	M25.371	M25.372	
		Other instability of joint, foot	M25.374	M25.375	
Joint Effusion	719.07	Effusion, ankle	M25.471	M25.472	
		Effusion, foot	M25.474	M25.475	
		"Pain in joint Excludes2: pain in foot (M79.67-) pain in limb (M79.6-) pain in toes (M79.67-)"			
Joint Pain	719.47	Pain in ankle and joints of foot	M25.571	M25.572	
Joint Stiffness	719.07	Stiffness of ankle, not elsewhere classified	M25.671	M25.672	
		Stiffness of foot, not elsewhere classified	M25.674	M25.675	



ICD-9 to ICD 10 Coding

- Joint Pain foot and ankle 719.47
- Pain in ankle and joints of right foot
M25.571





Primary Problem	Problem #2	Problem #3	Problem #4
------------------------	------------	------------	------------

Name: Mr Icy D Ten **Referring MD:** **Last Visit:**

DOB: 10/20/1970 **PCP:** **Last Visit:**

Previous **Clear All** **Additional MD:** **Last Visit:**

Podiatry History of Present Illness - Problem #1

Initial encounter Subsequent encounter **Date of injury/onset:**

Chief Complaint: The bottom of my foot has these black dots that hurt

Onset: sudden slow gradual insidious unknown

Location	Nature	Duration
<input checked="" type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> both <input checked="" type="checkbox"/> foot <input type="checkbox"/> heel <input type="checkbox"/> heels <input checked="" type="checkbox"/> bottom of foot <input type="checkbox"/> ball of foot <input type="checkbox"/> top of foot <input type="checkbox"/> ankle <input type="checkbox"/> legs <input type="checkbox"/> toe(s) <input type="checkbox"/> lower leg <input type="checkbox"/> generalized	<input checked="" type="checkbox"/> aching <input type="checkbox"/> bleeding <input type="checkbox"/> blistering <input type="checkbox"/> burning <input type="checkbox"/> constant <input type="checkbox"/> cracked/dry/sc- <input type="checkbox"/> cramping <input type="checkbox"/> non-painful <input type="checkbox"/> numbness <input checked="" type="checkbox"/> painful <input type="checkbox"/> pressure <input type="checkbox"/> progressing <input type="checkbox"/> pulling <input checked="" type="checkbox"/> radiating	<input type="checkbox"/> several hours <input checked="" type="checkbox"/> <24 hours <input type="checkbox"/> 1 day <input type="checkbox"/> days <input type="checkbox"/> the past week <input type="checkbox"/> the past month <input type="checkbox"/> the past year <input type="checkbox"/> weeks <input checked="" type="checkbox"/> months <input type="checkbox"/> years <input type="checkbox"/> since birth <input type="checkbox"/> yesterday <input type="checkbox"/> unknown

left foot and bottom of foot aching, painful, pressure and radiating months

Severity

Pain scale (from 0 - 10) - Left: 0 1 2 3 4 5 6 7 8 9 10

Improved by	Aggravating Factors
<input type="checkbox"/> arch supports <input type="checkbox"/> orthotic devices <input type="checkbox"/> heat <input type="checkbox"/> ice <input type="checkbox"/> immobilization <input type="checkbox"/> injections <input type="checkbox"/> OTC treatment <input checked="" type="checkbox"/> pain relieving medication <input type="checkbox"/> prior care rendered <input checked="" type="checkbox"/> rest <input checked="" type="checkbox"/> soaking <input type="checkbox"/> nothing	<input type="checkbox"/> athletic activities <input type="checkbox"/> first steps after rest <input type="checkbox"/> footwear <input type="checkbox"/> medication (topical/oral) <input type="checkbox"/> movement <input type="checkbox"/> none <input type="checkbox"/> previous treatment <input type="checkbox"/> running <input type="checkbox"/> sleeping (night pain) <input type="checkbox"/> standing <input type="checkbox"/> walking

Drug store medication, rest and soaking when I where shoes or go barefoot

Prior treatment: Injection(s) previous surgery
 NSAID night splint
 PT medication
 orthotic devices OTC remedies

Prior treatment:



Examination Documentation

Integumentary Examination

- On inspection and palpation the left foot, dorsal surface near the midfoot exhibits a cystic lesion with pale color that is painful on direct palpation.



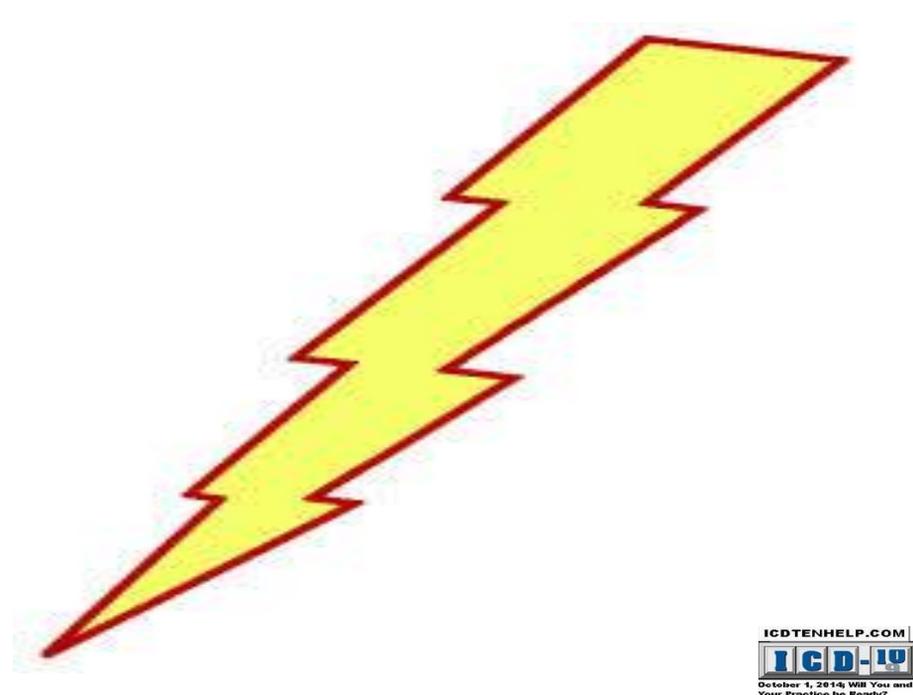
Benign Neoplasm of Skin 216.7

ICD 10 Quick Sheet Conversion Lower Extremity ☆

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D23.72					
A	B	C	D	E	F
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will mean you ML highest level of
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
		D23 Other benign neoplasms of skin Includes: benign neoplasm of hair follicles benign neoplasm of sebaceous glands benign neoplasm of sweat glands Excludes1: benign lipomatous neoplasms of skin (D17.0-D17.3) melanocytic nevi (D22.-)			
Benign neoplasm of skin of lower limb, including hip	216.7	Other benign neoplasm of skin of lower limb, including hip D21 Other benign neoplasms of connective and other soft tissue Includes: benign neoplasm of blood vessel		D23.71	D23.72





Primary Problem	Problem #2	Problem #3	Problem #4
------------------------	------------	------------	------------

Name: Mr Icy D Ten **Referring MD:** **Last Visit:**

DOB: 10/20/1970 **PCP:** **Last Visit:**

Previous **Clear All** **Additional MD:** **Last Visit:**

Podiatry History of Present Illness - Problem #1

Initial encounter Subsequent encounter **Date of injury/onset:**

Chief Complaint: The bottom of my foot has these black dots that hurt

Onset: sudden slow gradual insidious unknown

Location	Nature	Duration
<input checked="" type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> both <input checked="" type="checkbox"/> foot <input type="checkbox"/> heel <input type="checkbox"/> heels <input checked="" type="checkbox"/> bottom of foot <input type="checkbox"/> ball of foot <input type="checkbox"/> top of foot <input type="checkbox"/> ankle <input type="checkbox"/> legs <input type="checkbox"/> toe(s) <input type="checkbox"/> lower leg <input type="checkbox"/> generalized	<input checked="" type="checkbox"/> aching <input type="checkbox"/> bleeding <input type="checkbox"/> blistering <input type="checkbox"/> burning <input type="checkbox"/> constant <input type="checkbox"/> cracked/dry/sc- <input type="checkbox"/> cramping <input type="checkbox"/> non-painful <input type="checkbox"/> numbness <input checked="" type="checkbox"/> painful <input type="checkbox"/> pressure <input type="checkbox"/> progressing <input type="checkbox"/> pulling <input checked="" type="checkbox"/> radiating	<input type="checkbox"/> several hours <input checked="" type="checkbox"/> <24 hours <input type="checkbox"/> 1 day <input type="checkbox"/> days <input type="checkbox"/> the past week <input type="checkbox"/> the past month <input type="checkbox"/> the past year <input type="checkbox"/> weeks <input checked="" type="checkbox"/> months <input type="checkbox"/> years <input type="checkbox"/> since birth <input type="checkbox"/> yesterday <input type="checkbox"/> unknown

left foot and bottom of foot aching, painful, pressure and radiating months

Severity

Pain scale (from 0 - 10) - Left: 0 1 2 3 4 5 6 7 8 9 10

Improved by	Aggravating Factors
<input type="checkbox"/> arch supports <input type="checkbox"/> orthotic devices <input type="checkbox"/> heat <input type="checkbox"/> ice <input type="checkbox"/> immobilization <input type="checkbox"/> injections <input type="checkbox"/> OTC treatment <input checked="" type="checkbox"/> pain relieving medication <input type="checkbox"/> prior care rendered <input checked="" type="checkbox"/> rest <input checked="" type="checkbox"/> soaking <input type="checkbox"/> nothing	<input type="checkbox"/> athletic activities <input type="checkbox"/> first steps after rest <input type="checkbox"/> footwear <input type="checkbox"/> medication (topical/oral) <input type="checkbox"/> movement <input type="checkbox"/> none <input type="checkbox"/> previous treatment <input type="checkbox"/> running <input type="checkbox"/> sleeping (night pain) <input type="checkbox"/> standing <input type="checkbox"/> walking

Drug store medication, rest and soaking when I where shoes or go barefoot

Prior treatment: Injection(s) previous surgery
 NSAID night splint
 PT medication
 orthotic devices OTC remedies

Prior treatment:

Examination Documentation

Integumentary Examination

- On inspection and palpation the left foot, plantar surface near the 3rd sulcus exhibits a cystic lesion with black pin point capillaries that is painful on side to side compression.

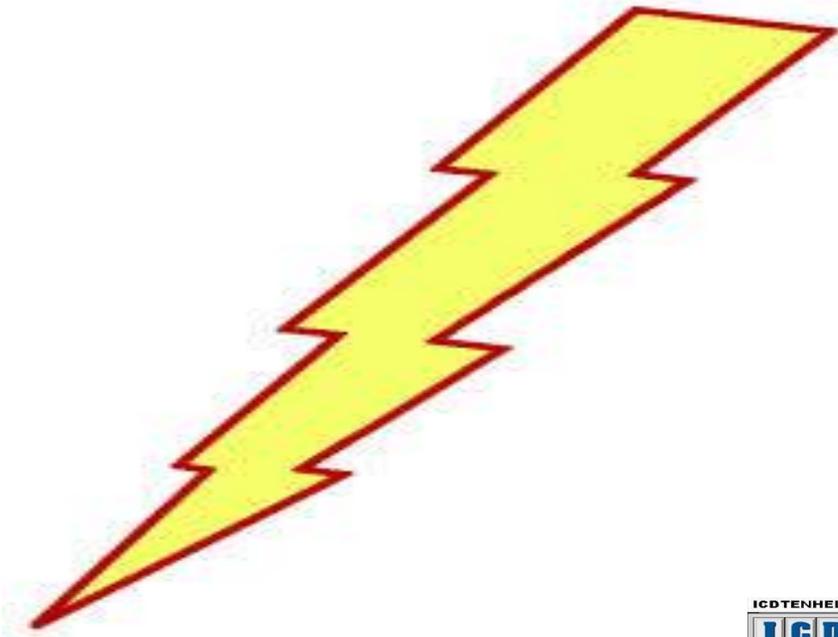


Wart-Verruca Plantaris 078.12

Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description	
Ulcer forefoot and toes	707.15	L97.5-Non-pressure chronic ulcer of other part of foot/toe(s)	
Unspecified disease of nail	703.9	L60.9 Nail disorder, unspecified	L60.9
Varicose Veins/Stasis dermatitis	454.1	Varicose veins of lower extremity with inflammation / Stasis dermatitis	
Varicose Veins with Ulceration	454.0	I83.01- Varicose veins of right lower extremity with ulcer I83.02- Varicose veins of left lower extremity with ulcer	
Venous (peripheral) insufficiency, unspecified	459.81	Venous insufficiency (chronic) (peripheral)	I87.2
Verrucae plantaris	078.12	B07.0 Plantar wart	B07.0
Verrucae vulgaris	078.10	B07.9 Viral wart, unspecified	B07.9
Verruca plana Other specified viral warts	078.19	B07.8 Other viral warts	B07.8
Xerosis	706.8	Xerosis cutis / Dry skin dermatitis	L85.3

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Primary Problem	Problem #2	Problem #3	Problem #4
------------------------	------------	------------	------------

Name: Mr Icy D Ten **Referring MD:** **Last Visit:**
DOB: 10/20/1970 **PCP:** **Last Visit:**
 Additional MD: **Last Visit:**

Podiatry History of Present Illness - Problem #1

Initial encounter Subsequent encounter **Date of injury/onset:**

Chief Complaint: My heel hurts

Onset: sudden slow gradual insidious unknown

Location	Nature	Duration
<input checked="" type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> both <input type="checkbox"/> foot <input type="checkbox"/> heel <input type="checkbox"/> heels <input type="checkbox"/> bottom of foot <input type="checkbox"/> ball of foot <input type="checkbox"/> top of foot <input type="checkbox"/> ankle <input type="checkbox"/> legs <input type="checkbox"/> toe(s) <input type="checkbox"/> lower leg <input type="checkbox"/> generalized	<input checked="" type="checkbox"/> aching <input type="checkbox"/> bleeding <input type="checkbox"/> blistering <input type="checkbox"/> burning <input type="checkbox"/> constant <input type="checkbox"/> cracked/dry/sc <input type="checkbox"/> cramping <input type="checkbox"/> non-painful <input type="checkbox"/> numbness <input type="checkbox"/> painful <input checked="" type="checkbox"/> pressure <input type="checkbox"/> progressing <input type="checkbox"/> pulling <input checked="" type="checkbox"/> radiating	<input type="checkbox"/> several hours <input type="checkbox"/> <24 hours <input type="checkbox"/> 1 day <input type="checkbox"/> days <input type="checkbox"/> the past week <input type="checkbox"/> the past month <input type="checkbox"/> the past year <input type="checkbox"/> weeks <input checked="" type="checkbox"/> months <input type="checkbox"/> years <input type="checkbox"/> since birth <input type="checkbox"/> yesterday <input type="checkbox"/> unknown

left heel aching, pressure and radiating months

Severity

Pain scale (from 0 - 10) - Left: 0 1 2 3 4 5 6 7 8 9 10

Improved by <input type="checkbox"/> arch supports <input type="checkbox"/> orthotic devices <input checked="" type="checkbox"/> heat <input type="checkbox"/> ice <input type="checkbox"/> immobilization <input type="checkbox"/> injections <input type="checkbox"/> OTC treatment <input checked="" type="checkbox"/> pain relieving medication <input type="checkbox"/> prior care rendered <input type="checkbox"/> rest <input checked="" type="checkbox"/> soaking <input type="checkbox"/> nothing	Aggravating Factors <input type="checkbox"/> athletic activities <input type="checkbox"/> first steps after rest <input type="checkbox"/> footwear <input type="checkbox"/> medication (topical/oral) <input type="checkbox"/> movement <input type="checkbox"/> none <input type="checkbox"/> previous treatment <input type="checkbox"/> running <input type="checkbox"/> sleeping (night pain) <input type="checkbox"/> standing <input type="checkbox"/> walking
--	--

heat, ice, pain relieving medication, rest and soaking when I first stand it hurts

Prior treatment: Injection(s) previous surgery
 NSAID night splint
 PT medication
 orthotic devices OTC remedies

ICD-TENHELP.COM
ICD-10
 October 1, 2014: Will You and Your Practice be Ready?

Examination Documentation

Musculoskeletal examination

- On inspection and palpation the left foot, heel pain on direct palpation plantar medial aspect, this exhibits pain only along the medial band of the fascia.



Plantar Fasciitis 728.71

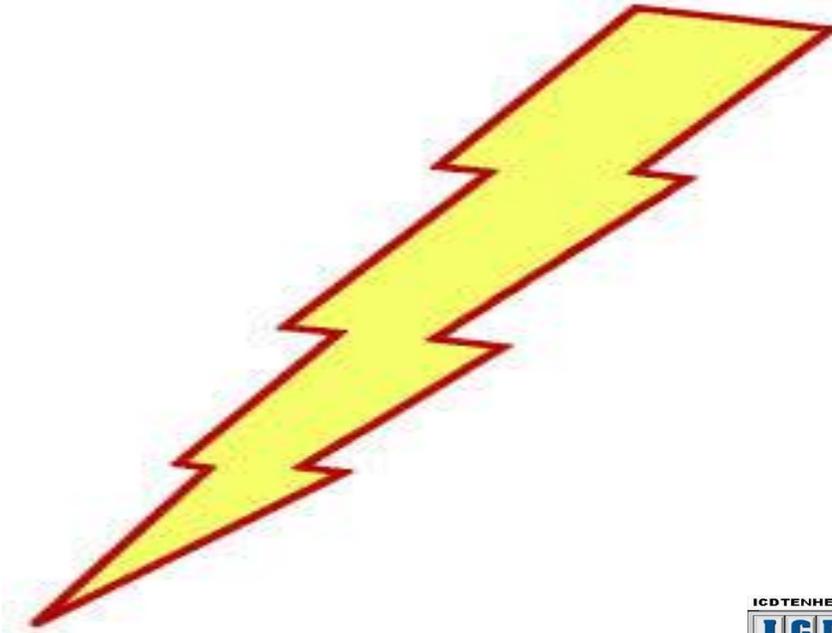
ICD 10 Quick Sheet Conversion Lower Extremity ☆

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M72.2				
A	B	C	D	E
ICD 10 Quick list Top Practice codes				
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Correct Code
Plantar Fasciitis	728.71	Plantar fascial fibromatosis/ Plantar fasciitis	M72.2	Right
Polyneuropathy, diabetes	357.2	Diabetes mellitus due to underlying condition with diabetic polyneuropathy	E08.42	
		Type 2 diabetes mellitus with diabetic polyneuropathy/diabetic neuralgia	E11.42	
		Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	E11.51	
		T81 Complications of procedures, not elsewhere classified Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)		





What If You X-ray the Left Foot?

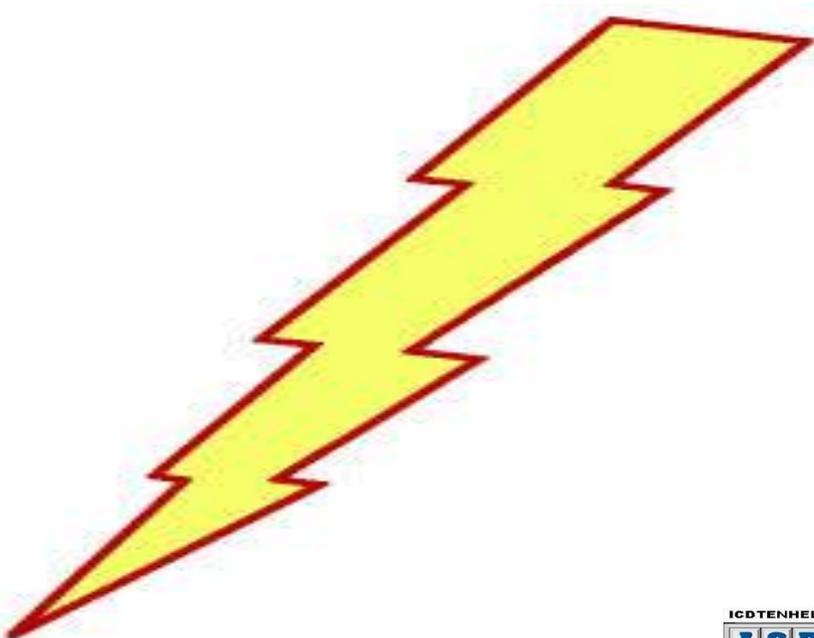
- Same patient who has heel pain
- The radiologic exam reveals an inferior calcaneal spur on the left foot.



Calcaneal Spur 726.73

ICD 10 Quick Sheet Conversion Lower Extremity ☆ dfreed
 File Edit View Insert Format Data Tools Help All changes saved in Drive

726.73						
A	B	C	D	E	F	G
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will see Code means you MUST pick the highest level of specificity)	
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left	Multiple sites
Bursitis	726.79	Other enthesopathy of foot (Bone Spur, Bursitis, Capsulitis, Tendinitis)		M77.51	M77.52	
		Achilles tendinitis/Achilles bursitis		M76.61	M76.62	
		Enthesopathy, unspecified Bone Spur NOS, Capsulitis NOS, Tendinitis NOS)	M77.9			
		Other infective bursitis, ankle and foot		M71.171	M71.172	M71.19
		Rheumatoid bursitis, ankle and foot		M06.271	M06.272	
Calcaneal Spur	726.73	Calcaneal spur		M77.31	M77.32	
Candidiasis of skin and nail	112.3	Candidiasis of skin and nail	B37.2			
Capsulitis	726.90	Enthesopathy, unspecified Bone Spur NOS, Capsulitis NOS, Tendinitis NOS)	M77.9			
		M21.6 Other acquired deformities of foot Excludes 2: deformities of toe (acquired) (M20.1-M20.6)				
Cavus deformity of foot	736.73	Other acquired deformities of foot (ie Cavus)		M21.6x1	M21.6x2	



Primary Problem	Problem #2	Problem #3	Problem #4
Name: Mr Icy D Ten		Referring MD: <input type="text"/>	
DOB: 10/20/1970		PCP: <input type="text"/>	
<input type="button" value="Previous"/> <input type="button" value="Clear All"/>		Additional MD: <input type="text"/>	
<input checked="" type="radio"/> Initial encounter <input type="radio"/> Subsequent encounter Date of injury/onset: <input type="text"/>			
Chief Complaint: My big toe has a bump that sticks out			
Onset: <input type="radio"/> sudden <input type="radio"/> slow <input checked="" type="radio"/> gradual <input type="radio"/> insidious <input type="radio"/> unknown			
Location		Nature	Duration
<input type="checkbox"/> left <input checked="" type="checkbox"/> right <input type="checkbox"/> both <input type="checkbox"/> foot <input type="checkbox"/> feet <input type="checkbox"/> heel <input type="checkbox"/> heels <input type="checkbox"/> bottom of foot <input type="checkbox"/> ball of foot <input type="checkbox"/> top of foot		<input type="checkbox"/> ankle <input type="checkbox"/> legs <input type="checkbox"/> toe(s) <input type="checkbox"/> lower leg <input type="checkbox"/> generalized <input checked="" type="checkbox"/> aching <input type="checkbox"/> bleeding <input type="checkbox"/> blistering <input type="checkbox"/> burning <input type="checkbox"/> constant <input type="checkbox"/> cracked/dry/sc: <input type="checkbox"/> cramping	<input type="checkbox"/> non-painful <input type="checkbox"/> numbness <input checked="" type="checkbox"/> painful <input type="checkbox"/> pressure <input type="checkbox"/> progressing <input type="checkbox"/> pulling <input checked="" type="checkbox"/> radiating <input type="checkbox"/> several hours <input type="checkbox"/> <24 hours <input type="checkbox"/> 1 day <input type="checkbox"/> days <input type="checkbox"/> the past week <input type="checkbox"/> the past month <input type="checkbox"/> the past year <input type="checkbox"/> weeks <input type="checkbox"/> months <input checked="" type="checkbox"/> years <input type="checkbox"/> since birth <input type="checkbox"/> yesterday <input type="checkbox"/> unknown
right foot		aching, painful and radiating	years
Severity			
Pain scale (from 0 - 10) - Right: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input checked="" type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10			
Improved by		Aggravating Factors	
<input checked="" type="checkbox"/> arch supports <input checked="" type="checkbox"/> orthotic devices <input type="checkbox"/> heat <input type="checkbox"/> ice <input type="checkbox"/> immobilization <input checked="" type="checkbox"/> injections <input type="checkbox"/> OTC treatment <input type="checkbox"/> pain relieving medication <input type="checkbox"/> prior care rendered <input type="checkbox"/> rest <input type="checkbox"/> soaking <input type="checkbox"/> nothing		<input type="checkbox"/> athletic activities <input type="checkbox"/> first steps after rest <input type="checkbox"/> footwear <input type="checkbox"/> medication (topical/oral) <input type="checkbox"/> movement <input type="checkbox"/> none <input type="checkbox"/> previous treatment <input checked="" type="checkbox"/> running <input type="checkbox"/> sleeping (night pain) <input checked="" type="checkbox"/> standing <input checked="" type="checkbox"/> walking	
arch supports, orthotic devices, injections and OTC treatment		running, standing and walking	
Prior treatment: <input type="checkbox"/> Injection(s) <input type="checkbox"/> NSAID <input type="checkbox"/> PT <input type="checkbox"/> orthotic devices		<input type="checkbox"/> previous surgery <input type="checkbox"/> night splint <input type="checkbox"/> medication <input type="checkbox"/> OTC remedies	
Prior treatment: <input type="text"/>		Prior treatment: <input type="text"/>	

On Examination

Musculoskeletal Examination:

- Inspection and palpation reveals the right hallux in valgus with an enlarged 1st metatarsal head
- Range of motion is painful in both dorsiflexion and plantar flexion.

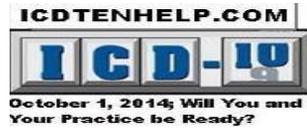
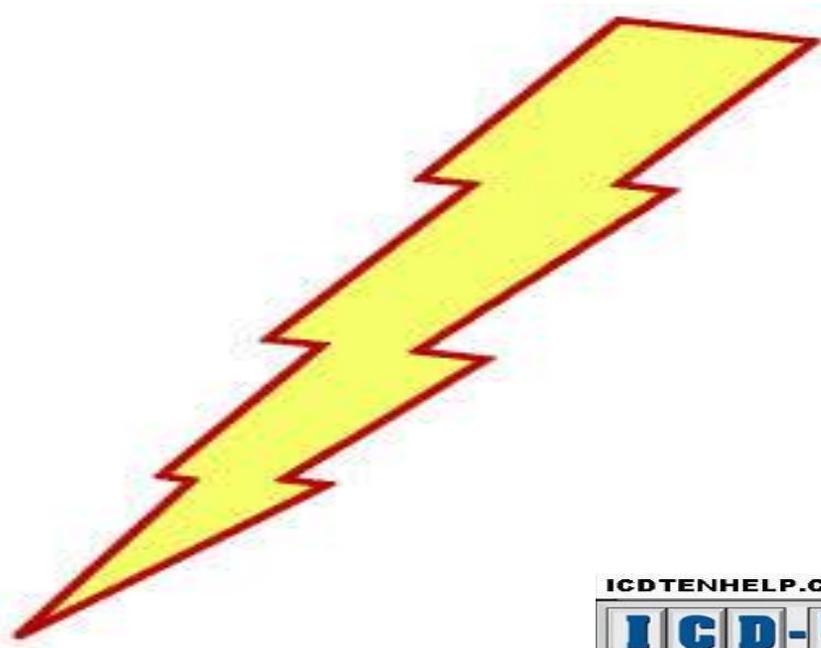
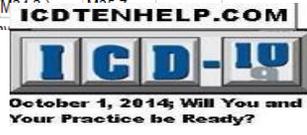
Hallux Valgus 735.0

ICD 10 Quick Sheet Conversion Lower Extremity ☆

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M20.11 735.0

ICD 10 Quick list Top Practice codes	ICD 9 Diagnosis Code	ICD 10 Tabular Description	Correct Code	(Note: You will means you M highest level o
Diagnosis Description in ICD9			Right	Left
Hallux limitus	735.8	Other deformities of toe(s) (acquired)	M20.5X1	M20.5X2
Hallux Rigidus	735.2	Hallux rigidus	M20.21	M20.22
Hallux Valgus	735.0	Hallux valgus (acquired) (Bunion)	M20.11	M20.12
Hammertoe	735.4	Other hammer toe(s) (acquired)	M20.41	M20.42
Hyperhidrosis	780.8	Generalized hyperhidrosis / Excessive sweating Excludes1: focal (primary) (secondary) hyperhidrosis (L74.5-)	R61	
Hypermobility	728.5	Primary focal hyperhidrosis, soles L74.513 Hypermobility syndrome Excludes1: Ehlers-Danlos syndrome (Q79.6) ligamentous laxity, NOS (M21.0) Improving nail Excludes2: onychia and paronychia		



Primary Problem	Problem #2	Problem #3	Problem #4
Name: Mr Icy D Ten		Referring MD: <input type="text"/>	
DOB: 10/20/1970		PCP: <input type="text"/>	
<input type="button" value="Previous"/> <input type="button" value="Clear All"/>		Additional MD: <input type="text"/>	
Last Visit: <input type="text"/>		Last Visit: <input type="text"/>	
Podiatry History of Present Illness - Problem #1			
<input checked="" type="radio"/> Initial encounter		<input type="radio"/> Subsequent encounter	
Date of injury/onset: <input type="text"/>			
Chief Complaint: My toes next to my big toe has this hard bump, it gets red and sore			
Onset: <input checked="" type="radio"/> sudden <input type="radio"/> slow <input type="radio"/> gradual <input type="radio"/> insidious <input type="radio"/> unknown			
Location		Nature	
<input type="checkbox"/> left <input checked="" type="checkbox"/> right <input type="checkbox"/> both <input type="checkbox"/> foot <input type="checkbox"/> feet <input type="checkbox"/> heel <input type="checkbox"/> heels <input type="checkbox"/> bottom of foot <input type="checkbox"/> ball of foot <input type="checkbox"/> top of foot		<input checked="" type="checkbox"/> aching <input type="checkbox"/> bleeding <input type="checkbox"/> blistering <input type="checkbox"/> burning <input type="checkbox"/> constant <input type="checkbox"/> cracked/dry/sc- <input type="checkbox"/> cramping <input type="checkbox"/> non-painful <input type="checkbox"/> numbness <input type="checkbox"/> painful <input checked="" type="checkbox"/> pressure <input type="checkbox"/> progressing <input type="checkbox"/> pulling <input checked="" type="checkbox"/> radiating	
right toe(s)		aching, pressure and radiating	
Duration			
<input type="checkbox"/> several hours <input type="checkbox"/> <24 hours <input type="checkbox"/> 1 day <input type="checkbox"/> days <input type="checkbox"/> the past week <input type="checkbox"/> the past month <input type="checkbox"/> the past year <input checked="" type="checkbox"/> weeks <input checked="" type="checkbox"/> months <input type="checkbox"/> years <input type="checkbox"/> since birth <input type="checkbox"/> yesterday <input type="checkbox"/> unknown			
months			
Severity			
Pain scale (from 0 - 10) - Right: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10			
Improved by		Aggravating Factors	
<input type="checkbox"/> arch supports <input type="checkbox"/> orthotic devices <input checked="" type="checkbox"/> heat <input checked="" type="checkbox"/> ice <input type="checkbox"/> immobilization <input type="checkbox"/> injections <input type="checkbox"/> OTC treatment <input checked="" type="checkbox"/> pain relieving medication <input type="checkbox"/> prior care rendered <input checked="" type="checkbox"/> rest <input checked="" type="checkbox"/> soaking <input type="checkbox"/> nothing		<input type="checkbox"/> athletic activities <input type="checkbox"/> first steps after rest <input type="checkbox"/> footwear <input type="checkbox"/> medication (topical/oral) <input type="checkbox"/> movement <input type="checkbox"/> none <input type="checkbox"/> previous treatment <input type="checkbox"/> running <input type="checkbox"/> sleeping (night pain) <input type="checkbox"/> standing <input type="checkbox"/> walking	
heat, ice, pain relieving medication, rest and soaking		when I where shoes	
Prior treatment: <input type="checkbox"/> Injection(s) <input type="checkbox"/> NSAID <input type="checkbox"/> PT <input type="checkbox"/> orthotic devices		Prior treatment: <input type="checkbox"/> previous surgery <input type="checkbox"/> night splint <input type="checkbox"/> medication <input type="checkbox"/> OTC remedies	

On Examination

- Inspection and palpation reveals the contracted right 2nd PIPJ with flexion and 2nd MTPJ extension contracture.
- Pain on range of motion of the PIPJ with flexibility of the joint.

Hammertoe 735.4

ICD 10 Quick Sheet Conversion Lower Extremity ☆ ■

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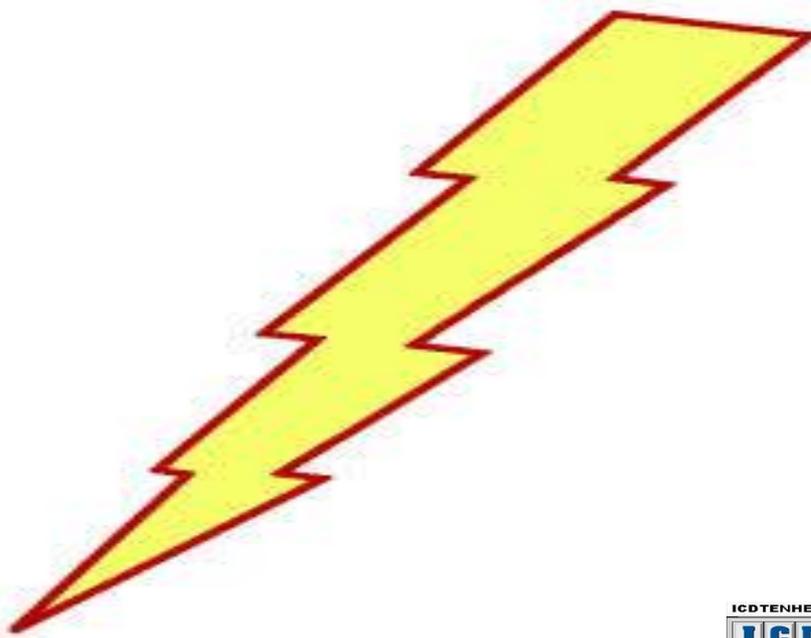
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M20.41

A	B	C	D	E	F
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will mean you MU highest level of
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
Tinea Pedis	110.4	B35.3 Tinea pedis / Athlete's foot / Dermatophytosis of foot	B35.3		
Toe deformity, Claw toe	735.5	M20.5x- Other deformities of toe(s) (acquired)		M20.5x1	M20.5x2
Toe deformity, Hammertoe	735.4	M20.4- Other hammer toe(s) (acquired) →		M20.41	M20.42
Toe deformity, other	735.8	M20.6- Acquired deformities of toe(s), foot		M20.61	M20.62
		L97 Non-pressure chronic ulcer of lower limb, not elsewhere classified Includes:			

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Primary Problem	Problem #2	Problem #3	Problem #4
Name: Mr Icy D Ten		Referring MD:	Last Visit:
DOB: 10/20/1970		PCP:	Last Visit:
Previous Clear All		Additional MD:	Last Visit:
Podiatry History of Present Illness - Problem #1			
<input checked="" type="radio"/> Initial encounter <input type="radio"/> Subsequent encounter		Date of injury/onset:	
Chief Complaint: The top of my foot has a bump			
Onset: <input checked="" type="radio"/> sudden <input type="radio"/> slow <input type="radio"/> gradual <input type="radio"/> insidious <input type="radio"/> unknown			
Location		Nature	
<input type="checkbox"/> left <input checked="" type="checkbox"/> right <input type="checkbox"/> both		<input checked="" type="checkbox"/> aching <input type="checkbox"/> bleeding <input type="checkbox"/> blistering <input type="checkbox"/> burning <input type="checkbox"/> constant <input type="checkbox"/> cracked/dry/sc: <input type="checkbox"/> cramping	
<input checked="" type="checkbox"/> foot <input type="checkbox"/> feet <input type="checkbox"/> heel <input type="checkbox"/> heels <input type="checkbox"/> bottom of foot <input type="checkbox"/> ball of foot <input type="checkbox"/> top of foot		<input type="checkbox"/> ankle <input type="checkbox"/> legs <input type="checkbox"/> toe(s) <input type="checkbox"/> lower leg <input type="checkbox"/> generalized	
right foot		aching, pressure and radiating	
		<input type="checkbox"/> non-painful <input type="checkbox"/> numbness <input type="checkbox"/> painful <input checked="" type="checkbox"/> pressure <input type="checkbox"/> progressing <input type="checkbox"/> pulling <input checked="" type="checkbox"/> radiating	
		<input type="checkbox"/> several hours <input type="checkbox"/> <24 hours <input type="checkbox"/> 1 day <input type="checkbox"/> days <input type="checkbox"/> the past week <input type="checkbox"/> the past month <input type="checkbox"/> the past year	
		<input type="checkbox"/> weeks <input checked="" type="checkbox"/> months <input type="checkbox"/> years <input type="checkbox"/> since birth <input type="checkbox"/> yesterday <input type="checkbox"/> unknown	
Severity			
Pain scale (from 0 - 10) - Right: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10			
Improved by		Aggravating Factors	
<input type="checkbox"/> arch supports <input type="checkbox"/> orthotic devices <input checked="" type="checkbox"/> heat <input type="checkbox"/> ice <input type="checkbox"/> immobilization <input type="checkbox"/> injections		<input type="checkbox"/> athletic activities <input type="checkbox"/> first steps after rest <input type="checkbox"/> footwear <input type="checkbox"/> medication (topical/oral) <input type="checkbox"/> movement <input type="checkbox"/> none	
<input type="checkbox"/> OTC treatment <input checked="" type="checkbox"/> pain relieving medication <input type="checkbox"/> prior care rendered <input type="checkbox"/> rest <input checked="" type="checkbox"/> soaking <input type="checkbox"/> nothing		<input type="checkbox"/> previous treatment <input type="checkbox"/> running <input type="checkbox"/> sleeping (night pain) <input type="checkbox"/> standing <input type="checkbox"/> walking	
heat, ice, pain relieving medication, rest and soaking		when I where shoes	
Prior treatment: <input type="checkbox"/> Injection(s) <input type="checkbox"/> NSAID <input type="checkbox"/> PT <input type="checkbox"/> orthotic devices		Prior treatment:	
<input type="checkbox"/> previous surgery <input type="checkbox"/> night splint <input type="checkbox"/> medication <input type="checkbox"/> OTC remedies			

On Examination

- Inspection and palpation reveals the hypertrophied bony growth at the right 1st metatarsal-cuneiform joint

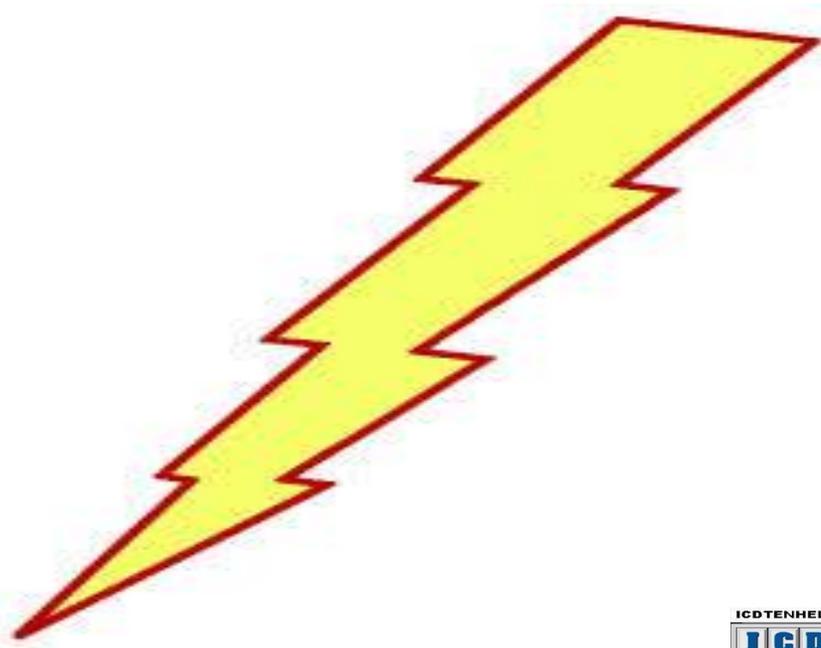
Exostosis 726.91

ICD 10 Quick Sheet Conversion Lower Extremity ☆ ■

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M25.774

			726.91	
A	B	C	D	
ICD 10 Quick list Top Practice codes			Correct Code	(Note: You will s means you MU highest level of
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description	Right	Left
Edema	782.3	Edema, unspecified / Fluid retention NOS	R60.9	
Equinus	736.72	Other acquired deformities of foot [Excludes2: deformities of toe (acquired) (M20.1-M20.6)]	M21.6X1	M21.6X2
Exostosis	726.91	Osteophyte, unspecified joint	M25.70	
		Osteophyte, ankle	M25.771	M25.772
		Osteophyte, foot	M25.774	M25.775
		Other specified disorders of the skin and subcutaneous		



Primary Problem		Problem #2	Problem #3	Problem #4	
Name: Mr Icy D Ten		Referring MD: <input type="text"/>		Last Visit: <input type="text"/>	
DOB: 10/20/1970		PCP: <input type="text"/>		Last Visit: <input type="text"/>	
<input type="button" value="Previous"/> <input type="button" value="Clear All"/>		Additional MD: <input type="text"/>		Last Visit: <input type="text"/>	
Podiatry History of Present Illness - Problem #1					
<input checked="" type="radio"/> Initial encounter			<input type="radio"/> Subsequent encounter		
Date of injury/onset: <input type="text"/>					
Chief Complaint: The bottom near the base of my big toe is painful when I touch it or bend it					
Onset: <input checked="" type="radio"/> sudden <input type="radio"/> slow <input type="radio"/> gradual <input type="radio"/> insidious <input type="radio"/> unknown					
Location		Nature		Duration	
<input checked="" type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> both	<input checked="" type="checkbox"/> foot <input type="checkbox"/> feet <input type="checkbox"/> heel <input type="checkbox"/> heels <input type="checkbox"/> bottom of foot <input type="checkbox"/> ball of foot <input type="checkbox"/> top of foot	<input type="checkbox"/> ankle <input type="checkbox"/> legs <input type="checkbox"/> toe(s) <input type="checkbox"/> lower leg <input type="checkbox"/> generalized	<input checked="" type="checkbox"/> aching <input type="checkbox"/> bleeding <input type="checkbox"/> blistering <input type="checkbox"/> burning <input type="checkbox"/> constant <input type="checkbox"/> cracked/dry/sc: <input type="checkbox"/> cramping	<input type="checkbox"/> non-painful <input type="checkbox"/> numbness <input checked="" type="checkbox"/> painful <input type="checkbox"/> pressure <input type="checkbox"/> progressing <input type="checkbox"/> pulling <input checked="" type="checkbox"/> radiating	<input type="checkbox"/> several hours <input type="checkbox"/> <24 hours <input type="checkbox"/> 1 day <input type="checkbox"/> days <input type="checkbox"/> the past week <input type="checkbox"/> the past month <input type="checkbox"/> the past year
left foot		aching, painful, pressure and radiating		months	
Severity					
Pain scale (from 0 - 10) - Left: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10					
<input type="text"/>					
Improved by		Aggravating Factors			
<input type="checkbox"/> arch supports <input type="checkbox"/> orthotic devices <input checked="" type="checkbox"/> heat <input checked="" type="checkbox"/> ice <input type="checkbox"/> immobilization <input type="checkbox"/> injections	<input type="checkbox"/> OTC treatment <input checked="" type="checkbox"/> pain relieving medication <input type="checkbox"/> prior care rendered <input checked="" type="checkbox"/> rest <input checked="" type="checkbox"/> soaking <input type="checkbox"/> nothing	<input type="checkbox"/> athletic activities <input type="checkbox"/> first steps after rest <input type="checkbox"/> footwear <input type="checkbox"/> medication (topical/oral) <input type="checkbox"/> movement <input type="checkbox"/> none	<input type="checkbox"/> previous treatment <input type="checkbox"/> running <input type="checkbox"/> sleeping (night pain) <input type="checkbox"/> standing <input type="checkbox"/> walking		
heat, ice, pain relieving medication, rest and soaking		when I where shoes			
Prior treatment: <input type="checkbox"/> Injection(s) <input type="checkbox"/> NSAID <input type="checkbox"/> PT <input type="checkbox"/> orthotic devices		Prior treatment: <input type="checkbox"/> previous surgery <input type="checkbox"/> night splint <input type="checkbox"/> medication <input type="checkbox"/> OTC remedies			

On Examination

- Inspection and palpation reveals the hypertrophied bony growth at the area plantar to the left tibial sesamoid.

Sesamoiditis 733.99

ICD 10 Quick Sheet Conversion Lower Extremity ☆

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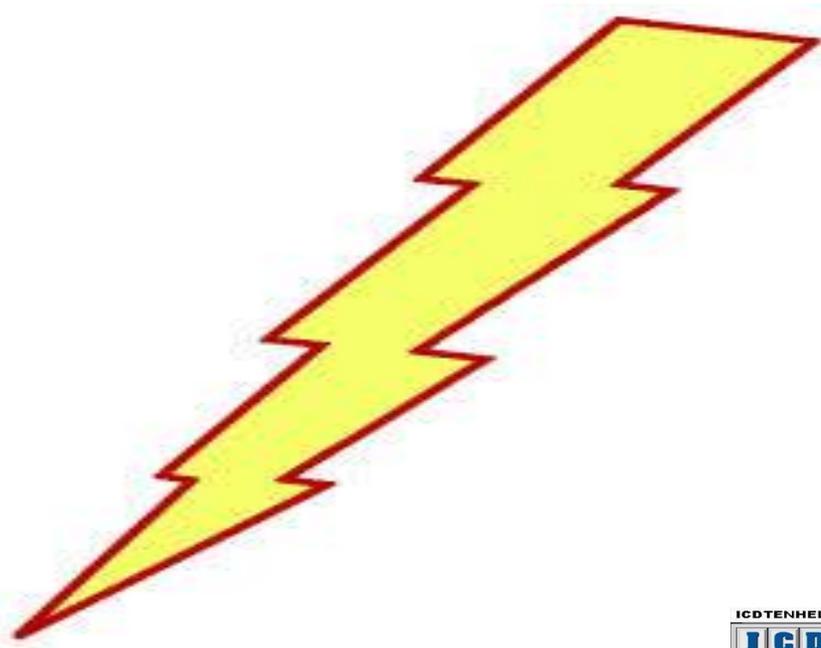
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M89.30

A	B	C	D	E	F
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will s means you MU highest level of
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
Scar	709.2	Scar conditions and fibrosis of skin / Cicatrix Excludes2: hypertrophic scar (L91.0) hypertrophic scar (L91.0) keloid scar (L91.0)	L90.5		
Sesamoiditis	733.99	Hypertrophy of bone, unspecified site	M89.30		
		Hypertrophy of bone, ankle and foot		M89.371	M89.372
		Other specified disorders of bone, lower leg	M89.8X6		
		Other specified disorders of bone, ankle and foot	M89.8X7		
		Disorder of bone, unspecified	M89.8x9		
				Right	Left
Shin Splints	844.9	Strain of unspecified muscle(s) and tendon(s) at lower leg level, leg		S86.911	S86.912
		S93- Dislocation and sprain of joints and ligaments at			

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Primary Problem		Problem #2	Problem #3	Problem #4	
Name: Mr Icy D Ten		Referring MD:		Last Visit:	
DOB: 10/20/1970		PCP:		Last Visit:	
<input type="button" value="Previous"/> <input type="button" value="Clear All"/>		Additional MD:		Last Visit:	
Podiatry History of Present Illness - Problem #1					
<input checked="" type="radio"/> Initial encounter <input type="radio"/> Subsequent encounter		Date of injury/onset:			
Chief Complaint: My big toe has red hot swollen area					
Onset: <input type="radio"/> sudden <input type="radio"/> slow <input checked="" type="radio"/> gradual <input type="radio"/> insidious <input type="radio"/> unknown					
Location		Nature		Duration	
<input type="checkbox"/> left <input checked="" type="checkbox"/> right <input type="checkbox"/> both	<input type="checkbox"/> foot <input type="checkbox"/> feet <input type="checkbox"/> heel <input type="checkbox"/> heels <input type="checkbox"/> bottom of foot <input type="checkbox"/> ball of foot <input type="checkbox"/> top of foot	<input type="checkbox"/> ankle <input type="checkbox"/> legs <input type="checkbox"/> toe(s) <input type="checkbox"/> lower leg <input type="checkbox"/> generalized	<input checked="" type="checkbox"/> aching <input type="checkbox"/> bleeding <input type="checkbox"/> blistering <input type="checkbox"/> burning <input type="checkbox"/> constant <input type="checkbox"/> cracked/dry/sc: <input type="checkbox"/> cramping	<input type="checkbox"/> non-painful <input type="checkbox"/> numbness <input checked="" type="checkbox"/> painful <input type="checkbox"/> pressure <input type="checkbox"/> progressing <input type="checkbox"/> pulling <input checked="" type="checkbox"/> radiating	<input type="checkbox"/> several hours <input checked="" type="checkbox"/> <24 hours <input type="checkbox"/> 1 day <input type="checkbox"/> days <input type="checkbox"/> the past week <input type="checkbox"/> the past month <input type="checkbox"/> the past year
right foot		aching, painful and radiating		<24 hours	
Severity					
Pain scale (from 0 - 10) - Right: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input checked="" type="radio"/> 10					
Improved by		Aggravating Factors			
<input type="checkbox"/> arch supports <input type="checkbox"/> orthotic devices <input checked="" type="checkbox"/> heat <input checked="" type="checkbox"/> ice <input type="checkbox"/> immobilization <input type="checkbox"/> injections	<input checked="" type="checkbox"/> OTC treatment <input type="checkbox"/> pain relieving medication <input type="checkbox"/> prior care rendered <input type="checkbox"/> rest <input type="checkbox"/> soaking <input type="checkbox"/> nothing	<input type="checkbox"/> athletic activities <input type="checkbox"/> first steps after rest <input checked="" type="checkbox"/> footwear <input type="checkbox"/> medication (topical/oral) <input type="checkbox"/> movement <input type="checkbox"/> none	<input type="checkbox"/> previous treatment <input type="checkbox"/> running <input type="checkbox"/> sleeping (night pain) <input checked="" type="checkbox"/> standing <input checked="" type="checkbox"/> walking		
heat, ice and OTC treatment-Tylenol		footwear, standing and walking			
Prior treatment: <input type="checkbox"/> Injection(s) <input type="checkbox"/> NSAID <input type="checkbox"/> PT <input type="checkbox"/> orthotic devices	<input type="checkbox"/> previous surgery <input type="checkbox"/> night splint <input type="checkbox"/> medication <input type="checkbox"/> OTC remedies	Prior treatment:			

On Examination

- Inspection and palpation reveals the right 1st MTPJ very edematous, erythematous and painful joint on range of motion.
- There is no cavity present
- There is no cellulitis

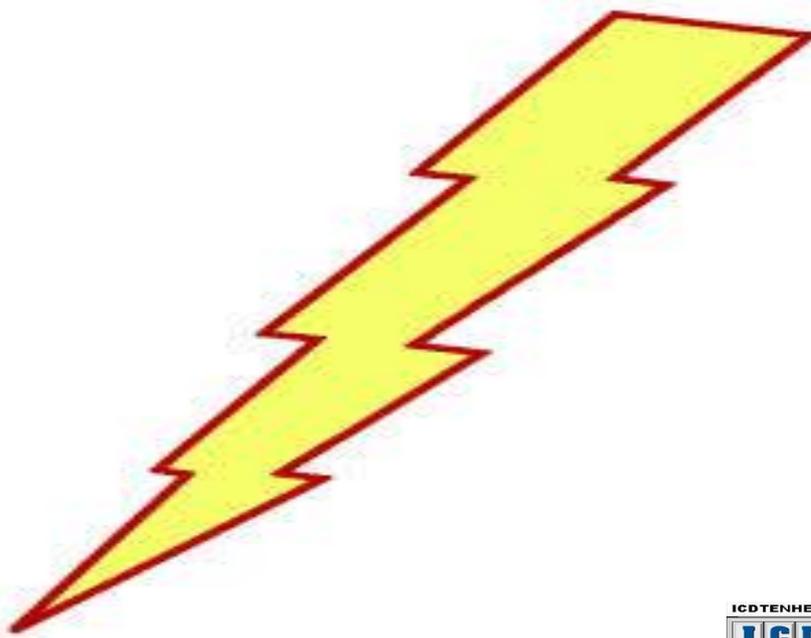
Acute Gouty Arthropathy 274.01

ICD 10 Quick Sheet Conversion Lower Extremity ☆ ■ dfreedman@fo

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A	B	C	D	E	F	G	H
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will see Coding after means you MUST pick the 7th (highest level of specificity.)		
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left	Multiple sites	Bilater
Gout-Acute	274.01	Idiopathic gout, ankle and foot M10 Gout Acute gout Gout attack Gout flare Use additional code to identify; Autonomic neuropathy in diseases classified elsewhere (G99.0) Excludes1: chronic gout (M1A.-)		M10.071	M10.072		
Gout-Chronic without Tophi	274.02	Idiopathic chronic gout, ankle and foot		M1A.071	M1A.072	add 7th character 1=tophus	
		Chronic gout, unspecified	M1A.9			add 7th character 1=tophus	
Hallux limitus	735.8	Other deformities of toe(s) (acquired)		M20.5X1	M20.5X2		
Hallux Rigidus	735.2	Hallux rigidus		M20.21	M20.22		



Primary Problem	Problem #2	Problem #3	Problem #4
Name: Mr Icy D Ten		Referring MD:	Last Visit:
DOB: 10/20/1970		PCP:	Last Visit:
<input type="button" value="Previous"/> <input type="button" value="Clear All"/>		Additional MD:	Last Visit:
Podiatry History of Present Illness - Problem #1			
<input checked="" type="radio"/> Initial encounter <input type="radio"/> Subsequent encounter		Date of injury/onset:	
Chief Complaint: My big toe has red hot swollen area, this is not the first time I have had this!			
Onset: <input type="radio"/> sudden <input type="radio"/> slow <input checked="" type="radio"/> gradual <input type="radio"/> insidious <input type="radio"/> unknown			
Location		Nature	
<input type="checkbox"/> left <input checked="" type="checkbox"/> right <input type="checkbox"/> both		<input checked="" type="checkbox"/> aching <input type="checkbox"/> bleeding <input type="checkbox"/> blistering <input type="checkbox"/> burning <input type="checkbox"/> constant <input type="checkbox"/> cracked/dry/sc: <input type="checkbox"/> cramping	
<input type="checkbox"/> ankle <input type="checkbox"/> legs <input type="checkbox"/> toe(s) <input type="checkbox"/> lower leg <input type="checkbox"/> generalized		<input type="checkbox"/> non-painful <input type="checkbox"/> numbness <input checked="" type="checkbox"/> painful <input type="checkbox"/> pressure <input type="checkbox"/> progressing <input type="checkbox"/> pulling <input checked="" type="checkbox"/> radiating	
<input type="checkbox"/> foot <input type="checkbox"/> feet <input type="checkbox"/> heel <input type="checkbox"/> heels <input type="checkbox"/> bottom of foot <input type="checkbox"/> ball of foot <input type="checkbox"/> top of foot		<input type="checkbox"/> several hours <input checked="" type="checkbox"/> <24 hours <input type="checkbox"/> 1 day <input type="checkbox"/> days <input type="checkbox"/> the past week <input type="checkbox"/> the past month <input type="checkbox"/> the past year	
right foot		aching, painful and radiating	
Severity			
Pain scale (from 0 - 10) - Right: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input checked="" type="radio"/> 10			
Improved by		Aggravating Factors	
<input type="checkbox"/> arch supports <input type="checkbox"/> orthotic devices <input checked="" type="checkbox"/> heat <input checked="" type="checkbox"/> ice <input type="checkbox"/> immobilization <input type="checkbox"/> injections		<input type="checkbox"/> athletic activities <input type="checkbox"/> first steps after rest <input checked="" type="checkbox"/> footwear <input type="checkbox"/> medication (topical/oral) <input type="checkbox"/> movement <input type="checkbox"/> none	
<input checked="" type="checkbox"/> OTC treatment <input type="checkbox"/> pain relieving medication <input type="checkbox"/> prior care rendered <input type="checkbox"/> rest <input type="checkbox"/> soaking <input type="checkbox"/> nothing		<input type="checkbox"/> previous treatment <input type="checkbox"/> running <input type="checkbox"/> sleeping (night pain) <input checked="" type="checkbox"/> standing <input checked="" type="checkbox"/> walking	
heat, ice and OTC treatment-Tylenol		footwear, standing and walking	
Prior treatment: <input type="checkbox"/> injection(s) <input type="checkbox"/> NSAID <input type="checkbox"/> PT <input type="checkbox"/> orthotic devices		<input type="checkbox"/> previous surgery <input type="checkbox"/> night splint <input type="checkbox"/> medication <input type="checkbox"/> OTC remedies	
Prior treatment:		Prior treatment:	

On Examination

- Inspection and palpation reveals the right 1st MTPJ very edematous, erythematous and painful joint on range of motion. There is no white chalky material seen.

Chronic Gouty Arthropathy Without Mention Of Tophus (Tophi)274.02

A	B	C	D	E	F	G	H	I	J	K
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will see Coding after the "initial" or "right and left" options this means you MUST pick the 7th Character code - Always code to the highest level of specificity.)					
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left	Multiple sites	Bilateral	Initial	Subsequent	Sequelae
Gout-Acute	274.01	Idiopathic gout, ankle and foot M10 Gout Acute gout Gout attack Gout flare Use additional code to identify: Autonomic neuropathy in diseases classified elsewhere (G99.0) Excludes1: chronic gout (M1A.-)		M10.071	M10.072					
Gout-Chronic without Tophi	274.02	Idiopathic chronic gout, ankle and foot		M1A.071	M1A.072	add 7th character 0= no tophus 1=tophus			M1A.0710 M1A.0720	M1A.0711 M1A.0721
		Chronic gout, unspecified	M1A.9			add 7th character 0= no tophus 1=tophus			M1A.9xx0	M1A.9xx1
Hallux limitus	735.8	Other deformities of toe(s) (acquired)		M20.5X1	M20.5X2					
Hallux Rigidus	735.2	Hallux rigidus		M20.21	M20.22					



Primary Problem | Problem #2 | Problem #3 | Problem #4

Name: Mr Icy D Ten **Referring MD:** _____ **Last Visit:** _____

DOB: 10/20/1970 **PCP:** _____ **Last Visit:** _____

Previous **Clear All** **Additional MD:** _____ **Last Visit:** _____

Podiatry History of Present Illness - Problem #1

Initial encounter Subsequent encounter **Date of injury/onset:** _____

Chief Complaint: My big toe has red hot swollen area, this is not the first time I have had this!

Onset: sudden slow gradual insidious unknown

Location	Nature	Duration
<input type="checkbox"/> left <input checked="" type="checkbox"/> right <input type="checkbox"/> both <input type="checkbox"/> ankle <input type="checkbox"/> feet <input type="checkbox"/> heel <input type="checkbox"/> heels <input type="checkbox"/> bottom of foot <input type="checkbox"/> ball of foot <input type="checkbox"/> top of foot <input type="checkbox"/> legs <input type="checkbox"/> toe(s) <input type="checkbox"/> lower leg <input type="checkbox"/> generalized	<input checked="" type="checkbox"/> aching <input type="checkbox"/> bleeding <input type="checkbox"/> blistering <input type="checkbox"/> burning <input type="checkbox"/> constant <input type="checkbox"/> cracked/dry/sc- <input type="checkbox"/> cramping <input type="checkbox"/> non-painful <input type="checkbox"/> numbness <input checked="" type="checkbox"/> painful <input type="checkbox"/> pressure <input type="checkbox"/> progressing <input type="checkbox"/> pulling <input checked="" type="checkbox"/> radiating	<input type="checkbox"/> several hours <input checked="" type="checkbox"/> <24 hours <input type="checkbox"/> 1 day <input type="checkbox"/> days <input type="checkbox"/> the past week <input type="checkbox"/> the past month <input type="checkbox"/> the past year <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years <input type="checkbox"/> since birth <input type="checkbox"/> yesterday <input type="checkbox"/> unknown

right foot aching, painful and radiating <24 hours

Severity

Pain scale (from 0 - 10) - Right: 0 1 2 3 4 5 6 7 8 9 10

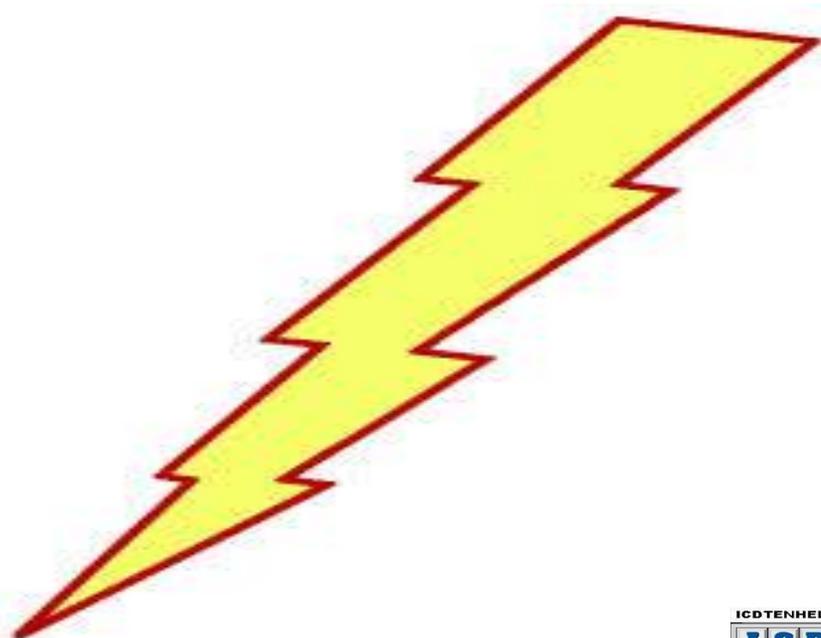
Improved by	Aggravating Factors
<input type="checkbox"/> arch supports <input type="checkbox"/> orthotic devices <input checked="" type="checkbox"/> heat <input checked="" type="checkbox"/> ice <input type="checkbox"/> immobilization <input type="checkbox"/> injections <input checked="" type="checkbox"/> OTC treatment <input type="checkbox"/> pain relieving medication <input type="checkbox"/> prior care rendered <input type="checkbox"/> rest <input type="checkbox"/> soaking <input type="checkbox"/> nothing	<input type="checkbox"/> athletic activities <input type="checkbox"/> first steps after rest <input checked="" type="checkbox"/> footwear <input type="checkbox"/> medication (topical/oral) <input type="checkbox"/> movement <input type="checkbox"/> none <input type="checkbox"/> previous treatment <input type="checkbox"/> running <input type="checkbox"/> sleeping (night pain) <input checked="" type="checkbox"/> standing <input checked="" type="checkbox"/> walking

heat, ice and OTC treatment-Tylenol footwear, standing and walking

Prior treatment: injection(s) previous surgery
 NSAID night splint
 PT medication
 orthotic devices OTC remedies

What if Our Chronic Gout Patient Exhibits Tophaceous Material at the 1st MTPJ Right Foot?

A	B	C	D	E	F	G	H	I	J	K
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will see Coding after the "initial" or "right and left" options this means you MUST pick the 7th Character code - Always code to the highest level of specificity.)					
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left	Multiple sites	Bilateral	Initial	Subsequent	Sequelae
Gout-Acute	274.01	Idiopathic gout, ankle and foot M10 Gout Acute gout Gout attack Gout flare Use additional code to identify: Autonomic neuropathy in diseases classified elsewhere (G99.0) Excludes1: chronic gout (M1A.-)		M10.071	M10.072					
Gout-Chronic without Tophi	274.02	Idiopathic chronic gout, ankle and foot		M1A.071	M1A.072	add 7th character 0= no tophus 1=tophus			M1A.0710 M1A.0720	M1A.0711 M1A.0721
		Chronic gout, unspecified	M1A.9			add 7th character 0= no tophus 1=tophus			M1A.9xx0	M1A.9xx1
Hallux limitus	735.8	Other deformities of toe(s) (acquired)		M20.5X1	M20.5X2					
Hallux Rigidus	735.2	Hallux rigidus		M20.21	M20.22					



On Examination

- Inspection and palpation reveals the left 3rd interspace has palpable click, pain on compressing the inter-metatarsal nerve, paresthesias are noted as well.

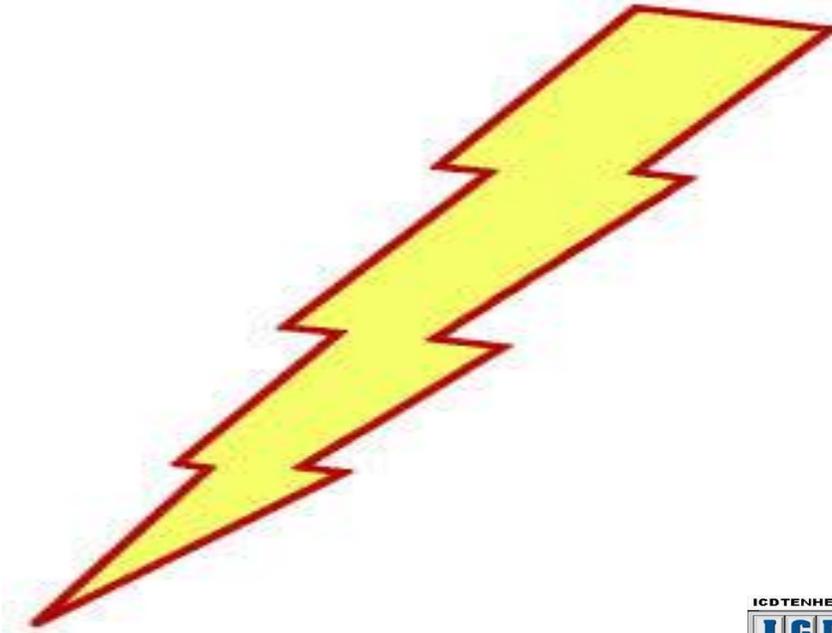


Morton's Neuroma 355.6

ICD 10 Quick Sheet Conversion Lower Extremity ☆ ■

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G57.62						
A	B	C	D	E	F	
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will see means you MUST use highest level of specificity)	
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left	Multisite
Myalgia	729.1	Myalgia / Myofascial pain syndrome Excludes1: fibromyalgia (M79.7) myositis (M60.-)	M79.1			
Neuritis	729.2	Neuralgia and neuritis, unspecified Excludes1: lumbosacral radiculitis NOS (M54.1) mononeuropathies (G56-G58)	M79.2			
Neuroma	355.6	Lesion of plantar nerve / Morton's metatarsalgia		G57.61	G57.62	
Onychia/Paronychia	681.11	no code see abscess of toe				
Onychomycosis	110.1	Tinea unguium / Dermatophytosis of nail / Onychomycosis Includes: infections due to species of Epidermophyton, Micro-sporum and Trichophyton tinea, any type except those in B36.- (Other superficial mycoses)	B35.1			



On Examination

- Inspection and palpation reveals the right heel has a large nonviable area with black eschar, this is elevated and can probe through this full skin thickness disruption into subcutaneous tissues. Bloody drainage is noted but no purulence.



ICD-9 to ICD 10 Coding

- 1) 707.06 Decubitus ulcer, ankle
- 2) 707.07 Decubitus ulcer, heel
- 3) 707.09 Decubitus ulcer, other site

- 1) L89.511- L89.514
- 2) L89.521-L89.524
- 3) L89.611-L89.614
- 4) L89.621-L89.624
- 5) L89.891-L89.894



ICD 10 Quick Sheet Conversion Lower Extremity ☆			
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L89 Pressure ulcer			
A	B	C	D
ICD 10 Quick list Top Practice codes			
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description	
Pressure ulcer Bed sore Decubitus ulcer Plaster ulcer Use additional code to identify pressure ulcer stage (707.20-707.25)	707.0-	L89 Pressure ulcer Includes: bed sore decubitus ulcer plaster ulcer pressure area pressure sore Code First any associated gangrene (I96) Excludes2: decubitus (trophic) ulcer of cervix (uteri) (N86) diabetic ulcers (E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622) non-pressure chronic ulcer of skin (L97.-) skin infections (L00-L08) varicose ulcer (I83.0, I83.2)	

ICD 10 Quick Sheet Conversion Lower Extremity

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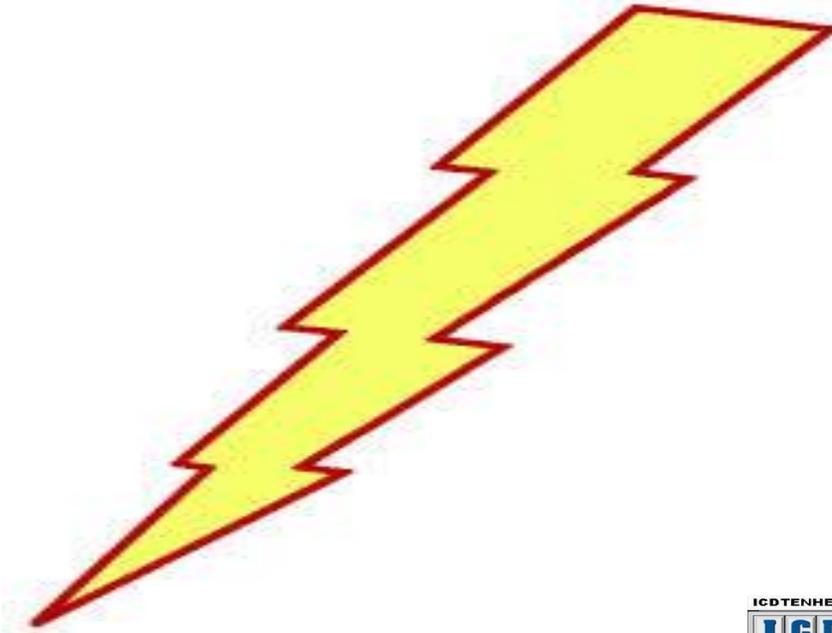
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L89.612

A	B	C
ICD 10 Quick list Top Practice codes		
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description
Pressure Ulcer, ankle	707.06	L89.50- Pressure ulcer of unspecified ankle L89.51- Pressure ulcer of right ankle L89.52- Pressure ulcer of left ankle
Pressure Ulcer, heel	707.07	L89.60- Pressure ulcer of unspecified heel L89.61- Pressure ulcer of right heel L89.62- Pressure ulcer of left heel
Pressure ulcer, other site	707.09	L89.89- Pressure ulcer of other site

		Unstageable	stage 1	stage 2	stage 3	stage 4	unspecified stage
L89.50- Pressure ulcer of unspecified ankle	L89.500	L89.501	L89.502	L89.503	L89.504	L89.509	
L89.51- Pressure ulcer of right ankle	L89.510	L89.511	L89.512	L89.513	L89.514	L89.519	
L89.52- Pressure ulcer of left ankle	L89.520	L89.521	L89.522	L89.523	L89.524	L89.529	
L89.60- Pressure ulcer of unspecified heel	L89.600	L89.601	L89.602	L89.603	L89.604	L89.609	
L89.61- Pressure ulcer of right heel	L89.610	L89.611	L89.612	L89.613	L89.614	L89.619	
L89.62- Pressure ulcer of left heel	L89.620	L89.621	L89.622	L89.623	L89.624	L89.625	
L89.89- Pressure ulcer of other site	L89.890	L89.891	L89.892	L89.893	L89.894	L89.899	





Malunion of Fracture 733.81

- First Question you have to ask is where anatomically are we speaking?
- Malunion Coding went away as a stand alone code, it is now a component code of the fracture.



No Individual ICD 10 Code

ICD 10 Quick Sheet Conversion Lower Extremity ☆ ■

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733.81

A	B	C	D
ICD 10 Quick list Top Practice codes			
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description	
Malunion of fracture	733.81	see fracture malunion of malleolus above see fracture malunion of foot above see fracture malunion of toe above	
Metatarsalgia	736.7	Metatarsalgia	



Nonunion of Fracture 733.82

- First Question you have to ask is where anatomically are we speaking?
- Nonunion Coding went away as a stand alone code, it is now a component code of the fracture.



No Individual ICD 10 Code

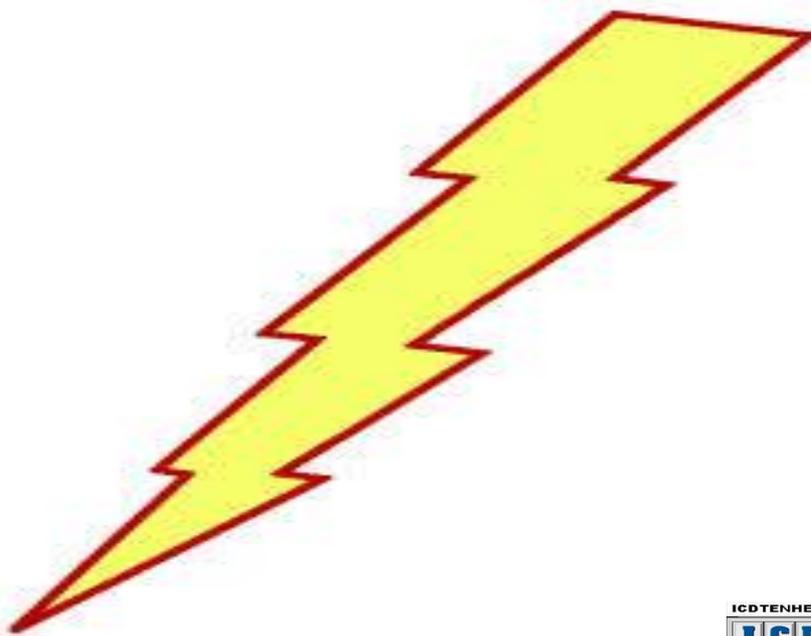
ICD 10 Quick Sheet Conversion Lower Extremity ☆

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733.82

Rich text editor toolbar with icons for print, undo, redo, bold, italic, strikethrough, text color, background color, and table border.

A	B	C	D
ICD 10 Quick list Top Practice codes			
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description	
Nonunion of fracture	733.82	see fracture nonunion of malleolus above see fracture nonunion of foot above see fracture nonunion of toe above	



On Examination

- Inspection and palpation reveals the right 2nd metatarsal is painful on palpation with and edematous forefoot.
- Radiologic Examination, AP, Lateral and Medial Oblique views reveals a closed oblique fracture that is non-displaced.



ICD 10 Quick Sheet Conversion Lower Extremity ☆ ■

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B95-Streptococcus, Staphylococcus, and Enterococcus as the cause of diseases classified elsewhere

A	B	C
ICD 10 Quick list Top Practice codes		
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description
		S92 Fracture of foot and toe, except ankle Note: A fracture not indicated as displaced or nondisplaced should be coded to displaced A fracture not indicated as open or closed should be coded to closed Excludes1: traumatic amputation of ankle and foot (S98.-) Excludes2: fracture of ankle (S82.-) fracture of malleolus (S82.-)
Fracture Metatarsal Closed	825.25	Fracture of unspecified metatarsal bone(s) Displaced fracture of first metatarsal bone Nondisplaced fracture of first metatarsal bone Displaced fracture of second metatarsal bone Nondisplaced fracture of second metatarsal bone Displaced fracture of third metatarsal bone

RULES →

2nd Metatarsal Fracture, Initial Encounter

S92 Fracture of foot and toe, except ankle Note: A fracture not indicated as displaced or nondisplaced should be coded to displaced A fracture not indicated as open or closed should be coded to closed Excludes1: traumatic amputation of ankle and foot (S98.-) Excludes2: fracture of ankle (S82.-) fracture of malleolus (S82.-)					
		RIGHT	LEFT	A - initial encounter for closed fracture	B - initial encounter for open fracture
Fracture of unspecified metatarsal bone(s)		S92.301	S92.302	S92.301A S92.302A	S92.301B S92.302B
Displaced fracture of first metatarsal bone		S92.311	S92.312	S92.311A S92.312A	S92.311B S92.312B
Nondisplaced fracture of first metatarsal bone		S92.314	S92.315	S92.314A S92.315A	S92.314B S92.315B
Displaced fracture of second metatarsal bone		S92.321	S92.322	S92.321A S92.322A	S92.321B S92.322B
Nondisplaced fracture of second metatarsal bone		S92.324	S92.325	S92.324A S92.325A	S92.324B S92.325B
Displaced fracture of third metatarsal bone		S92.331	S92.332	S92.331A S92.332A S92.334A	S92.331B S92.332B S92.334B

2nd Metatarsal Fracture, Subsequent Encounter, Routine Healing

S92 Fracture of foot and toe, except ankle Note: A fracture not indicated as displaced or nondisplaced should be coded to displaced A fracture not indicated as open or closed should be coded to closed Excludes1: traumatic amputation of ankle and foot (S98.-) Excludes2: fracture of ankle (S82.-) fracture of malleolus (S82.-)							
		RIGHT	LEFT	A - initial encounter for closed fracture	B - initial encounter for open fracture	D - subsequent encounter for fracture with routine healing	G - subsequent encounter for fracture with delayed healing
Fracture of unspecified metatarsal bone(s)		S92.301	S92.302	S92.301A S92.302A	S92.301B S92.302B	S92.301D S92.302D	S92.301G S92.302G
Displaced fracture of first metatarsal bone		S92.311	S92.312	S92.311A S92.312A	S92.311B S92.312B	S92.311D S92.312D	S92.311G S92.312G
Nondisplaced fracture of first metatarsal bone		S92.314	S92.315	S92.314A S92.315A	S92.314B S92.315B	S92.314D S92.315D	S92.314G S92.315G
Displaced fracture of second metatarsal bone		S92.321	S92.322	S92.321A S92.322A	S92.321B S92.322B	S92.321D S92.322D	S92.321G S92.322G
Nondisplaced fracture of second metatarsal bone		S92.324	S92.325	S92.324A S92.325A	S92.324B S92.325B	S92.324D S92.325D	S92.324G S92.325G
Displaced fracture of third metatarsal bone		S92.331	S92.332	S92.331A S92.332A S92.334A	S92.331B S92.332B S92.334B	S92.331D S92.332D S92.334D	S92.331G S92.332G S92.334G

2nd Metatarsal Fracture, Subsequent Encounter, Delayed Healing

should be coded to displaced
A fracture not indicated as open or closed should be coded to closed
Excludes1:
traumatic amputation of ankle and foot (S98.-)
Excludes2:
fracture of ankle (S82.-)
fracture of malleolus (S82.-)

	RIGHT	LEFT	A - initial encounter for closed fracture	B - initial encounter for open fracture	D - subsequent encounter for fracture with routine healing	G - subsequent encounter for fracture with delayed healing	K - subsequent encounter for fracture with nonunion
Fracture of unspecified metatarsal bone(s)	S92.301	S92.302	S92.301A S92.302A	S92.301B S92.302B	S92.301D S92.302D	S92.301G S92.302G	S92.301K S92.302K
Displaced fracture of first metatarsal bone	S92.311	S92.312	S92.311A S92.312A	S92.311B S92.312B	S92.311D S92.312D	S92.311G S92.312G	S92.311K S92.312K
Nondisplaced fracture of first metatarsal bone	S92.314	S92.315	S92.314A S92.315A	S92.314B S92.315B	S92.314D S92.315D	S92.314G S92.315G	S92.314K S92.315K
Displaced fracture of second metatarsal bone	S92.321	S92.322	S92.321A S92.322A	S92.321B S92.322B	S92.321D S92.322D	S92.321G S92.322G	S92.321K S92.322K
Nondisplaced fracture of second metatarsal bone	S92.324	S92.325	S92.324A S92.325A	S92.324B S92.325B	S92.324D S92.325D	S92.324G S92.325G	S92.324K S92.325K
Displaced fracture of third metatarsal bone	S92.331	S92.332	S92.331A S92.332A	S92.331B S92.332B	S92.331D S92.332D	S92.331G S92.332G	S92.331K S92.332K
Displaced fracture of third metatarsal bone	S92.334	S92.335	S92.334A S92.335A	S92.334B S92.335B	S92.334D S92.335D	S92.334G S92.335G	S92.334K S92.335K



2nd Metatarsal Fracture, Subsequent Encounter, Malunion Healing

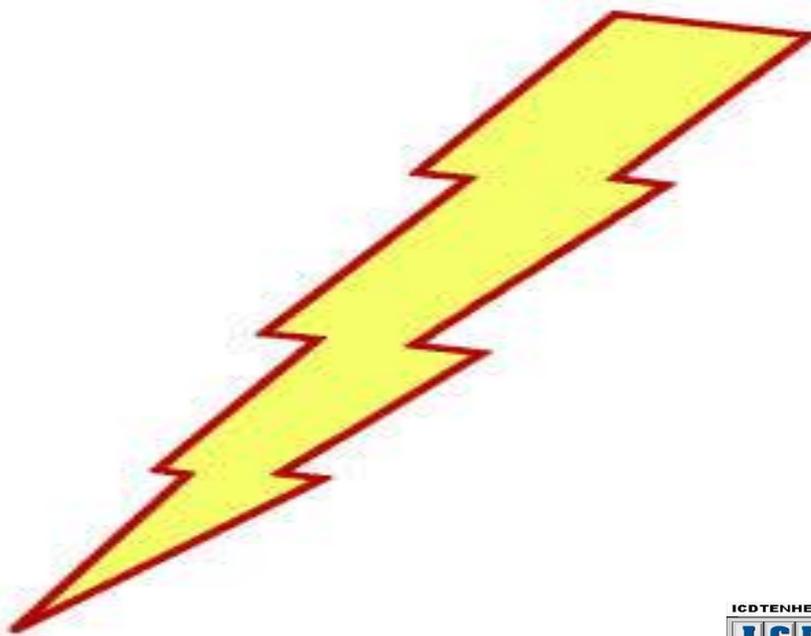
displaced
A fracture not indicated as open or closed should be coded to closed
Excludes1:
traumatic amputation of ankle and foot (S98.-)
Excludes2:
fracture of ankle (S82.-)
fracture of malleolus (S82.-)

	RIGHT	LEFT	A - initial encounter for closed fracture	B - initial encounter for open fracture	D - subsequent encounter for fracture with routine healing	G - subsequent encounter for fracture with delayed healing	K - subsequent encounter for fracture with nonunion	P - subsequent encounter for fracture with malunion	S - sequelae
Fracture of unspecified metatarsal bone (s)	S92.301	S92.302	S92.301A S92.302A	S92.301B S92.302B	S92.301D S92.302D	S92.301G S92.302G	S92.301K S92.302K	S92.301P S92.302P	S92.301S S92.302S
Displaced fracture of first metatarsal bone	S92.311	S92.312	S92.311A S92.312A	S92.311B S92.312B	S92.311D S92.312D	S92.311G S92.312G	S92.311K S92.312K	S92.311P S92.312P	S92.311S S92.312S
Nondisplaced fracture of first metatarsal bone	S92.314	S92.315	S92.314A S92.315A	S92.314B S92.315B	S92.314D S92.315D	S92.314G S92.315G	S92.314K S92.315K	S92.314P S92.315P	S92.314S S92.315S
Displaced fracture of second metatarsal bone	S92.321	S92.322	S92.321A S92.322A	S92.321B S92.322B	S92.321D S92.322D	S92.321G S92.322G	S92.321K S92.322K	S92.321P S92.322P	S92.321S S92.322S
Nondisplaced fracture of second metatarsal bone	S92.324	S92.325	S92.324A S92.325A	S92.324B S92.325B	S92.324D S92.325D	S92.324G S92.325G	S92.324K S92.325K	S92.324P S92.325P	S92.324S S92.325S
Displaced fracture of third metatarsal bone	S92.331	S92.332	S92.331A S92.332A	S92.331B S92.332B	S92.331D S92.332D	S92.331G S92.332G	S92.331K S92.332K	S92.331P S92.332P	S92.331S S92.332S



2nd Metatarsal Fracture, Subsequent Encounter, Nonunion Healing

	RIGHT	LEFT	A - initial encounter for closed fracture	B - initial encounter for open fracture	D - subsequent encounter for fracture with routine healing	G - subsequent encounter for fracture with delayed healing	K - subsequent encounter for fracture with nonunion	P - subsequent encounter for fracture with malunion	S - sequela
displaced A fracture not indicated as open or closed should be coded to closed Excludes1: traumatic amputation of ankle and foot (S98.-) Excludes2: fracture of ankle (S82.-) fracture of malleolus (S82.-)									
Fracture of unspecified metatarsal bone (s)	S92.301	S92.302	S92.301A S92.302A	S92.301B S92.302B	S92.301D S92.302D	S92.301G S92.302G	S92.301K S92.302K	S92.301P S92.302P	S92.301S S92.302S
Displaced fracture of first metatarsal bone	S92.311	S92.312	S92.311A S92.312A	S92.311B S92.312B	S92.311D S92.312D	S92.311G S92.312G	S92.311K S92.312K	S92.311P S92.312P	S92.311S S92.312S
Nondisplaced fracture of first metatarsal bone	S92.314	S92.315	S92.314A S92.315A	S92.314B S92.315B	S92.314D S92.315D	S92.314G S92.315G	S92.314K S92.315K	S92.314P S92.315P	S92.314S S92.315S
Displaced fracture of second metatarsal bone	S92.321	S92.322	S92.321A S92.322A	S92.321B S92.322B	S92.321D S92.322D	S92.321G S92.322G	S92.321K S92.322K	S92.321P S92.322P	S92.321S S92.322S
Nondisplaced fracture of second metatarsal bone	S92.324	S92.325	S92.324A S92.325A	S92.324B S92.325B	S92.324D S92.325D	S92.324G S92.325G	S92.324K S92.325K	S92.324P S92.325P	S92.324S S92.325S
Displaced fracture of third metatarsal			S92.331A	S92.331B	S92.331D	S92.331G	S92.331K	S92.331P	S92.331S



On Examination

- Inspection and palpation reveals the right 1st metatarsal is painful on palpation with a noted prominence dorsally where the screw was inserted 10 years ago
- Radiologic Examination, AP, Lateral and Medial Oblique views of the right foot reveals a surgical screw that has backed itself out by 5mm.



Other Mechanical Complication of Other Internal Orthopedic Device, Implant, and Graft 996.49

ICD 10 Quick Sheet Conversion Lower Extremity ☆

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(Note: You will see Coding after the "initial" or "right and left" options this means you MUST pick th

A	B	C	D
ICD 10 Quick list Top Practice codes	ICD 9 Diagnosis Code	ICD 10 Tabular Description	
Diagnosis Description in ICD9		<p>T84 Complications of internal orthopedic prosthetic devices, implants and grafts Excludes2: failure and rejection of transplanted organs and tissues (T86.-) fracture of bone following insertion of orthopedic implant, joint prosthesis or bone plate (M96.6)</p> <p>The appropriate 7th character is to be added to each code from category T84 A - initial encounter D - subsequent encounter S - sequela</p> <p>T84.9 Other mechanical complication of internal fixation device of bones of limb</p> <p>Obstruction (mechanical) of internal fixation device of bones of limb Perforation of internal fixation device of bones of limb Protrusion of internal fixation device of bones of limb</p>	

RULES →

Conversion Lower Extremity ☆

dfreedman@footandankle-usa.com

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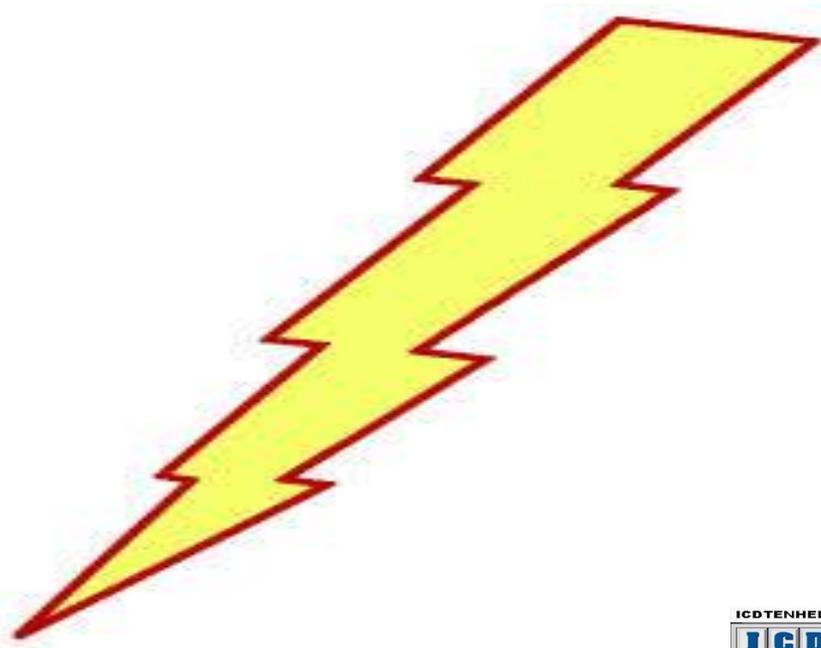
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Comments

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B	C	D	E	F	G	H	I	J	K
			Correct Code	(Note: You will see Coding after the "initial" or "right and left" options this means you MUST pick the 7th Character code - Always code to the highest level of specificity.)					
ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left	Multiple sites	Bilateral	Initial	Subsequent	Sequelae
	T84.9 Other mechanical complication of internal fixation device of bones of limb Obstruction (mechanical) of internal fixation device of bones of limb Perforation of internal fixation device of bones of limb Protrusion of internal fixation device of bones of limb								
996.49	Other mechanical complication of internal fixation device of bone of right lower leg	T84.196	T84.197				T84.196A T84.197A	T84.196 D T84.197D	T84.196S T84.197S



On Examination

- Inspection and palpation reveals the right subtalar joint a very edematous and swollen area, very painful on palpation and the joint appears to be medially deviated
- Radiologic Examination, AP, Lateral and Medial Oblique views of the right foot reveals a the subtalar joint no longer in alignment, this joint is medially displaced.



Dislocation of Foot, Closed, Tarsal Joint 838.01

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S93.31-Dislocation of tarsal joint of foot

A	B	C	D	E	F
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You this means the highest)
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
Sprain Deltoid Ligament	845.01	S93.42- Sprain of deltoid ligament of ankle		S93.421	S93.422
Closed dislocation,tarsal (bone), joint unspecified	838.01	S93.31-Subluxation of tarsal joint of right foot		S93.311	S93.312
		S93.31-Dislocation of tarsal joint of foot		S93.314	S93.315
Sprain LisFrans	845.11	S93.62- Sprain of tarsometatarsal ligament of foot		S93.621	S93.622
Sprain MTPJ	845.12	S93.52- Sprain of metatarsophalangeal joint of great toe		S93.521	S93.522

- But the Code requires A,D, S so....



ICD 10 Quick Sheet Conversion Lower Extremity ☆

dfreedman@footan

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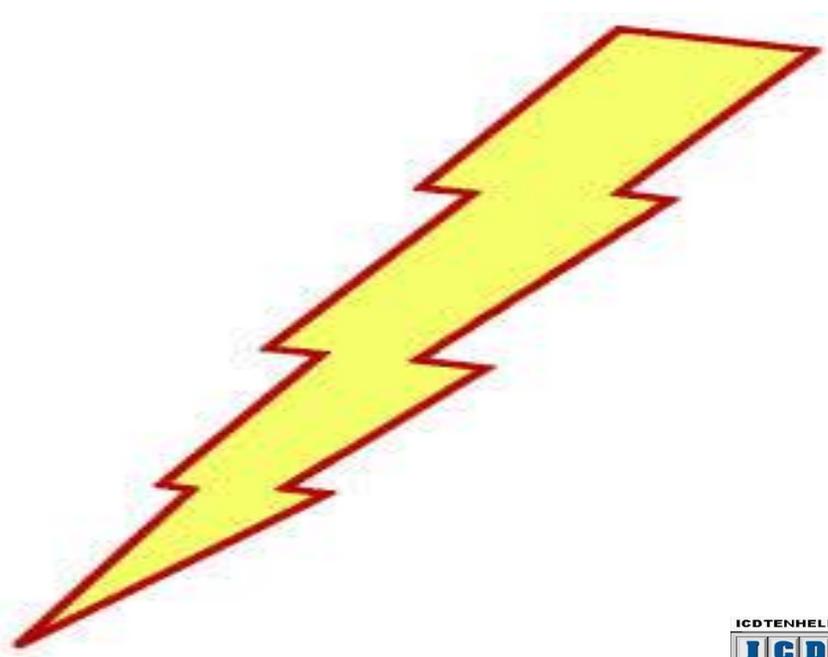
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Comments

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S93.314D S93.315D

A	B	C	D	E	F	G	H	I
		Correct Code	(Note: You will see Coding after the "initial" or "right and left" options this means you MUST pick the 7th Character code - Always code to the highest level of specificity.)					
ICD 10 Tabular Description		Right	Left	Multiple sites	Bilateral	Initial	Subsequent	Sequelae
S93.42- Sprain of deltoid ligament of ankle		S93.421	S93.422			S93.421A S93.422A	S93.421D S93.422D	S93.421S S93.422S
S93.31-Subluxation of tarsal joint of right foot		S93.311	S93.312			S93.311A S93.312A	S93.311D S93.312D	S93.311S S93.312S
S93.31-Dislocation of tarsal joint of foot		S93.314	S93.315			S93.314A S93.315A	S93.314D S93.315D	S93.314S S93.315S
S93.62- Sprain of tarsometatarsal ligament of foot		S93.621	S93.622			S93.621A S93.622A	S93.621D S93.622D	S93.621S S93.622S
S93.52- Sprain of metatarsophalangeal joint of great toe		S93.521	S93.522			S93.521A S93.522A	S93.521D S93.522D	S93.521S S93.522S
S93.52- Sprain of metatarsophalangeal joint of lesser toe(s)		S93.524	S93.525			S93.524A S93.525A	S93.524D S93.525D	S93.524S S93.525S



ICD-10 Coding Scenarios for Ankle Conditions



Examination Documentation

- Patient presents after walking around the amusement park with a weak left ankle, on examination, the ankle mortise does not hold the talus stable, the talus can easily go into varus when stressed.

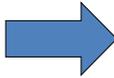


Ankle Instability 718.87

- M25.27 Flail joint, ankle and foot
 - M25.271 Flail joint, right ankle and foot
 - M25.272 Flail joint, left ankle and foot
 - M25.279 Flail joint, unspecified ankle and foot

M25.28 Flail joint, other site

M25.3 Other instability of joint

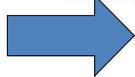


Excludes1: instability of joint secondary to old ligament injury (M24.2-)
 instability of joint secondary to removal of joint prosthesis (M96.8-)

Excludes2: spinal instabilities (M53.2-)

M25.30 Other instability, unspecified joint

M25.37 Other instability, ankle and foot



- M25.371 Other instability, right ankle
- M25.372 Other instability, left ankle
- M25.373 Other instability, unspecified ankle
- M25.374 Other instability, right foot



ICD 10 Quick Sheet Conversion Lower Extremity ☆

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Other instability of joint, foot					
A	B	C	D	E	F
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will mean you M highest level of)
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
Instability of joint-ankle and foot	718.87	Other specific joint derangements of ankle		M24.871	M24.872
Instability of joint-ankle and foot	718.87	Other specific joint derangements of foot		M24.874	M24.875
		Other instability of joint, ankle		M25.371	M25.372
		Other instability of joint, foot		M25.374	M25.375
Joint Effusion	719.07	Effusion, ankle		M25.471	M25.472
		Effusion, foot		M25.474	M25.475
		"Pain in joint Excludes2: pain in foot (M79.67-) pain in limb (M79.6-) pain in toes (M79.67-)"			
Joint Pain	719.47	Pain in ankle and joints of foot		M25.571	M25.572
Joint Stiffness	719.07	Stiffness of ankle, not elsewhere classified		M25.671	M25.672
		Stiffness of foot, not elsewhere classified		M25.674	M25.675



What Do You Do When You Go To Disney?

Y33 Other specified events, undetermined intent

The appropriate 7th character is to be added to code Y33

- A - initial encounter
- D - subsequent encounter
- S – sequela.

Code = Y33.xxxA

(Dummy character in 4th, 5th and 6th place)



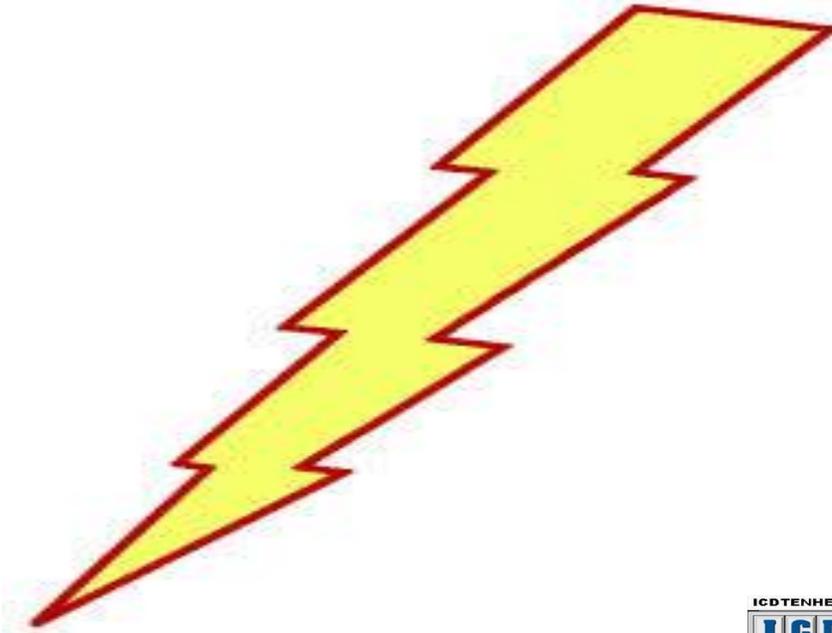
ICD-9 to ICD 10 Coding

1) Ankle Instability 718.87

1) **M25.372 other instability of joint, ankle**

2) **Y33.xxxA Other specified events, undetermined intent**





On Examination at Later Date

- Inspection and palpation reveals the right ankle joint a very edematous and swollen, very painful on palpation and the joint appears to be anterior displaced as a result of the severe ankle sprain.
- Radiologic Examination, AP, Lateral and Medial Oblique views of the right ankle reveals a the ankle joint is not in alignment, this joint is anterior displaced.



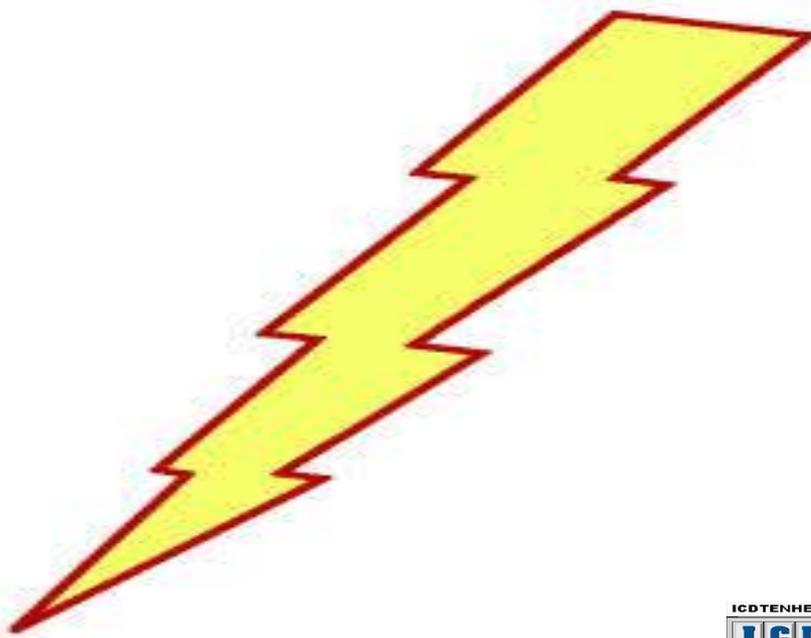
Recurrent Dislocation of Joint Ankle

ICD 10 Quick Sheet Conversion Lower Extremity ☆ ■

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M24.474					
A	B	C	D	E	F
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You this means the highest)
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
Diabetes with peripheral circulatory disorders type II or unspecified type, uncontrolled	250.72	Type 2 diabetes mellitus with other circulatory complications	E11.59		
Difficulty Walking	719.7	Difficulty in walking, not elsewhere classified [Excludes1: falling (R29.6) /unsteadiness on feet (R26.81)]	R26.2		
Recurrent dislocation of joint ankle and foot	718.37	Recurrent dislocation, foot		M24.474	M24.475
		Recurrent dislocation, toe(s)		M24.477	M24.478



Examination Documentation

- Patient presents with a stiff left ankle, on examination, the ankle exhibits crepitus, and pain on range of motion.
- X-rays revealed joint space narrowing of the ankle joint with sclerotic bone and exostoses in the ankle joint.



Ankle Arthritis ICD9-715.17

Osteoarthritis (M15-M19)	
Excludes2: osteoarthritis of spine (M47.-)	
M15 Polyosteoarthritis	← RULES
Includes: arthritis of multiple sites	
Excludes1: bilateral involvement of single joint (M16-M19)	
Primary generalized (osteo)arthritis	M15.0
Heberden's nodes (with arthropathy)	
Interphalangeal distal osteoarthritis	M15.1
Bouchard's nodes (with arthropathy)	
Juxtaphalangeal distal osteoarthritis	M15.2
Secondary multiple arthritis	
Post-traumatic polyosteoarthritis	M15.3
Erosive (osteo)arthritis	M15.4
Other polyosteoarthritis	M15.8
Polyosteoarthritis, unspecified	
Generalized osteoarthritis NOS	M15.9



Ankle Arthritis ICD9- 715.17

		M19 Other and unspecified osteoarthritis Excludes1: polyarthritis (M15.-) Excludes2: arthrosis of spine (M47.-) hallux rigidus (M20.2)		
Osteoarthritis	715.17	Primary osteoarthritis ankle and foot	M19.071	M19.072

Right or Left?

- Now let's look at the laterality ankle and foot



ICD 10 Quick Sheet Conversion Lower Extremity ☆

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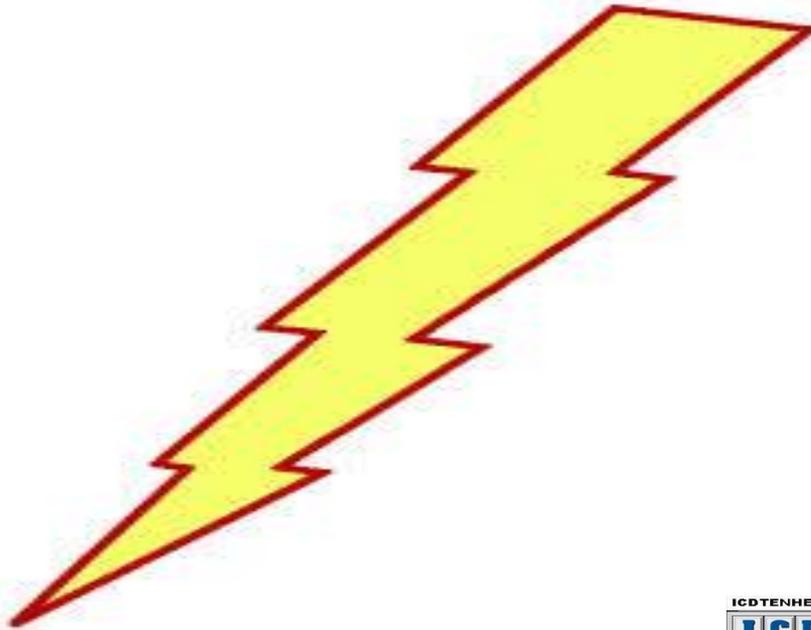
Osteoarthritis					
A	B	C	D	E	F
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will mean you M highest level c
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
		Unspecified open wound of lesser toe(s) with damage to nail		S91.204	S91.205
		Laceration without foreign body of great toe with damage to nail		S91.211	S91.212
		Laceration without foreign body of lesser toe(s) with damage to nail		S91.214	S91.215
		Laceration with foreign body of great toe with damage to nail		S91.221	S91.222
		Laceration with foreign body of lesser toe(s) with damage to nail		S91.224	S91.225
Osteoarthritis	715.17	Primary osteoarthritis ankle and foot		M19.071	M19.072



ICD-9 to ICD 10 Coding

1) Ankle osteoarthritis, localized 715.17

1) **M19.072 Primary osteoarthritis ankle and foot, left**



On Examination

- Inspection and palpation reveals the right Tibialis Posterior tendon is painful along the medial aspect of the tibia and painful as it courses at the ankle.



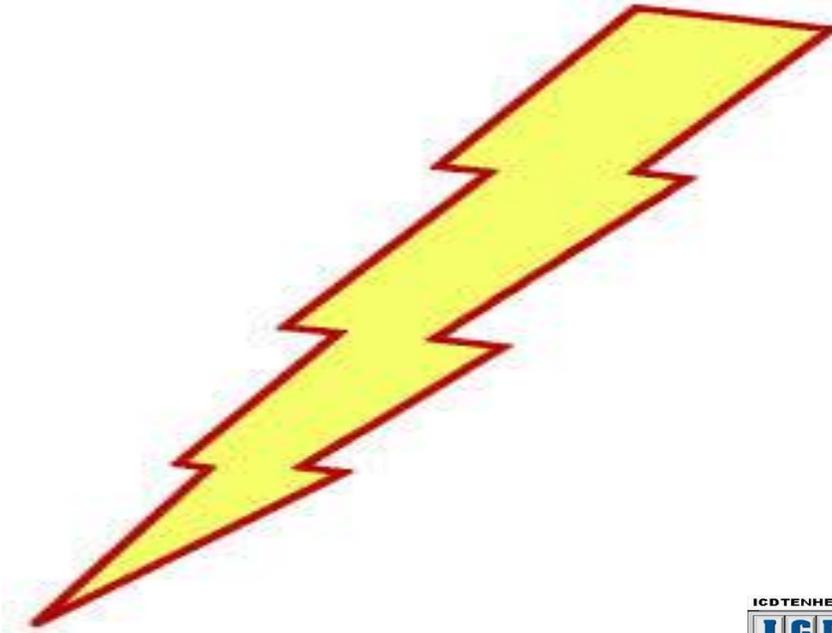
Tibialis Tendonitis 726.72

ICD 10 Quick Sheet Conversion Lower Extremity ☆ ■

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1 of 1

M76.821							
A	B	C	D	E	F	G	
ICD 10 Quick list Top Practice codes	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Correct Code	(Note: You will see Coding at means you MUST pick the 71 highest level of specificity.)		
Diagnosis Description in ICD9				Right	Left	Multiple sites	Bila
Tarsal Tunnel Syndrome	355.5	G57.5-Tarsal tunnel syndrome, lower limb		G57.51	G57.52		
Tendonitis/Bursitis Achilles	726.71	M76.6-Achilles tendinitis, leg		M76.61	M76.62		
Tendinitis Tibialis (Anterior /Posterior)	726.72	M76.82- Posterior tibial tendinitis, leg M76.81- Anterior tibial syndrome, leg		M76.821	M76.822		
Tendinitis Peroneal	726.79	M76.70 Peroneal tendinitis,leg		M76.71	M76.72		
Tendon Rupture, nontraumatic	727.68	M66.26 Spontaneous rupture of extensor tendons, lower leg		M66.261	M66.262	M66.29	
Tendon Rupture, nontraumatic	727.68	M66.27 Spontaneous rupture of extensor tendons, ankle and foot		M66.271	M66.272	M66.29	
Tendon Rupture, nontraumatic	727.68	M66.36 Spontaneous rupture of flexor tendons, lower leg		M66.361	M66.362	M66.39	
Tendon Rupture, nontraumatic	727.68	M66.37 Spontaneous rupture of flexor tendons, ankle and foot		M66.371	M66.372	M66.39	
Tenosynovitis of foot and ankle	727.06	M65.86 Other synovitis and tenosynovitis, lower leg		M65.861	M65.862	M65.89	
Tenosynovitis of foot and ankle		M65.87 Other synovitis and tenosynovitis, ankle and foot		M65.871	M65.872	M65.89	



On Examination

- Inspection and palpation reveals the right Tibialis Posterior tendon is painful along the medial aspect of the tibia and painful as it courses at the ankle. In addition there is a palpable fluctuance within the tendon sheath.

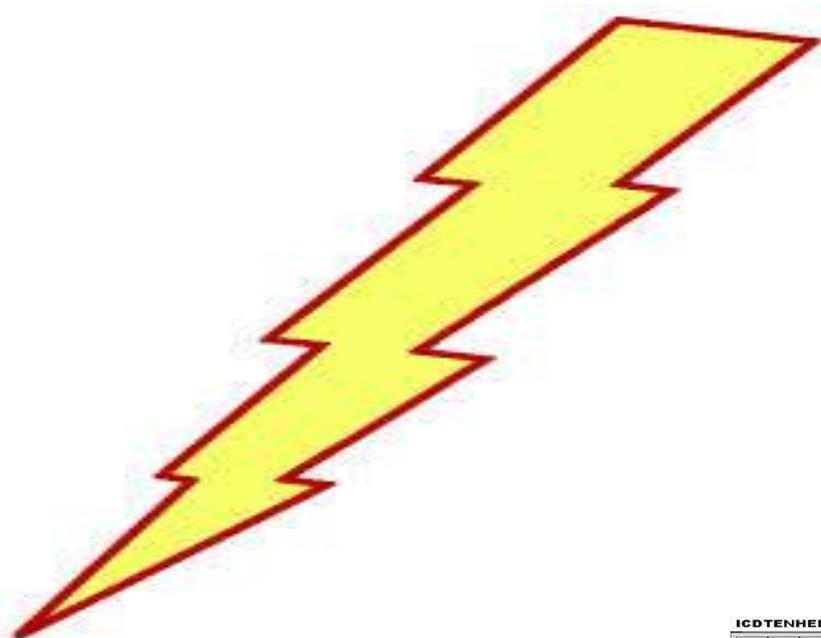


Tenosynovitis of Foot and Ankle 727.06

ICD 10 Quick Sheet Conversion Lower Extremity ☆ ■

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M65.871						
A	B	C	D	E	F	G
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will see Coding means you MUST pick the highest level of specificity.	
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left	Multiple sites
Tendon Rupture, nontraumatic	727.68	M66.36 Spontaneous rupture of flexor tendons, lower leg		M66.361	M66.362	M66.39
Tendon Rupture, nontraumatic	727.68	M66.37 Spontaneous rupture of flexor tendons, ankle and foot		M66.371	M66.372	M66.39
Tenosynovitis of foot and ankle	727.06	M65.86 Other synovitis and tenosynovitis, lower leg		M65.861	M65.862	M65.89
Tenosynovitis of foot and ankle		M65.87 Other synovitis and tenosynovitis, ankle and foot		M65.871	M65.872	M65.89
Tinea Pedis	110.4	B35.3 Tinea pedis / Athlete's foot / Dermatophytosis of foot	B35.3			
Toe deformity, Claw toe	735.5	M20.5x-Other deformities of toe(s) (acquired)		M20.5x1	M20.5x2	



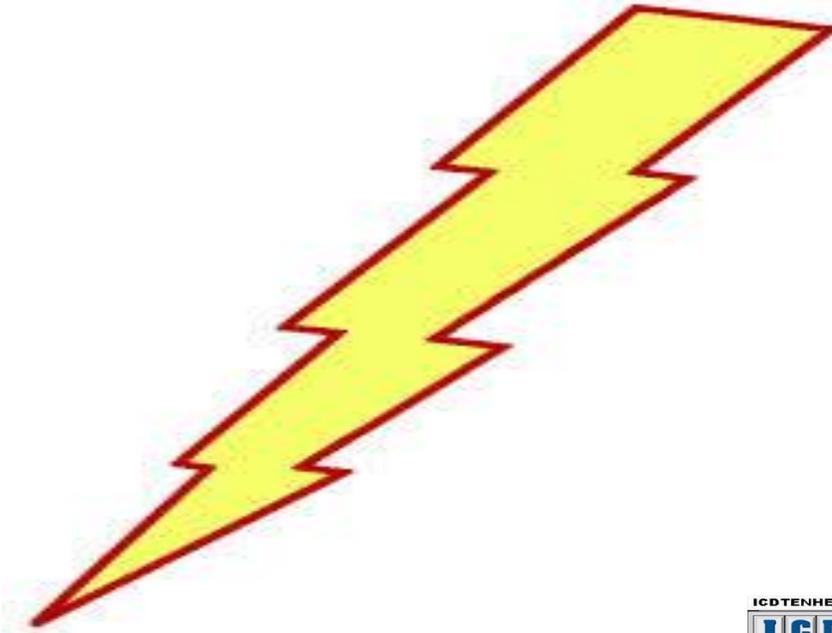
On Examination

- Inspection and palpation reveals the right Posterior Tibial Nerve is painful along the medial aspect of the tibia at the ankle and painful as it courses below the ankle as it course into the foot. Percussion of the nerve elicited paresthesias distally.



Tarsal Tunnel Syndrome 355.5

ICD 10 Quick Sheet Conversion Lower Extremity ☆						
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G57.51						
A	B	C	D	E	F	G
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will see Coding means you MUST pick the highest level of specificity)	
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left	Multiple sites
				Right	Left	Multiple sites
Synovitis and tenosynovitis, unspecified	727.00	M65.86 Other synovitis and tenosynovitis, lower leg		M65.861	M65.862	M65.89
		M65.87 Other synovitis and tenosynovitis, ankle and foot		M65.871	M65.872	M65.89
Tarsal Tunnel Syndrome	355.5	G57.5-Tarsal tunnel syndrome, lower limb		G57.51	G57.52	
Tendonitis/Bursitis Achilles	726.71	M76.6-Achilles tendinitis, leg		M76.61	M76.62	
Tendinitis Tibialis (Anterior /Posterior)	726.72	M76.82- Posterior tibial tendinitis, leg		M76.821	M76.822	
		M76.81- Anterior tibial syndrome, leg		M76.811	M76.812	
Tendinitis Peroneal	726.79	M76.70 Peroneal tendinitis, leg		M76.71	M76.72	
Tendon Rupture, nontraumatic	727.68	M66.26 Spontaneous rupture of extensor tendons, lower leg		M66.261	M66.262	M66.29



On Examination

- Inspection and palpation reveals the right ankle is erythematous, increased temperature with localized pain. There is a cavity present with yellow purulence.



ICD-9 to ICD 10 Coding

1) Cellulitis or Abscess ankle/leg ICD9= 682.6

2) Cellulitis or Abscess Foot ICD9= 682.7

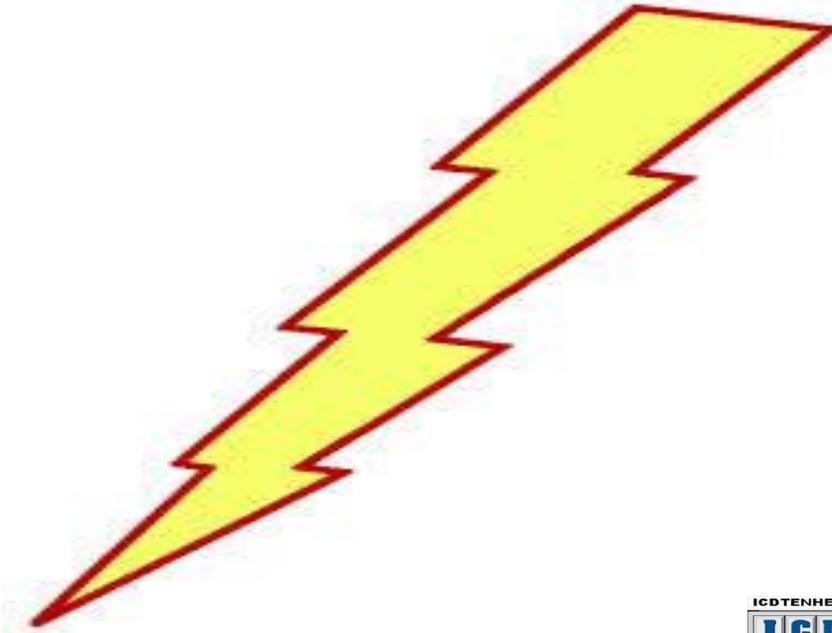


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L03.0 Cellulitis and acute lymphangitis of finger and toe					
A	B	C	D	E	F
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will mean you MU highest level of
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
		L02 Cutaneous abscess, furuncle and carbuncle Use additional code to identify organism (B95-B96) L02.4 Cutaneous abscess, furuncle and carbuncle of limb Excludes2: Cutaneous abscess, furuncle and carbuncle of groin (L02.214, L02.224, L02.234) Cutaneous abscess, furuncle and carbuncle of foot (L02.6-)			
Abscess, ankle (See Cellulitis also)	682.6	Cutaneous abscess of lower limb		L02.415	L02.416
Abscess, Foot	682.7	Cutaneous abscess of foot		L02.611	L02.612
		L03.0 Cellulitis and acute lymphangitis of finger and toe Infection of nail Onychia Paronychia Perionychia			





On Examination

- Inspection and palpation reveals the right ankle primarily along the fibula it is erythematous, has increased temperature with localized pain. There is an ulcer that probes to bone.
- Radiologic examination, AP, Lateral and Oblique views reveal destructive changes to the lateral malleolus.

Osteomyelitis Example

ICD 10 Quick Sheet Conversion Lower Extremity ☆

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M86 Osteomyelitis

C

ICD 10 Tabular Description

M86 Osteomyelitis
Use additional code (B95-B97) to identify infectious agent
Use additional code to identify major osseous defect, if applicable (M89.7-)

Excludes1: osteomyelitis due to:
echinococcus (B67.2)
gonococcus (A54.43)
salmonella (A02.24)

Excludes2: osteomyelitis of:
orbit (H05.0-)
petrous bone (H70.2-)
vertebra (M46.2-)

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ICD-10
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M86.06 Acute hematogenous osteomyelitis, tibia and fibula

Page 735

- M86.061 Acute hematogenous osteomyelitis, right tibia and fibula
- M86.062 Acute hematogenous osteomyelitis, left tibia and fibula
- M86.069 Acute hematogenous osteomyelitis, unspecified tibia and fibula
- M86.07 Acute hematogenous osteomyelitis, ankle and foot
- M86.071 Acute hematogenous osteomyelitis, right ankle and foot
- M86.072 Acute hematogenous osteomyelitis, left ankle and foot
- M86.079 Acute hematogenous osteomyelitis, unspecified ankle and foot
- M86.08 Acute hematogenous osteomyelitis, other sites
- M86.09 Acute hematogenous osteomyelitis, multiple sites
- M86.1 Other acute osteomyelitis
- M86.10 Other acute osteomyelitis, unspecified site
- M86.11 Other acute osteomyelitis, shoulder
- M86.111 Other acute osteomyelitis, right shoulder
- M86.112 Other acute osteomyelitis, left shoulder
- M86.119 Other acute osteomyelitis, unspecified shoulder

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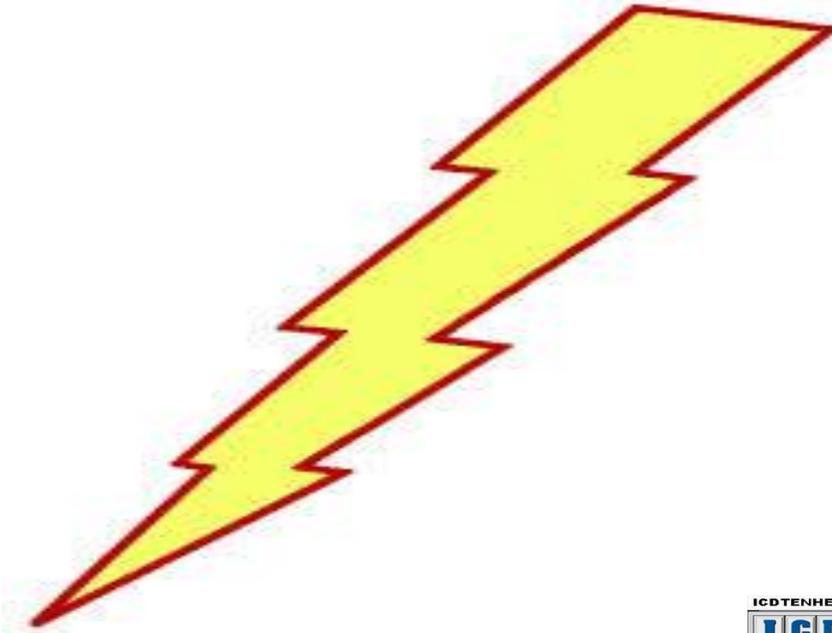
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M86.171

A	B	C	D	E	F
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will see means you MUST highest level of specificity)
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
Osteomyelitis, acute (foot and ankle)	730.07	Other acute osteomyelitis, ankle and foot Use additional code (B95-B97) to identify infectious agent Use additional code to identify major osseous defect, if applicable (M89.7-) Excludes1: osteomyelitis due to: echinococcus (B67.2) gonococcus (A54.43) salmonella (A02.24)		M86.171	M86.172
Osteomyelitis, chronic (foot and ankle)	730.17	Other chronic osteomyelitis, ankle and foot Use additional code (B95-B97) to identify infectious agent Use additional code to identify major osseous defect, if applicable (M89.7-) Excludes1: osteomyelitis due to: echinococcus (B67.2) gonococcus (A54.43) salmonella (A02.24)		M86.671	M86.672
Pain in limb	729.5	Pain in limb, hand, foot, fingers and toes Excludes2: pain in joint (M25.5-)			

ICD-9 to ICD 10 Coding

- 1) M86.071 Acute hematogenous osteomyelitis, right ankle and foot
- 2) M86.072 Acute hematogenous osteomyelitis, left ankle and foot
- 3) M86.171 Other acute osteomyelitis, right ankle and foot
- 4) M86.172 Other acute osteomyelitis, left ankle and foot



On Examination

- Inspection and palpation reveals the right ankle distal fibula has a chronic draining area, erythematous, increased temperature with localized pain. There is an ulcer that probes to bone.
- Radiologic examination, AP, Lateral and Oblique views reveal destructive changes to the lateral malleolus with sclerotic changes.



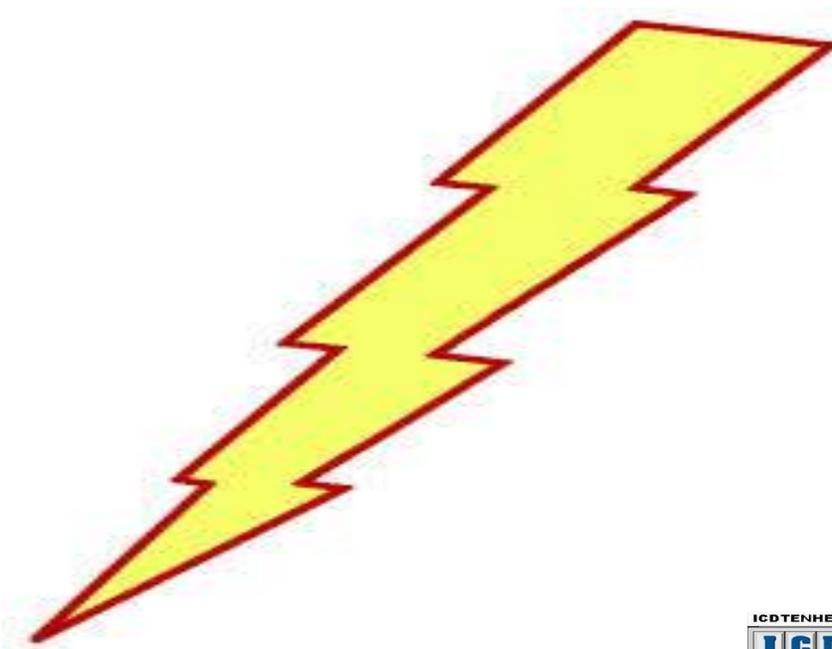
ICD 10 Quick Sheet Conversion Lower Extremity ☆					
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M86.671					
A	B	C	D	E	F
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will s means you MUS highest level of s
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
Osteomyelitis, acute (foot and ankle)	730.07	Other acute osteomyelitis, ankle and foot Use additional code (B95-B97) to identify infectious agent Use additional code to identify major osseous defect, if applicable (M89.7-) Excludes1: osteomyelitis due to: echinococcus (B67.2) gonococcus (A54.43) salmonella (A02.24)		M86.171	M86.172
Osteomyelitis, chronic (foot and ankle)	730.17	Other chronic osteomyelitis, ankle and foot Use additional code (B95-B97) to identify infectious agent Use additional code to identify major osseous defect, if applicable (M89.7-) Excludes1: osteomyelitis due to: echinococcus (B67.2) gonococcus (A54.43) salmonella (A02.24)		M86.671	M86.672
Pain in limb	729.5	Pain in limb, hand, foot, fingers and toes Excludes2: pain in joint (M25.5-)			



ICD-9 to ICD 10 Coding

- 1) M86.471 Chronic osteomyelitis with draining sinus, right ankle and foot
- 2) M86.472 Chronic osteomyelitis with draining sinus, left ankle and foot
- 3) M86.671 Other chronic osteomyelitis, right ankle and foot
- 4) M86.672 Other chronic osteomyelitis, left ankle and foot





ICD 10 Quick Sheet Conversion Lower Extremity ☆ ■

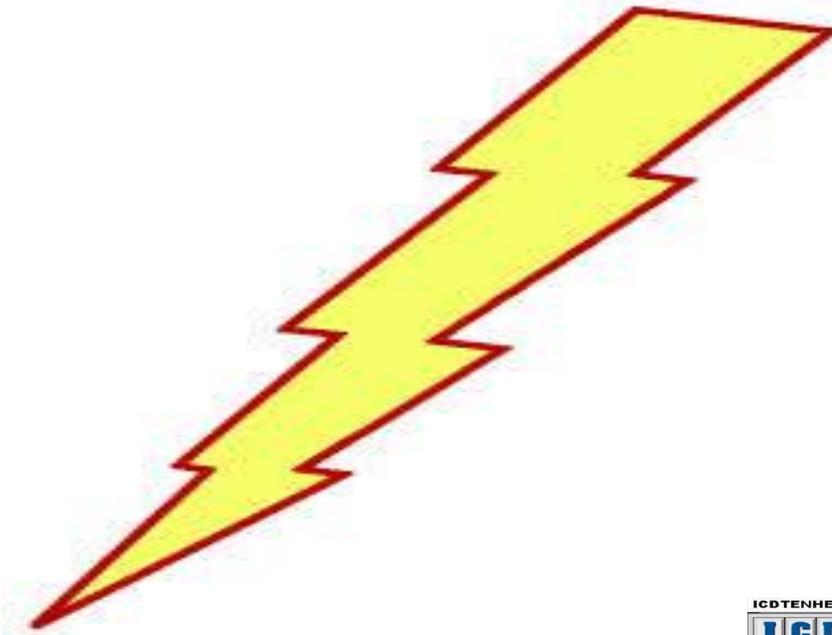
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Rich text editor toolbar with icons for undo, redo, bold, italic, text color, background color, bulleted list, numbered list, link, unlink, and other standard editing functions.

Bacterial and viral infectious agents (B95-B97)

A	B	C	D	E	F
		Correct Code	(Note: You will see Coding after t this means you MUST pick the 7t the highest level of specificity.)		
ICD 10 Tabular Description		Right	Left	Multiple sites	Bilateral
Bacterial and viral infectious agents (B95-B97) These categories are provided for use as supplementary or additional codes to identify the infectious agent(s) in diseases classified elsewhere.					
B95-Streptococcus, Staphylococcus, and Enterococcus as the cause of diseases classified elsewhere	group A	group B	Entero coccus	pneumonia	Other
B95.- Streptococcus	B95.0	B95.1	B95.2	B95.3	B95.4
B95.6- Staphylococcus	B95.61	B95.62	B95.7		
B96.- Mycoplasma pneumoniae	B96.0				
B96.- Klebsiella pneumoniae	B96.1				
	Unspecified	Shiga toxin	Non-O157	Unspecifie Shiga toxin	Other
B96.2- Escherichia coli	B96.20	B96.21	B96.22	B96.23	B96.29
B96.- Hemophilus influenzae	B96.3				
B96.- Proteus (mirabilis) (morganii)	B96.4				
B96.- Pseudomonas (aeruginosa) (mallei) (pseudomallei)	B96.5				
B96.- Bacteroides fragilis	B96.6				
B96.- Clostridium perfringens	B96.7				
B96.8- Other specified bacterial agents	B96.89				





ICD-10 Coding Scenarios For Lower Leg Conditions



On Examination

- Inspection and palpation reveals the left lateral lower leg along the ankle and ending at the base of the 5th metatarsal reveals a paresthesia when percussing the Sural nerve.



Neuritis 729.2

ICD 10 Quick Sheet Conversion Lower Extremity ☆

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M79.2

A	B	C	D	E	F
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will mean you ML highest level o
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
Metatarsalgia	726.7	Metatarsalgia		M77.41	M77.42
Myalgia	729.1	Myalgia / Myofascial pain syndrome Excludes1: fibromyalgia (M79.7) myositis (M60.-)	M79.1		
Neuritis	729.2	Neuralgia and neuritis, unspecified Excludes1: lumbosacral radiculitis NOS (M54.1) mononeuropathies (G56-G58)	M79.2		
Neuroma	355.6	Lesion of plantar nerve / Morton's metatarsalgia		G57.61	G57.62
Onychia/Paronychia	681.11	no code see abscess of toe			
		Tinea unguium / Dermatophytosis of nail / Onychomycosis Includes:			

ICD-TENHELP.COM logo with text: ICD-10 October 1, 2014 Will You and Your Practice Be Ready?

ICD-9 to ICD 10 Coding

1) Cellulitis or Abscess ankle/leg ICD9= 682.6



Examination Documentation

- Patient presents with an ascending erythematous, increased temperature to the right ankle and lower leg.



ICD 10 Quick Sheet Conversion Lower Extremity ☆

File Edit View Insert Format Data Tools Help All changes saved in Drive 1 other viewer

L03.0 Cellulitis and acute lymphangitis of finger and toe

A	B	C	D	E	F
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will mean you MU highest level of
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
		L02 Cutaneous abscess, furuncle and carbuncle Use additional code to identify organism (B95-B96) L02.4 Cutaneous abscess, furuncle and carbuncle of limb Excludes2: Cutaneous abscess, furuncle and carbuncle of groin (L02.214, L02.224, L02.234) Cutaneous abscess, furuncle and carbuncle of foot (L02.6-)			
Abscess, ankle (See Cellulitis also)	682.6	Cutaneous abscess of lower limb		L02.415	L02.416
Abscess, Foot	682.7	Cutaneous abscess of foot		L02.611	L02.612
		L03.0 Cellulitis and acute lymphangitis of finger and toe Infection of nail Onychia Paronychia Perionychia			



ICD 10 Quick Sheet Conversion Lower Extremity ☆

File Edit View Insert Format Data Tools Help All changes saved in Drive 1 other viewer

Acute lymphangitis of lower limb

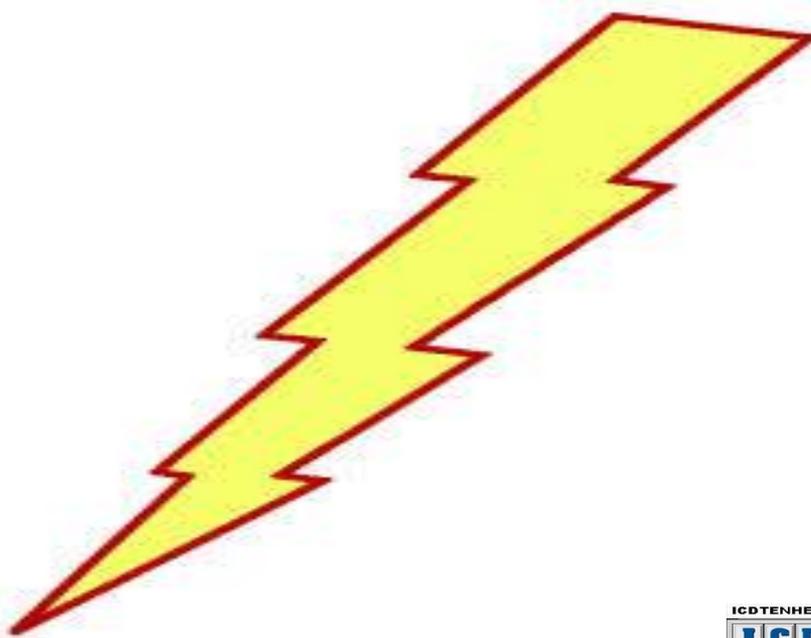
A	B	C	D	E	F
ICD 10 Quick list Top Practice codes				Correct Code	(Note: You will mean you ML highest level of
Diagnosis Description in ICD9	ICD 9 Diagnosis Code	ICD 10 Tabular Description		Right	Left
		L04 Acute lymphadenitis Includes: abscess (acute) of lymph nodes, except mesenteric acute lymphadenitis, except mesenteric Excludes1: chronic or subacute lymphadenitis, except mesenteric (I88.1) enlarged lymph nodes (R59.-) human immunodeficiency virus [HIV] disease resulting in generalized lymphadenopathy (B20) lymphadenitis NOS (I88.9) nonspecific mesenteric lymphadenitis (I88.0)			
Acute lymphadenitis	683	Acute lymphadenitis of lower limb Excludes2: acute lymphadenitis of groin (L04.1) L03.12 Acute lymphangitis of other parts of limb Excludes2: acute lymphangitis of fingers (L03.2-) acute lymphangitis of toes (L03.04-) acute lymphangitis of groin (L03.324)	L04.3		
Acute lymphangitis (with lymphangitis) except of finger or toe	682.6	Acute lymphangitis of lower limb Z89 Acquired absence of limb		L03.125	L03.126



ICD-9 to ICD 10 Coding

- 1) 682.6 Cellulitis ankle/leg
- 2) 682.7 Cellulitis Foot

- 1) **L03.115 Cellulitis of right lower limb**
- 2) **L03.116 Cellulitis of left lower limb**
- 3) **L03.125 Acute lymphangitis of right lower limb**
- 4) **L03.126 Acute lymphangitis of left lower limb**



Primary Problem		Problem #2	Problem #3	Problem #4	
Name: Mr Icy D Ten		Referring MD:		Last Visit:	
DOB: 10/20/1970		PCP:		Last Visit:	
<input type="button" value="Previous"/> <input type="button" value="Clear All"/>		Additional MD:		Last Visit:	
Podiatry History of Present Illness - Problem #1					
<input checked="" type="radio"/> Initial encounter <input type="radio"/> Subsequent encounter		Date of injury/onset:			
Chief Complaint: The back of my heel hurts, it developed playing tennis and I felt something pull					
Onset: <input checked="" type="radio"/> sudden <input type="radio"/> slow <input type="radio"/> gradual <input type="radio"/> insidious <input type="radio"/> unknown					
Location		Nature		Duration	
<input checked="" type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> both	<input checked="" type="checkbox"/> foot <input type="checkbox"/> feet <input type="checkbox"/> heel <input type="checkbox"/> heels <input type="checkbox"/> bottom of foot <input type="checkbox"/> ball of foot <input type="checkbox"/> top of foot	<input type="checkbox"/> ankle <input type="checkbox"/> legs <input type="checkbox"/> toe(s) <input type="checkbox"/> lower leg <input type="checkbox"/> generalized	<input checked="" type="checkbox"/> aching <input type="checkbox"/> bleeding <input type="checkbox"/> blistering <input type="checkbox"/> burning <input type="checkbox"/> constant <input type="checkbox"/> cracked/dry/sc- <input type="checkbox"/> cramping	<input type="checkbox"/> radiating <input type="checkbox"/> raw <input type="checkbox"/> reddened <input type="checkbox"/> scaly <input checked="" type="checkbox"/> sharp <input type="checkbox"/> shooting <input type="checkbox"/> smelly	<input type="checkbox"/> several hours <input type="checkbox"/> <24 hours <input type="checkbox"/> 1 day <input type="checkbox"/> days <input type="checkbox"/> the past week <input type="checkbox"/> the past month <input type="checkbox"/> the past year
left foot		aching, painful, pressure and sharp		weeks	
Severity					
Pain scale (from 0 - 10) - Left: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input checked="" type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10					
Improved by		Aggravating Factors			
<input type="checkbox"/> arch supports <input type="checkbox"/> orthotic devices <input type="checkbox"/> heat <input checked="" type="checkbox"/> ice <input type="checkbox"/> immobilization <input type="checkbox"/> injections	<input checked="" type="checkbox"/> OTC treatment <input type="checkbox"/> pain relieving medication <input type="checkbox"/> prior care rendered <input checked="" type="checkbox"/> rest <input checked="" type="checkbox"/> soaking <input type="checkbox"/> nothing	<input type="checkbox"/> athletic activities <input type="checkbox"/> first steps after rest <input type="checkbox"/> footwear <input type="checkbox"/> medication (topical/oral) <input type="checkbox"/> movement <input type="checkbox"/> none	<input type="checkbox"/> previous treatment <input type="checkbox"/> running <input type="checkbox"/> sleeping (night pain) <input type="checkbox"/> standing <input type="checkbox"/> walking		
ice, OTC treatment, rest and soaking		when I am barefoot is the worst			
Prior treatment: <input type="checkbox"/> Injection(s) <input type="checkbox"/> NSAID <input type="checkbox"/> PT <input type="checkbox"/> orthotic devices		Prior treatment: <input type="checkbox"/> previous surgery <input type="checkbox"/> night splint <input type="checkbox"/> medication <input type="checkbox"/> OTC remedies			

Examination Documentation

- Musculoskeletal examination reveals minor pain and edema at the insertion of the left Achilles tendon
- The patient can raise up on their toes when attempting to ambulate but exhibits some pain.

Sprains and strains of Achilles tendon 845.09

ICD 10 Quick Sheet Conversion Lower Extremity

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f_x | S86 Injury of muscle, fascia and tendon at lower leg level

	C	D	E	F	G	H	I	J	K
1			Correct Code	(Note: You will see Coding after the "initial" or "right and left" options this means you MUST pick the 7th Character code - Always code to the highest level of specificity.)					
2	ICD 10 Tabular Description	Right	Left	Multiple sites	Bilateral	Initial	Subsequent	Sequelae	
322	S86 Injury of muscle, fascia and tendon at lower leg level Code Also any associated open wound (S81.-) Excludes2: injury of muscle, fascia and tendon at ankle (S96.-) injury of patellar ligament (tendon) (S76.1-) sprain of joints and ligaments of knee (S83.-) The appropriate 7th character is to be added to each code from category S86 A - initial encounter D - subsequent encounter S - sequela								
323	Strain of Achilles tendon	S86.011	S86.012				S86.011A	S86.011D	S86.011S
324	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level	S86.111	S86.112				S86.111A	S86.111D	S86.111S
325	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level	S86.211	S86.212				S86.211A	S86.211D	S86.211S
326	Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level	S86.311	S86.312				S86.311A	S86.311D	S86.311S
327	Strain of other muscles and tendons at lower leg level	S86.811	S86.812				S86.811A	S86.811D	S86.811S

Arrows labeled "RULES" point to the 7th character columns (I, J, K) and the description cell (322).

Primary Problem | Problem #2 | Problem #3 | Problem #4

Name: Mr Icy D Ten Referring MD: Last Visit:

DOB: 10/20/1970 PCP: Last Visit:

Previous Clear All Additional MD: Last Visit:

Podiatry History of Present Illness - Problem #1

Initial encounter Subsequent encounter Date of injury/onset:

Chief Complaint: The back of my heel hurts, it developed playing tennis and I felt something pull

Onset: sudden slow gradual insidious unknown

Location **Nature** **Duration**

left foot ankle aching radiating several hours weeks
 right feet legs bleeding raw <24 hours months
 both heel toe(s) blistering reddened 1 day years
 heels lower leg burning scaly days since birth
 bottom of foot generalized constant sharp the past week yesterday
 ball of foot cracked/dry/sc/ shooting the past month unknown
 top of foot cramping smelly the past year weeks

left foot aching, painful, pressure and sharp weeks

Severity

Pain scale (from 0 - 10) - Left: 0 1 2 3 4 5 6 7 8 9 10

Improved by **Aggravating Factors**

arch supports OTC treatment athletic activities previous treatment
 orthotic devices pain relieving medication first steps after rest running
 heat prior care rendered footwear sleeping (night pain)
 ice rest medication (topical/oral) standing
 immobilization soaking movement walking
 injections nothing none when I am barefoot is the worst

ice, OTC treatment, rest and soaking

Prior treatment: Injection(s) previous surgery NSAID night splint medication OTC remedies PT orthotic devices

Prior treatment:

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ICD-10
 October 1, 2014: Will You and Your Practice be Ready?

Examination Documentation-What if There is More Than a Strain?

- Musculoskeletal examination reveals significant pain and edema at the insertion of the left Achilles tendon
- The patient cannot raise up on their toes when attempting to ambulate without pain.



Achilles Tendonitis 726.71

			Right	Left	Multiple sites
Synovitis and tenosynovitis, unspecified	727.00	M65.86 Other synovitis and tenosynovitis, lower leg	M65.861	M65.862	M65.89
		M65.87 Other synovitis and tenosynovitis, ankle and foot	M65.871	M65.872	M65.89
Tarsal Tunnel Syndrome	355.5	G57.5-Tarsal tunnel syndrome, lower limb	G57.51	G57.52	
Tendonitis/Bursitis Achilles	726.71	M76.6-Achilles tendinitis, leg	M76.61	M76.62	
Tendinitis Tibialis (Anterior /Posterior)	726.72	M76.82- Posterior tibial tendinitis, leg	M76.821	M76.822	
		M76.81- Anterior tibial syndrome, leg	M76.811	M76.812	
Tendinitis Peroneal	726.79	M76.70 Peroneal tendinitis,leg	M76.71	M76.72	
Tendon Rupture, nontraumatic	727.68	M66.26 Spontaneous rupture of extensor tendons, lower leg	M66.261	M66.262	M66.29



Primary Problem		Problem #2	Problem #3	Problem #4	
Name: Mr Icy D Ten		Referring MD:		Last Visit:	
DOB: 10/20/1970		PCP:		Last Visit:	
<input type="button" value="Previous"/> <input type="button" value="Clear All"/>		Additional MD:		Last Visit:	
Podiatry History of Present Illness - Problem #1					
<input checked="" type="radio"/> Initial encounter <input type="radio"/> Subsequent encounter		Date of injury/onset:			
Chief Complaint: The back of my heel hurts, it developed playing tennis and I felt something pull					
Onset: <input checked="" type="radio"/> sudden <input type="radio"/> slow <input type="radio"/> gradual <input type="radio"/> insidious <input type="radio"/> unknown					
Location		Nature		Duration	
<input checked="" type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> both	<input checked="" type="checkbox"/> foot <input type="checkbox"/> feet <input type="checkbox"/> heel <input type="checkbox"/> heels <input type="checkbox"/> bottom of foot <input type="checkbox"/> ball of foot <input type="checkbox"/> top of foot	<input type="checkbox"/> ankle <input type="checkbox"/> legs <input type="checkbox"/> toe(s) <input type="checkbox"/> lower leg <input type="checkbox"/> generalized	<input checked="" type="checkbox"/> aching <input type="checkbox"/> bleeding <input type="checkbox"/> blistering <input type="checkbox"/> burning <input type="checkbox"/> constant <input type="checkbox"/> cracked/dry/scr <input type="checkbox"/> cramping	<input type="checkbox"/> radiating <input type="checkbox"/> raw <input type="checkbox"/> reddened <input type="checkbox"/> scaly <input checked="" type="checkbox"/> sharp <input type="checkbox"/> shooting <input type="checkbox"/> smelly	<input type="checkbox"/> several hours <input type="checkbox"/> <24 hours <input type="checkbox"/> 1 day <input type="checkbox"/> days <input type="checkbox"/> the past week <input type="checkbox"/> the past month <input type="checkbox"/> the past year
left foot		aching, painful, pressure and sharp		weeks	
Severity					
Pain scale (from 0 - 10) - Left: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input checked="" type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10					
Improved by		Aggravating Factors			
<input type="checkbox"/> arch supports <input type="checkbox"/> orthotic devices <input type="checkbox"/> heat <input checked="" type="checkbox"/> ice <input type="checkbox"/> immobilization <input type="checkbox"/> injections	<input checked="" type="checkbox"/> OTC treatment <input type="checkbox"/> pain relieving medication <input type="checkbox"/> prior care rendered <input checked="" type="checkbox"/> rest <input checked="" type="checkbox"/> soaking <input type="checkbox"/> nothing	<input type="checkbox"/> athletic activities <input type="checkbox"/> first steps after rest <input type="checkbox"/> footwear <input type="checkbox"/> medication (topical/oral) <input type="checkbox"/> movement <input type="checkbox"/> none	<input type="checkbox"/> previous treatment <input type="checkbox"/> running <input type="checkbox"/> sleeping (night pain) <input type="checkbox"/> standing <input type="checkbox"/> walking		
ice, OTC treatment, rest and soaking		when I am barefoot is the worst			
Prior treatment:		Prior treatment:			
<input type="checkbox"/> Injection(s) <input type="checkbox"/> NSAID <input type="checkbox"/> PT <input type="checkbox"/> orthotic devices	<input type="checkbox"/> previous surgery <input type="checkbox"/> night splint <input type="checkbox"/> medication <input type="checkbox"/> OTC remedies				

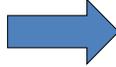
Examination Documentation-What if the Same Patient Worsens it?

- Musculoskeletal examination reveals a palpable defect in the myo-tendinous junction for the left Achilles tendon
- The patient cannot raise up on their toes when attempting to ambulate

Achilles Tendon Tear 727.67

M66.36 Spontaneous rupture of flexor tendons, lower leg

M66.361 Spontaneous rupture of flexor tendons, right lower leg

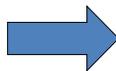


M66.362 Spontaneous rupture of flexor tendons, left lower leg

M66.369 Spontaneous rupture of flexor tendons, unspecified lower leg

M66.37 Spontaneous rupture of flexor tendons, ankle and foot

M66.371 Spontaneous rupture of flexor tendons, right ankle and foot



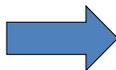
M66.372 Spontaneous rupture of flexor tendons, left ankle and foot

M66.379 Spontaneous rupture of flexor tendons, unspecified ankle and foot



Achilles Tendon Tear 727.67

S86.021 Laceration of right Achilles tendon

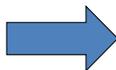


S86.022 Laceration of left Achilles tendon

S86.029 Laceration of unspecified Achilles tendon

S86.09 Other specified injury of Achilles tendon

S86.091 Other specified injury of right Achilles tendon



S86.092 Other specified injury of left Achilles tendon

S86.099 Other specified injury of unspecified Achilles tendon



Achilles Tendon Tear ICD 10

ICD 10 Tabular Description	(Note: You will see Coding after the "Initial" or "right and left" options this means you MUST pick the 7th Character code - Always code to the highest level of specificity.)							
	Correct Code	Right	Left	Multiple sites	Bilateral	Initial	Subsequent	Sequelae
M66 Spontaneous rupture of synovium and tendon Includes: rupture that occurs when a normal force is applied to tissues that are inferred to have less than normal strength Excludes2: rotator cuff syndrome (M75.1-) rupture where an abnormal force is applied to normal tissue - see injury of tendon by body region								
Spontaneous rupture of flexor tendons, lower leg	M66.361		M66.362					
Spontaneous rupture of flexor tendons, ankle and foot	M66.371		M66.372					
S86 Injury of muscle, fascia and tendon at lower leg level Code also any associated open wound (S81.-) Excludes2: injury of muscle, fascia and tendon at ankle (S96.-) injury of patellar ligament (tendon) (S76.1-) sprain of joints and ligaments of knee (S83.-) The appropriate 7th character is to be added to each code from category S86 A - initial encounter D - subsequent encounter S - sequela								
Laceration of Achilles tendon	S86.021	S86.022				S86.021A S86.022A	S86.021D S86.022D	S86.021S S86.022S
Other specified injury of Achilles tendon	S86.091	S86.092				S86.091A S86.092A	S86.091D S86.092D	S86.091S S86.092S



ICD-9 to ICD 10 Coding

1) Achilles Tendon Tear 727.67

- 1) **Know anatomically where the myotendinous junction is located?**
- 2) **Spontaneous rupture of flexor tendon, lower leg M66.362**



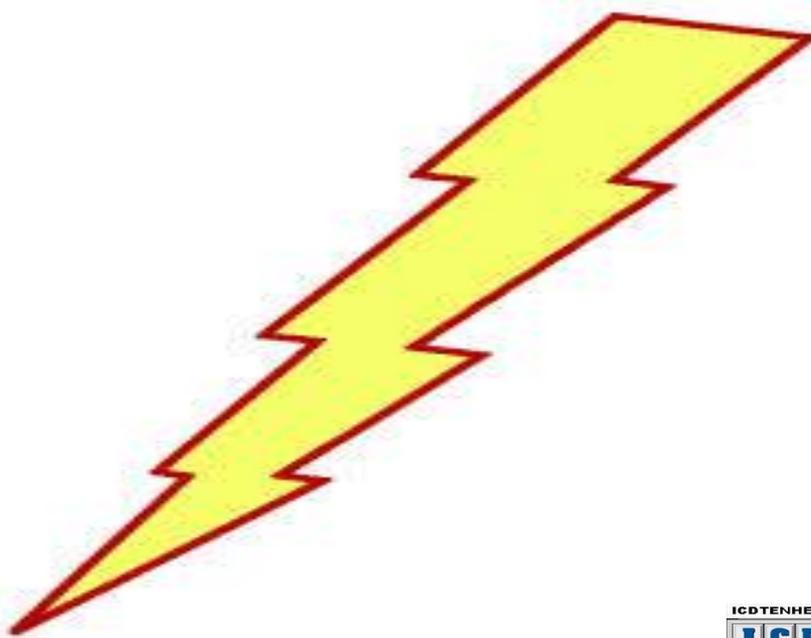
ICD-9 to ICD 10 Coding

1) Achilles Tendon Tear 727.67

1) What if this Achilles had a tear due to an accident?

2) Other specified injury of Achilles tendon, left S86.092A (initial encounter)

3) Code Also S81- Any open wound, in this case none.



LCD's and ICD 10

- CMS created the following document which you can download to address the LCD process

"Display of ICD-10 Local Coverage Determinations (LCDs) on the Medicare Coverage Database (MCD)"

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8348.pdf>

- Implementation date is April 10, 2014.



Cigna Medical Coverage Policy



Subject **Lower Limb Orthoses and Shoes**

Effective Date 5/15/2013
 Next Review Date 8/15/2013
 Coverage Policy Number 0150

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- [Extracorporeal Shock Wave Therapy \(ESWT\) for Musculoskeletal Conditions](#)
- [Foot Care Services](#)
- [Hallux Valgus Surgery \(Bunionectomy\)](#)
- [Knee Braces](#)
- [Plantar Fasciitis Treatments](#)
- [Stretch Devices for Joint Stiffness and Contracture](#)
- [Subtalar Arthroereisis](#)

Codes NOT Covered ICD9

Not medically necessary/Not covered:

ICD-9-CM Diagnosis Codes	Description
110.1	Dermatophytosis of nail
703.0	Ingrowing nail
717.7	Chondromalacia of patella
718.87	Other joint derangement, not elsewhere classified, ankle and foot
719.46	Pain in joint, lower leg
719.47	Pain in joint, ankle and foot
719.57	Stiffness of joint, not elsewhere classified, ankle and foot
719.7	Difficulty in walking
722.0	Displacement of cervical intervertebral disc without myelopathy
722.10	Displacement of lumbar intervertebral disc without myelopathy
722.4	Degeneration of cervical intervertebral disc
722.52	Degeneration of lumbar or lumbosacral intervertebral disc
723.1	Cervicalgia
723.3	Cervicobrachial syndrome (diffuse)
723.4	Brachial neuritis or radiculitis NOS

Codes NOT Covered ICD10

ICD-10-CM Diagnosis Codes (Effective 10/01/2014)	Description
B35.1	Tinea unguium
L60.0	Ingrowing nail
M20.10- M20.12	Hallux valgus (acquired)
M20.20- M20.22	Hallux rigidus
M20.40- M20.42	Other hammer toe(s) (acquired)
M20.5x1- M20.5x9	Other deformities of toe(s) (acquired)
M21.40- M21.42	Flat foot [pes planus] (acquired)
M21.751- M21.759	Unequal limb length (acquired), femur
M21.761- M21.769	Unequal limb length (acquired), tibia and fibula
M22.40- M22.42	Chondromalacia patellae
M24.871- M24.876	Other specific joint derangements of ankle and foot, not elsewhere classified

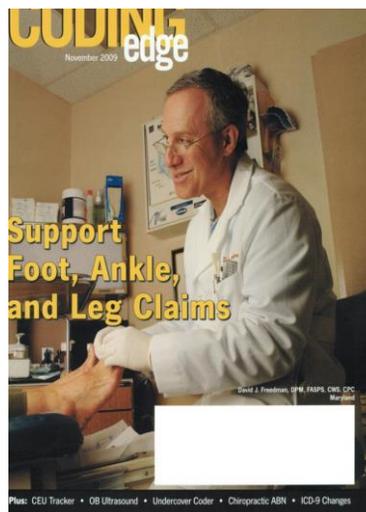
Excluded under many benefit plans:

ICD-9-CM Diagnosis Codes	Description
728.71	Plantar fascial fibromatosis

ICD-10-CM Diagnosis Codes (Effective 10/01/2014)	Description
M72.2	Plantar fascial fibromatosis

David J. Freedman, DPM, FASPS, CPC, CSFAC, CPMA

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- Certified Surgical Foot & Ankle Coder
- Certified Professional Medical Auditor
- www.ICDTENHELP.com
- APMA Coding Committee, member since 2005
- ICD 10 Team Manager APMA
- Past President, Maryland Board of Podiatric Medical Examiners
- Past Chairperson, 9th and 10th Annual National APMA CAC PIAC meeting
- CAC member Maryland
- Maryland Podiatric Medical Association Coding Tips.
- 26 years of Coding Experience



Questions?

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