

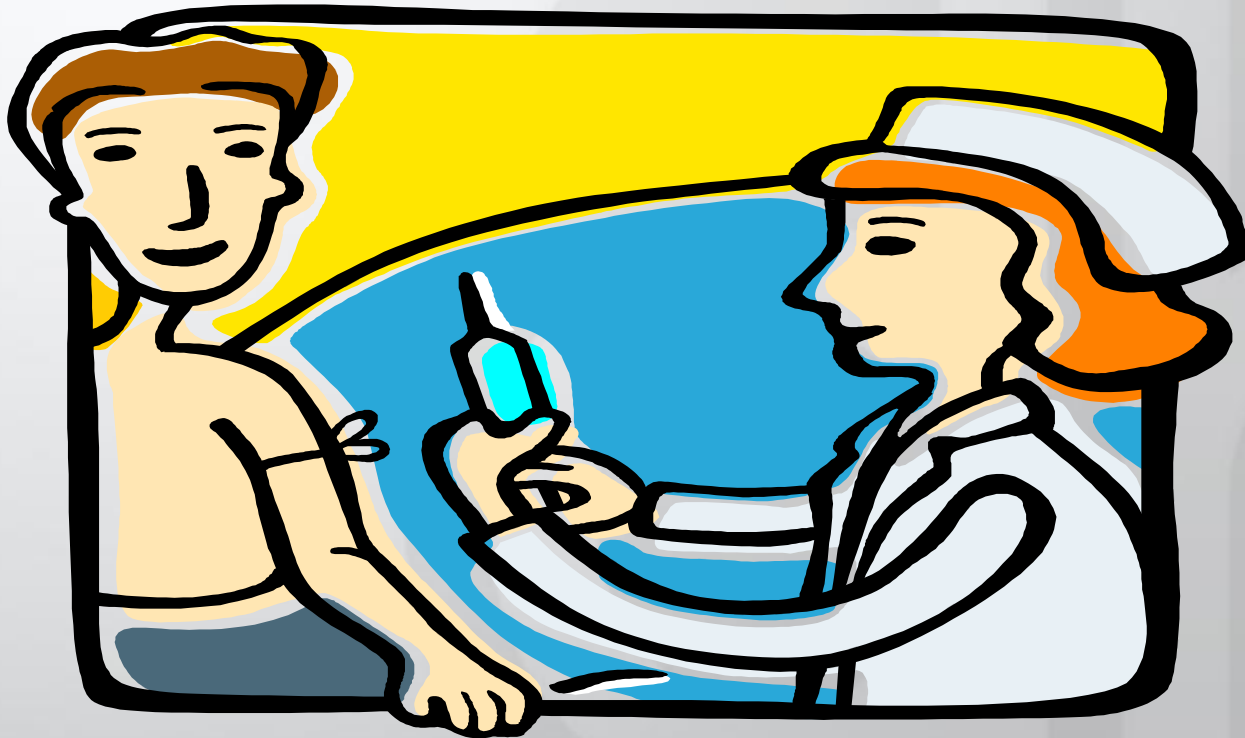
Diabetes Mellitus and the Circulatory System

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Diabetes Mellitus



Diabetes Mellitus

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- In ICD-9 there are 2 types of primary diabetes
 - Type 1
 - Type 2
- Responsibility of the 5th digit
 - Indicate type
 - Indicate controlled or uncontrolled
- Responsibility of the 4th digit
 - Indicate the manifestation

Diabetes Mellitus

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- In ICD-9 there is 1 type of secondary diabetes
- Responsibility of the 5th digit
 - Indicate controlled or uncontrolled
- Responsibility of the 4th digit
 - Indicates the manifestation

Diabetes Mellitus

E08-E13

- In ICD-10 there are 5 types of diabetes
- 2 primary
 - E10 Type 1 diabetes
 - E11 Type 2 diabetes
- 3 secondary
 - E08 Diabetes due to underlying condition
 - E09 Drug or chemical induced diabetes
 - E13 Other specified diabetes

Controlled or Uncontrolled

- In ICD-10 the responsibility of the 4th, 5th, or 6th character indicates the manifestation
- There is no character to denote controlled or uncontrolled
- The Alphabetic Index instructs:
 - ‘out of control’ should be coded to diabetes, by type, with hyperglycemia
 - ‘poorly controlled’ should be coded to diabetes, by type, with hyperglycemia

Diabetes Mellitus

E08-E13

- 7th character extensions are not used in the endocrine chapter (chapter 4)
- All ICD-10 diabetes categories follow etiology/manifestation guidelines
- Many ICD-10 diabetes categories are combination codes

Subcategory

4th Character/Digit	ICD-9	ICD-10
0	Without complication	Hyperosmolarity
1	Ketoacidosis	Ketoacidosis
2	Hyperosmolarity	Kidney
3	Other coma	Ophthalmic
4	Renal	Neurological
5	Ophthalmic	Circulatory
6	Neurological	Other specified complications
7	Circulatory	None
8	Other specified complications	Unspecified complications
9	Unspecified complications	Without complications

Coding Conventions



Diabetes Mellitus

- Many of the diabetes mellitus codes are combination codes that include:
 - the type of diabetes mellitus
 - the body system affected
 - the complications affecting that body system
- Gangrene and osteomyelitis can no longer be assumed to be related to diabetes

Guideline

- As many codes within a particular category as are necessary to describe all of the complications of the disease may be used
- They should be sequenced based on the reason for a particular encounter
- Assign as many codes from categories E08-E13 as needed to identify all of the associated conditions the patient has

Guideline

- The age of the patient is not the sole determining factor, though most type 1 diabetics develop the condition before reaching puberty. For this reason (E10.-) type 1 diabetes mellitus is also referred to as juvenile diabetes
- If the type of diabetes mellitus is not documented in the medical record the default is (E11.-) Type 2 diabetes mellitus

Guideline

- Code Z79.4, Long term(current) use of insulin, should be assigned to indicate that the patient uses insulin
- *Except*
- Code Z79.4 should *not* be assigned if insulin is given temporarily to bring a type 2 patient's blood sugar under control during an encounter.
- Code Z79.4 should *not* be assigned if insulin is given due to Type 1 diabetes mellitus

Guideline

- Secondary diabetes is always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm of pancreas, pancreatectomy, adverse effect of drug or poisoning).
- If patient routinely takes insulin, Z79.4 should also be assigned
- Follow sequencing instructions in the Tabular listing

Diabetes Categories



Diabetes Mellitus

E08

E08: Diabetes due to underlying condition

- Code first underlying condition
- Use an additional code for insulin (Z79.4)
- Excludes I notes:
 - drug or chemical induced diabetes mellitus (E09.-)
 - gestational diabetes (O24.4-)
 - neonatal diabetes mellitus (P70.2)
 - postpancreatectomy diabetes mellitus (E13.-)
 - postprocedural diabetes mellitus (E13.-)
 - secondary diabetes mellitus NEC (E13.-)
 - type 1 diabetes mellitus (E10.-)
 - type 2 diabetes mellitus (E11.-)

Diabetes Mellitus

E08 Example

- Patient admitted for management of diabetes with angiopathy due to pancreatic cancer. Cancer is still current, focus of treatment is the diabetes. Patient takes insulin.

Diabetes Mellitus

E08 Answer

- M1021: C25.9 Neoplasm of pancreas
- M1023: E08.51 Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene
- M1023: Z79.4 Long term current use insulin
- *Note: sequencing instruction at E08 to “code first underlying condition”*

Diabetes Mellitus

E08 Example

- Patient admitted for management of diabetes due to cystic fibrosis causing inflammation of right eye resulting in glaucoma. Focus of treatment is the diabetes. Patient takes insulin.

Diabetes Mellitus

E08 Answer

- M1021: E84.8 Cystic fibrosis with other manifestations
- M1023: E08.39 Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication
- M1023: H40.41x0 Glaucoma secondary to eye inflammation, right eye
- M1023: Z79.4 Long term current use insulin

- *Note: sequencing instruction at E08 to “code first underlying condition”*

Diabetes Mellitus

E09

E09: Drug or Chemical Induced Diabetes

- ❑ Code first poisoning T36-T65 due to drug or toxin, if applicable (Fifth or sixth character 1-4 or 6)
- ❑ Use additional code for adverse effect, if applicable, to identify drug (Fifth or sixth character 5)
- ❑ Use an additional code for insulin (Z79.4)
- ❑ Excludes I notes:
 - diabetes mellitus due to underlying condition (E08.-)
 - gestational diabetes (O24.4-)
 - neonatal diabetes mellitus (P70.2)
 - postpancreatectomy diabetes mellitus (E13.-)
 - postprocedural diabetes mellitus (E13.-)
 - secondary diabetes mellitus NEC (E13.-)
 - type 1 diabetes mellitus (E10.-)
 - type 2 diabetes mellitus (E11.-)

Diabetes Mellitus

E09 Example

- Patient admitted for management of insulin dependent diabetes with nephropathy due to long term use of prednisone due to asthma. The steroids were taken correctly.
- *Note: Sequencing instruction at E09 to “use additional code” for adverse effect*

Diabetes Mellitus

E09 Answer

- M1021: E09.21 Drug or chemical induced diabetes mellitus with diabetic nephropathy
- M1023: T38.OX5D Adverse effect steroids
- M1023: J45.909 Asthma
- M1023: Z79.52 Long term (current) use of systemic steroids
- M1023: Z79.4 Long term (current) use insulin

Diabetes Mellitus

E09 Example

- Patient admitted for management of insulin dependent diabetes with nephropathy due to accidental overdose of prednisone which patient takes daily for his asthma
- *Note: Sequencing instruction at E09 to “code first” poisoning due to drug or toxin”*

Diabetes Mellitus

E09 Answer

- M1021: T38.0x1D poisoning by steroids accidental
- M1023: E09.21 Drug or chemical induced diabetes mellitus with diabetic nephropathy
- M1023: J45.909 Asthma
- M1023: Z79.52 Long term (current) use of systemic steroids
- M1023: Z79.4 long term (current) use insulin

Guideline/Convention

- No external cause code from Chapter 20 is needed if the external cause and intent are included in a code from another chapter (e.g. T36.0x1- poisoning by penicillins, accidental (unintentional))

Diabetes Mellitus

E10

E10: Type I

☐ Includes:

- - brittle diabetes (mellitus)
- - diabetes (mellitus) due to autoimmune process
- - diabetes (mellitus) due to immune mediated pancreatic islet beta-cell destruction
- - idiopathic diabetes (mellitus)
- - juvenile onset diabetes (mellitus)
- - ketosis-prone diabetes (mellitus)
- *Note: no “code first” or “use additional” insulin code*

Diabetes Mellitus

E10

E10: Type I

❑ Excludes I

- diabetes mellitus due to underlying condition (E08.-)
- drug or chemical induced diabetes mellitus (E09.-)
- gestational diabetes (O24.4-)
- hyperglycemia NOS (R73.9)
- neonatal diabetes mellitus (P70.2)
- postpancreatectomy diabetes mellitus (E13.-)
- postprocedural diabetes mellitus (E13.-)
- secondary diabetes mellitus NEC (E13.-)
- type 2 diabetes mellitus (E11.-)

Diabetes Mellitus

E10 Example

- Type I insulin dependent diabetic admitted for management of new meds due to exacerbation of macular edema related to the diabetes.
- If macular edema is documented as a manifestation is there anything else that should be coded as a manifestation?

Diabetes Mellitus

E10 Answer

- M1021: E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
- Should the insulin be coded?
- *Note: In ICD-9 three codes were required. In ICD-10 one combination code includes all elements of the disease and manifestations*

Diabetes Mellitus

E10 Example

- Type I insulin dependent diabetic admitted for management newly diagnosed chronic kidney disease related to the diabetes.

Diabetes Mellitus

E10 Answer

- M1021: E10.22 Type 1 diabetes mellitus with diabetic chronic kidney disease
- M1023: N18.9 Unspecified chronic kidney disease
- Is N18.9 an allowable pairing?
- *Note: “use an additional code to identify stage of chronic kidney disease (N18.1-N18.6)”*

Diabetes Mellitus

E11

E11: Type II Diabetes Mellitus

- Includes:
 - diabetes (mellitus) due to insulin secretory defect
 - diabetes NOS
 - insulin resistant diabetes (mellitus)
- Note: “use an additional code” for insulin use (Z79.4)

Diabetes Mellitus

E11

E11: Type II Diabetes Mellitus

- Excludes1:
 - diabetes mellitus due to underlying condition (E08.-)
 - drug or chemical induced diabetes mellitus (E09.-)
 - gestational diabetes (O24.4-)
 - neonatal diabetes mellitus (P70.2)
 - postpancreatectomy diabetes mellitus (E13.-)
 - postprocedural diabetes mellitus (E13.-)
 - secondary diabetes mellitus NEC (E13.-)
 - type 1 diabetes mellitus (E10.-)

Diabetes Mellitus

E11 Example

- Patient was admitted for uncontrolled diabetes type II with polyneuropathy. Patient takes insulin

Diabetes Mellitus

E11 Answer

- M1021: E11.42 Type II diabetes mellitus with diabetic polyneuropathy
- M1023: E11.65 Type II diabetes mellitus with hyperglycemia
- M1023: Z79.4 Long term current use insulin
- *Note: alpha instruction: out of control - code to Diabetes, by type, with hyperglycemia*

Diabetes Mellitus

E11 Example

- Patient was admitted for type 2 diabetes with a left toe diabetic ulcer. Focus of care is the ulcer.
- Note: “use additional code” to identify site of ulcer (L97.4-, L97.5-)
- Is this adequate documentation to choose the most accurate ulcer code?

Diabetes Mellitus

E11 Example

- L97.5- non-pressure chronic ulcer of other part of foot

Non-pressure ulcer of toe

- Limited to skin breakdown
- Fat layer exposed
- Necrosis of muscle
- Necrosis of bone
- Unspecified severity

Diabetes Mellitus

E11 Answer

- M1021: E11.621 Type 2 diabetes mellitus with toe ulcer
- M1023: L97.522 Non pressure chronic ulcer of other part of left foot with fat layer exposed

Diabetes Mellitus

E13

E13: Other specified diabetes mellitus

- ❑ Includes:
 - diabetes mellitus due to genetic defects of beta-cell function
 - diabetes mellitus due to genetic defects in insulin action
 - postpancreatectomy diabetes mellitus
 - postprocedural diabetes mellitus
 - secondary diabetes mellitus NEC
- ❑ Use additional code to identify any insulin use (Z79.4)

Diabetes Mellitus

E13

E13: Other specified diabetes mellitus

❑ Excludes I:

- diabetes (mellitus) due to autoimmune process (E10.-)
- diabetes (mellitus) due to immune mediated pancreatic – islet beta-cell destruction (E10.-)
- diabetes mellitus due to underlying condition (E08.-)
- drug or chemical induced diabetes mellitus (E09.-)
- gestational diabetes (O24.4-)
- neonatal diabetes mellitus (P70.2)
- type 2 diabetes mellitus (E11.-)

Diabetes Mellitus

E13 Example

- Patient admitted for post pancreatectomy aftercare due to pancreatic cancer. Will begin radiation after incision heals. Patient is a newly diagnosed diabetic with gastroparesis due to removal of pancreas.

Diabetes Mellitus

E13 Answer

- M1021: Z48.3 Aftercare for surgery of neoplasm
- M1023: C25.9 Neoplasm of pancreas
- M1023: E89.1 Postprocedural hypoinsulinemia
- M1023: E13.43 Other specified diabetes mellitus with diabetic autonomic (poly) neuropathy
- M1023: K31.84 Gastroparesis
- M1023: M1023: Z79.4 Long term current use insulin
- M1023: Z90.410 Acquired absence of pancreas

Diabetes Mellitus

E13 Answer

- At E89.1 are the instructions to:
- “Use additional code” to identify
 - - absence of pancreas
 - - diabetes mellitus
 - - insulin use
- At Z48.3 are the instructions to:
- “Use additional code” to identify
 - - neoplasm

Diabetes Mellitus

E13 Answer

- Where are the instructions to also code the gastroparesis?
- Not in the alphabetic listing at diabetes or gastroparesis
- Not in the tabular instructions at diabetes
- Only when you look in the tabular instructions at K31.84, gastroparesis do you see:
“Code first” underlying disease if known
- Diabetes mellitus

Insulin Pump Complication

- Underdose of insulin due to insulin pump failure
 - Should be assigned to a code from subcategory T85.6 Complications of devices, implants and grafts as the first listed code
 - Followed by a code T38.3x6-, [antidiabetic] drugs
 - Additional codes for the type of diabetes mellitus and any associated complications due to the underdosing should be assigned

Example

- Patient admitted for type 1 diabetes with polyneuropathy. Patient experienced a leakage of his insulin pump causing an under-dose of insulin which resulted in hyperglycemia

Answer

- M1021: T85.633D Leakage of insulin pump subsequent encounter
- M1023: T38.3x6D Underdosing of insulin and oral hyperglycemic drugs subsequent encounter
- M1023: E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy
- M1013: E10.65 Type 1 diabetes mellitus with hyperglycemia without coma



Circulatory Conditions

Hypertension



Hypertension

I10-I15

- There are several notes at the top of the category:
 - Use additional code to identify: exposure to environmental tobacco smoke, History of tobacco use, Occupational exposure to environmental tobacco smoke, Tobacco dependence, Tobacco use.
 - Excludes notes
 - hypertensive disease complicating pregnancy, childbirth and the puerperium,
 - Neonatal hypertension (P29.2),
 - Primary pulmonary hypertension (I27.0)

Note: There is no hypertension table in ICD-10

Essential Hypertension

I10

- Includes: high blood pressure, hypertension
 - arterial
 - **benign**
 - essential
 - **malignant**
 - primary
 - systemic
 - **specified**
 - accelerated

Hypertension with Heart Disease

I11

- Heart conditions classified to I50.- or I51.4 through I51.9
- Coder **cannot** assume causal relationship between HTN and heart failure
- Requires cause and effect documentation from physician
- Two codes are required to fully code
- If HF and HTN – code each separately

Hypertension with Chronic Kidney I12

- Assigned when both HTN and a condition classifiable to N18, CKD are present.
 - May assume a cause-and-effect relationship between these two disorders.
 - The appropriate code from N18, should be used as a secondary code to identify the stage of chronic kidney disease.
 - If a patient has hypertensive CKD and acute renal failure, an additional code for the acute renal failure is required.

Hypertension with Heart and CKD

I13

- Assigned when HTN has caused both heart and chronic kidney disease
 - The assumption between the HTN and CKD continues whether or not the condition is so designated.
 - Additional codes are assigned from I50, to identify the type of heart failure (if present) and from N18, to identify the stage of CKD.
 - For patients with acute renal failure and chronic kidney failure, an additional code for the acute renal failure is required.

Secondary Hypertension I15

- Due to an underlying condition and requires a code to identify the underlying etiology and a code from I15 for the hypertension.
 - Sequence of codes is determined by the reason for the encounter,
 - Excludes 1 post-procedural hypertension (I97.3)
 - Excludes 2 secondary hypertension involving the vessels of the brain (I60-I69) or involving vessels of the eye (H35.0)

Ischemic Heart Diseases (I20 – I25)



Ischemic Heart Diseases (I20-I25)

- For all categories of ischemic heart disease, use an additional code to identify the presence of hypertension (I10-I15).
- For categories I20 – I22 and I25, use an additional code to identify:
 - Exposure to environmental tobacco smoke (Z77.22)
 - History of tobacco use (Z87.891)
 - Occupational exposure to environmental tobacco smoke (Z57.31)
 - Tobacco dependence (F17.-)
 - Tobacco use (Z72.0)

Coding Guidelines

CAD & Angina

- Combination codes for atherosclerotic heart disease with or without angina pectoris (I25.1-)
- A causal relationship can be assumed in a patient with both atherosclerosis and angina pectoris, unless the documentation indicates the angina is due to something other than atherosclerosis
- If a patient with CAD is admitted due to an acute MI, the AMI should be sequenced before the CAD

Example

- Patient admitted with coronary artery disease and unstable angina. Patient has not had a CABG.
- M1021: I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina

Angina pectoris (I20) Without CAD

- I20.0, Unstable angina
 - Includes intermediate coronary syndrome
- I20.1, Angina pectoris with documented spasm
- I20.8, Other forms of angina pectoris
- I20.9, Angina pectoris, unspecified
- Excludes 1 Note
 - 125.1, Atherosclerotic heart disease of coronary artery with angina pectoris
 - 123.7, Postinfarction angina

Example

- Mrs. Smith is referred to home health due to increased recurrent chest pain related to angina and increased use of nitroglycerine tablets. She has a comorbid diagnosis of hypertension.
- I20.9 Angina pectoris, unspecified
- I10 Hypertension

Myocardial Infarction (I21 – I22)



MI I21 vs. I22

- Initial MI coded to I21 for 4 weeks
- Any subsequent MI within the same 4 weeks is coded to I22
 - Sequencing is dependent on the circumstances of the encounter
 - Site is more important than STEMI/non-STEMI
 - 4th and 5th character denotes site
 - Care setting does not change code
- Old MIs not requiring further care—I25.2

STEMI vs non-STEMI

- NSTEMI account for about 30% and STEMI about 70% of all myocardial infarction.
- NSTEMI occurs by developing a complete occlusion of a minor coronary artery or a partial occlusion of a major coronary artery previously affected by atherosclerosis. This causes a partial thickness myocardial infarction (partial thickness damage of heart muscle).
- STEMI occurs by developing a complete occlusion of a major coronary artery previously affected by atherosclerosis. This causes a transmural myocardial infarction (full thickness damage of heart muscle).

MI I23

- Category I23 - Other Current Complications following AMI within 4 weeks –
- A code from category I23 must be used in conjunction with a code from category I21 or I22
- The I23 code should be sequenced first , if it is the reason for the encounter
- The I23 code should be sequenced after the I21 or I22 code if the complication of the MI occurs during the encounter for the MI

Example

- Mrs. Hart is referred to home care after a STEMI involving the LAD coronary artery and subsequent CABG. CAD is documented. She also has atrial fibrillation and hypertension.

Answer

- Z48.812 Aftercare following surgery on the circulatory system
- I21.02 STEMI involving left anterior descending coronary artery
- I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris
- I10 Hypertension
- I48.91 Unspecified atrial fibrillation
- Z95.1 aortocoronary bypass status

A-V Block and Atrial Fib / Flutter

- I44, Atrioventricular and left bundle branch block
 - I44.1, A-V block, 2nd degree
 - I44.3, A-V block NOS
 - May be treated with cardiac pacemaker (Z95.0)
- I48, Atrial fibrillation and flutter
 - I48.91, Atrial fibrillation
 - I48.92, Atrial flutter
 - Treatment often involves use of long term anticoagulants (Z79.01)
- I49, Other cardiac arrhythmias
 - Tachycardia Syndrome

Heart Failure



Heart Failure ICD-9 vs ICD-10

ICD-9-CM

- May need multiple codes to fully code heart failure.

ICD-10-CM

- Multiple types of heart failure are recognized but can be coded with only one combination code.
- CHF is now included as a “nonessential modifier” for all the systolic and diastolic heart failure codes.

Category I50: Heart Failure (cont.)

- I50.1 Left ventricular failure
- I50.2-, Systolic (congestive) heart failure
- I50.3-, Diastolic (congestive) heart failure
- I50.4-, Combined systolic (congestive) and diastolic (congestive) heart failure

- *Note: 5th character specifies: unspecified, acute, chronic, & acute on chronic*
- *Note: 'congestive' is a non-essential modifier*

Examples

- Patient has hypertensive heart disease with CHF and chronic systolic and chronic diastolic heart failure.
- Patient with hypertensive heart disease and stage 5 renal failure, left ventricular heart failure and pulmonary edema.

Answer

- Patient has hypertensive heart disease with CHF and chronic systolic and chronic diastolic heart failure:
 - I11.0, Hypertensive heart disease with heart failure
 - I50.42, Chronic combined systolic (congestive) and diastolic (congestive) heart failure.
- Patient with hypertensive heart disease and stage 5 renal failure, left ventricular heart failure and pulmonary edema.
 - I13.2, Hypertensive heart & CKD & with heart failure & stage 5 CKD
 - I50.1, Left heart failure
 - N18.5, Chronic kidney disease, Stage 5

Cerebrovascular Disease



CVA

- There are six (6) I69.- subcategories to identify sequelae of specific non-traumatic conditions defined at categories I60-I67 as the cause of the sequela.
 - The 4th character defines a specific type of underlying cause.
 - 5th and 6th characters provide information on the type of sequela, laterality and whether the affected side of the body is dominant or non-dominant.

CVA

- The I69 category is a combination code that includes both the residual and the underlying etiology:
 - I69.0- Sequelae of nontraumatic subarachnoid hemorrhage
 - I69.1- Sequelae of nontraumatic intracerebral hemorrhage
 - I69.2- Sequelae of other nontraumatic intracranial hemorrhage
 - I69.3- Sequelae of cerebral infarction
 - Sequelae of stroke NOS
 - I69.8- Sequelae of other cerebrovascular diseases
 - I69.9- Sequelae of unspecified cerebrovascular diseases

CVA

- Should the affected side be documented, but not specified as dominant or non-dominant, and the classification system does not indicate a default, code selection is as follows:
 - Ambidextrous = dominant
 - Left side = non-dominant
 - Right side = dominant

Example

- Patient had surgery for an expanding aortic aneurysm who tolerated surgery well, but the following day, CT and MRI showed a bilateral embolic infarct. Now referred to home care for post operative care as well as dysphasia, ataxia, and cognitive changes all related to the infarct. The focus of care is the CVA

Answer

- M1021: I69.393 Ataxia following cerebral infarction
- M1023: I69.31 Cognitive deficits due to cerebral infarction
- M1023: I69.321 Dysphasia following a cerebral infarction
- M1023: Z48.812 Aftercare following surgery circulatory system

170-79: Diseases of arteries, arterioles, and capillaries

180-89: Diseases of Veins, Lymphatic Vessels and Lymph nodes, not elsewhere classified

- Includes atheroembolism, PVD, PAD, phlebitis and thrombophlebitis, esophageal varices, and lymphadenitis
- Esophageal varices coded here due to vascular nature of disorder
- Clinicians should make every effort to obtain specific diagnosis for peripheral vascular disease

Example

Mr. Lee is admitted to the home care for wound care due to atherosclerosis of the legs with multiple resulting ulcers of the bilateral lower legs on the bilateral ankles and lower calves. The referral from the wound center reports exposure of adipose tissue in all 4 ulcers. Nursing assessment confirms this.

Answer

- I70.242 Atherosclerosis of the native arteries of the left calf with ulceration
- L97.222 Non-pressure chronic ulcer of left calf with fat layer exposed
- I70.243 Atherosclerosis of the native arteries of the left ankle with ulceration
- L97.322 Non-pressure chronic ulcer of left ankle with fat layer exposed

Answer

- I70.232 Atherosclerosis of the native arteries of the right calf with ulceration
- L97.212 Non-pressure chronic ulcer of right calf with fat layer exposed
- I70.233 Atherosclerosis of the native arteries of the right ankle with ulceration
- L97.312 Non-pressure chronic ulcer of right ankle with fat layer exposed

Take Away Points

- Preparation is the key
- Communication is vital
- Payment in part, will be linked to precise coding
- Accurate coding depends on thorough documentation
- Both are critical to your organizational success in an ICD-10 environment

Presenter Information

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