



Keep Your Finger on the Pulse of ICD-10-CM Unspecified Code Usage - Why Does it Matter?

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Who is Connecticut Children's?

- 187 bed not-for-profit academic medical center exclusively dedicated to pediatric care
- Level 1 Pediatric Trauma Center with an 18 bed PICU
- 2 NICUs one level 3 and one level 4 treating over 1000 pre-mature or critically ill newborns
- A Specialty Group employing over 300 physicians and mid-level providers practicing in over 20 specialties
- Specialty Care Satellite locations in Danbury, Fairfield, Hartford, Farmington, Glastonbury, and Shelton

Presentation Objectives

- Best Practices for Monitoring ICD-10-CM Specificity
- Strategies for Ensuring Provider Documentation is in Alignment with Medical Necessity
- How to Strain the Ocean for the Top Areas of Focus that will Achieve the Greatest Gains

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CMS – Last Year's Guidance on Unspecified ICD-10-CM Code Usage and Grace Period

CMS and AMA Announce Efforts to Help Providers Get Ready For ICD-10-CM Frequently Asked Questions – CMS- Posted July 6, 2015

https://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10-CM-guidance.pdf

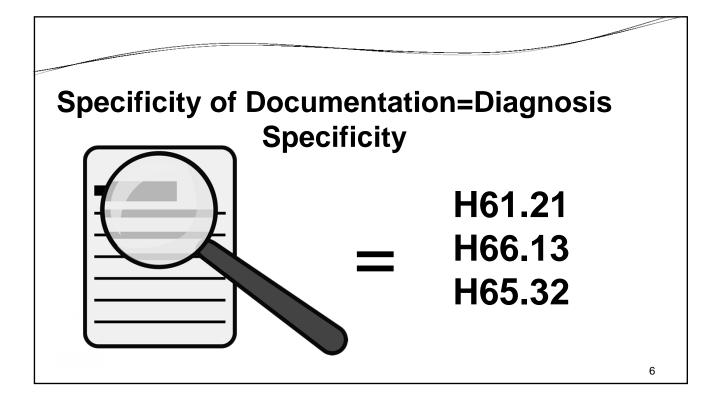
- Q2. What happens if I use the wrong ICD-10-CM code, will my claim be denied?
- A1. While diagnosis coding to the correct level of specificity is the goal for all claims, for 12 months after ICD-10-CM implementation, Medicare review contractors will not deny physician or other practitioner claims billed under the Part B physician fee schedule through either automated medical review or complex medical record review based solely on the specificity of the ICD-10-CM diagnosis code as long as the physician/practitioner used a valid code from the right family. However, a valid ICD-10-CM code will be required on all claims starting on October 1, 2015. It is possible a claim could be chosen for review for reasons other than the specificity of the ICD-10-CM code and the claim would continue to be reviewed for these reasons. This policy will be adopted by the Medicare Administrative Contractors, the Recovery Audit Contractors, the Zone Program Integrity Contractors, and the Supplemental Medical Review Contractor.

CMS – This Year's Guidance on Unspecified ICD-10-CM Code Usage

Clarifying Questions and Answers Related to the July 6, 2015, CMS/AMA Joint Announcement and Guidance Regarding ICD-10-CM Flexibilities- CMS-Updated 8/18/16

https://www.cms.gov/Medicare/Coding/ICD10/Clarifying-Questions-and-Answers-Related-to-the-July-6-2015-CMS-AMA-Joint-Announcement.pdf

- Question 25: (new 08/18/2016) Is Medicare going to phase in the requirement to code to the highest level of specificity? Answer 25: No, providers should already be coding to the highest level of specificity. As of October 1, 2016, providers will be required to code to accurately reflect the clinical documentation in as much specificity as possible, as per the required coding guidelines. Many major insurers did not choose to offer coding flexibility, so many providers are already using specific codes. Please refer to the appropriate coding guidelines.
- Question 27: (new 08/18/2016) Will unspecified codes be allowed once ICD-10-CM flexibilities expire? Answer 27: Yes. In ICD-10-CM-CM, unspecified codes have acceptable, even necessary, uses. While you should report specific diagnosis codes when they are supported by the available medical record documentation and clinical knowledge of the patient's health condition, in some instances signs/symptoms or unspecified codes are the best choice to accurately reflect the health care encounter. You should code each health care encounter to the level of certainty known for that encounter. When sufficient clinical information is not known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate unspecified code (for example, a diagnosis of pneumonia has been determined but the specific type has not been determined).
- Question 28: (new 08/18/2016) What level of ICD-10-CM code specificity is required so that my claims will not be rejected? How can I ensure my claims will be approved/paid? Answer 28: Even with the ICD-10-CM flexibilities guidance established by the CMS-AMA Agreement, as of October 1, 2015, a valid ICD-10-CM code has been required on all claims billed under the Medicare Fee-for-Service Part B physician fee schedule.



Potential Risks – Post ICD-10-CM Grace Period

No Change



Delays in
Payment Due
to Increased
Number of
Requests for
Additional
Information



Increase in Medical Necessity Denials

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Audience Polling Question

Since ICD-10-CM was implemented on October 1, 2015, has your organization been tracking ICD-10-CM unspecified code usage?

- Yes
- No

Audience Polling Question

Do you know your current estimate of average ICD-10-CM unspecified code usage?

- Yes
- No

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Audience Polling Question

Do you have a plan to identify potential lost revenue and delay in payment due to unspecified diagnosis code usage?

- Yes
- No

Using Data Analytics to Monitor ICD-10-CM Unspecified Code Usage

Our Journey Using Data Analytics During

Pre- ICD-10-CM Implementation
Post ICD-10-CM Implementation-Initial Focus
Post Grace Period Game Plan

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Data Analytics and Pre- ICD-10-CM Implementation Focus

Professional (P) and Hospital (H)

- Information used to identify top 25 ICD-9-CM diagnosis codes by volume and revenue (P and H)
- Information used by department to build department preference lists (P)
- Used as a reference guide for providers-paper and accessible on the intranet (P)
- Top five (5) ICD-9-CM diagnosis codes at risk in ICD-10-CM highlighted for immediate education focus (P and H)
- Provided expanded ICD-9-CM to ICD-10-CM related diagnosis code information (P and H)
- Identified ICD-9-CM diagnosis codes at risk in ICD-10-CM in order to monitor coder accuracy (H)

Data Mining - Principal ICD-9-CM Codes at Risk in ICD-10-CM - Sample (Professional)

Principal Dx	Claims	% of Claims
73730 - Scoliosis [and kyphoscoliosis], idiopathic	912	36.64%
71946 - Pain in joint, lower leg	275	11.05%
71947 - Pain in joint, ankle and foot	169	6.79%
7295 - Pain in limb	118	4.74%
71945 - Pain in joint, pelvic region and thigh	89	3.58%
7812 - Abnormality of gait	71	2.85%

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Principal Dx	Claims	% of Claims	
6821 - Cellulitis and abscess of neck	8	20.51%	
37601 - Orbital cellulitis	3	7.69%	
6820 - Cellulitis and abscess of face	3	7.69%	
7483 - Other anomalies of larynx, trachea, and bronchus	3	7.69%	
3829 - Unspecified otitis media	2	5.13%	
47822 - Parapharyngeal abscess	2	5.13%	

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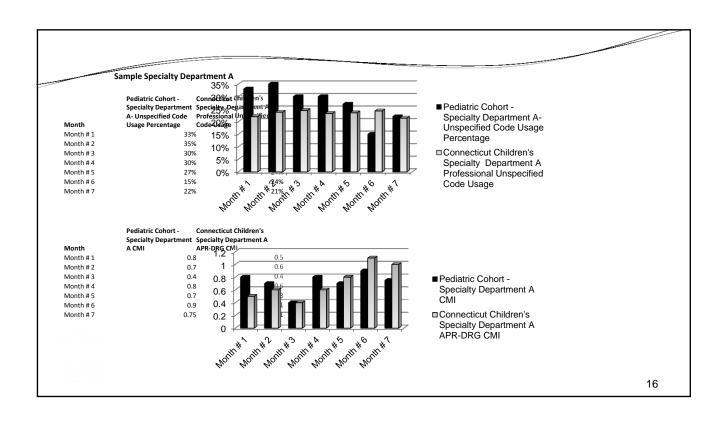
Top Diagnoses at Risk - Sample (Professional)

ICD-9-CM Name	ICD-10-CM Code	ICD-10-CM Name	ICD-9-CM Name	ICD-9-CM Name	ICD-9-CM Code	ICD-10-CM Code	ICD-10-CM Name
Pain in joint,	719.46	M25.561	Pain in right knee	Impacted Cerumen	380.4	H61.20	Impacted cerumen, unspecified ear
lower leg		M25.562	Pain in left knee			H61.21	Impacted cerumen, right ear
		M25.569	Pain in unspecified knee			H61.22	Impacted cerumen, left ear
			D			H61.23	Impacted cerumen, bilateral
Pain in joint, ankle and foot	719.47	M25.571	Pain in right ankle and joints of right foot	Chronic mucoid otitis media, simple or unspecified	381.20	H65.30	Chronic mucoid otitis media, unspecified ear
		M25.572	Pain in left ankle and joints of left foot	simple of unspecified		H65.31	Chronic mucoid otitis media,
		M25.579	Pain in unspecified ankle and joints of unspecified			H65.32	Chronic mucoid otitis media, left ear
Al			foot			Н65.33	Chronic mucoid otitis media, bilateral
Abnormality of gait	781.2	R26.0	Ataxic gait	Dysfunction of eustachian	381.81	H69.80	Other specified disorders of
		R26.1	Paralytic gait	tube	501.01		Eustachian tube, unspecified ear
		R26.81	Unsteadiness on feet			H69.81	Other specified disorders of Eustachian tube, right ear
		R26.89	Other abnormalities of gait and mobility			H69.82	Other specified disorders of Eustachian tube, left ear
		R26.9	Unspecified abnormalities of gait and mobility			Н69.83	Other specified disorders of Eustachian tube, bijageral

Data Analytics and Post ICD-10-CM Implementation - Initial Focus

Professional (P) and Hospital (H)

- Developed dashboards to track overall ICD-10-CM unspecified code usage and CMI (P and H)
- Extracted monthly data on most frequent ICD-10-CM unspecified codes used at the organization, department, coder, and provider level (P and H)
- Compared pediatric cohort unspecified ICD-10-CM code usage and CMI with like specialties (P)
- Data reviewed with specialty department division heads in order to identify root causes (P)
- Data reviewed with HIM Coding Manager in order to identify root causes (H)



Data Analytic Examples - Sample (Professional)

All Dx	Claims	Related DX Codes	% of Claims
H902 - Conductive hearing loss, unspecified	120	12	24.84%
H6593 - Unspecified nonsuppurative otitis media, bilateral	79	44	16.36%
H6693 - Otitis media, unspecified, bilateral	41	36	8.49%
F809 - Developmental disorder of speech and language, unspecified	36	7	7.45%
Q909 - Down syndrome, unspecified	26	4	5.38%
H6591 - Unspecified nonsuppurative otitis media, right ear	23	44	4.76%
J309 - Allergic rhinitis, unspecified	19	7	3.93%

Rendering Provider	Unspecified Code Usage	Claims
Provider A	23.00%	322
Provider B	14.14%	285
Provider C	16.35%	284
Provider D	17.38%	221
Provider E	20.72%	193
Provider F	26.14%	31
Provider G	14.81%	12
Provider H	32.14%	10
Total: All	18.60%	1,358

Unspecified Documentation Concept	Claims	% of Claims
Unspecified type of otitis media	149	30.85%
Unspecified laterality	139	28.78%
Unspecified type of disorder	117	24.22%
Unspecified type of hearing loss	37	7.66%
Unspecified causal agent	32	6.63%
Unspecified classification of	27	5.59%
abnormality		17

Data Analytic Examples - Sample (Institutional)

Principal Dx	Claims	Related DX Codes	% of Claims
R509 - Fever, unspecified	876	6	7.99%
J069 - Acute upper respiratory infection, unspecified	413	2	3.77%
H93299 - Other abnormal auditory perceptions, unspecified ear	299	45	2.73%
M419 - Scoliosis, unspecified	232	55	2.12%
J029 - Acute pharyngitis, unspecified	218	3	1.99%
J45909 - Unspecified asthma, uncomplicated	209	18	1.91%
K5900 - Constipation, unspecified	202	10	1.84%
R1110 - Vomiting, unspecified	186	7	1.70%

Coder	Claims	% of Claims
Coder A	2,303	21.00%
Coder B	1,525	13.91%
Coder C	830	7.57%
Coder D	551	5.03%
Coder E	432	3.94%
Coder F	395	3.60%
Attending Physician Specialty	Claims	% of Claims
Emergency medicine	4,836	44.10%
Orthopaedics	1,184	10.80%
Neurology	250	2.28%
Ent (otolaryngology)	206	1.88%
Gastroenterology	186	1.70%

Data Analytics and Post ICD-10-CM Implementation - Lessons Learned

- Findings Professional and Hospital
- Majority of unspecified codes used represented department's main reasons for visit (P)
- Relevant co-morbidity diagnosis codes were also most frequently identified to be unspecified (P and H)
- Key Identified Root Causes preference lists, diagnosis calculator, problem list and specificity of provider documentation and error (P and H)

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Root Cause - Preference List/Favorites

- Unspecified codes in ICD-9-CM were mapped to unspecified codes in ICD-10-CM
- Certain key criteria needed to correctly code in ICD-10-CM, i.e. laterality, acuity, was not translated
- Providers misunderstood that if there was no choice for bilateral, they chose an unspecified code instead of coding twice with left and right
- Although education was provided, these lists were created by physician super-users and not always shared with their colleagues

Root Cause - Diagnosis Calculator

- Beware of bucket codes being mapped to unspecified but the descriptor does not reflect specificity
- Complete unspecified codes do not trigger the calculator
- Provider commonly used search terms not mapped to codes with highest specificity and/or incorrectly mapped

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Root Cause - Problem List

- Problem List diagnoses are truncated to be generic and therefore, creates problem for other specialties to correctly complete the diagnosis
- Problem List diagnoses are not always the billing diagnosis

Root Cause - Provider

- Not fully understanding coding guidelines for appropriate diagnosis code sequencing
- Lack of understanding of what constitutes the visit diagnosis
- Limitations within ICD-10-CM such as lack of bilaterality, and multiple issues with ICD-10-CM being burdensome leads to incomplete diagnosis selection

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Using Data Analytics to Monitor ICD-10-CM Unspecified Code Usage - Post Grace Period Game Plan

- Generate monthly reports and graphs
- Meet monthly with department leadership
- Review and update preference lists and favorites
- Work with IT to correct any system glitches with new updates
- Educate as needed at department and provider levels
- Tracking for medical necessity denials or additional information requests

Key Recommendations

Employ data analytics to:

- Generate monthly reports by top ICD-10-CM principal unspecified codes by specialty, provider/coder, and orders/referrals
- Prioritize focus on high risk areas
- Compare ICD-10-CM unspecified code usage with higher level E/M levels
- Review and update preference lists/super bills at least annually
- Assess accuracy of diagnosis code selection

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Key Recommendations - cont.

Employ data analytics to:

- Perform root cause analysis on problem list, diagnosis calculator, and super bills
- Expand scope of review as needed
- Establish ongoing education upon review
- Implement continuous monitoring to ensure alignment of specificity of documentation = specify of diagnosis selected

Questions and Contact Information



Contact Information

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