

Commonly-Used ICD-10 Codes

The commonly-used ICD-10 diagnosis codes provided below are for informational purposes only. Always adhere to the coding policies recommended by your insurance carrier or billing specialist. It is the sole responsibility of the ordering provider to ensure compliance with all applicable laws, regulations, coverage decisions, policies, and contractual obligations that may govern coverage and payment for services performed. HealthTrackRx does not provide coding advice to providers. HealthTrackRx recommends that providers contact third-party payers directly to inquire about appropriate coding and billing policies related to the provision of medical items and services.

RESPIRATORY	
ICD Code	Description
J00	Acute nasopharyngitis (common cold)
J01.90	Acute sinusitis
J06.9	Acute upper respiratory infection, unspecified
J09.1	Influenza due to other identified influenza virus with other respiratory manifestations
J20.9	Acute bronchitis
R05.1	Acute cough
R05.8	Other specified cough
R05.2	Wheezing
R07.0	Pain in throat
R09.81	Nasal congestion
R50.9	Fever, unspecified
Z11.52	Encounter for screening for COVID-19
Z11.59	Encounter for screening for other viral diseases
Z20.822	Contact with and (suspected) exposure to COVID-19
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases

PHARYNGITIS / LARYNGITIS	
ICD Code	Description
A49.1	Streptococcal infection, unspecified site
J02.9	Acute pharyngitis
J20.9	Acute bronchitis
R05.1	Acute cough
R05.8	Cough, unspecified
R50.9	Fever, unspecified
Z20.822	Contact with and (suspected) exposure to COVID-19
J02.9, R05.8, J02.9, R05.8, Z20.822	Acute pharyngitis, Acute cough, Contact with and (suspected) exposure to COVID-19
J02.9, R50.9, Z20.822	Acute pharyngitis, Fever, unspecified, Contact with and (suspected) exposure to COVID-19

VAGINITIS	
ICD Code	Description
N76.0	Acute vaginitis
N76.1	Subacute and chronic vaginitis
N76.89	Other specified inflammation of vagina and vulva
N93.9	Abnormal uterine and vaginal bleeding, unspecified
R30.0	Dysuria
Z72.51	High risk heterosexual behavior
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission

URINARY TRACT INFECTION	
ICD Code	Description
N30.00	Acute cystitis without hematuria
N30.01	Acute cystitis with hematuria
N39.0	Urinary tract infection, site not specified
N39.1	Persistent proteinuria, unspecified
R30.0	Dysuria
R30.9	Painful micturition, unspecified
R31.0	Gross hematuria
R35.0	Frequency of micturition
R62.9	Other and unspecified abnormal findings in urine
R62.998	Other abnormal findings in urine
Z87.440	Personal history of urinary (tract) infections

GENITOURINARY & URETHRITIS / DISCHARGE	
ICD Code	Description
N59.9	Noninflammatory disorder of vagina, unspecified
R90.9	Unspecified abdominal pain
R30.0	Dysuria
R30.9	Painful micturition, unspecified
R31.9	Hematuria, unspecified
R36.9	Urethral discharge, unspecified
Z00.129	Encounter for routine child health examination without abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Z19.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z72.51	High risk heterosexual behavior
Z72.52	High risk homosexual behavior

OTOLARYNGOLOGY	
ICD Code	Description
J02.0	Streptococcal pharyngitis
J02.9	Acute pharyngitis
J32.0	Chronic maxillary sinusitis
J32.8	Other chronic sinusitis
J32.9	Chronic sinusitis, unspecified
K02.1	Other forms of stomatitis
K02.2	Cellulitis and abscess of mouth
Z20.822	Contact with and (suspected) exposure to COVID-19
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases

Diagnosis Code Guide

Speedy Publishing

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the 'Speedy Publishing' text.

Diagnosis Code Guide:

ICD-10-CM: Official Guidelines for Coding and Reporting - FY 2019 (October 1, 2018 - September 30, 2019) Centers for Medicare and Medicaid Services (CMS), National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services (DHHS), 2018-08 These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD 10 CM the American Hospital Association AHA the American Health Information Management Association AHIMA CMS and NCHS These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD 10 CM itself The instructions and conventions of the classification take precedence over guidelines These guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD 10 CM but provide additional instruction Adherence to these guidelines when assigning ICD 10 CM diagnosis codes is required under the Health Insurance Portability and Accountability Act HIPAA The diagnosis codes Tabular List and Alphabetic Index have been adopted under HIPAA for all healthcare settings ICD-10-CM 2021: The Complete Official Codebook with Guidelines American Medical Association, 2020-09-20 ICD 10 CM 2021 The Complete Official Codebook provides the entire updated code set for diagnostic coding organized to make the challenge of accurate coding easier This codebook is the cornerstone for establishing medical necessity determining coverage and ensuring appropriate reimbursement Each of the 21 chapters in the Tabular List of Diseases and Injuries is organized to provide quick and simple navigation to facilitate accurate coding The book also contains supplementary appendixes including a coding tutorial pharmacology listings a list of valid three character codes and additional information on Z codes for long term drug use and Z codes that can only be used as a principal diagnosis Official coding guidelines for 2021 are bound into this codebook FEATURES AND BENEFITS Full list of code changes Quickly see the complete list of new revised and deleted codes affecting the FY 2021 codes including a conversion table and code changes by specialty QPP symbol in the tabular section The symbol identifies diagnosis codes associated with Quality Payment Program QPP measures under MACRA New and updated coding tips Obtain insight into coding for physician and outpatient settings New and updated definitions in the tabular listing Assign codes with confidence based on illustrations and definitions designed to highlight key components of the disease process or injury and provide better understanding of complex diagnostic terms Intuitive features and format This edition includes full color illustrations and visual alerts including color coding and symbols that identify coding notes and instructions additional character requirements codes associated with CMS hierarchical condition categories HCC Medicare Code Edits MCEs manifestation codes other specified codes and unspecified codes Placeholder X This icon alerts the coder to an important ICD 10 CM convention the use of a placeholder X for three four and five character codes requiring a seventh character extension Coding guideline explanations and examples Detailed explanations and examples related to application of the ICD 10 CM chapter guidelines are provided at the beginning of each chapter in the tabular section Muscle

tendon translation table This table is used to determine muscle tendon action flexor extensor other which is a component of codes for acquired conditions and injuries affecting the muscles and tendons Index to Diseases and Injuries Shaded guides to show indent levels for subentries Appendices Supplement your coding knowledge with information on proper coding practices risk adjustment coding pharmacology and Z codes

ICD-10-CM 2022 the Complete Official Codebook with Guidelines American Medical Association,2021-09-20 ICD 10 CM 2022 The Complete Official Codebook provides the entire updated code set for diagnostic coding organized to make the challenge of accurate coding easier This codebook is the cornerstone for establishing medical necessity correct documentation determining coverage and ensuring appropriate reimbursement Each of the 22 chapters in the Tabular List of Diseases and Injuries is organized to provide quick and simple navigation to facilitate accurate coding The book also contains supplementary appendixes including a coding tutorial pharmacology listings a list of valid three character codes and additional information on Z codes for long term drug use and Z codes that can only be used as a principal diagnosis Official 2022 coding guidelines are included in this codebook

FEATURES AND BENEFITS Full list of code changes Quickly see the complete list of new revised and deleted codes affecting the CY2022 codes including a conversion table and code changes by specialty QPP symbol in the tabular section The symbol identifies diagnosis codes associated with Quality Payment Program QPP measures under MACRA New and updated coding tips Obtain insight into coding for physician and outpatient settings Chapter 22 features U codes and coronavirus disease 2019 COVID 19 codes Improved icon placement for ease of use New and updated definitions in the tabular listing Assign codes with confidence based on illustrations and definitions designed to highlight key components of the disease process or injury and provide better understanding of complex diagnostic terms Intuitive features and format This edition includes color illustrations and visual alerts including color coding and symbols that identify coding notes and instructions additional character requirements codes associated with CMS hierarchical condition categories HCC Medicare Code Edits MCEs manifestation codes other specified codes and unspecified codes Placeholder X This icon alerts the coder to an important ICD 10 CM convention the use of a placeholder X for three four and five character codes requiring a seventh character extension Coding guideline explanations and examples Detailed explanations and examples related to application of the ICD 10 CM chapter guidelines are provided at the beginning of each chapter in the tabular section Muscle tendon translation table This table is used to determine muscle tendon action flexor extensor other which is a component of codes for acquired conditions and injuries affecting the muscles and tendons Index to Diseases and Injuries Shaded guides to show indent levels for subentries Appendices Supplement your coding knowledge with information on proper coding practices risk adjustment coding pharmacology and Z codes

Medical Coding Essentials: A Guide to Master ICD-10-CM Diagnostics Dr. Sowjanya Gurugubelli,Mrs. Vinny Therissa Mangam,Mr. Prakash Nathaniel Kumar Sarella,Mr. Gourab Saha,Dr. Syed Afzal Uddin Biyabani,2025-01-08 Medical Coding Essentials A Guide to Master ICD 10 CM Diagnostics is designed to provide

aspiring medical coders with a structured approach to mastering ICD 10 CM coding and preparing for the CPC certification exam This book combines theoretical knowledge with practical applications featuring numerous examples case studies and practice questions that mirror the actual certification exam The content is organized to build your knowledge progressively from fundamental concepts to complex coding scenarios Each chapter includes learning objectives key terms coding guidelines and practice exercises to reinforce your understanding The book also features tips and strategies specific to the CPC exam making it an invaluable resource for certification preparation Medical Coding: Icd-10-Cm Speedy Study Guides Speedy Publishing,2014-07-16 Every known illness disease and condition has a specific number that goes along with the word describing the person s medical problem Every physician and their office staff must know medical codes for the sake of billing purposes If the doctor and office staff does not code a specific illness condition or disease correctly the insurance company may not pay for treatment medication in hospital stays outpatient treatment and a number of surgical and other procedures performed for the patient making it impossible for the patient to receive the proper treatment Common illnesses diseases and conditions listed in a pamphlet would enable the medical student to become familiar and able to memorize with the more common medical codes The bottom line for using proper ICD codes is money reimbursement for the medical community and patient The Clinical Documentation Improvement Specialist's Guide to ICD-10 Glenn Krauss,2011-03 Take charge of ICD 10 documentation requirements The implementation of ICD 10 brings with it new documentation requirements that will have a significant impact on the work of your CDI team The higher degree of specificity of information needed to code accurately will have a direct correlation to reimbursement and compliance CDI specialists need a firm understanding of the new code set and the rules that govern it to obtain the appropriate level of documentation from physicians The Clinical Documentation Improvement Specialist s Guide to ICD 10 is the only book that addresses ICD 10 from the CDI point of view Written by CDI experts it explains the new documentation requirements and clinical indicators of commonly reported diagnoses and the codes associated with those conditions You ll find the specific documentation requirements to appropriately code conditions such as heart failure sepsis and COPD Learn from your peers The Clinical Documentation Improvement Specialist s Guide to ICD 10 includes case studies from two hospitals that have already begun ICD 10 training so you can use their timelines as a blue print to begin your organization s training and implementation ICD 10 implementation happens in 2013 It s not too soon to start developing the expertise and comfort level you ll need to manage this important industry change and help your organization make a smooth transition Benefits Tailored exclusively for CDI specialists Side by side comparison of what documentation is necessary now v what will be required starting October 1 2013 Timelines to train physicians in new documentation requirements to ensure readiness by implementation date Strategies and best practices to ensure physician buy in **ICD-10-CM Official Guidelines for Coding and Reporting - FY 2021 (October 1, 2020 - September 30, 2021)** Department Of Health And Human Services,2020-09-06 These

guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD 10 CM the American Hospital Association AHA the American Health Information Management Association AHIMA CMS and NCHS These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD 10 CM itself The instructions and conventions of the classification take precedence over guidelines These guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD 10 CM but provide additional instruction Adherence to these guidelines when assigning ICD 10 CM diagnosis codes is required under the Health Insurance Portability and Accountability Act HIPAA The diagnosis codes Tabular List and Alphabetic Index have been adopted under HIPAA for all healthcare settings A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation code assignment and reporting of diagnoses and procedures These guidelines have been developed to assist both the healthcare provider and the coder in identifying those diagnoses that are to be reported The importance of consistent complete documentation in the medical record cannot be overemphasized Without such documentation accurate coding cannot be achieved The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated The Complete Business Guide for a Successful Medical Practice Neil Baum,Roger G. Bonds,Thomas Crawford,Karl J. Kreder,Koushik Shaw,Thomas Stringer,Raju Thomas,2015-01-02 This text provides physicians with the basic business skills in order for them to become involved in the financial aspect of their practices The text will help the physician decide what kind of practice they would like to join i e private practice small group practice solo practice hospital employment large group practice academic medicine or institutional government practice as well as understand the basics of contracting restrictive covenants and how to navigate the road to partnership Additional topics covered include monthly balance sheets productivity overhead costs and profits trend analysis and benchmarking Finally the book provides advice on advisors that doctors will need to help with the business of their professional and personal lives These include accountants bankers lawyers insurance agents and other financial advisors The Complete Business Guide for a Successful Medical Practice provides a roadmap for physicians to be not only good clinical doctors but also good businessmen and businesswomen It will help doctors make a difference in the lives of their patients as well as sound financial decisions for their practice **ICD-10-CM Official Guidelines for Coding and Reporting - FY 2020 (October 1, 2019 - September 30, 2020)** U.S. Department of Health and Human Services DHHS,2019-11-19 These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD 10 CM itself The instructions and conventions of the classification take precedence over guidelines These guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD 10 CM but provide additional instruction Adherence to these guidelines when assigning ICD 10 CM diagnosis codes is required under the Health Insurance Portability and Accountability Act HIPAA The diagnosis codes

Tabular List and Alphabetic Index have been adopted under HIPAA for all healthcare settings A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation code assignment and reporting of diagnoses and procedures These guidelines have been developed to assist both the healthcare provider and the coder in identifying those diagnoses that are to be reported

The Essential Guide to Coding in Otolaryngology Seth M. Brown, Kimberley J. Pollock, Michael Setzen, Abtin Tabaei, 2021-09-07

The Essential Guide to Coding in Otolaryngology Coding Billing and Practice Management Second Edition is a comprehensive manual on how to properly and compliantly code for both surgical and non surgical services It is a practical guide for all otolaryngology providers in the United States including physicians early in their career requiring a working knowledge of the basics experienced providers looking to understand the latest updates with ICD 10 CM and CPT changes related specialists audiology speech pathology and physician extenders providing otolaryngologic health care and office administrative teams managing coding and billing Included are sections on how to approach otolaryngology coding for all subspecialties in both the office and operating room Foundational topics such as understanding the CPT and ICD 10 CM systems use of modifiers managing claim submissions and appeals legal implications for the provider coding for physician extenders and strategies to optimize billing are presented by experts in the field Focused on a practical approach to coding billing and practice management this text is user friendly and written for the practicing physician audiologist speech pathologist physician extender and coder The income and integrity of a medical practice is tied to the effectiveness of coding and billing management As profit margins are squeezed the ability to optimize revenue by compliant coding is of the utmost importance

The Essential Guide to Coding in Otolaryngology Coding Billing and Practice Management Second Edition is vital not only for new physicians but for experienced otolaryngologists New to the Second Edition Strategies for integrating revised guidelines for coding and documenting office visits New and evolving office and surgical procedures including Eustachian tube dilation and lateral nasal wall implants Updated coding for endoscopic sinus surgery and sinus dilation Billing for telehealth visits Revision of all sub specialty topics reflecting changes in coding and new technologies New and revised audiologic diagnostic testing codes

Key Features All chapters written by practicing otolaryngologists health care providers practice managers legal experts and coding experts Discussion of the foundations of coding billing and practice management as well as advanced and complex topics Otolaryngology subspecialty focused discussion of office based and surgical coding Tips on how to code correctly in controversial areas including the use of unlisted codes A robust index for easy reference

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