

**Partnership HealthPlan of California  
Policy / Procedure**

<b>Number: PAQP1031</b>	<b>Lead Department:</b> Health Services Department
<b>Title:</b> Annual Evaluation Policy	
<b>Original Date:</b> 01/17/2007	<b>Reviewed/Revised Date (s):</b> 03/19/08; <b>07/16/08</b>
<b>Approve/Signature:</b> <input checked="" type="checkbox"/> QUAC <input type="checkbox"/> CRED <input type="checkbox"/> PAC <input type="checkbox"/> IQI <input type="checkbox"/> CEO/Dept. Director <input type="checkbox"/> P & T	
<i>Chris Cammisa, M.D.</i>	<b>Approval Date of Committee:</b> 7/16/2008
<b>Applies to:</b> <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Kids <input checked="" type="checkbox"/> PartnershipAdvantage	

**Attachments:**

- A) **Initial Assessment / Annual Reassessment History and Physical Examination**
- B) **Senior Annual Assessment History and Physical**
- C) **Commonly Used ICD-9 Codes**

**Policy:** This policy describes the annual evaluation enhanced benefit for PA members. The purpose of the annual evaluation is to ensure that all PartnershipAdvantage (PA) members receive an annual comprehensive evaluation by their primary care practitioner and that all relevant diagnoses are appropriately coded. This policy also describes the process to receive enhanced reimbursement for submission of the documentation of the annual comprehensive evaluation.

**Procedure:** The Health Plan and contracted PA primary care practitioners are expected to follow the following procedure when members are assigned PA contracted primary care practitioners.

- I. PHC will send a list of all PA members assigned to each primary care practice on a monthly basis.
- II. The primary care practitioner or his/her staff will review a list of PA members assigned and contact each member to schedule an annual history and physical examination.
- III. At the time of the examination the practitioner will identify all current problems, assess past medical history, family history, social history, and perform a review of systems. The practitioner will perform a relevant physical examination. The practitioner will review all pertinent laboratory and radiology services provided. All significant problems will be identified and a problem oriented treatment plan will be developed as appropriate. In addition, the visit should include appropriate anticipatory guidance. Samples of two assessment forms that can be used to document the evaluation are attached to this policy. Forms may be submitted in place of or in addition to the clinical office record.
- IV. At the time of the annual evaluation, the practitioner will make arrangements for necessary laboratory services, x-ray services, consultations with specialist(s) as needed and arrange for follow-up.
- V. Claims for the annual evaluation are to be billed with one of the following appropriate evaluation and management (E&M) codes (99203-99205 and 99213-99215) and a SC modifier. Claims received with the SC modifier, must include a copy of the medical records or either of the assessment forms. Claims received with the SC modifier which do not include a copy of the medical record or an assessment form will be pended in the PHC claims system while a copy of the documentation needed is requested from the medical site. Two attempts to obtain the information from the medical site will be made before the claim will be denied for supporting documentation. Providers may resubmit the claim within six months of the denial or through the PHC claim inquiry process for reconsideration.

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Upon receipt of the documentation, the claim and the documentation will be reviewed to ensure that the diagnosis codes on the claim are documented in the medical record. If they are, the claim will be released for payment of the E&M code on the provider's PHC RA and the provider will receive a letter from PHC indicating that the visit qualifies for the enhancement. If the information submitted supports alternative diagnosis codes, a recommendation letter will be sent to the medical site recommending review and recoding of the claim. Upon receipt of a revised claim or additional information from the medical site, the claim will be released for payment. Payment for the enhancement will be issued quarterly from the PHC Finance department.

**VI.** In order to qualify for enhanced reimbursement, the practitioner is required to consider the suggestions of the PHC evaluator and add all relevant diagnosis codes on the CMS1500 form.

**VII. RESOURCES:** United States Preventive Services-Task Force current recommendations.

**Distribution:**

Provider Manual, PHC Directors

## INITIAL ASSESSMENT/ANNUAL REASSESSMENT HISTORY AND PHYSICAL EXAMINATION

**Patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Sex:** M F **Status:** S M W D  
**Date of Exam** \_\_\_\_\_ **PCP** \_\_\_\_\_

### **HISTORY:**

**Reason for Visit:**  Initial exam  Annual re-check  new/recurrent complaint  
 (describe, including date of onset, location, frequency, duration) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Past Medical History:**  Diabetes  COPD  CHF  Arthritis  Cancer

Present treatment: \_\_\_\_\_

**Others**-please describe, incl. present treatment \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Previous Surgery/Injuries** (include type and date): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Family History (Inheritable diseases, Risk factors (e.g. ASHD))** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Social History:**  Smoker  Alcohol Consumption (Amt) \_\_\_\_\_ Educ. Level \_\_\_\_\_

**Medications:** \_\_\_\_\_  
**And Dosages** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Allergies/drug reactions:** \_\_\_\_\_  
 \_\_\_\_\_

**Health Maintenance (Include date/results):**  Immunizations/flu shot \_\_\_\_\_

Colon screening \_\_\_\_\_  PAP \_\_\_\_\_

Pneumonia shot \_\_\_\_\_  Tb screening \_\_\_\_\_

Mammogram (women only-men when indicated) \_\_\_\_\_

Tetanus \_\_\_\_\_  Bone Mineral Density \_\_\_\_\_

Lipid Screening \_\_\_\_\_

Other \_\_\_\_\_

# INITIAL ASSESSMENT/ANNUAL REASSESSMENT HISTORY AND PHYSICAL EXAMINATION

PCP SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Patient \_\_\_\_\_ Date \_\_\_\_\_

## REVIEW OF SYSTEMS

	<u>Normal</u>	<u>Abnormal</u>	<u>Describe</u>
General:	<input type="checkbox"/>	<input type="checkbox"/>	_____
HEENT:	<input type="checkbox"/>	<input type="checkbox"/>	_____
C-V	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breast	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pulmonary	<input type="checkbox"/>	<input type="checkbox"/>	_____
GI	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rectum/Anus	<input type="checkbox"/>	<input type="checkbox"/>	_____
GU	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	_____
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lymphatic	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin	<input type="checkbox"/>	<input type="checkbox"/>	_____
Psychiatric/depression	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Women Only:**

Menstrual History: Age of onset \_\_\_\_\_ date of last period \_\_\_\_\_

Periods:  regular  irregular  menopausal

Hormone Therapy (incl. Type) \_\_\_\_\_

Pregnancy History: Number of pregnancies \_\_\_\_\_ C-Sections \_\_\_\_\_

Number of miscarriages? \_\_\_\_\_

Stillborns? \_\_\_\_\_ Premature births? \_\_\_\_\_

PCP SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>INITIAL ASSESSMENT/ANNUAL REASSESSMENT HISTORY AND PHYSICAL EXAMINATION</b>
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Patient \_\_\_\_\_ Date \_\_\_\_\_

<b>PHYSICAL EXAMINATION</b>
-----------------------------

	NORMAL	ABNORMAL	DESCRIBE FINDINGS
General	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears	<input type="checkbox"/>	<input type="checkbox"/>	_____
Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Head and Neck	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lymphatic	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rectal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Genitalia (Ext)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pelvic (Women)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Psychiatric/depression	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PCP SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**INITIAL ASSESSMENT/ANNUAL REASSESSMENT  
HISTORY AND PHYSICAL EXAMINATION**

Patient \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL DECISION MAKING**

Impression: \_\_\_\_\_

**Established ICD-9 Codes (To highest specificity):**

Other Codes: \_\_\_\_\_

Description: \_\_\_\_\_

Diabetes Codes: \_\_\_\_\_

Description: \_\_\_\_\_

COPD Codes: \_\_\_\_\_

Description: \_\_\_\_\_

CHF Codes: \_\_\_\_\_

Description: \_\_\_\_\_

Cancer Codes: \_\_\_\_\_

Description: \_\_\_\_\_

Arthritis Codes: \_\_\_\_\_

Description: \_\_\_\_\_

Lab results/date  CBC \_\_\_\_\_  Chem. panel \_\_\_\_\_

Creatinine/BUN \_\_\_\_\_  Lipid Profile \_\_\_\_\_  HgbA1c \_\_\_\_\_

Other \_\_\_\_\_

Lab ordered  CBC  Chem. Panel  Creatinine/BUN  Lipid Profile  HgbA1c

Other \_\_\_\_\_

**Diagnostic Test Results**

EKG \_\_\_\_\_  CXR \_\_\_\_\_  Other \_\_\_\_\_

**Diagnostic test(s) planned:**

\_\_\_\_\_  
\_\_\_\_\_

Rx given: \_\_\_\_\_

Next appointment \_\_\_\_\_ Specialist referral Name \_\_\_\_\_

PCP SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**UPDATE PROBLEM LIST!!!!**

# Senior Annual Assessment History and Physical

**Patient Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Health Plan** \_\_\_\_\_

**Date of Exam** \_\_\_\_\_  New Patient  Reassessment  Acute problem *and* reassessment

**Allergies** \_\_\_\_\_

**Chief Complaint**(include nature, duration, location): \_\_\_\_\_

**Related History**  New Problem  Exacerbation of Old Problem

Prior diagnosis \_\_\_\_\_  Prior Treatment \_\_\_\_\_

**Past History** (Include date of Onset)

Diabetes \_\_\_\_\_  CHF \_\_\_\_\_  COPD \_\_\_\_\_  Depression \_\_\_\_\_

Cancer (onset and location) \_\_\_\_\_

Other \_\_\_\_\_

**Present Medications** \_\_\_\_\_

**Positive Review of Symptoms** (Circle and describe findings)

Skin \_\_\_\_\_ Head \_\_\_\_\_ EENT \_\_\_\_\_ Neck \_\_\_\_\_

Chest \_\_\_\_\_ Lungs \_\_\_\_\_ C-V System \_\_\_\_\_

GI \_\_\_\_\_ Liver/Pancreas \_\_\_\_\_ Colon \_\_\_\_\_

Anus/Rectum \_\_\_\_\_ Musculoskeletal \_\_\_\_\_ Extremities \_\_\_\_\_

Neurologic \_\_\_\_\_ Behavioral Health \_\_\_\_\_

**Positive Physical Findings** (Circle and describe)

Skin \_\_\_\_\_

HEENT \_\_\_\_\_

Chest Wall \_\_\_\_\_

Heart \_\_\_\_\_

Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_

Musculoskeletal \_\_\_\_\_

Extremities \_\_\_\_\_

Neurologic \_\_\_\_\_

Foot \_\_\_\_\_

Behavioral \_\_\_\_\_

**Lab** \_\_\_\_\_

**X-RAY** \_\_\_\_\_

All Diagnoses Addressed

**Diagnosis for present problem:**

**ICD-9** \_\_\_\_\_

**Other established Diagnoses**

**ICD-9** \_\_\_\_\_

**ICD-9** \_\_\_\_\_

**ICD-9** \_\_\_\_\_

**ICD-9** \_\_\_\_\_

**PCP** \_\_\_\_\_ **DOE** \_\_\_\_\_

# ICD-9 CODES FOR MEDICARE\*

## BLOOD DISEASE

- 282.5 Sickle Cell Trait
- 282.60 Sickle Cell Anemia, unspec
- 282.9 Anemia, hemolytic
- 287.31 Immune thrombocytopenic purpura
- 287.39 Other primary thrombocytopenia
- 287.5 Thrombocytopenia
- 289.81 Primary hypercoagulable state
- 289.82 Secondary hypercoagulable state

## CARDIOVASCULAR / CARDIOLOGY cont.

- 410.30 Myocardial Infarction, acute, inferoposterior (to 8 wks)
- 410.40 Myocardial Infarction, acute, inferior (to 8 wks)
- 410.50 Myocardial Infarction, acute, lateral (to 8 wks)
- 410.60 Myocardial Infarction, acute, true posterior (to 8 wks)
- 410.70 Myocardial Infarction, acute, subendocardial (to 8 wks)
- 410.80 Myocardial Infarction, acute, other specified sites (to 8 wks)
- 410.90 Myocardial Infarction, acute, unspec (to 8 wks)
- 410.91 Acute MI, Initial Episode
- 410.92 Acute MI, Sub Episode
- 411.1 Angina, unstable (preinfarction)
- 412 Myocardial Infarction, old
- 413.0 Angina Decubitus
- 413.9 Angina Pectoris, NOS
- 414.00 CAD (Coronary Artery Disease)/ASHD
- 414.9 Chronic Ischemic Heart Disease
- 415.19 Pulmonary Embolism
- 416.9 Pulm Heart Dis Chr, unspec
- 425.4 Cardiomyopathy, primary
- 427.0 Paroxysmal Supraventricular Tachycardia
- 427.1 Tachycardia, Ventric Parox
- 427.2 Tachycardia, paroxysmal
- 427.31 Atrial Fibrillation
- 427.41 Ventricular Fibrillation
- 427.81 Sick Sinus Syndrome
- 428.0 Congestive Heart Failure
- 429.0 Myocarditis
- 433.10 Carotid Artery Stenosis w/o infarction
- 433.11 Carotid Artery Stenosis w/ infarction
- 434.00 Cerebral Thrombosis w/o infarction
- 434.01 Cerebral Thrombosis w/ infarction
- 434.90 Cerebral Artery Occlusion w/o infarction
- 434.91 Cerebral Artery Occlusion, unspec, w/infarction
- 435.9 Transient Ischemic Attack
- 436 CVA/Stroke
- 441.9 Aneurysm, aortic
- 442.9 Aneurysm, unspec site
- 443.9 Peripheral Vascular Disease
- 447.1 Arterial Insufficiency
- 453.41 Venous embolism and thrombosis of deep vessels of proximal lower extremity

## CEREBROVASCULAR cont.

- 438.21 Hemiplegia, Dominant
- 438.22 Hemiplegia, Non-dom
- 438.30 Monoplegia, Upper Lmb Side, unspec
- 438.31 Monoplegia, Upper Lmb Dominant Side
- 438.32 Monoplegia, Upper Lmb Non-dominant Side
- 438.41 Monoplegia, Lower Lmb Dominant Side
- 438.9 Late Effects of Cerebrovascular Disease (CVA)

## CARDIOVASCULAR / CARDIOLOGY

- 401.0 HTN, malignant
- 401.1 HTN, benign
- 402.00 HTN Heart Disease, malignant w/o CHF
- 402.01 HTN Heart Disease, malignant w/ CHF
- 402.10 HTN Heart Disease, benign w/o CHF
- 402.11 HTN Heart Disease, benign w/ CHF
- 403.00 Hypertensive kidney disease, malignant, with CKD Stage I - IV
- 403.01 Hypertensive kidney disease, malignant, with CKD Stage V or ESRD
- 403.10 Hypertensive kidney disease, benign, with CKD Stage I - IV
- 403.11 Hypertensive kidney disease, benign, with CKD Stage V or ESRD
- 403.90 Hypertensive kidney disease, unsp with CKD Stage I - IV
- 403.91 Hyper kidney disease, unsp with CKD Stage V or ESRD
- 404.00 Hypertensive heart and kidney disease, malignant, w/o heart failure with CKD Stage I - IV
- 404.01 Hypertensive heart and kidney disease, malignant, with heart failure and CKD Stage I - IV
- 404.02 Hypertensive heart and kidney disease, malignant, w/o heart failure with CKD Stage V - ESRD
- 404.03 Hypertensive heart and kidney disease, malignant, with heart failure and CKD Stage V - ESRD
- 404.10 Hypertensive heart and kidney disease, benign w/o heart failure with CKD Stage I - IV
- 404.11 Hypertensive heart and kidney disease, benign with heart failure and CKD Stage I - IV
- 404.12 Hypertensive heart and kidney disease, benign w/o heart failure with CKD Stage V - ESRD
- 404.13 Hypertensive heart and kidney disease, benign with heart failure and CKD Stage V - ESRD
- 405.01 HTN renovascular, malignant
- 405.09 HTN Other Secondary, malignant
- 405.11 HTN renovascular, benign
- 405.19 HTN Other Secondary, benign
- 410.00 Myocardial Infarction, acute, anterolateral (to 8 wks)
- 410.10 Myocardial Infarction, acute, anterior (to 8 wks)
- 410.20 Myocardial Infarction, acute, inferolateral (to 8 wks)

## DERMATOLOGY

- 681.9 Paronychia, unspec
- 696.1 Psoriasis
- 702.0 Keratosis, actinic
- 702.19 Keratosis, seborrheic
- 702.8 Dematoses
- 707.9 Chronic Skin Ulcer, unspec
- 707.0x Decubitus Ulcer (specify 5th digit)
- 702.1 Seb Keratosis, Inflamed

## ENDOCRINOLOGY

- 238.4 Polycythemia Vera
- 240.9 Goiter, unspec
- 241.0 Thyroid Nodule
- 241.9 Goiter, nodular unspec and/or nontoxic
- 242.90 Hyperthyroidism
- 244.0 Hypothyroidism, Postsurgical
- 244.9 Hypothyroidism
- 245.8 Thyroiditis, chronic
- 250.00 DM, without mention of complication, Type II or unspecified type, not stated as uncontrolled
- 250.01 DM without mention of complication, Type I, [juvenile type], not stated as uncontrolled.
- 250.02 DM without mention of complication Type II, or unspecified type, uncontrolled
- 250.03 DM without mention of complication, Type I, [juvenile type], uncontrolled
- 250.10 Diabetes with ketoacidosis, Type II or unspecified type, not stated as uncontrolled
- 250.11 Diabetes with ketoacidosis, Type I [juvenile type] not stated as uncontrolled
- 250.12 Diabetes with ketoacidosis, Type II or unspecified type, uncontrolled
- 250.13 Diabetes with ketoacidosis, Type I [juvenile type], uncontrolled
- 250.20 Diabetes with hyperosmolarity, Type II, or unspecified type, not stated as uncontrolled
- 250.21 Diabetes with hyperosmolarity Type I [juvenile type], not stated as uncontrolled
- 250.22 Diabetes with hyperosmolarity Type II or unspecified type, uncontrolled
- 250.23 Diabetes with hyperosmolarity Type I [juvenile type], uncontrolled
- 250.30 Diabetes with other coma, Type II or unspecified type, not stated as uncontrolled

## CEREBROVASCULAR

- 437.0 Cerebral Atherosclerosis
- 437.1 Ischemic Cerebrovascular Dis
- 438.20 Hemiplegia, Side unspec

\*These are ICD-9 codes used for Medicare Reimbursement. Please code appropriate ICD-9 codes based on the patient condition(s). **ALL codes must be supported by documentation in the medical record.**

# ICD-9 CODES FOR MEDICARE\*

## ENDOCRINOLOGY cont.

- 250.31 Diabetes with other coma, Type I  
[juvenile type], not stated as uncontrolled
- 250.32 Diabetes with other coma, Type II  
or unspecified type, uncontrolled
- 250.33 Diabetes with other coma, Type I  
[juvenile type], uncontrolled
- 250.40 Diabetes with renal manifestations, Type II  
or unspecified type, not stated as uncontrolled
- 250.42 Diabetes with renal manifestations, Type II  
or unspecified type, uncontrolled
- 250.43 Diabetes with renal manifestations, Type I  
[juvenile type], uncontrolled
- 250.41 Diabetes with renal manifestations, Type I  
[juvenile type], not stated as uncontrolled
- 250.50 Diabetes with ophthalmic manifestations, Type II  
or unspecified type, not stated as uncontrolled
- 250.51 Diabetes with ophthalmic manifestations, Type I  
[juvenile type], not stated as uncontrolled
- 250.52 Diabetes with ophthalmic manifestations, Type II  
or unspecified type, uncontrolled
- 250.53 Diabetes with ophthalmic manifestations, Type I  
[juvenile type], uncontrolled
- 250.60 Diabetes with neurological manifestations, Type II  
or unspecified type, not stated as uncontrolled
- 250.61 Diabetes with neurologic manifestations, Type I  
[juvenile type], not stated as uncontrolled
- 250.62 Diabetes with neurologic manifestations, Type II  
or unspecified type, uncontrolled
- 250.63 Diabetes with neurologic manifestations, Type I  
[juvenile type], uncontrolled
- 250.70 Diabetes with peripheral circulatory disorders, Type II  
or unspecified type, not stated as uncontrolled
- 250.71 Diabetes with peripheral circulatory disorders,  
Type I [juvenile type], not stated as uncontrolled
- 250.72 Diabetes with peripheral circulatory disorders,  
Type II or unspecified type, uncontrolled
- 250.73 Diabetes with peripheral circulatory disorders,  
Type I [juvenile type], uncontrolled
- 251.0 Hypoglycemic Coma
- 252.00 Hyperparathyroidism
- 252.01 Primary hyperparathyroidism
- 252.02 Secondary hyperparathyroidism, non-renal
- 252.1 Hypoparathyroidism
- 253.5 Diabetes Insipidus
- 255.0 Cushing's Syndrome
- 255.4 Addison's Disease
- 257.2 Hypogonadism, male
- 263.9 Malnutrition, caloric
- 272.0 Hypercholesterolemia
- 272.1 Hypertriglyceridemia
- 272.2 Hyperlipidemia, Mixed
- 272.4 Hyperlipidemia
- 274.0 Gouty arthropathy

## ENDOCRINOLOGY cont.

- 274.9 Gout
- 275.41 Hypocalcemia
- 275.42 Hypercalcemia
- 276.0 Hyponatremia
- 276.1 Hyponatremia
- 276.51 Dehydration
- 276.52 Hypovolemia
- 276.6 Fluid Overload
- 276.7 Hyperpotassemia
- 276.8 Hypopotassemia
- 443.81 Peripheral Angiopathy
- 583.81 Nephritis/Nephropathy Dis (manifestation code,  
used secondary with underlying disease)

## FEMALE GU DISORDERS

- 795.03 Abn Pap Smear w/ LGSIL
- 795.04 Abn Pap Smear w/ HGSIL

## OTHER DIAGNOSIS

- V08 HIV Positive, asymptomatic

## GASTROENTEROLOGY

- 530.0 Esophagus, achalasia
- 530.10 Esophagitis, unspecified
- 530.11 Esophagitis, reflux
- 530.12 Esophagitis, acute
- 530.5 Esophagus Spasm
- 530.81 Gastroesophageal Reflux
- 531.90 Gastric Ulcer, unsp w/o obstruction
- 532.90 Duodenal Ulcer, unsp w/o obstruction
- 535.01 Gastritis, acute w/ hemorrhage
- 535.51 Gastritis/Duodenitis w/ hemorrhage, unsp
- 555.0 Ileitis, regional
- 555.9 Crohn's Disease
- 556.0 Enterocolitis, ulcerative
- 556.9 Colitis, ulcerative, unsp
- 557.9 Ischemic colitis
- 560.39 Fecal Impaction
- 560.9 Obstruction, intestinal, unsp
- 567.23 Spontaneous bacterial peritonitis
- 571.2 Cirrhosis, alcoholic, liver
- 571.3 Alcoholic Liver Damage
- 571.40 Hepatitis, chronic
- 571.5 Cirrhosis, nonalcoholic, liver
- 577.0 Pancreatitis
- 578.0 Hematemesis
- 578.1 Melena
- 578.9 GI Hemorrhage, unsp
- 580.9 Glomerulonephritis, acute, unsp
- 581.81 Nephrotic Syndrome (manifestation code,  
used secondary with underlying disease)
- 585.6 End stage renal disease
- 585.xx Chronic kidney disease (specify 4th and  
5th digits)

## GENITOURINARY DISEASE

- 581.9 Nephrotic Syndrome
- 582.9 Glomerulonephritis
- 584.9 Renal Failure Acute, unsp
- 586 Uremia
- 591 Hydronephrosis
- 592.0 Kidney Stone
- 592.1 Ureteral Calculus
- 593.9 Renal Insufficiency
- 599.60 Urinary obstruction, unspecified
- 599.7 Hematuria
- 616.0 Cervicitis, acute
- 616.10 Vaginitis/Vulvitis
- 622.7 Cervical Polyp
- 625.6 Stress Incontinence, urinary (female)
- 695.89 Intertrigo

## HYPERTENSIVE DISEASE

- 404.91 Hypertensive heart and CKD, unsp  
with heart failure and CKD Stage I - IV
- 404.92 Hypertensive heart and CKD, unsp  
w/o heart failure and CKD Stage V or ESRD
- 404.93 Hypertensive heart and CKD, unsp  
with heart failure and CKD Stage V - ESRD

## INFECTIOUS DISEASE

- 038.9 Septicemia
- 042 HIV Disease/AIDS
- 054.9 Herpes Simplex
- 112.0 Monilia Infection/Thrush
- 138 Poliomyelitis/Residuals
- 682.6 Cellulitis, Leg
- 682.9 Cellulitis/Abscess, unsp

## MUSCULOSKELETAL

- 710.0 Systemic lupus
- 710.9 Collagen Disease, unsp
- 714.0 Rheumatoid arthritis
- 715.09 Osteoarthritis, multiple sites
- 715.90 Osteoarthritis, site unsp
- 715.91 Osteoarthritis, shoulder
- 715.94 Osteoarthritis, Hand
- 715.95 Osteoarthritis, hip
- 715.96 Osteoarthritis, knee
- 715.97 Osteoarthritis, Ankle & Foot
- 716.90 Arthritis, site unsp
- 716.91 Arthritis, shoulder
- 716.91 Arthritis, shoulder
- 716.95 Arthritis, hip
- 716.96 Arthritis, knee
- 716.99 Arthritis, multiple sites
- 717.7 Chondromalacia Patella
- 717.9 Internal Derangement of Knee, unsp

\*These are ICD-9 codes used for Medicare Reimbursement. Please code appropriate ICD-9 codes based on the patient condition(s). **ALL codes must be supported by documentation in the medical record.**

# ICD-9 CODES FOR MEDICARE\*

## MUSCULOSKELETAL cont.

- 719.00 Joint Effusion, site unspec
- 719.01 Joint Effusion, shoulder
- 719.05 Joint Effusion, hip
- 719.06 Joint Effusion, knee
- 719.09 Joint Effusion, multiple sites
- 719.40 Arthralgia, unspec
- 719.41 Arthralgia, shoulder
- 719.45 Arthralgia, hip
- 719.46 Arthralgia, knee
- 719.49 Arthralgia, multiple sites
- 720.0 Spondylitis, rheumatoid
- 721.90 Osteoarthritis, spine
- 722.10 Displacement Lumbar Disc
- 722.4 DDD Cervical
- 722.52 DDD Lumbar/Lumbosacral
- 722.91 Cervical Discitis
- 722.93 Lumbar Discitis
- 723.4 Cervical Radiculitis
- 724.00 Spinal Stenosis
- 724.2 Low Back Pain
- 724.3 Sciatica
- 724.4 Lumbosacral Neuritis
- 726.10 Bursitis, shoulder
- 726.32 Tendonitis, Elbow
- 726.5 Bursitis, Hip
- 726.60 Bursitis Knee, NOS
- 726.70 Metatarsalgia, ankle/tarsus
- 726.90 Tendonitis, NOS
- 726.90 Tendinitis, NOS
- 727.00 Synovitis, unspec
- 727.1 Bunion
- 727.3 Bursitis, other
- 727.43 Ganglion, unspec
- 728.6 Dupuytren's Contracture
- 728.71 Plantar Fasciitis
- 728.85 Muscle Spasm
- 729.1 Myositis/Myalgia, unspec
- 729.2 Neuralgia/Neuritis, unspec
- 729.4 Fasciitis, unspec
- 729.5 Pain in Limb
- 730.00 Osteomyelitis, acute, unspec
- 730.10 Osteomyelitis, chronic, unspec
- 733.00 Osteoporosis, unspec
- 733.13 Pathological fracture, vertebrae
- 733.15 Pathological fracture, hip
- 737.30 Scoliosis - idiopathic
- 781.0 Tremors/Spasms, NOS
- 820.8 FX, Hip, NOS, Clsd
- 821.00 FX Femur, unspec, Clsd
- 826.0 FX Toe(s), Clsd

## NEUROLOGY

- 331.0 Alzheimer's
- 332.0 Parkinsonism
- 333.1 Tremor, essential/familial
- 333.94 Restless Legs
- 342.90 Hemiplegia/Hemiparesis
- 344.1 Paraplegia
- 344.61 Neurogenic Bladder
- 346.90 Migraine
- 346.91 Migraine, intractable
- 350.1 Trigeminal Neuralgia
- 351.0 Bell's Palsy
- 353.0 Thoracic Outlet Syndrome
- 354.0 Carpal Tunnel Syndrome
- 356.9 Neuropathy, peripheral
- 357.2 Polyneuropathy in DM (manifestation code, used secondary with underlying disease)
- 357.9 Neuropathy, unspec
- 358.00 Myasthenia gravis without (acute) exacerbation
- 358.01 Myasthenia gravis with (acute) exacerbation
- 359.9 Myopathy, unspec
- 345.9 Epilepsy, unspec
- 346.1x Headache, Migraine (specify 5th digit)

## ONCOLOGY

- 145.9 Malignant Neoplasm, oral cavity
- 150.9 Malignant Neoplasm, esophagus
- 151.9 Malignant Neoplasm, stomach
- 153.2 Malig Neo Colon Descending
- 153.9 Malignant Neoplasm, colon
- 154.1 Malignant Neoplasm, rectum
- 157.9 Malignant Neoplasm, pancreas
- 159.0 Malignant Neoplasm, GI tract
- 162.9 Malignant Neoplasm, lung
- 172.9 Malignant Neoplasm, melanoma
- 174.1 Malig Neo Breast, Central
- 174.9 Malignant Neoplasm, breast
- 179 Malignant Neoplasm, uterus
- 180.9 Malignant Neoplasm, cervix
- 183.0 Malignant Neoplasm, ovary
- 185 Malignant Neoplasm, prostate
- 188.9 Malignant Neoplasm, bladder
- 199.0 Metastatic Carcinoma
- 201.90 Hodgkin's Disease
- 202.80 Lymphoma, malignant
- 204.10 Leukemia, chronic lymphocytic
- 205.10 Leukemia, chronic myelocytic
- 227.3 Benign Pituitary Tumor

## VASCULAR DISEASES

- 451.11 Phlebitis, fern vein
- 451.19 Plebitis, Deep Lwr Ext
- 453.40 DVT, NOS

## OPHTHALMOLOGY

- 362.01 Diab Retinopathy, NOS (manifestation code, used secondary with underlying disease)
- 362.02 Prolif Diab Retinopathy (manifestation code, used secondary with underlying disease)
- 362.50 Macular Degeneration
- 365.9 Glaucoma, unspec

## PSYCHIATRY

- 291.81 Alcohol Withdrawal
- 291.82 Alcohol induced sleep disorders
- 292.85 Drug induced sleep disorders
- 294.8 Organic Brain Syndrome
- 296.90 Mood Disorder, episodic, unspec
- 300.00 Anxiety State, unspec
- 300.4 Dysthmic Disorder
- 303.00 Alcohol Intoxication, acute
- 303.90 Alcoholism, unspec
- 304.90 Drug Dependence, unspec

## PULMONARY

- 415.0 Cor Pulmonale, Acute
- 466.0 Bronchitis, acute
- 471.9 Nasal Polyp
- 472.0 Rhinitis, chronic
- 473.9 Sinusitis, chronic
- 477.0 Rhinitis, Allergic, Pollen
- 477.9 Rhinitis, allergic
- 491.0 Bronchitis, simple chronic (smokers' cough)
- 491.20 Bronchitis, chronic obstructive, w/o acute exacerbation
- 491.21 Bronchitis, chronic obstructive, w/ acute exacerbation
- 491.9 Bronchitis, chronic, unspec
- 492.8 Emphysema

## RESPIRATORY

- 461.0 Sinusitis, Maxillary, Acute
- 493.90 Asthma, w/o status asthmaticus
- 493.91 Asthma, w/ status asthmaticus
- 493.92 Asthma w/Acute Exacerbation
- 494.x Bronchiectasis (specify 4th digit)
- 496 Chronic Obstructive Pulmonary Disease
- 518.4 Pulmonary Edema

## SIGNS & SYMPTOMS

- 785.4 Gangrene
- 785.50 Shock, NOS
- 788.30 Urinary Incontinence, unspec
- 788.7 Penile Discharge
- 799.01 Asphyxia
- 799.02 Hypoxemia

\*These are ICD-9 codes used for Medicare Reimbursement. Please code appropriate ICD-9 codes based on the patient condition(s). **ALL codes must be supported by documentation in the medical record.**