7 Big ICD-10 Changes for Primary Care
Some of the more frequently used diagnoses for primary-care providers will see major changes with ICD-10 coding. Understanding these can also aid in getting a better feel for the impact of ICD-10 on documenting the visit.

Here are the seven biggest changes coming to primary care:
1. Headaches

ICD-10 includes a whole slew of codes for headaches. For example, when a patient presents with a migraine, providers will have to specify whether it's common, hemiplegic, persistent, chronic, ophthalmologic, abdominal, or menstrual. This increased level of detail goes for cluster headaches, vascular headaches, tension-type headaches, and a variety of other headache syndromes. Many of the codes in the headache section also require additional documentation that was not previously required.
2. Depression

Since the inception of ICD-9, our understanding of depression and other illnesses has grown tremendously. Today, one in 10 people report symptoms of depression to their doctor. As a result, depression codes have been expanded in ICD-10, and providers will have to document in detail additional features such as single episode versus recurrent, mild, moderate, or severe, and in partial or full remission.
3. Ear infections

For pediatric and family-medicine providers, earaches are often a daily occurrence. ICD-10 includes various codes to denote specific forms of a middle-ear infection. These codes also distinguish between serous, allergic, mucoid, nonsuppurative, suppurative, tubotympanic suppurative, and atticoantral suppurative. Physicians must also document acute vs. chronic, laterality, and any associated perforated tympanic membrane.
4. Hypertension

This category will see many more choices of coding to describe hypertension and the other body systems impacted by having hypertension. There is an ICD-10 code to denote essential (primary) hypertension. Then, there are separate codes for hypertension involving vessels of the brain and vessels of the eye. There are also codes for hypertensive heart disease with or without heart failure, hypertensive chronic kidney disease, hypertensive heart and chronic kidney disease, and secondary hypertension. In addition the provider will need to document tobacco use or exposure. (No, there isn't a code for ICD-10 induced hypertension.)
5. Diabetes

Physicians must now document whether the diabetes is Type 1, Type 2, drug- or chemical-induced, or due to an underlying condition. They will also have to document the specific underlying condition, the specific drug or toxin, as well as the use of any insulin. ICD-10 requires very specific details regarding any complications or manifestations of the diabetes. This one gets into the nitty-gritty, so a careful review of diabetes codes is recommended.
6. Asthma

Asthma is yet another diagnosis that has been increasing over the years and has been expanded in ICD-10. Physicians must document whether the asthma is mild intermittent, mild persistent, moderate persistent, or severe persistent. In addition, they must specify whether the asthma is uncomplicated, with acute exacerbation, or with status asthmaticus.
7. Health status & services

Primary-care providers may want to take note of some new codes related to factors that influence health status and contact with health services. These are not going to show up in a code mapping process but are relevant. For example, codes Z55 through Z65 pertain to health hazards related to socioeconomic and psychosocial circumstances, codes in the Z68 category denote specific data related to body mass index, and codes in the Z72 category denote problems related to lifestyle (e.g., tobacco use, lack of exercise, and high-risk sexual behavior).
About the author:

Michelle Cavanaugh, RN, CPC, CANPC, CGIC, CPB, CMRS, is an American Health Information Management Association-approved ICD-10 trainer, certified coder, certified professional biller, and certified medical reimbursement specialist at Kareo.