

Coding Training without Leaving the Office
Outreach Training Series

**ICD-10 Clinician Coding Primer
Chronic Pain and Substance Abuse**



Mitzi Snell, BS, CPC
Brown Consulting Associates, Inc.

Session Date: Friday, August 28, 2015
8:00 AM Pacific Time OR 12 NOON Pacific time
(be sure to note correct start time for your time zone)

Ten Minutes Prior to Training Time:

1. Join the meeting using the confirmation email you received after you reserved your seat. The subject line of the email says: "Dr. #13 Substance Abuse & Chronic Pain".
2. Join by clicking on the link in #1 that says "Click here to join the webinar".
3. You will be given the telephone call-in number once you are in the webinar.

If you encounter problems, call Kerri Robbins at Brown Consulting Associates: 208-736-3755

Training presented by Brown Consulting Associates, Inc. in cooperation with:

Community Health Plan of Washington
Idaho Medical Association
Iowa Medical Society
Montana Medical Association
Ohio Association of Community Health Centers
West Virginia Primary Care Association
Indiana Primary Health Care Association
Kansas Primary Care Association
Missouri Primary Care Association
Central Valley Health Network (California)

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Bonnie R. Hoag, RN, CCS-P, is a private practice reimbursement consultant who has served as a national physician office consultant and seminar speaker for a variety of firms, including St. Anthony Publishing and Consulting in Alexandria, Virginia and Medical Learning Inc. in Minneapolis, Minnesota. Bonnie currently presents approximately 30 seminars each year with the Idaho Medical Association, Montana Medical Association, Iowa Medical Society, National Association of Community Health Centers and other groups. She continues to present seminars and workshops for the Northwest Regional Primary Care Association, Center for Health Training and other groups. Brown Consulting Associates, Inc. has developed and presents live, web-based certification training for the Northwest Regional Primary Care Association. Bonnie is honored to serve as a board of directors' member at the Community Health Center in her community. For eleven years, Bonnie taught a three-semester course for students aspiring to become certified coders at the College of Southern Idaho. During years 2005-2007 Bonnie also served on the AHIMA national Physician Practice Council Group. On occasion Bonnie is called upon to work with health care legal defense attorneys to assist physicians in resolving third-party-payer coding actions.

Sixteen years of clinical experience combined with twenty-one years of coding consulting and training provides an exceptional skill base for application to the challenging and changing medical coding environment. Bonnie graduated from Los Angeles County-USC Medical Center School of Nursing in 1973. Her nursing experience includes office nursing and hospital nursing in the areas of surgery, ER, ICU and home health. She served as an Air Force Flight Nurse.

Bonnie has worked in physician office nursing and management, dealing directly with reimbursement issues in Las Vegas, Nevada; Salt Lake City, Utah; and Twin Falls, Idaho. She has been teaching and consulting since 1989 and has worked in 41 states. As a physician reimbursement consultant, Bonnie visits physician offices, clinics and ERs to assess the issues that directly and indirectly affect reimbursement and CMS compliance.

Shawn R. Hafer, CCS-P, CPC, Senior consultant and co-owner of Brown Consulting with more than 20 years of physician coding and reimbursement experience in a variety of specialties. She holds coding certifications from both the American Health Information Management Association (AHIMA) and the American Academy of Professional Coders (AAPC) and is a member of both organizations. Her background provides an excellent foundation for the demanding medical coding environment.

Shawn has been with Brown Consulting for 16 years, and is uniquely qualified due to her diverse management skills and experience, as well as her coding and billing expertise. Shawn also serves as a senior auditor conducting hundreds of medical record audits each year providing both clinician and coder training in all facets of coding and documentation. She has been involved in small rural health clinic projects served by visiting providers to large inner-city clinics with more than 100 providers. Shawn has worked with healthcare defense attorneys on behalf of physicians involved in third party payer audits. Shawn authors and presents coding seminars and webinars for our many workshop/seminar partners including the Idaho Medical Association, Montana Medical Association, Iowa Medical Society, West Virginia Primary Care Association and many other regional and national groups.

For ten years, Shawn served as a coding instructor at the College of Southern Idaho and for Northwest Regional Primary Care Association, and was a long term member of the Advisory Committee for Coding Education at the College of Southern Idaho. Shawn attended the College of Southern Idaho in Twin Falls, ID and Pima College in Tucson, AZ.

Mitzi A. Snell, BS, CPC, brought 10 years' experience in medical coding, billing, auditing, contracting, compliance and management to the Brown Consulting Associates team upon her 2012 employment. Her multi-specialty background includes urgent care, internal medicine, family practice, spine surgery and mental health. During seven years with Boise's St. Alphonsus Medical Group, she supervised coding and billing for primary care and internal medicine physicians as well as helping develop a preceptor program for new coders and heading a pilot chart auditing project involving clinician coding, compliance and reimbursement training. She also taught a 12-month Health Care Billing and Coding course at Milan Institute (Boise), providing instruction in medical software, medical terminology, anatomy and physiology, ICD-9, CPT, and HCPCS coding, and billing for government and private payers.

Mitzi holds a Bachelor of Science degree in Health Information Management from Boise State University; her professional designation is a Certified Professional Coder (CPC) of the American Academy of Professional Coders (AAPC). She is a member of both AHIMA and AAPC. She devotes her free time to the Allies Linked for the Prevention of HIV and AIDS (ALPHA), a non-profit organization providing free services and testing to teens and adults. She and her husband, a US Air Force Tech Sergeant, live in Boise with their three children.

Meri Harrington, CPC, CEMC, brings with her 12 years of coding and auditing experience with a multispecialty rural health clinic that led the way in the rural residency training program. Meri has audited both inpatient and outpatient clinician records and coded a wide range of surgical encounters. She was responsible for writing the E&M coding policy for the organization, as well as conducting multiple clinician and peer audits and education sessions. Meri assisted in researching denials for accuracy and rebilling when appropriate. More recently, she pioneered the organization's journey towards ICD-10 implementation.

Meri has spent multiple hours working alongside clinicians and peers on projects aimed at improving the user-friendliness of electronic medical records programs. She has also assisted with internal audits to assure Meaningful Use implementation and attestations.

Meri's education includes several years volunteering as an EMT in her local community. Meri attended the Community Colleges of Spokane – Colville IEL. She attended an HRAI Coding Boot Camp in 2002 and CPC Solution's E&M Auditing Clinic in 2006. She maintains a CPC and a CEMC credential. Meri lives in northeastern Washington with her husband, Mike, and their two small children. She enjoys outdoor activities with her family, reading, and gardening. She volunteers at her church and loves to go on field trips with her children.

Ginger Avery, CPC, CPMA, brings almost 20 years of experience in medical coding and billing to the Brown Consulting team. She began her career performing home health billing for a rural county hospital and went on to work for an ASC where she became instrumental in administrative tasks that significantly improved the revenue cycle process. After obtaining her coding certification in 2005, she worked for the medical practice division of a large hospital, and while she specialized in cardiology, she also worked closely with hospitalists and family practice clinicians. She performed internal audits and provider education, and worked closely with projects aimed at improving the use of electronic medical record programs.

Ginger served as a member of the compliance committee and was responsible for writing policies and procedures related to billing, coding and auditing. Ginger obtained her Certified Professional Medical Auditor (CPMA) credential in 2014, while serving as the Vice President of her local American Academy of Professional Coders (AAPC) chapter; Ginger now serves as the chapter's 2015 President.

Our Commitment

Brown Consulting Associates, Inc. has provided national physician training services since 1989. BCA recognizes the increasing and constantly changing demands placed on the physician office by federal and state government, CMS, Medicare, the Peer Review Organization, private insurance carriers and hospitals. In addition to serving physician offices, Brown Consulting Associates provides specialized training for various third party payers, Military Treatment Facilities, and Federally Qualified Health Care Centers. Brown Consulting Associates offers physician and staff education designed and customized to enhance operations and federal compliance.

Our association with the American Health Information Management Association, American Academy of Professional Coders, Medical Group Management Association well as other groups, helps to keep us current in the field of coding, documentation and reimbursement. Our programs and services are designed to assist physicians and their staff to meet the new demands and challenges of coding, documentation, compliance and reimbursement. Customized in-office services and live web-based programs designed to educate physicians and their staff regarding coding, documentation and billing issues will continue to be our focus.

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Today's Agenda



1. Moving From ICD-9 to ICD-10
2. Documentation Improvement
3. The Search for Codes
4. Diagnosis Coding Topics
 - Chronic Pain Syndrome & Med Management
 - Substance Abuse
 - Substance Dependence

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Brown Consulting Associates Commentary

August 2015

1. Clinicians are expected to be Coders.
2. Clinicians use same 50 diagnoses 80% of the time.
3. ICD-9 data reveals nonspecific codes 50% of the time.
4. EMR companies assure ease-of-transition indicating previously-used ICD9s will be mapped to ICD10.
5. Clinicians object to the “search” work effort.
6. In some cases, non-clinician data is mapped to the clinician’s Assessment & Plan.
7. Be certain “official” diagnosis coding language appears in A/P.

Pre-recording Survey Information

1. 60% *NextGen*, 20% *EPIC*, 10% *Centricity* & 10% **Other**
2. 65% subscribe to *IMO* cloud-based search add-on
3. 75% have ICD-10 open for clinician viewing now

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Refresher: HIPAA Mandated “Rules”

Section IV ICD Guidelines

1. **1st listed** dx identifies condition requiring the greatest work effort today, as determined by the clinician and supported in the medical record.
2. Code all conditions that **require/affect care**.
3. Code **reasons** for all studies.
4. Code to the highest level of **specificity** known.
 - Chronic Pain due to trauma – *ICD-10 G89.21*
 - Opioid Abuse with delusions – *ICD-10 F11.150*
5. **No “rule out”** or unconfirmed diagnoses; instead report known signs and symptoms.
 - Generalized pain – *ICD-10 R52*
 - Altered mental state - *ICD-10 R41.82*



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ICD-10 Chapter 5-Mental, Behavioral and Neurodevelopmental Disorders

- Classification improvements
 - Greater detail, different categories, more codes
- Code expansion
 - Most notably, Other Isolated or Specific Phobias
- Updates to medical terminology
 - Bipolar I disorder, single episode will change to Manic episode
 - Under socialized conduct disorders, aggressive will become Conduct disorder childhood type
 - Persistent depressive disorder will be Dysthymic disorder

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ICD Required Guidelines Section I

Mental and Behavioral Disorders Chapter 5



Substance Use, Abuse And Dependence

When the provider documentation refers to use, abuse and dependence of the same substance (e.g. alcohol, opioid, cannabis, etc.), only one code should be assigned to identify the pattern of use based on the following hierarchy:

1. If both use and abuse are documented, assign only the code for abuse
2. If both abuse and dependence are documented, assign only the code for dependence
3. If use, abuse and dependence are all documented, assign only the code for dependence
4. If both use and dependence are documented, assign only the code for dependence.

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ICD Required Guidelines Section I

Mental and Behavioral Disorders Chapter 5

Substance Dependence Basic Codes	ICD10	ICD9
Alcohol depend w/o complication	F10.20	303.90
in remission	F10.21	303.93
with current intoxication uncomplicated	F10.220	303.01
Opioid depend w/o complication	F11.20	304.00
in remission	F11.21	304.03
with current intoxication uncomplicated	F11.220	
Cannabis depend w/o complication	F12.20	304.30
in remission	F12.21	304.33
with current intoxication uncomplicated	F12.220	

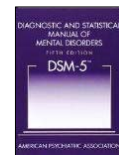
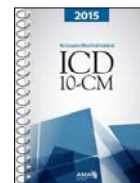
Remission: Selection of codes for “in remission” for these codes are based on the clinician’s judgment. The appropriate codes for “in remission” are assigned only on the basis of provider documentation (as defined in the Official Guidelines for Coding and Reporting).

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ICD-10 versus DSM-5

- ICD-10 contains codes to ensure proper insurance reimbursement and monitor statistics by health agencies
- ICD-10 submitted to any third party
- ICD-10 codes represent ICD-10 code descriptions
- DSM-5 contains lists of ICD-9 and ICD-10
- DSM-5 provides diagnostic codes solely for mental disorders; where ICD-10 has codes for both physical and mental disorders.
- DSM-5 and ICD-10 are described as “companion publications.”
- DSM-5 provides the most accurate and updated criteria for diagnosing mental disorders, making a common language for clinicians to communicate about their patients.



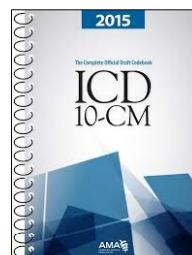
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ICD-10

International Classification of Disease, 10th Revision, Clinical Modifications
October 1, 2015

- Federally required to identify diagnoses.
- HIPAA legislations protects....
- Produced by a global health agency with a public health mission to help countries reduce burden of mental health disorders.
- ICD is available free on the internet (WHO), not for profit
- ICD is approved by the World Health Assembly
- ICD Guidelines and guidance for use are managed by the “Cooperating Parties” (AHA, AHIMA, CMS and NCHS).



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Substance Categories in ICD-10, Chp. 5

Arranged by Abuse, Dependence or Use & Clinical Features

- | | |
|---|------------|
| 1. Alcohol Related Disorders | F10 |
| 2. Opioid Related Disorders | F11 |
| 3. Cannabis Related Disorders | F12 |
| 4. Sedative, Hypnotic or Anxiolytic Dis. | F13 |
| 5. Cocaine Related Disorders | F14 |
| 6. Other Stimulant Related Dis. (Meth.) | F15 |
| 7. Hallucinogen Related Dis. (PCP, Ecstasy) | F16 |
| 8. Nicotine Related Disorders | F17 |
| 9. Psychoactive Substance Related Dis. | F19 |
| 10. Inhalant Disorders <i>(not on BCA Code Sheet)</i> | F18 |

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Substance Abuse, Dependence & Use

ICD-10 Terminology =
"Substance Use Disorder"
listed by substance as

- Abuse
- Dependence
- Use

DSM-5 Terminology =
Listed by substance as mild,
moderate or severe

- Mild - code as *abuse*
- Moderate - code as *dependence*
- Severe - code *dependence*

Chronic Pain and Substance Abuse Code Sheet - Draft

3 Pages

Chronic Pain	ICD10	ICD9	Cannabis Dependence	ICD10	ICD9
Chronic Pain Syndrome	G69.4	338.4	Cannabis dependence, uncomplicated	F12.20	304.31
Chronic Pain, unspecified	G69.29	338.29	Cannabis dependence, in remission	F12.21	304.32
due to: trauma	G69.21	338.21	with cannabis-induced anxiety disorder		
neoplasm related	G69.3	338.3	with delusions		
post-operative	G69.32	338.32	with hallucinations		
postoperative, not elsewhere classified	G69.28	338.28	Cannabis depend w/intoxication, w/o comp	F12.210	292.81
post procedural, not elsewhere classified	G69.28	338.28	with delusions	F12.211	292.89
with delirium			with hallucinations		
Chronic Pain Syndrome (Residual Documentation)			Cannabis Use (w/o abuse or dependence) & Cannabis Poisoning		
Arthritis	M12.9	F16.8x	Cannabis use unspecified & uncomplicated		
Fibromyalgia	M87.7	729.8	See F12.8x for other cannabis "use" diagnoses	F12.90	305.20
Lumbar	M54.5	724.2	Cannabis poisoning - intent undetermined	T40.7X6x	969.8
Rheumatoid arthritis	M06.9	714.0			
Pain due to mental factors	F45.45	307.89			
Medication Management (Residual Documentation)			Cocaine Abuse - See Category F14		
Therapeutic drug monitoring	Z51.81	V58.63	Cocaine abuse, uncomplicated	F14.10	
Management high-risk medication	Z79.899	V58.69	with cocaine induced, anxiety disorder	F14.180	
Opiates	Z79.1	V58.64	with delusions	F14.190	
NSAID	Z79.52	V58.65	with hallucinations	F14.151	
Sedatives			with mood disorder	F14.14	
Alcohol Abuse (non-dependent) - See Category F10			with sexual dysfunction	F14.181	
Alcohol abuse, uncomplicated	F10.10	291.80	with sleep disorder	F14.162	
with anxiety disorder	F10.180	291.89	Cocaine abuse whether induced disorder	F14.198	
with mood disorder	F10.14	291.89	Cocaine abuse, with intox, w/o comp.	F14.120	
with delusions	F10.160	291.5	with delirium	F14.121	
with hallucinations	F10.151	291.3	with perceptual disturbances	F14.122	
with sexual dysfunction	F10.181	291.89	Cocaine Dependence		
with sleep disorder	F10.182	291.82	Cocaine dependence, uncomplicated	F14.20	
with intoxication (today)	F10.120	305.00	in remission	F14.21	304.23
with delirium	F10.121	291.0	with cocaine-induced anxiety disorder	F14.280	
Alcohol Dependence			with delusions	F14.290	
Alcohol dependence uncomplicated	F10.20	303.90	with hallucinations	F14.251	
with withdrawal, in remission	F10.21	303.93	with sexual dysfunction	F14.281	
with withdrawal, but w/o complications	F10.230	291.81	with sleep disorder	F14.282	
withdrawal with delirium	F10.231	291.0	Cocaine depend w/intox, w/o comp.	F14.220	
withdrawal with perceptual disturbances	F10.232		with delirium	F14.221	
Alcohol dependence, with delusions	F10.250	291.5	with perceptual disturbances	F14.222	
with hallucinations	F10.251	291.3	Cocaine Use (w/o abuse or dependence) & Cocaine Poisoning		
with persisting anxiety disorder	F10.26	291.1	Cocaine use unspecified & uncomplicated	F14.90	
with persisting dementia	F10.27	291.2	See F14.8x for other cocaine "use" diagnoses		
with alcohol-induced mood disorder	F10.24	291.89	Cocaine poisoning - intent undetermined	T40.5X4x	970.81
with anxiety disorder	F10.280	291.89	See F14.8x for other cocaine "use" diagnoses		
with sexual dysfunction	F10.281	291.89	Opium Abuse - See Category F11		
with sleep disorder	F10.282	291.82	Opium abuse, uncomplicated	F11.10	
Alcohol intoxication but uncomplicated	F10.220	303.00	with delusions	F11.150	
with complication of delirium	F10.221		with hallucinations	F11.151	
Alcohol poisoning - intent undetermined	T51.0X6x		with mood disorder	F11.14	
Blood alcohol level			with sexual dysfunction	F11.181	
<20 mg/100 ml	V90.0		with sleep disorder	F11.182	
20-39 mg/100 ml	V90.1	100-119 mg	Opium abuse whether induced disorder	F11.188	
40-59 mg/100 ml	V90.2	120-199 mg	Opium abuse w/intox, but w/o comp.	F11.120	
60-79 mg/100 ml	V90.3	200-299 mg	with delirium	F11.121	
80-99 mg/100 ml	V90.4	300-399 mg	with perceptual disturbances	F11.122	
≥100 mg/100 ml	V90.5	≥400 mg	Opium Dependence		
Cannabis Abuse - See Category F12			Opium dependence, uncomplicated	F11.20	304.00
Cannabis abuse, uncomplicated	F12.10	305.20	in remission	F11.21	304.03
with cannabis-induced anxiety disorder	F12.180	292.89	with withdrawal	F11.23	292.0
with delusions	F12.150	292.11	with mood disorder	F11.24	292.84

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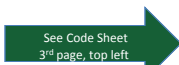
Nicotine Dependence/Tobacco

Common to Many Categories

Use additional code to identify:

Tobacco **dependence** (F17.2-)

- Cigarettes
- Chewing tobacco
- Other tobacco product



NICOTINE DEPENDENCE vs TOBACCO USE & EXPOSURE

Cigarette, uncomplicated (no related illness)	F17.210	
in remission	F17.211	
in withdrawal	F17.213	305.1
Vapor or "Other" uncomplicated	F17.290	
in remission	F17.291	
in withdrawal	F17.293	
Chewing tobacco, uncomplicated	F17.220	
in remission	F17.221	
in withdrawal	F17.222	
2nd hand tobacco smoke exposure	Z77.22	
Occupational tobacco smoke exposure	Z57.31	
History of tobacco dependence	Z87.891	V15.82
Tobacco use, (no dependence)	avoid	Z72.0 305.1

History of tobacco use (Z87.891)

Exposure to environmental tobacco smoke (Z77.22)

Occupational exposure to environmental tobacco smoke (Z57.31)

Tobacco use (Z72.0) - **No dependence**

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Chronic Pain Coding



	Chronic Pain	ICD10	ICD9
Code First	Chronic Pain Syndrome	G89.4	338.4
	Chronic Pain, unspecified	G89.29	338.29
	due to; trauma	G89.21	338.21
	neoplasm related	G89.3	338.3
	post-thoracotomy	G89.22	338.22
	postoperative, not elsewhere classified	G89.28	338.28
	post procedural, not elsewhere classified	G89.28	338.28
Code 2 nd	Common conditions causing chronic pain		
	Arthritis	M12.9	716.9x
	Fibromyalgia	M97.7	729.9
	Lumbago	M54.5	724.2
	Rheumatoid arthritis	M06.9	714.0
Code 3 rd & 4th	Pain d/o w/related psych factors	F45.42	307.89
	Medication Management (detailed documentation)		
	Therapeutic drug monitoring	Z51.81	V58.83
	✦ Management high-risk medication;	Z79.899	V58.69
	Opiates	Z79.899	V58.69
	NSAID	Z79.1	V58.64
	Steroids	Z79.52	V58.65

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Chronic Pain - Example Assessment

Medical Clinicians Only



Assessment Example Revealing *Today's Diagnoses*

1. G89.4 Chronic pain syndrome
2. M54.5 Lumbago
3. Z51.81 Therapeutic drug monitoring
4. Z79.899 Long term use of high-risk meds

Plan: Drug screen appropriate today, able to perform work duties for 6 hour day, continuing exercise plan, continue current medication management, return 30 days.

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Medication Management

Medical Clinicians Only



Z51.81 Encounter for therapeutic drug monitoring

1. Assigned when a patient's medication is being monitored.
2. Additional code is used for long term medication use (Z79.899). Examples include: Opiates ,Depakote, Lithium
3. Also report underlying condition(s)

Medication Management (detailed documentation)		
Therapeutic drug monitoring	Z51.81	V58.83
+ Management high-risk medication;	Z79.899	V58.69
Opiates	Z79.899	V58.69
NSAID	Z79.1	V58.64
Steroids	Z79.52	V58.65

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Medication Management in Substance Abuse Care

Medication Management (document)		
Therapeutic drug monitoring	Z51.81	V58.83
+ Management high-risk medication;	Z79.899	V58.69
Opiates	Z79.899	V58.69
NSAID	Z79.1	V58.64
Steroids	Z79.52	V58.65
Aspirin	Z79.82	V58.66

Tips to Success:

1. When the main reason for the visit is med. management, list first Dx code Z51.81, if medications are high risk, report also Dx code Z79.899, in addition to the specific disorder.
2. Alcohol and/or Drug use, abuse, and dependence are coded as separate conditions in ICD-10, (*see additional codes*).

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Medication Management

Medical Clinicians Only

Assessment Example Revealing *Today's Diagnoses*

1. Z51.81 Therapeutic drug monitoring
2. Z79.899 Long term use of high-risk meds
3. F31.12 Bipolar I disorder, most recent episode (or current) manic, moderate



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Disclaimer!!

The following slides are for use during this problem-solving workshop. These are to be considered coding and documentation *scenarios* rather than full visit records.

While they have been created from actual clinic notes, they are not assumed to be the full content of today's visit.

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1. Chronic Pain - Initial Eval. - Story

S: 44 yo male referred by Workers Comp doctor for chronic pain evaluation and management. Four year old LS injury with three different surgical interventions over 18 mos. L2-S1 pain, leg pain (L) and numbness with left foot drop. Full history, exam and review of outside records completed... No meds past 30 days.

Assessment: *Diagnosis(es) and ICD-10 codes*

1. Chronic pain syndrome
2. Lumbago
3. Medication mgt. plan - contract signed.

Continue Norco 7.5-325mg TID (outX4 wks) Robaxin 500mg/TID. Pt is motivated, drug screen neg. PT eval ordered, EMG ordered Labs ordered, CT and MRI ordered. RTN 3wk.

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2. Chronic Pain w/other problems - Story

S: 52 yo chronic pain management x 3 years, with DM2 uncontrolled orals and insulin, kidney infection - treated by *Renal Health*. After long discussion pain not controlled, using cannabis to "self medicate"- renal vs MS?? - repeat UA & culture.

Assessment: *Diagnosis(es) and ICD-10 codes*

1. Cervical spondylitis - Norco 5-325 90, now TID
2. DM 2 uncontrolled - increase Lantus 70u AM, 42u PM
3. Long term insulin -increase s scale 1u for each level
4. Cannabis abuse

Plan: Discuss with Dr. at *Renal Health*. Contact patient with results of discussion. No more self-medicating. Return 2 weeks.

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3. Bipolar w/substance abuse - Story

S: 45 yo with long-standing bipolar disease mixed with with increase problems with alcohol dependence. Stress r/t to daughter's meth addiction.... Increased insomnia... She says mood is stabilizing, thinks she should increase Trileptal....

Assessment:

1. ~~XXXXXX~~Bipolar, partial remission, most recent episode mixed [Active] - Increase Trileptal to 300mg
2. Alcoholic
3. Insomnia, worsening - Atarax

Plan: Drug screen today appropriate. Start Atarax. Continue therapy, return 3 weeks. No alcohol.

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4. Substance - *Story*

S: 28 yo female FU meth addiction - one year chip tonight! Also FU for Hep C? - our last labs show no virus detected and LFTs only slightly above normal. Now she wants to quit smoking.

- A:**
1. Meth in remission - one year
 2. Abnormal labs, monitor for Hep C?

Plan: FU on labs, and call patient. Return 8 weeks unless problems. Nicoderm patches.

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5. Methamphetamine Relapse - *Story*

S: 27 yo presents with meth relapse..just got out of jail, was depressed..drinking pint a day of whiskey along with meth...Family hx of alcoholism...the last two weekends used some heroin..kids saw her loaded...is scheduled for therapy with BH. Homeless

A: Amphetamine dependence 304.40, Dysthymia 300.4

P: Discussed with patient whether she was “done” using. Discussed this needs to be her work, and what is it about meth/alcohol that works for her. Did get a sponsor who is several years sober. To social worker for housing.

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6. Pregnancy/Substance - *Story*

S: 24 yo pregnant female (2nd trimester). FU buprenorphine treatment for opiate addiction. Complete eval and hx reviewed with her...a little rough lately...needed to take 2nd dose early (feels sick) concerned about going up on dose (withdrawl) Has been at XXX Center for mos, will stay through delivery...164 days clean. Continues with addiction counselor. Dr. XXX sees weekly for pregnancy.

Assessment: 1. Opiate addition

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7. Non-compliance *Story & Codes*

36 yo SA client who was N/S for past two appointments comes in today requesting form completion of form for a parking sticker. Note: This homeless patient has lifetime suspension on driving privileges. Drug screen today reveals heroine and meth an sedatives... Is alcohol intoxicated. Disability parking sticker not issued. Patient became verbally aggressive and was encouraged to leave and told to find other medical care elsewhere and to go to the ED in the event of an emergency. Hotline phone number provided.

Assessment: Polysubstance abuse

1. F11.24 Opiate addition with mood disorder
2. F15.20 Stimulant dependences
3. F13.14 Sedative abuse with mood disorder
4. F10.220 Alcohol intoxication
5. Z91.19 Noncompliance with medical treatment

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If you have questions, we will help....
Any Time!

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References

- ICD-10-CM Code Book
- ICD AHA Coding Clinics
- DSM-5
- CMS/ICD-10-CM
- CDC/ICD-10-CM Section I & Section IV Guidelines
- Intelligent Medical Objects e-imo.com

General Disclaimer

- The content of this presentation has been abbreviated for a focused presentation for a specific audience. Verify all codes and information in a current code book.
- This information is considered valid at the time of presentation but changes may occur through the year.
- Information presented is not to be considered legal advice or payment advice.
- Brown Consulting does not provide legal advice or billing advice.
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ICD-10 Coding Selection In the EMR

60 Minute Webinars for Clinicians
Coders/billers are encouraged to attend!



The following disease-focused ICD-10-CM clinician training sessions have proven to be the most valuable for Family Practice, Pediatric and Internal Medicine clinicians. All sessions are presented in a live webinar format. Training material and pertinent coding tools are provided.

Clinicians are encouraged, but not required, to have electronic access to their EMR during training so that **ICD-10** codes can be searched.

All classes are 60 minutes. Start times are listed as **Pacific Time**, adjust for your time zone.

Space is limited for each session. Cost for training is \$69.00 per phone/computer line coming into training. The maximum charge, per training, per organization will be no more than \$276.00. Each site must pre-register - contact kerrirobbins@codinghelp.com - 208-736-3755.

Class Title - All 60 Minutes			July		August		September	
Dr1	ICD-10 Fundamentals for Clinicians		Wed	8 am	Tue	8 am	Tues	8 am
			7/15	Noon	8/4	Noon	9/1	Noon
Dr2	Acute Illness		Wed	8 am	Wed	8 am	Wed	8 am
			7/22	Noon	8/5	Noon	9/2	Noon
Dr3	Asthma and COPD		Tues	8 am	Thur	8 am	Thur	8 am
			7/14	Noon	8/6	Noon	9/3	Noon
Dr4	Diabetes		Tues	8 am	Tue	8 am	Tues	8 am
			7/7	Noon	8/11	Noon	9/8	Noon
Dr5	Family Planning/STI		Thur	8 am	Wed	8 am	Wed	8 am
			7/23	Noon	8/12	Noon	9/9	Noon
Dr6	HTN/Cardiology		Wed	8 am	Thur	8 am	Thur	8 am
			7/8	Noon	8/13	Noon	9/10	Noon
Dr7	Fractures/Injuries/Burns		Wed	8 am	Tue	8 am	Tues	8 am
			7/29	Noon	8/18	Noon	9/15	Noon
Dr8	Obesity		Wed	8 am	Wed	8 am	Wed	8 am
			7/1	Noon	8/19	Noon	9/16	Noon
Dr9	Pediatrics		Thur	8 am	Thur	8 am	Thur	8 am
			7/2	Noon	8/20	Noon	9/17	Noon
Dr10	Pregnancy		Thur	8 am	Tue	8 am	Tues	8 am
			7/9	Noon	8/25	Noon	9/22	Noon
Dr11	Prevention and Wellness		Thur	8 am	Wed	8 am	Wed	8 am
			7/16	Noon	8/26	Noon	9/23	Noon
Dr12	Psych: Depression & Anxiety		Tues	8 am	Thur	8 am	Thur	8 am
			7/21	Noon	8/27	Noon	9/24	Noon
Dr13	Substance Abuse and Chronic Pain		Thur	8 am	Fri	8 am	Fri	8 am
			7/30	Noon	8/28	Noon	9/25	Noon

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Evaluation Form

After webinar, scan & email to kerrirobbins@codinghelp.com or fax to 208-736-1946

Dr. #13 Substance Abuse & Chronic Pain Webinar Audience: Providers (coders & billers are encouraged to attend)

Program: **Dr. #13 Substance Abuse & Chronic Pain**

Date: **Friday, August 28, 2015**

Instructor: **Mitzi Snell, BS, CPC**

Thank you for attending our webinar training today. Please help us to assess today's training by filling out this evaluation form and returning it to us with your comments, thank you.

Program Evaluation

Rate your experience.	Strongly Agree	Agree	Disagree	Strongly Disagree
My coding will improve as a result of this Webinar.				
The course met my expectations.				
The speaker was knowledgeable.				
The course material was helpful.				
Would you recommend this course to other medical professionals?	Yes	No		

Comments?

Contact Information

Please print clearly using black or blue ink.

First name	
Last name	
Credential(s)	MD DO PA-C ARNP RN LPN CCS-P CPC CCS CHCS RHIT Other:
Clinic Name	
Phone	
Email	

My signature verifies my full attendance at this session.

Your signature

Chronic Pain and Substance Abuse Code Sheet - Draft

Chronic Pain	ICD10	ICD9	Cannabis Dependence	ICD10	ICD9
Chronic Pain Syndrome	G89.4	338.4	Cannabis dependence, uncomplicated	F12.20	304.31
Chronic Pain, unspecified	G89.29	338.29	Cannabis dependence; in remission	F12.21	304.03
due to; trauma	G89.21	338.21	with cannabis-induced anxiety disorder	F12.280	292.89
neoplasm related	G89.3	338.3	with delusions	F12.250	292.11
post-thoracotomy	G89.22	338.22	with hallucinations	F12.251	292.12
postoperative, not elsewhere classified	G89.28	338.28	Cannabis depend w/intoxication, w/o comp.	F12.220	292.2
post procedural, not elsewhere classified	G89.28	338.28	with delusions	F12.221	292.81
Common conditions causing chronic pain			with hallucinations	F12.251	292.89
Arthritis	M12.9	716.9x	Cannabis Use (w/o abuse or dependence) & Cannabis Poisoning		
Fibromyalgia	M97.7	729.9	Cannabis use unspecified & uncomplicated	F12.90	305.20
Lumbago	M54.5	724.2	See F12.9x for other cannabis "use" diagnoses		
Rheumatoid arthritis	M06.9	714.0	Cannabis poisoning - intent undetermined	T40.7X4-	969.6
Pain d/o w/related psych factors	F45.42	307.89	Replace dash (-) with: A=initial (active tx); D= FU (healing); or S=sequela		
Medication Management (detailed documentation)			Cocaine Abuse See Category F14		
Therapeutic drug monitoring	Z51.81	V58.83	Cocaine abuse; uncomplicated	F14.10	
+ Management high-risk medication;	Z79.899	V58.69	with cocaine induced; anxiety disorder	F14.180	
Opiates	Z79.899	V58.69	with delusions	F14.150	
NSAID	Z79.1	V58.64	with hallucinations	F14.151	
Steroids	Z79.52	V58.65	with mood disorder	F14.14	
Alcohol Abuse (non-dependent) See Category F10			with sexual dysfunction	F14.181	
Alcohol abuse, uncomplicated	F10.10	305.00	with sleep disorder	F14.182	
with anxiety disorder	F10.180	291.89	Cocaine abuse w/other induced disorder	F14.188	
with mood disorder	F10.14	291.89	Cocaine abuse, with intox. w/o comp.	F14.120	
with delusions	F10.150	291.5	with delirium	F14.121	
with hallucinations	F10.151	291.3	with perceptual disturbance	F14.122	
with sexual dysfunction	F10.181	291.89	Cocaine Dependence		
with sleep disorder	F10.182	291.82	Cocaine dependence; uncomplicated	F14.20	
with intoxication (today)	F10.120	305.00	in remission	F14.21	304.23
with delirium	F10.121	291.0	with cocaine-induced anxiety disorder	F14.280	
Alcohol Dependence			with delusions	F14.250	
Alcohol dependence uncomplicated	F10.20	303.90	with hallucinations	F14.251	
Alcohol dependence in remission	F10.21	303.93	with sexual dysfunction	F14.281	
with withdrawal; but w/o complications	F10.230	291.81	with sleep disorder	F14.282	
withdrawal with; delirium	F10.231	291.0	Cocaine depend. w/intox., w/o comp.	F14.220	
withdrawal with; perceptual disturbance	F10.232		with delirium	F14.221	
Alcohol dependence; with delusions	F10.250	291.5	with perceptual disturbances	F14.222	
with hallucinations	F10.251	291.3	Cocaine Use (w/o abuse or dependence) & Cocaine Poisoning		
with persisting amnesic disorder	F10.26	291.1	Cocaine use unspecified & uncomplicated	F14.90	
with persisting dementia	F10.27	291.2	See F14.9x for other cocaine "use" diagnoses		
with alcohol-induced; mood disorder	F10.24	291.89	Cocaine poisoning -intent undetermined	T40.5X4-	970.81
with anxiety disorder	F10.280	291.89	Replace dash (-) with: A=initial (active tx); D= FU (healing); or S=sequela		
with sexual dysfunction	F10.281	291.89	Opioid Abuse See Category F11		
with sleep disorder	F10.282	291.82	Opioid abuse; uncomplicated	F11.10	
Alcohol intoxication but uncomplicated	F10.220	303.00	with delusions	F11.150	
with complication of; delirium	F10.221		with hallucinations	F11.151	
Alcohol Poisoning			with mood disorder	F11.14	
Replace dash (-) with: A=initial (active tx); D= FU (healing); or S=sequela			with sexual dysfunction	F11.181	
Alcohol poisoning - intent undetermined	T51.0X4-		with sleep disorder	F11.182	
Blood alcohol level;			Opioid abuse w/other induced disorder	F11.188	
20-39 mg/100 ml	Y90.1	100-119 mg	Opioid abuse w/intox., but w/o comp.	F11.120	
40-59 mg/100 ml	Y90.2	120-199 mg	with delirium	F11.121	
60-79 mg/100 ml	Y90.3	200-239 mg	with perceptual disturbance	F11.122	
80-99 mg/100 ml	Y90.4	240mg or >	Opioid Dependence		
Cannabis Abuse See Category F12			Opioid dependence; uncomplicated	F11.20	304.00
Cannabis abuse; uncomplicated	F12.10	305.20	in remission	F11.21	304.03
with cannabis-induced anxiety disorder	F12.180	292.89	with withdrawal	F11.23	292.0
with delusions	F12.150	292.11	with mood disorder	F11.24	292.84
with hallucinations	F12.151	292.12	with delusions	F11.250	292.11
Cannabis abuse w/intox., w/o comp.	F12.120	292.2	with hallucinations	F11.251	292.12
with delirium	F12.121	292.81	with sexual dysfunction	F11.281	292.89
with perceptual disturbance	F12.122	292.89	with sleep disorder	F11.282	292.85

Chronic Pain and Substance Abuse Code Sheet - Draft

Opioid Dependence <i>continued from prev. page</i>	ICD10	ICD9	Psychoactive Use <i>(not abuse)</i> & Poisoning	ICD10	ICD9
Opioid dependence w/other induced d/o	F11.288	292.89	Psychoactive use unspecified & uncomplicated	F19.90	
with delirium	F11.221		<i>See F19.9x for other psychoactive "use" diagnoses</i>		
with perceptual disturbances	F11.222		Psychoactive poisoning - intent undetermined	T43.94X-	969.9
Opioid dependence w/intox., w/o comp.	F11.220	292.2	<i>Replace dash (-) with: A=initial (active tx); D= FU (healing); or S=sequela</i>		
Opioid Use <i>(w/o abuse or dependence)</i> & Opioid Poisoning			Sedative/Hypnotic/Anxiolytic Disorders Category F13		
Opioid use unspecified & uncomplicated	F11.90		Sedative abuse; uncomplicated	F13.10	
<i>See F11.9x for other opioid "use" diagnoses</i>			with delusions	F13.150	
Opioid poisoning - Intent undetermined	T40.2X4-	965.09	with hallucinations	F13.151	
<i>Replace dash (-) with: A=initial (active tx); D= FU (healing); or S=sequela</i>			with mood disorder	F13.14	
			with sexual dysfunction	F13.181	
			with sleep disorder	F13.182	
Stimulant Abuse See Category F15			Sedative abuse w/oth. induced disorder	F13.188	
Stimulant abuse; uncomplicated	F15.10		Sedative abuse w/intox., uncomplicated	F13.120	
with stimulant induced; anxiety d/o	F15.180		with delirium	F13.121	
with delusions	F15.150		Sedative Dependence		
with hallucinations	F15.151		Sedative dependence; uncomplicated	F11.20	304.00
with mood disorder	F15.14		in remission	F13.21	304.03
with sexual dysfunction	F15.181		with withdrawal, uncomplicated	F13.230	292.0
with sleep disorder	F15.182		with mood disorder	F13.24	292.84
Stimulant abuse w/intox., w/o comp.	F15.120		with delusions	F13.250	292.11
with delirium	F15.121		with hallucinations	F13.251	292.12
with perceptual disturbance	F15.122		with sexual dysfunction	F13.281	292.89
Stimulant Dependence			with sleep disorder	F13.282	292.85
Stimulant dependence; uncomplicated	F15.20		with persisting amnesic disorder	F13.26	
Stimulant dependence; in remission	F15.21		with persisting dementia	F13.27	
with stimulant-induced anxiety disorder	F15.280		Sedative dependence w/other induced d/o	F13.288	292.89
with delusions	F15.250		Sedative depend. w/intox., w/o comp.	F13.220	292.2
with hallucinations	F15.251		with delirium	F13.221	
with sexual dysfunction	F15.281		Sedative Use <i>(w/o abuse or dependence)</i> & Sedative Poisoning		
with sleep disorder	F15.282		Sedative use unspecified & uncomplicated	F13.90	
Stimulant depend., w/intox., w/o complication	F15.220		<i>See F13.9x for other sedative "use" diagnoses</i>		
with delirium	F15.221		Sedative poisoning - intent undetermined	T42.74X-	967.9
with perceptual disturbances	F15.222		<i>Replace dash (-) with: A=initial (active tx); D= FU (healing); or S=sequela</i>		
Stimulant Use <i>(w/o abuse or dependence)</i> & Stimulant Poisoning			Hallucinogen Related Disorders Category F16		
Stimulant use unspecified/uncomplicated	F15.90		Hallucinogen abuse; uncomplicated	F16.10	
<i>See F15.9x for other stimulant "use" diagnoses</i>			with delirium	F16.121	
Stimulant poisoning - Intent undetermined	T43.601-	969.70	with perceptual disturbance	F16.122	
<i>Replace dash (-) with: A=initial (active tx); D= FU (healing); or S=sequela</i>			with induced mood disorder	F16.14	
			with delusions	F16.150	
Psychoactive Abuse See Category F19			with hallucinations	F16.151	
Psychoactive abuse; uncomplicated	F19.10		with anxiety disorder	F16.180	
with Psychoactive induced; anxiety d/o	F19.180		with flashbacks	F16.183	
with delusions	F19.150		uncomplicated	F16.120	
with hallucinations	F19.151		Hallucinogen Dependence		
with mood disorder	F19.14		Hallucinogen dependence; uncomp.	F16.20	
with sexual dysfunction	F19.181		in remission	F16.21	304.53
with sleep disorder	F19.182		with mood disorder	F16.24	
with persisting amnesic disorder	F19.16		with delusions	F16.250	
with persisting dementia	F19.17		with hallucinations	F16.251	
Psychoactive abuse w/other induced d/o	F19.188		with anxiety disorder	F16.280	
Psychoactive abuse intox., w/o complication	F19.120		with flashbacks	F16.283	
with delirium	F19.121		Hallucinogen depend. w/oth. induced d/o	F16.288	
with perceptual disturbance	F19.122		Hallucinogen depend. w/intox., w/o comp.	F16.220	
Psychoactive Dependence			with delirium	F16.221	
Psychoactive dependence; uncomplicated	F19.20		Hallucinogen Use <i>(w/o abuse or dependence)</i> & Poisoning		
Psychoactive dependence; in remission	F19.21		Hallucinogen use unspec & uncomplicated	F16.90	
with withdrawal, uncomplicated	F19.230		<i>See F16.9x for other sedative "use" diagnoses</i>		
with Psychoactive-induced anxiety d/o	F19.280		Hallucinogen poisoning; intent undetermined	T40.904-	
with delusions	F19.250		<i>Replace dash (-) with: A=initial (active tx); D= FU (healing); or S=sequela</i>		
with hallucinations	F19.251				
with mood disorder	F19.24				
with sexual dysfunction	F19.281				
with sleep disorder	F19.282				
Psychoactive depend. w/other induced d/o	F19.288				
Psychoactive depend., w/intox., w/o comp.	F19.220				
with delirium	F19.221				
with perceptual disturbances	F19.222				

Chronic Pain and Substance Abuse Code Sheet - Draft

Nicotine Depend vs Use & Exposure		ICD10	ICD9	Substance Abuse During Pregnancy	ICD10	ICD9
Cigarette, uncomplicated (no related illness)		F17.210	305.1	Alcohol use complicating preg., 1st trimester	099.311	
in remission		F17.211		2nd trimester	099.312	
in withdrawal		F17.213		3rd trimester	099.313	
Vapor or "Other" uncomplicated		F17.290		Drug use complicating preg., 1st trimester	099.321	
in remission		F17.291		2nd trimester	099.322	
in withdrawal		F17.293		3rd trimester	099.323	
Chewing tobacco, uncomplicated		F17.220		Smoking complicating pregnancy	099.320	
in remission		F17.221		Miscellaneous and Signs/Symptoms		
in withdrawal		F17.222		Non-compliance with medical treatment	Z91.19	
2nd hand tobacco smoke exposure		Z77.22		Abnormal involuntary movements	R25.9	781.0
Occupational tobacco smoke exposure		Z57.31		Abnormal weight gain	R63.5	783.1
History of tobacco dependence		Z87.891	V15.82	Abnormal weight loss	R63.9	783.2
Tobacco use, [no dependence] <i>avoid</i>		Z72.0	305.1	Abnormality of gait	R26.9	781.2
Screening for;				Altered mental status	R41.82	780.97
Alcoholism	Z13.89			Decreased libido	R68.82	799.81
Behavioral disorder				Dizziness/giddiness	R42	780.4
Depression				Excessive crying	R45.3	780.95
Neurologic disorder				Fatigue	R53.83	780.79
HIV		Z11.4		Generalized pain	R52	780.96
STD/STI		Z11.3		Headache	R51	784.0
HPV		Z11.51		Hepatitis C, chronic	B18.2	070.54
Intellectual disability		Z13.4		Hepatitis C, acute	B17.10	070.51
Malnutrition		Z13.29		Insomnia	G47.00	780.52
Personal History and Family History Diagnosis Codes				Memory loss	R41.3	780.93
Alcoholism		F10.21	V11.3	Nausea	R11.0	787.02
Combat and operational stress		Z86.51	V11.4	Senility w/o mention psychosis	R41.81	797
Neurosis			V11.2	Sleep disturbance	G47.9	780.50
Other mental disorders	Z86.59		V11.8	Underweight	R63.6	783.2
Schizophrenia			V11.0	BMI of 19 or less	Z68.81	
Family History of psychiatric condition		Z81.8	V17.0	Malnourished - moderate	E44.0	263.0
Family History of substance abuse		Z81.4	V61.42	Weight gain	R63.5	783.1
Counseling Diagnosis Codes				Weight loss	R63.4	783.21
Counseling for alcohol abuse		Z71.41		Lab Studies - Search for additional in EMR		
Counseling for drug abuse		Z71.51		[Urine drug screen] Enc. other specified exam	Z01.89	
Social Issues - Assign as an Additional Dx Code				Finding, abnormal substance in urine	R82.99	
Homelessness	Z59.0		V60.0	Blood test for alcohol/drugs Code results	Z02.83	
Inadequate housing	Z59.1		V60.1	<i>Codes for results listed below, assign if known</i>		
Lack of adequate food and drinking water	Z59.4			<i>Abnormal findings in blood study</i>		
Extreme poverty	Z59.5		V60.2	Opiate drug in blood	R78.1	
Low income	Z59.6			Cocaine in blood	R78.2	
Insufficient social ins and welfare support	Z59.7			Hallucinogen in blood	R78.3	
Child in welfare custody (foster care)	Z62.21		V60.81	Psychotropic in blood	R78.5	
Institutional upbringing	Z62.22		V60.6	Other addictive substance in blood	R78.4	
Other upbringing away from parents	Z62.29		V60.89	Other substance in blood	R78.9	
Problems in relationship w/spouse/partner	Z63.0		V61.10			
Physical Abuse Diagnosis Codes				Other Diagnoses I Use		
<i>Replace dash (-) with: A=initial (active tx);D= FU (healing); or S=sequela</i>						
Suspected abuse; physical abuse/adult	T76.11x-					
sexual abuse of adult	T76.21x-					
physical abuse of a child	T76.12x-					
sexual abuse of a child	T76.22x-					
Confirmed abuse; physical abuse/adult	T74.11x-	995.81				
sexual abuse of adult	T74.21x-	995.83				
physical abuse of a child	T74.12x-	995.54				
sexual abuse of a child	T74.22x-	995.53				