

Documentation Strategies in an ICD-10 World



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**ICD-10 has
140,000
Codes?**

**What's
ICD-10?**



TOP 8 ZANIEST ICD-10 CODES

A Collection of the Craziest Codes You Hope Never to Encounter

|| especially after Oct. 1, 2014 ||



Problems with the **in-laws**
Z63.1

1

Asphyxiation due to being trapped in a **discarded refrigerator**, accidental
T71.231D



2

Sucked into jet engine
V97.33XD

3

Fall into **bucket of water**, causing drowning & submersion
W16.221



4

Burn due to **water-skis on fire**
V91.07XD

5

Animal-rider injured in collision with **trolley**
V80.730A



8



Walked into **lamppost**
W22.02XD

6




7

Hair causing external **constriction**
W49.01XA



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◀ **Tom Sullivan**, Executive Editor, HIMSS Media

Tom Sullivan writes the Innovation Pulse column for *Healthcare IT News*, and covers major HIT topics including mHealth, medical practices, government policy, and emerging technologies. Follow Tom on Twitter @SullyHIT

ICD-10: CMS won't deny claims for first year

The Centers for Medicare & Medicaid Services has agreed to adopt four AMA proposals regarding the code set conversion

July 6, 2015

The Correct Code “Family” ...

- For example, diabetes mellitus is not a code family, it is actually *five different* code families ...
 - E08 - DM due to underlying condition
 - E09 - Drug or chemical-induced DM
 - E10 - Type 1 DM
 - E11 - Type 2 DM
 - E13 - Other specified DM
- And, these three digit “family” codes, even if correct, may not be enough to be a valid code for LCD/NCD determinations and/or to demonstrate medical necessity or SOI



Medicare Has ICD-10 Accommodation Period, But What About Other Insurers?

Joseph Goedert

SEP 1, 2015

7:26am ET

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In early July, the Centers for Medicare and Medicaid Services struck a deal with the American Medical Association

in which CMS agreed to a one-year Medicare payment accommodation period after the ICD-10 October 1 compliance date in which claims incorrectly coded would be paid as

long as they are coded in the appropriate family of codes.

This was a big step as CMS expects ICD-10 compliance yet won't demand perfect coding. But, what about state Medicaid agencies and private insurance companies? Where are their accommodations for providers? So far, there have been no big announcements.

Also See: [CMS Policies Aid Physician ICD-10 Compliance](#)

RELATED

- [Providers Ask CMS for Immediate Final MU Rule](#)
- [Leidos, Cerner Team Wins Coveted DoD EHR Contract](#)
- [HIT Implementations Negatively Impact Clinical Workflow](#)

Health Data Management contacted seven national insurers, the Blue Cross and



Proposed Bill

The Coding Flexibility in Healthcare Act of 2015 (H.R. 3018)

Calls for a “Dual Processing Transition Period” of 180 days (October 1, 2015 - March 28, 2016)

CMS has stated that they (and many commercial health plans) are unable to process claims for both ICD-9 and ICD-10 codes submitted for the same dates of service --- so a dual coding approach is NOT possible

ICD-10 Components



- **ICD-10-CM**

- *Diagnostic* coding system developed and modified by the Centers for Disease Control and Prevention, a division of the Centers for Medicare & Medicaid Services (CMS), for use in all U.S. health care treatment settings

- **ICD-10-PCS**

- *Procedural* coding system developed by (CMS) for use in the U.S. for **inpatient hospital settings ONLY**
- All 7 alpha or numeric digits *must* be accounted for

PIECES OF ICD-10



ICD-10-CM (Clinical Modification): The Diagnosis Codes

ICD-10 Captures Familiar Clinical Concepts



- Concepts that are new and integral to ICD-10 are *not new* to clinicians, who are often already documenting with more clinical information than an ICD-9 code can capture.
- For example:
 - Initial Encounter, Subsequent Encounter, Sequelae
 - Normal Healing, Delayed Healing, Nonunion, Malunion
 - Acute or Chronic
 - Right or Left
 - Etiology and/or infecting agent
 - Linking various diseases

Other ICD-10 General Features



- **There are “unspecified” codes, just as in ICD-9, when no information is available to support a more specific code**
- A 7th character is used in certain chapters, with a different meaning depending on where it’s being used
 - For example, Initial vs. subsequent encounter vs. sequela
 - Initial – should be used for multiple encounters if the patient continues to receive treatment for the acute condition
 - Subsequent – encounters after the patient is done with active treatment for the condition, i.e., receiving routine care during the healing or recovery phase
 - Sequela – used for complications or other conditions that arise as a direct result of another condition, after the acute phase of a condition has subsided. This is *not* necessarily the same as a complication

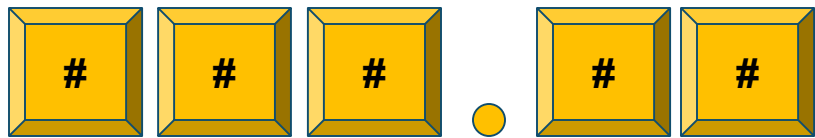
Change in Number of Codes Varies by Specialty

Specialty	# ICD-9 Codes	# ICD-10 Codes
Gastroenterology	596	706
Pulmonology	255	336
Urology	389	591
Endocrinology	335	675
Neurology	459	591
Pediatrics	702	591
Infectious Disease	1,270	1,056

ICD-9-CM vs. ICD-10-CM

Structural Changes

- ICD-9-CM (Diagnoses)



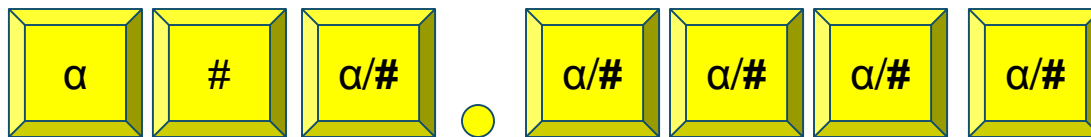
Category

etiology, site,
manifestation

3-5 characters

- All numeric
- Decimal point after 3rd digit

- ICD-10-CM (Diagnoses)



Category

etiology, site,
manifestation

extension

3-7 characters

- 1st is alpha (all letters except U)
- 2nd is always #
- Decimal point after 3rd digit

Chapter Organization

1	Certain Infectious and Parasitic Diseases	13	Diseases of the Musculoskeletal System and Connective Tissue
2	Neoplasms	14	Diseases of the Genitourinary System
3	Diseases of the Blood and Blood-forming Organs	15	Pregnancy, Childbirth, and the Puerperium
4	Endocrine, Nutritional, and Metabolic Diseases	16	Certain Conditions Originating in the Perinatal Period
5	Mental, Behavioral, and Neurodevelopmental Disorders	17	Congenital Malformations, Deformations, and Chromosomal Abnormalities
6	Diseases of the Nervous System	18	Symptoms, Signs, and Abnormal Clinical and Laboratory Findings
7	Diseases of the Eye and Adnexa	19	Injury, Poisoning, and Certain Other Consequences of External Causes
8	Diseases of the Ear and Mastoid Process	20	External Causes of Morbidity
9	Diseases of the Circulatory System	21	Factors Influencing Health Status and Contact with Health Services
10	Diseases of the Respiratory System		
11	Diseases of the Digestive System		
12	Diseases of the Skin and Subcutaneous Tissue		

Diabetes Mellitus

- Diabetes mellitus codes are now combination codes including the type of diabetes, the body system affected, and the nature of the complication(s) in that body system
- Diabetes is no longer classified as controlled or uncontrolled
- In ICD-10-CM there are 2 key axes for coding diabetes mellitus based on documentation of the:
 - Type/etiology (**5**)
 - Complications [Manifestations]
 - Absent
 - Present
 - By type or body system affected
 - Specific complication
 - By severity (e.g., with or without coma)



Diabetes Mellitus

ICD-9-CM

- Diabetes 249.0x-250.9x (**60 codes**)
- Primary Axis: Type (etiology) (**3**)
 - Type 1
 - Type 2
 - **Secondary**
- Sub-axis: **Manifestation** (**10**)
 - Without complication
 - Ketoacidosis (250.1x)
 - Hyperosmolarity (250.2x)
 - Other coma (250.3x)
 - Renal (250.4x)
 - Ophthalmic (250.5x)
 - Neurological (250.6x)
 - **Peripheral** circulatory (250.7x)
 - Other specified manifestation (250.8X)
 - Unspecified complication (250.9X)
- Subaxis: (**2**)
 - ~~Controlled vs. Uncontrolled~~

ICD-10-CM

- Diabetes E08-E13 (**206 codes**)
- Primary Axis: Type (etiology):
 - Type 1 (E10) (**40**)
 - Type 2 (E11) (**40**)
 - **Underlying condition (E08)** (**42**)
 - Congenital rubella, cushing's syndrome, cystic fibrosis, neoplasm, malnutrition, pancreatitis
 - **Drug or chemical induced (E09)** (**42**)
 - Identify drug or toxin if possible
 - **Other (E13) – NEW** (**42**)
- Sub-axes:
 - Further developed on next page

Includes diabetes due to genetic defects of beta-cell function or genetic defects of insulin action

Secondary Axes

Type 1

- Sub-axis: (40)
 - Ketoacidosis (2)
 - +/- coma
 - ~~Hyperosmolarity~~
 - Kidney complications (3)
 - Ophthalmic complications (12)
 - Neurologic complications (6)
 - Circulatory complications (3)
 - Other specified complications (12)
 - Unspecified complications (1)
 - Without complications (1)

Type 2

- Sub-axis: (40)
 - ~~Ketoacidosis~~
 - Hyperosmolarity (2)
 - +/- coma
 - Kidney complications (3)
 - Ophthalmic complications (12)
 - Neurologic complications (6)
 - Circulatory complications (3)
 - Other specified complications (12)
 - Unspecified complications (1)
 - Without complications (1)

Neurologic Complications

Diabetic neuropathy, unsp
Mononeuropathy
Polyneuropathy
Autonomic polyneuropathy
Amyotrophy
Other

Kidney Complications

Diabetic nephropathy
Diabetic chronic kidney
disease
Other diabetic complication

Circulatory Complications

Peripheral angiopathy
+ gangrene
– gangrene
Other circulatory complication

Hypertension: Terminology Changes



- Under ICD-10, Hypertension is *no longer* classified by type (*benign, malignant, accelerated*) but primarily by *etiology and/or manifestation*
- Hypertensive “urgency” or “emergency” were *never* adequate documentation, even under ICD-9!

Hypertension



ICD-9-CM

- Code range: 401.0 – 405.9
 - **33 codes**
 - Primary axis: Type
 - Essential hypertension (3)
 - Hypertensive heart disease (6)
 - With or without heart failure
 - Hypertensive CKD (6)
 - With stage 1-4 or unspecified
 - With stage 5 or ESRD
 - Hypertensive heart and CKD (12)
 - +/- heart failure
 - Staging of CKD as above
 - Secondary Hypertension (6)
 - Additional axis:
 - ~~Malignant, benign, or unspecified~~



ICD-10-CM

- Hypertensive diseases: I10-I15
 - **14 combination codes**
- Primary axis: Manifestation
 - Essential hypertension(1)
 - Hypertensive heart disease (2)
 - With heart failure
 - Without heart failure
 - Hypertensive chronic kidney disease (2)
 - Stages 1-4 or unspecified
 - Stage 5 or ESRD
 - Hypertensive heart and chronic kidney disease (4)
 - With heart failure & stage 1-4 (1)
 - Without heart failure (2)
 - Stage 1-4 or unspecified
 - Stage 5 or ESRD
 - With heart failure & stage V / ESRD (1)
 - Secondary hypertension (5)
 - **Renovascular, other renal, endocrine, other secondary, unspecified**

Hypertension: Physician Notes



- Hypertension with Heart Disease
 - Codes for hypertensive heart disease are assigned only when the physician describes a causal relationship between the hypertension and the heart disease-e.g. **“hypertensive heart disease”**
 - On the other hand, if a patient has hypertension and chronic kidney disease, a causal relationship can be assumed by the coder
 - There is no coding distinction between “controlled” and “uncontrolled”



Angina and Coronary Artery Disease

*New combination codes: atherosclerotic heart disease
with angina pectoris*

Angina and Coronary Artery Disease

Chronic Isch HD	I25
- Native coronary	I25.1
- With angina	I25.11
- Unstable	I25.110

ICD-9-CM

- Angina Pectoris: 413
 - **4 codes**
 - Angina pectoris (3)
 - ~~Angina decubitus (nocturnal)~~
 - Prinzmetal
 - Other and unspecified
 - ~~Intermediate coronary syndrome 411.1 (Unstable angina) (1)~~
- Coronary Artery Disease
 - **8 codes** 414.00-414.07
 - Type of heart/vessel
 - Unspecified
 - Native coronary artery
 - Autologous vein
 - Nonautologous biological bypass
 - Artery bypass
 - Unspecified
 - Native coronary artery of transplanted heart
 - Bypass graft of transplanted heart

ICD-10-CM

- Chronic Ischemic Heart Disease: I25.110-I25.799 (select codes)
 - **32 combination codes**
- Axis: Vessel (8)
 - Atherosclerotic heart disease of native coronary artery **with angina pectoris** (1)
 - Atherosclerosis of coronary artery bypass graft(s) (4)
 - Subaxis: vein, artery, nonautologous material, unspecified
 - Atherosclerosis of coronary artery of transplanted heart with angina pectoris (3)
 - Subaxis: Native coronary artery of transplanted heart, bypass graft of transplanted heart, other coronary bypass graft
- Subaxis: Manifestation (Type of Angina) (4)
 - **Unstable angina pectoris**, angina pectoris with documented spasm, other forms of angina pectoris, unspecified

Acute Myocardial Infarction



ICD-9-CM

- Acute Myocardial Infarction
 - **30 codes**
- Axes of classification:
 - Site involved (**10**)
 - anterolateral, other anterior wall, inferior wall, inferoposterior wall

Initial AMI- occurring within past **4 weeks** (not 8), first episode of care

• Episode of care (**3**)

- initial, subsequent, unspecified

Subsequent AMI - occurring within **4 weeks** of previous AMI, regardless of site

ICD-10-CM

- Acute Myocardial Infarction
 - **14 codes**
- Axes of classification:
 - **Initial MI I21 (9)**
 - **STEMI (8)** [by site]
 - Anterior (**3**)
 - Left main coronary, left anterior descending, other coronary artery
 - Inferior (**2**)
 - Right coronary artery, other
 - Other (**2**)
 - Left circumflex, other sites
 - Unspecified (**1**)
 - **NSTEMI (1)**
 - **Subsequent MI I22 (5)**
 - Anterior wall
 - Inferior wall
 - Non-STEMI
 - Other sites
 - Unspecified

Non-Rheumatic Heart Valve Disorders

Codes now reflect manifestation, i.e., stenosis, insufficiency, both, other, unspecified



Heart Valve Disorder

ICD-9-CM

- Code Range: 424.0-424.3
 - **4 codes**
- Specificity (Anatomic)
 - Mitral valve disorders
 - Tricuspid valve disorders
 - Aortic valve disorders
 - Pulmonary valve disorders

Note: Unspecified aortic/mitral and multiple valve disorders default to rheumatic valve disease unless specified as nonrheumatic

ICD-10-CM

- Code Range: I34.0-I37.9
 - **20 codes**
- Specificity (Anatomic)
 - Mitral
 - Tricuspid
 - Aortic
 - Pulmonary
- Type of Disorder:
 - **Insufficiency**
 - **Prolapse**
 - **Stenosis**
 - **Other**
 - **Unspecified**



Non-traumatic Subarachnoid Hemorrhage

ICD-9-CM

- Subarachnoid Hemorrhage
 - **1 code**



Remember:

- **Coders cannot code from a Radiology report (e.g., CT scan or MRI)**

ICD-10-CM

- Non-traumatic Subarachnoid Hemorrhage
 - **20 codes**
 - **Specific artery (or pathologic process)**
 - Carotid siphon & bifurcation (**3**)
 - Middle cerebral artery (**3**)
 - Anterior communicating artery (**3**)
 - Posterior communicating artery (**3**)
 - Basilar artery (**1**)
 - Vertebral artery (**3**)
 - Other intracranial arteries (**1**)
 - Unspecified intracranial artery (**1**)
 - Other non-traumatic subarachnoid hemorrhage (AVM) (**1**)
 - Unspecified (**1**)
 - **Laterality: Right/left/unspecified**

Cerebral Infarction



ICD-9-CM

- Code Range: 433.0-434.9
 - **9 codes**
- Axes:
 - Anatomy
 - Precerebral (6)
 - Basilar
 - Carotid
 - Vertebral
 - Multiple
 - Bilateral
 - Other
 - Unspecified
 - Cerebral (3)
 - Thrombosis
 - Embolism
 - Unspecified

ICD-10-CM

- Code Range: I63
 - **72 codes**
- Axis: Type / General location
 - Pre-cerebral (27)
 - **Thrombosis** of precerebral arteries (9)
 - **Embolism** of precerebral arteries (9)
 - **Unspecified occlusion or stenosis** of precerebral arteries (9)
 - Vertebral, carotid (6)
 - **Laterality: Right/left/unspecified** (3)
 - Basilar, other, unspecified (3)
 - Cerebral (42)
 - **Thrombosis** of cerebral arteries (14)
 - **Embolism** of cerebral arteries (14)
 - **Unspecified occlusion or stenosis** of cerebral arteries (14)
 - Cerebral (middle, anterior, posterior), cerebellar (12)
 - **Laterality: Right/left/unspecified** (3)
 - other, unspecified (2)
 - Other (3)
 - **Cerebral venous thrombosis, non-pyogenic** (1)
 - Other cerebral infarction (1)
 - Unspecified cerebral infarction (1)

Pneumonia, Sepsis, and Respiratory Failure



Pneumonia Documentation Under ICD-10

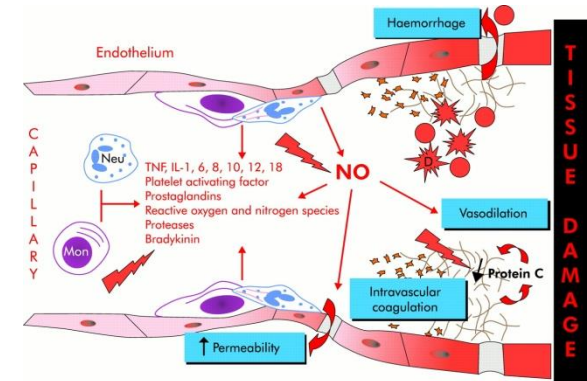


- Acuity
- Laterality
- Specific location/lobe
- Identify the *probable* organism
- Identify if *presumed* due to aspiration
- Link associated conditions to the pneumonia, e.g., sepsis, acute respiratory failure, etc.
- Document tobacco use and/or nicotine dependence for this and all/most pulmonary diseases

Streptococcal Sepsis vs. Other Sepsis in ICD-10

- Sepsis
 - Streptococcal (5) A40
 - Other sepsis (14) A41
 - Due to Staphylococcus aureus (2)
 - Methicillin susceptible or resistant
 - Due to other specified staphylococcus (1)
 - Due to unspecified staphylococcus (1)
 - Due to H. influenzae (1)
 - Due to anaerobes (1)
 - Due to other Gram-negative organisms (5)
 - E. coli, pseudomonas, serratia, other, unspecified
 - Other specified sepsis (2)
 - Enterococcus, other
 - Sepsis, unspecified (1)

- Severe sepsis (end organ dysfunction)
 - Severe sepsis without septic shock
 - Severe sepsis with septic shock
- Bacteremia



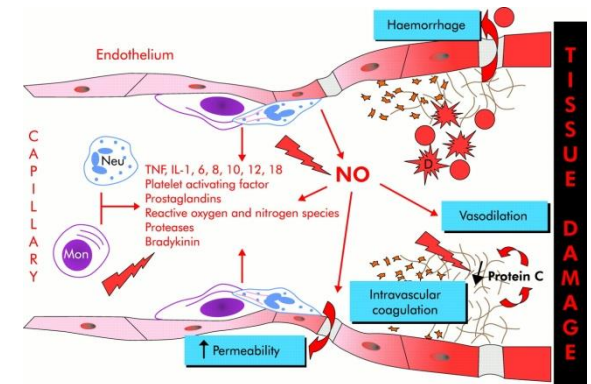
Streptococcal Septicemia

ICD-9

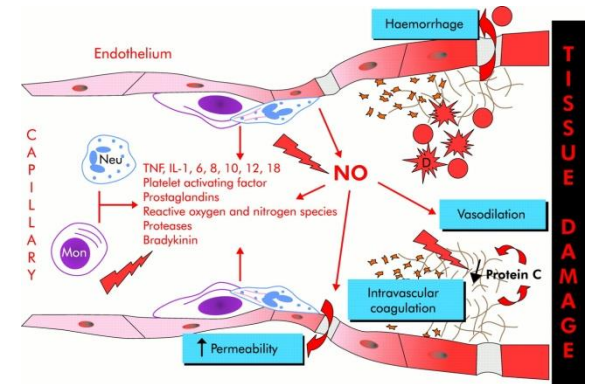
- Streptococcal Septicemia
 - (2 codes)
 - Streptococcal sepsis
 - Pneumococcal sepsis

ICD-10

- Streptococcal Sepsis
 - (5 codes)
- Axis: Type
 - Sepsis due to strep, group A
 - Sepsis due to strep, group B
 - Sepsis due to Strep pneumoniae
 - Other streptococcus
 - Unspecified



Sepsis Under ICD-10 – Key Documentation Points



- *Urosepsis* – still no good, *now not even code-able*
- *SIRS due to infection* will not code with the same severity as “sepsis”
- *Severe sepsis* = sepsis with organ dysfunction
 - Must list which organ(s) are in dysfunction
- *Septic shock* – *generally* only for persistent hypotension, despite fluid resuscitation
- *Bacteremia* – still a separate and different code

Respiratory Failure Classification

ICD-9-CM

- Code Range 518.xx, 348.89
 - **6 codes**
 - Axis: Acuity
 - Acute 518.81 (MCC)
 - Chronic 518.83 (CC)
 - Acute & chronic 518.84 (MCC)
 - Axis: Acuity & Etiology
 - Acute respiratory failure following trauma & surgery 518.51 (MCC)
 - Acute and chronic respiratory failure (“**acute on chronic**”) following trauma and surgery 518.53 (MCC)
 - Center (“**Central**”) 348.89 (No CC/MCC)

(Newborn & valve not addressed here)

ICD-10-CM

- Code Range J95, J96 , G93.89
 - **15 codes**
 - Axes: Acuity & Manifestation
 - Acuity
 - Acute MCC (3)
 - Chronic CC (3)
 - Acute and (“**on**”) Chronic MCC (3)
 - **Unspecified MCC** (3)
 - Manifestation (for each above types)
 - **Unspecified whether with hypoxia or hypercapnia**
 - **With hypoxia**
 - **With hypercapnia**
 - Axis: Etiology & Acuity
 - Post-procedural respiratory failure (2)
 - Acute (MCC)
 - Acute and chronic (MCC)
 - Center (No CC/MCC) G93.89 (1)
 - Other specified disorders of brain

(Newborn & valve not addressed here)

Pressure Ulcers: Anatomic Specificity

ICD-9-CM

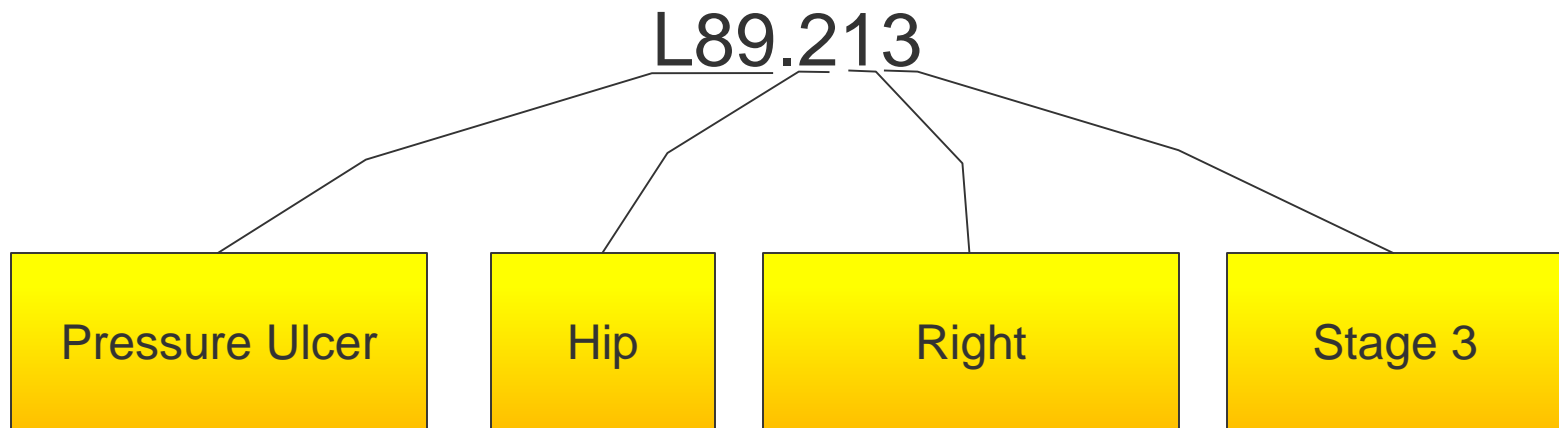
- 2 codes required
 - **54 combinations (2 codes)**
 - Pressure ulcer location (9)
 - Axis – anatomy
 - Unspecified, elbow, upper back, lower back, hip, buttock, ankle, heel, other
 - Pressure ulcer stage (6)
 - Stage I
 - Stage II
 - Stage III
 - Stage IV
 - Unstageable
 - Unspecified

ICD-10-CM

- Combination codes L89
 - **186 combination codes (single)**
 - Axis: anatomy
 - Elbow, back (upper, lower, sacral), hip, buttock, ankle, heel, other site
 - Laterality: R, L, unspecified (3)
 - Contiguous site of back, buttock and hip (1)
 - Secondary axis:
 - Stage: 1,2,3,4, unspecified, unstageable (6)

As in ICD-9, Stage 3 and 4 pressure ulcers are Major Comorbidities (MCCs)

Building an ICD-10 Code



Desired Documentation

“Stage 3 pressure ulcer right hip” - MCC

Includes bed sore, decubitus ulcer, plaster ulcer pressure area, pressure sore

Some Office Considerations



- Continue using CPT codes for procedures and patient encounters
- Office personnel need only concern themselves with ICD-10-CM codes, and will likely only use a relatively small % of the 68,000 codes
- There are multiple resources online, including CMS and *coalitionforicd10.org*
- An EHR can be the ideal platform for documentation templates needed to assign ICD-10 codes. Many EHR providers incorporate ICD-10 software upgrades automatically
- The same holds true for offices that use vendors
- Superbills will become quite cumbersome, but can be converted to ICD-10 if necessary
- Smartphone apps, both Apple and Android
- Test processes in advance - CMS and other payers will do so for free

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Events

BUILD YOUR ACTION PLAN

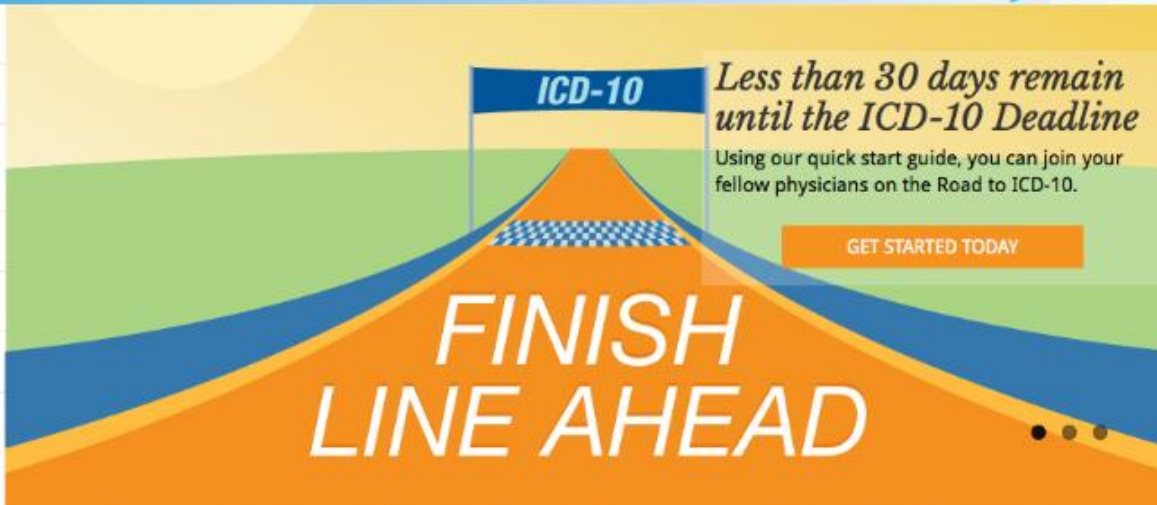
What's New?

New Ancillary Services Webcasts Posted

New webcasts have been posted that discuss ICD-10 documentation and coding concepts for several common ancillary services. [▶ MORE](#)

Clarifying Questions and Answers Related to the CMS/AMA Joint Announcement

In response to questions from the health care community, CMS has released a [Q&A](#) document which provides



ICD-10

Less than 30 days remain until the ICD-10 Deadline

Using our quick start guide, you can join your fellow physicians on the Road to ICD-10.

[GET STARTED TODAY](#)

FINISH LINE AHEAD

Countdown Clock

ICD-10

Countdown to the October 1, 2015 ICD-10 Compliance Date:

DAYS	HOURS	MINS	SECS
29	14	31	20

Build Your Action Plan



Specialty References



Explore the codes, primers for clinical documentation, clinical scenarios, and other resources dedicated to your specialty.

Choose from the following:

- [Family Practice](#)
- [Pediatrics](#)
- [OB/GYN](#)
- [Cardiology](#)
- [Orthopedics](#)
- [Internal Medicine](#)
- [Other Specialty](#)

Find Events Near You



CMS offers free events and training sessions around the country to help small physician practices prepare for ICD-10. Check the events calendar for events in your area. [▶ MORE](#)



Seeking Provider Champions





ICD-10-PCS

The Procedural Coding System

Physician Notes

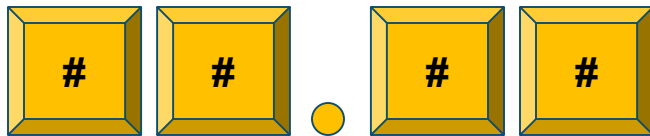


- ICD-10-PCS codes are only used to code inpatient procedures
- Your office will continue to bill your professional fees (at least for now) with CPT codes!
- ***To submit a bill, the hospital must have all seven characters of any ICD-10-PCS code*** – that applies to ***every procedure*** during the inpatient stay
- And, CPT and ICD-10-PCS codes must “match”

ICD-9-CM vs. ICD-10-PCS

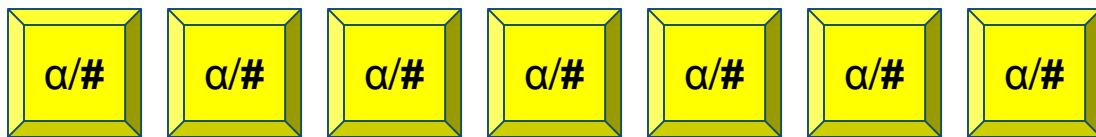
Structural Changes

- ICD-9-CM (Procedures)



- 3-4 characters
- All numeric
 - Decimal point after 2nd digit

- ICD-10-PCS (Procedures)



- 7 characters
- All letters except "I" & "O"
 - No decimal point
 - Each letter or # is called a "value"

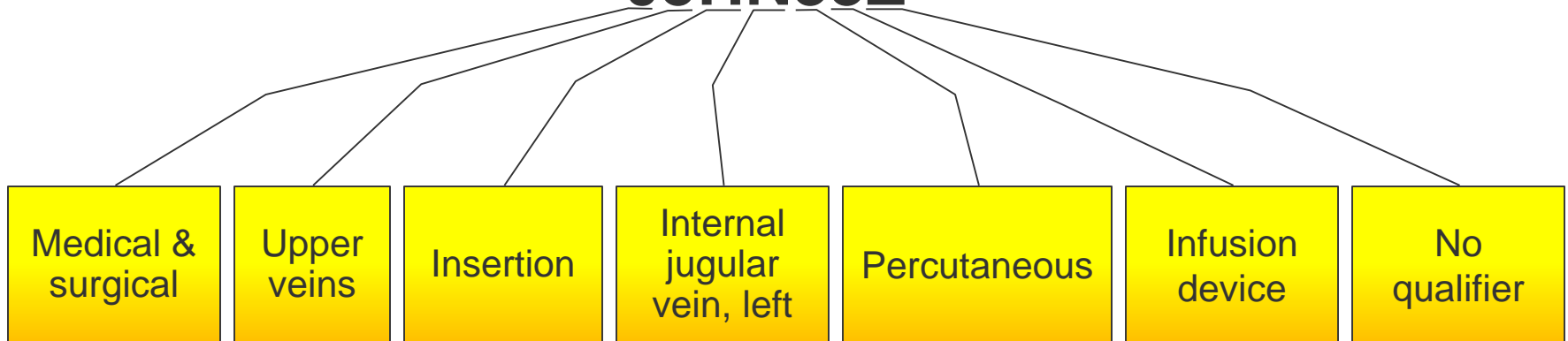
Section, Body System, Root Operation, Body Part, Approach, Device, Qualifier

Internal Medicine / Hospitalist / ED Procedures

- These nine have been designated as *core competencies* by the SHM curriculum for hospitalists:
 - electrocardiogram interpretation
 - chest X-ray interpretation
 - arthrocentesis
 - thoracocentesis
 - abdominal paracentesis
 - lumbar puncture
 - central line placement
 - endotracheal intubation
 - ventilator management

Central Line Placement

05HN33Z



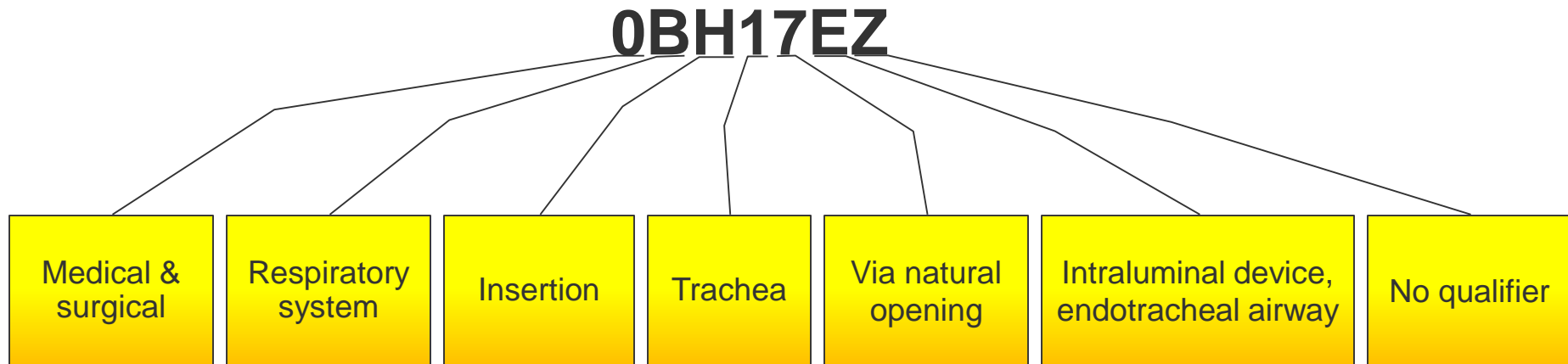
Documentation:

“Central line inserted left internal jugular vein”

Building an ICD-10 Procedural Code

0 Medical & Surgical							
5 Upper Veins							
H Insertion							
Body Part		Contrast		Qualifier		Qualifier	
Character 4		Character 5		Character 6		Character 7	
0	Azygous vein	0	Open	3	Infusion device	Z	No qualifier
1	Hemiazygous vein	3	Percutaneous	D	Intraluminal device		
3	Innominate vein, R	4	Percutaneous endoscopic				
...
N	Internal jugular, L						
...

Building an ICD-10 Procedural Code



“Endotracheal Intubation”

Summary



- Don't try to focus on all the new codes
- Remember that what's essential is providing the information necessary to code
- Use specific terminology
- Go through the online modules for much more detail
- Work with your clinical documentation/coding team in the hospital

The Commons

An introduction to the Diagnosis Calculator and Specialty Content Training for ICD-10

Log-in at: https://www.commonslarning.com/eco_login.php



Welcome to **The Commons**. This is where the Providence Health and Services team gathers to learn, teach, grow, and exchange ideas.

Username

Password

Sign In

[Forgot your password?](#)

[Request an Account](#)

ICD-10 Clinician Web-Based Specialty-Specific Video Training Modules

General ICD-10 Awareness

Office Staff Introduction to ICD-10 - Part 1

Office Staff Introduction to ICD-10 - Part 2

Office Staff Introduction to ICD-10 NIP - Part 1

Office Staff Introduction to ICD-10 NIP - Part 2

Physician Introduction to ICD-10 - Inpatient

Physician Introduction to ICD-10 – Outpatient

Generalists – Documentation Guides

Emergency Medicine

Family Medicine Outpatient

Family Medicine Part 1

Family Medicine Part 2

Internal Medicine Hospitalist Part 1

Internal Medicine Hospitalist Part 2

Internal Medicine - Outpatient

Urgent Care

Hospital-Based

Diagnostic Radiology

Interventional Radiology

Pathology

Radiation Oncology

Surgery – Documentation Guides

Bariatric Surgery

Breast Surgery

Cardiovascular Surgery

Colorectal Surgery

General Neurosurgery

General Surgery

Neurosurgery Head

Neurosurgery Spine

Neurosurgery Spine and Extremities

Orthopedic Foot and Ankle Surgery

Orthopedic Hand Surgery

Orthopedic Spine

Orthopedic Surgery

Orthopedic Total Joint

Orthopedic Trauma

Otolaryngology

Plastic Hand

Plastic Surgery

Podiatric Surgery

Surgical Oncology

Thoracic Surgery

Trauma Surgery

Urology

Vascular Surgery

Pediatrics – Documentation Guides

General Pediatrics

Pediatric Neonatology

Adolescent Medicine

Other Specialty – Documentation Guides

Anesthesiology

Cardiac Electrophysiology

Cardiology

Critical Care

Dermatology

Endocrinology

Gastroenterology

Gynecology

Gynecology Oncology

Hematology

Infectious Disease

Interventional Cardiology

Nephrology

Neurology

Obstetrics

Oncology

Ophthalmology

Pain Management

Physical Medicine and Rehabilitation

Psychiatry and Behavioral Health

Pulmonology

Rheumatology

These web-based training modules are available, by contract, for upload into your hospital or health system's learning management system...

These modules were specifically designed to allow clinicians to be very selective in the modules that they need to study in order to learn how to improve their documentation to support the new concepts and specificity of ICD-10 coding.

By studying just 1-5 of these subspecialty-focused documentation guides, clinicians will typically learn 90-95% of what they need to know to master ICD-10 documentation. For clinicians to achieve 100% mastery requires that they receive individual and departmental feedback from clinical documentation specialists and coders (through "dual coding"), regarding their documentation proficiency, as well as the unique comorbidities of the patient populations that are specific to your hospital and providers...

ICD-10 general questions or questions on The Commons content can be directed to:

ICD10questions@providence.org

Questions regarding accounts and access to The Commons can be directed to:

Anjna.Bhandari@providence.org



ICD-10 Diagnosis Documentation Tips – General Surgery

Infections:

- ❖ State first location and type
- ❖ Indicate organism if known

Acute Pancreatitis:

- ❖ Idiopathic, biliary, alcohol-induced, drug-induced, other, unspecified

Cholecystitis: document location, acuity, and w/ or w/o obstruction

- ❖ Calculus of gallbladder, with
 - Acute, chronic or acute on chronic cholecystitis or w/o any
- ❖ Calculus of bile duct, with
 - Cholangitis, cholecystitis (acute, chronic or acute on chronic) or without either
- ❖ Calculus of gallbladder and bile duct, with
 - Cholecystitis (acute, chronic or acute on chronic) or w/o
- ❖ All above: Document also whether obstruction or no obstruction

Malignant Neoplasm of Esophagus

- ❖ New classification:
 - Upper third, middle third, lower third, overlapping sites, or unspecified

Diabetes Mellitus:

- ❖ No longer controlled, uncontrolled
- ❖ New classification:
 - Specify type: Type 1, Type 2, drug or chemical induced, or due to underlying condition
 - Link any manifestations or complications in your documentation

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ICD-10 [INPATIENT] Procedural Coding Tips – General Surgery

Characters:

- ❖ Section – almost always medical/surgical, don't need to state
- ❖ Body system – should be self evident from your description
- ❖ Root operation – the intent of your procedure
 - Resection – removal of all of a body part
 - Excision – removal of a portion of a body part
- ❖ Body part – describe with anatomic specificity, laterality if applies
- ❖ Approach – open, percutaneous, perc endo, via natural orifice, via natural orifice endoscopic, via natural orifice endo with perc endo assistance
- ❖ Device
 - Describe as specifically as possible any device left in the patient
- ❖ Qualifier – If diagnostic procedure be sure to state so

Eponyms: Don't use them – may not be codeable in ICD-10

- ❖ Describe the procedures you perform on individual body parts:
 - Example: Whipple Procedure (multiple codeable procedures)
 - Excision head of pancreas
 - Excision distal portion of stomach
 - Excision first and second parts of duodenum
 - Resection (complete removal) common bile duct
 - Resection gallbladder
- ❖ Colostomy
 - Definition bypass: altering the route of passage of the contents of a tubular body part
 - Indicate the “from” – descending colon
 - Indicate the “to” - cutaneous

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The daydreams of cat herders

You Don't Order Coffee the Way You Used to...|



Large black coffee



- Venti
- 1/2 Caff
- Skinny
- Vanilla
- No foam
- Latte

It's Time to Add Specificity to Your Documentation Too.

Questions?



now part of Nuance

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