Part B Insider (Multispecialty) Coding Alert

ICD-10 Preparation: Get to Know How Lyme Disease, Ear Pain Diagnoses Will Change in 2013

Hint: Your diagnosis coding will depend on which ear was affected once ICD-10 hits.

CMS has repeatedly confirmed that it will not push back the deadlines for the conversion to ICD-10, so you'll need to have your ICD-10 coding skills ready by Oct. 1, 2013. Check out the following examples of how ICD-10 will change your coding options for two common conditions.

Lyme Disease Dx Will Require Thorough Documentation of Attributable Conditions

Currently, if a patient is confirmed to have Lyme disease, you report code 088.81 (Lyme disease).

ICD-10 Changes: Effective Oct. 1, 2013, you'll find that the Lyme disease diagnosis codes have been expanded to include symptoms due to confirmed cases of Lyme disease, as follows:

- A69.20 (Lyme disease, unspecified)
- A69.21 (Meningitis due to Lyme disease)
- A69.22 (Other neurologic disorders in Lyme disease)
- A69.23 (Arthritis due to Lyme disease)
- A69.29 (Other conditions associated with Lyme disease)

Documentation: Your physician will need to clearly note whether the patient has Lyme disease alone (A69.20) or Lyme disease with other contributing factors (A69.21- A69.22). For instance, you cannot report A69.21 unless the documentation includes confirmation that the patient suffers from meningitis as well as Lyme disease, and that the two conditions are related.

You should not report the Lyme disease diagnosis code unless your practice receives confirmation from a lab test indicating that the patient tested positive for a Lyme disease. If you don't have a positive lab test confirming strep throat, you should simply report the diagnosis codes for the symptoms (such as fever, a bulls-eye rash, myalgias, etc.)

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

Coder tips: Educate your practitioners about the new ICD-10 codes, and let them know that documentation must indicate which specific Lyme disease diagnosis the patient has.

Otalgia Will Require Identification of Affected Ear

Simply put, otalgia refers to an ear ache. Part B practices often report otalgia diagnoses when patients complain of ear pain but no more definitive diagnosis is found. Currently, the ICD-9 manual offers just one code for unspecified otalgia: 388.70 (Otalgia, unspecified).

ICD-10 Changes: Effective Oct. 1, 2013, you'll be dealing with a series of four codes that describe otalgia, organized according to the location of the diagnosis, as follows:

- H92.01 (Otalgia, right ear)
- H92.02 (Otalgia, left ear)
- H92.03 (Otalgia, bilateral)

- H92.09 (Otalgia, unspecified ear)

Documentation: Physicians should already include the affected ear in their documentation. All you need to do as a coder to capture this already present information is to format your superbill to ensure that physicians document the additional anatomical information.

Coder Tips: You can organize your superbill in a way that ensures that the physician documents all information applicable for you to submit the most accurate diagnosis code. For instance, you can print it like this:

H92.0x (x=1 for right ear, x=2 for left ear, x=3 for bilateral, and x=9 for unspecified ear)

Or you can simply list "H92.0x" and have the physician circle "left ear," "right ear," or "bilateral" on the form.