READY. SET. CODE!

Gearing Up for ICD-10

Hosted by: The Valley Hospital
November 9, 2011

Questions

• What is ICD-10?
• How do I get ready?
• How is the same as ICD-9?
• How is it different?
Program Objectives

• Overview of ICD-10
• Key Concepts
• Timeline
• Introduction of Structure and Convention
• Differences and similarities
  – ICD-10 vs. ICD-9

ICD-10 Implementation

• On October 1, 2013, the Centers for Medicare & Medicaid Services will implement the ICD-10-CM (diagnoses) and ICD-10-PCS (inpatient procedures), replacing the ICD-9-CM diagnosis and procedure code sets
  – ICD-10-CM diagnoses codes will be used by all providers in every health care setting
  – ICD-10-PCS procedure codes will be used only for hospital claims for inpatient hospital procedures

• THE DATE WILL NOT CHANGE
Important Dates

• ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013

• ICD-10 codes will not be accepted for services prior to October 1, 2013

• YOU WILL NOT GET PAID

Billing Transactions

• 4010 Electronic Transaction Standard to
• 5010 Electronic Transaction Standard

January 1, 2012
5010

- Clarity and consistency in front matter
- Clarity in situational elements to minimize need for companion guides
- Changes in some segments and data elements to better represent business processes
- Example – change in use of subscriber loop in claims
- Enables use of ICD-10
- Claims
- Enables use of POA indicator
- Separates diagnosis code reporting
- Clarifies use of NPI
- Required minutes for anesthesia as opposed to units or minutes
- Provides greater consistency between dental and professional claims

Who

- Only ICD-10-CM (not ICD-10-PCS) will affect physicians.
  - ICD-10-PCS will only be implemented for facility inpatient reporting of procedures and affects only Hospitals

- CPT will still be used for outpatient claims

- Diagnosis codes will use ICD-10-CM

- Procedure codes will use CPT (physicians)
Outpatient Claims

- Diagnosis codes will use **ICD-10-CM**
- **Diagnosis codes will still justify the procedure performed.**

- Procedure codes will have CPT/HCPCS codes assigned
Differences

• The differences between the ICD-10 code sets and the ICD-9 code sets are primarily in the
  – overall number of codes,
  – their organization and structure,
  – code composition,
  – and level of detail.

• There are approximately 70,000 ICD-10-CM codes compared to approximately 14,000 ICD-9-CM diagnosis codes,
  – and approximately 70,000 ICD-10-PCS codes compared to approximately 4,000 ICD-9-CM procedure codes.

Differences

• ICD-10 codes are longer and use more alpha characters
  – which enable them to provide greater clinical detail and specificity in describing diagnoses and procedures
  – also, terminology and disease classification have been updated to be consistent with current clinical practice

• Finally, system changes are also required to accommodate the ICD-10 codes
  – Computer systems/Billing systems
Major Differences Between ICD-9-CM and ICD-10-CM

<table>
<thead>
<tr>
<th></th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum number of digits/characters</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Maximum number of digits/characters</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Number of chapters</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td>Supplemental Classification</td>
<td>V and E codes</td>
<td>Incorporated into classification</td>
</tr>
<tr>
<td>Laterality (right vs. left)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Alphanumeric vs. Numeric</td>
<td>Numeric except for V and E codes</td>
<td>Alphanumeric, with all codes starting with an alpha character and some codes with alpha 7th character extension</td>
</tr>
<tr>
<td>Excludes Notes</td>
<td>Yes</td>
<td>Exclude 1 Exclude 2</td>
</tr>
<tr>
<td>Dummy Placeholders</td>
<td>No</td>
<td>“x”</td>
</tr>
</tbody>
</table>

Key Features

- There will be 21 Chapters
- The V and E codes are now in the main classifications
- Extensions have been added that show type of encounter-initial, subsequent, and sequela
- Basic guidelines, punctuation and how to look up codes are similar
What are Benefits Of the ICD-10 Coding System?

• The new, up-to-date classification system will provide much better data needed to:
  • Measure the quality, safety, and efficacy of care
  • Reduce the need for attachments to explain the patient’s condition
  • Design payment systems and process claims for reimbursement
  • Conduct research, epidemiological studies, and clinical trials
  • Set health policy
  • Support operational and strategic planning
  • Design health care delivery systems
  • Monitor resource utilization
  • Improve clinical, financial, and administrative performance
  • Prevent and detect health care fraud and abuse
  • Track public health and risks

HOW

• The ICD-10-CM (diagnoses) codes are to be used by all providers in all health care settings.
  – Each ICD-10-CM code is 3 to 7 characters
  – The first being an alpha character (all letters except U are used)
  – The second character is numeric,
  – Characters 3 - 7 are either alpha or numeric, with a decimal after the third character.
  – Alpha characters are not case sensitive
• Codes are longer. Still in Categories
Characteristics of ICD-10-CM

- ICD-10-CM far exceeds its predecessors in the number of concepts and codes provided.
  - The disease classification has been expanded to include health-related conditions
  - And to provide greater specificity at the sixth digit level and with a seventh digit extension
  - The sixth and seventh characters are not optional; they are intended for use in recording the information documented in the clinical record.

ICD-9-CM Structure – Format

- Numeric or Alpha (E or V)
- Numeric
  - 4 1 4
  - 0 0
- Category
- Etiology, anatomic site, manifestation
- 3 – 5 Characters
ICD-10-CM Structure – Format

Add code extensions (7th character) for obstetrics, injuries, and external causes of injury

Compare the look

- ICD-9-CM
  - 401.9 hypertension
  - 585.3 CKD stage 3
  - 513.0 Abscess lung

- ICD-10-CM
  - I10 hypertension
  - N183 CKD stage 3
  - J852 Abscess of lung without pneumonia
Examples of ICD-10-CM codes

- A78 – Q  Fever
- A69.21  Meningitis due to Lyme disease
- O9A.311  Physical abuse complicating pregnancy, first trimester
- S52.131A  Displaced fracture of neck of right radius, initial encounter for closed fracture
- Z51.11  Admission for chemotherapy

Demands

- Documentation of diagnoses and procedures
- Codes must be supported by medical documentation
- ICD-10-CM codes are more specific
  - Revenue Impacts of specificity
  - Denials
  - Additional Documentation
  - Physician documentation must support medical necessity
FEATURES

ICD-10-CM

The Alphabetic Index and Tabular List

- The ICD-10-CM is divided into the Index, an alphabetical list of terms and their corresponding code
- And the Tabular List, a chronological list of codes divided into chapters based on body system or condition
- The Index is divided into two parts:
  - The Index to Diseases and Injury
  - The Index to External Causes of Injury
    - Within the Index of Diseases and Injury there is a Neoplasm Table and a Table of Drugs and Chemicals.
Locating a Code in ICD-10-CM

• To select a code in the classification that corresponds to a diagnosis or reason for visit documented in a medical record…
  – first locate the term in the Index,
  – and then verify the code in the Tabular List.
  – read and be guided by instructional notations that appear in both the Index and the Tabular List

• It is essential to use both the Index and Tabular List when locating and assigning a code

Dash

• A dash (-) at the end of an Index entry indicates that additional characters are required

• Even if a dash is not included at the Index entry, it is necessary to refer to the Tabular list to verify that no 7th character is required
Specificity

• Code will need more specific information

• I21.02 STEMI involving left anterior descending artery

• I22.0 Subsequent STEMI of anterior wall

• I23 Hemopericardium as current complication following MI

Laterality

• Certain codes will need documentation of which side is affected: left, right, bilateral

• C50.511: Malignant neoplasm of lower-outer quadrant of right female breast

• H16.013: Central corneal ulcer, bilateral

• L89.022: Pressure ulcer of left elbow, stage II

• S60.361: Insect bite of right thumb
Combination Codes

• Combination codes for certain conditions and common associated symptoms and manifestations

For example:
• K57.21 – Diverticulitis of large intestine with perforation and abscess with bleeding
• E11.341 – Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
• I25.110 – Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
• J85.1-Abscess of lung with pneumonia

Breakdown

• K50.012

• K50.0 = Crohn’s of small intestine

• KXX.X1 = with complications

• KXX.X12 = intestinal obstruction
Poisoning

- Combination codes for poisonings and their associated external cause

*For example:*
- T42.3x2S – Poisoning by barbiturates, intentional self-harm, sequela

Pregnancy

- Episode of care is documented and needed for ICD-9
- Trimester in which complication first occurred is documented and needed for ICD-10
- Outcome of delivery is still needed in both systems
Trimester

• Obstetric codes identify trimester instead of episode of care

For example:

• O26.02 – Excessive weight gain in pregnancy, second trimester

Trimester

• 1<sup>st</sup> Trimester less than 14 weeks 0 days

• 2<sup>nd</sup> Trimester 14 weeks to less than 28 weeks 0 days

• 3<sup>rd</sup> Trimester 0 days to delivery
Trimester

• Assignment of the final character for trimester should be based on the trimester for the current admission/encounter

• This applies to the assignment of trimester for pre-existing conditions as well as those that develop during or are due to the pregnancy

Character “x”

• Character “x” is used as a 5th character placeholder in certain 6 character codes to allow for future expansion and to fill in other empty characters (e.g., character 5 and/or 6) when a code that is less than 6 characters in length requires a 7th character

For example:
• T46.1x5A : Adverse effect of calcium-channel blockers, initial encounter

• T15.02xD : Foreign body in cornea, left eye, subsequent encounter
Placeholder

• Placeholders have been integrated into the code for future expansion.

• The X is used as a fifth-character placeholder in certain six-character codes to allow for future expansion.

Placeholder

• 7th characters and placeholder X

  – For codes less than 6 characters that require a 7th character a placeholder X should be assigned for all characters less than 6

  – The 7th character must always be the 7th character of a code
**Excludes1**

- A Type 1 Excludes note is a pure excludes. It means "NOT CODED HERE!"
- An Excludes1 note indicates that the code excluded should *never* be used at the same time as the code above the Excludes1 note.
- An Excludes1 is for used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

**Excludes 1**

- The two conditions cannot occur together.
  
  - *For example*
    
    - B06 Rubella: [German measles] has an Excludes1 of congenital rubella: P35.0
Excludes 2

- A Type 2 excludes note represents "Not included here".
- An excludes 2 note indicates that the condition excluded is not part of the condition it is excluded from … but a patient may have both conditions at the same time.
- When an Excludes 2 note appears under a code it is acceptable to use both the code and the excluded code together.

Two Types of Excludes Notes

- **Excludes 1** – Indicates that the code excluded should never be used with the code where the note is located (do not report both codes).
  - For example:
    - Q03 – Congenital hydrocephalus (Excludes 1: Acquired hydrocephalus (G91.-))

- **Excludes 2** – Indicates that the condition excluded is not part of the condition represented by the code but a patient may have both conditions at the same time, in which case both codes may be assigned together (both codes can be reported to capture both conditions).
  - For example:
    - J04.0, Acute laryngitis has an Excludes 2 of chronic laryngitis (J37.0).
    - L27.2 – Dermatitis due to ingested food (Excludes 2: Dermatitis due to food in contact with skin (L23.6, L24.6, L25.4))
  - This is an improvement on ICD-9 where the exclusion notes are sometimes confusing.
**Code Also**

- A code also note instructs that 2 codes may be required to fully describe a condition
- … but the sequencing of the two codes is discretionary
- … depending on the severity of the conditions and the reason for the encounter

**Code Extensions**

- Code extensions (7th character) have been added for injuries and external causes to identify the encounter

**The code extensions are:**
- A Initial encounter
- D Subsequent encounter
- S Sequelae

- Extensions have different meanings depending on chapter
Code Extensions

- **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

ICD-10-CM Code Extensions

<table>
<thead>
<tr>
<th>Code</th>
<th>Extension Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>S80.251A</td>
<td>Initial encounter, subsequent encounter, sequelia</td>
</tr>
<tr>
<td>T43.6x1S</td>
<td>Initial encounter, subsequent encounter, sequelia</td>
</tr>
<tr>
<td>S62.211G</td>
<td>Initial , subsequent , sequelia for closed, open, nonunion, malunion, delayed healing, routine healing</td>
</tr>
<tr>
<td>O69.0XX1</td>
<td>Fetus number</td>
</tr>
</tbody>
</table>
Example

S77 Crushing injury of hip and thigh
Use additional code(s) for all associated injuries
Excludes2: crushing injury of ankle and foot (S97.-) crushing injury of lower leg (S87.-)
The appropriate 7th character is to be added to each code from category S77
An initial encounter D subsequent encounter S sequela
– S77.0 Crushing injury of hip S77.00 Crushing injury of hip, unspecified side
– S77.01 Crushing injury of right hip S77.02 Crushing injury of left hip
– S77.1 Crushing injury of thigh S77.10 Crushing injury of thigh, unspecified side S77.11 Crushing injury of right thigh
– S77.12 Crushing injury of left thigh
– S77.2 Crushing injury of hip with thigh S77.20 Crushing injury of hip with thigh, unspecified side
– S77.21 Crushing injury of right hip with thigh S77.22 Crushing injury of left hip with thigh

Clinical Concepts

• Inclusion of clinical concepts that do not exist in ICD-9-CM (e.g., underdosing, blood type, blood alcohol level)

For example:

• T45.526D: Underdosing of antithrombotic drugs, subsequent encounter
• Z67.40: Type O blood, Rh positive
• Y90.6: Blood alcohol level of 120–199 mg/100 ml
Expand

- A number of codes have been significantly expanded (e.g., injuries, diabetes, substance abuse, postoperative complications)

*For example:*
- **E10.610**: Type 1 diabetes mellitus with diabetic neuropathic arthropathy
- **F10.182**: Alcohol abuse with alcohol-induced sleep disorder
- **T82.02xA**: Displacement of heart valve prosthesis, initial encounter

Postoperative Complications

- Codes for postoperative complications have been expanded and a distinction made between intraoperative complications and postprocedurally disorders

- **D78.01**: Intraoperative hemorrhage and hematoma of spleen complicating a procedure on the spleen
- **D78.21**: Postprocedural hemorrhage and hematoma of spleen following a procedure on the spleen
Changes

- Injuries are grouped by anatomical site rather than by type of injury
- Category restructuring and code reorganization have occurred in a number of ICD-10-CM chapters, resulting in the classification of certain diseases and disorders that are different from ICD-9-CM
- Certain diseases have been reclassified to different chapters or sections in order to reflect current medical knowledge
- New code definitions (e.g., definition of acute myocardial infarction is now 4 weeks rather than 8 weeks)
- The codes corresponding to ICD-9-CM V codes (Factors Influencing Health Status and Contact with Health Services) and E codes (External Causes of Injury and Poisoning) are incorporated into the main classification rather than separated into supplementary classifications as they were in ICD-9-CM.

New Documentation Needs

- Combination codes for conditions and common symptoms or manifestations
- Combination codes for poisonings and external causes
- Added laterality
- Added extensions for episode of care for injuries
- Expanded codes (injury, diabetes, alcohol/substance abuse, postoperative complications)
ICD-10-CM Is Better Due To

- Similar ICD-9-CM
- Not re-inventing the wheel
- Addition of information relevant to ambulatory and managed care encounters
- Expanded injury codes
- Creation of combination diagnosis and symptom codes to reduce the number of codes needed to fully describe a condition

ICD-10-CM Is Better Due To

- Addition of a sixth character for some codes
- Incorporation of common 4th and 5th digit subclassifications
- Greater specificity in code assignment for many codes.
- The new structure will allow further expansion than was possible with ICD-9
Coding Guidelines

- New – Coding pregnancy trimesters
- New – Glasgow coma scale
- New – Functional quadriplegia
- New - Open fracture designations are based on the Gustilo open fracture

SAME

- Same basic guidelines
  - Same basic layout/organization
  - Same basic index
  - Same basic tabular
  - Some codes are more detailed
  - Some codes indicate initial or subsequent encounter
  - Same format
  - Look-up index same (Main Terms)
Index

  - - with
  - - lung abscess J85.1
  - - - due to specified organism - see Pneumonia, in (due to)
  - - adenoviral J12.0
  - - adynamic J18.2
  - - alba A50.04
  - - allergic (eosinophilic) J82
  - - alveolar - see Pneumonia, lobar
  - - anaerobes J15.8
  - - anthrax A22.1
  - - apex, apical - see Pneumonia, lobar
  - - Ascaris B77.81
  - - aspiration J69.0
  - - - due to
  - - - aspiration of microorganisms
  - - - - bacterial J15.9
  - - - - viral J12.9
  - - - - food (regurgitated) J69.0
  - - - gastric secre

Documentation Requirements

ICD-10-CM
New Documentation Needs

- Inclusion of trimester in obstetrics codes and elimination of fifth digits for episode of care
- Expanded detail relevant to ambulatory and managed care encounters
- Changes in time frames specified in certain codes
- External cause codes no longer a supplementary classification

Diabetes

- Controlled and uncontrolled effect code assignment in I9 only.

- Combination codes for
  - Type
  - Body system
  - Manifestations affecting body system
  - E11.349 DM retinopathy
Atherosclerotic Coronary Artery Disease and Angina

• ICD-10-CM has combination codes for atherosclerotic heart disease with angina pectoris.
  – The subcategories for these codes are I25.11, Atherosclerotic heart disease of native coronary artery with angina pectoris and I25.7, Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris.
• When using one of these combination codes it is not necessary to use an additional code for angina pectoris.
  – A causal relationship can be assumed in a patient with both atherosclerosis and angina pectoris, unless the documentation indicates the angina is due to something other than the atherosclerosis.
• If a patient with coronary artery disease is admitted due to an acute myocardial infarction (AMI), the AMI should be sequenced before the coronary artery disease.

Subsequent Acute Myocardial Infarction

• A code from category I22, Subsequent ST elevation (STEMI) and non ST elevation (NSTEMI) myocardial infarction, is to be used when a patient who has suffered an AMI has a new AMI within the 4 week time frame of the initial AMI
• A code from category I22 must be used in conjunction with a code from category I21
ICD-10-PCS Code Use and Structure

- The ICD-10-PCS codes are for use only on hospital claims for inpatient procedures.
- ICD-10-PCS codes are **not** to be used on any type of physician claims for physician services provided to hospitalized patients.
- These codes differ from the ICD-9-CM procedure codes in that they have 7 characters that can be either alpha (non-case sensitive) or numeric.
  - The numbers 0 - 9 are used (letters O and I are not used to avoid confusion with numbers 0 and 1), and they do not contain decimals.
- 0FB03ZX: Excision of liver, percutaneous approach, diagnostic
- 0DQ10ZZ: Repair, upper esophagus, open approach

V Codes = Z Codes

**Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)**

- **Note:** The chapter specific guidelines provide additional information about the use of Z codes for specified encounters

- **Use of Z codes in any healthcare setting**
  - Z codes are for use in any healthcare setting
  - Z codes may be used as either a first listed (principal diagnosis code in the inpatient setting), or secondary code, depending on the circumstances of the encounter
  - Certain Z codes may only be used as first listed or principal diagnosis

- **Z Codes indicate a reason for an encounter**
  - Z codes are not procedure codes. A corresponding procedure code must accompany a Z code to describe the procedure performed
ICD-10-PCS - Structure

ICD-9-CM

ICD-10-PCS

• **Index**
  – Alphabetical listing by type of procedure, including common procedure names (e.g., hysterectomy; appendectomy)

• **Tabular list**
  – Grid with rows and columns to delineate valid combinations of code characters
ICD-10-PCS - Structure Characters (Med/Surg)

1 2 3 4 5 6 7

- Section
- Root Operation
- Approach
- Qualifier

Body System
Body Part
Device

Training

- Training time for ICD-10 will depend on where your coding skills are now
- Greater level specificity needed
- Documentation needs are different
- ICD-10 is coming: Will you be ready?
Medicare Says…

• “Based on industry feedback regarding the need for more time than the 40 hours of training we estimated for inpatient coders to learn both ICD–10–CM and ICD–10–PCS, we will increase our estimate of the number of hours of training that inpatient coders will need to learn ICD–10–CM and ICD–10–PCS from 40 hours to 50 hours, well within the commenters’ suggested range of as little as 5 hours of training, to a maximum of 80 hours.”

• “Based on similar feedback from the industry expressing concern about the complexity of ICD–10–CM due to its size and structural changes, and coder unfamiliarity, we also will increase from 8 to 10 hours the time that outpatient coders will need for ICD–10–CM training.”

Source: Federal Register / Vol. 74, No. 11 / Friday, January 16, 2009 / Rules and Regulations, Page 3344

Plan

• Do you know where your skill set is now?
• Do you have an educational plan?
• The 50 hours is just ICD-10.
Study

- A&P
- Terminology
- Pathology
- Pharmacology
- Surgical Procedures
- OB/GYN
- Documentation
- Needs
- Guidelines

Study

- Documentation Guidelines
- Outpatient guidelines
- Coding fundamentals
- Basic steps in looking up codes
- Primary sources
- Instructional Notes
Anatomy

- ICD-10 has greater need for coders to understand human anatomy

Who will need education?

- Physicians
- Anyone who uses ICD-9-CM codes will need education in ICD-10
- Determine the type and level of education they will need
- Coders need to increase their medical knowledge and will need an in-depth knowledge of ICD-10
Thank – You!

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