ICD-10 will Change Everything

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ICD-10 Implementation Guide, Make the Transition Manageable,"
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Overview of ICD-10

ICD-10 Final Rule CMS-0013-F

- Published January 16, 2009
- October 1, 2013 – Compliance date for implementation of ICD-10-CM and ICD-10-PCS (no delays)
- No impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes

  http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf

ICD-10 Final Rule Issues

- Single implementation date for all users
  - Date of service for ambulatory and physician reporting
  - Date of discharge for inpatient settings
- ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013
- ICD-9-CM claims for services prior to implementation date will continue to flow through systems for a period of time
- 4010 electronic transaction standard to 5010 – January 1, 2012
- THERE WILL BE NO DELAY!!!

Version 5010

- New version of the HIPAA standards - Version 5010 includes:
  - Technical
  - Data content improvements
  - The updated version is more specific in requiring the data that is needed, collected, and transmitted in a transaction; its adoption will reduce ambiguities
  - Version 5010 addresses currently unmet business needs, including, for example, providing on institutional claims an indicator for conditions that were "present on admission"
- Most important:
  - Version 5010 also accommodates the use of the ICD-10 code sets, which are not supported by Version 4010/4010A1

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Use of Clinical Coding Data

- Benchmarking and quality management
- Decision-making (clinical, financial, funding, expansion, education)
- Healthcare policy and public health tracking
- Reimbursement
- Research

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Countries using ICD-10

- United Kingdom- 1995
- Nordic countries (Denmark, Finland, Iceland, Norway, Sweden)- 1994-1997
- France- 1997
- Australia- 1998
- Belgium- 1999
- Germany- 2000
- Canada- 2001

Syndrome—*continued*
- epileptic (*see also* Epilepsy) G40.9
- – special G40.5
- erythrocyte fragmentation D59.4
- exhaustion F48.0
- extrapyramidal G25.9
- – specified NEC G25.8
- eye retraction H50.8
- eyelid-malar-mandible Q87.0
- facial pain, paroxysmal G50.0
- familial eczema-thrombocytopenia (Wiskott–Aldrich) D82.0
- fatigue F48.0
- – chronic G93.3
- – postviral G93.3

ICD10 Quick Facts
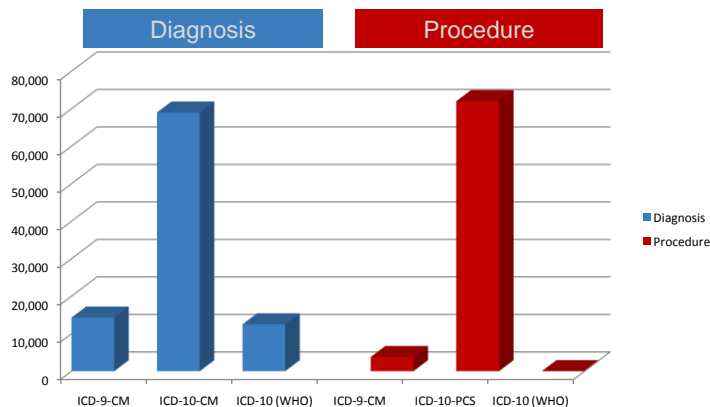
Why is it Such a Big Deal?

Just a version change?

1. A cornerstone of Health Information
   - ICD9/10 diagnosis codes define the health state of the patient
   - ICD9/10 procedure codes define the institutional procedures that patients may receive to maintain or improve their health state
2. Major change in the coding system
   - **14,400** ICD9 codes to **69,368+** ICD10 codes
   - **3,800** ICD9 procedure codes to **72,000** ICD10 procedure codes
   - Major changes in <u>structure</u> of the codes
   - Major changes in coding <u>rules</u>
   - Major changes in <u>terminology</u>
3. Pervasive use through most healthcare systems
   - Many business functions Impacted
   - Many IT systems impacted
   - Paper and electronic

Why Are There So Many Diagnosis Codes?

- 34,250 (50%) of all ICD-10-CM codes are related to the musculoskeletal system

- 17,045 (25%) of all ICD-10-CM codes are related to fractures

  - 10,582 (62%) of fracture codes to distinguish 'right' vs. 'left'

- ~25,000(36%) of all ICD-10-CM codes to distinguish 'right' vs. 'left'

ICD-10 Compliant Code Set Reporting

	Date of Service	Code Set
Encounters	09/30/2013	ICD-9-CM
	10/01/2013	ICD-10-CM

	Date of Discharge	Code Set
Hospital Inpatient	09/30/2013	ICD-9-CM
	10/01/2013	ICD-10-CM & ICD-10-PCS

On October 1, 2013, the usual coding rule for inpatient services will apply. Providers and insurers will use ICD-9-CM edits and payment logic for claims relating to encounters and hospital discharges occurring prior to October 1, 2013. Beginning on October 1, 2013, ICD-10 will be used for all encounters and hospital discharges. For hospital inpatient claims, the code in use on the date of discharge and NOT the date of admission will be used.
HCPC and CPT codes will not be affected.

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ICD-10 Impact to Providers
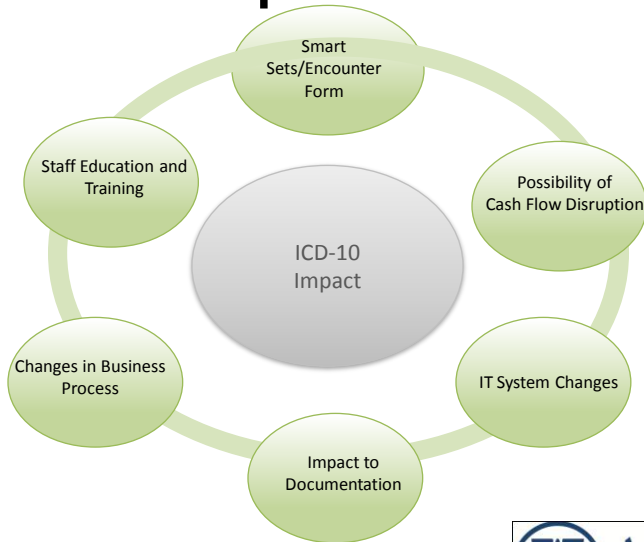
ICD-10 : Potential Impact

Providers

- Medical Records Coding
- Retraining
- Revenue Cycle Redesign
- Medical Policy & Protocol
- Potential Modification of Provider Contracts
- Productivity reduction
- Pay for Performance Protocols
- Clinical Documentation

Payer/Business Operations

- Medical Policy Management
- Claim Administration
- Customer Support
- Provider Credentialing
- Legal and Regulatory Changes
- Utilization Review
- Compliance and Reporting

Medical Management

- Disease Management
- Utilization Review Processes
- Pre-certification/Referral
- Preventive Care Programs Restructuring
- Clinical Data Management

Payer / Claims

- Claims Adjudication
- Edits Restructuring and Usage
- Eligibility Validation
- State Mandates
- Reimbursement Rates
- Covered Services Determination
- Claim History Mapping

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Other Impacts to Providers

- Patient/Provider/Plan Confusion
  - Increase in denials?
  - Patient misunderstanding of changes in coverage
  - Provider questions
- Older debt versus newer services
  - Using ICD-9 codes versus ICD-10 for rebilling
- Privacy concerns
  - New codes contain significantly more detail, how much can be shared?

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The Code Freeze

- On October 1, 2012, there will be only limited code updates to both the ICD-9-CM and ICD-10 code sets to capture new technologies and diseases as required by section 503(a) of Pub. L. 108-173
- On October 1, 2013, there will be only limited code updates to ICD-10 code sets to capture new technologies and diagnoses as required by section 503(a) of Pub. L. 108-173
  - There will be no updates to ICD-9-CM, as it will no longer be used for reporting
- On October 1, 2014, regular updates to ICD-10 will begin

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Advantage of Moving to ICD-10

- More consistent with the rest of the world
- Considerably more information per code
- Greater expandability in codes
- More logical tabular structure
- Better definition of co-morbidities, complications and disease manifestations
- Improved support for analysis related to:
  - Risk and severity
  - Predictive modeling
  - Quality and cost efficiency analysis
  - Population epidemiologic research

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Exception and Challenges to ICD-10

- Workers Compensation carriers are only exclusion from conversion to ICD-10
  - How will workers compensation claims be submitted?
  - How will health plans handle in subrogation?
- Remember: ICD-9 manuals will not be updated after 10/1/12
  - ICD-9 codes will become obsolete

Potential Post Compliance Challenges

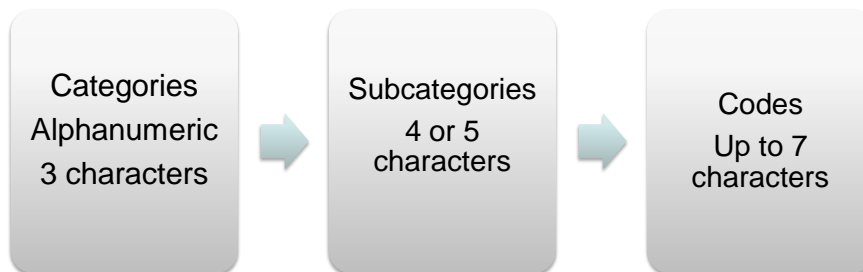•Initial Productivity Loss
•Disruptions to Claims Flow
•Increase in Claims rejection rate
•Provider-Payer Relations
•Patient Experience with provider
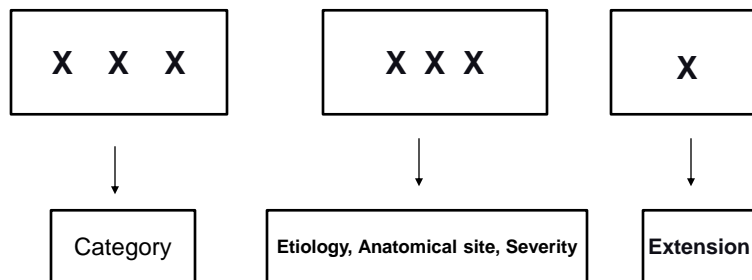•Preparation and a well-developed plan are key to addressing challenges

Let's Look at ICD-10-CM

Format and Structure

Categories Alphanumeric 3 characters		Subcategories 4 or 5 characters		Codes Up to 7 characters

ICD-10 CM Format

X X X	X X X	X
↓	↓	↓
Category	**Etiology, Anatomical site, Severity**	**Extension**

Hierarchy Structure

- Differences in ICD-10-CM
  - Alphanumeric Structure
  - Addition of 6 and 7 digit extensions to provide a higher level of specificity
  - More specificity
  - Reorganizing and adding chapters
  - Diagnostic codes will be more precise
  - Expanded to include health-related conditions
  - Creation of combination diagnosis/symptom codes to reduce the number of codes needed to fully describe a condition
  - The new structure will allow further expansion than was possible with ICD-9-CM

Organization

- The ICD-10 codes are organized differently than the ICD-9 codes
- Example:
  - Sense organs have been separated from nervous system disorder
  - Injuries are grouped by anatomical site rather than injury category
  - Postoperative complications have been moved to procedure-specific body system chapter

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Chapters and Sub-Chapters

- Chapters further divided into subchapters or blocks ("Rubrics")
  - Rubrics
  - Identify conditions closely related
  - A summary of the subchapters is found in each chapter
  - Indicates overview of the classification structure

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Organizational Changes

- **Some Significant Changes:**
  - Injuries
  - Combined codes
  - Reassignment of existing codes to new categories
  - Alpha extensions
  - Excludes note changes
  - Guidelines

Let's Talk Differences

- Going from 14,400 codes to over 69,368
  - Requires greater specificity
  - Laterality
  - Stages of healing
  - Trimesters in pregnancy

Comparison

ICD-9-CM	ICD-10-CM
• 931 Foreign body in ear	• T16.1xxa Foreign body in right ear, initial encounter • T16.2xxd, Foreign body in left ear, subsequent encounter • T16.3xxq, Foreign body in ear, unspecified ear, sequela

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Laterality

- **Example: *A patient is treated for cholesteaoma of mastoid bilateral.***
- H71.2 Cholesteatoma of mastoid
    - H71.20 Cholesteatoma of mastoid, unspecified ear
    - H71.21 Cholesteatoma of mastoid, right ear
    - H71.22 Cholesteatoma of mastoid, left ear
    - H71.23 Cholesteatoma of mastoid, bilateral
- **Correct code: H71.23 for this patient encounter**

Three Character Categories

- *Following the "excludes" and "includes" notes, each chapter begins with a list of blocks—or subchapters—of three character categories*
- A00–A09 Intestinal infectious diseases
- D10-D36 Benign neoplasms except benign neuroendocrine tumors
- E08-E13 Diabetes Mellitus
- G30-G32 Other degenerative diseases of the nervous system

Four-Five Character Subclassification

- *The fourth and fifth character categories further define the site, etiology, and manifestation or state of the disease or condition:*
  - D04.0 Carcinoma in situ of skin of lip
  - D04.10 Carcinoma in situ of skin of unspecified eyelid, including canthus
  - D04.11 Carcinoma in situ of skin of right eyelid, including canthus
  - D04.12 Carcinoma in situ of skin of left eyelid, including canthus
  - D04.20 Carcinoma in situ of skin of unspecified ear and external auricular canal
  - D04.21 Carcinoma in situ of skin of right ear and external auricular canal
  - D04.22 Carcinoma in situ of skin of left ear and external auricular canal
  - D04.30 Carcinoma in situ of skin of unspecified part of face
  - D04.39 Carcinoma in situ of skin of other parts of face

Sixth Character Subclassification

- *A six character sub-classifications represents the most accurate level of specificity*
  - L89.510 Pressure ulcer of right ankle, unstageable
    L89.511 Pressure ulcer of right ankle, stage 1
  - L89.512 Pressure ulcer of right ankle, stage 2
  - L89.513 Pressure ulcer of right ankle, stage 3
  - L89.514 Pressure ulcer of right ankle, stage 4
  - L89.519 Pressure ulcer of right ankle, unspecified stage

Seventh Character Extension

- Certain ICD-10-CM categories have applicable 7 characters
  - The applicable 7th character is required for all codes within the category, or as the notes in the Tabular List instruct
  - If a code that requires a 7th character is not 6 characters, a placeholder X must be used to fill in the empty characters

Dummy Placeholders

- The ICD-10-CM utilizes a placeholder character "x". The "x" is used as a 5th character placeholder at certain 6 character codes to allow for future expansion

- Example*:*

  - 032.1 Maternal care for breech presentation of fetus 1
    - Code requires 7th character
      - Code reportable: 032.1xx1

Note: 7th character 1-9 identifies multiple gestations to report the fetus which the code applies

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Combination Codes

- ICD-10-CM consists of greater specificity. Sample
- Examples
  - I25.110, Arteriosclerotic heart disease of native coronary artery with unstable angina pectoris
  - K50.013, Crohn's disease of small intestine with fistula
  - K71.51, Toxic liver disease with chronic active hepatitis with ascites

Complications

7th character
A initial encounter
D subsequent encounter
S sequela

- T81.535-Perforation due to foreign body accidently left in body following heart catheterization
- T81.530-Perforation due to foreign body accidently left in body following surgical operation
- T81.524-Obstruction due to foreign body accidently left in body following endoscopic examination
- T81.516-Adhesions due to foreign body accidently left in body following aspiration, puncture or other catheterization
  - 7th character required

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Excludes1

H61.3 Acquired stenosis of external ear canal
Excludes1: postprocedural stenosis of external ear canal (H95.81-)

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Excludes2 Example

J45 Asthma

Excludes2: asthma with chronic obstructive pulmonary
 	
                    disease
                    chronic asthmatic (obstructive) bronchitis
                    chronic obstructive asthma

Case Examples

PROBLEM: Foreign body in nose.

HISTORY OF PRESENT ILLNESS: The patient is a 3-year-4-month-old child who comes in today after having put a raisin in her left nostril. Grandmother was unable to remove this.

EMERGENCY DEPARTMENT COURSE: The raisin was grasped with bayonet forceps and removed atraumatically. Examination of the nostril fails to reveal any further foreign body or problems.
DIAGNOSIS: Foreign body removal, nostril.

Case Examples

Enter Code: 932   [Lookup]

ICD-9 932 > ICD-10

CODE	DESCRIPTOR
T17.ØXXA	Foreign body in nasal sinus, initial encounter
T17.1XXA	Foreign body in nostril, initial encounter

Diabetes Mellitus Example

- The ICD-10-CM code range for diabetes mellitus is E08.00 – E13.9
- Over 210 codes for Diabetes mellitus
- In order to code diabetes mellitus in ICD-10-CM the following is necessary:
  - Type of diabetes
  - Body system affected
  - Use of insulin
  - Complication(s)
  - Manifestation(s)
  - Reason for secondary diabetes mellitus

Diabetes Mellitus

Diabetes mellitus due to underlying condition with diabetic nephropathy	E08.21
Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	E08.22
Diabetes mellitus due to underlying condition with other diabetic kidney complication	E08.29
Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema	E08.331
Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema	E08.341
Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene	E09.51
Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene	E09.52
Drug or chemical induced diabetes mellitus with other circulatory complications	E09.59

Type I diabetes mellitus with proliferative diabetic retinopathy with macular edema	E10.351	Type II diabetes mellitus with diabetic nephropathy	E11.21
Type I diabetes mellitus with proliferative diabetic retinopathy without macular edema	E10.359	Type II diabetes mellitus with chronic kidney disease	E11.22
		Type II diabetes mellitus with other diabetic kidney complication	E11.29
Type I diabetes mellitus with diabetic cataract	E10.36		
Type I diabetes mellitus with other diabetic ophthalmic complication	E10.39	Type II diabetes mellitus with diabetic peripheral angiopathy without gangrene	E11.51
		Type II diabetes mellitus with diabetic peripheral angiopathy with gangrene	E11.52
Type I diabetes mellitus with diabetic dermatitis	E10.620	Type II diabetes mellitus with other circulatory complications	E11.59
Type I diabetes mellitus with foot ulcer	E10.621		
Type I diabetes mellitus with other skin ulcer	E10.622	Type II diabetes mellitus with hypoglycemia with coma	E11.641
Type I diabetes mellitus with other skin complication	E10.628	Type II diabetes mellitus with hypoglycemia without coma	E11.649

Code Mapping Example
Maps 2:1

ICD-9-CM	Description	ICD-10-CM	Description
625.6	Stress Incontinence, Female	N39.3	Stress incontinence, female, male
788.32	Stress Incontinence, Male		

Code Mapping Example
Maps 1:2

ICD-9-CM	Description	ICD-10-CM	Description
454.0	Varicose veins of lower extremity, with ulcer	I83.Ø09	Varicose veins of unspecified lower extremity with ulcer of unspecified site
454.0		I83.Ø19	Varicose veins of right lower extremity with ulcer of unspecified site

Complications of Labor and Delivery

- Documentation must include
  - Trimester
  - 7th digit extender to identify fetus
  - Example: 060.131 Preterm labor second trimester with preterm delivery third trimester fetus one

7th character
  0 not applicable or unspecified
  1 fetus 1
  2 fetus 2
  3 fetus 3
  4 fetus 4
  5 fetus 5
  9 other fetus

Case Example

- A patient with gestational diabetes is seen by the OB/GYN for her routine visit during her seventh month of pregnancy. The patient is doing well and her gestational diabetes is well controlled with diet.

- O24.4 Gestational diabetes mellitus
- O24.41 Gestational diabetes mellitus in pregnancy
- O24.410 Gestational diabetes mellitus in pregnancy diet controlled
- O24.414 Gestational diabetes mellitus in pregnancy insulin controlled
- O24.419 Gestational diabetes mellitus in pregnancy, unspecified control

  - Diagnosis Code: O24.410 gestational diabetes mellitus in pregnancy, diet-controlled

CHALLENGES AHEAD

GEMS

- **GEM (General Equivalence Mapping)** provides a first step in understanding the relationship of ICD-9 and ICD-10 codes. It is an important piece of work and is helpful in understanding mapping issues
- It is not a complete solution in moving the industry to a definitive conversion to the use of ICD-10 codes as a normal part of business
  - GEM is a mapping, not a crosswalk
  - One-to-many or many-to-many maps are common
  - It does not always get to a single preferred mapped code
  - It does not define what was assumed or lost in translation
  - There is no weighting of the importance of one concept over another
  - Errors have been found in the files

ICD-10-CM Myths

- Physicians will need to change how they practice medicine
  - They will need to document more, which will increase time spend on each patient
    - Every physician should currently document complete and accurate information to support specificity in his/her coding
- Physicians and coders need to start learning the new code set now
- They must implement an Electronic Medical Record with ICD-10-CM
- They must hire additional staff to handle the workload

Coding and Documentation

- Issues related to inconsistent, missing, conflicting, or unclear documentation must still be resolved by the provider—both today under ICD-9-CM, as well as in the future with ICD-10-CM

- If providers are not documenting concisely for reimbursement today
  - They are putting themselves at unnecessary risk for not supporting medical necessity

The Task is Not as Huge as It Appears

- Although the coding book is huge, most physician practice uses only a small subset
- Work with physicians to develop crosswalks between ICD-9 and ICD-10 codes they use
- Begin discussions now to reduce anxiety but train later
  - Actual training needs to be "just in time"
- Training should have both a general focus and then a practice-specific focus
- Begin the implementation process NOW!

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Challenges

- Physicians may need to document more detail, but how:
  - By asking patient's more questions
  - More face to face time not needed during exams
- Enhanced patient intake forms?
  - Addition of 'physician extenders' to accommodate additional detail needed from patients?

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Clinical issues to Consider

- Documentation issues
- New code sets to learn
- Changes in health plan coverage's
- Orders
  - Lab; x-ray; other testing

Finance

- Reimbursement is tied to procedural and diagnosis coding
  - Even though claims are paid for professional services based on CPT/HCPCS code(s) the diagnosis supports medical necessity
    - this area will be greatly impacted
- Areas that may be impacted are reports that are tied to diagnosis codes such as:
  - Accounts receivable analysis
  - Pending claims reports
  - Analysis by provider type
  - Collection reports, etc

Documentation: Compliance and Quality

- How is ICD-9 currently used in the clinical setting?
  - In the clinical area, the largest impact to ICD-10-CM implementation is the documentation
- Random samples should be evaluated
- Take an in-depth look at the current level of documentation
- Running a frequency report of the most used procedures and diagnosis codes

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Billing and Coding issues to Consider

- New code sets
- Dual systems
- Productivity issues
- Claim follow through and resubmissions
- Policies and procedures
- Contracting changes
- Denials management

Productivity Impact

- Productivity may be affected
  - Prior to and after implementation
  - Staff when training
  - More documentation may be required to support new coding system
    - It will take more time for the provider to document encounters
  - It may take longer to code claims until learning curve has been realized

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Productivity Impact

- Key areas:
  - Queries to clarify documentation in the medical record
  - Increased billing inquiries from payers
  - Increased number of adjustments and pended or suspended claims

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Productivity

- Losses due to slower productivity
  - Consider how a change in software may impact workflow
  - Will running of dual systems reduce work efforts
  - Will payer policy changes effect practice implementations
  - Consider how unpaid claims from prior to October 1, 2013 will be resubmitted

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Potential Impact on Reimbursement
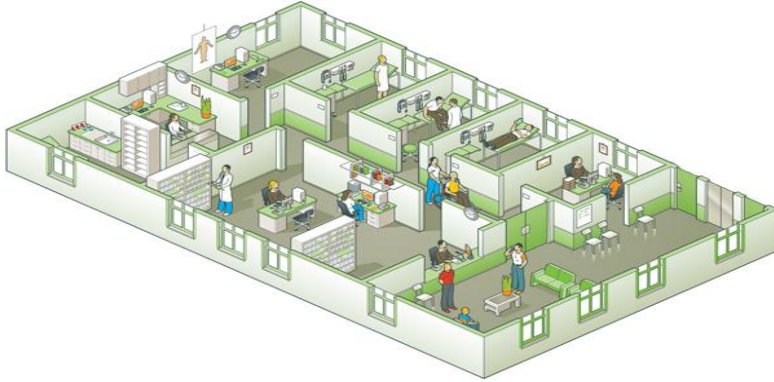
- How many claims do you submit in 1 week?
  - Example:
  - A General Surgery practice submits 160 claims per physician per week. The total dollar amount is $145,000 per week
    - During the implementation period you lose 10-25% productivity
    - How does this impact the practice financially?

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ICD-10 Will Change Everything

The CEU code for this lecture is

AAPC0201111152A

Documentation Challenges with ICD-10-CM

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1

Introduction

- Today's session will include
- Documentation challenges with ICD-10-CM
  - With documentation examples

2

Coder Productivity Impacts

- Data in other countries generally consistent
  - Australia and Canada reported a loss in coder productivity in the first 6 months of using ICD-10. After 6 months coder productivity levels were at the same or nearly the same as pre-implementation
  - US ICD-10 CM and PCS is different than the Canada and Australia versions, we therefore don't know the full impact on coder productivity
  - Many experts in the US are concerned that it may take as long as a year for productivity to rebound

Other Considerations

- There is no data to indicate physician productivity is affected
- Number of codes used in the US are far greater and therefore there may be additional impacts
- Good preparation, education, training and tools are key to reducing productivity losses
- Payer and other perspectives on coding specificity
  - Too early to know if there will be specific audits for lack of specificity
  - At the NCVHS Stakeholder meeting in December of 2009 there were concerns voice of the potential for audits for non-specified codes (this was a BCBS hosted event)
  - We will be learning more as this evolve

Highlights of ICD-10-CM Differences

- New – placeholder "x" if the code only has 4 or 5 characters, but needs a 7th character (e.g., initial/subsequent/sequela to injury), use an "x" in the blank spaces
- Different – Exclude1 (never code it here) and Exclude2 (not included, if he has that code it separately)
- New – Laterality
- New – Coding pregnancy trimesters
- New – Glasgow coma scale
- New – Functional quadriplegia

Additional Observations and Challenges

- The addition of information relevant to ambulatory and managed care encounters
- Expanded injury codes in which ICD-10-CM groups injuries by site
- Diabetes codes include over 210 choices
- Creation of combination diagnosis/symptom codes which reduced the number of codes needed to fully describe a condition
- The length of codes being a maximum of seven characters as opposed to five digits in ICD-9-CM
- Challenges for OB/GYN with codes beginning with letter "O" which can be confused with number "0"
  - Potential keying errors which could lead to claim denials

How Coding Is Mapped in the EHR

- Terminologies such as SNOMED-CT® / KP CMT are "input" systems and codify the clinical information captured in an EHR during the course of patient care
- Clinical translations are mapped to the ICD-10 code

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Clinical Impact of ICD-10

- Adequate documentation of clinical observations during patient examinations or procedures '
  - essential to deriving the proper ICD-10 coding of that diagnosis or procedure
- Impact of ICD-10 on clinician's medical workflow often overlooked in assessments
- Insufficient documentation and resulting improper coding can impact patient history

8
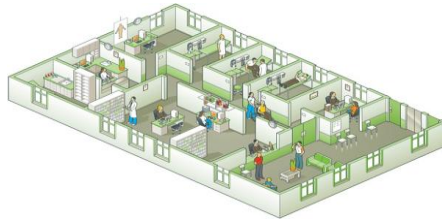
DOCUMENTATION CHALLENGES

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Neoplasms'

- Coded by anatomic site
- Laterality (if applicable)
- Type of Neoplasm
  – Malignant
  – Benign
  – In situ
  – Uncertain
  – Unspecified behavior

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Documentation

- Laterality
- Type of neoplasm
- Primary of secondary—malignancy
- Benign
- Insitu

Example

- A patient is diagnosed with a neoplasm of the right canthus
  - This Code requires laterality
- D04.11 Carcinoma in situ of skin of right eyelid, including canthus
  - D04.11 Carcinoma in situ of skin of right eyelid, including canthus
  - Laterality and type of Cancer determines diagnosis code

Diabetes Mellitus

- Over 210 codes to identify
- Documentation must include:
- Type of Diabetes (1 or 2)
- Manifestations
- Other mitigating factors

Diabetes Mellitus

- There are six diabetes mellitus categories in the ICD-10-CM They are:
- E08 Diabetes mellitus due to an underlying condition
- E09 Drug or chemical induced diabetes mellitus
- E10 Type I diabetes mellitus
- E11 Type 2 diabetes mellitus
- E13 Other specified diabetes mellitus
- E14 Unspecified diabetes mellitus
- Note: All the categories above (with the exception of E10) include a note directing users to use an additional code to identify any insulin use, which is Z79.7. The concept of insulin and noninsulin is a component of the diabetes mellitus categories in ICD-10-CM.

Diabetes Mellitus
ICD-10-CM

- Documentation Requirements:
  - Type
  - Body System Affected
  - Complication or manifestation
  - If type 2 DM, if long term insulin use
- Elimination:
  - Dual Diagnoses Coding
  - Controlled versus Uncontrolled—No Longer Captured in ICD-10-CM

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Mapping Diabetes

An Example of One ICD-9-CM code being represented by Multiple ICD-10-CM Codes

2 5 0 . 6 1
Diabetes mellitus with neurological manifestations type I not stated as uncontrolled

E 1 0 . 4 0
Type 1 diabetes mellitus with diabetic neuropathy, unspecified

E 1 0 . 4 1
Type 1 diabetes mellitus with diabetic mononeuropathy

E 1 0 . 4 4
Type 1 diabetes mellitus with diabetic amyotrophy

E 1 0 . 4 9
Type 1 diabetes mellitus with other diabetic neurological complication

The industry expects that mapping ICD-9 and ICD-10 codes will be a complex task

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Diabetes with Manifestation

- A 60 year old patient presents with Type 1 diabetes has a **chronic left heal ulcer** with **muscle necrosis** due to the **diabetes**.

- Diagnosis code(s):
    - E10.622-Type 1 diabetes mellitus with other skin ulcer
        - A note underneath the code identifies to "Use additional code to identify site of ulcer
    - Secondary diagnosis: L97.423-non-pressure chronic ulcer of left heel with necrosis of muscle

---

Diabetic Foot Ulcer

- The reference in ICD-10-CM
- Diabetes, with foot ulcer references to the code E10.621 in the tabular list**.**
    - E10.621 Type 1 diabetes mellitus with foot ulcer
- Instructional Notes
    - Use additional code to identify site of ulcer (L97.4-, L97.5-)
    - Drug or Chemical induced diabetes (E09), Type 1 (E10), Type 2 (E11), or Other Specified diabetes (E13).

Diabetic Foot Ulcer

- Since the instructional notes indicate an additional code must be reported to identify the site of the foot ulcer, reference in the Tabular list L97.4- to L97.5-.
  - **L97.41 Non-pressure chronic ulcer of right heel and midfoot**
  - L97.411 Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin
  - L97.412 Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed
  - L97.413 Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle
  - L97.414 Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone
  - L97.419 Non-pressure chronic ulcer of right heel and midfoot with unspecified severity

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Arthritis

- Documentation required:
  - Type of arthritis
  - Location (anatomy)
  - laterality

Example

- **Example:** *A physician diagnosed a patient with rheumatoid arthritis of the right ankle and foot who also has rheumatoid polyneuropathy.*

Correct Coding

- M05.571 Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot.

- **M05.57 Rheumatoid polyneuropathy with rheumatoid arthritis of ankle and foot**
  - Rheumatoid polyneuropathy with rheumatoid
  - arthritis, tarsus, metatarsus and phalanges
- **M05.571 Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot**
- **M05.572 Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot**
- **M05.579 Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot**

Signs/Symptoms

- A patient is admitted to observation care from the emergency room with precordial (chest) pain. The ER physician decides to keep the patient overnight to rule out a myocardial infarction.

- Since the physician does not specifically diagnose the condition when the patient is admitted to observation care, the encounter is coded using signs and/or symptoms the patient is experiencing.
    - Alphabetic Index: pain → precordial (region) R07.2
    - Tabular List: R07.2 → Precordial pain
    - Correct code: R07.2

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Burns

- Information necessary in documentation:
    - Burn or corrosion
    - Depth of burn (first, second, third degree, etc)
    - Extent burn or corrosion
    - Agent
    - Burn codes used for thermal burns except sunburns that come from heat source
        - Fire
        - Hot appliance
    - Corrosions burns due to chemicals
    - 7th character required
        - A Initial encounter
        - D Subsequent encounter
        - S Sequela

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Example

- A patient who has Type 1 diabetes mellitus is treated for a second-degree burn on her left knee which radiated down to her ankle. The patient was burned when a hot skillet fell and hit her left knee causing the burn. She was in her kitchen when the injury occurred.

How it is Coded

- Tabular List: L24.222-Second degree burn of left knee
- When reviewing the tabular list instructions, the instructions indicate a 7th character is required. The choices in category T24 are:
- The appropriate 7th character is to be added to each code from category T24.
- A   Initial encounter
- D   Subsequent Encounter
- S   Sequela

How it is Coded

- In additional the instruction notes instruct the user to select a code to identify the source, place and intent of the burn.
- Since the patient was injured by a skillet which fell on her knee while she was cooking in the kitchen at home, the following needs to also be reported.
  - What injury occurred and;
  - Place of Occurrence

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How it is Coded

- Correct diagnosis code sequence and reporting:
  - First listed diagnosis: L24.222-Second degree burn of left knee
  - Secondary diagnosis: X15.3XXA- Contact with hot saucepan or skillet
  - Tertiary diagnosis: Y92.010 - Kitchen of single-family (private) house as the place of occurrence of the external cause
  - Fourth diagnosis:E10.69 – Type1 diabetes mellitus with other specified complication

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Fractures

- Documentation required:
  - Anatomic site
  - Laterality
  - Fracture type
  - Displaced or Nondisplaced
  - Open or closed
  - 7th character extension required

Fractures

- S42.022-Displaced fracture of shaft of left clavicle initial encounter for closed fracture
  - Requires 7th character A for initial encounter
  - **S42.022A**
  - **Site-Left Clavical**
  - **Laterality-left**
  - **Initial encounter**

Fractures

- Fracture codes require seventh character to identify if fracture is open or closed
- The fracture 7th character extensions are:
  - A Initial encounter for closed fracture
  - B Initial encounter for open fracture
  - D Subsequent encounter for fracture with routine healing
  - G Subsequent encounter for fracture with delayed healing
  - K Subsequent encounter for fracture with nonunion
  - P Subsequent encounter for fracture with malunion
  - S Sequelae
- S42.022-Displaced fracture of shaft of left clavicle initial encounter for closed fracture
  - Requires 7th character A for initial encounter
  - **S42.022A**

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Example

- A patient underwent surgery for an open burst fracture of the first lumbar vertebra which became unstable.

  - First listed diagnosis: S32.012B-unstable burst fracture of first lumbar vertebra

    - Seventh character "B" identifies the initial encounter for the open fracture.

A Initial encounter for closed fracture
B Initial encounter for open fracture
D Subsequent encounter for fracture with routine healing
G Subsequent encounter for fracture with delayed healing
K Subsequent encounter for fracture with nonunion
S Sequela

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Osteoarthritis

- Osteoarthritis
  - Primary
  - Secondary
  - Traumatic
- Laterality

Examples

M17.1	Unilateral primary osteoarthritis of knee
M17.10	Unilateral primary osteoarthritis of unspecified knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.30	Unilateral post-traumatic osteoarthritis unspecified knee
M17.31	Unilateral post-traumatic osteoarthritis right knee
M17.32	Unilateral post-traumatic osteoarthritis left knee

Chronic Obstructive Pulmonary Disease (COPD)

- Documentation required:
  - Does acute lower respiratory infection exist
  - Does acute exacerbation exist?
    - Chronic obstructive pulmonary disease with acute lower respiratory infection J44.0
    - Chronic obstructive pulmonary disease with
    - (acute) exacerbation J44.1
    - Chronic obstructive pulmonary disease,
    - unspecified J44.9

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Chronic Obstructive Pulmonary Disease (COPD)

- Coding Requirements:
  - If an acute lower respiratory infection is present (J44.0)
    - then an additional code should be used to identify the infection, if known.
    - The code set also states that asthma should be coded in addition to these codes, if applicable
  - Other codes that may be reported are for:
    - history of tobacco use (Z87.891)
    - exposure to environmental tobacco smoke (Z77.22)
    - tobacco use (Z72.0)

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Asthma

- Documentation for Asthma includes:
  - Severity of disease (mild intermittent, moderate, persistent, etc.)
- Does acute exacerbation exist?
- Does status asthmaticus exist?

J45	Asthma
J45.2	Mild intermittent asthma
J45.20	Mild intermittent asthma, uncomplicated
J45.21	Mild intermittent asthma, with (acute) exacerbation
J45.22	Mild intermittent asthma, with status asthmaticus
J45.3	Mild persistent asthma
J45.30	Mild persistent asthma, uncomplicated
J45.31	Mild persistent asthma, with (acute) exacerbation
J45.32	Mild persistent asthma, with status asthmaticus
J45.4	Moderate persistent
J45.40	Moderate persistent, uncomplicated
J45.41	Moderate persistent with (acute) exacerbation
J45.42	Moderate persistent with status asthmaticus

J45	Asthma
J45.4	Moderate persistent
J45.40	Moderate persistent, uncomplicated
J45.41	Moderate persistent with (acute) exacerbation
J45.42	Moderate persistent with status asthmaticus
J45.5	Severe persistent
J45.50	Severe persistent, uncomplicated
J45.51	Severe persistent with (acute) exacerbation
J45.52	Severe persistent with status asthmaticus
J45. 9	Other and unspecified asthma
J45.90	Unspecified asthma
J45.901	Unspecified asthma with (acute) exacerbation
J45.901	Unspecified asthma with status asthmaticus
J45.99	Other asthma
J45.990	Exercise induced bronchospasm
J45.991	Cough variant asthma
J45.998	Other asthma

ICD-10-CM for Conduction Disorders

The ICD-10-CM codes for conduction disorders will vary depending on diagnosis.   In order to code conduction disorders in ICD-10-CM the following is necessary:
   –Type of disorder
   –Site involved

Atrial fibrillation	I48.0	Ventricular fibrillation	I49.01
Atrial flutter	I48.1	Ventricular flutter	I49.02
Atrial premature depolarization	I49.1	Re-entry ventricular arrhythmia	I47.0
Bradycardia	R00.1	Tachycardia	R00.0

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Heart Failure

- To code heart failure the following documentation is necessary
  - Site
  - Acute/Chronic/Acute on Chronic
  - Type of failure

Heart Failure

•Following are the ICD-10-CM codes from the I50 category for heart failure

•The instructional notes for I50.- that if heart failure is due to another condition, that condition is listed first.

Left ventricular failure	I50.1	Heart failure, unspecified	I50.9		
Unspecified systolic (congestive) heart failure	I50.20	Unspecified diastolic (congestive) heart failure	I50.30	Unspecified combined systolic and diastolic (congestive) heart failure	I50.40
Acute systolic (congestive) heart failure	I50.21	Acute diastolic (congestive) heart failure	I50.31	Acute combined systolic and diastolic (congestive) heart failure	I50.41
Chronic systolic (congestive) heart failure	I50.22	Chronic diastolic (congestive) heart failure	I50.32	Chronic combined systolic and diastolic (congestive) heart failure	I50.42
Acute on chronic systolic (congestive) heart failure	I50.23	Acute on chronic diastolic (congestive) heart failure	I50.33	Acute on chronic combined systolic and diastolic (congestive) heart failure	I50.43

Example: Heart failure due to hypertension (I11.0)-first listed
Followed by the type of heart failure

Hypertension

- ICD-10-CM code range for hypertension is I10 – I15. 9

- In order to code hypertension in ICD-10-CM the following is necessary:
  - Essential or Secondary
  - Causal relationship of other conditions
  - Elevated blood pressure versus hypertension

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Hypertension

Essential hypertension	I10
Hypertensive heart disease with heart failure	I11.0
Hypertensive heart disease without heart failure	I11.9
Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	I12.0
Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease or unspecified chronic kidney disease	I12.9
Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	I13.0
Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	I13.10
Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	I13.11
Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	I13.2
Renovascular hypertension	I15.0
Hypertension secondary to other renal disorders	I15.1
Hypertension secondary to endocrine disorders	I15.2
Other secondary hypertension	I15.8
Secondary hypertension, unspecified	I15.9
Elevated Blood pressure reading	R30.0

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Ulcers

- Information required in documentation:
  - Type of Ulcer
  - Acute or chronic
  - Hemorrhage
  - Perforation
  - Hemorrhage with perforation
  - Without hemorrhage or perforation

Example

K25.0	**Acute gastric ulcer with hemorrhage**
K25.1	Acute gastric ulcer with perforation
K25.2	Acute gastric ulcer with both hemorrhage and perforation
K25.3	Acute gastric ulcer without hemorrhage or perforation
K25.4	Chronic or unspecified gastric ulcer with hemorrhage
K25.5	Chronic or unspecified gastric ulcer with perforation
K25.6	Chronic or unspecified gastric ulcer with both hemorrhage and perforation
K25.7	Chronic gastric ulcer without hemorrhage or perforation
K25.9	Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation

Hernia

- Diagnosis codes range from K40.00-K46.9
  - Documentation required
    - Site of hernia
    - Laterality when appropriate (Unilateral-bilateral)
    - If gangrene or obstruction is present
    - If condition is recurrent
  - Categories:
    - Inguinal (K40.0-)
    - Femoral (K41.0-)
    - Umbilical (K42.0-)
    - Ventral (K43.0-)
    - Diaphramatic (K 44.0-)
    - Other abdominal hernia (K45.0-)
    - Unspecified abdominal hernia (K46.0-)

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K40.00	Bilateral inguinal hernia, with obstruction, without gangrene, not specified as recurrent
K40.01	Bilateral inguinal hernia, with obstruction, without gangrene, recurrent
K40.10	Bilateral inguinal hernia, with gangrene, not specified as recurrent
K40.11	Bilateral inguinal hernia, with gangrene, recurrent
K40.20	Bilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent
K40.21	Bilateral inguinal hernia, without obstruction or gangrene, recurrent
K40.30	Unilateral inguinal hernia, with obstruction, without gangrene, not specified as recurrent
K40.31	Unilateral inguinal hernia, with obstruction, without gangrene, recurrent
K40.40	Unilateral inguinal hernia, with gangrene, not specified as recurrent
K40.41	Unilateral inguinal hernia, with gangrene, recurrent
K40.90	Unilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent
K40.91	Unilateral inguinal hernia, without obstruction or gangrene, recurrent

Pregnancy

- The ICD-10-CM codes for pregnancy begin with the letter "O"
  - In order to code hypertension in ICD-10-CM the following is necessary:
  - Trimester (usually located within the code)
  - Gestational condition or pre-existing
  - Type of complication
  - Risk

Pregnancy

Supervision of pregnancy with history of ectopic or molar pregnancy, unspecified trimester	O09.10
Supervision of pregnancy with history of ectopic or molar pregnancy, first trimester	O09.11
Supervision of pregnancy with history of ectopic or molar pregnancy, second trimester	O09.12
Supervision of pregnancy with history of ectopic or molar pregnancy, third trimester	O09.13

Gestational Diabetes

O24.410 Gestational diabetes mellitus in pregnancy, diet controlled

O24.414 Gestational diabetes mellitus in pregnancy, insulin controlled

O24.419 Gestational diabetes mellitus in pregnancy, unspecified control

O24.420 Gestational diabetes mellitus in childbirth, diet controlled

O24.424 Gestational diabetes mellitus in childbirth, insulin controlled

O24.429 Gestational diabetes mellitus in childbirth, unspecified control

O24.430 Gestational diabetes mellitus in the puerperium, diet controlled

O24.434 Gestational diabetes mellitus in the puerperium, insulin controlled

O24.439 Gestational diabetes mellitus in the puerperium, unspecified control

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ICD-10-CM for Hyperthyroidism and Hypothyroidism

- Most ICD-10-CM codes for hyperthyroidism and hypothyroidism can be found in the E03-E05 code range
- In order to code these conditions in ICD-10-CM the following is necessary:
  - Hyperthyroidism or hypothyroidism
  - Cause of condition
  - With or without goiter
  - With or without thyrotoxicosis crisis or storm

ICD-10-CM for Hyperthyroidism and Hypothyroidism

Congenital hypothyroidism with diffuse goiter	E03.0	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm	E05.10
Congenital hypothyroidism without goiter	E03.1	Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm	E05.21
Atrophy of thyroid (acquired)	E03.4	Thyrotoxicosis from ectopic thyroid tissue without thyrotoxic crisis or storm	E05.30
Hypothyroidism, unspecified	E03.9	Thyrotoxicosis, unspecified with thyrotoxic crisis or storm	E05.91

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Tobacco Abuse/Addiction

- Tobacco abuse/addiction 6th character subclassification
  - 20 choices in ICD-10-CM for nicotine dependence
  - Documentation must include
    - Uncomplicated
    - In remission
    - With withdrawal
    - With other nicotine induced disorders
    - Cigarettes, chewing tobacco, other tobacco products and unspecified
    - Example: F17.211 Nicotine dependence, cigarettes, in remission

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Nicotine Dependence

- F17.200 Nicotine dependence, unspecified, uncomplicated
- F17.201 Nicotine dependence, unspecified, in remission
- F17.203 Nicotine dependence unspecified, with withdrawal
- F17.208 Nicotine dependence, unspecified, with other nicotine-induced disorders
- F17.209 Nicotine dependence, unspecified, with unspecified nicotine-induced disorders
- F17.210 Nicotine dependence, cigarettes, uncomplicated
- F17.211 Nicotine dependence, cigarettes, in remission
- F17.213 Nicotine dependence, cigarettes, with withdrawal
- F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders
- F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders

Other Nicotine Dependence

- F17.220 Nicotine dependence, chewing tobacco, uncomplicated
- F17.221 Nicotine dependence, chewing tobacco, in remission
- F17.223 Nicotine dependence, chewing tobacco, with withdrawal
- F17.228 Nicotine dependence, chewing tobacco, with other nicotine-induced disorders
- F17.229 Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders
- F17.290 Nicotine dependence, other tobacco product, uncomplicated
- F17.291 Nicotine dependence, other tobacco product, in remission
- F17.293 Nicotine dependence, other tobacco product, with withdrawal
- F17.298 Nicotine dependence, other tobacco product, with other nicotine-induced disorders
- F17.299 Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders

Malignant Neoplasm Breast

- 54 choices for male/female breast
- Documentation must include:
  - Laterality
  - Location
  - Use of an additional code to identify estrogen receptor status
  - Example: C50.422 Malignant neoplasm of upper-outer quadrant of the left male breast

Malignant Neoplasm Breast

- Sixth character sub-classification
  - C50.- Malignant neoplasm of breast
  - C50.1- Malignant neoplasm of nipple and areola
  - C50.2- Malignant neoplasm of upper-inner quadrant of breast
  - C50.3- Malignant neoplasm of lower-inner quadrant of breast
  - C50.4- Malignant neoplasm of upper-outer quadrant of breast
  - C50.5- Malignant neoplasm of lower-outer quadrant of breast
  - C50.6- Malignant neoplasm of axillary tail of breast
  - C50.8- Malignant neoplasm of overlapping sites of breast
  - C50.9- Malignant neoplasm of breast of unspecified site

Mapping Examples

INTERPRETIVE FINDINGS: Exam reveals a stable knee under examination under anesthesia. The video arthroscopy examination reveals smooth articular surfaces throughout the entire knee. He has a lateral meniscus which is normal. His medial meniscus shows a locked bucket-handle medial meniscal tear which underwent excision. The cruciate ligament is intact.

Mapping Example

Enter Code: 836.0   [Lookup]

ICD-9 836.0 > ICD-10

CODE	DESCRIPTOR
S83.211A	Bucket-handle tear of medial meniscus, current injury, right knee, initial encounter
S83.212A	Bucket-handle tear of medial meniscus, current injury, left knee, initial encounter
S83.219A	Bucket-handle tear of medial meniscus, current injury, unspecified knee, initial encounter
S83.221A	Peripheral tear of medial meniscus, current injury, right knee, initial encounter
S83.222A	Peripheral tear of medial meniscus, current injury, left knee, initial encounter
S83.229A	Peripheral tear of medial meniscus, current injury, unspecified knee, initial encounter
S83.231A	Complex tear of medial meniscus, current injury, right knee, initial encounter
S83.232A	Complex tear of medial meniscus, current injury, left knee, initial encounter
S83.239A	Complex tear of medial meniscus, current injury, unspecified knee, initial encounter
S83.241A	Other tear of medial meniscus, current injury, right knee, initial encounter
S83.242A	Other tear of medial meniscus, current injury, left knee, initial encounter
S83.249A	Other tear of medial meniscus, current injury, unspecified knee, initial encounter

Well Visits

- Annual physical, well child, GYN exam etc…
- Documentation must include:
  - With abnormal findings
  - Without abnormal findings
  - Example: Z00.01 Encounter for general adult medical examination with abnormal findings (use additional code to identify abnormal findings)

Injury Coding

- Injury Coding
  - Initial encounters generally require three codes
- External cause codes
  - Are used for the length of treatment
  - 7th digit extender changes with stage of healing
- Place of occurrence
  - Used only once at the initial encounter
  - No 7th digit extender
- Activity code
  - Used only once at the initial encounter
  - No 7th digit extender

Example

- **CC: Hurt left knee-TV fell on it**
- HPI: Patient hurt her knee and it is bruised and it hurts to walk. She was moving a TV in her bedroom last night and she fell into the TV with her knee causing her to collide with it. Her lower back has been hurting since then as well.
- A/P: L knee strain
  - Lumbar strain
- S86.812A—Strain, left knee, initial encounter
- S39.012A—Strain, Back, initial encounter
- W18.09xA—Fall striking other object, initial encounter(activity) Y92.013—House, single family home, bedroom (place of occurrence)

Documentation: Compliance and Quality

- In the clinical area, the largest impact to ICD-10-CM implementation is the documentation
  - Since ICD-10-CM is more robust and has up to seven digits of specificity, will documentation currently be in the medical record to support ICD-10-CM on the "Go-live" date?
  - By analyzing the documentation and conducting medical record documentation audits, the impact can be assessed

Documentation

- In recent years medical records have become a tool to document medical histories as well as to provide a method by which:
  - health statistics are tracked
  - acts as a legal document
  - To justify to insurance companies the charges billed on the basis of the medical care provided and to assess quality of care

How to Approach?

- How is ICD-9 currently used in the clinical setting?
  - Random samples should be evaluated
  - Take an in-depth look at the current level of documentation
  - Running a frequency report of the most used procedures and diagnosis codes before you begin

How Do You Begin?

- Take an in-depth look at the current level of documentation in the medical record
  - Review the lack of specificity in the documentation and analyze how to begin the process of improvement
  - Based on the specialty of the practice, review the most common diagnosis codes used and frequency

Perform an ICD-10-CM Readiness Audit

- Practitioners either have staff that conduct audits in your medical practice or routinely have a consultant audit for appropriate documentation and coding
  - Important element of compliance and many practitioners have undergone this process from a comprehensive coding perspective
    - But take a different approach
      - Review the patient chart note to make sure the physician or non-physician practitioner is documenting a complete diagnosis to support an ICD-10-CM code

Performing an ICD-10-CM Readiness Audit

- ICD-10-CM readiness audit
  - different than the typical medical record documentation and coding audit
  - Auditor will assess the documentation and make a determination if:
    1. does the documentation support the current diagnosis reported, and
    2. will the documentation support an ICD-10-CM code(s)?
  - The auditor must be familiar with ICD-10-CM codes and guidelines in order to make this determination

Performing an ICD-10-CM Readiness Audit

- Once the audit has been conducted and analyzed:
  - the organization will have a good assessment of documentation deficiencies
    - will be able to develop a priority list of diagnoses that require more granularity
  - Audit will also help identify practitioners who would benefit from focused training to assist in making sure the practitioner will be able to support medical necessity using ICD-10-CM in 2013

How Do You Solve the Documentation Problem?

- Educate by showing the comparison between both coding systems
- Encourage the practitioner to begin documenting more specifically for ICD-10-CM
- Keep results and comprise a periodic summary
  - This summary should identify the percentage of correct documentation for both ICD-9-CM and ICD-10-CM with recommendation for improving documentation.

Conclusion

- It is evident after reviewing documentation that a lot of work must be completed to get ready for ICD-10-CM
- Audit the diagnosis and inpatient procedure documentation pre and post ICD-10-CM implementation

Questions?

THE COUNTDOWN IS NOW!!!

Anatomy and Pathophysiology for ICD-10 Overview

ICD-10 Will Change Everything

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Introduction

- ICD-10-CM and ICD-10-PCS will increase the amount of codes available to describe diagnoses and procedures.

- An in depth understanding of Anatomy and Pathophysiology will ensure the most accurate code is assigned to describe the clinical condition of each patient.

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2

Why?

- I have been coding for over 30 years, I KNOW A&P!
- Has the structure and function of the body changed with the implementation of ICD-10?
- We still have to rely on the documentation in order to choose a code anyway, why should I learn A&P?

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3

Doing the same thing for 30 years

- There are many reasons to move forward from ICD-9
  - Outdated codes
  - Outdated terminology
  - Better understanding of disease processes
  - Advances in medical care
- If we keep doing things the same way we have always done then how will we improve?

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4

Body structure and function

- While the structure and function of the body has not changed, and will not change with the implementation of ICD-10, now is a good time to brush up on A&P knowledge so that we can provide better education to the providers on this new coding system

- New coders must have a strong foundation in this area to understand coding processes

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5

They are here for a reason

- One of the main reasons that ICD-10-CM and PCS are being implemented is to provide better information for statistical tracking of diseases and for the Centers for Medicare and Medicaid services to be able to identify fraudulent claims quickly

- Now is the time to educate the provider industry on how to apply the most accurate diagnosis code available

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Documentation

- "If it's not documented, it cannot be billed"
  - Notes will always be coded based on the clinical documentation that is provided.
- However, without an understanding of how disease processes work, we may be at a loss as to how to appropriately select the code that best describes the clinical picture of the patient.

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Signs and Symptoms vs. Definitive Diagnoses

- ICD-10-CM guidelines continue to state that Signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification
- Additional signs and symptoms that may not be associated routinely with a disease process should be coded when present

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Terminology

- Having a solid understanding of medical terminology will help to locate the correct diagnosis code
- Some terminology in ICD-9-CM has become outdated and no longer represents the standards in the health care industry
- New terminology may require physician education as well

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Metastatic Disease

- Many of the concepts of coding will remain the same.
- Metastatic disease always indicates that a cancer as spread from one site to another
- In these cases the neoplasm, malignant secondary codes must be assigned as the appropriate diagnosis

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10

Exacerbation

- An exacerbation (as defined by Mosby's Medical Dictionary) is an increase in the seriousness of a disease or disorder as marked by greater intensity in the signs or symptoms of the patient being treated
- Many codes have an option for exacerbation, when the patient has a worsening of their condition, this is considered an exacerbation

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11

Intractable

- ICD-10-CM indicates the following terms are to be considered equivalent to intractable:
  - Pharmacoresistant (pharamacologically resistant)
  - Treatment resistant
  - Refractory (medically) and poorly controlled

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Status

- Migraine codes have the designation of with status migrainosus and without status migrainosus
  - Status migrainosis indicates that the symptoms of the migraine have been continuous for more than 72 hours
- Also classified as with or without aura

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Status

- Epilepsy codes also have the designation of with status epilepticus and without status epilepticus
  - Status epilepticus indicates 30 minutes of uninterrupted seizure activity

ICD-10 Will Change Everything

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Anatomy

- A patient is found to have a primary malignant neoplasm of the right tibia
- Two code choices
  - Neoplasm table
    - Neoplasm, leg NEC, malignant primary C76.51
      - C76.51 Malignant neoplasm of right lower limb
    - Neoplasm, tibia (any part), malignant primary C40.21
      - C40.21 Malignant neoplasm of long bones of right lower limb

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Blood and Lymphatic Systems

- The hemic system is the system that passes nutrients, gases, hormones, blood cells, etc., to and from cells in the body to help fight diseases, stabilize body temperature and pH to maintain homoeostasis.
- Made up of blood containing vessels:
  - Arteries, capillaries, and veins

ICD-10 Will Change Everything

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Blood and Lymphatic Systems

- The lymphatic system is part of the immune system

- Three primary functions:
  - Defend against invading microorganisms and disease
  - Return excess interstitial fluid to the body
  - Absorb fats and fat-soluble vitamins from the digestive system and transport them as chyle to the venous circulation

Lymph System

- Organs that make up lymph system:
  - Lymph nodes
  - Tonsils
  - Thymus
  - Spleen

Hypertension in ICD-10-CM

- The following is necessary to code for Hypertension in ICD-10-CM:
  - Essential or secondary
  - Causal relationship of other conditions
  - Elevated blood pressure versus hypertension

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Infectious Disease

- Infectious diseases are usually a clinically evident illness that results from the transmission and presence of pathogenic biological agents
- Infectious pathogens include some viruses, bacteria, fungi, protozoa, multicellular parasites, and aberrant proteins known as prions

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Integumentary System

- Made up of the structures that cover the body to provide a protective barrier against outside invasion of harmful substances:
  - Skin
  - Hair
  - Nails
  - Sebaceous glands
  - Sweat glands

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Pressure Ulcers

- Also called bed sores or decubitus ulcers
- Caused by many factors:
  - unrelieved pressure
  - friction
  - humidity
  - shearing forces
  - temperature
  - age
  - continence and medication

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ICD-10-CM Examples

- L89.2∅3 Pressure ulcer of unspecified hip, stage III

- L89.213 Pressure ulcer of right hip, stage III

- L89.223 Pressure ulcer of left hip, stage III

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ICD-10-CM

- Code range for pressure ulcers is L89.∅∅∅ – L89.95.

- Code selections include:
  - Anatomic site
  - Laterality, when appropriate
  - Stage of pressure ulcer

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Respiratory System

- Allows for the exchanges of gases between the human body and the outside environment
- Made up of the following organs:
  - Nose, sinuses, pharynx, larynx, trachea, bronchi, and lungs

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COPD

- Chronic obstructive pulmonary disease is one of the most common lung diseases
- Lung damage and inflammation in the large airways results in chronic bronchitis
  - defined in clinical terms as a cough with sputum production on most days for three months of a year for two consecutive years

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Cardiovascular System

- Cardiovascular system is made up of the heart, arteries, veins, and capillaries
- Carries blood from the heart to the lungs, then into pulmonary circulation to the rest of the body, then back to the heart in systemic circulation
- Delivers oxygen and nutrients to the body

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Cardiovascular system

- Myocardial infarction (MI) or acute myocardial infarction (AMI)
  - Interruption of blood supply to a part of the heart, causing heart cells to die
  - Commonly due to occlusion of a coronary artery following the rupture of a vulnerable atherosclerotic plaque

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New vs. subsequent MI timeframe

- Subsequent MI codes are to be used when a patient who has suffered an AMI has a new AMI within the 4-week time frame of the initial
- ICD-9-CM had an 8-week time frame

Digestive System

- Made up of the gastrointestinal tract
- Mouth, pharynx, esophagus, stomach, small intestine, large intestine, rectum, and anus all make up the digestive tract
- Primary function of the digestive system is to break down the food we eat into smaller parts so the body can use it to build and nourish cells and provide energy

Stomach and Duodenal Ulcers

- A stomach ulcer is called a gastric ulcer and an ulcer in the duodenum is called a duodenal ulcer

- Ulcers are caused by hydrochloric acid and pepsin that are contained in our stomach and duodenal parts of our digestive system

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Coding for ulcers

- Code choice selections include:
  - Acute or chronic condition
  - Hemorrhage
  - Perforation
  - Hemorrhage with perforation
  - Without hemorrhage or perforation

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Genitourinary System

- System includes the organs that function in reproduction and urinary excretion
  - Major structures of the urinary system are the kidneys, ureters, bladder, and urethra
  - Major structures of the reproductive system in males are the testes, sperm ducts, urethra, and penis
  - Major structures of the reproductive system in females are the ovaries, fallopian tubes, uterus, and vagina

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Chronic Kidney Disease

- Chronic kidney disease (CKD) is the slow loss of kidney function over time
  - Main function of the kidneys is to remove waste and excess water from the body

- Five Stages
  - Stage 1- Slight kidney damage with normal or increased filtration
  - Stage 2- Mild decrease in kidney function
  - Stage 3- Moderate decrease in kidney function
  - Stage 4- Severe decrease in kidney function
  - Stage 5 (or End Stage) - Kidney failure

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Reproductive System

- Ovaries are the female sex glands and produce estrogen and progesterone
  - Lie within the pelvic cavity on either side of the uterus
  - Secrete both estrogen and progesterone
- Testes are the male sex glands and produce testosterone
  - Located behind the penis in the scrotum
  - Produce and store spermatozoa and to produce male sex hormones

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Endocrine

- Consists of a series of ductless glands: pituitary, thyroid, pineal, parathyroid, thymus, adrenal, pancreas, ovaries, and testes
  - Secretes hormones into the blood via the endocrine glands
  - Hormones are grouped into three classes based on their structures—steroids, peptides, and amines.

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Diabetes

- Diabetes Mellitus
  - Also called hyperglycemia
  - Disease of the endocrine system in which either the beta cells fail to secret insulin or target cells fail to respond to insulin
  - Diabetes can be caused by too little insulin, resistance to insulin, or both

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Diabetes

- In ICD-10-CM, diabetes is no longer classified as controlled or uncontrolled
- Now classified as with or without complication
- Combination codes include the type of diabetes mellitus, the body system affected, and the complications affecting that body system

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Examples

- E11.3- Type 2 diabetes mellitus with ophthalmic complications

- E11.4- Type 2 diabetes mellitus with neurological complications

- E11.5- Type 2 diabetes mellitus with circulatory complications

- E11.6- Type 2 diabetes mellitus with other specified complications

- E11.9 Type 2 diabetes mellitus without complications

- E11.8 Type 2 diabetes mellitus with unspecified complications

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Musculoskeletal System

- Made up of two systems
  - Muscle
  - Skeletal
- Comprised of:
  - Muscle, bone, joints, ligaments, tendons, and cartilage

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Skeletal System

- The bones of the body fall into four general categories:
  - Long bones
  - Short bones
  - Flat bones
  - Irregular bones

Muscular System

- Human body contains more than 650 individual muscles attached to the skeleton
  - helps to keep bones in place
  - provides the pulling power for us to move around

Fractures

- Types of fractures:
  - Displaced fractures
  - Non-displaced fractures
  - Closed fracture
  - Open fracture
  - Greenstick fracture
  - Transverse fracture
  - Spiral fracture
  - Oblique fracture
  - Compression fracture

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Coding for fractures in ICD-10-CM

- Information necessary to code to the highest level of specificity:
  - Location of fracture
  - Laterality, as appropriate
  - Displaced or nondisplaced
  - Open or closed
  - Type of fracture
  - Episode of care
  - Complications of healing, if present

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Open Fractures

- Gustilo open fracture classification consists of three major categories to indicate:
  - Mechanism of injury
  - Soft tissue damage
  - Degree of skeletal involvement

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Mental Disorders

- Exact cause of most mental illnesses is not known
- Many of these conditions are caused by a combination of genetic, biological, psychological and environmental factors
- Medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning

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Mood Disorders

- One of the most commonly reported conditions in psychiatry
- Characterized by a disturbance in the regulation of mood, behavior, and affect and are divided into three major categories:
  - depressive disorders, bipolar disorders, and depression-associated medical illness or drug and alcohol abuse

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ICD-10-CM classification for mood disorders

- Code choice selections include:
  - Type of disorder
  - Severity
  - Status
  - Associated conditions, as necessary

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Eye and Adnexa

- Eyes are the most complex of all the sensory organs involving a much larger area of the brain than other senses

- Eye is often compared to a camera

Structure and Function

- Several structures compose the eye
  - Includes the cornea, conjunctiva, iris, crystalline lens, vitreous humor, retina, macula, optic nerve, and extraocular muscles
- There are three layers of tissue that compose the spherical structure of the eye
  - The sclera (the outermost layer), the choroid (the middle layer), and the retina (the innermost layer)

Cataracts

- Clouding that develops on the lens of the eye, which can obstruct the amount of light that comes through
  – Three different types of age-related (senile) cataracts, which are characterized by their location on the lens
- Surgery is most common form of treatment

Ear and Mastoid

- Ear is the organ of hearing and equilibrium
- External ear collects sound waves in the air and channels them to the inner parts of the ear
- Middle ear transforms the acoustical vibration of the sound wave into mechanical vibration
- Semi-circular canals in the inner ear allow us to maintain balance and coordination

Ear Infections

- Otitis externa is an inflammation of the external ear and ear canal, and is usually accompanied by an infectious process
- Otitis media is inflammation of the middle ear, which is normally air-filled
  - Serous
  - Suppurative

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Nervous System

- Nervous system acts as a control center for the entire body
- Signals are then sent to other parts of the body and the response is carried out
- Nervous system works with the endocrine system to maintain homeostasis

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Cerebrovascular Disease

- Cerebrovascular disease
  - Cerebrovascular accident (CVA), or stroke, occurs when the brain does not receive enough oxygen to function properly
  - Two types of cerebrovascular accidents: ischemic, hemorrhagic

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ICD-10-CM coding for CVA

- Code choice selections include:
  - Type of cerebrovascular disease
  - Site

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Pregnancy

- Starts with fertilization and ends with childbirth in an average span of 38 weeks
  - Scientific term for pregnancy is gravid
    - Nulligravida
    - Primigravida
    - Mulitgravida
    - Abortion
  - Trimesters
    - 1st trimester—less than 14 weeks 0 days
    - 2nd trimester—14 weeks 0 days to less than 28 weeks 0 days
    - 3rd trimester—28 weeks 0 days until delivery

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Trimesters of Pregnancy

- Many of the codes in Chapter 15 – Pregnancy, Childbirth, and the puerperium (O∅∅ – O9a) have a final character indicating the trimester of pregnancy
  - Certain codes have characters for only certain trimesters because the condition does not occur in all trimesters, but it may occur in more than just one

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Example

- O26.0- Excessive weight gain in pregnancy
  - O26.00 Excessive weight gain in pregnancy, unspecified trimester
  - O26.01 Excessive weight gain in pregnancy, first trimester
  - O26.02 Excessive weight gain in pregnancy, second trimester
  - O26.03 Excessive weight gain in pregnancy, third trimester

- Trimesters are counted from the first day of the last menstrual period

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Abortion

- Describes termination of pregnancy prior to the fetus reaching a viable age
- Spontaneous abortion is also known as a miscarriage, and occurs due to an abnormality of the embryo or fetus

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ICD-10-CM coding for Abortions

- Information required for coding abortions in ICD-10 includes:
  - The type of abortion
  - Complications
  - Complete vs. incomplete
  - Stage of gestation

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Fetal extensions

- ICD-10-CM has seventh character extensions to describe the fetus that is affecting the maternal care

  - O31- Complications specific to multiple gestation

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Congenital Malformations

- Any type of "defect" present at time of birth is known as congenital
  - Development of a structure is somehow disrupted early in embryonic life
  - Damage is permanent
  - More than 4,000 different known birth defects

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Structure and Function

- Chromosome is a structure within cells that contains the cell's genetic material
- Molecule of DNA is a very long, coiled structure that contains many identifiable subunits known as genes
  - Single molecule of DNA within a chromosome may be as long as 8.5 centimeters
- Humans have 46 chromosomes that are arranged in 23 pairs

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Congenital Heart Defects

- Defects in the structure of the heart and great vessels present at birth are known as congenital heart defects
- Among the most common birth defects
- ICD-10-CM codes are chosen based on the site of the defect
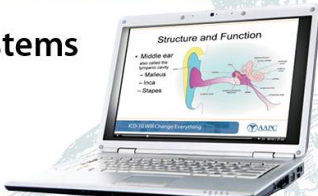
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Conclusion

- While it is not necessary to take advanced courses on A&P, it will be beneficial to all coders to take some sort of training to refresh and enhance their their knowledge.
- Be prepared to make the transition to ICD-10 by having a solid understanding of disease processes, and the codes available to report these conditions to their highest level of specificity

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ICD-10-PCS: Let's Take A Look

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Agenda

- History recap
- Overview of ICD-10-PCS
- Structure and format
- Examples
- What can I do????

Introduction

- *Health Insurance Portability and Accountability Act (HIPAA) of 1996 includes provisions for the standardization of health care information*
  - *administrative simplification provisions include*
    - *standards for electronic transmission of claims,*
    - *provider identifiers,*
    - *privacy, and code sets*

Final Rule

- On January 15, 2009, the Department of Health and Human Services released the final regulation to move from the current ICD-9-CM coding system to the ICD-10 coding system beginning October1, 2013
- Final rule to update the current 4010 electronic transaction standard to the new 5010 electronic transaction format for electronic healthcare transactions was also published with an implementation of January 1, 2012

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Overview

- What does ICD-10-PCS stand for?

- Who created ICD-10-PCS?

- Who uses ICD-10-PCS?

- What do the codes look like?

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Overview

ICD-10-PCS contains 16 sections

0 Medical and Surgical

1 Obstetrics

2 Placement

3 Administration

4 Measurement and Monitoring

5 Extracorporeal Assistance and Performance

6 Extracorporeal Therapies

7 Osteopathic

8 Other Procedures

9 Chiropractic

B Imaging

C Nuclear Medicine

D Radiation Oncology

F Physical Rehabilitation and Diagnostic Audiology

G Mental Health

H Substance Abuse Treatment

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Guidelines

- The ICD-10-PCS Draft Coding Guidelines (2011) appear on page 19–23 of the *ICD-10-PCS 2011 Code Book*

Three sections of Guidelines		
A. General	B. Med/Surg Section	C. Other Med/Surg Related

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ICD-10-PCS
Tables are Utilized to Build the Code

ICD-10-PCS Codes

- Each character represents an aspect of the procedure

- Meanings change by Section

- I and O (letters) are not used in PCS

- No diagnosis information contained in PCS

Seven Characters
Medical Surgical Section - 0

Character 1	Character 2	Character 3	Character 4	Character 5	Character 6	Character 7
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier

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ICD-10-PCS Root Operations

- Objective of procedure
- 31 Root operations
- Arranged by similar attributes
- Multiple codes
- List of Root Operations in ICD-10-PCS manual

Examples of Root operations:
- Bypass
- Drainage
- Reattachment
- Resection
- Inspection

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Root Operations That Take Out Some or All of a Body Part

Excision (B)	Resection (T)	Detachment (6)
Destruction (5)	Extraction (D)	

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ICD-10-PCS Terminology

- Excision (B)
  - Definition: Cutting out or off, without replacement, a portion of a body part
  - Explanation: The qualifier diagnostic is used to identify excision procedures that are biopsies
  - Examples: Colon biopsy, skin lesion removal

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Example: Percutaneous Needle Biopsy

- Patient underwent a percutaneous needle biopsy of a right perirenal mass

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How This is Coded

Character 1	Character 2	Character 3	Character 4	Character 5	Character 6	Character 7
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier
Medical and Surgical	Urinary System	Excision	Kidney	Percutaneous	No Device	Diagnostic
0	**T**	**B**	**0**	**3**	**Z**	**X**

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ICD-10-PCS Terminology

- Resection (T)
  - Definition: Cutting out or off, without replacement, all of a body part

  - Explanation: None

  - Examples: Total nephrectomy, total lobectomy of a lung

Example: Right Hemicolectomy

*...a vertical midline incision was used to enter the abdominal cavity. There was noted to be a mass in the region of the cecum. **The mass was easily mobilized and it was felt that a right hemicolectomy was indicated. The right colon was mobilized by incising the white line of Toldt and reflecting colon medially.** The loose tissue was taken down bluntly with a hand and adhesions were taken down sharply. The colon was mobilized to the left end up to the level of the hepatic flexure. ………. **After removing the entire right colon specimen off the field, a primary anastomosis was planned...***

How This is Coded

Character 1	Character 2	Character 3	Character 4	Character 5	Character 6	Character 7
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier
Medical and Surgical	Gastrointestinal System	Resection	Large Intestine, RT	Open	No Device	No Qualifier
0	**D**	**T**	**F**	**0**	**Z**	**Z**

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ICD-10-PCS Terminology

- Detachment (6)
  - Definition: Cutting off all or part of the upper or lower extremities
  - Explanation: The body part value is the site of the detachment, with a qualifier if applicable to further specify the level where the extremity was detached
  - Examples: Below knee amputation Disarticulation of shoulder

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Example: Amputation

A physician performs a DIP joint
amputation of the right thumb

How This is Coded

Character 1	Character 2	Character 3	Character 4	Character 5	Character 6	Character 7
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier
Medical and Surgical	Anatomical Regions Upper Extremities	Detachment	Thumb, RT	Open	No Device	Low
0	**X**	**6**	**L**	**0**	**Z**	**3**

ICD-10-PCS Terminology

- Destruction (5)
  - Definition: Physical eradication of all or a portion of a body part by the direct use of energy, force, or a destructive agent
  - Explanation: None of the body part is physically taken out
  - Examples: Fulguration of rectal polyp, cautery of skin lesion

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Example: Destruction

A physician performs laparoscopic destruction of endometriosis of bilateral ovaries

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How This is Coded

Character 1	Character 2	Character 3	Character 4	Character 5	Character 6	Character 7
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier
Medical and Surgical	Female Reproductive System	Destruction	Ovaries, Bilateral	Percutaneous Endoscopic	No Device	No Qualifier
0	**U**	**5**	**2**	**4**	**Z**	**Z**

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ICD-10-PCS Terminology

- Extraction (D)
  - Definition: Pulling or stripping out or off all or a portion of a body part by the use of force
  - Explanation: The qualifier *Diagnostic is used to identify extraction procedures that are biopsies*
  - Examples: Dilation and curettage, vein stripping

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Example: Cataract

8-year-old male patient is brought to
ambulatory surgery center for extraction of
congenital cataract of left eye. Extraction
completed using phacoemulsification
technique and an AcrySof Natural monofocal
lens was placed.

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How This is Coded

Character 1	Character 2	Character 3	Character 4	Character 5	Character 6	Character 7
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier
Medical and Surgical	Eye	Extraction	Lens, left	Percutaneous	No Device	No Qualifier
0	**8**	**D**	**K**	**3**	**Z**	**Z**

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How This is Coded

Character 1	Character 2	Character 3	Character 4	Character 5	Character 6	Character 7
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier
Medical and Surgical	Eye	Replacement	Lens, left	Percutaneous	Nonautologous Tissue Substitute	No Qualifier
0	**8**	**R**	**K**	**3**	**K**	**Z**

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Next Steps

- Don't be scared

- Take A&P

- Practice, practice, practice

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THE COUNTDOWN IS NOW!!!

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