Rest of Today’s Schedule

12:15 – 1:15 pm  Lunch Break
1:15 – 2:45 pm  Private Practice clinical examples
2:45 – 3:15 pm  break
3:15 – 5:00 pm  Private Practice clinical examples continued and Q&A.

© Copyright 2014 by Dr. David J. Freedman DPM PA all rights reserved.
• Abbott: Who's coding first.
• Costello: Stay out of the billing! The biller’s name?
• Abbott: Why.
• Costello: Because.
• Abbott: Oh, she's certified.
• Costello: Wait a minute. You got a certified biller on this team?
• Abbott: Wouldn't this be a fine ICD-10 team without a certified biller?
• Costello: Tell me the biller's name.
• Abbott: Tomorrow.
• Costello: When you do all your ICD 10 coding every month, who gets the money?
• Abbott: Every dollar of it. And why not, the company's entitled to it.
• Costello: Who is?
• Abbott: Yes.
• Costello: So who gets it?
• Abbott: Why shouldn't the doctor? Sometimes his accountant comes down and collects it.
• Costello: Who's accountant?
• Abbott: Yes. After all, the doctor earns it.
• Costello: Who does?
• Abbott: Absolutely.
• Costello: Well, all I'm trying to find out is what's the coder's name that first does ICD-10 coding?
• Abbott: Oh, no, no. What is the biller.
• Costello: I'm not asking you who's the biller.
• Abbott: Who's doing ICD-10 first!
• Costello: ICD-10 has a good ICD-10 Manager?
• Abbott: Oh, absolutely.
• Costello: The managers name?
• Abbott: Why.
• Costello: I don't know, I just thought I'd ask.
• Abbott: Well, I just thought I'd tell you.
• Costello: Then tell me who's left to do ICD-10 coding?
Costello: Now, when the biller does ICD-10 coding--me being a good doctor--I want to know the person who codes first, so I pick up the phone and call who?

Abbott: Now, that's the first thing you've said right.

Costello: I DON'T EVEN KNOW WHAT I'M TALKING ABOUT!

Abbott: Don't get excited. Take it easy.

Costello: I get the doctor to code first, whoever he asks to confirm the ICD-10 coding, this person verifies this coding. Who codes the claim and sends it to what biller. What the biller verifies it with I don't know. I don't know sends it back to tomorrow--a triple play for ICD-10 coding.
• Abbott: Yeah, it could be.
• Costello: Another guy gets up and has many coding scenarios.
• Abbott: Because.
• Costello: Why? I don't know. And I don't care.
• Abbott: What was that?
• Costello: I said, I DON'T CARE!
• Abbott: Oh, that's our other doctor!
Documentation - starts with a Patient Record
Cellulitis/Abscess Example must look---

**ICD-10-CM INDEX TO DISEASES and INJURIES**

A

- Aarskog's syndrome Q87.1
- Abandonment — see Delinquency
- Abasia (-astasia) (hysterical) F44.4
- Abderhalden-Kaufmann disease syndrome (cystinosis) E72.04
- Abdomen, abdominal — see also Condition
  - acute R10.0
  - angina K55.1
  - muscle deficiency syndrome Q79.4
- Abdominalgia — see Pain, abdominal
- Abduction contracture, hip or other joint — see Contraction, joint
- Aberrant (congenital) — see also Malposition, congenital
  - adrenal gland Q89.1
  - artery (peripheral) Q27.8
  - basilar NEC Q28.1
  - cerebral Q28.3
  - coronary Q24.5
  - digestive system Q27.8
  - eye Q15.8
  - lower limb Q27.8
  - precerebral Q28.1
- eyelid — see Abscess, eyelid
- face NEC L03.211
- finger (intrathecal) (periosteal) (subcutaneous) (subcuticular) L03.01-
- foot — see Cellulitis, lower limb
- gangrenous — see Gangrene
- genital organ NEC
  -- female (external) N76.4
  -- male N49.9
  -- multiple sites N49.8
  -- specified NEC N49.8
- gluteal (region) L03.317
- gonococcal A54.89
- groin L03.314
- hand — see Cellulitis, upper limb
- head NEC L03.811
  -- face (any part, except ear, eye and nose) L03.211
- heel — see Cellulitis, lower limb
- hip — see Cellulitis, lower limb
- jaw (region) L03.211
- knee — see Cellulitis, lower limb
- labium (majus) (minus) — see Vulvitis
- lacrimal passages — see Inflammation, lacrimal, passages
- larynx J38.7
- leg — see Cellulitis, lower limb
- lip K13.0
- lower limb L03.11-
  -- toe — see Cellulitis, toe
- mouth (floor) K12.2
- multiple sites, so stated L03.90
Onychauxis L60.2
- congenital Q84.5

**Onychia** — see also Cellulitis, digit
- with lymphangitis — see Lymphangitis, acute, digit
- candidal B37.2
- dermatophytic B35.1

**Onychitis** — see also Cellulitis, digit
- with lymphangitis — see Lymphangitis, acute, digit

**Onychocryptosis** L60.0
**Onychodystrophy** L60.3
- congenital Q84.6

**Onychogryphosis, onychogryposis** L60.2
**Onycholysis** L60.1
**Onychomadesis** L60.8
**Onychomalacia** L60.3
**Onychomycosis (finger) (toe)** B35.1
**Onycho-osteodysplasia** Q79.8
**Onychophagia** F98.8
Examination documentation

- The **right** foot, great toe laterally has erythema, pain, and a cavity with yellow purulence is noted.
## Spontaneous rupture of synovium and tendon

<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
<th>Correct Code</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cellulitis and acute lymphangitis</td>
<td>L03</td>
<td>L03.0 Cellulitis and acute lymphangitis of finger and toe infection of nail Onychia Paronychia Perionychia</td>
<td>L03.115</td>
<td>L03.116</td>
<td></td>
</tr>
<tr>
<td>Cellulitis of lower limb (Excludes 2: cellulitis of toes (L03.03-))</td>
<td>682.7</td>
<td>L03.11</td>
<td>L03.115</td>
<td>L03.116</td>
<td></td>
</tr>
<tr>
<td>Cellulitis of other parts of limb Excludes2: cellulitis of toes (L03.03-) groin (L03.314)</td>
<td>L03.11</td>
<td>L03.115</td>
<td>L03.116</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abscess, Foot</td>
<td>682.7</td>
<td>Cellulitis of lower limb (Excludes 2: cellulitis of toes (L03.03-))</td>
<td>L03.115</td>
<td>L03.116</td>
<td></td>
</tr>
<tr>
<td>Abscess, toe</td>
<td>681.10</td>
<td>Cellulitis (includes: Infection of nail, Onychia, Paronychia) of toe</td>
<td>L03.031</td>
<td>L03.032</td>
<td></td>
</tr>
</tbody>
</table>
ICD-9 to ICD 10 Coding

1) Cellulitis toe ICD9=681.10
2) Onychia/Paronychia ICD9= 681.11

1) L03.031 Cellulitis of right toe
2) L03.032 Cellulitis of left toe
ICD-9 to ICD 10 Coding

1) So, now we have a patient who has a Post-operative infection ICD9= 998.59
Examination documentation

- The surgical site is evaluated showing the 1st ray incision on the right foot plantarly has dehisced, there is localized erythema and yellow drainage noted.
<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 10 Tabular Description</th>
</tr>
</thead>
</table>
| T81 Complications of procedures, not elsewhere classified Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5) Excludes 2: complications following immunization (T88.0-T88.1) complications following infusion, transfusion and therapeutic injection (T80.-) complications of transplanted organs and tissue (T86.-) specified complications classified elsewhere, such as: complication of prosthetic devices, implants and grafts (T82-T85) dermatitis due to drugs and medicaments (L23.3, L24.4, L25.1, L27.0-L27.1) intraoperative and postprocedural complications of specific body system (D78.-, E36.-, E89.-, G97.3-, G97.4, H59.3-, H59. -, H95.2-, H95.3, I97.4-, I97.5, J95, K91. -L76. - M96.-, N99.-) poisoning and toxic effects of drugs and chemicals (T36-T65 with fifth or sixth character 1-4 or 6) The appropriate 7th character is to be added to each code from category T81 A - initial encounter D - subsequent encounter S - sequela
<table>
<thead>
<tr>
<th>ICD 10 Quick list Top Practice codes</th>
<th>ICD 9 Diagnosis Code</th>
<th>Correct Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD 10 Quick list Top Practice codes</td>
<td>ICD 9 Diagnosis Code</td>
<td>Left</td>
</tr>
</tbody>
</table>

(Note: You can create your own custom code by adding a 'right' code.)
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD 10 Quick list Top Practice codes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>T81.4 Infection following a procedure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ICD 9 Diagnosis Code</strong></td>
<td></td>
<td><strong>ICD 10 Tabular Description</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>T81.4 Infection following a procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Postprocedural infection, not elsewhere classified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sepsis following a procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stitch abscess following a procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wound abscess following a procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use additional code to identify infection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use additional code (R55.2-) to identify severe sepsis, if</td>
</tr>
<tr>
<td></td>
<td></td>
<td>applicable</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Excludes1:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>postprocedural fever NOS (R50.82)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Excludes2:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>maternal infection due to infusion, transfusion and therapeutic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>injection (T80.2-)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>infection due to prosthetic devices, implants and grafts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(T82.6-T82.7, T83.5-T83.6, T84.5-T84.7, T85.7)</td>
</tr>
<tr>
<td>(Other) postoperative</td>
<td></td>
<td>Infection following a procedure (Post-Procedural)</td>
</tr>
<tr>
<td>infection</td>
<td></td>
<td>T81.4-</td>
</tr>
<tr>
<td>998.59</td>
<td></td>
<td><strong>L89 Pressure ulcer</strong></td>
</tr>
</tbody>
</table>

**RULES:**

(Note: You will see Coding after the Correct Code cell. This means you MUST pick the 7th Character (if applicable) as applicable, lowest level of specificity, and highest level of specificity.)
<table>
<thead>
<tr>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T81.4</td>
<td>Infection following a procedure</td>
</tr>
<tr>
<td>T81.4xx</td>
<td>Postprocedural infection, not elsewhere classified</td>
</tr>
<tr>
<td>T81.4xx</td>
<td>Sepsis following a procedure</td>
</tr>
<tr>
<td>T81.4xx</td>
<td>Stitch abscess following a procedure</td>
</tr>
<tr>
<td>T81.4xx</td>
<td>Wound abscess following a procedure</td>
</tr>
<tr>
<td>T81.4xx</td>
<td>Use additional code to identify infection</td>
</tr>
<tr>
<td>T81.4xx</td>
<td>Use additional code (R65.2-) to identify severe sepsis, if applicable</td>
</tr>
<tr>
<td>998.59</td>
<td>Excludes1: postprocedural fever NOS (R50.82)</td>
</tr>
<tr>
<td>T81.4xx</td>
<td>Excludes2: infection due to infusion, transfusion and therapeutic injection (T80.2-)</td>
</tr>
<tr>
<td>T81.4xx</td>
<td>Infection due to prosthetic devices, implants and grafts (T82.6-T82.7, T83.5-T83.6, T84.5-T84.7, T85.7)</td>
</tr>
</tbody>
</table>

(Note: You will see Coding after the "initial" or "right and left" options this means you MUST pick the 7th Character code - Always code to the highest level of specificity.)
ICD-9 to ICD 10 Coding

1) 998.59 Post-op

1) T81.4xxA Infection following a procedure “Initial Encounter”

Note: the laterality, right foot does not play a role in this coding selection, but A,D or S does
**Primary Problem**

**Name:** Mr Icy D Ten  
**DOB:** 10/20/1970  
**Referring MD:**  
**PCP:**  
**Additional MD:**

---

**Podiatry History of Present Illness - Problem #1**

- **Initial encounter**
- **Subsequent encounter**

**Chief Complaint:** My right foot has an open area

**Onset:**
- sudden
- slow
- gradual
- insidious
- unknown

**Location**

- left
- right
- both

- foot
- ankle
- ball of foot
- toe(s)
- heel
- bottom of foot
- lower leg
- top of foot

**Nature**

- aching
- bleeding
- blistering
- burning
- constant
- cracked/dry/sci
- cramping
- numbness
- non-painful
- numbing
- pain
- pressure
- progressive
- pulling
- radiating

**Duration**

- several hours
- < 24 hours
- 1 day
- days
- the past week
- the past month
- the past year
- weeks
- months
- years
- since birth
- yesterday
- unknown

**Severity**

**Pain scale (from 0 - 10) - Right:**
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

**Improved by**

- arch supports
- orthotic devices
- heat
- ice
- immobilization
- injections

- OTC treatment
- pain relieving medication
- prior care rendered
- rest
- soaking

**Aggravating Factors**

- athletic activities
- first steps after rest
- footwear
- medication (topical/oral)
- movement
- standing
- walking

**OTC treatment and soaking**

---

**ICD10HELP.COM**

October 1, 2014; Will You and Your Practice be Ready?
Examination documentation

If there is abnormal skin under callous for a diabetic how is that coded?

• A history of diabetic ulceration at a site, ie: **right foot, plantar 3rd metatarsal head** reveals non viable tissue “breakdown through skin”. This is abnormal tissue and should be documented as such.

• Level of debridement depends on whether this area is partial skin or full thickness (97597 MC RVU 0.51) involvement Vs Office Visit (99212 MC RVU 0.48 or 99213 MC RVU 0.97)
L97 Non-pressure chronic ulcer of lower limb, not elsewhere classified
Includes:
chronic ulcer of skin of lower limb NOS
non-healing ulcer of skin
non-infected sinus of skin
trophic ulcer NOS
tropical ulcer NOS
ulcer of skin of lower limb NOS

Code first any associated underlying condition, such as:
any associated gangrene (L96)
atherosclerosis of the lower extremities (I70.23-, I70.24-, I70.33-, I70.34-, I70.43-, I70.44-, I70.53-,I70.54-, I70.63-, I70.64-, I70.73-, I70.74-)
chronic venous hypertension (I87.31-, I87.33-)
postphlebitic syndrome (I87.01-, I87.03-)
postthrombotic syndrome (I87.01-, I87.03-)
varicose ulcer (I83.0-, I83.2-)

Excludes2:
pressure ulcer (pressure area) (L89.-)
skin infections (L00-L08)
specific infections classified to A00-B99
<table>
<thead>
<tr>
<th>Terminology</th>
<th>Right</th>
<th>Left</th>
<th>breakdn of skin</th>
<th>fat layer exposed</th>
<th>necrosis of muscle</th>
<th>necrosis of bone</th>
<th>unspecified severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>L97.3-- Non-pressure chronic ulcer of ankle</td>
<td>Right</td>
<td>Left</td>
<td>L97.311</td>
<td>L97.312</td>
<td>L97.313</td>
<td>L97.314</td>
<td>L97.319</td>
</tr>
<tr>
<td>L97.4--Non-pressure chronic ulcer of heel and midfoot-plantar surface of midfoot</td>
<td>Right</td>
<td>Left</td>
<td>L97.411</td>
<td>L97.412</td>
<td>L97.413</td>
<td>L97.414</td>
<td>L97.419</td>
</tr>
<tr>
<td>L97.5--Non-pressure chronic ulcer of other part of foot/toe(s)</td>
<td>Right</td>
<td>Left</td>
<td>L97.511</td>
<td>L97.512</td>
<td>L97.513</td>
<td>L97.514</td>
<td>L97.519</td>
</tr>
<tr>
<td>L60.9 Nail disorder, unspecified</td>
<td>Right</td>
<td>Left</td>
<td>L60.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicose veins of lower extremity with inflammation / Stasis dermatitis</td>
<td>I83.11</td>
<td>I83.12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I83.01- Varicose veins of right lower extremity with ulcer</td>
<td>Right</td>
<td></td>
<td>I83.012</td>
<td>I83.013</td>
<td>I83.014</td>
<td>I83.015</td>
<td>I83.018</td>
</tr>
<tr>
<td>I83.02- Varicose veins of left lower extremity with ulcer</td>
<td>Left</td>
<td></td>
<td>I83.022</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venous insufficiency (chronic) (peripheral)</td>
<td>I87.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Summary for this patient

1. **E11.621 - Type 2 diabetes mellitus with foot ulcer**  
   Use additional code to identify site of ulcer (L97.4-, L97.5-)

2. **L97.511 Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin**

3. **E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy**
Name: Mr Icy D Ten  Referring MD:  Last Visit:
DOB: 10/20/1970  PCP:  Last Visit:
Additional MD:  Last Visit:

Podiatry History of Present Illness - Problem #1

- Initial encounter  - Subsequent encounter
- Date of injury/onset:

Chief Complaint: My left heel has a real big open area

Onset:  
- sudden  
- slow  
- gradual  
- insidious  
- unknown

<table>
<thead>
<tr>
<th>Location</th>
<th>Nature</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>left heel</td>
<td>aching and painful</td>
<td>weeks</td>
</tr>
<tr>
<td>left foot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>left foot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>right heel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>right foot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>both heel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>both foot</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Location: left heel  Nature: aching and painful  Duration: weeks

Severity

Pain scale (from 0 - 10) - Left: 2

Improved by

- OTC treatment  
- pain relieving medication
- rest

Aggravating Factors

- athletic activities  
- first steps after rest
- footwear  
- medication (topical/oral)
- standing  
- walking

ICD-10

October 1, 2014; Will You and Your Practice be Ready?
Examination documentation

If there is a pressure ulcer how is that coded?

- A history of pressure ulceration at a site, ie: “left heel” non viable tissue through and including subcutaneous tissue. This is abnormal tissue and should be documented as such.

- Level of debridement depends on whether this area is partial skin or full thickness (97597 MC RVU 0.51) involvement Vs Office Visit (99212 MC RVU 0.48 or 99213 MC RVU 0.97)
ICD-10-CM, Rules Pressure Ulcer

L89 Pressure ulcer
Includes:
bed sore
decubitus ulcer
plaster ulcer
pressure area
pressure sore

Code First any associated gangrene (I96)
Excludes2: decubitus (trophic) ulcer of cervix (uteri) (N86)
diabetic ulcers (E08.621, E08.622, E09.621, E09.622,
E10.621, E10.622, E11.621, E11.622,
E13.621,E13.622)
non-pressure chronic ulcer of skin (L97.-)
skin infections (L00-L08)
varicose ulcer (I83.0, I83.2)
ICD-10-CM, Rules Pressure Ulcer

One-Way Only

- The staging system does not include a stage for granulating (healing) pressure ulcers. The NPUAP cautions that the pressure ulcer staging system should not be used to "reverse stage" (or "down stage") pressure ulcers. Reverse staging is inappropriate because it implies that as pressure ulcers heal, they go backwards through the stages of wound advancement. This isn't what happens physiologically in a healing ulcer. A healing pressure ulcer fills with granulation tissue and becomes progressively more shallow but doesn't replace lost muscle, fat, or dermis.[3] According to the NPUAP:

- When a Stage IV ulcer has healed, it should be classified as a healed Stage IV pressure ulcer, not a Stage 0 pressure ulcer. If a pressure ulcer reopens in the same anatomical site, it retains its original staging -- eg, "once a stage IV, always a stage IV."

ICD-10-CM, Laterality and Level

<table>
<thead>
<tr>
<th>Laterality and Level</th>
<th>Unstageable</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>non-pressure chronic ulcer of skin (L97.-)</td>
<td>L89.500</td>
<td>L89.501</td>
<td>L89.502</td>
<td>L89.503</td>
<td>L89.504</td>
</tr>
<tr>
<td>skin infections (L00-L08)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>varicose ulcer (I83.0, I83.2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pressure ulcer of unspecified ankle</td>
<td>L89.500</td>
<td>L89.501</td>
<td>L89.502</td>
<td>L89.503</td>
<td>L89.504</td>
</tr>
<tr>
<td>Pressure ulcer of right ankle</td>
<td>L89.510</td>
<td>L89.511</td>
<td>L89.512</td>
<td>L89.513</td>
<td>L89.514</td>
</tr>
<tr>
<td>Pressure ulcer of left ankle</td>
<td>L89.520</td>
<td>L89.521</td>
<td>L89.522</td>
<td>L89.523</td>
<td>L89.524</td>
</tr>
<tr>
<td>Pressure ulcer of unspecified heel</td>
<td>L89.600</td>
<td>L89.601</td>
<td>L89.602</td>
<td>L89.603</td>
<td>L89.604</td>
</tr>
<tr>
<td>Pressure ulcer of right heel</td>
<td>L89.610</td>
<td>L89.611</td>
<td>L89.612</td>
<td>L89.613</td>
<td>L89.614</td>
</tr>
<tr>
<td>Pressure ulcer of left heel</td>
<td>L89.620</td>
<td>L89.621</td>
<td>L89.622</td>
<td>L89.623</td>
<td>L89.624</td>
</tr>
<tr>
<td>Pressure ulcer of other site</td>
<td>L89.890</td>
<td>L89.891</td>
<td>L89.892</td>
<td>L89.893</td>
<td>L89.894</td>
</tr>
</tbody>
</table>

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ICD-9 to ICD 10 Coding

1) Pressure Ulcer, heel 707.07

1) L89.623 Pressure ulcer of left heel, Stage 3
2) No Gangrene so no additional coding
Chapter 13

Diseases of the musculoskeletal system and connective tissue (M00-M99)
Excludes2: arthropathic psoriasis (L40.5-)
certain conditions originating in the perinatal period (P04-P99)
certain infectious and parasitic diseases (A00-B99)
compartment syndrome (traumatic) (T79.A-)
complications of pregnancy, childbirth and the puerperium (O00-O9A)
congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)
endocrine, nutritional and metabolic diseases (E00-E88)
injury, poisoning and certain other consequences of external causes (S00-T88)
neoplasms (C00-D49)
symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)

This chapter contains the following blocks:
M00-M02 Infectious arthropathies
M05-M14 Inflammatory polyarthropathies
M15-M19 Osteoarthritis
M20-M25 Other joint disorders
M26-M27 Dentofacial anomalies [including malocclusion] and other disorders of jaw
M30-M36 Systemic connective tissue disorders
M40-M43 Deforming dorsopathies
M45-M49 Spondylopathies
M50-M54 Other dorsopathies
M60-M63 Disorders of muscles
M65-M67 Disorders of synovium and tendon
M70-M79 Other soft tissue disorders
M80-M85 Disorders of bone density and structure
M86-M90 Other osteopathies
M91-M94 Chondropathies
M95 Other disorders of the musculoskeletal system and connective tissue
M96 Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified
M99 Biomechanical lesions, not elsewhere classified
Chapter 13

Diseases of the musculoskeletal system and connective tissue (M00-M99)

Note: Use an external cause code following the code for the musculoskeletal condition, if applicable, to identify the cause of the musculoskeletal condition.

Excludes2: arthropathic psoriasis (L40.5-)
certain conditions originating in the perinatal period (P04-P96)
certain infectious and parasitic diseases (A00-B99)
compartment syndrome (traumatic) (T79.A-)
complications of pregnancy, childbirth and the puerperium (O00-O9A)
congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)
endocrine, nutritional and metabolic diseases (E00-E88)
injury, poisoning and certain other consequences of external causes (S00-T88)
neoplasms (C00-D49)
symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)
Chapter 19

Injury, poisoning and certain other consequences of external causes (S00-T88)

Note: Use secondary code(s) from Chapter 20, External causes of morbidity, to indicate cause of injury. Codes within the T section that include the external cause do not require an additional external cause code.

Use additional code to identify any retained foreign body, if applicable (Z18.-)

Excludes1: birth trauma (P10-P15)
           obstetric trauma (O70-O71)

Note: The chapter uses the S-section for coding different types of injuries related to single body regions and the T-section to cover injuries to unspecified body regions as well as poisoning and certain other consequences of external causes.

This chapter contains the following blocks:

<table>
<thead>
<tr>
<th>Block</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S00-S09</td>
<td>Injuries to the head</td>
</tr>
<tr>
<td>S10-S19</td>
<td>Injuries to the neck</td>
</tr>
<tr>
<td>S20-S29</td>
<td>Injuries to the thorax</td>
</tr>
<tr>
<td>S30-S39</td>
<td>Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals</td>
</tr>
<tr>
<td>S40-S49</td>
<td>Injuries to the shoulder and upper arm</td>
</tr>
<tr>
<td>S50-S59</td>
<td>Injuries to the elbow and forearm</td>
</tr>
<tr>
<td>S60-S69</td>
<td>Injuries to the wrist, hand and fingers</td>
</tr>
<tr>
<td>S70-S79</td>
<td>Injuries to the hip and thigh</td>
</tr>
<tr>
<td>S80-S89</td>
<td>Injuries to the knee and lower leg</td>
</tr>
<tr>
<td>S90-S99</td>
<td>Injuries to the ankle and foot</td>
</tr>
<tr>
<td>T07</td>
<td>Injuries involving multiple body regions</td>
</tr>
<tr>
<td>T14</td>
<td>Injury of unspecified body region</td>
</tr>
<tr>
<td>T15-T19</td>
<td>Effects of foreign body entering through natural orifice</td>
</tr>
<tr>
<td>T20-T32</td>
<td>Burns and corrosions</td>
</tr>
<tr>
<td>T20-T25</td>
<td>Burns and corrosions of external body surface, specified by site</td>
</tr>
<tr>
<td>T26-T30</td>
<td>Burns and corrosions confined to eye and internal organs</td>
</tr>
</tbody>
</table>
Chapter 19

Injury, poisoning and certain other consequences of external causes (S00-T88)

Note: Use secondary code(s) from Chapter 20, External causes of morbidity, to indicate cause of injury. Codes within the T section that include the external cause do not require an additional external cause code.

Use additional code to identify any retained foreign body, if applicable (Z18.-)

Excludes1: birth trauma (P10-P15)
  obstetric trauma (O70-O71)

Note: The chapter uses the S-section for coding different types of injuries related to single body regions and the T-section to cover injuries to unspecified body regions as well as poisoning and certain other consequences of external causes.
**Podiatry History of Present Illness - Problem #1**

**Chief Complaint:** My arch is really high and seems stiff and sore

**Onset:**
- sudden
- slow
- gradual
- insidious
- unknown

**Location**
- foot
- ankle
- heel
- toes
- bottom of foot
- ball of foot
- top of foot
- both

**Nature**
- aching
- bleeding
- blistering
- burning
- constant
- cracking/dry/shrinking
- cramping
- smell
- sore
- stabbing
- stiffness
- swelling
- tearing

**Duration**
- several hours
- <24 hours
- 1 day
- days
- the past week
- the past month
- the past year
- years

**Severity**

**Pain scale (from 0 - 10) - Left:**
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

**Pain scale (from 0 - 10) - Right:**
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

**Improved by**
- arch supports
- orthotic devices
- heat
- ice
- immobilization
- injections

**Aggravating Factors**
- athletic activities
- first steps after rest
- running
- sleeping (night pain)
- medication (topical/oral)
- movement
- standing
- walking

OTC treatment, pain relieving medication and rest

Referring MD:

PCP:

Additional MD:

DOB: 10/20/1970

Date of injury/onset:  

ICD-10

October 1, 2014; Will You and Your Practice be Ready?
Musculoskeletal Examination
Documentation

• Patient presents with a very high arch right and left foot.

• The heel does not go past vertical during gait,

• Gait Analysis shows that the midfoot does not touch the ground surface when walking.

Radiologic Examination-AP, Lateral and Oblique views reveals the posterior break in the cyma line, calcaneal inclination at 30 degrees
**Podiatry History of Present Illness - Problem #1**

- **Name:** Mr Icy D Ten
- **DOB:** 10/20/1970
- **Referring MD:**
- **PCP:**
- **Last Visit:**
- **Additional MD:**
- **Date of injury/onset:**

**Chief Complaint:** My arch is really high and seems stiff and sore

**Onset:**
- Sudden
- Slow
- Gradual
- Insidious
- Unknown

**Location**
- Left
  - Foot
  - Heel
  - Heels
  - Ball of foot
  - Top of foot
- Right
  - Foot
  - Heel
  - Heels
  - Ball of foot
  - Top of foot
- Both
  - Both feet

**Nature**
- Aching
- Bleeding
- Blistering
- Burning
- Constant
- Cracked/dry/scarred
- Cramping
- Smelly
- Sores
- Stabbing
- Stiffness
- Swollen
- Tearing
- Tender

**Duration**
- Several hours
- <24 hours
- 1 day
- Days
- The past week
- The past month
- The past year
- Years
- Weeks
- Months
- Since birth
- Yesterday
- Unknown

**Severity**
- Pain scale (from 0 - 10) - Left: 3
- Pain scale (from 0 - 10) - Right: 3

**Improved by**
- Arch supports
- Orthotic devices
- Heat
- Ice
- Immobilization
- Injections
- OTC treatment, pain relieving medication and rest

**Aggravating Factors**
- Athletic activities
- First steps after rest
- Medication (topical/oral)
- Movement
- Standing
- Walking
- Previous treatment
- Running
- Sleeping (night pain)
<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
<th>ICD 10 Quick list Top Practice codes</th>
<th>Correct Code</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcaneal Spur</td>
<td>726.73</td>
<td>Calcaneal spur</td>
<td></td>
<td>M71.171, M71.172</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candidiasis of skin and nail</td>
<td>112.3</td>
<td>Candidiasis of skin and nail</td>
<td>B37.2</td>
<td>M06.271, M06.272</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capsulitis</td>
<td>726.90</td>
<td>Enthesopathy, unspecified Bone Spur NOS, Capsulitis NOS)</td>
<td>M77.9</td>
<td>M77.31, M77.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cavus deformity of foot</td>
<td>736.73</td>
<td>Other acquired deformities of foot (ie: Cavus)</td>
<td>M21.6 Other acquired deformities of foot Excludes 2: deformities of toe (acquired) (M20.1-M20.6)</td>
<td>M21.6x1, M21.6x2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cellulitis, ankle</td>
<td>682.6</td>
<td>Cellulitis of lower limb</td>
<td></td>
<td>L03.115, L03.116</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cellulitis foot</td>
<td>682.7</td>
<td>Cellulitis of lower limb (includes foot)</td>
<td>L03.115, L03.116</td>
<td>I03.115, I03.116</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ICD-9 to ICD 10 Coding

1) Cavus Foot 736.73 (No laterality option)

1) M21.6x1 Cavus foot, right
2) M21.6x2 Cavus foot, left
3) No additional coding as no bilateral option or no 7th character coding
Podiatry History of Present Illness - Problem #1

Chief Complaint: My feet are so flat they touch the ground all the time
Onset: gradual

Location

- left
- right
- both

- foot
- heel
- bottom of foot
- ball of foot

- ankle
- legs
- toe(s)
- lower leg
- generalised

Nature

- aching
- bleeding
- blistering
- burning
- constant
- cracked/dry/sciatic
- cramping

- non-painful
- numbness
- painful
- pressure
- progressing
- pulling
- radiating

Duration

- several hours
- <24 hours
- 1 day
- days
- the past week
- the past month
- the past year
- years

- weeks
- months
- since birth
- yesterday
- unknown

Severity

Pain scale (from 0 - 10) - Left: 3

Pain scale (from 0 - 10) - Right: 3

Improved by

- arch supports
- orthotic devices
- heat
- ice
- immobilization
- injections
- OTC treatment
- pain relieving medication
- rest
- soaking
- nothing

Aggravating Factors

- athletic activities
- first steps after rest
- footwear
- medication (topical/oral)
- movement
- none
- previous treatment
- running
- sleeping (night pain)

OTC treatment, pain relieving medication and rest

footwear, standing and walking

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Musculoskeletal Examination
Documentation

• Patient presents with very flat feet.
• The heel goes into valgus during gait,
• Gait Analysis shows that the midfoot does touch the ground surface when walking extensively.

Radiologic Examination-AP, lateral and oblique views reveals an anterior break in the cyma line, the calcaneal inclination angle is 10 degrees. The talocalcaneal angle measures 40 degrees.
### Other acquired deformities of foot “Pronation syndrome” 736.79

<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes with peripheral circulatory disorders type II or unspecified type, not stated as uncontrolled</td>
<td>250.70</td>
<td>Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Type 2 diabetes mellitus (with diabetic peripheral angiopathy) with gangrene</td>
</tr>
<tr>
<td>Diabetes with peripheral circulatory disorders type II or unspecified type, uncontrolled</td>
<td>250.72</td>
<td>Type 2 diabetes mellitus with other circulatory complications</td>
</tr>
<tr>
<td>Difficulty Walking</td>
<td>719.7</td>
<td>Difficulty in walking, not elsewhere classified [Excludes1: falling (R29.6) / unsteadiness on feet (R26.81)]</td>
</tr>
<tr>
<td>Drop Foot</td>
<td>736.79</td>
<td>Foot drop (acquired)</td>
</tr>
<tr>
<td>Other acquired deformities of ankle and foot (Pronation Syndrome)</td>
<td>736.79</td>
<td><strong>Other acquired deformities of foot</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Excludes2: deformities of toe (acquired)</strong> (M20.1-M20.6)</td>
</tr>
</tbody>
</table>
ICD-9 to ICD 10 Coding

1) Other acquired deformity of ankle and foot 736.79

1) M21.6x1 other acquired deformities of foot, right
2) M21.6x2 other acquired deformities of foot, left
3) No alternative coding as no bilateral option exists and no 7th character
**Name:** Mr Icy D Ten  
**DOB:** 10/20/1970  
**Referring MD:**  
**PCP:**  
**Last Visit:**  
**Additional MD:**  
**Last Visit:**

### Podiatry History of Present Illness - Problem #1

**Initial encounter** | **Subsequent encounter**  
---|---

**Chief Complaint:** My foot has pain around the base of the big toe.  
**Onset:** sudden | slow | gradual | insidious | unknown

<table>
<thead>
<tr>
<th>Location</th>
<th>Nature</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>left</td>
<td>foot</td>
<td>ankle</td>
</tr>
<tr>
<td>right</td>
<td>foot</td>
<td>ankle</td>
</tr>
<tr>
<td>both</td>
<td>foot</td>
<td>ankle</td>
</tr>
<tr>
<td>right foot</td>
<td>aching</td>
<td>aching and sore</td>
</tr>
</tbody>
</table>

**Severity**

**Pain scale (from 0 - 10) - Right:** 0 1 2 3 4 5 6 7 8 9 10

**Improved by**

- arch supports
- orthotic devices
- heat
- ice
- immobilization
- injections
- OTC treatment
- pain relieving medication
- rest
- soaking
- nothing

**Aggravating Factors**

- athletic activities
- first steps after rest
- footwear
- medication
- movement
- none
- previous treatment
- running
- sleeping (night pain)

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Musculoskeletal Examination Documentation

• The right foot, 1\textsuperscript{st} MTPJ has pain on range of motion.
<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
<th>Correct Code Right</th>
<th>Correct Code Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instability of joint-ankle and foot</td>
<td>718.87</td>
<td>Other specific joint derangements of ankle</td>
<td>M24.871 M24.872</td>
<td></td>
</tr>
<tr>
<td>Instability of joint-ankle and foot</td>
<td>718.87</td>
<td>Other specific joint derangements of foot</td>
<td>M24.874 M24.875</td>
<td></td>
</tr>
<tr>
<td>Joint Effusion</td>
<td>719.07</td>
<td>Effusion, ankle</td>
<td>M25.471 M25.472</td>
<td></td>
</tr>
<tr>
<td>Joint Effusion</td>
<td>719.07</td>
<td>Effusion, foot</td>
<td>M25.474 M25.475</td>
<td></td>
</tr>
<tr>
<td>Joint Pain</td>
<td>719.47</td>
<td>Pain in ankle and joints of foot</td>
<td>M25.571 M25.572</td>
<td></td>
</tr>
<tr>
<td>Joint Stiffness</td>
<td>719.07</td>
<td>Stiffness of ankle, not elsewhere classified</td>
<td>M25.671 M25.672</td>
<td></td>
</tr>
<tr>
<td>Joint Stiffness</td>
<td>719.07</td>
<td>Stiffness of foot, not elsewhere classified</td>
<td>M25.674 M25.675</td>
<td></td>
</tr>
</tbody>
</table>
ICD-9 to ICD 10 Coding

• Joint Pain foot and ankle 719.47

• Pain in ankle and joints of right foot M25.571
Name: Mr Icy D Ten
DOB: 10/20/1970

Podiatry History of Present Illness - Problem #1

- Initial encounter
- Subsequent encounter
- Date of injury/onset: 

Chief Complaint: The bottom of my foot has these black dots that hurt

Onset:
- sudden
- slow
- gradual
- insidious
- unknown

Location
- left
- right
- both
- foot
- heel
- toes
- ankle
- toes
- leg
- heel
- bottom of foot
- ball of foot
- top of foot

Nature
- aching
- bleeding
- blisters
- burning
- constant
- cracked/dry/scale
- cramping
- radiating
- non-painful
- numbness
- painful
- pressure
- progressing
- pulling
- unknown

Duration
- several hours
- <24 hours
- 1 day
- the past week
- the past month
- the past year

Severity
- left foot and bottom of foot
- aching, painful, pressure and radiating

Pain scale (from 0 - 10) - Left:

Improved by
- arch supports
- orthotic devices
- heat
- ice
- immobilization
- injections

Aggravating Factors
- athletic activities
- first steps after rest
- footwear
- medication (topical/oral)
- movement
- none

Drug store medication, rest and soaking

Prior treatment:
- Injection(s)
- NSAID
- PT
- orthotic devices

Prior treatment: 

ICD-10

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Examination documentation

Integumentary Examination

• On inspection and palpation the left foot, dorsal surface near the midfoot exhibits a cystic lesion with pale color that is painful on direct palpation.
### ICD 10 Quick Sheet Conversion Lower Extremity

<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
<th>D</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benign neoplasm of skin of lower limb, including hip</td>
<td>216.7</td>
<td>Other benign neoplasm of skin of lower limb, including hip</td>
<td>D23.71</td>
<td>D23.72</td>
<td></td>
</tr>
<tr>
<td>D23.72</td>
<td>Other benign neoplasms of skin</td>
<td>Includes: benign neoplasm of hair follicles, benign neoplasm of sebaceous glands, benign neoplasm of sweat glands. Excludes1: benign lipomatous neoplasms of skin (D17.0-D17.3), melanocytic nevi (D22.-)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Note: You will means you MUST check the highest level of the code)
Name: Mr Icy D Ten
DOB: 10/20/1970

Referring MD:
PCP:
Additional MD:
Last Visit:

Podiatry History of Present Illness - Problem #1

Chief Complaint: The bottom of my foot has these black dots that hurt
Onset: sudden
Location: left foot, bottom of foot
Nature: aching, painful, pressure and radiating
Duration: several hours

Severity:
Pain scale (from 0 - 10) - Left: 5

Improved by:
- arch supports
- orthotic devices
- heat
- ice
- immobilization
- injections

Aggravating Factors:
- athletic activities
- first steps after rest
- footwear
- medication (topical/oral)
- movement
- none

Prior treatment:
- OTC treatment
- pain relieving medication
- prior care rendered
- rest
- soaking
- nothing

Drug store medication, rest and soaking
when I where shoes or go

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Integumentary Examination

- On inspection and palpation the left foot, plantar surface near the 3rd sulcus exhibits a cystic lesion with black pin point capillaries that is painful on side to side compression
<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ulcer forefoot and toes</td>
<td>707.15</td>
<td>L97.5--Non-pressure chronic ulcer of other part of foot/toe(s)</td>
</tr>
<tr>
<td>Unspecified disease of nail</td>
<td>703.9</td>
<td>L60.9 Nail disorder, unspecified</td>
</tr>
<tr>
<td>Varicose Veins/Stasis dermatitis</td>
<td>454.1</td>
<td>Varicose veins of lower extremity with inflammation / Stasis dermatitis</td>
</tr>
<tr>
<td>Varicose Veins with Ulceration</td>
<td>454.0</td>
<td>I83.01- Varicose veins of right lower extremity with ulcer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I83.02- Varicose veins of left lower extremity with ulcer</td>
</tr>
<tr>
<td>Venous (peripheral) insufficiency, unspecified</td>
<td>459.81</td>
<td>Venous insufficiency (chronic) (peripheral)</td>
</tr>
<tr>
<td>Verrucae plantaris</td>
<td>O78.12</td>
<td>B07.0 Plantar wart</td>
</tr>
<tr>
<td>Verrucae vulgaris</td>
<td>O78.10</td>
<td>B07.9 Viral wart, unspecified</td>
</tr>
<tr>
<td>Verruca plana Other specified viral warts</td>
<td>O78.19</td>
<td>B07.8 Other viral warts</td>
</tr>
<tr>
<td>Xerosis</td>
<td>706.8</td>
<td>Xerosis cutis / Dry skin dermatitis</td>
</tr>
</tbody>
</table>

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### Podiatry History of Present Illness - Problem #1

**Name:** Mr Icy D Ten  
**DOB:** 10/20/1970  
**Referring MD:**  
**PCP:**  
**Last Visit:**  
**Additional MD:**  
**Last Visit:**

#### Chief Complaint:
My feet have this red, peeling rash

#### Location
- left
- right
- both
- foot
- heel
- bottom of foot
- ball of foot
- top of foot
- ankle
- legs
- toe(s)
- lower leg
- generalized

#### Nature
- inflamed
- ingrown
- intermittent
- irritated
- itching
- localized
- nauseating

#### Duration
- several hours
- <24 hours
- 1 day
- days
- the past week
- the past month
- the past year
- months
- weeks
- months
- years
- since birth
- yesterday
- unknown

#### Severity

**Pain scale (from 0 - 10) - Left:** 5

**Pain scale (from 0 - 10) - Right:** 4

#### Improved by
- arch supports
- orthotic devices
- heat
- ice
- immobilization
- injections
- OTC treatment

#### Aggravating Factors
- athletic activities
- first steps after rest
- footwear
- medication (topical/oral)
- movement
- none

#### Prior treatment:
- injection(s)
- NSAID
- PT
- orthotic devices
- previous surgery
- night splint
- medication
- OTC remedies

---

**ICD TENHELP.COM**

October 1, 2014; Will You and Your Practice be Ready?
Examination documentation

Integumentary Examination

• On inspection and palpation the left foot, has a moccasin distribution of an erythematous, scaly, pruritic eruption.
<table>
<thead>
<tr>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
<th>Correct Code</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>110.4</td>
<td>B35.3 Tinea pedis / Athlete’s foot / Dermatophytosis of foot</td>
<td>B35.3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Name: Mr Icy D Ten
DOB: 10/20/1970

Podiatry History of Present Illness - Problem #1

- **Chief Complaint:** My heel hurts
- **Location:**
  - left
  - heel
  - aching, pressure and radiating
- **Nature:**
  - aching
  - pressure
- **Duration:**
  - months
- **Severity:**
  - Pain scale (from 0 - 10) - Left: 5
- **Improved by:**
  - heat, ice, pain relieving medication, rest and soaking
- **Aggravating Factors:**
  - when I first stand it hurts

**Prior treatment:**
- Injection(s)
- NSAID
- PT
- Orthotic devices
- previous surgery
- night splint
- medication
- OTC remedies
Examination documentation

Musculoskeletal Examination

• On inspection and palpation the left foot, heel pain on direct palpation plantar medial aspect, this exhibits pain only along the medial band of the fascia
<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
<th>Correct Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plantar Fasciitis</td>
<td>728.71</td>
<td>Plantar fascial fibromatosis/ Plantar fasciitis</td>
<td>M72.2</td>
</tr>
<tr>
<td>Polyneuropathy, diabetes</td>
<td>357.2</td>
<td>Diabetes mellitus due to underlying condition with diabetic polyneuropathy</td>
<td>E08.42</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Type 2 diabetes mellitus with diabetic polyneuropathy/diabetic neuralgia</td>
<td>E11.42</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene</td>
<td>E11.51</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T81 Complications of procedures, not elsewhere classified</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use additional code for adverse effect if applicable to identify drug (T36-T50 with fifth or sixth digit not present)</td>
<td>ICDTENHELP.COM</td>
</tr>
</tbody>
</table>
What if you x-ray the left foot?

- Same patient who has heel pain
- The radiologic exam reveals an inferior calcaneal spur on the left foot.
<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
<th>Correct Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bursitis</td>
<td>726.79</td>
<td>Other enthesopathy of foot (Bone Spur, Bursitis, Capsulitis, Tendinitis)</td>
<td>M77.51  M77.52</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Achilles tendinitis/Achilles bursitis</td>
<td>M76.61  M76.62</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enthesopathy, unspecified Bone Spur NOS, Capsulitis NOS, Tendinitis NOS</td>
<td>M77.9</td>
</tr>
<tr>
<td>Calcaneal Spur</td>
<td>726.73</td>
<td>Calcaneal spur</td>
<td></td>
</tr>
<tr>
<td>Candidiasis of skin and nail</td>
<td>112.3</td>
<td>Candidiasis of skin and nail</td>
<td>B37.2</td>
</tr>
<tr>
<td>Capsulitis</td>
<td>726.90</td>
<td>Other infective bursitis, ankle and foot</td>
<td>M71.171  M71.172  M71.19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rheumatoid bursitis, ankle and foot</td>
<td>M06.271  M06.271</td>
</tr>
<tr>
<td>Cavus deformity of foot</td>
<td>736.73</td>
<td>Other acquired deformities of foot (ie Cavus)</td>
<td></td>
</tr>
</tbody>
</table>
**Name:** Mr. Icy D. Ten  
**DOB:** 10/20/1970

### Podiatry History of Present Illness - Problem #1

- **Chief Complaint:** My big toe has a bump that sticks out
- **Onset:** gradual
- **Location:** right foot
- **Nature:** aching, painful, and radiating
- **Severity:**
  - **Pain scale (from 0 - 10) - Right:** 4

---

**Aggravating Factors:**
- athletic activities
- running
- sleeping (night pain)
- standing
- walking

**Prior treatment:** running, standing, and walking

---

**Impaired by:**
- arch supports
- orthotic devices
- OTC treatment

---

**Referring MD:**  
**PCP:**  
**Additional MD:**
On examination

Musculoskeletal Examination:

• Inspection and palpation reveals the right hallux in valgus with an enlarged 1\textsuperscript{st} metatarsal head

• Range of motion is painful in both dorsiflexion and plantar flexion.
### Hallux Valgus 735.0

<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hallux limitus</td>
<td>735.8</td>
<td>Other deformities of toe(s) (acquired)</td>
<td>M20.5X1</td>
<td>M20.5X2</td>
</tr>
<tr>
<td>Hallux rigidus</td>
<td>735.2</td>
<td>Hallux rigidus</td>
<td>M20.21</td>
<td>M20.22</td>
</tr>
<tr>
<td>Hallux Valgus</td>
<td>735.0</td>
<td>Hallux valgus (acquired) (Bunion)</td>
<td>M20.11</td>
<td>M20.12</td>
</tr>
<tr>
<td>Hammertoe</td>
<td>735.4</td>
<td>Other hammer toe(s) (acquired)</td>
<td>M20.41</td>
<td>M20.42</td>
</tr>
<tr>
<td>Hyperhidrosis</td>
<td>780.8</td>
<td>Generalized hyperhidrosis / Excessive sweating Excludes1: focal (primary) (secondary) hyperhidrosis (L74.5-)</td>
<td>R61</td>
<td>L74.513</td>
</tr>
<tr>
<td>Hypermobility</td>
<td>728.5</td>
<td>Hypermobility syndrome Excludes1: Ehlers-Danlos syndrome (Q79.6) ligamentous laxity, NOS (M24.2) Ingrowing nail Excludes2: onychia and paronychia</td>
<td>L74.513</td>
<td>M25.7</td>
</tr>
</tbody>
</table>

(Note: You will need to check with your Medical Billing Company for the highest level of code number.)
**Primary Problem**

Name: Mr Icy D Ten  
DOB: 10/20/1970  
Referring MD:  
Last Visit:  
PCP:  
Additional MD:  
Last Visit:  

---

**Podiatry History of Present Illness - Problem #1**

- **Initial encounter**
- **Subsequent encounter**

**Date of injury/onset:**

- **Chief Complaint:** My toes next to my big toe has this hard bump, it gets red and sore

- **Onset:**
  - sudden
  - slow
  - gradual
  - insidious
  - unknown

- **Location**
  - left
  - right
  - both
  - foot
  - toes
  - heel
  - bottom of foot
  - ball of foot
  - top of foot
  - ankle
  - legs
  - lower leg
  - generalized
  - right toe(s)

- **Nature**
  - aching
  - bleeding
  - blistering
  - burning
  - constant
  - cracked/dry/scraped
  - cramping
  - radiating

- **Duration**
  - several hours
  - <24 hours
  - 1 day
  - days
  - the past week
  - the past month
  - the past year
  - weeks
  - months
  - years
  - since birth
  - yesterday
  - unknown

- **Severity**
  - aching, pressure and radiating

- **Pain scale (from 0 - 10) - Right:**
  - 5

- **Improved by**
  - OTC treatment
  - pain relieving medication
  - prior care rendered
  - rest
  - soaking
  - nothing

- **Aggravating Factors**
  - athletic activities
  - first steps after rest
  - footwear
  - medication (topical/oral)
  - movement
  - none

- **Prior treatment:**
  - Injection(s)
  - NSAID
  - PT
  - OTC remedies
  - previous surgery
  - night splint
  - medication
  - OTC remedies

- **When I where shoes:**
  - never

---

- **Prior treatment:**
  - when I wear shoes
On examination

• Inspection and palpation reveals the contracted right 2\textsuperscript{nd} PIPJ with flexion and 2\textsuperscript{nd} MTPJ extension contracture.

• Pain on range of motion of the PIPJ with flexibility of the joint.
<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Quick list Top Practice codes</th>
<th>ICD 10 Tabular Description</th>
<th>Correct Code</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tinea Pedis</td>
<td>110.4</td>
<td></td>
<td>B35.3 Tinea pedis / Athlete's foot / Dermatophytosis of foot</td>
<td>M20.41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toe deformity, Claw toe</td>
<td>735.5</td>
<td></td>
<td>M20.5x-Other deformities of toe(s) (acquired)</td>
<td>M20.5x1</td>
<td>M20.5x2</td>
<td></td>
</tr>
<tr>
<td>Toe deformity, Hammertoe</td>
<td>735.4</td>
<td></td>
<td>M20.4- Other hammer toe(s) (acquired)</td>
<td>M20.42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toe deformity, other</td>
<td>735.8</td>
<td></td>
<td>M20.6- Acquired deformities of toe(s), foot</td>
<td>M20.61</td>
<td>M20.62</td>
<td></td>
</tr>
</tbody>
</table>

L97 Non-pressure chronic ulcer of lower limb, not elsewhere classified
Includes:
**Podiatry History of Present Illness - Problem #1**

**Chief Complaint:** The top of my foot has a bump

**Location:**
- foot
- toes
- ankle
- legs
- lower leg
- generalized

**Nature:**
- aching
- bleeding
- blistering
- burning
- constant
- cracked/dry/scale
- cramping
- non-painful
- numbness
- painful
- pressure
- progressing
- pulling
- radiating

**Duration:**
- several hours
- <24 hours
- 1 day
- days
- the past week
- the past month
- the past year
- weeks
- months
- years
- since birth
- yesterday
- unknown

**Severity**
- aching, pressure and radiating

**Pain scale (from 0 - 10) - Right:** [0] [1] [2] [3] [4] [5] [6] [7] [8] [9] [10]

**Improved by**
- arch supports
- orthotic devices
- heat
- ice
- immobilization
- injections

**Aggravating Factors**
- athletic activities
- first steps after rest
- footwear
- medication (topical/oral)
- movement
- none

**Prior treatment:**
- Injection(s)
- NSAID
- PT
- orthotic devices

**Prior treatment:**
- previous surgery
- night splint
- medication
- OTC remedies

**Referring MD:**

**PCP:**

**Additional MD:**

**Date of injury/onset:**

**DOB:** 10/20/1970
On Examination

Musculoskeletal Examination

• Inspection and palpation reveals the hypertrophied bony growth at the right 1\textsuperscript{st} metatarsal-cuneiform joint with pain.
<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>Diagnosis Description in ICD10</th>
<th>ICD 9 Code</th>
<th>ICD 10 Tabular Description</th>
<th>Correct Code</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edema</td>
<td>Edema, unspecified / Fluid retention NOS</td>
<td>782.3</td>
<td>R60.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equinus</td>
<td>Other acquired deformities of foot [Excludes2: deformities of toe (acquired) (M20.1-M20.6)]</td>
<td>736.72</td>
<td>M21.6X1</td>
<td>M21.6X2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exostosis</td>
<td>Osteophyte, unspecified joint</td>
<td>726.91</td>
<td>M25.70</td>
<td>M25.771</td>
<td>M25.772</td>
<td>M25.775</td>
</tr>
<tr>
<td></td>
<td>Osteophyte, ankle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Osteophyte, foot</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other specified disorders of the skin and subcutaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Name: Mr Icy D Ten

DOB: 10/20/1970

Referring MD: 

PCP: 

Additional MD: 

Podiatry History of Present Illness - Problem #1

- Initial encounter
- Subsequent encounter

Date of injury/onset: 

Chief Complaint: The bottom near the base of my big toe is painful when I touch it or bend it

Onset: 

- sudden
- slow
- gradual
- insidious
- unknown

Location: 

- left
- feet
- heel
- bottom of foot
- ball of foot
- top of foot

Nature: 

- aching
- bleeding
- blistering
- burning
- constant
- cracked/dry skin
- cramping
- painful
- numbness
- progressing
- pulling
- radiating

Duration: 

- several hours
- <24 hours
- 1 day
- 2 days
- the past week
- the past month
- the past year
- months

Severity:

Pain scale (from 0 - 10) - Left: 5

Improved by:

- arch supports
- orthotic devices
- heat
- ice
- immobilization
- injections
- heat, ice, pain relieving medication, rest and soaking

Aggravating Factors:

- athletic activities
- first steps after rest
- footwear
- medication (topical/oral)
- movement
- none
- previous treatment
- running
- sleeping (night pain)
- standing
- walking

Prior treatment:

- Injection(s)
- NSAID
- PT
- orthotic devices
- previous surgery
- night splint
- medication
- OTC remedies
- when I where shoes
On Examination

Musculoskeletal Examination

• Inspection and palpation reveals the hypertrophied bony growth at the area plantar to the left tibial sesamoid with pain.
Index ICD-10-CM

Sesamoiditis M25.8-

I feel we have a problem lets look at the Index and Tabular ICD-9-CM

Sesamoiditis - 733.99 Other hypertrophy of Bone
Sesamoiditis 733.99 is which of the following?

<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sesamoiditis</td>
<td>733.99</td>
<td>Other specified joint disorders, ankle and foot</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hypertrophy of bone, unspecified site 733.91</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hypertrophy of bone, ankle and foot 733.92</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other specified disorders of bone, lower leg 733.93</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other specified disorders of bone, ankle and foot 733.94</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Disorder of bone, unspecified 733.95</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shin Splints</td>
<td>844.9</td>
<td>Strain of unspecified muscle(s) and tendon(s) at lower leg level, leg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S93- Dislocation and sprain of joints and ligaments at ankle, foot and toe level</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Includes: avulsion of joint or ligament; laceration; sprain; traumatic hemarthrosis; traumatic rupture; traumatic subluxation; traumatic tear.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Code also any associated open wound.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Excludes: strain of muscle and tendon of ankle and foot (S96.0)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The appropriate 7th character is to be added to each code from category S93 A,D,S</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sprain Anterior Talo Fibular Ligament</td>
<td>845.00</td>
<td>Subluxation of ankle joint</td>
</tr>
<tr>
<td>Sprain Anterior Talo Fibular Ligament</td>
<td>845.00</td>
<td>Dislocation and sprain of joints and ligaments at ankle, foot and toe level</td>
</tr>
</tbody>
</table>

(Note: You will see multiple codes for each diagnosis due to the level of specificity.)
**Primary Problem**

**Name:** Mr Icy D Ten  
**DOB:** 10/20/1970

---

**Podiatry History of Present Illness - Problem #1**

- **Initial encounter**
- **Subsequent encounter**
- **Date of injury/onset:**

**Chief Complaint:** My big toe has red hot swollen area

**Onset:**
- sudden
- slow
- gradual
- insidious
- unknown

**Location:**
- left
- right
- both
- foot
- feet
- heel
- toes (s)
- ankle
- ankle
- lower leg
- generalized

**Nature:**
- aching
- bleeding
- blistering
- burning
- constant
- cracking/dry/scaling
- cramping
- radiating

**Duration:**
- several hours
- <24 hours
- 1 day
- days
- the past week
- the past month
- the past year
- weeks
- months
- years
- since birth
- yesterday
- unknown

**Severity:**
- aching, painful and radiating

**Pain scale (from 0 - 10) - Right:**
- 0 1 2 3 4 5 6 7 8 9 10

---

**Improved by:**
- arch supports
- orthotic devices
- heat
- ice
- immobilization
- injections

**Aggravating Factors:**
- athletic activities
- first steps after rest
- prior care rendered
- previous treatment
- running
- sleeping (night pain)
- standing
- movement
- walking

**Prior treatment:**
- Injection(s)
- NSAID
- PT
- orthotic devices

---

**Prior treatment:**
- previous surgery
- night splint
- medication
- OTC remedies
On Examination

Musculoskeletal Examination

- Inspection and palpation reveals the right 1\textsuperscript{st} MTPJ very edematous, erythematous and painful joint on range of motion.
- There is no cavity present
- There is no cellulitis
## Acute Gouty Arthropathy 274.01

<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>Diagnosis Code</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
<th>Correct Code 1</th>
<th>Correct Code 2</th>
<th>Right</th>
<th>Left</th>
<th>Multiple sites</th>
<th>Bilateral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gout-Acute</td>
<td>274.01</td>
<td>Idiopathic gout, ankle and foot</td>
<td>M10.071 M10.072 Gout Acute gout, ankle and foot, Gout attack, Gout flare Use additional code to identify: Autonomic neuropathy in diseases classified elsewhere (G99.0) Excludes1: chronic gout (M1A.-)</td>
<td>274.01</td>
<td>274.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gout-Chronic without Tophi</td>
<td>274.02</td>
<td>Idiopathic chronic gout, ankle and foot</td>
<td>M1A.071 M1A.072 Idiopathic chronic gout, ankle and foot</td>
<td>274.02</td>
<td>274.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallux limitus</td>
<td>735.8</td>
<td>Other deformities of toe(s) (acquired)</td>
<td>M20.5X1 M20.5X2 Other deformities of toe(s) (acquired)</td>
<td>735.8</td>
<td>735.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallux Rigidus</td>
<td>735.2</td>
<td>Hallux rigidus</td>
<td>M20.21 M20.22 Hallux rigidus</td>
<td>735.2</td>
<td>735.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Name: Mr Icy D Ten
DOB: 10/20/1970
Referring MD: 
PCP: 
Additional MD: 
Last Visit: 

Podiatry History of Present Illness - Problem #1

Initial encounter
Subsequent encounter
Date of injury/onset: 

Chief Complaint: My big toe has red hot swollen area, this is not the first time I have had this.

Onset:
- sudden
- slow
- gradual
- insidious
- unknown

Location
- left
- right
- both
- foot
- feet
- heel
- toes
- bottom of foot
- ball of foot
- top of foot

Nature
- aching
- bleeding
- blistering
- burning
- constant
- cracked/dry/sciatic
- cramping
- pulling
- radiating

Duration
- <24 hours
- several hours
- 1 day
- days
- the past week
- the past month
- the past year
- months
- years
- since birth
- yesterday
- unknown

Severity

Pain scale (from 0 - 10) - Right: 

0 1 2 3 4 5 6 7 8 9 10

Improved by
- arch supports
- orthotic devices
- heat
- ice
- immobilization
- injections
- OTC treatment
- pain relieving medication
- prior care rendered
- rest
- soaking
- nothing

Aggravating Factors
- athletic activities
- first steps after rest
- sleep
- standing
- taking
- medication (topical/oral)
- movement
- none

Prior treatment:
- Injection(s)
- NSAID
- PT
- orthotic devices

Prior treatment:
- previous surgery
- night splint
- medication
- OTC remedies
- walking
- footwear, standing and walking
On Examination

Musculoskeletal Examination

• Inspection and palpation reveals the right 1st MTPJ very edematous, erythematous and painful joint on range of motion. There is no white chalky material seen.
Chronic gouty arthropathy without mention of tophus (tophi) 274.02

<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
<th>Right</th>
<th>Left</th>
<th>Multiple sites</th>
<th>Bilateral</th>
<th>Initial</th>
<th>Subsequent</th>
<th>Sequelae</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gout-Acute</td>
<td>274.01</td>
<td>Idiopathic gout, ankle and foot M10 Gout Acute gout Gout attack Gout flare Use additional code to identify: Autonomic neuropathy in diseases classified elsewhere (G99.0) Excludes1: chronic gout (M1A.-)</td>
<td>M10.071</td>
<td>M10.072</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Gout-Chronic without Tophi</td>
<td>274.02</td>
<td>Idiopathic chronic gout, ankle and foot</td>
<td>M1A.071</td>
<td>M1A.072</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chronic gout, unspecified</td>
<td>M1A.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallux limitus</td>
<td>735.8</td>
<td>Other deformities of toe(s) (acquired)</td>
<td>M20.5X1</td>
<td>M20.5X2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallux Rigidus</td>
<td>735.2</td>
<td>Hallux rigidus</td>
<td>M20.21</td>
<td>M20.22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Note: You will see Coding after the "initial" or "right and left" options this means you MUST pick the 7th Character code - Always code to the highest level of specificity.)

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October 1, 2014; Will You and Your Practice be Ready?
**Primary Problem**

**Name:** Mr Icy D Ten  
**DOB:** 10/20/1970  
**Referring MD:**  
**PCP:**  
**Additional MD:**

---

**Podiatry History of Present Illness - Problem #1**

- **Initial encounter**
- **Subsequent encounter**
- **Date of injury/onset:**

**Chief Complaint:** My big toe has red hot swollen area, this is not the first time I have had this.

**Onset:**
- sudden
- slow
- gradual
- insidious
- unknown

**Location**
- left
- right
- both

**Nature**
- foot
- ankle
- legs
- toe(s)
- lower leg
- generalized
- aching
- bleeding
- blistering
- painful
- numbness
- pressure
- radiating
- <24 hours

**Duration**
- weeks
- months
- years
- since birth
- yesterday
- unknown

**Severity**

**Pain scale (from 0 - 10) - Right:**

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

**Improved by**
- arch supports
- orthotic devices
- heat
- ice
- immobilization
- injections
- OTC treatment
- pain relieving medication
- prior care rendered
- rest
- soaking
- nothing

**Aggravating Factors**
- athletic activities
- first steps after rest
- standing
- sleeping (night pain)
- walking

**Prior treatment:**
- Injection(s)
- NSAID
- PT
- orthotic devices
- previous surgery
- night splint
- medication
- OTC remedies

**Footwear, standing and walking**
What if our chronic Gout patient exhibits tophaceous material at the 1\textsuperscript{st} MTPJ right foot?

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD 10 Quick list Top Practice codes</td>
<td>ICD 9 Diagnosis Code</td>
<td>ICD 10 Tabular Description</td>
<td>Correct Code</td>
<td>(Note: You will see Coding after the &quot;initial&quot; or &quot;right and left&quot; options this means you MUST pick the 7th Character code - Always code to the highest level of specificity.)</td>
<td></td>
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</tr>
<tr>
<td>Diagnosis Description in ICD9</td>
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<td>Multiple sites</td>
<td>Bilateral</td>
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<td>M20.22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Podiatry History of Present Illness - Problem #1**

- **Initial encounter**
- **Subsequent encounter**
- **Date of injury/onset:**

**Chief Complaint:** Between my left 3rd and 4th toes there is this electric pain that comes and goes.

**Onset:**
- Sudden
- Slow
- Gradual
- Insidious
- Unknown

**Location**
- Left
- Right
- Both

- Foot
- Ankle
- Leg
- Heel
- Toe(s)
- Lower leg
- Ball of foot
- Top of foot

**Nature**
- Aching
- Bleeding
- Blistering
- Burning
- Constant
- Cracked/dry/scarred
- Cramping

**Duration**
- Several hours
- ≤24 hours
- 1 day
- 1 week
- The past month
- The past year
- Months
- Weeks
- Years
- Since birth
- Yesterday
- Unknown

**Location:** Left foot

**Nature:** Burning, cramping and sore

**Duration:** Months

**Severity**

**Pain scale (from 0 - 10) - Left:**
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

**Improved by**
- Arch supports
- Orthotic devices
- Heat
- Ice
- Immobilization
- Injections
- Arch supports and OTC treatment

**Aggravating Factors**
- Athletic activities
- First steps after rest
- Footwear
- Medication (topical/oral)
- Movement
- None
- Standing

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October 1, 2014: Will You and Your Practice be Ready?
On Examination

Musculoskeletal Examination

• Inspection and palpation reveals the left 3rd interspace has palpable click, pain on compressing the inter-metatarsal nerve, paresthesias are noted as well.
Morton’s Neuroma 355.6

- Let me throw another twist into this
  Go into the Tabular you have a second option—
  G57.8  Other specified mononeuropathies of lower limb
  Interdigital neuroma of lower limb
  G57.80  Other specified mononeuropathies of unspecified lower limb
  G57.81  Other specified mononeuropathies of right lower limb
  G57.82  Other specified mononeuropathies of left lower limb
<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 10 Tabular Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuroma</td>
<td>Lesion of plantar nerve / Morton’s metatarsalgia</td>
</tr>
<tr>
<td></td>
<td>Other specified mononeuropathies of lower limb</td>
</tr>
<tr>
<td></td>
<td>Interdigital neuroma of lower limb</td>
</tr>
<tr>
<td>Nonunion of fracture</td>
<td>nonunion of malleolus above see fracture</td>
</tr>
<tr>
<td></td>
<td>nonunion of foot above see fracture</td>
</tr>
<tr>
<td></td>
<td>nonunion of toe above see fracture</td>
</tr>
</tbody>
</table>

(Note: You will need to use the ICD-10 code as a list of specific codes.)
Name: Mr Icy D Ten
DOB: 10/20/1970

Podiatry History of Present Illness - Problem #1
- Initial encounter
- Subsequent encounter

Chief Complaint: My left heel has a real big open area
- Onset: sudden, slow, gradual, insidious, unknown

<table>
<thead>
<tr>
<th>Location</th>
<th>Nature</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>left heel</td>
<td>aching</td>
<td>several hours</td>
</tr>
</tbody>
</table>

Severity
- Pain scale (from 0 - 10) - Left: 2

Improved by
- OTC treatment

Aggravating Factors
- athletic activities
- previous treatment

ICD-10
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Integumentary Examination

- Inspection and palpation reveals the right heel has a large nonviable area with black eschar, this is elevated and can probe through this full skin thickness disruption into subcutaneous tissues. Bloody drainage is noted but no purulence
ICD-9 to ICD 10 Coding

1) 707.06 Decubitus ulcer, ankle
2) 707.07 Decubitus ulcer, heel
3) 707.09 Decubitus ulcer, other site

1) L89.511- L89.514
2) L89.521-L89.524
3) L89.611-L89.614
4) L89.621-L89.624
5) L89.891-L89.894
<table>
<thead>
<tr>
<th>ICD 10 Quick list Top Practice codes</th>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>L89 Pressure ulcer</td>
<td>Includes: bed sore, decubitus ulcer, plaster ulcer, pressure area, pressure sore</td>
<td>L89 Pressure ulcer</td>
<td>L89 Pressure ulcer</td>
</tr>
<tr>
<td></td>
<td>Code First any associated gangrene (I96)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Excludes2: decubitus (trophic) ulcer of cervix (uteri) (N86)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>non-pressure chronic ulcer of skin (L97.-)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>skin infections (L00-L08)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>varicose ulcer (I83.0, I83.2)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pressure ulcer  Bed sore  Decubitus ulcer  Plaster ulcer  Use additional code to identify pressure ulcer stage (707.20-707.25)  707.0-
<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure Ulcer, ankle</td>
<td>707.06</td>
<td>L89.50- Pressure ulcer of unspecified ankle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L89.51- Pressure ulcer of right ankle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L89.52- Pressure ulcer of left ankle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L89.60- Pressure ulcer of unspecified heel</td>
</tr>
<tr>
<td></td>
<td>707.07</td>
<td>L89.61- Pressure ulcer of right heel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L89.62- Pressure ulcer of left heel</td>
</tr>
<tr>
<td>Pressure ulcer, other site</td>
<td>707.09</td>
<td>L89.89- Pressure ulcer of other site</td>
</tr>
<tr>
<td>Code</td>
<td>Unstageable</td>
<td>Stage 1</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>---------</td>
</tr>
<tr>
<td>L89.50-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pressure ulcer of unspecified ankle</td>
<td>L89.500</td>
<td>L89.501</td>
</tr>
<tr>
<td>L89.51-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pressure ulcer of right ankle</td>
<td>L89.510</td>
<td>L89.511</td>
</tr>
<tr>
<td>L89.52-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pressure ulcer of left ankle</td>
<td>L89.520</td>
<td>L89.521</td>
</tr>
<tr>
<td>L89.60-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pressure ulcer of unspecified heel</td>
<td>L89.600</td>
<td>L89.601</td>
</tr>
<tr>
<td>L89.61-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pressure ulcer of right heel</td>
<td>L89.610</td>
<td>L89.611</td>
</tr>
<tr>
<td>L89.62-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pressure ulcer of left heel</td>
<td>L89.620</td>
<td>L89.621</td>
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<tr>
<td>L89.89-</td>
<td></td>
<td></td>
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<tr>
<td>Pressure ulcer of other site</td>
<td>L89.890</td>
<td>L89.891</td>
</tr>
</tbody>
</table>

*Unspecified Stage:* L89.612

**ICD-10:**

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Malunion of fracture 733.81

• First Question you have to ask is where anatomically are we speaking?
• Malunion Coding went away as a stand alone code, it is now a component code of the fracture.
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD 10 Quick list Top Practice codes</td>
<td>ICD 9 Diagnosis Code</td>
<td>ICD 10 Tabular Description</td>
<td></td>
</tr>
<tr>
<td>Diagnosis Description in ICD9</td>
<td>Malunion of fracture 733.81</td>
<td>see fracture malunion of malleolus above</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>see fracture malunion of foot above</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>see fracture malunion of toe above</td>
<td></td>
</tr>
<tr>
<td>Mosaicalgia</td>
<td>726.7  Mosaicalgia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Nonunion of Fracture 733.82

• First Question you have to ask is where anatomically are we speaking?
• Nonunion Coding went away as a stand alone code, it is now a component code of the fracture
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
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<td>ICD 10 Quick list Top Practice codes</td>
<td>ICD 9 Diagnosis Code</td>
<td>ICD 10 Tabular Description</td>
<td></td>
</tr>
<tr>
<td>Nonunion of fracture</td>
<td>733.82</td>
<td>see fracture nonunion of malleolus above</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>see fracture nonunion of foot above</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>see fracture nonunion of toe above</td>
<td></td>
</tr>
</tbody>
</table>

No individual ICD 10 Code
Musculoskeletal Examination

- Inspection and palpation reveals the right 2\textsuperscript{nd} metatarsal is painful on palpation with and edematous forefoot

Radiologic Examination, AP, Lateral and Medial Oblique views reveals a \textit{closed} oblique fracture that is \textit{non-displaced}
## B95-Streptococcus, Staphylococcus, and Enterococcus as the cause of diseases classified elsewhere

<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fracture of foot and toe, except ankle</td>
<td>S92</td>
<td>Fracture of unspecified metatarsal bone(s)</td>
</tr>
<tr>
<td>Note: A fracture not indicated as displaced or nondisplaced should be coded to displaced</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A fracture not indicated as open or closed should be coded to closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excludes1: traumatic amputation of ankle and foot (S98.-)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excludes2: fracture of ankle (S82.-)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fracture of malleolus (S82.-)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Fracture Metatarsal Closed**

<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Fracture of unspecified metatarsal bone(s)</td>
<td>825.25</td>
<td>Displaced fracture of first metatarsal bone</td>
</tr>
<tr>
<td>Nondisplaced fracture of first metatarsal bone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displaced fracture of second metatarsal bone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nondisplaced fracture of second metatarsal bone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displaced fracture of third metatarsal bone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2\textsuperscript{nd} Metatarsal Fracture, Initial encounter

<table>
<thead>
<tr>
<th>Description</th>
<th>Right</th>
<th>Left</th>
<th>A - initial encounter for closed fracture</th>
<th>B - initial encounter for open fracture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fracture of unspecified metatarsal bone(s)</td>
<td>S92.301</td>
<td>S92.302</td>
<td>S92.301A, S92.302A</td>
<td>S92.301B, S92.302B</td>
</tr>
<tr>
<td>Displaced fracture of first metatarsal bone</td>
<td>S92.311</td>
<td>S92.312</td>
<td>S92.311A, S92.312A</td>
<td>S92.311B, S92.312B</td>
</tr>
<tr>
<td>Nondisplaced fracture of first metatarsal bone</td>
<td>S92.314</td>
<td>S92.315</td>
<td>S92.314A, S92.315A</td>
<td>S92.314B, S92.315B</td>
</tr>
<tr>
<td>Nondisplaced fracture of second metatarsal bone</td>
<td>S92.324</td>
<td>S92.325</td>
<td>S92.324, S92.325A</td>
<td>S92.324B, S92.325B</td>
</tr>
<tr>
<td>Displaced fracture of third metatarsal bone</td>
<td>S92.331</td>
<td>S92.332</td>
<td>S92.331A, S92.332A</td>
<td>S92.331B, S92.332B</td>
</tr>
</tbody>
</table>

**Note:**
- A fracture not indicated as displaced or nondisplaced should be coded to displaced.
- A fracture not indicated as open or closed should be coded to closed.

**Excludes1:**
- Traumatic amputation of ankle and foot (S98.-)

**Excludes2:**
- Fracture of ankle (S82.-)
- Fracture of malleolus (S82.-)
2\textsuperscript{nd} Metatarsal Fracture, subsequent encounter, routine healing

| Fracture of unspecified metatarsal bone(s) | S92.301 | S92.302 |
| Displaced fracture of first metatarsal bone | S92.311 | S92.312 |
| Nondisplaced fracture of first metatarsal bone | S92.314 | S92.315 |
| Displaced fracture of second metatarsal bone | S92.321 | S92.322 |
| Nondisplaced fracture of second metatarsal bone | S92.324 | S92.325 |
| Displaced fracture of third metatarsal bone | S92.331 | S92.332 |

A - initial encounter for closed fracture
B - initial encounter for open fracture
D - subsequent encounter for fracture with routine healing
G - subsequent encounter for fracture with delayed healing

ICD10 Resource

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<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>RIGHT</th>
<th>LEFT</th>
<th>A - initial encounter for closed fracture</th>
<th>B - initial encounter for open fracture</th>
<th>D - subsequent encounter for fracture with routine healing</th>
<th>G - subsequent encounter for fracture with delayed healing</th>
<th>K - subsequent encounter for fracture with nonunion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fracture of unspecified metatarsal bone(s)</td>
<td>S92.301</td>
<td>S92.302</td>
<td>S92.301A</td>
<td>S92.301B</td>
<td>S92.301D</td>
<td>S92.301G</td>
<td>S92.301K</td>
</tr>
<tr>
<td>Displaced fracture of first metatarsal bone</td>
<td>S92.311</td>
<td>S92.312</td>
<td>S92.311A</td>
<td>S92.311B</td>
<td>S92.311D</td>
<td>S92.311G</td>
<td>S92.311K</td>
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<tr>
<td>Displaced fracture of third metatarsal bone</td>
<td>S92.331</td>
<td>S92.332</td>
<td>S92.331A</td>
<td>S92.331B</td>
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</table>

2nd Metatarsal Fracture, subsequent encounter, delayed healing
### 2nd Metatarsal Fracture, subsequent encounter, malunion healing

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<th>Diagnosis</th>
<th>RIGHT</th>
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<tr>
<td>Displaced fracture of unspecified metatarsal bone(s)</td>
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<tr>
<td>Displaced fracture of first metatarsal bone</td>
<td>S92.311</td>
<td>S92.312</td>
</tr>
<tr>
<td>Nondisplaced fracture of first metatarsal bone</td>
<td>S92.314</td>
<td>S92.315</td>
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<tr>
<td>Displaced fracture of second metatarsal bone</td>
<td>S92.321</td>
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<td>S92.324</td>
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<tr>
<td>Displaced fracture of third metatarsal bone</td>
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</tbody>
</table>

**Excludes 1:**
- Traumatic amputation of ankle and foot (S98.-)
- Fracture of ankle (S82.-)
- Fracture of malleolus (S82.-)

**Excludes 2:**
- Fracture of unspecified metatarsal bone(s)
- Displaced fracture of first metatarsal bone
- Nondisplaced fracture of first metatarsal bone
- Displaced fracture of second metatarsal bone
- Nondisplaced fracture of second metatarsal bone
- Displaced fracture of third metatarsal bone

**Table Columns:**
- A - initial encounter for closed fracture
- B - initial encounter for open fracture
- D - subsequent encounter for fracture with routine healing
- G - subsequent encounter for fracture with delayed healing
- K - subsequent encounter for fracture with nonunion
- P - subsequent encounter for fracture with malunion
- S - sequela

**ICD-10 Code Examples:**
- S92.301A
- S92.301B
- S92.301D
- S92.301G
- S92.301K
- S92.301P
- S92.301S

**Note:**
- Displaced fractures are indicated by codes S92.301 to S92.325.
- Nondisplaced fractures are indicated by codes S92.314 to S92.325.

**ICD-10 Help:**

[ICD10Help.com](http://ICD10Help.com)

October 1, 2014: Will You and Your Practice be Ready?
2\textsuperscript{nd} Metatarsal Fracture, subsequent encounter, nonunion healing

<table>
<thead>
<tr>
<th>Displacement</th>
<th>Right</th>
<th>Left</th>
<th>A - initial encounter for closed fracture</th>
<th>B - initial encounter for open fracture</th>
<th>D - subsequent encounter for fracture with routine healing</th>
<th>G - subsequent encounter for fracture with delayed healing</th>
<th>K - subsequent encounter for fracture with nonunion</th>
<th>P - subsequent encounter for fracture with malunion</th>
<th>S - sequela</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displaced fracture of unspecified metatarsal bone (s)</td>
<td>S92.301</td>
<td>S92.302</td>
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<td>S92.301D</td>
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<td>S92.301K</td>
<td>S92.301P</td>
<td>S92.301S</td>
</tr>
<tr>
<td>Displaced fracture of first metatarsal bone</td>
<td>S92.311</td>
<td>S92.312</td>
<td>S92.311A</td>
<td>S92.311B</td>
<td>S92.311D</td>
<td>S92.311G</td>
<td>S92.311K</td>
<td>S92.311P</td>
<td>S92.311S</td>
</tr>
</tbody>
</table>
Chief Complaint: Doc after running 10 miles my right foot got very swollen and painful. I did nothing other than my usual weekend run. I like to run on the bike path that goes around all the lakes in my town.

Musculoskeletal Examination:
Has pain on palpation to the 2\textsuperscript{nd} and 3\textsuperscript{rd} right metatarsals, the forefoot is edematous.

X-rays AP, Lateral, and Medial Oblique views of the right foot revealed a faint transverse lucency in the neck of the 3\textsuperscript{rd} metatarsal
Diagnosis-ICD-9-CM Stress Fracture – Metatarsal ICD9 733.94

ICD 10 Tabular Description

M84 Disorder of continuity of bone
Excludes2: traumatic fracture of bone-see fracture, by site
M84.3 Stress fracture
Fatigue fracture
March fracture
Stress fracture NOS
Stress reaction
Use additional external cause code(s) to identify the cause of the stress fracture
Excludes1: pathological fracture NOS (M84.4.-)
pathological fracture due to osteoporosis (M80.-)
traumatic fracture (S12.-, S22.-, S32.-, S42.-, S52.-, S62.-, S72.-, S82.-, S92.-)
Excludes2: personal history of (healed) stress (fatigue) fracture (Z87.312)
stress fracture of vertebra (M48.4.-)
The appropriate 7th character is to be added to each code from subcategory
M84.3:
A - initial encounter for fracture
D - subsequent encounter for fracture with routine healing
G - subsequent encounter for fracture with delayed healing
K - subsequent encounter for fracture with nonunion
P - subsequent encounter for fracture with malunion
S - sequela
## Diagnosis-ICD-10-CM Stress Fracture – Foot

<table>
<thead>
<tr>
<th>Condition</th>
<th>Right</th>
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<th>A - Initial encounter for fracture</th>
<th>D - Subsequent encounter for fracture with routine healing</th>
<th>G - Subsequent encounter for fracture with delayed healing</th>
<th>K - Subsequent encounter for fracture with nonunion</th>
<th>P - Subsequent encounter for fracture with malunion</th>
<th>S - Sequela</th>
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<tbody>
<tr>
<td>Stress fracture, foot</td>
<td>M84.374</td>
<td>M84.375</td>
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<tr>
<td>Stress fracture, tibia</td>
<td>M84.361</td>
<td>M84.362</td>
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<tr>
<td>Stress fracture, fibula</td>
<td>M84.363</td>
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</tr>
</tbody>
</table>

Source: ICD10Help.com

October 1, 2014; Will You and Your Practice be Ready?
Y92 Place of occurrence of the external cause
The following category is for use, when relevant, to identify the place of occurrence of the external cause. Use in conjunction with an activity code.
Place of occurrence should be recorded only at the initial encounter for treatment.
Y92.4 Street, highway and other paved roadways as the place of occurrence of the external cause
Excludes1:
private driveway of residence (Y92.014, Y92.024, Y92.043, Y92.093, Y92.113, Y92.123, Y92.154, Y92.194)
Diagnosis-ICD-10-CM Stress Fracture – Foot

Y92.48 Other paved roadways as the place of occurrence of the external cause
Y92.480 Sidewalk as the place of occurrence of the external cause
Y92.481 Parking lot as the place of occurrence of the external cause
Y92.482 Bike path as the place of occurrence of the external cause
Y92.488 Other paved roadways as the place of occurrence of the external cause
Y93.0 Activities involving walking and running
Excludes1:
activity, walking an animal (Y93.K1)
activity, walking or running on a treadmill (Y93.A1)

Y93.01 Activity, walking, marching and hiking
Activity, walking, marching and hiking on level or elevated terrain
Excludes1:
activity, mountain climbing (Y93.31)

Y93.02 Activity, running
Diagnosis-ICD-10-CM Summary for the Stress Fracture – Foot example

1) Stress Fracture, foot, right, initial encounter – M84.374A
   – Metatarsal 2nd and 3rd right foot
2) Y92.482  Bike path as the place of occurrence of the external cause
3) Y93.02  Activity, running
Chief Complaint: Doc I was on the roof getting back on my ladder after cleaning leaves out of my gutter. I missed part of the ladder coming down and fell at least 6 feet landing on my right heel. I had severe pain almost immediately.

Musculoskeletal Examination:
Pain on palpation to the right calcaneus, there is ecchymosis medially and laterally to the right calcaneus and the heel is very edematous.

X-rays AP, Lateral, and Medial Oblique views of the right foot revealed a closed compression displaced fracture of the body of the calcaneus and displaced intra-articular fracture.
Diagnosis-ICD-9-CM Fracture of calcaneus, closed

ICD9 825.0
Diagnosis-ICD-9-CM Fracture of calcaneus, closed ICD9 825.0

<table>
<thead>
<tr>
<th>Description</th>
<th>Codes</th>
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<tbody>
<tr>
<td>Displaced fracture of body of calcaneus</td>
<td>S92.011, S92.012</td>
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<tr>
<td>Nondisplaced fracture of body of calcaneus</td>
<td>S92.014, S92.015</td>
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<tr>
<td>Displaced fracture of anterior process of calcaneus</td>
<td>S92.021, S92.022</td>
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<tr>
<td>Nondisplaced fracture of anterior process of calcaneus</td>
<td>S92.024, S92.025</td>
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<tr>
<td>Displaced avulsion fracture of tuberosity of calcaneus</td>
<td>S92.031, S92.032</td>
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<td>Nondisplaced avulsion fracture of tuberosity of calcaneus</td>
<td>S92.034, S92.035</td>
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<tr>
<td>Displaced other fracture of tuberosity of calcaneus</td>
<td>S92.041, S92.042</td>
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<td>Nondisplaced other fracture of tuberosity of calcaneus</td>
<td>S92.044, S92.045</td>
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<tr>
<td>Displaced other extraarticular fracture of calcaneus</td>
<td>S92.051, S92.052</td>
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<td>Nondisplaced other extraarticular fracture of right calcaneus</td>
<td>S92.053, S92.055</td>
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<td>Displaced intraarticular fracture of calcaneus</td>
<td>S92.061, S92.062</td>
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<td>Nondisplaced intraarticular fracture of calcaneus</td>
<td>S92.064, S92.065</td>
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</tbody>
</table>
Diagnosis-ICD-10-CM Calcaneus Fracture – Foot

1) Displaced fracture of body of calcaneus, right, initial encounter for closed fracture S92.011A
2) Displaced intra articular fracture of calcaneus, right, initial encounter for closed fracture S92.061A
3) W11 Fall on and from ladder - W11.xxxA
   [The appropriate 7th character is to be added to code W11 A - initial encounter
   D - subsequent encounter
   S – sequela]
Musculoskeletal Examination

- Inspection and palpation reveals the right 1st metatarsal is painful on palpation with a noted prominence dorsally where the screw was inserted 10 years ago.

Radiologic Examination, AP, Lateral and Medial Oblique views of the right foot reveals a surgical screw that has backed itself out by 5mm.
Other mechanical complication of other internal orthopedic device, implant, and graft 996.49

<table>
<thead>
<tr>
<th>ICD 10 Quick list Top Practice codes</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis Description in ICD9</td>
<td></td>
<td>T84 Complications of internal orthopedic prosthetic devices, implants and grafts</td>
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<td>Excludes2: failure and rejection of transplanted organs and tissues (T86.-)</td>
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<td>fracture of bone following insertion of orthopedic implant, joint prosthesis or bone plate (M96.6)</td>
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<td>T84.9 Other mechanical complication of internal fixation device of bones of limb</td>
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<td>Perforation of internal fixation device of bones of limb</td>
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<td>Protrusion of internal fixation device of bones of limb</td>
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RULES
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<tr>
<td>996.49</td>
<td>Other mechanical complication of internal fixation device of bone of right lower leg</td>
<td>T84.196</td>
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</tr>
</tbody>
</table>

(Note: You will see Coding after the "initial" or "right and left" options. This means you MUST pick the 7th Character code - Always code to the highest level of specificity.)
Musculoskeletal Examination

- Inspection and palpation reveals the right subtalar joint a very edematous and swollen area, very painful on palpation and the joint appears to be medially deviated.

Radiologic Examination, AP, Lateral and Medial Oblique views of the right foot reveals a the subtalar joint no longer in alignment, this joint is medially displaced.
Dislocation of foot, closed, tarsal joint 838.01

- But the Code requires A, D, S so....
### ICD 10 Tabular Description

<table>
<thead>
<tr>
<th>Condition</th>
<th>Right</th>
<th>Left</th>
<th>Multiple sites</th>
<th>Bilateral</th>
<th>Initial</th>
<th>Subsequent</th>
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<tr>
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<td>S93.421A</td>
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<tr>
<td>Subluxation of tarsal joint of right foot S93.31</td>
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<td>S93.311A</td>
<td>S93.311D</td>
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</tbody>
</table>

(Note: You will see Coding after the "initial" or "right and left" options this means you MUST pick the 7th Character code - Always code to the highest level of specificity.)
ICD-10 coding scenarios for ankle conditions
Documentation

Chief Complaint: I was walking at Disney World and after walking around the amusement park and noticed I developed a weakness especially when I stopped walking in the store.

Musculoskeletal Examination: left ankle, on examination, the ankle mortise does not hold the talus stable, the talus can easily go into varus when stressed.
Ankle Instability 718.87

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M25.27</td>
<td>Flail joint, ankle and foot</td>
</tr>
<tr>
<td>M25.271</td>
<td>Flail joint, right ankle and foot</td>
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<td>M25.272</td>
<td>Flail joint, left ankle and foot</td>
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<tr>
<td>M25.279</td>
<td>Flail joint, unspecified ankle and foot</td>
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<tr>
<td>M25.28</td>
<td>Flail joint, other site</td>
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<td>M25.3</td>
<td>Other instability of joint</td>
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<td></td>
<td><strong>Excludes 1:</strong> instability of joint secondary to old ligament injury (M24.2-)</td>
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<tr>
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<td>instability of joint secondary to removal of joint prosthesis (M96.8-)</td>
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<tr>
<td></td>
<td><strong>Excludes 2:</strong> spinal instabilities (M53.2-)</td>
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<td>M25.30</td>
<td>Other instability, unspecified joint</td>
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<tr>
<td>A</td>
<td>B</td>
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<td>Joint Stiffness</td>
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(Note: You will mean you MS highest level of 5 digit code)

ICD10ENHELP.COM

October 1, 2014; Will You and Your Practice be Ready?
What do you do when you go to Disney?

Supplementary factors related to causes of morbidity classified elsewhere (Y90-Y99)

Note: These categories may be used to provide supplementary information concerning causes of morbidity. They are not to be used for single-condition coding.

Y92 Place of occurrence of the external cause

The following category is for use, when relevant, to identify the place of occurrence of the external cause. Use in conjunction with an activity code.

Place of occurrence should be recorded only at the initial encounter for treatment
What do you do when you go to Disney?

Y92.51  Private commercial establishments as the place of occurrence of the external cause
Y92.510  Bank as the place of occurrence of the external cause
Y92.511  Restaurant or café as the place of occurrence of the external cause
Y92.512  Supermarket, store or market as the place of occurrence of the external cause
Y92.513  Shop (commercial) as the place of occurrence of the external cause
What do you do when you go to Disney?

Y93.01 Activity, walking, marching and hiking

Activity, walking, marching and hiking on level or elevated terrain

Excludes1: activity, mountain climbing (Y93.31)
What do you do when you go to Disney?

Y33  Other specified events, undetermined intent
The appropriate 7th character is to be added to code Y33
- A - initial encounter
- D - subsequent encounter
- S – sequela.
Code = Y33.xxxA
(Dummy character in 4th, 5th and 6th place)
ICD-9 to ICD 10 Coding

1) Ankle Instability 718.87

M25.372 other instability of joint, ankle, left

2) Y33.xxxA Other specified events, undetermined intent, initial encounter

3) Y92.513 Shop (commercial) as the place of occurrence of the external cause

4) Y93.01 Activity, walking, marching and hiking
Subsequent Encounter
On Examination

Chief Complaint:
Doc my right ankle is very swollen and very painful again. I was playing basketball with my son and aggravated it. I had previously sprained this right ankle on many times as you know and now it is worse.
Subsequent Encounter
On Examination

• Musculoskeletal Examination: Inspection and palpation reveals the right ankle joint a very edematous and swollen, very painful on palpation and the joint appears to be anterior displaced as a result of a old severe ankle sprain.

Radiologic Examination, AP, Lateral and Medial Oblique views of the right ankle reveals a the ankle joint is not in alignment, this joint is anteriorly displaced.
Recurrent dislocation of joint ankle and foot
Examination documentation

Musculoskeletal Examination: Inspection and palpation reveals a stiff left ankle, on examination, the ankle exhibits crepitus, and pain on range of motion.

• X-rays revealed joint space narrowing of the ankle joint with sclerotic bone and exostoses in the ankle joint.
Ankle arthritis  ICD9-715.17

ICD 10 Tabular Description

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M15-M19</td>
<td>Osteoarthritis</td>
</tr>
<tr>
<td>M15</td>
<td>Polyosteoarthritis</td>
</tr>
<tr>
<td>Excludes2:</td>
<td>osteoarthritis of spine (M47.-)</td>
</tr>
<tr>
<td>Includes:</td>
<td>arthritis of multiple sites</td>
</tr>
<tr>
<td>Excludes1:</td>
<td>bilateral involvement of single joint (M16-M19)</td>
</tr>
<tr>
<td>M15.0</td>
<td>Primary generalized (osteo)arthritis</td>
</tr>
<tr>
<td>M15.1</td>
<td>Heberden's nodes (with arthropathy)</td>
</tr>
<tr>
<td></td>
<td>Interphalangeal distal osteoarthritis</td>
</tr>
<tr>
<td>M15.2</td>
<td>Bouchard's nodes (with arthropathy)</td>
</tr>
<tr>
<td></td>
<td>Juxta phalangeal distal osteoarthritis</td>
</tr>
<tr>
<td>M15.3</td>
<td>Secondary multiple arthritis</td>
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<tr>
<td></td>
<td>Post-traumatic polyosteoarthritis</td>
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<tr>
<td>M15.4</td>
<td>Erosive (osteo)arthritis</td>
</tr>
<tr>
<td>M15.8</td>
<td>Other polyosteoarthritis</td>
</tr>
<tr>
<td>M15.9</td>
<td>Polyosteoarthritis, unspecified</td>
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<tr>
<td></td>
<td>Generalized osteoarthritis NOS</td>
</tr>
<tr>
<td>M19</td>
<td>Other and unspecified osteoarthritis</td>
</tr>
<tr>
<td>Excludes1:</td>
<td>polyarthritis (M15.-)</td>
</tr>
<tr>
<td>Excludes2:</td>
<td>arthrosis of spine (M47.-) hallux rigidus (M20.2) osteoarthritis of spine (M47.-)</td>
</tr>
</tbody>
</table>
Ankle arthritis  ICD9- 715.17

<table>
<thead>
<tr>
<th>ICD 10 Tabular Description</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>M19 Other and unspecified osteoarthritis</td>
<td>Correct Code</td>
<td>Right</td>
<td>Left</td>
</tr>
<tr>
<td>Excludes1: polyarthritis (M15.-)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excludes2: arthrosis of spine (M47.-)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hallux rigidus (M20.2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>osteoarthritis of spine (M47.-)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary osteoarthritis ankle and foot</td>
<td>M19.071</td>
<td>M19.072</td>
<td></td>
</tr>
<tr>
<td>Secondary osteoarthritis, ankle and foot</td>
<td>M19.271</td>
<td>M19.272</td>
<td></td>
</tr>
<tr>
<td>Osteochondritis dissecans of ankle and joints of foot</td>
<td>M93.271</td>
<td>M93.272</td>
<td></td>
</tr>
<tr>
<td>Juvenile osteochondrosis of tarsus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteochondrosis (juvenile) of calcaneum [Sever]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteochondrosis (juvenile) of os tibiale externum [Haglund]</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Osteochondrosis (juvenile) of talus [Diaz]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteochondrosis (juvenile) of tarsal navicular [Köhler]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ICD-9 to ICD 10 Coding

1) Ankle osteoarthritis, localized 715.17

1) M19.072 Primary osteoarthritis ankle and foot, left
**Chief Complaint:** My right leg is painful, swollen, bruised along the ankle, this came on after doing my weekend exercises.

**Location:**
- Right ankle and lower leg

**Nature:**
- Aching
- Painful
- Radiating

**Duration:**
- 3 days

**Severity:**
- Pain scale (from 0 - 10) - Right: 6

**Improved by:**
- Ice, pain relieving medication and rest

**Aggravating Factors:**
- Athletic activities
- Footwear
On Examination

Musculoskeletal Examination: Inspection and palpation reveals the right Tibialis Posterior tendon is painful along the medial aspect of the tibia and painful as it courses at the ankle.
### Tibialis Tendonitis 726.72

<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Code</th>
<th>ICD 10 Tabular Description</th>
<th>Right</th>
<th>Left</th>
<th>Multiple sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synovitis and tenosynovitis, unspecified</td>
<td>727.00</td>
<td>M65.86 Other synovitis and tenosynovitis, lower leg</td>
<td>M65.861</td>
<td>M65.862</td>
<td>M65.89</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M65.87 Other synovitis and tenosynovitis, ankle and foot</td>
<td>M65.871</td>
<td>M65.872</td>
<td>M65.89</td>
</tr>
<tr>
<td>Talipes valgus:Congenital valgus deformity of foot, unspecified</td>
<td>754.60</td>
<td>Congenital talipes calcaneovalgus</td>
<td>Q66.4</td>
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<tr>
<td>Talipes:equinovalgus (Congenital)</td>
<td>754.69</td>
<td>Other congenital valgus deformities of feet</td>
<td>Q66.6</td>
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<tr>
<td>Tarsal Tunnel Syndrome</td>
<td>355.5</td>
<td>Tarsal tunnel syndrome, lower limb</td>
<td>G57.51</td>
<td>G57.52</td>
<td></td>
</tr>
<tr>
<td>Tendonitis/Bursitis Achilles</td>
<td>726.71</td>
<td>Achilles tendinitis, leg (excluding foot) (see &quot;Other enthesopathy of foot M77.51 and M77.52&quot;)</td>
<td>M76.61</td>
<td>M76.62</td>
<td></td>
</tr>
<tr>
<td>Tendinitis Tibialis (Anterior /Posterior)</td>
<td>726.72</td>
<td>M76.82 Posterior tibial tendinitis, leg (excluding foot) (see &quot;Other enthesopathy of foot M77.51 and M77.52&quot;)</td>
<td>M76.821</td>
<td>M76.822</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>M76.81 Anterior tibial syndrome, leg (excluding foot) (see &quot;Other enthesopathy of foot M77.51 and M77.52&quot;)</td>
<td>M76.811</td>
<td>M76.812</td>
<td></td>
</tr>
<tr>
<td>Tendinitis Peroneal</td>
<td>726.79</td>
<td>Peroneal tendinitis,leg (excluding foot) (see &quot;Other enthesopathy of foot M77.51 and M77.52&quot;)</td>
<td>M76.71</td>
<td>M76.72</td>
<td></td>
</tr>
<tr>
<td>Tendon Rupture, nontraumatic</td>
<td>727.68</td>
<td>Spontaneous rupture of extensor tendons, lower leg</td>
<td>M66.261</td>
<td>M66.262</td>
<td>M66.29</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spontaneous rupture of extensor tendons, ankle and foot</td>
<td>M66.271</td>
<td>M66.272</td>
<td>M66.29</td>
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<tr>
<td>Tendon Rupture, nontraumatic</td>
<td>727.68</td>
<td>Spontaneous rupture of flexor tendons, lower leg</td>
<td>M66.361</td>
<td>M66.362</td>
<td>M66.39</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spontaneous rupture of flexor tendons, ankle and foot</td>
<td>M66.371</td>
<td>M66.372</td>
<td>M66.39</td>
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<td>727.68</td>
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<td>M65.861</td>
<td>M65.862</td>
<td>M65.89</td>
</tr>
<tr>
<td>Tenosynovitis of foot and ankle</td>
<td>727.06</td>
<td>Other synovitis and tenosynovitis, lower leg</td>
<td>M65.871</td>
<td>M65.872</td>
<td>M65.89</td>
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<tr>
<td>Tenosynovitis of foot and ankle</td>
<td>727.06</td>
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<td>M65.871</td>
<td>M65.872</td>
<td>M65.89</td>
</tr>
</tbody>
</table>
On Examination

Musculoskeletal Examination: Inspection and palpation reveals the right Tibialis Posterior tendon is painful along the medial aspect of the tibia and painful as it courses at the ankle. Primarily, there is a palpable fluctuance within the tendon sheath.
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<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
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<td>727.68</td>
<td>M66.36 Spontaneous rupture of flexor tendons, lower leg</td>
<td>M66.361</td>
<td>M66.362</td>
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<td>M65.872</td>
<td>M65.89</td>
</tr>
<tr>
<td>Tinea Pedis</td>
<td>110.4</td>
<td>B35.3 Tinea pedis / Athlete’s foot / Dermatophytosis of foot</td>
<td>B35.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toe deformity, Claw toe</td>
<td>735.5</td>
<td>M20.5x Other deformities of toe(s) (acquired)</td>
<td>M20.5x1</td>
<td>M20.5x2</td>
<td></td>
</tr>
</tbody>
</table>
Podiatry History of Present Illness - Problem #1

Chief Complaint: My right leg has burning pain and electricity along the ankle, this came on for no reason

Onset: sudden

Location: right ankle and lower leg

Nature: burning, painful and sore

Duration: 7 days

Severity:

Pain scale (from 0 - 10) - Right: 5

Improved by:
- ice, pain relieving medication and rest

Aggravating Factors:
- footwear and walking
- athletic activities
- first steps after rest
- foot care
- medication (topical/oral)
- movement
- nothing
Neurological Examination

• Inspection and palpation reveals the right Posterior Tibial Nerve is painful along the medial aspect of the tibia at the ankle and painful as it courses below the ankle as it course into the foot. Percussion of the nerve elicited paresthesias distally.
<table>
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<tr>
<th>Diagnosis Description in ICD9</th>
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<td>M65.89</td>
</tr>
<tr>
<td>Tarsal Tunnel Syndrome</td>
<td>355.5</td>
<td>G57.5-Tarsal tunnel syndrome, lower limb</td>
<td><strong>G57.51</strong></td>
<td>G57.52</td>
<td>Multiple sites</td>
</tr>
<tr>
<td>Tendonitis/Bursitis Achilles</td>
<td>726.71</td>
<td>M76.6-Achilles tendinitis, leg</td>
<td>M76.61</td>
<td>M76.62</td>
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<td>M76.71</td>
<td>M76.72</td>
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<tr>
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<td>M66.26 Spontaneous rupture of extensor tendons, lower leg</td>
<td>M66.261</td>
<td>M66.262</td>
<td>M66.29</td>
</tr>
</tbody>
</table>

(Note: You will see Coding means you MUST pick the highest level of specificity.)
Chief Complaint: Doc when I walk my foot slaps the ground and I trip a lot

- PMH reveals Multiple Sclerosis
On Examination

• Inspection and palpation reveals the right ankle has the inability to dorsiflex the foot against the lower leg.

Impression: Drop Foot, Right and MS
<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 10 Tabular Description</th>
<th>Correct Code</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty Walking</td>
<td>Difficulty in walking, not elsewhere classified [Excludes1: falling (R29.6) /unsteadiness on feet (R26.81)]</td>
<td>R26.2</td>
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</tr>
<tr>
<td>Recurrent dislocation of joint ankle and foot</td>
<td>Recurrent dislocation, foot</td>
<td>M24.474</td>
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<tr>
<td></td>
<td>Recurrent dislocation, toe(s)</td>
<td>M24.477</td>
<td>M24.478</td>
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<tr>
<td>Other acquired deformities of ankle and foot (Pronation Syndrome)</td>
<td>Other acquired deformities of foot Excludes2: deformities of toe (acquired) (M20.1-M20.6)</td>
<td>M21.6x1</td>
<td>M21.6x2</td>
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<td>Persons encountering health services for examinations (700-713)</td>
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<td>Diagnosis Description in ICD9 Code</td>
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<td>Correct Code</td>
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<tr>
<td>-----------------------------------</td>
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<td>-------</td>
</tr>
<tr>
<td>Lipoma other specific sites</td>
<td>214.8</td>
<td>Benign lipomatous neoplasm of other sites</td>
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<td></td>
</tr>
<tr>
<td>Long-term (current) use of anticoagulants</td>
<td>V58.61</td>
<td>Long term (current) use of anticoagulants</td>
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<tr>
<td>Long-term (current) use of aspirin</td>
<td>V58.66</td>
<td>Long term (current) use of aspirin</td>
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<tr>
<td>Malnutrition (calorie) NOS</td>
<td>263.9</td>
<td>Unspecified protein-calorie malnutrition</td>
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<tr>
<td>Multiple Sclerosis</td>
<td>340</td>
<td>Multiple sclerosis</td>
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</tr>
<tr>
<td>Malunion of fracture</td>
<td>733.81</td>
<td>Malunion of malleolus above see fracture</td>
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<tr>
<td></td>
<td></td>
<td>Malunion of foot above see fracture</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Malunion of toe above see fracture</td>
<td></td>
<td></td>
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<tr>
<td>Metatarsalgia</td>
<td>726.7</td>
<td>Metatarsalgia</td>
<td>G35</td>
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<tr>
<td>Multiple sclerosis</td>
<td>340</td>
<td>Multiple sclerosis</td>
<td></td>
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</tr>
<tr>
<td>Myalgia</td>
<td>729.1</td>
<td>Neuralgia and neuritis, unspecified Excludes: fibromyalgia (M79.7) myositis (M60.4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Myalgia / Myofascial pain syndrome Excludes: fibromyalgia (M79.7) myositis (M60.4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
But What if this patient had CVA?

• Again this a treatment directed to drop foot, so, the CVA would be a secondary reason for the visit, but is important. The only issue is if the coding says “code first” but this does not.
• It is not straight forward, there are a couple of options.
<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 10 Tabular Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I63 Cerebral infarction</td>
<td>Includes occlusion and stenosis of cerebral and precerebral arteries, resulting in cerebral infarction. Use additional code, if applicable, to identify status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility (Z92.82) Excludes1: sequelae of cerebral infarction (I69.3-)</td>
</tr>
<tr>
<td>Cerebrovascular accident (CVA)</td>
<td>I69 Sequelae of cerebrovascular disease Note: Category I69 is to be used to indicate conditions in I60-I67 as the cause of sequelae. The 'sequelae' include conditions specified as such or as residuals which may occur at any time after the onset of the causal condition Excludes1: personal history of cerebral infarction without residual deficit (Z86.73) personal history of prolonged reversible ischemic neurologic deficit (PRIND) (Z86.73) personal history of reversible ischemic neurologic deficit (RIND) (Z86.73) sequelae of traumatic intracranial injury (S06.-) transient ischemic attack (TIA) (G45.9)</td>
</tr>
<tr>
<td>(CVA) cerebrovascular disease, Unspecified late effects</td>
<td>I69.90 Sequelae of unspecified cerebrovascular diseases Excludes1: sequelae of stroke (I69.3) sequelae of traumatic intracranial injury (S06.-)</td>
</tr>
<tr>
<td>ICD 10 Quick list Top Practice codest</td>
<td>ICD 9 Diagnosis Code</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Cerebrovascular accident (CVA)</td>
<td></td>
</tr>
</tbody>
</table>

**ICD 10 Tabular Description**

- I69 Sequelae of cerebrovascular disease
  - Note: Category I69 is to be used to indicate conditions in I60-I67 as the cause of sequelae. The 'sequelae' include conditions specified as such or as residuals which may occur at any time after the onset of the causal condition.
  - Excludes1:
    - personal history of cerebral infarction without residual deficit (Z86.73)
    - personal history of prolonged reversible ischemic neurologic deficit (PRIND) (Z86.73)
    - personal history of reversible ischemic neurologic deficit (RIND) (Z86.73)
    - sequelae of traumatic intracranial injury (S06-)
    - transient ischemic attack (TIA) (G45.9)

**ICD 10 Tabular Description**

- I69.9 Sequelae of unspecified cerebrovascular diseases
  - Excludes1:
    - sequelae of stroke (I69.3)
    - sequelae of traumatic intracranial injury (S06-)

- I69.90 Sequelae of unspecified cerebrovascular diseases

- 438.2 Monoplegia of lower limb following unspecified cerebrovascular disease affecting dominant side
- 438.2 Monoplegia of lower limb following unspecified cerebrovascular disease affecting non-dominant side

- Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting dominant side
- Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting non-dominant side

- Defective coagulation NOS
- 286.9 Other specified coagulation defects

- Deformity foot & ankle
- 736.70 Unspecified acquired deformity of lower leg
Integumentary Examination

• Inspection and palpation reveals the right ankle has a erythematous, increased temperature with localized pain. There is a cavity present with yellow purulence.
ICD-9 to ICD 10 Coding

1) Cellulitis or Abscess ankle/leg ICD9= 682.6

2) Cellulitis or Abscess Foot ICD0= 682.7
### L03.0 Cellulitis and acute lymphangitis of finger and toe

<table>
<thead>
<tr>
<th>ICD 10 Quick list Top Practice codes</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct Code</td>
<td>Right</td>
<td>Left</td>
</tr>
</tbody>
</table>

**ICD 9 Diagnosis Code**

<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abscess, ankle (See Cellulitis also)</td>
<td>682.6</td>
</tr>
<tr>
<td>Abscess, Foot</td>
<td>682.7</td>
</tr>
</tbody>
</table>

**ICD 10 Tabular Description**

- L02 Cutaneous abscess, furuncle and carbuncle
  Use additional code to identify organism (B95-B96)
- L02.4 Cutaneous abscess, furuncle and carbuncle of limb
  Excludes2: Cutaneous abscess, furuncle and carbuncle of groin (L02.214, L02.224, L02.234)
  Cutaneous abscess, furuncle and carbuncle of foot (L02.6-)
- L03.0 Cellulitis and acute lymphangitis of finger and toe
  Infection of nail
  Onychia
  Paronychia
  Perionychia

See ICD10-Quick-Sheet-Conversion-Lower-Extremity.com for more details.

---

**ICD 10 Quick Sheet Conversion Lower Extremity**

Oct 1, 2014 - Will you and your practice be ready?
Integumentary Examination

• Inspection and palpation reveals the right ankle primarily along the fibula but also lateral talus it has a erythematous, increased temperature with localized pain. There is an ulcer that probes to bone.

• Radiologic examination, AP, Lateral and Oblique views reveal destructive changes to the talar articulation with lateral malleolus.
M86 Osteomyelitis
Use additional code (B95-B97) to identify infectious agent
Use additional code to identify major osseous defect, if applicable
Excludes1: osteomyelitis due to:
echinococcus (B67.2)
gonococcus (A54.43)
salmonella (A02.24)
Excludes2: osteomyelitis of: orbit (H05.0-)
petrous bone (H70.2-)
vertebra (M46.2-)
<table>
<thead>
<tr>
<th>ICD 10 Tabular Description</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute hematogenous osteomyelitis, tibia and fibula</td>
<td>M86.061</td>
<td></td>
<td>Right</td>
</tr>
<tr>
<td>Acute hematogenous osteomyelitis, ankle and foot</td>
<td>M86.071</td>
<td></td>
<td>Left</td>
</tr>
<tr>
<td>Other acute osteomyelitis, tibia and fibula</td>
<td>M86.161</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other acute osteomyelitis, ankle and foot</td>
<td>M86.171</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic osteomyelitis with draining sinus, tibia and fibula</td>
<td>M86.461</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other chronic osteomyelitis, ankle and foot</td>
<td>M86.671</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ICD-9 to ICD 10 Coding

1) M86.071 Acute hematogenous osteomyelitis, right ankle and foot
2) M86.072 Acute hematogenous osteomyelitis, left ankle and foot
3) M86.171 Other acute osteomyelitis, right ankle and foot
4) M86.172 Other acute osteomyelitis, left ankle and foot
Musculoskeletal Examination

• Inspection and palpation reveals the right distal fibula it has a chronic draining area, erythematous, increased temperature with localized pain. There is an ulcer that probes to bone.

• Radiologic examination, AP, Lateral and Oblique views reveal destructive changes to the lateral malleolus with sclerotic changes and a defect.
<table>
<thead>
<tr>
<th>ICD 10 Tabular Description</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute hematogenous osteomyelitis, tibia and fibula</td>
<td></td>
<td>M86.061</td>
<td>M86.062</td>
</tr>
<tr>
<td>Acute hematogenous osteomyelitis, ankle and foot</td>
<td></td>
<td>M86.071</td>
<td>M86.072</td>
</tr>
<tr>
<td>Other acute osteomyelitis, tibia and fibula</td>
<td></td>
<td>M86.161</td>
<td>M86.162</td>
</tr>
<tr>
<td>Other acute osteomyelitis, ankle and foot</td>
<td></td>
<td>M86.171</td>
<td>M86.172</td>
</tr>
<tr>
<td>Chronic osteomyelitis with draining sinus, tibia and fibula</td>
<td></td>
<td>M86.461</td>
<td>M86.462</td>
</tr>
<tr>
<td>Chronic osteomyelitis with draining sinus, ankle and foot</td>
<td></td>
<td>M86.471</td>
<td>M86.472</td>
</tr>
<tr>
<td>Other chronic osteomyelitis, tibia and fibula</td>
<td></td>
<td>M86.661</td>
<td>M86.662</td>
</tr>
<tr>
<td>Other chronic osteomyelitis, ankle and foot</td>
<td></td>
<td>M86.671</td>
<td>M86.672</td>
</tr>
</tbody>
</table>
So the rules said........

• Identify the infectious organism(s)
### Bacterial and viral infectious agents (B95-B97)
These categories are provided for use as supplementary or additional codes to identify the infectious agent(s) in diseases classified elsewhere.

<table>
<thead>
<tr>
<th>Code</th>
<th>Group A</th>
<th>Group B</th>
<th>Enterococcus</th>
<th>Pneumonia</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>B95.0</td>
<td></td>
<td></td>
<td>B95.2</td>
<td>B95.3</td>
<td>B95.4</td>
</tr>
<tr>
<td>MSSA</td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B95.61</td>
<td></td>
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<td>B95.62</td>
<td>B95.7</td>
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<tr>
<td>B95.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Specified</th>
<th>Shiga Toxin</th>
<th>Non-O157</th>
<th>Shiga Toxin</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>B96.20</td>
<td>B96.21</td>
<td>B96.22</td>
<td>B96.23</td>
<td>B96.29</td>
<td></td>
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<tr>
<td>B96.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B96.4</td>
<td></td>
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<tr>
<td>B96.5</td>
<td></td>
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<td>B96.6</td>
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<tr>
<td>B96.7</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B96.89</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**ICD10HELP.COM**

October 1, 2014; Will You and Your Practice be Ready?
So the rules said........

• Identify the major osseous defect....
<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 10 Tabular Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M89.7 Major osseous defect</td>
<td>M89.761 Major osseous defect, lower leg</td>
</tr>
<tr>
<td>Code first underlying disease, if known, such as: aseptic necrosis of bone (M87.-) malignant neoplasm of bone (C40.-) osteolysis (M89.5) osteomyelitis (M86.-) osteonecrosis (M87.-) osteoporosis (M80.-, M81.-) periprosthetic osteolysis (T84.05-).</td>
<td></td>
</tr>
<tr>
<td>M89.762 Major osseous defect of fibula and tibia</td>
<td></td>
</tr>
<tr>
<td>M89.771 Major osseous defect, ankle and foot</td>
<td></td>
</tr>
<tr>
<td>M89.772 Major osseous defect of metatarsus, tarsus, toes</td>
<td></td>
</tr>
<tr>
<td>170.8 Malignant neoplasm of bone</td>
<td>Malignant neoplasm of long bones of lower limb C40.21 Malignant neoplasm of short bones of lower limb C40.22 C40.31 C40.32</td>
</tr>
<tr>
<td>Malnutrition (calorie) NOS</td>
<td>Unspecified protein-calorie malnutrition E46</td>
</tr>
<tr>
<td>Malnutrition of fracture</td>
<td>Malnutrition of malnourished arm and fracture</td>
</tr>
</tbody>
</table>
ICD-10 coding scenarios for lower leg conditions
**Podiatry History of Present Illness - Problem #1**

- **Initial encounter**
- **Date of injury/onset:**

**Chief Complaint:** my left leg along the outside, the ankle all the way to the foot in the middle has this burning and tingling

**Onset:**
- sudden
- slow
- gradual
- insidious
- unknown

**Location**
- left
- right
- both
- foot
- ankle
- lower leg
- top of foot
- bottom of foot
- heels
- ball of foot
- legs
- toe(s)

**Nature**
- aching
- bleeding
- blistering
- burning
- constant
- cracking/dry/scaling
- cramping
- tearing
- tender
- thick
- throbbing
- tight
- tingling
- walking on a marble

**Duration**
- several hours
- <24 hours
- 1 day
- days
- the past week
- the past month
- the past year
- weeks
- months
- years
- since birth
- yesterday
- unknown

**Severity**

**Pain scale (from 0 - 10) - Right:**
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

**Improved by**
- arch supports
- orthotic devices
- heat
- ice
- immobilization
- injections
- OTC treatment
- pain relieving medication
- prior care rendered
- rest
- soaking
- nothing
- athletic activities
- first steps after rest
- footwear
- medication (topical/oral)
- movement
- none
- previous treatment
- running
- sleeping (night pain)
- standing

**Aggravating Factors**
- walking
On Examination

• Inspection and palpation reveals the left lateral lower leg along the ankle and ending at the base of the 5th metatarsal reveals a paresthesia when percussing the Sural nerve.
<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
<th>Correct Code</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metatarsalgia</td>
<td>726.7</td>
<td>Metatarsalgia</td>
<td>M77.41</td>
<td>M77.42</td>
<td></td>
</tr>
<tr>
<td>Myalgia</td>
<td>729.1</td>
<td>Myalgia / Myofascial pain syndrome Excludes1: fibromyalgia (M79.7) myositis (M60.-)</td>
<td>M79.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuritis</td>
<td>729.2</td>
<td>Neuralgia and neuritis, unspecified Excludes1: lumbosacral radiculitis NOS (M54.1) mononeuropathies (G56-G58)</td>
<td>M79.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuroma</td>
<td>355.6</td>
<td>Lesion of plantar nerve / Morton's metatarsalgia</td>
<td>G57.61</td>
<td>G57.62</td>
<td></td>
</tr>
<tr>
<td>Onychia/Paronychia</td>
<td>681.11</td>
<td>no code see abscess of toe</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ICD-9 to ICD 10 Coding

1) Cellulitis or Abscess ankle/leg ICD9= 682.6
Examination documentation

- Patient presents with an ascending erythematous, increased temperature to the right ankle and lower leg.
### ICD 10 Quick Sheet Conversion Lower Extremity

#### L03.0 Cellulitis and acute lymphangitis of finger and toe

<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
<th>Correct Code</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abscess, ankle (See Cellulitis also)</td>
<td>682.6</td>
<td>Cutaneous abscess of lower limb</td>
<td>L02.415</td>
<td>L02.416</td>
<td></td>
</tr>
<tr>
<td>Abscess, Foot</td>
<td>682.7</td>
<td>Cutaneous abscess of foot</td>
<td>L02.611</td>
<td>L02.612</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>L03.0 Cellulitis and acute lymphangitis of finger and toe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Infection of nail</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Onychia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paronychia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Perionychia</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Note: You will mean you MU highest level of care).
## Acute lymphangitis of lower limb

<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute lymphadenitis</td>
<td>683</td>
<td>Acute lymphadenitis of lower limb</td>
</tr>
<tr>
<td>Excludes: acute lymphadenitis of other parts of limb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excludes2: acute lymphangitis of fingers (L03.2-)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excludes2: acute lymphangitis of toes (L03.04-)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excludes2: acute lymphangitis of groin (L03.324)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>L04.3</th>
<th>L03.125</th>
<th>L03.126</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute lymphangitis of lower limb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Z89 Acquired absence of lower limb</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Note: You will means you ML highest level of coding is ML14-15)
ICD-9 to ICD 10 Coding

1) 682.6 Cellulitis ankle/leg
2) 682.7 Cellulitis Foot

1) L03.115 Cellulitis of right lower limb
2) L03.116 Cellulitis of left lower limb
3) L03.125 Acute lymphangitis of right lower limb
4) L03.126 Acute lymphangitis of left lower limb
Name: Mr Icy D Ten
DOB: 10/20/1970

Podiatry History of Present Illness - Problem #1

- Initial encounter
- Subsequent encounter
- Date of injury/onset:

Chief Complaint: The back of my heel hurts, it developed playing tennis and I felt something pull

Onset: sudden

Location:
- left
- right
- both
- foot
- feet
- heel
- toes(s)
- bottom of foot
- ball of foot
- top of foot
- ankle
- legs
- lower leg
- generalized

Nature:
- aching
- bleeding
- blistering
- burning
- constant
- cracked/dry/scaly
- cramping

Duration:
- several hours
- ≤24 hours
- 1 day
- days
- the past week
- the past month
- the past year
- weeks
- months
- years
- since birth
- yesterday
- unknown

Severity
- Pain scale (from 0 - 10) - Left:
  - 0
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10

Improved by:
- ice
- OTC treatment
- rest
- soaking
- nothing

Aggravating Factors:
- athletic activities
- first steps after rest
- footwear
- medication (topical/oral)
- movement
- none
- previous treatment
- running
- sleeping (night pain)
- standing
- walking

Prior treatment:
- Injection(s)
- NSAID
- PT
- orthotic devices
- previous surgery
- night splint
- medication
- OTC remedies
Examination documentation

• Musculoskeletal examination reveals minor pain and edema at the insertion of the left Achilles tendon
• The patient can raise up on their toes when attempting to ambulate but exhibits some pain.
### Sprains and strains of Achilles tendon 845.09

#### ICD 10 Quick Sheet Conversion Lower Extremity

<table>
<thead>
<tr>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RULES**

- **Correct Code**: (Note: You will see Coding after the "initial" or "right and left" options this means you MUST pick the 7th Character code - Always code to the highest level of specificity.)

**ICD 10 Tabular Description**

- **S86 Injury of muscle, fascia and tendon at lower leg level**
  - Code Also any associated open wound (S81.-)
  - Excludes:
    - Injury of muscle, fascia and tendon at ankle (S96.-)
    - Injury of patellar ligament (tendon) (S76.1-)
    - Sprain of joints and ligaments of knee (S83.-)
  - The appropriate 7th character is to be added to each code from category S86
    - A - initial encounter
    - D - subsequent encounter
    - S - sequela

- **Strain of Achilles tendon**
  - Right: S86.011
  - Left: S86.012

- **Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level**
  - Right: S86.011A
  - Left: S86.012A

- **Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level**
  - Right: S86.011
  - Left: S86.012

- **Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level**
  - Right: S86.311
  - Left: S86.312

- **Strain of other muscles and tendons at lower leg level**
  - Right: S86.811
  - Left: S86.812
**Primary Problem**

**Name:** Mr Icy D Ten  
**DOB:** 10/20/1970  
**Referring MD:**  
**PCP:**  
**Additional MD:**  
**Last Visit:**  

### Podiatry History of Present Illness - Problem #1

- **Initial encounter**
- **Subsequent encounter**
- **Date of injury/onset:**

**Chief Complaint:** The back of my heel hurts, it developed playing tennis and I felt something pull

**Onset:**
- sudden
- slow
- gradual
- insidious
- unknown

### Location

- left
- right
- both
- foot
- foot
- heel
- heel
- bottom of foot
- ball of foot
- top of foot

### Nature

- ankle
- legs
- toe(s)
- lower leg
- generalized
- aching
- bleeding
- blistering
- burning
- constant
- cracked/dry/sci://
- cramping
- radiating
- raw
- reddened
- scaly
- sharp
- shooting
- smelly

### Duration

- several hours
- <24 hours
- 1 day
- scaly
- days
- the past week
- the past month
- the past year
- weeks
- months
- years
- since birth
- yesterday
- unknown

### Severity

**Pain scale (from 0 - 10) - Left:**

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

### Improved by

- arch supports
- orthotic devices
- heat
- ice
- immobilization
- injections

**Prior treatment:**

- Injection(s)
- NSAID
- PT
- orthotic devices
- previous surgery
- night splint
- medication
- OTC remedies

### Aggravating Factors

- athletic activities
- first steps after rest
- footwear
- medication (topical/oral)
- movement
- none

**Prior treatment:**

- previous treatment
- running
- sleeping (night pain)
- standing
- walking

**When I am barefoot is the usual**
Examination documentation—what if there is more than a strain?

• Musculoskeletal examination reveals significant pain and edema at the insertion of the left Achilles tendon
• The patient cannot raise up on their toes when attempting to ambulate without pain.
<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
<th>Right Code</th>
<th>Left Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tarsal Tunnel Syndrome</td>
<td>355.5</td>
<td>Tarsal tunnel syndrome, lower limb</td>
<td>G57.51</td>
<td>G57.51</td>
</tr>
<tr>
<td>Tendinitis/Bursitis Achilles</td>
<td>726.71</td>
<td>Achilles tendinitis, leg (excluding foot) (see &quot;Other enthesisopathy of foot M77.51 and M77.52&quot;)</td>
<td>M76.61</td>
<td>M76.62</td>
</tr>
<tr>
<td>Tendinitis Tibialis (Anterior/Posterior)</td>
<td>726.72</td>
<td>M76.82- Posterior tibial tendinitis, leg (excluding foot) (see &quot;Other enthesisopathy of foot M77.51 and M77.52&quot;)</td>
<td>M76.62</td>
<td>M76.62</td>
</tr>
<tr>
<td>Tendinitis Peroneal</td>
<td>726.79</td>
<td>M76.70 Peroneal tendinitis, leg (excluding foot) (see &quot;Other enthesisopathy of foot M77.51 and M77.52&quot;)</td>
<td>M76.81</td>
<td>M76.81</td>
</tr>
<tr>
<td>Tendon Rupture, nontraumatic</td>
<td>727.68</td>
<td>M66.26 Spontaneous rupture of extensor tendons</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Name: Mr Icy D Ten
DOB: 10/20/1970

**Podiatry History of Present Illness - Problem #1**

- **Chief Complaint:** The back of my heel hurts, it developed playing tennis and I felt something pull
- **Onset:** sudden

<table>
<thead>
<tr>
<th>Location</th>
<th>Nature</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>left foot</td>
<td>aching, painful, pressure and sharp</td>
<td>weeks</td>
</tr>
<tr>
<td>right foot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>both</td>
<td></td>
<td></td>
</tr>
<tr>
<td>left foot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>right foot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>both</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Severity**
  - Pain scale (from 0 - 10) - Left: [0-10 scale]

**Improved by**
- arch supports
- orthotic devices
- heat
- immobilization
- ice
- injections
- ice, OTC treatment, rest and soaking

**Aggravating Factors**
- athletic activities
- first steps after rest
- footwear
- medication (topical/oral)
- movement
- none
- previous treatment
- running
- sleeping (night pain)
- standing
- walking

**Prior treatment:**
- Injection(s)
- NSAID
- PT
- orthotic devices
Examination documentation—what if the same patient worsens it?

- Musculoskeletal examination reveals a palpable defect in the myo-tendinous junction for the left Achilles tendon
- The patient cannot raise up on their toes when attempting to ambulate
### Achilles Tendon Tear 727.67

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M66.36</td>
<td>Spontaneous rupture of flexor tendons, lower leg</td>
</tr>
<tr>
<td>M66.361</td>
<td>Spontaneous rupture of flexor tendons, right lower leg</td>
</tr>
<tr>
<td>M66.362</td>
<td>Spontaneous rupture of flexor tendons, left lower leg</td>
</tr>
<tr>
<td>M66.369</td>
<td>Spontaneous rupture of flexor tendons, unspecified lower leg</td>
</tr>
<tr>
<td>M66.37</td>
<td>Spontaneous rupture of flexor tendons, ankle and foot</td>
</tr>
<tr>
<td>M66.371</td>
<td>Spontaneous rupture of flexor tendons, right ankle and foot</td>
</tr>
<tr>
<td>M66.372</td>
<td>Spontaneous rupture of flexor tendons, left ankle and foot</td>
</tr>
<tr>
<td>M66.379</td>
<td>Spontaneous rupture of flexor tendons, unspecified ankle and foot</td>
</tr>
</tbody>
</table>
Achilles Tendon Tear 727.67

- S86.021  Laceration of right Achilles tendon
- S86.022  Laceration of left Achilles tendon
- S86.029  Laceration of unspecified Achilles tendon
- S86.09   Other specified injury of Achilles tendon
- S86.091  Other specified injury of right Achilles tendon
- S86.092  Other specified injury of left Achilles tendon
- S86.099  Other specified injury of unspecified Achilles tendon
<table>
<thead>
<tr>
<th>ICD 10 Tabular Description</th>
<th>Correct Code</th>
<th>Right</th>
<th>Left</th>
<th>Multiple sites</th>
<th>Bilateral</th>
<th>Initial</th>
<th>Subsequent</th>
<th>Sequelae</th>
</tr>
</thead>
<tbody>
<tr>
<td>M66 Spontaneous rupture of synovium and tendon</td>
<td>M66.361</td>
<td>M66.362</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Includes: rupture that occurs when a normal force is applied to tissues that are inferred to have less than normal strength</td>
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</tr>
<tr>
<td>Excludes2: rotator cuff syndrome (M75.1) rupture where an abnormal force is applied to normal tissue - see injury of tendon by body region</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Spontaneous rupture of flexor tendons, lower leg</td>
<td>M66.371</td>
<td>M66.372</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Spontaneous rupture of flexor tendons, ankle and foot</td>
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</tr>
<tr>
<td>S86 Injury of muscle, fascia and tendon at lower leg level</td>
<td></td>
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<tr>
<td>Code also any associated open wound (S81.-)</td>
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<td></td>
</tr>
<tr>
<td>Excludes2: injury of muscle, fascia and tendon at ankle (S96.-)</td>
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<td></td>
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<tr>
<td>injury of patellar ligament (tendon) (S76.1-)</td>
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<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>sprain of joints and ligaments of knee (S83.-)</td>
<td></td>
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<tr>
<td>The appropriate 7th character is to be added to each code from category S86</td>
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<tr>
<td>A - initial encounter</td>
<td>S86.021</td>
<td>S86.022</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>D - subsequent encounter</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S - sequela</td>
<td>S86.091A</td>
<td>S86.091D</td>
<td>S86.091S</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other specified injury of Achilles tendon</td>
<td>S86.092A</td>
<td>S86.092D</td>
<td>S86.092S</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
ICD-9 to ICD 10 Coding

1) Achilles Tendon Tear 727.67

1) Know anatomically where the myotendinous juction is located?

2) Spontaneous rupture of flexor tendon, lower leg M66.362
ICD-9 to ICD 10 Coding

1) Achilles Tendon Tear 727.67

1) What if this Achilles had a tear due to an accident?

2) Other specified injury of Achilles tendon, left S86.092A (initial encounter)

3) Code Also S81- Any open wound, in this case none.
• **Chief Complaint:** subsequent examination with a complaint of a painful right leg to foot that starts just behind the ankle and follows along the outside of the foot.

• **History of Present Illness:** Patient describes the area as aching, painful, sharp. The condition has existed for several months and began suddenly. The area is improved by 50%. The affected area is made worse by exercise. Patient has been doing the following to improve this condition: Aleve, strapping, injection, new shoes.
Assessment:

1) Ankle Enthesopathy/Sinus Tarsi Syndrome/Peroneal tendinitis. - (726.79), (Peroneus Brevis right)
2) Pain in Limb - (729.5).
3) Other acquired deformity of ankle and foot (736.79).
<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tendinitis Peroneal</td>
<td>726.79</td>
<td>M76.70 Peroneal tendinitis, leg</td>
<td>M76.71</td>
<td>M76.72</td>
</tr>
<tr>
<td>Tendon Rupture, nontraumatic</td>
<td>727.68</td>
<td>M66.26 Spontaneous rupture of extensor tendons, lower leg</td>
<td>M66.261</td>
<td>M66.262</td>
</tr>
<tr>
<td>Tendon Rupture, nontraumatic</td>
<td>727.68</td>
<td>M66.27 Spontaneous rupture of extensor tendons, ankle and foot</td>
<td>M66.271</td>
<td>M66.272</td>
</tr>
<tr>
<td>Tendon Rupture, nontraumatic</td>
<td>727.68</td>
<td>M66.36 Spontaneous rupture of flexor tendons, lower leg</td>
<td>M66.361</td>
<td>M66.362</td>
</tr>
<tr>
<td>Tendon Rupture, nontraumatic</td>
<td>727.68</td>
<td>M66.37 Spontaneous rupture of flexor tendons, ankle and foot</td>
<td>M66.371</td>
<td>M66.372</td>
</tr>
<tr>
<td>Tarsitis of foot and ankle</td>
<td>727.06</td>
<td>M65.86 Other synovitis and tarsitis of lower leg</td>
<td>M65.861</td>
<td>M65.862</td>
</tr>
<tr>
<td>ICD 10 Tabular Description</td>
<td>Right</td>
<td>Left</td>
<td></td>
<td></td>
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<tr>
<td>---------------------------------------------------------------</td>
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<tr>
<td>M77 Other enthesopathies</td>
<td></td>
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<tr>
<td>Excludes1: bursitis NOS (M71.9-)</td>
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<tr>
<td>Excludes2: bursitis due to use, overuse and pressure (M70.-)</td>
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<tr>
<td>osteophyte (M25.7)</td>
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<tr>
<td>spinal enthesopathy (M46.0-)</td>
<td></td>
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</tr>
<tr>
<td>M20.1 Hallux valgus (acquired), foot (Bunion see hallux valgus)</td>
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</tr>
<tr>
<td>Other enthesopathy of foot (Bone Spur, Bursitis, Capsulitis, Tendinitis)</td>
<td>M77.51</td>
<td>M77.52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achilles tendinitis/Achilles bursitis</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Enthesopathy, unspecified Bone Spur NOS, Capsulitis NOS, Tendinitis NOS)</td>
<td>M77.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other infective bursitis, ankle and foot</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Rheumatoid bursitis, ankle and foot</td>
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</tr>
<tr>
<td>Calcaneal spur</td>
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</tr>
<tr>
<td>Diagnosis Description in ICD9 Code</td>
<td>ICD 10 Tabular Description</td>
<td>Right</td>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------------</td>
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<td>------</td>
<td></td>
</tr>
</tbody>
</table>
| Other mechanical complication of internal fixation device of bone of lower leg | Other mechanical complication of internal fixation device of bone of lower leg
Obstruction (mechanical) of internal fixation device of bones of limb
Perforation of internal fixation device of bones of limb
Protrusion of internal fixation device of bones of limb | T84.196 | T84.197 |
| Pain in limb, hand, foot, fingers and toes | Pain in limb, hand, foot, fingers and toes
Excludes2: pain in joint (M25.5-) | M79.60 |
<p>| Pain in unspecified limb | Pain in unspecified limb | M79.671 M79.672 |
| Pain in foot | Pain in foot | M79.661 M79.662 |
| Pain in lower leg | Pain in lower leg | M79.674 M79.675 |
| Pain in toe(s) | Pain in toe(s) | M79.674 M79.675 |</p>
<table>
<thead>
<tr>
<th>Diagnosis Description in ICD9 Code</th>
<th>ICD 9 Diagnosis Code</th>
<th>ICD 10 Tabular Description</th>
<th>Excludes: deformities of toe (acquired) (M20.1-M20.6)</th>
<th>Correct Code</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop Foot</td>
<td>736.79</td>
<td>Foot drop (acquired)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other acquired deformities of ankle and foot (Pronation Syndrome)</td>
<td>736.79</td>
<td>Other acquired deformities of foot</td>
<td></td>
<td>M21.371</td>
<td>M21.372</td>
<td></td>
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</tr>
</tbody>
</table>

(Note: You will need to use the codes for the level of specificity indicated.)
ICD 9 to ICD 10

- M76.71 Peroneal tendinitis, right leg (excludes foot)
- M79.661 Pain in right leg
- M77.51 Other enthesopathy of foot (Bone Spur, Bursitis, Capsulitis, Tendinitis), right foot
- Peroneal tendinitis
- M79.671 Pain in right foot
- M21.6x1 Other acquired deformities of right foot
Chief Complaint:
A 75 year old female was walking a lot in the past few days and developed a very painful swollen ball of the left foot. Did not fall or trip. Put ice on it.

Examination:
Musculoskeletal: Inspection and palpation of the left foot reveals pinpoint tenderness to the 3rd and 4th metatarsals left foot. Edema is noted compared to the right. This is very painful to palpate. It is difficult to walk on.
ICD 10 Tabular Description

M80  Osteoporosis with current pathological fracture
Includes: osteoporosis with current fragility fracture
Use additional code to identify major osseous defect, if applicable (M89.7-)
Excludes1: collapsed vertebra NOS (M48.5)
pathological fracture NOS (M84.4)
wedging of vertebra NOS (M48.5)
Excludes2: personal history of (healed) osteoporosis fracture (Z87.310)

The appropriate 7th character is to be added to each code from category M80:
A - initial encounter for fracture
D - subsequent encounter for fracture with routine healing
G - subsequent encounter for fracture with delayed healing
K - subsequent encounter for fracture with nonunion
P - subsequent encounter for fracture with malunion
S - sequela

Age-related osteoporosis with current pathological fracture, lower leg
Age-related osteoporosis with current pathological fracture, ankle and foot
ICD 10 Go to Tabular

M80.07  Age-related osteoporosis with current pathological fracture, ankle and foot
  • M80.071  Age-related osteoporosis with current pathological fracture, right ankle and foot
  • M80.072  Age-related osteoporosis with current pathological fracture, left ankle and foot
  • M80.079  Age-related osteoporosis with current pathological fracture, unspecified ankle and foot
Pathological Metatarsal-foot, initial

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M80.061</td>
<td>Age-related osteoporosis with current pathological fracture, lower leg</td>
</tr>
<tr>
<td>M80.062</td>
<td>Age-related osteoporosis with current pathological fracture, ankle and foot</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M80.061A</td>
<td>A - initial encounter for fracture</td>
</tr>
<tr>
<td>M80.062A</td>
<td>D - subsequent encounter for fracture with routine healing</td>
</tr>
<tr>
<td>M80.061D</td>
<td>G - subsequent encounter for fracture with delayed healing</td>
</tr>
<tr>
<td>M80.062D</td>
<td></td>
</tr>
<tr>
<td>M80.071A</td>
<td>P - subsequent encounter for fracture with nonunion</td>
</tr>
<tr>
<td>M80.072A</td>
<td>K - subsequent encounter for fracture with malunion</td>
</tr>
<tr>
<td>M80.071D</td>
<td></td>
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<tr>
<td>M80.072D</td>
<td></td>
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</tbody>
</table>

ICD-10 TRICENTENNIAL EDITION

October 1, 2014; Will You and Your Practice be Ready?
<table>
<thead>
<tr>
<th>ICD 10 Tabular Description</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>T84.1- Mechanical complication of internal fixation device of bones of limb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excludes2:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mechanical complication of internal fixation device of bones of feet (T84.2-)</td>
<td></td>
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<tr>
<td>mechanical complication of internal fixation device of bones of fingers (T84.2-)</td>
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</tr>
<tr>
<td>mechanical complication of internal fixation device of bones of hands (T84.2-)</td>
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<td></td>
</tr>
<tr>
<td>mechanical complication of internal fixation device of bones of toes (T84.2-)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other mechanical complication of internal fixation device of bone of lower leg</td>
<td></td>
<td>T84.196</td>
</tr>
<tr>
<td>Obstruction (mechanical) of internal fixation device of bones of limb</td>
<td></td>
<td>T84.197</td>
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<tr>
<td>Perforation of internal fixation device of bones of limb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protrusion of internal fixation device of bones of limb</td>
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<tr>
<td>Pain in limb, hand, foot, fingers and toes</td>
<td></td>
<td></td>
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<tr>
<td>Excludes2: pain in joint (M25.5-)</td>
<td>M79.60</td>
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</tr>
<tr>
<td>Pain in unspecified limb</td>
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<td></td>
</tr>
<tr>
<td>Pain in foot</td>
<td>M79.671</td>
<td>M79.672</td>
</tr>
<tr>
<td>Pain in lower leg</td>
<td>M79.661</td>
<td>M79.662</td>
</tr>
<tr>
<td>Pain in toe(s)</td>
<td>M79.674</td>
<td>M79.675</td>
</tr>
</tbody>
</table>
ICD 10 Go to Tabular

M79.67  Pain in foot and toes

- M79.671  Pain in right foot
- **M79.672  Pain in left foot**
- M79.673  Pain in unspecified foot
- M79.674  Pain in right toe(s)
- M79.675  Pain in left toe(s)
- M79.676  Pain in unspecified toe(s)
Walking - difficulty R26.2

ICD 10 Tabular Description

Difficulty in walking, not elsewhere classified [Excludes1: falling (R29.6)/unsteadiness on feet (R26.81)]

R26.2
ICD 10 Go to Tabular

R26 Abnormalities of gait and mobility

Excludes1: ataxia NOS (R27.0)
hereditary ataxia (G11.-)
locomotor (syphilitic) ataxia (A52.11)
immobility syndrome (paraplegic) (M62.3)

R26.2 Difficulty in walking, not elsewhere classified

Excludes1: falling (R29.6)
unsteadiness on feet (R26.81)

R26.8 Other abnormalities of gait and mobility

R26.81 Unsteadiness on feet
R26.89 Other abnormalities of gait and mobility
ICD 9 to ICD 10 Coding Pathologic Fracture

1) 733.19 Pathologic fracture of other specified site
2) 729.5 Pain in limb
3) 719.7 Difficulty in walking

1) M80.072A Age-related osteoporosis with current pathological fracture, left ankle and foot
2) M79.672 Pain in left foot
3) R26.2 Difficulty in walking, not elsewhere classified
**Podiatry History of Present Illness - Problem #1**

- **Chief Complaint:** My right foot is real swollen, bruised and sore to walk. Was running along the path an felt a pop.

- **Location:**
  - Right foot
  - Aching, painful, pressure, radiating and

- **Nature:**
  - Aching
  - Painful
  - Pressure
  - Radiating

- **Duration:**
  - Several hours

**Severity**

- Pain scale (from 0 - 10) - Right: 6

**Improved by:**

- Arch supports
- OTC treatment
- Heat
- Ice
- Orthotic devices
- Pain relieving medication
- Rest
- Soaking

**Aggravating Factors:**

- Athletic activities
- First steps after rest
- Standing
- Sleeping (night pain)
- Previous treatment
- Footwear
- Medication (topical/oral)
- Movement
- None
Chief Complaint: Doc after running 10 miles my right foot got very swollen and painful. I did nothing other than my usual weekend run. I like to run on the bike path that goes around all the lakes in my town.

Musculoskeletal Examination:
Has pain on palpation to the 2\textsuperscript{nd} and 3\textsuperscript{rd} right metatarsals, the forefoot is edematous.

X-rays AP, Lateral, and Medial Oblique views of the right foot revealed a faint transverse lucency in the neck of the 3\textsuperscript{rd} metatarsal.
Diagnosis - ICD-9-CM Stress Fracture – Metatarsal ICD9 733.94
## Metatarsal- Stress Fracture – Foot, initial

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Code</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress fracture, foot</td>
<td>M84.374</td>
<td>M84.375</td>
</tr>
<tr>
<td>Stress fracture, toe(s)</td>
<td>M84.377</td>
<td>M84.378</td>
</tr>
<tr>
<td>Stress fracture, ankle</td>
<td>M84.371</td>
<td>M84.372</td>
</tr>
<tr>
<td>Stress fracture, tibia</td>
<td>M84.361</td>
<td>M84.362</td>
</tr>
<tr>
<td>Stress fracture, fibula</td>
<td>M84.363</td>
<td>M84.364</td>
</tr>
</tbody>
</table>

- **A** - initial encounter for fracture
- **D** - subsequent encounter for fracture with routine healing
- **G** - subsequent encounter for fracture with delayed healing
- **K** - subsequent encounter for fracture with nonunion
- **P** - subsequent encounter for fracture with malunion
- **S** - sequela

*ICD-10* code information from [ICD10Help.com](https://icd10help.com)
Diagnosis-ICD-10-CM Stress Fracture – Foot

Y92  Place of occurrence of the external cause

The following category is for use, when relevant, to identify the place of occurrence of the external cause. Use in conjunction with an activity code. Place of occurrence should be recorded only at the initial encounter for treatment
Diagnosis-ICD-10-CM Stress Fracture – Foot now the “PLACE”

Y92.4 Street, highway and other paved roadways as the place of occurrence of the external cause
Excludes1:
private driveway of residence (Y92.014, Y92.024, Y92.043, Y92.093, Y92.113, Y92.123, Y92.154,Y92.194)
Diagnosis-ICD-10-CM Stress Fracture – Foot

Y92.48 Other paved roadways as the place of occurrence of the external cause
Y92.480 Sidewalk as the place of occurrence of the external cause
Y92.481 Parking lot as the place of occurrence of the external cause
Y92.482 Bike path as the place of occurrence of the external cause
Y92.488 Other paved roadways as the place of occurrence of the external cause
Y93.0 Activities involving walking and running

Excludes 1:
- activity, walking an animal (Y93.K1)
- activity, walking or running on a treadmill (Y93.A1)

Y93.01 Activity, walking, marching and hiking
Activity, walking, marching and hiking on level or elevated terrain

Excludes 1:
- activity, mountain climbing (Y93.31)

Y93.02 Activity, running
Diagnosis-ICD-10-CM Summary for the Stress Fracture – Foot example

1) Stress Fracture, foot, right, initial encounter – M84.374A
   – Metatarsal 2nd and 3rd right foot
2) Y92.482  Bike path as the place of occurrence of the external cause
3) Y93.02  Activity, running
LCD’s and ICD 10

• CMS created the following document which you can download to address the LCD process

"Display of ICD-10 Local Coverage Determinations (LCDs) on the Medicare Coverage Database (MCD)"


• Implementation date is April 10, 2014.
### Codes NOT covered ICD9

**Not medically necessary/Not covered:**

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>110.1</td>
<td>Dermatophytosis of nail</td>
</tr>
<tr>
<td>703.0</td>
<td>Ingrowing nail</td>
</tr>
<tr>
<td>717.7</td>
<td>Chondromalacia of patella</td>
</tr>
<tr>
<td>718.87</td>
<td>Other joint derangement, not elsewhere classified, ankle and foot</td>
</tr>
<tr>
<td>719.46</td>
<td>Pain in joint, lower leg</td>
</tr>
<tr>
<td>719.47</td>
<td>Pain in joint, ankle and foot</td>
</tr>
<tr>
<td>719.57</td>
<td>Stiffness of joint, not elsewhere classified, ankle and foot</td>
</tr>
<tr>
<td>719.7</td>
<td>Difficulty in walking</td>
</tr>
<tr>
<td>722.0</td>
<td>Displacement of cervical intervertebral disc without myelopathy</td>
</tr>
<tr>
<td>722.10</td>
<td>Displacement of lumbar intervertebral disc without myelopathy</td>
</tr>
<tr>
<td>722.4</td>
<td>Degeneration of cervical intervertebral disc</td>
</tr>
<tr>
<td>722.52</td>
<td>Degeneration of lumbar or lumbosacral intervertebral disc</td>
</tr>
<tr>
<td>723.1</td>
<td>Cervicalgia</td>
</tr>
<tr>
<td>723.3</td>
<td>Cervicobrachial syndrome (diffuse)</td>
</tr>
<tr>
<td>723.4</td>
<td>Brachial neuritis or radiculitis NOS</td>
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<tr>
<td>ICD-10-CM Diagnosis Codes (Effective 10/01/2014)</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>B35.1</td>
<td>Tinea unguium</td>
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<tr>
<td>L60.0</td>
<td>Ingrowing nail</td>
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<tr>
<td>M20.10-M20.12</td>
<td>Hallux valgus (acquired)</td>
</tr>
<tr>
<td>M20.20-M20.22</td>
<td>Hallux rigidus</td>
</tr>
<tr>
<td>M20.40-M20.42</td>
<td>Other hammer toe(s) (acquired)</td>
</tr>
<tr>
<td>M20.5x1-M20.5x9</td>
<td>Other deformities of toe(s) (acquired)</td>
</tr>
<tr>
<td>M21.40-M21.42</td>
<td>Flat foot [pes planus] (acquired)</td>
</tr>
<tr>
<td>M21.751-M21.759</td>
<td>Unequal limb length (acquired), femur</td>
</tr>
<tr>
<td>M21.761-M21.769</td>
<td>Unequal limb length (acquired), tibia and fibula</td>
</tr>
<tr>
<td>M22.40-M22.42</td>
<td>Chondromalacia patellae</td>
</tr>
<tr>
<td>M24.871-M24.876</td>
<td>Other specific joint derangements of ankle and foot, not elsewhere classified</td>
</tr>
</tbody>
</table>
Excluded under many benefit plans:

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>728.71</td>
<td>Plantar fascial fibromatosis</td>
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<thead>
<tr>
<th>ICD-10-CM Diagnosis Codes (Effective 10/01/2014)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M72.2</td>
<td>Plantar fascial fibromatosis</td>
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</tbody>
</table>
Questions?

Email: djfreedman@icdtenhelp.com