

# ICD-10 Preparation

## 2015 Weblab Series

May - Billers



Pediatric EHR Solutions

Control Your Future™

# ICD-10 Roadmap

- V6.28 Deploys June 28<sup>th</sup>
  - Increased specificity of SNOMED selections
  - 3<sup>rd</sup> Party Interfaces

# Workshops

- ~~Winooski, VT 4/20~~
- ~~Boston, MA 4/24~~
- ~~Columbus, OH 5/4~~
- ~~Dallas, TX 5/6\*\*\*~~
- ~~Philadelphia, PA 5/8\*\*\*~~
- Tulsa, OK 6/15\*\*\*
- Jacksonville, FL 6/17 – 10+ avail
- Atlanta, GA 6/19 – 1 avail
- Denver, CO 7/17– 10+ avail
- San Francisco, CA 7/20\*\*\*

\*\*\*Class is full (4/2/15)

# ADHD in ICD-10

# ICD-10 Index

## ADHD

### **Disorder**

- - attention-deficit hyperactivity (adolescent)  
(adult) (child) F90.9
  - - - combined type F90.2
  - - - hyperactive type F90.1
  - - - inattentive type F90.0
  - - - specified type NEC F90.8



# ICD-10 Tabular ADHD

Note: Codes within categories F90-F98 may be used *regardless of the age of a patient*.

These disorders generally have onset within the childhood or adolescent years, but may continue throughout life or not be diagnosed until adulthood.

# ICD-10 Tabular ADHD (cont'd)

## F90 Attention-deficit hyperactivity disorders

### Includes:

- attention deficit disorder with hyperactivity
- attention deficit syndrome with hyperactivity

### Excludes2:

- anxiety disorders (F40.-, F41.-)
- mood [affective] disorders (F30-F39)
- pervasive developmental disorders (F84.-)
- schizophrenia (F20.-)



# ICD-10 Tabular ADHD (cont'd)

## Attention-deficit hyperactivity disorder:

- F90.0...predominantly inattentive type
- F90.1...predominantly hyperactive type
- F90.2...combined type
- F90.8...other type
- F90.9...unspecified type...
  - ...of childhood or adolescence NOS
  - ...NOS





# Other vs. Unspecified

- Other
  - “Encounter record is more specific than any code listed”
- Unspecified
  - “Encounter record does not specify”



# *Before* Diagnosis

**Symptoms and signs involving cognition, perception, emotional state and behavior (R40-R46)**

**Excludes1:** symptoms and signs constituting part of a pattern of mental disorder (F01-F99)

# *Before* Diagnosis (cont'd)

## **R41.8** Other symptoms and signs involving cognitive functions and awareness

**R41.81** Age-related cognitive decline

Senility NOS

**R41.82** Altered mental status, unspecified

Change in mental status NOS

**Excludes1:** altered level of consciousness (R40.-)

altered mental status due to known condition - code to condition

delirium NOS (R41.0)

**R41.83** Borderline intellectual functioning

IQ level 71 to 84

**Excludes1:** intellectual disabilities (F70-F79)

**R41.84** Other specified cognitive deficit

Attention and concentration deficit

**Excludes1:** attention-deficit hyperactivity disorders (F90.-)



# Symptom Codes

- Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
- Should NEVER be coded with the condition of which it is a part
  - Ear pain is *part of* otitis media, eg



# Chapter 18

## **Note:**

This chapter includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded.

Signs and symptoms that point rather definitely to a given diagnosis have been assigned to a category in other chapters of the classification. In general, categories in this chapter include the less well-defined conditions and symptoms that, without the necessary study of the case to establish a final diagnosis, point perhaps equally to two or more diseases or to two or more systems of the body. Practically all categories in the chapter could be designated 'not otherwise specified', 'unknown etiology' or 'transient'. The Alphabetical Index should be consulted to determine which symptoms and signs are to be allocated here and which to other chapters. The residual subcategories, numbered .8, are generally provided for other relevant symptoms that cannot be allocated elsewhere in the classification.

# Chapter 18

## **Note: (cont'd)**

The conditions and signs or symptoms included in categories R00-R94 consist of:

- (a) cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated;
- (b) signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined;
- (c) provisional diagnosis in a patient who failed to return for further investigation or care;
- (d) cases referred elsewhere for investigation or treatment before the diagnosis was made;
- (e) cases in which a more precise diagnosis was not available for any other reason;
- (f) certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right.



# Chapter 18

## **Note: (cont'd)**

### **Excludes2:**

- abnormal findings on antenatal screening of mother (O28.-)
- certain conditions originating in the perinatal period (P04-P96)
- signs and symptoms classified in the body system chapters
- signs and symptoms of breast (N63, N64.5)

# Chapter 18

**This chapter contains the following blocks:**

R00-R09 Symptoms and signs involving the circulatory and respiratory systems

R10-R19 Symptoms and signs involving the digestive system and abdomen

R20-R23 Symptoms and signs involving the skin and subcutaneous tissue

R25-R29 Symptoms and signs involving the nervous and musculoskeletal systems

R30-R39 Symptoms and signs involving the genitourinary system

**R40-R46 Symptoms and signs involving cognition, perception, emotional state and behavior**

R47-R49 Symptoms and signs involving speech and voice

R50-R69 General symptoms and signs

R70-R79 Abnormal findings on examination of blood, without diagnosis

R80-R82 Abnormal findings on examination of urine, without diagnosis

R83-R89 Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis

R90-R94 Abnormal findings on diagnostic imaging and in function studies, without diagnosis

R97 Abnormal tumor markers

R99 Ill-defined and unknown cause of mortality





# May AAP Coding NL Highlights

- Private Payor Advocacy Advisory Committee (PPAAC)
  - Pediatric Councils
    - <http://tinyurl.com/ctasw56>
  - Letters to Payers
    - <http://tinyurl.com/odnmvsy>
  - Hassle Factor Form (Requires AAP Login):
    - <http://tinyurl.com/qakosbn>



# May AAP Coding NL Highlights (cont'd)

- Coding Quick Reference for Bright Futures
  - <http://tinyurl.com/l4dlo5m>
- NB Resuscitation (T-piece)
- Endoscopy Coding

# Suggestions? Questions?

*141* days until Thursday, 10/1/15

Next Workshop:

**Mon 6/15/15, Tulsa, OK**

Next Weblab:

**Tues 6/9/15 12p Eastern Clinicians**



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# Reference & Resource

Slides, materials, links, video recordings:

<http://learn.pcc.com/ICD10>

<https://www.youtube.com/user/PhysiciansComputerCo>

# Many Thanks for Attending!

[support@pcc.com](mailto:support@pcc.com)

[www.pcc.com](http://www.pcc.com)

[www.independentpediatrician.com](http://www.independentpediatrician.com)



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