ICD-10-CM

ICD-10

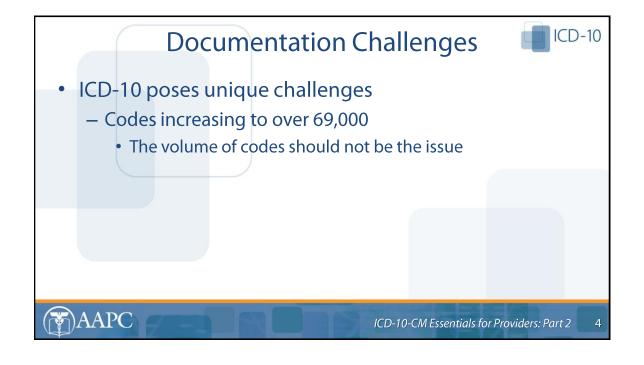Essentials for Providers
Part 2

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ICD-10

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Agenda

- Documentation challenges
- ICD-10-CM Concepts
- Key documentation challenges

Documentation Challenges

- ICD-10 poses unique challenges
  - Codes increasing to over 69,000
    - The volume of codes should not be the issue

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Documentation Challenges

- ICD-10-CM allows for meaningful use of data
  - Sets the stage for changes to come
    - Quality
    - Reporting
    - Fraud and abuse
    - Clinical trials

Clinical Area

- Faces the largest challenges
  - Coding to the highest level of specificity is needed for better data
  - Damage can be done to the practice long term if not accurately coded
    - Could disrupt revenue stream, quality reporting, denials, etc.

Clinical Area

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- Correct coding
  - Allows you to spell out the complete condition of the patient
  - Allows for immediate adjudication without additional submission of attachments
  - Insures revenue neutrality

Clinical Area

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- Begin working early with current documentation

  - Is there enough contained to code in ICD-10-CM
  - Remember, ICD-10-CM has new concepts

Example

64 YO male here last 3 weeks ago for wheezing and cough. The MDI and Prednisone worked great while on the meds, the first week was great, he is sleeping now through the night. He says he is better but not like he felt when on the Prednisone. He feels the Prednisone is the only thing making him feel better over the last several months.

History: **Patient is a former smoker**

Exam: (as documented on flow sheet)

Assessment and Plan: **Asthma**, refills given on meds and patient educated on triggers. Pt to return following PFT or sooner if not any better. Singular 10 mg 1 po qd; Proair HFA 108 (90 bse) mcg/ac 2 puffs q4h prn;

Orders: pulmonary function test

Example

- ICD-10-CM **J45.909** Unspecified asthma, uncomplicated
  - Need additional code to identify
    - Exposure to environmental tobacco smoke (Z77.22)
    - Exposure to tobacco smoke in perinatal period (P96.81)
    - **History of tobacco use (Z87.891)**
    - Occupational exposure to environmental tobacco smoke (Z57.31)
    - Tobacco dependence (F17-) Tobacco use (Z72.0)

J45.20	Mild intermittent asthma, uncomplicated	
J45.21	Mild intermittent asthma with (acute) exacerbation	
J45.22	Mild intermittent asthma with status asthmaticus	
J45.30	Mild persistent asthma, uncomplicated	
J45.31	Mild persistent asthma with (acute) exacerbation	
J45.32	Mild persistent asthma with status asthmaticus	
J45.40	Moderate persistent asthma, uncomplicated	
J45.41	Moderate persistent asthma with (acute) exacerbation	
J45.42	Moderate persistent asthma with status asthmaticus	
J45.50	Severe persistent asthma, uncomplicated	
J45.51	Severe persistent asthma with (acute) exacerbation	
J45.52	Severe persistent asthma with status asthmaticus	
J45.901	Unspecified asthma with (acute) exacerbation	
J45.902	Unspecified asthma with status asthmaticus	
J45.990	Exercise induced bronchospasm	
J45.991	Cough variant asthma	
J45.998	Other asthma	

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	Intermittent	Mild Persistent	Moderate Persistent	Severe Persistent
Symptoms	2 or less days per week	More than 2 days per week	Daily	Throughout the day
Nighttime Awakenings	2 X's per month or less	3-4 X's per month	More than once per week but not nightly	Nightly
Rescue Inhaler Use	2 or less days per week	More than 2 days per week but not daily	Daily	Several times per day
Interference with Normal activity	None	Minor limitation	Some limitation	Extremely limited
Lung Function	FEV1 >80% predicted and normal between exacerbations	FEV1 >80% predicted	FEV1 60-80% predicted	FEV1 less than 60% predicted

Transitions

- Providers will need to be educated on the codes in order to document the required components
- Coders will need to have a full understanding of A&P in order to understand the documentation and be able to assign the correct codes

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Documentation Evaluations

- Run most frequently used ICD-9-CM codes now
- Pull charts and begin to evaluate documentation
  - Can you assign an ICD-10-CM code?
- Provide education and guidance
- Outsource if no internal resources-but don't skip!

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ICD-10-CM Changes

- Multiple changes in store:
  - Addition of information relevant to ambulatory and managed care encounters
  - Expanded injury codes
  - Creation of combination codes
  - Alphanumeric

ICD-10-CM Changes

- 21 chapters
- Includes separate chapters for eye and adnexa and the ear
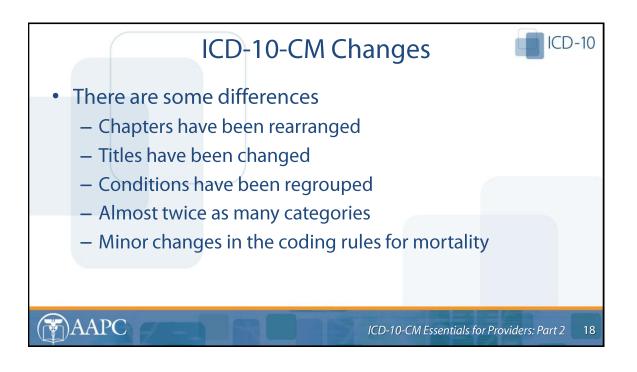- Chapters are subdivided into blocks of three character categories

ICD-10-CM Changes

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- Many similarities to ICD-9-CM
  - Guidelines
  - Look up
  - Neoplasm Table

ICD-10-CM Changes

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- There are some differences
  - Chapters have been rearranged
  - Titles have been changed
  - Conditions have been regrouped
  - Almost twice as many categories
  - Minor changes in the coding rules for mortality

Combination Code

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- Represents a single code used to classify two diagnoses
  - A diagnosis with an associated sign or symptom
  - Diagnosis with an associated complication
  - Simplifies the number of codes need to clinically spell out a condition
  - Documentation will need to house all elements

Granularity

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- Term often used for ICD-10-CM - refers to the level of hierarchy and the amount of information found in the diagnostic description

Laterality

- Code descriptions include designations for left, right and in many cases bilateral

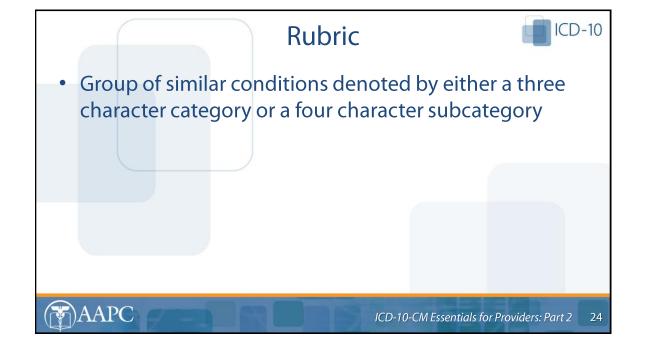- Documentation should always include laterality
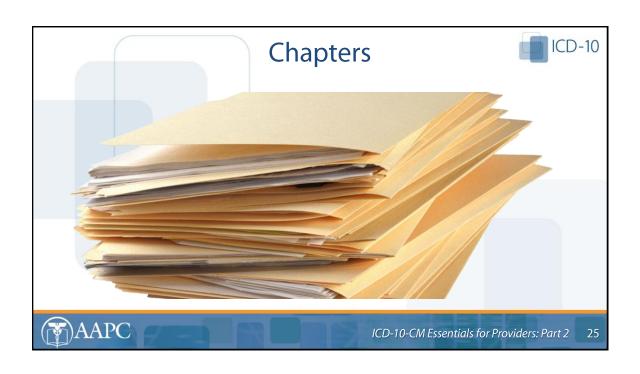

Example:

- H61.12 Hematoma of pinna
  - H61.121 Hematoma of pinna, right ear
  - H61.122 Hematoma of pinna, left ear
  - H61.123 Hematoma of pinna, bilateral ears
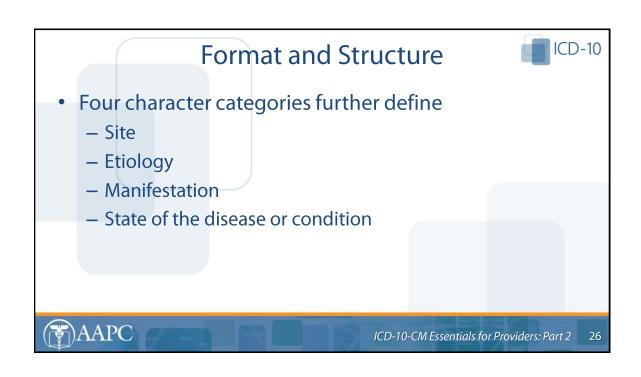 - H61.129 Hematoma of pinna, unspecified ear

Principal/First Listed Diagnosis

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- Sequenced first on the medical record, the driving reason for the visit

Rubric

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- Group of similar conditions denoted by either a three character category or a four character subcategory

Chapters

Format and Structure

- Four character categories further define
  - Site
  - Etiology
  - Manifestation
  - State of the disease or condition

Example

- C15 Malignant neoplasm of the esophagus

    - C15.3 Malignant neoplasm of **upper third** of esophagus
    - C15.4 Malignant neoplasm of **middle third** of esophagus
    - C15.5 Malignant neoplasm of **lower third** of esophagus
    - C15.8 Malignant neoplasm of **overlapping sites** of esophagus
    - C15.9 Malignant neoplasm of esophagus, **unspecified**

Fifth/Sixth Characters

- Identifies the most precise level of specificity

- Example:
    - S55.011- Laceration of ulnar artery at forearm level, right arm
- A 7th character extender is also required

Seventh Character Extenders

- Required for certain categories

- Must always remain in the 7th character

- Explains the status or encounter
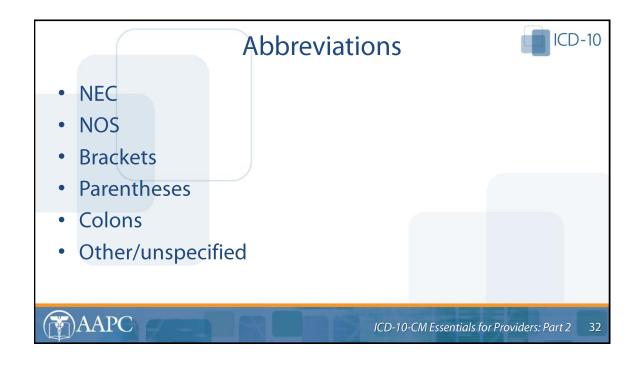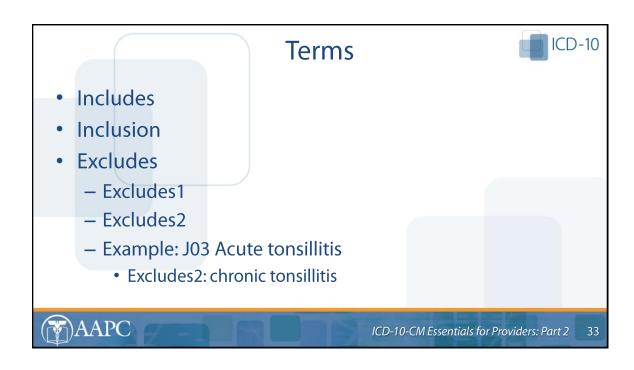
Dummy Placeholders

- Used for those codes that require a 7th character extender that do not consist of 6 characters
- Example
- A patient is treated for the first time for a pathological fracture
  - M84.40xA Pathological fracture, unspecified site, initial encounter for fracture
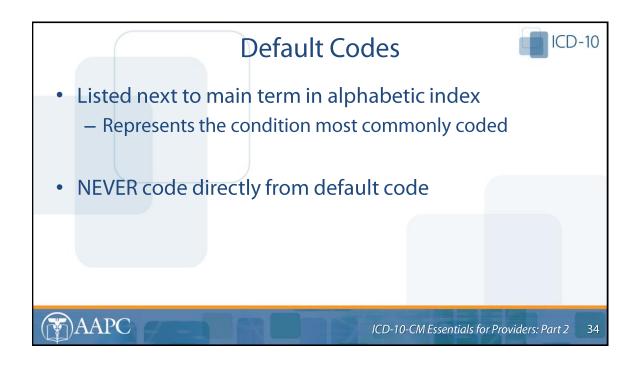
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Locating a code

- Just like ICD-9-CM

- Never code from Index

- Start with the Alphabetic Index always and confirm with Tabular List

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Abbreviations

- NEC
- NOS
- Brackets
- Parentheses
- Colons
- Other/unspecified

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Terms

- Includes
- Inclusion
- Excludes
  - Excludes1
  - Excludes2
  - Example: J03 Acute tonsillitis
    - Excludes2: chronic tonsillitis

Default Codes

- Listed next to main term in alphabetic index
  - Represents the condition most commonly coded

- NEVER code directly from default code

Laterality

- Right side is usually character 1
- Left side is usually character 2
- Bilateral code is usually character 3
- Unspecified side is either 0 or 9 depending on if it is fifth or sixth character
- Usually… not always
  - Example: H02.854 Elephantiasis of left upper eyelid

General Coding Guidelines

- Diagnosis codes are to be used and reported at their highest number of characters available.

Signs and Symptoms

- Acceptable for reporting when a related definitive diagnosis has not been established (confirmed) by the provider.

- Signs and symptoms routinely associated with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification.

Example

- Patient presents to the office complaining a cough, fever and sore throat. The physician examines the patient and diagnoses with an upper respiratory infection.
- ICD-10-CM J06.9 Acute upper respiratory infection, unspecified
  - The cough, fever and sore throat would not be coded in addition

Multiple Coding for a Single Condition

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- There are conditions that require more than one diagnosis code to fully describe a single condition

    – Instructional notes indicate "use additional code" or "code first"

Example

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- Patient presents to the office for a three month follow up for acute hepatitis A. He indicates to the physician that he has had an earache in the **right ear** for the past few days. After the physician examines the patient he diagnoses the patient with **otitis media** as well as **hepatitis A**.

- ICD-10-CM B15.9 Hepatitis A without hepatic coma

- H67.1 Otitis media in disease classified elsewhere, right ear

Acute and Chronic

- If both acute and chronic condition exists sequence acute first

- Example: Jim suffers from acute and chronic maxillary sinusitis

- ICD-10-CM
  – J01.0 Acute maxillary sinusitis, unspecified
  – J32.0 Chronic maxillary sinusitis

Combination Codes

- Assign only the combination code that fully identifies the diagnostic conditions involved or if the alphabetic index indicates directs it.

- Multiple coding should not be used if a combination code exists.

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Example

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

- Two codes were needed in ICD-9-CM

- ICD-10-CM M05.571 Rheumatoid polyneuropathy with rheumatoid arthritis of the right ankle and foot.

Late Effects (Sequela)

- Residual effect after the acute phase of an illness or injury has terminated.
- No time limit, may appear early or months or years later
- Generally requires two codes
  - Condition or nature of late effect is sequenced first
  - Late effect code is sequenced second

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Example

- Patient suffers neural hearing loss six weeks after having meningitis

- ICD-10-CM
  - H90.5 Unspecified sensorineural hearing loss
  - G09 Sequelae of inflammatory diseases of central nervous system

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Late Effects

- Exception is those instances where the code for late effect is followed by a manifestation code identified in the Tabular list and title

  - Or the late effect has been expanded to include the manifestations

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Example

- A patient **attempted suicide** by hanging himself **two years ago**. He was resuscitated in the ER, but suffered **anoxic brain damage**. He presents to the office for a check up on some new medication he has recently been prescribed.

- G93.1 Anoxic brain damage, NEC

- X83.8XXS Intentional self-harm by other specified means, sequela

Impending or Threatened Condition

- If it did occur, code as confirmed

- If it did not, look to index for threatened or impending

- Code underlying conditions or signs and symptoms

Same Diagnosis Code

- Each unique ICD-10-CM code should only be reported once

- Exception is for those conditions that are bilateral that do not have a bilateral code choice
  - Two codes would be necessary, one for right side and one for left

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Principal/First Listed Diagnosis

- If no sequencing instructions apply sequencing is based on the condition that brought the patient to seek care, or the primary focus of treatment.

- Additional guidelines include:
  - 1. A sign or symptom code is not to be used as a principal diagnosis when a definitive diagnosis for the sign or symptom has been established.

- – 2. A sign or symptom code is to be used as principal/first listed in no definitive diagnosis is established at the time of coding. If diagnosis is confirmed via testing prior to coding the encounter, the confirmed diagnosis should be used.
- – 3. If anticipated treatment is not carried out due to unforeseen circumstances, the principal diagnosis/first listed code remains the condition or diagnosis that the provider planned to treat.
- – 4. When the admission is for treatment of a complication resulting from surgery or other medical care, the complication code is sequenced as the principal diagnosis/first listed code.

Previous Conditions

- • Some physicians include the diagnostic statement resolved conditions or diagnoses/status post procedures from previous visits that have no bearing on current treatment.
  - – Should not be reported

  - – Coded only if policy exists that says it should be

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Abnormal Test Findings

- Not coded or reported unless the physician indicates clinical significance.
- If the abnormal test finding corresponds to a confirmed diagnosis it should not be coded in addition to the confirmed diagnosis.
- Sign or symptom code is used if no confirmed diagnosis.

Conclusion

- Don't be overwhelmed by changes
  - Only 8 new concepts found in ICD-10-CM
  - Practice will make perfect