

ICD-9 Code and Descriptor	ICD-10 GEM	ICD-10 Extended Bridge
461.0 (Acute maxillary sinusitis)	J01.00 (Acute maxillary sinusitis, unspecified)	J01.01 (Acute recurrent maxillary sinusitis)
461.1 (Acute frontal sinusitis)	J01.10 (Acute frontal sinusitis, unspecified)	J01.11 (Acute recurrent frontal sinusitis)
461.2 (Acute ethmoidal sinusitis)	J10.20 (Acute ethmoidal sinusitis, unspecified)	J01.21 (Acute recurrent ethmoidal sinusitis)
461.3 (Acute sphenoidal sinusitis)	J01.30 (Acute sphenoidal sinusitis, unspecified)	J01.31 (Acute recurrent sphenoidal sinusitis)
	J01.40 (Acute pansinusitis, unspecified)	J01.41 (Acute recurrent pansinusitis)
461.8 (Other acute sinusitis)	J01.80 (Other acute sinusitis) [involving more than one sinus but not pansinusitis]	J01.81 (Other acute recurrent sinusitis) [involving more than one sinus but not pansinusitis]
461.9 (Acute sinusitis unspecified)	J01.90 (Acute sinusitis, unspecified)	J01.91 (Acute recurrent sinusitis, unspecified)

Icd 9 Code For Acute Sinusitis

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business of running a medical office highlights the importance of the medical insurance specialist in filing clean claims solving problems and collecting overdue payments Key terms and key abbreviations are defined and emphasized reinforcing your understanding of new concepts and terminology Detailed tables boxes and illustrations call out key points and main ideas Unique Color coded icons clarify information rules and regulations for different payers An Evolve companion website enhances learning with performance checklists self assessment quizzes and the Student Software Challenge featuring cases for different payer types and an interactive CMS 1500 form to fill in A workbook contains learning tips practice exercises for key terms and abbreviations review questions study outlines performance objectives a chapter with practice tests and critical thinking activities for hands on experience with real world cases Available separately Updated coverage of key health insurance topics includes HIPAA compliance the HITECH Act health reform of 2010 electronic health records electronic claims ICD 10 NUCC standards Physician Quality Reporting System PQRS Incentive Program Meaningful Use and CPT 2013 Updated ICD 10 coding information prepares you for the October 2014 ICD 10 implementation date Updated content on claim forms includes block by block explanations and examples for the new CMS 1500 Claim Form Updated guidelines for the filing and submission of electronic claims include sample screenshots and prepare you for the future of the medical office

[ICD-9-CM Professional for Hospitals, Vol. 1, 2, 3, 2003 \(Full Size Version\)](#) Medicode,Anita C. Hart,Ingenix,2002

Emerging Infectious Diseases ,2007 [2004 ICD-9-CM Professional for Physicians, Volumes 1 and 2](#) Ingenix,2003

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ICD-9-CM Professional for Physicians, Volumes 1 & 2, 2006 (in One Unit) Anita C. Hart,Catherine A.

Hopkins,2004 **ICD-9-CM for Hospitals Compact Professional for Hospitals** Bardes,Ingenix,Shelley,Schmidt,2005-09

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Expert for Hospitals Anita C. Hart,Catherine A. Hopkins,2001 *Upper Respiratory Infections and Environmental Conditions in a U.S. Navy Shipboard Population* Edward D. Gorham,1997 Two mechanisms of upper respiratory infection URI transmission have been described 1 direct or fomite contact with self inoculation and 2 transmission via aerosolized droplet nuclei This study was undertaken to evaluate the relative contributions of these mechanisms in two populations living aboard Navy ships A cross sectional survey of URI symptoms was performed among 1 990 people living aboard 34 ships Subjects completed questionnaires ascertaining symptoms during the previous 30 days and occupational and environmental conditions including the number of occupants sharing sleeping compartments A separate study was performed of 1 777 people who slept in 47 compartments aboard an aircraft carrier This study used medical department diagnoses of URI and carbon dioxide measurements in sleeping compartments to assess ventilation The 30 day period prevalence of URI symptoms aboard the 34 ships was 52% among men and 64% among women The rate in current smokers was 18% higher than in never smokers Individuals reporting dust exposure had 23% higher rates than those not exposed Crew in the highest sleeping occupancy quartile 80 persons had 31% higher rates than those in the lowest quartile 1 24 persons This association persisted after adjustment for gender age race type of ship and occupational exposures The mean carbon dioxide concentration in sleeping compartments aboard the aircraft carrier was 1 072 ppm Incidence rates were not associated with population density or carbon dioxide level in sleeping compartments URI incidence was 70% higher in compartments with high relative humidity Results of the 34 ship study support previous research indicating the role of high sleeping space occupancy in URI spread The aircraft carrier study did not support an association between URI incidence and high carbon dioxide concentration as a marker of poor ventilation and was not supportive of aerosolized droplet nuclei as a primary transmission mechanism in this setting The association with high relative humidity is consistent with research demonstrating longer duration of virus survival in humid environments and supportive of fomite transmission with self inoculation The occurrence of epidemics following two port visits supports an epidemic model of URI transmission from port populations to susceptible individuals aboard ship **ICD-9-CM Professional for Physicians, Volumes 1 & 2** Anita C. Hart,Catherine A. Hopkins,2001

ICD-9-CM ,1999 **ICD-9-CM Expert for Physicians, Volumes 1 and 2** Anita C. Hart,Catherine A. Hopkins,2003
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