PREPARING FOR ICD-10
Is Your Practice Ready?

Reproductive Health Update – Regional Meeting
APRIL 24, 2015

presenter
DENISE WALSH, CPC
Senior Consultant
SHR ASSOCIATES, INC.
Since 1981, SHR Associates, Inc. (SHR) has been dedicated to providing physicians, hospitals and health care organizations with the business tools and resources necessary to respond and successfully operate in today's ever-changing health care environment.

Presentation Objectives:

- Define ICD-10 and the differences between ICD-9 and ICD-10.
- Outline the impact of ICD-10 on your practice.
- Explain how to create an action plan for your practice’s transition to ICD-10.
- Medical Documentation – Explain the importance of complete and accurate documentation to support and accurately code ICD-10.
- Review the type of patient information that must be documented to support ICD-10.
- ICD-10 codes – Instruct how to accurately code for your frequently encountered medical conditions.

ICD-10 IMPLEMENTATION: OCTOBER 1, 2015
The purpose of ICD-10 is to improve clinical communication and accuracy. It will help providers capture more data about signs, symptoms, risk factors and co-morbidities to better describe the overall clinical issue. It will require more precise documentation of clinical care and allow for more accuracy when determining medical necessity. The change to ICD-10 for diagnoses does not affect CPT coding for outpatient procedures.

ICD-10 vs. ICD-9

- There are a greater number of ICD-10 codes compared to ICD-9.
- Diagnosis codes increase from 14,000 to 69,000 codes.*
- Procedure codes increase from 4,000 to 87,000 codes.*

*American Medical Association

What is the difference between ICD-10 and ICD-9?

- ICD-10 increases the codes by specifying laterality, especially with regard to the areas of injury and neoplasm.
- ICD-10 uses X placeholders for certain codes to allow for future expansion.
- Increases the overall number of available codes and the ability to capture increased specificity and align with current clinical terminology.
What is the difference between ICD-10 and ICD-9?

- ICD-9 has limited severity parameters. In contrast, ICD-10 expands the severity parameters.
- ICD-10 expands the combination codes to better capture the complexity of our patients.
- ICD-9 only has a single type of “excludes notes;” ICD-10 has 2 types of excludes notes.
- ICD-9 codes are 3 to 5 characters long. ICD-10 codes are up to 7 characters in length. The ICD-10 characters support flexibility and expandability.

Similarities of ICD-10 to ICD-9

**Tabular Index**
- Chronological list of codes divided into chapters based on body systems or conditions
- Same hierarchical structure
- Chapters in tabular index structured similarly to ICD-9 with minor exceptions
  - A few chapters have been restructured
  - Sense Organs (eyes and ears) have been separated from the Nervous System chapter and moved to their own chapter

**Index**
- Alphabetical list of terms and their corresponding codes
- Indented sub-terms appear under main terms
- Same structure as ICD-9:
  - Alphabetical Index of Diseases and Injuries
  - Alphabetical Index of External Causes
  - Table of Neoplasms
  - Table of Drugs and Chemicals
**PREPARING FOR ICD-10**

Is Your Practice Ready?

**Reproductive Health Update – Regional Meeting**

Baltimore, MD – April 24, 2015

Presented by SHR Associates, Inc.

---

**Similarities of ICD-10 to ICD-9**

**MANY CONVENTIONS HAVE THE SAME MEANING**

- Abbreviations, punctuation, symbols, notes such as “code first” and “use additional code”

Non-specific codes (“Unspecified” or “NOS – Not Otherwise Specified”) are available to use when detailed documentation to support more specific codes are not available.

---

**Why is it necessary to convert to ICD-10?**

- ICD-9 lacks specificity and detail for reporting diagnoses.
- ICD-9 doesn’t reflect new services and technology in CMS payment systems.
- ICD-9 no longer reflects current knowledge of disease processes and hampers the ability to compare costs and outcomes of different medical technologies.
- ICD-9 is limited to a maximum of 13,000 codes.

---

**Other Important Changes Regarding ICD-10:**

- **Importance of Anatomy:** Injuries are grouped by anatomical site rather than by type of injury.
- **Incorporation of E and V Codes:** The codes corresponding to ICD-9-CM V codes (Factors Influencing Health Status and Contact with Health Services) and E codes (External Causes of Injury and Poisoning) are incorporated into the main classification rather than separated into supplementary classifications as they were in ICD-9-CM.
- **New Definitions:** In some instances, new code definitions are provided reflecting modern medical practice (e.g., definition of acute myocardial infarction is now 4 weeks rather than 8 weeks).
- **Restructuring and Reorganization:** Category restructuring and code reorganization have occurred in a number of ICD-10-CM chapters, resulting in the classification of certain diseases and disorders that are different from ICD-9-CM.
- **Reclassification:** Certain diseases have been reclassified to different chapters or sections in order to reflect current medical knowledge.
Abdominal Pain - ICD-9-CM 789.00 to 789.09

ICD-10-CM Codes

- R10.0: Acute abdomen
- R10.10: Upper abdominal pain, unspecified
- R10.11: Right upper quadrant pain
- R10.12: Left upper quadrant pain
- R10.13: Epigastric pain
- R10.2: Pelvic and perineal pain
- R10.30: Lower abdominal pain
- R10.31: Right lower quadrant pain
- R10.32: Left lower quadrant pain
- R10.33: Periumbilical pain
- R10.84: Generalized abdominal pain
- R10.9*: Unspecified abdominal pain

*Codes with a greater degree of specificity should be considered first.

Vaginitis and Vulvovaginitis ICD-9-CM 616.10

ICD-10-CM Codes

- N76.0: Acute vaginitis
- N76.1: Subacute and chronic vaginitis
- N76.2: Acute vulvitis
- N76.3: Subacute and chronic vulvitis

As published in the Centers for Medicare and Medicaid website.

www.shrassociatesinc.com / 410-897-9888 / info@shrassociatesinc.com
PREPARING FOR ICD-10
Is Your Practice Ready?

Why prepare for ICD-10?

The reasons to prepare for ICD-10 can be broken down into four categories:

- Clinical
- Operational
- Professional
- Financial

BENEFITS OF ICD-10: CLINICAL

Clinical

More accurate and complete medical decisions

- Facilitate research of patient’s medical history.
- Increase Public Health reporting and long term tracking of illnesses.
- Enables patient segmentation.
- Improve clinical protocols.
- Provide new insight into clinical care.

BENEFITS OF ICD-10: OPERATIONAL

Enhances the definition of patient conditions, providing improved matching of professional resources and care teams and increasing communications between providers.

Affords more targeted capital investment to meet practice needs through better specificity of patient conditions.

Supports practice transition to risk-sharing models with more precise data for patients and populations.
PREPARING FOR ICD-10
Is Your Practice Ready?

BENEFITS OF ICD-10: PROFESSIONAL

- Provides clear objective data for credentialing and privileges.
- Captures more specific and objective data to support professional maintenance of certification reporting across specialties.
- Improves specificity of measures for quality and efficiency reporting.
- Aids in the prevention and detection of healthcare fraud and abuse.
- Provides more specific data to support physician advocacy of health and public health policy.

BENEFITS OF ICD-10: FINANCIAL

- Allows better documentation of patient complexity and level of care, supporting reimbursement for the level of care provided.
- Provides objective data for peer comparison and utilization benchmarking.
- May reduce audit risk exposure by encouraging the use of diagnosis codes with a greater degree of specificity as supported by the clinical documentation.
- Captures coding for new technology.

What do you need to do to prepare for ICD – 10?

Reproductive Health Update – Regional Meeting
Baltimore, MD – April 24, 2015
Presented by SHR Associates, Inc.
PREPARING FOR ICD-10

Is Your Practice Ready?

THE ROAD TO ICD-10

Create Your Plan

1. Understand and Assess the Impact
2. Identify the Team and all the Involved Players
3. Engage Your Vendors
4. Prepare a Budget and Forecast
5. Arrange for Training and Education
6. Test Your Systems and Processes

AREAS IMPACTED BY ICD-10

Patient Access
- Registration
- Admission
- Scheduling
- Insurance Verification

Medical Management
- Clinical Affairs
- Patient Care
- Case Management
- Medical Records
- Coding

Information Services
- Health Information Systems
- Ancillary Services

Financial Services
- Finance
- Billing
- Accounts Receivable

How To Assess The Impact

✓ Run utilization reports to identify the most frequently used diagnosis codes.
✓ Run a separate report that can pull patients with those diagnoses.
✓ Use this list to randomly pull charts to begin your documentation audit.
✓ Utilize the GEMS file to begin mapping your current ICD-9 to an ICD-10 code selection.
✓ Compare your documentation with the code to see if your documentation is sufficient enough to assign the proper ICD-10 code. If not, begin to work on your documentation moving forward.
✓ Each quarter, re-visit this process to ensure your documentation meets the required specificity.

Reproductive Health Update – Regional Meeting
Baltimore, MD – April 24, 2015
Presented by SHR Associates, Inc.
Identify potential changes to workflow and business processes

Areas where you will need to consider changes to your existing processes:
- Clinical documentation
- Encounter forms or "superbills"
- Quality reporting
- Public health reporting

Contact payers to determine if ICD-10 implementation will affect your provider contracts.

Because of the increased specificity of the ICD-10 codes, payers may modify the terms of their contracts for billing. Payers may require you to report the code with the highest specificity. They may alter their payment schedules and reimburse differently for higher vs. lesser specific codes.

Key Team Players
- Senior executives
- Health Information Management (HIM) team
- IT personnel
- Medical staff
- Clinical staff
- Clerical staff (front desk, appointment and referral staff)
- Coding staff
- Financial management (including accounting and billing personnel)
- Information Technology (IT) personnel
- Business Associates (e.g., systems vendors, providers, payers)
PREPARING FOR ICD-10
Is Your Practice Ready?

Talk with your vendors about accommodations for ICD-10 codes

Discuss implementation plans with your practice management system vendor, clearinghouse, billing services and payers to facilitate a smooth transition.

- Engage Technology Vendors and Update Systems
- Engage Staffing/Billing Vendors and Evaluate Readiness
- Engage Payers and Evaluate Readiness

If your existing Practice Management system is unable to accommodate the ICD-10 codes, or your vendor is not upgrading the system for ICD-10, you will likely need to purchase a new system.

Key questions to ask your EHR system vendor

1. What is your solution to ICD-10?
2. When will your ICD-10 functionality be available?
3. Are you using look-up tables or mapping solutions in your system for ICD-10, or will your system provider the correct ICD-10 with the exam note?
4. How will your ICD-10 solution affect the workflow?
5. How much longer will it take me to code a superbill for ICD-10 than it took for ICD-9?
6. How many added steps will there be to select the correct code?
7. How do you prevent invalid or clinically inaccurate ICD codes?

Budget for time and costs related to ICD-10 implementation

You need to account for costs associated with technology upgrades, training, testing, compensating for decreased productivity and support implementation activities. Include expenses for system changes, resource materials, and training.

- ICD-10 Planning
- Education/Training
- Business Process Review and Implementation
- Clinical Processes
- Information Technology - New, Updates or Replacement

Reproductive Health Update – Regional Meeting
Baltimore, MD – April 24, 2015
Presented by SHR Associates, Inc.
Assess Staff Training Needs

- Each staff member within your organization may require different training based on their involvement with the diagnosis codes.
- Training should focus on learning the ICD-10 code set and workflow changes.
- Clinical staff will need to learn about ICD-10 to understand how their documentation will affect the ability to code and bill.
- Your coding staff will require a significant amount of training to learn how to use the new code set and correctly capture the diagnosis using ICD-10.

Staff Training

Determine the type and source of training for each practice staff member based on the following general guidelines:

- Documentation training for physicians, nurse practitioners, physician assistants, and other staff who document in the patient’s medical record.
- Coding training for staff members who work with codes on a regular basis.
- Overview training for staff members engaged in administrative functions.
4 CATEGORIES OF TRAINING

- Refresher
- Awareness
- Clinical Documentation
- Coding

REFRESHER TRAINING

- Medical Terminology
- Anatomy & Physiology
- Pathophysiology
- Pharmacology
- Focus Areas – Specialty Driven

AWARENESS TRAINING

- History and Evolution of ICD-10
- Differences Between ICD-9 and ICD-10
- Impacts of ICD-10
- Preparing for ICD-10
Getting Ready for ICD-10: Testing

The final step before going “live” with the ICD-10 codes will be to complete testing with your trading partners.

• Conduct test transactions using ICD-10 codes with payers and clearinghouses.
• Test with payers and other business partners.
• Testing of key systems and processes is essential to your ICD-10 transition success!
Preparation for ICD-10

Is Your Practice Ready?

Coding – The Patient Interface
Where It All Begins

Clinical Documentation –
The Importance of Complete and Accurate Documentation
- Demonstrates medical necessity - the principal criteria for payment.
- Supports proper payment and reduces denials.
- Ensures accurate measures of quality and efficiency.
- Ensures accountability and transparency.
- Captures level of risk and severity.
- Supports clinical research.
- Enhances communication between healthcare providers.
- Promotes quality healthcare.

New Concepts
Parameters of Severity and Risk
- Co-morbidities
- Manifestations
- Etiology/causation
- Complications
- Detailed Anatomical location
- Sequelae
- Lateralization and Localization
- Biological and Chemical Agents
- Degree of Functional Impairment
- Lymph Node Involvement
- Procedure or Implant Related

Reproductive Health Update – Regional Meeting
Baltimore, MD – April 24, 2015
Presented by SHR Associates, Inc.
How Do You Adjust Your Documentation to Meet ICD-10 Standards?

GO BACK TO BASICS - WHAT DID YOU LEARN IN SCHOOL?

TYPE OF CONDITION
- Categorization of condition

ONSET
- When did it start?

ETIOLOGY/CAUSE
- Infectious Agent
- Physical Agent
- Internal Failure
- Congenital

ANATOMICAL LOCATION
- Which anatomical structure
- Proximal, Distal, Medical, Lateral Central, Peripheral, Superior, Inferior, Anterior, Posterior

LATERALITY
- Right or Left
- Unilateral or Bilateral

SEVERITY
- Mild, Moderate, Severe

ENVIRONMENTAL FACTORS
- Smoking
- Geographical Location

TIME PARAMETERS
- Intermittent/Paroxysmal
- Recurring
- Acute or Chronic
- Post Operative, Post Delivery

COMORBIDITIES OR COMPLICATIONS
- Diabetes with Neuropathic Joint
- Intracranial Injury

MANIFESTATIONS
- Paralysis
- Loss of Consciousness

Go Back To Basics – What Did You Learn In School?

PREPARING FOR ICD-10
Is Your Practice Ready?

Reproductive Health Update – Regional Meeting
Baltimore, MD – April 24, 2015
Presented by SHR Associates, Inc.
Go Back To Basics – What Did You Learn In School?

HEALING LEVEL
- Routine Healing, Delayed Healing
- Non-Union, Mal-union

FINDINGS AND SYMPTOMS
- Fever
- Wheezing
- Hypoglycemia/Hyperglycemia

EXTERNAL CAUSES
- Motor Vehicles, Injury Location
- Assault, Accidental, Work Related, Intentional Self-Harm

TYPE OF ENCOUNTER
- Initial or Subsequent Encounter
- Encounter for Condition, Routine or Administrative Encounter

Clinical Documentation

In ICD-10, there are three main categories of changes:

1. Definition Changes
2. Terminology Differences
3. Increased Specificity

Over 1/3 of the expansion of ICD-10 codes is due to the addition of laterality (left, right, bilateral). Physicians and other clinicians likely already note the side when evaluating the clinically pertinent anatomical site(s).

EXAMPLES OF DEFINITION CHANGE

TRIMESTER
Determination is calculated from first day of last menstrual period, and is documented in weeks.
1. First trimester Less than 14 weeks, 0 days.
2. Second trimester 14 weeks, 0 days through 27 weeks and 6 days.
3. Third trimester 28 weeks through delivery.

ICD-10 Code Examples

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O26.851</td>
<td>Spotting complicating pregnancy, first trimester</td>
</tr>
<tr>
<td>O26.852</td>
<td>Spotting complicating pregnancy, second trimester</td>
</tr>
<tr>
<td>O26.853</td>
<td>Spotting complicating pregnancy, third trimester</td>
</tr>
<tr>
<td>O26.859</td>
<td>Spotting complicating pregnancy, unspecified trimester</td>
</tr>
</tbody>
</table>
PREPARING FOR ICD-10
Is Your Practice Ready?

EXAMPLES OF TERMINOLOGY DIFFERENCES
UNDER-DOsing
Under-dosing is an Important new concept and term in ICD-10. It allows you to identify when a patient is taking less of a medication than is prescribed.

When documenting under-dosing, include the following:
1. Intentional, Unintentional, Non-compliance: Is the under-dosing deliberate? (e.g., patient refusal)
2. Reason: Why is the patient not taking the medication? (e.g., financial hardship, age-related debility)

ICD-10 Code Examples
Z91.120 Patient’s intentional under-dosing of medication regimen due to financial hardship
T36.4x6A Under-dosing of Tetracyclines, initial encounter
T45.526D Under-dosing of antithrombotic drugs, subsequent encounter

EXAMPLES OF INCREASED SPECIFICITY
ABDOMINAL PAIN AND TENDERNESS
When documenting abdominal pain, include the following:
1. Location: e.g. Generalized, Right upper quadrant, periumbilical, etc.
2. Pain or tenderness type: e.g. Colic, tenderness, rebound

ICD-10 Code Examples
R10.31 Right lower quadrant pain
R10.32 Left lower quadrant pain
R10.33 Periumbilical pain

EXAMPLES OF INCREASED SPECIFICITY
INTENT OF ENCOUNTER
When documenting intent of encounter, include the following:
1. Type of encounter: e.g. OB or GYN, contraception management, postpartum care
2. Complications: Note any abnormal findings with examination

ICD-10 Code Examples
Z30.011 Encounter for initial prescription of contraceptive pills
Z31.82 Encounter for Rh incompatibility status
Z39.1 Encounter for care and examination of lactating mother
ICD-10 TABULAR LIST OF DISEASES AND INJURIES

<table>
<thead>
<tr>
<th>Code</th>
<th>Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td>00-99</td>
<td>Certain infectious and parasitic diseases</td>
</tr>
<tr>
<td>1B</td>
<td>00-99</td>
<td>Symptoms</td>
</tr>
<tr>
<td>1C</td>
<td>00-99</td>
<td>Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</td>
</tr>
<tr>
<td>1D</td>
<td>00-99</td>
<td>Diseases of the skin and subcutaneous tissue</td>
</tr>
<tr>
<td>1E</td>
<td>00-99</td>
<td>Diseases of the nervous system</td>
</tr>
<tr>
<td>1F</td>
<td>00-99</td>
<td>Diseases of the eye and adnexa</td>
</tr>
<tr>
<td>1G</td>
<td>00-99</td>
<td>Diseases of the ear and mastoid process</td>
</tr>
<tr>
<td>1H</td>
<td>00-99</td>
<td>Diseases of the circulatory system</td>
</tr>
<tr>
<td>1I</td>
<td>00-99</td>
<td>Diseases of the respiratory system</td>
</tr>
<tr>
<td>1J</td>
<td>00-99</td>
<td>Diseases of the digestive system</td>
</tr>
<tr>
<td>1K</td>
<td>00-99</td>
<td>Diseases of the genitourinary system</td>
</tr>
<tr>
<td>1L</td>
<td>00-99</td>
<td>Certain conditions originating in the perinatal period</td>
</tr>
<tr>
<td>1M</td>
<td>00-99</td>
<td>Congenital malformations, deformations and chromosomal abnormalities</td>
</tr>
<tr>
<td>1N</td>
<td>00-99</td>
<td>Symptoms and incidental findings, not elsewhere classified</td>
</tr>
<tr>
<td>1O</td>
<td>00-99</td>
<td>Injuries and certain other consequences of external causes</td>
</tr>
<tr>
<td>1P</td>
<td>00-99</td>
<td>External causes of morbidity</td>
</tr>
<tr>
<td>1Q</td>
<td>00-99</td>
<td>Factors influencing health status and contact with health services</td>
</tr>
</tbody>
</table>

ICD-10 TABULAR LIST OF DISEASES AND INJURIES

<table>
<thead>
<tr>
<th>Code</th>
<th>Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td>00-99</td>
<td>Certain infectious and parasitic diseases</td>
</tr>
<tr>
<td>1B</td>
<td>00-99</td>
<td>Symptoms</td>
</tr>
<tr>
<td>1C</td>
<td>00-99</td>
<td>Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</td>
</tr>
<tr>
<td>1D</td>
<td>00-99</td>
<td>Diseases of the skin and subcutaneous tissue</td>
</tr>
<tr>
<td>1E</td>
<td>00-99</td>
<td>Diseases of the nervous system</td>
</tr>
<tr>
<td>1F</td>
<td>00-99</td>
<td>Diseases of the eye and adnexa</td>
</tr>
<tr>
<td>1G</td>
<td>00-99</td>
<td>Diseases of the ear and mastoid process</td>
</tr>
<tr>
<td>1H</td>
<td>00-99</td>
<td>Diseases of the circulatory system</td>
</tr>
<tr>
<td>1I</td>
<td>00-99</td>
<td>Diseases of the respiratory system</td>
</tr>
<tr>
<td>1J</td>
<td>00-99</td>
<td>Diseases of the digestive system</td>
</tr>
<tr>
<td>1K</td>
<td>00-99</td>
<td>Diseases of the genitourinary system</td>
</tr>
<tr>
<td>1L</td>
<td>00-99</td>
<td>Certain conditions originating in the perinatal period</td>
</tr>
<tr>
<td>1M</td>
<td>00-99</td>
<td>Congenital malformations, deformations and chromosomal abnormalities</td>
</tr>
<tr>
<td>1N</td>
<td>00-99</td>
<td>Symptoms and incidental findings, not elsewhere classified</td>
</tr>
<tr>
<td>1O</td>
<td>00-99</td>
<td>Injuries and certain other consequences of external causes</td>
</tr>
<tr>
<td>1P</td>
<td>00-99</td>
<td>External causes of morbidity</td>
</tr>
<tr>
<td>1Q</td>
<td>00-99</td>
<td>Factors influencing health status and contact with health services</td>
</tr>
</tbody>
</table>

VARYING CHANGES BY CLINICAL AREAS

<table>
<thead>
<tr>
<th>Clinical Area</th>
<th>ICD-9 Codes</th>
<th>ICD-10 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fractures</td>
<td>747</td>
<td>17099</td>
</tr>
<tr>
<td>Poisoning and toxic effects</td>
<td>244</td>
<td>4682</td>
</tr>
<tr>
<td>Pregnancy related conditions</td>
<td>1104</td>
<td>2455</td>
</tr>
<tr>
<td>Brain injury</td>
<td>202</td>
<td>574</td>
</tr>
<tr>
<td>Diabetes</td>
<td>59</td>
<td>239</td>
</tr>
<tr>
<td>Migraine</td>
<td>40</td>
<td>44</td>
</tr>
<tr>
<td>Bleeding disorders</td>
<td>26</td>
<td>29</td>
</tr>
<tr>
<td>Mood-related disorders</td>
<td>78</td>
<td>71</td>
</tr>
<tr>
<td>Hypertensive disease</td>
<td>33</td>
<td>44</td>
</tr>
<tr>
<td>End-stage renal disease</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Chronic respiratory failure</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>

COMMON DIAGNOSIS CODES FOR STI/STD & FAMILY PLANNING

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic pain (female GU symptoms unspec.)</td>
<td>625.8</td>
<td>N94.89</td>
</tr>
<tr>
<td>Urethritis</td>
<td>597.80</td>
<td>N94.2</td>
</tr>
<tr>
<td>Candidiasis of mouth</td>
<td>112.0</td>
<td>B37.0</td>
</tr>
<tr>
<td>General counseling for prescription or oral contraceptives</td>
<td>V25.01</td>
<td>Z30.011</td>
</tr>
<tr>
<td>Genital herpes unspec.</td>
<td>014.10</td>
<td>A68.0</td>
</tr>
<tr>
<td>Screening examination for venereal disease</td>
<td>074.5</td>
<td>Z11.3</td>
</tr>
</tbody>
</table>

Reproductive Health Update – Regional Meeting
Baltimore, MD – April 24, 2015
Presented by SHR Associates, Inc.
ICD-10 diagnosis codes should be directly based on clinical documentation. Practices are encouraged to code using ICD-10 code reference sources instead of using crosswalks, which should be used for general knowledge. Specific codes reflecting the most appropriate level of certainty known for an encounter should be evaluated first:

- Specific diagnosis codes should be reported when they are supported by the available medical record documentation and clinical knowledge of the patient’s health condition.
- If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis.
- When sufficient clinical information is not known or available about a particular health condition to assign a more specific code, coding should comply with the payer guidelines for the use of unspecified codes.

“Unspecified Codes” have been removed from ICD-10 whenever a clinician should be able to identify a more specific diagnosis based on clinical assessment.

**EXAMPLE:**
Cutaneous Abscess of the Hand
- Clinician should be able to identify which hand had the abscess, and therefore, would report using the code that specifies the right or left hand.
- L02.511 Cutaneous Abscess Right Hand and L02.512 Cutaneous Abscess Left Hand
Sometimes Unspecified Codes makes sense.....

- The patient may be early in the course of evaluation.
- The claim may be coming from a provider who is not directly diagnosing the patient’s condition.
- The clinician seeing the patient may be more of a specialist and not able to define the condition at the level of detail expected by a specialist.
- If there is insufficient information to more accurately define a condition.

Clinical Scenarios

Scenario 1: Probable HSV II

Reason for Visit: Symptomatic STD screening

History of Presenting Illness: 39 year old female, presents complaining of soreness of labia moderately painful. Symptoms began yesterday. Associated with odor and burning sensation. Uncomfortable to wear underwear. Partner notified her yesterday that he had another sexual partner. A detailed GYN exam is performed including testing for HIV, Hep C, Syphilis and HSV. Examination findings are erythema and ulcerations of the EFG. Positive whiff test and clue cells.

Assessment:
- STI screening.
- Probable HSV II – perineal ulcerations
- BV

ICD-10 coding:
- Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission
- N76.6 Ulceration of vulva
- N76.0 Acute vaginitis
Clinical Scenarios

Scenario 2: Chlamydia

History of Presenting Illness:
22 year old male presents asymptomatic. Stated contact to Chlamydia. Contact was genital. Last contact 3 days ago.

Physical exam: Skin, inguinal nodes, male genitalia within normal limits. Testing includes syphilis screening, chlamydia trachomatis/GC NAAT uvf, Gram Stains.

Clinical Scenarios

Scenario 2 continued: Chlamydia

Assessment: Chlamydia trachomatis contact

ICD-10 Coding:
Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission.

Clinical Scenarios

Scenario 3: Follow-up counseling visit depression and contraception

Patient: 23 year old female, sexually active without contraception. 5 partners within the last 2 years, 2 partners within the last 2 months. Past partners positive for drug use, marijuana and pills. Patient found out that friend had chlamydia and patient had sex with friends partner. Patient considering pregnancy and resistant to contraception. One occurrence of suicidal thoughts. Taking Prozac daily without improvement. Discussed test results from prior visit HSV I positive, patient states she has never had a cold sore. No tears today compared to last visit. Reviewed all contraceptive options, patient declines; however, did pick up condoms in restroom. Urged patient to return for pap test. Rx Prozac 20 mg. 1 tab po qd #30 #1 refill.

Reproductive Health Update – Regional Meeting
Baltimore, MD – April 24, 2015
Presented by SHR Associates, Inc.
Scenario 3 continued: Follow-up counseling visit depression and contraception

Assessment:
1. Contraception management
2. Depression

ICD-10 coding:
- Z30.09 Encounter for other general counseling and advice on contraception
- Z72.51 High risk heterosexual behavior
- F32.9 Major depressive disorder, single episode, unspecified versus specified
- F33.0 Major depressive disorder, recurrent, mild
- F33.1 Major depressive disorder, recurrent, moderate
- F33.2 Major depressive disorder, recurrent severe without psychotic features

Clinical Scenarios

Scenario 4: Bacterial Vaginosis

Chief Complaint: Vaginal discharge with odor x 1 week.

History:
- 28 year female, established patient, presents complaining of a thin, grayish-white vaginal discharge with a noticeable fishy smell accompanied by vulvar itching. She first noticed symptoms about 1 ½ weeks ago. Patient states she tried to self-treat using an over-the-counter yeast preparation approximately 1 week ago without relief of symptoms. She denies any history of similar symptoms in the past.
- LMP: occurred 2 weeks ago, normal cycle for her. Last PAP exam 8 months ago, normal. No previous mammograms.
- Social history: Physically active. She is in a new monogamous relationship with male partner x 5 weeks, sexually active with protection. Denies history of STIs. Admits to frequent douching and bubble baths.

Immunizations: not immunized for HPV.

Scenario 4 continued: Bacterial Vaginosis

EXAM:
- Well-groomed, A&Ox3.
- Pelvic: External exam: vulvar redness, no vulvar edema and no adherent white clumps present; Speculum exam – vaginal walls pink, cervix intact, closed os, thin gray and foul smelling discharge noted in vaginal canal. Swab specimen obtained for microscopy exam. Bimanual exam – no pelvic tenderness, uterus smooth, ovaries and adnexa are normal in size, ovaries not palpable.
- Labs in office: Urine HCG – Negative, wet prep – Positive whiff test, clue cells and leukocytes present; negative for yeast; vaginal pH elevated
- Immunizations: not immunized for HPV.

Assessment and Plan:
- Bacterial vaginosis.
- Prescribed 7-day metronidazole.
- Discussed and administered HPV vaccine in office today.
- Provided vaginal hygiene pamphlet. Instructed patient to avoid douching and use of bubble bath products. Refrain from intercourse.
Scenario 4 continued: Bacterial Vaginosis

Summary of ICD-10-CM Impacts: Clinical Documentation

- Vaginitis is one of the most common gynecologic conditions encountered in the physician office setting.
- ICD-10-CM provides four alternative choices that map to the ICD-9 code 616.10 Vaginitis and vulvovaginitis, unspecified. The four options are N76.0 Acute vaginitis; N76.1 Subacute and chronic vaginitis; N76.2 Acute vulvitis; and N76.3 Subacute and chronic vulvitis. As there is no indication of previous episodes and/or ongoing care, acute vaginitis is selected.
- Bacterial vaginosis is not usually associated with soreness, itching or irritation, therefore it is coded separately.
- In the scenario above for this patient with bacterial vaginosis, refraining from intercourse was recommended by this physician. To clarify, bacterial vaginosis is not considered an STI and physician recommendations for abstinence from sexual activity vary from physician to physician.
- ICD-9-CM includes a variety of vaccination codes while ICD-10-CM offers only one generic immunization code.

---

Scenario 4 continued: Bacterial Vaginosis - Coding

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>616.10</td>
<td>N76.0</td>
</tr>
<tr>
<td>698.1</td>
<td>L29.2</td>
</tr>
<tr>
<td>V04.89</td>
<td>Z23</td>
</tr>
</tbody>
</table>

- Vaginitis and vulvovaginitis, unspecified
- Acute vaginitis
- Pruritis, vulvar
- Vulvar, pruritis
- Need for prophylactic vaccination and inoculation against other viral diseases
- Encounter for immunization

---

Clinical Scenarios

Scenario 5: Breast Lump/Annual Well Woman Exam

Chief Complaint: “I’ve found a lump on my left breast and I need my annual GYN exam.”

History:
- 47 year old peri-menopausal female. G3P1003. LMP December 20, 2013. Last Pap was normal.
- No history of STD. No family history of ovarian or cervical cancer. No significant changes over the last year.
- Positive family history for breast cancer – mother and all three sisters. Sisters are BRCA +.
- Reports finding a small lump in left breast

Exam:
- Pelvic exam is normal. Pap smear performed.
- Left breast examined normal except for 1.5cm mass on left lower/outer quadrant. Mass is tender, easily moveable, firm to touch. Axilla normal, without palpable nodes.
- Right breast normal.
Scenario 5 continued: Breast Lump/Annual Well Woman Exam

Assessment and Plan:
- Normal pelvic exam. Will confirm Pap results with the patient.
- Scheduled fine needle aspiration of left breast mass at the end of this week – with Dr. Smith.
- Scheduled a follow-up visit in 1 week to discuss aspiration results and next steps.

Summary of ICD-10-CM Impacts

Clinical Documentation:
- Note whether the encounter is for a specific issue or an annual or "general" exam. There are different diagnosis codes for each. The use of the best code may vary by payor according to what services were rendered and the insurance plan’s reimbursement of a well-woman annual visit versus reimbursement of pelvic and/or clinical breast examinations. As per American Congress of Obstetricians and Gynecologists’ guidelines, a well-woman exam includes both a pelvic exam as well as a clinical breast examination. The rationale for abnormal findings in this encounter is based on the presence of the breast lump.
- Using ICD-9 codes, Pap smear coding may vary by payor. In some cases payors reimburse for the retrieval of the Pap smear by the physician, and the screening Pap smear at a specific frequency (e.g., every 2 years). With the new terminology associated with ICD-10-CM codes this point will need to be assessed and confirmed to correct code assignment can occur.

Scenario 5 continued: Breast Lump/Annual Well Woman Exam

Summary of ICD-10-CM Impacts

Clinical Documentation:
- Like ICD-9, family history can be captured in ICD-10-CM. Capture that information as appropriate in your note. As there is a positive family history for breast cancer denoted with the three sisters identified as BRCA positive, the documentation supports the patient’s susceptibility to a malignancy of the breast.
- ICD-10-CM can now capture the side of the body. There are separate codes for left and right breast diagnoses. As the clinical status for this patient is not known, it does not have right versus left, e.g. solitary cyst of left breast.
- It is important to describe the mass in as much detail as possible. Even though it is not possible to definitively diagnose the mass at this visit, the provider can still code for symptoms and thus justify referral and subsequent treatment.

Scenario 5 continued: Breast Lump/Annual Well Woman Exam

Summary of ICD-10-CM Impacts - Coding

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Codes</th>
<th>ICD-10-CM Diagnosis Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>E11.72 Lump or mass in breast</td>
<td>N63 Unspecified lump in breast, which includes: nodule(s) NOS in breast</td>
</tr>
<tr>
<td>V72.31 Routine gynecologic exam, with or without pap test</td>
<td>V20.411 Encounter for gynecological examination (general) (routine) with abnormal findings</td>
</tr>
<tr>
<td>V76.2 Routine screening pap test, intact cervix</td>
<td></td>
</tr>
<tr>
<td>V64.01 Genetic susceptibility, malignant neoplasm breast</td>
<td>Z15.01 Genetic susceptibility to malignant neoplasm of breast</td>
</tr>
</tbody>
</table>
Good Patient Data
It’s All About Good Patient Care…

• Clinical documentation is not just about coding, and coding is not just about payment.
• Accurate coding is a requirement for good healthcare data.
• Good Healthcare data is critical to improving the quality of care, effectiveness of care, and ensuring patient safety.
• Complete and accurate documentation of important clinical concepts of the patient condition is a requirement for good patient care.
• The requirements for documentation to support ICD-10 are consistent with documentation to support good patient care and improve healthcare data.

Clinical/Coding/Business Relationships

Creating a New Working Relationship

➢ The role of the clinician is to document as accurately as possible the nature of the patient conditions and services done to maintain to improve those conditions.
➢ The role of the coding professional is to assure that coding is consistent with the documentation.
➢ The role of the business manager is to assure that all billing is accurately coded and supported by the documented facts.

Training Resources

American Academy of Professional Coders (AAPC)
https://www.aapc.com/training/index.aspx
https://www.aapc.com/icd-10/codes/

Centers for Medicare and Medicaid Services (CMS) – Road to 10
http://www.roadto10.org/

American Medical Association (AMA)
http://www.ama-assn.org

American Health Information Management Association (AHIMA)
http://www.ahima.org/education/onlineed/Programs/ICD10
http://www.ahima.org/topics/icd10/tabid=faqs
<table>
<thead>
<tr>
<th>Code</th>
<th>ICD-9</th>
<th>Description</th>
<th>Code</th>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>042</td>
<td></td>
<td>Human immunodeficiency virus [HIV]</td>
<td>B02.9</td>
<td></td>
<td>Zoster without complications</td>
</tr>
<tr>
<td>053.9</td>
<td></td>
<td>Herpes zoster without mention of complication</td>
<td>B20</td>
<td></td>
<td>Human immunodeficiency virus [HIV] disease</td>
</tr>
<tr>
<td>054.10</td>
<td></td>
<td>Genital herpes unspec.</td>
<td>A60.9</td>
<td></td>
<td>Anogenital herperviral infection, unspecified</td>
</tr>
<tr>
<td>054.11</td>
<td></td>
<td>Herpetic vulvovaginitis</td>
<td>A60.04</td>
<td></td>
<td>Herpesviral vulvovaginitis</td>
</tr>
<tr>
<td>054.12</td>
<td></td>
<td>Herpetic ulceration of vulva</td>
<td>A60.04</td>
<td></td>
<td>Herpesviral vulvovaginitis</td>
</tr>
<tr>
<td>054.13</td>
<td></td>
<td>Herpetic infection of penis</td>
<td>A60.01</td>
<td></td>
<td>Herpesviral infection of penis</td>
</tr>
<tr>
<td>054.2</td>
<td></td>
<td>Herpetic ginvostomatitis</td>
<td>B00</td>
<td></td>
<td>Herpesviral [herpes simplex] infections</td>
</tr>
<tr>
<td>054.9</td>
<td></td>
<td>Herpes simplex without mention of complication</td>
<td>B00.9</td>
<td></td>
<td>Herpesviral infection, unspecified</td>
</tr>
<tr>
<td>070.54</td>
<td></td>
<td>Hepatitis C, chronic</td>
<td>B18.2</td>
<td></td>
<td>Chronic viral hepatitis C</td>
</tr>
<tr>
<td>078.0</td>
<td></td>
<td>Molluscum contagiosum</td>
<td>B08.1</td>
<td></td>
<td>Molluscum contagiosum</td>
</tr>
<tr>
<td>078.10</td>
<td></td>
<td>Warts, unspecified</td>
<td>B07.9</td>
<td></td>
<td>Viral wart, unspecified</td>
</tr>
<tr>
<td>078.11</td>
<td></td>
<td>Condyloma acuminatum</td>
<td>A63.0</td>
<td></td>
<td>Anogenital (venereal) warts</td>
</tr>
<tr>
<td>091.0</td>
<td></td>
<td>Genital syphilis (primary)</td>
<td>A51.0</td>
<td></td>
<td>Primary genital syphilis</td>
</tr>
<tr>
<td>091.3</td>
<td></td>
<td>Secondary syphilis of skin or mucous membranes</td>
<td>A51.31</td>
<td></td>
<td>Condyloma latum</td>
</tr>
<tr>
<td>094.9</td>
<td></td>
<td>Neurosyphilis</td>
<td>A52.3</td>
<td></td>
<td>Neurosyphilis, unspecified</td>
</tr>
<tr>
<td>097.1</td>
<td></td>
<td>Latent syphilis</td>
<td>A53.0</td>
<td></td>
<td>Latent syphilis, unspecified as early or late</td>
</tr>
<tr>
<td>097.9</td>
<td></td>
<td>Syphilis, unspec.</td>
<td>A53.9</td>
<td></td>
<td>Syphilis, unspecified</td>
</tr>
<tr>
<td>098.0</td>
<td></td>
<td>Gonococcal infection (acute) of lower genitourinary tract</td>
<td>A53.9</td>
<td></td>
<td>Syphilis, unspecified</td>
</tr>
<tr>
<td>098.15</td>
<td></td>
<td>Gonococcal cervicitis (acute)</td>
<td>A54.00</td>
<td></td>
<td>Gonococcal infection of lower genitourinary tract, unspecified</td>
</tr>
<tr>
<td>099.41</td>
<td></td>
<td>Nongonococcal urethritis (NGU) due to Chlamydia trachomatis</td>
<td>A54.03</td>
<td></td>
<td>Gonococcal cervicitis, unspecified</td>
</tr>
<tr>
<td>099.53</td>
<td></td>
<td>Chlamydia trachomatis infection of lower genitourinary sites</td>
<td>A56.00</td>
<td></td>
<td>Chlamydial infection of lower genitourinary tract, unspecified</td>
</tr>
<tr>
<td>112.0</td>
<td></td>
<td>Candidiasis of mouth</td>
<td>B37.0</td>
<td></td>
<td>Candidal stomatitis</td>
</tr>
<tr>
<td>112.1</td>
<td></td>
<td>Candidiasis of vulva and vagina</td>
<td>B37.3</td>
<td></td>
<td>Candidias of vulva and vagina</td>
</tr>
<tr>
<td>112.84</td>
<td></td>
<td>Candidiasis of the esophagus</td>
<td>B37.81</td>
<td></td>
<td>Candidal esophagitis</td>
</tr>
<tr>
<td>117.9</td>
<td></td>
<td>Mycoses unspecified</td>
<td>B48.8</td>
<td></td>
<td>Other specified mycoses</td>
</tr>
<tr>
<td>131.01</td>
<td></td>
<td>Trichomonial vulvovaginitis</td>
<td>A59.01</td>
<td></td>
<td>Trichomonial vulvovaginitis</td>
</tr>
<tr>
<td>131.02</td>
<td></td>
<td>Trichomonal urethritis</td>
<td>A59.03</td>
<td></td>
<td>Trichomonial cystitis and urethritis</td>
</tr>
<tr>
<td>131.03</td>
<td></td>
<td>Trichomonal prostatitis</td>
<td>A59.02</td>
<td></td>
<td>Trichomonial prostatitis</td>
</tr>
<tr>
<td>131.9</td>
<td></td>
<td>Trichomoniasis unspecified</td>
<td>A59.9</td>
<td></td>
<td>Trichomonosis, unspecified</td>
</tr>
<tr>
<td>133.0</td>
<td></td>
<td>Scabies</td>
<td>B86</td>
<td></td>
<td>Scabies</td>
</tr>
<tr>
<td>597.80</td>
<td></td>
<td>Urethritis</td>
<td>N34.1</td>
<td></td>
<td>Nonspecific urethritis</td>
</tr>
<tr>
<td>599.0</td>
<td></td>
<td>Urinary tract infection</td>
<td>N39.0</td>
<td></td>
<td>Urinary tract infection, site not specified</td>
</tr>
<tr>
<td>599.7</td>
<td></td>
<td>Hematuria</td>
<td>R31.9</td>
<td></td>
<td>Hematuria, unspecified</td>
</tr>
<tr>
<td>601.0</td>
<td></td>
<td>Prostatitis, acute</td>
<td>N41.0</td>
<td></td>
<td>Acute prostatitis</td>
</tr>
<tr>
<td>604.90</td>
<td></td>
<td>Orchitis and epididymitis</td>
<td>N45.1</td>
<td></td>
<td>Epididymitis</td>
</tr>
<tr>
<td>614.0</td>
<td></td>
<td>Salpingitis and oophoritis, acute</td>
<td>N70.01</td>
<td></td>
<td>Acute salpingitis</td>
</tr>
<tr>
<td>614.1</td>
<td></td>
<td>Chronic salpingitis and oophoritis</td>
<td>N70.11</td>
<td></td>
<td>Chronic salpingitis</td>
</tr>
<tr>
<td>614.3</td>
<td></td>
<td>Parametritis and pelvic cellulitis, acute</td>
<td>N73.0</td>
<td></td>
<td>Acute parametritis and pelvic cellulitis</td>
</tr>
<tr>
<td>616.10</td>
<td></td>
<td>Vaginitis and vulvovaginitis</td>
<td>N76.0</td>
<td></td>
<td>Acute vaginitis</td>
</tr>
<tr>
<td>616.11</td>
<td></td>
<td>Vaginitis and vulvovaginitis in diseases classified elsewhere</td>
<td>N77.1</td>
<td></td>
<td>Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere</td>
</tr>
<tr>
<td>616.2</td>
<td></td>
<td>Cyst of Bartholin's gland</td>
<td>N75.0</td>
<td></td>
<td>Cyst of Bartholin's gland</td>
</tr>
</tbody>
</table>
### STD DX Codes Crosswalk for ICD-10

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>Description</th>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>616.50</td>
<td>Ulceration of vulva</td>
<td>N76.6</td>
<td>Ulceration of vulva</td>
</tr>
<tr>
<td>620.2</td>
<td>Other and unspecified ovarian cyst</td>
<td>N83.20</td>
<td>Unspecified ovarian cyst</td>
</tr>
<tr>
<td>622.0</td>
<td>Erosion and ectropion of cervix</td>
<td>N86</td>
<td>Erosion and ectropion of cervix uteri</td>
</tr>
<tr>
<td>622.7</td>
<td>Mucous polyp of cervix</td>
<td>N84.1</td>
<td>Polyp of cervix uteri</td>
</tr>
<tr>
<td>625.9</td>
<td>Pelvic pain (female GU symptoms unspec.)</td>
<td>N94.89</td>
<td>Other specified conditions associated with female genital organs and menstrual cycle</td>
</tr>
<tr>
<td>626.0</td>
<td>Amenorrhea</td>
<td>N91.2</td>
<td>Amenorrhea, unspecified</td>
</tr>
<tr>
<td>626.2</td>
<td>Excessive or frequent menstruation</td>
<td>N92.0</td>
<td>Excessive and frequent menstruation with regular cycle</td>
</tr>
<tr>
<td>626.4</td>
<td>Irregular menstrual cycle</td>
<td>N92.1</td>
<td>Excessive and frequent menstruation with irregular cycle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N92.2</td>
<td>Excessive menstruation at puberty</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N92.3</td>
<td>Ovulation bleeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N92.4</td>
<td>Excessive bleeding in the premenopausal period</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N92.5</td>
<td>Other specified irregular menstruation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N92.6</td>
<td>Irregular menstruation, unspecified</td>
</tr>
<tr>
<td>626.8</td>
<td>Other disorder of menstruation and abnormal bleeding from female genital tract</td>
<td>N93.0</td>
<td>Postcoital and contact bleeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N93.8</td>
<td>Other specified abnormal uterine and vaginal bleeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N93.9</td>
<td>Abnormal uterine and vaginal bleeding, unspecified</td>
</tr>
<tr>
<td>788.1</td>
<td>Dysuria</td>
<td>R30.0</td>
<td>Dysuria</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R30.9</td>
<td>Painful micturition, unspecified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R31.0</td>
<td>Gross hematuria</td>
</tr>
<tr>
<td>788.20</td>
<td>Urine retention</td>
<td>R33.0</td>
<td>Drug induced retention of urine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R33.9</td>
<td>Retention of urine, unspecified</td>
</tr>
<tr>
<td>788.41</td>
<td>Urinary frequency</td>
<td>R35.0</td>
<td>Frequency of micturition</td>
</tr>
<tr>
<td>788.7</td>
<td>Urethral discharge</td>
<td>R36.0</td>
<td>Urethral discharge without blood</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R36.9</td>
<td>Urethral discharge, unspecified</td>
</tr>
<tr>
<td>V01.6</td>
<td>Contact with or exposure to verereal diseases</td>
<td>Z20.2</td>
<td>Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission</td>
</tr>
<tr>
<td>V01.79</td>
<td>Contact or exposure to other viral diseases</td>
<td>Z20.6</td>
<td>Contact with and (suspected) exposure to human immunodeficiency virus [HIV]</td>
</tr>
<tr>
<td>V01.89</td>
<td>Contact or exposure to other communicable diseases</td>
<td>Z20.828</td>
<td>Contact with and (suspected) exposure to other communicable diseases</td>
</tr>
<tr>
<td>V08</td>
<td>Asymptomatic HIV positive</td>
<td>Z21</td>
<td>Asymptomatic human immunodeficiency virus [HIV] infection status</td>
</tr>
<tr>
<td>V25.01</td>
<td>General counseling for prescription or oral contraceptives</td>
<td>Z30.11</td>
<td>Encounter for initial prescription of contraceptive pills</td>
</tr>
<tr>
<td>V25.02</td>
<td>General counseling for initiation of other contraceptive measures</td>
<td>Z30.018</td>
<td>Encounter for initial prescription of other contraceptives</td>
</tr>
<tr>
<td>V25.03</td>
<td>Encounter for emergency contraceptive counseling and prescription</td>
<td>Z30.11</td>
<td>Encounter for initial prescription of contraceptive pills</td>
</tr>
<tr>
<td>V25.04</td>
<td>Counseling and instruction in natural family planning to avoid pregnancy</td>
<td>Z30.02</td>
<td>Counseling and instruction in natural family planning to avoid pregnancy</td>
</tr>
<tr>
<td>V25.09</td>
<td>Contraceptive management counseling, other</td>
<td>Z30.09</td>
<td>Encounter for other general counseling and advice on contraception</td>
</tr>
<tr>
<td>V25.11</td>
<td>IUD insertion</td>
<td>Z30.40</td>
<td>Encounter for insertion of intrauterine contraceptive device</td>
</tr>
<tr>
<td>V25.12</td>
<td>IUD removal</td>
<td>Z30.432</td>
<td>Encounter for removal of intrauterine contraceptive device</td>
</tr>
<tr>
<td>V25.13</td>
<td>IUD removal and insertion</td>
<td>Z30.433</td>
<td>Encounter for removal and reinserion of intrauterine contraceptive device</td>
</tr>
<tr>
<td>V25.41</td>
<td>Contraceptive pill check</td>
<td>Z30.41</td>
<td>Encounter for surveillance of contraceptive pills</td>
</tr>
<tr>
<td>V25.42</td>
<td>IUD check</td>
<td>Z30.431</td>
<td>Encounter for routine checking of intrauterine contraceptive device</td>
</tr>
<tr>
<td>V25.43</td>
<td>Implanon check</td>
<td>Z30.49</td>
<td>Encounter for surveillance of other contraceptives</td>
</tr>
<tr>
<td>V25.49</td>
<td>Contraceptive check other</td>
<td>Z30.49</td>
<td>Encounter for surveillance of other contraceptives</td>
</tr>
<tr>
<td>V25.5</td>
<td>Insertion of subdermal contraceptive</td>
<td>Z30.49</td>
<td>Encounter for surveillance of other contraceptives</td>
</tr>
<tr>
<td>V25.9</td>
<td>Unspecified contraceptive management</td>
<td>Z30.8</td>
<td>Encounter for other contraceptive management</td>
</tr>
<tr>
<td>V26.49</td>
<td>Other procreative management, counseling and advice</td>
<td>Z30.9</td>
<td>Encounter for contraceptive management, unspecified</td>
</tr>
<tr>
<td>V65.45</td>
<td>Counseling sexually transmitted diseases</td>
<td>Z71.8</td>
<td>Other specified counseling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Z71.7</td>
<td>Human immunodeficiency virus [HIV] counseling</td>
</tr>
</tbody>
</table>

Page 2 of 3
<table>
<thead>
<tr>
<th>ICD-9</th>
<th>Description</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>V69.2</td>
<td>Problems related to high-risk sexual behavior</td>
<td>Z72.51 High risk heterosexual behavior</td>
</tr>
<tr>
<td>V69.8</td>
<td>Other problems related to lifestyle</td>
<td>Z72.89 Other problems related to lifestyle</td>
</tr>
<tr>
<td>V72.31</td>
<td>Routine gynecological examination</td>
<td>Z01.419 Encounter for gynecological examination (general) (routine) without abnormal findings</td>
</tr>
<tr>
<td>V72.40</td>
<td>Pregnancy examination or test, unconfirmed</td>
<td>Z32.00 Encounter for pregnancy test, result unknown</td>
</tr>
<tr>
<td>V72.41</td>
<td>Pregnancy examination or test, negative result</td>
<td>Z32.02 Encounter for pregnancy test, result negative</td>
</tr>
<tr>
<td>V72.42</td>
<td>Pregnancy examination or test, positive result</td>
<td>Z32.01 Encounter for pregnancy test, result positive</td>
</tr>
<tr>
<td>V73.81</td>
<td>Screening examination, human papillomavirus [HPV]</td>
<td>Z11.51 Encounter for screening for human papillomavirus (HPV)</td>
</tr>
<tr>
<td>V73.88</td>
<td>Screening examination for other specified chlamydial diseases</td>
<td>Z11.8 Encounter for screening for other infectious and parasitic diseases</td>
</tr>
<tr>
<td>V73.89</td>
<td>Screening examination for other specified viral diseases</td>
<td>Z11.89 Encounter for screening for other viral diseases</td>
</tr>
<tr>
<td>V74.5</td>
<td>Screening examination for venereal disease</td>
<td>Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission</td>
</tr>
<tr>
<td>V04.81</td>
<td>Need for vaccination, Influenza</td>
<td>Z23 Encounter for immunization replaces V03.0 to V06.9</td>
</tr>
<tr>
<td>V04.89</td>
<td>Need for vaccination, other viral diseases [HPV]</td>
<td>Procedure codes are required to identify the types of immunizations given</td>
</tr>
<tr>
<td>V06.1</td>
<td>Diphtheria-tetanus-pertussis, combined [DTP] [DtaP]</td>
<td>Code any routine health exam first.</td>
</tr>
<tr>
<td>V06.8</td>
<td>Need for vaccination of combinations of diseases</td>
<td></td>
</tr>
<tr>
<td>V71.89</td>
<td>Observation for other specified suspected conditions</td>
<td>Z03.89 Encounter for observation for other suspected diseases and conditions ruled out</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Z04.4 Encounter for examination and observation following alleged rape</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Z03.89 Encounter for observation for other suspected diseases and conditions ruled out</td>
</tr>
</tbody>
</table>
Ms. Walsh is Certified Professional Coder and has been working in the healthcare industry for over 20 years. As a consultant, her responsibilities range from assisting clients in the creation and implementation of compliance plans, designing and implementing charge capture and coding systems that maximize reimbursements and reviewing accounts receivable processes to strengthen revenue capture. She has implemented and provides consulting support in the review and implementation of EMR systems and HIPAA Privacy and Security compliance plans for our physician Practices. She has extensive experience and has assisted in the credentialing and payer contracting for new and established physicians and Practices. Prior to joining SHR Associates, Ms. Walsh served in the capacity of Billing Coordinator and Practice Administrator for several specialty Practices.

Ms. Walsh received her BS degree in Allied Medicine from The Ohio State University and is a member of the American Academy of Professional Coders (AAPC).