For the practice of Allergy/Immunology, the conversion from ICD-9-CM to ICD-10-CM will be rather seamless for some diagnoses, and more complicated for others.

Asthma will be coded as intermittent or persistent, and add descriptors:
- Mild
- Moderate
- Severe

A fifth digit will be used to describe asthma as:
- Uncomplicated (x = 1)
- With exacerbation (x = 2)
- With status (x = 3).

**FOOD PROTEIN-INDUCED ENTEROCOLITIS SYNDROME**

K52.21 is a new, approved ICD-10 code for Food Protein-Induced Enterocolitis Syndrome

FPIES is a non-IgE gastrointestinal food hypersensitivity that manifests as delayed, profuse vomiting, often with diarrhea, acute dehydration, and lethargy.

The most common triggers are milk and soy, but any food, even those thought to be hypoallergenic (e.g., rice and oat), can cause an FPIES reaction.

The new code is the result of advocacy efforts by the International Association for Food Protein Enterocolitis, a lay organization and partner of the AAAAI.

**REPORTING DISEASES OF THE RESPIRATORY SYSTEM (J00-J99)**

For the Respiratory disease, Chapter 10, the ICD-10 chapter instructions include the direction to use additional codes for describing the patient’s tobacco use, if documented in the patient’s medical record.

If the patient does not have a tobacco use, abuse, or dependence, no additional codes are required to describe your patient’s disease.

For the patient who does use tobacco products and it is documented in their medical record, we must code not only their use but also describe the type of tobacco used.

The provider is directed to use only one code to describe the patient’s tobacco use. For example, if the patient uses and is dependent, you only assign the code for the dependence.
The provider must also select a sixth digit to describe if the patient’s dependence is as follows:

- 0 Uncomplicated
- 1 In remission
- 3 With withdrawal
- 8 With other nicotine-induced disorders
- 9 With unspecified nicotine-induced disorders

**RESPIRATORY SYSTEM SCENARIOS**

A patient presents with mild intermittent asthma who has smoked cigarettes in the past, but is not a current smoker. Your diagnosis codes would be J45.20 and Z87.891.

A patient presents with severe persistent asthma who is currently a long-time dependent cigarette smoker. Your diagnosis code would be J45.50 with F17.210.

A patient presents with moderate persistent asthma with no history of smoking or any use of tobacco products. Your correct diagnosis code(s) would be J45.40.

**RHINITIS CODES**

ICD-10 CM defines vasomotor rhinitis as a form of non-allergic rhinitis that is characterized by nasal congestion and posterior pharyngeal drainage.

J31.0 Chronic Rhinitis NOS description symptoms include:

- Rhinitis
- Rhinitis (nasal congestion)
- Rhinitis (nasal congestion), chronic
- Rhinitis (nasal congestion), nonallergic
- Rhinitis due to alpha blocking medication
- Rhinitis due to alpha-adrenergic blocking agent
- Rhinitis medicamentosa

**URTICARIA CODES**

The ICD-10 codes for urticaria are classified similarly to ICD-9 codes for urticaria. So the transition to ICD-10 is simply to use the new ICD 10 codes - no need to learn new classifications of urticaria.