

Internal Medicine Coding Alert

ICD-10 Update: Precise Documentation Required For Reporting Complications of Herpes Zoster

Otitis externa is reported with a more generalized code choice.

When reporting a diagnosis of herpes zoster, you have many codes from which to select, depending on the presence or absence of associated conditions or complications. You also have some non-specific code choices to report nervous system complications like encephalitis and meningoencephalitis and for ophthalmic complications like conjunctivitis and scleritis.

ICD-9: When your internist diagnoses a patient with herpes zoster, you have to report the diagnosis depending on the associated condition or the type of complication that is associated. Based on this, you have the following ICD-9 code choices to report the diagnosis of herpes zoster:

- 053.0 (Herpes zoster with meningitis)
- 053.1 (Herpes zoster with other nervous system complications)
- 053.2 (Herpes zoster with ophthalmic complications)
- 053.7 (Herpes zoster with other specified complications)
- 053.8 (Herpes zoster with unspecified complication)
- 053.9 (Herpes zoster without mention of complication)

Of the above code choices, 053.1 expands into the following six codes to specify the type of nervous system complications:

- 053.10 (Herpes zoster with unspecified nervous system complication)
- 053.11 (Geniculate herpes zoster)
- 053.12 (Postherpetic trigeminal neuralgia)
- 053.13 (Postherpetic polyneuropathy)
- 053.14 (Herpes zoster myelitis)
- 053.19 (Herpes zoster with other nervous system complications)
- Again, 053.2 that you report when the patient is suffering from herpes zoster with ophthalmic conditions will expand into the following four choices to elaborate the type of complication:
 - 053.20 (Herpes zoster dermatitis of eyelid)
 - 053.21 (Herpes zoster keratoconjunctivitis)
 - 053.22 (Herpes zoster iridocyclitis)
 - 053.29 (Herpes zoster with other ophthalmic complications)

Caveat: If you are trying to report herpes zoster with a complication like otitis externa, you will have to report it with an expansion of 053.7 (053.71, Otitis externa due to herpes zoster). If your clinician diagnoses herpes zoster but does not mention any other complication or condition being present, you will have to report this with 053.9.

ICD-10: When reporting herpes zoster with ICD-10 codes, you will have to begin your code choice selection with the base code B02 (Zoster [herpes zoster]). As with ICD-9, depending on the type of complication or condition occurring due to herpes zoster, B02 expands into the following code choices:

- B02.0 (Zoster encephalitis)
- B02.1 (Zoster meningitis)
- B02.2 (Zoster with other nervous system involvement)
- B02.3 (Zoster ocular disease)

- B02.7 (Disseminated zoster)
- B02.8 (Zoster with other complications)
- B02.9 (Zoster without complications)

ICD-10 change: You do not have a specific code for a complication like encephalitis or meningoencephalitis in ICD-9. You report this with a non-specific code like 053.19. But, in ICD-10, you can report this diagnosis with B02.0. Also, you do not have a specific code for disseminated zoster in ICD-9. You report this with 053.8. In ICD-10, you use B02.7. A complication like otitis externa, which you report with a specific code (053.71) in ICD-9, will have to be reported with a generalized code, B02.8, in ICD-10.

As in ICD-9, you have code expansions to the code with other nervous system involvement, B02.2, depending on the type of nervous system complication that is present:

- B02.21 (Postherpetic geniculate ganglionitis)
- B02.22 (Postherpetic trigeminal neuralgia)
- B02.23 (Postherpetic polyneuropathy)
- B02.24 (Postherpetic myelitis)
- B02.29 (Other postherpetic nervous system involvement)

Again, you have six code expansions to B02.3 to report the exact type of eye complication that has occurred due to the herpes zoster infection:

- B02.30 (Zoster ocular disease, unspecified)
- B02.31 (Zoster conjunctivitis)
- B02.32 (Zoster iridocyclitis)
- B02.33 (Zoster keratitis)
- B02.34 (Zoster scleritis)
- B02.39 (Other herpes zoster eye disease)

Reminder: Unlike ICD-9, you have more choices for reporting eye complications. For a diagnosis of zoster conjunctivitis or zoster scleritis, you have to choose 053.29 in ICD-9, while you have specific choices in ICD-10. Again, similar to ICD-9, a diagnosis of herpes zoster without any complications should be reported with B02.9 (crosswalk from 053.9).

Review These Basics Briefly

Documentation spotlight: Your physician will arrive at a diagnosis of herpes zoster based on a complete history and an evaluation of the person's signs and symptoms. The manifestations of this condition can be classified into three phases, namely, pre-eruptive, acute eruptive and post-herpetic phases.

Some of the common manifestations that your clinician will find if the patient is in the pre-eruptive phase include fever, anorexia, and pain. Sometimes, the patient might complain of itching or paresthesia. During the acute eruptive phase, the patient will have patchy erythema, vesicle formation, pain in the area of involvement, and localized lymphadenopathy. In the post-herpetic stage, the patient might continue to have erythematous patches and vesicle formation, while pain may or may not be present.

Tests: Your provider will usually arrive at a diagnosis of herpes zoster based on history and clinical signs and symptoms. Some of the lab studies that your clinician might order when suspecting a diagnosis of herpes zoster will include Tzanck smear, direct fluorescent antibody (DFA) testing, or a polymerase chain reaction (PCR) assay using vesicular fluid. If atypical lesions are found, your clinician might ask for a skin biopsy to confirm the diagnosis of herpes zoster.

Based on history, signs and symptoms, and results of lab tests and biopsy, your clinician will be able to confirm a diagnosis of herpes zoster.