

## Part B Insider (Multispecialty) Coding Alert

### ICD-10 Prep: Get to Know How Eye Infection, Strep Diagnoses Will Change in 2013

**Hint: Your diagnosis coding will depend on which eye was infected once ICD-10 hits.**

When ICD-9 becomes ICD-10 in 2013, you'll have to be prepared for changes across the board when it comes to diagnosis coding. Often, you'll have more options that may require tweaking the way you document services and a coder reports it. Check out the following examples of how ICD-10 will change your coding options when the calendar turns to Oct. 1, 2013.

#### Nail Down These Upcoming Eye Infection Coding Changes

Conjunctivitis is an eye infection that can affect patients of all ages, and your practice is probably familiar with the signs and symptoms of this condition. But, like all other conditions, conjunctivitis will fall under new codes under ICD-10.

You currently have several coding options for conjunctivitis, depending on the type of condition that the physician treats. The following is a sampling of ICD-9 codes that most practices use:

- 372.00 (Acute conjunctivitis, unspecified)
- 372.01 (Serous conjunctivitis, except viral)
- 372.05 (Acute atopic conjunctivitis)
- 372.10 (Chronic conjunctivitis, unspecified)
- 372.11 (Simple chronic conjunctivitis)
- 372.30 (Conjunctivitis, unspecified)

ICD-10 Changes: Under ICD-10, you'll have to not only denote the specific type of conjunctivitis by using the accurate diagnosis code, but you'll also have to indicate which eye was affected. The following is a sampling of ICD-10 codes that will affect pediatricians under the new coding system.

- H10.10 (Acute atopic conjunctivitis, unspecified eye)
- H10.11 (Acute atopic conjunctivitis, right eye)
- H10.12 (Acute atopic conjunctivitis, left eye)
- H10.13 (Acute atopic conjunctivitis, bilateral)
- H10.2x (Serous conjunctivitis, except viral...)
- H10.3x (Unspecified acute conjunctivitis...)
- H10.40x (Unspecified chronic conjunctivitis...)
- H10.9 (Unspecified conjunctivitis)

The "x" designations above show where you'll input an additional digit to denote the affected eye. As shown in the H10.10-H10.13 range above, you will have options for the left eye, right eye, bilateral, or unspecified in most categories under ICD-10.

Documentation: Your physicians should already be including the affected eye in their documentation. All you need to do as a coder to capture this already present information is to format your superbill to capture the additional anatomical information.

Coder Tips: On your superbill, after "conjunctivitis," list the available options to prompt the physician to enter this information. A condensed system could include:

- H10.3x, Unspecified acute conjunctivitis (x=0 for unspecified eye, 1 for right eye, 2 for left eye, and 3 for bilateral)
- H10.40x (x=1 for right eye, 2 for left eye, 3 for bilateral, and 9 for unspecified eye)

Important: Note that the "x" digits in the H10.3x and H10.40x examples above don't translate exactly from one conjunctivitis condition to the other. For H10.3x, a "0" for the final digit refers to an unspecified eye, whereas for H10.40x, a "9" for the final digit refers to an unspecified eye. Therefore, physician training will be imperative for this condition, and the coder should screen all conjunctivitis diagnoses immediately after ICD-10 implementation before sending claims out to the insurer.

### **Strep Throat Coding Changes Should Be Minimal**

Primary care practices probably see patients with symptoms of strep throat every day, and this common illness is marked by pain and redness in the throat, potential fever, and sometimes flushed cheeks (scarlet fever).

When using the ICD-9-CM code set, you report 034.0 (Streptococcal sore throat) if the patient suffers from streptococcal sore throat. The ICD-9 manual also directs you to this code if the patient suffers from streptococcal tonsillitis.

ICD-10 Changes: Effective Oct. 1, 2013, you won't have a simple catch-all code for streptococcal throat infections. Instead, ICD-10 will differentiate between the following two types of conditions:

- J02.0 (Streptococcal pharyngitis)
- J03.00 (Acute streptococcal tonsillitis, unspecified)
- J03.01 (Acute recurrent streptococcal tonsillitis)

Documentation: You should not report the strep] throat diagnosis code unless your practice receives confirmation from a lab test (either rapid strep or throat culture) indicating that the patient tested positive for a streptococcal throat infection. If you don't have a positive lab test confirming strep throat, you should simply report the diagnosis codes for the symptoms (such as sore throat, fever, scarlet fever, etc.)

Therefore, your documentation must include a copy of the laboratory report confirming that the patient had strep throat before you select your diagnosis code.

Important: Your physician will need to clearly note which type of throat condition the patient has. Unlike in the past, when one code covered both streptococcal pharyngitis and streptococcal tonsillitis, that won't be the case after ICD-10 takes effect. Therefore, it will be important for your documentation to include a notation of whether the patient's streptococcal infection affected the pharynx or the tonsils.

In addition, if the patient suffers from streptococcal tonsillitis, you will have to further delineate whether he is experiencing an acute or recurrent condition. If you use J03.01 (recurrent), your documentation will have to confirm that the patient has suffered from the condition in the past.

Coder tips: Make sure that you print both new strep throat codes on your superbills prior to ICD-10 implementation, and let your practitioners know that they will need to differentiate between streptococcal pharyngitis vs. streptococcal tonsillitis.