Documentation Strategies in an ICD-10 World

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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

WARNING

Walked into **lamppost** W22.02XD — 6

Hair causing external **constriction** W49.01XA — 7

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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 includin mHealth, medical practices, government policy, and emerging technologies. Follow Tom on Twitter @SullyHI

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

HealthData
Management

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

Joseph Goedert
SEP 1, 2015
7:26am ET

🖶 PRINT

✉ EMAIL

🖹 REPRINTS

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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

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

RELATED

- **Providers Ask CMS for Immediate Final MU Rule**

- **Leidos, Cerner Team Wins Coveted DoD EHR Contract**

- **HIT Implementations Negatively Impact Clinical Workflow**

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 <u>unable to process claims for both ICD-9 and ICD-10</u> codes submitted for the same dates of service --- so a dual coding approach is <u>NOT</u> possible

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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

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
    - <u>Initial</u> – should be used for multiple encounters if the patient continues to receive treatment for the acute condition
    - <u>Subsequent</u> – encounters after the patient is done with active treatment for the condition, i.e., receiving routine care during the healing or recovery phase
    - <u>Sequela</u> – 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

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

Structural Changes

- ## ICD-9-CM (Diagnoses)

| # | # | # | . | # | # |
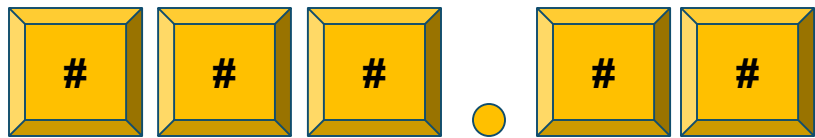
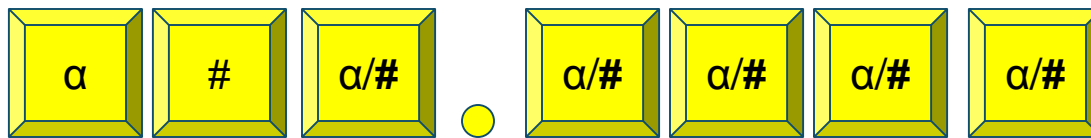**Category**

etiology, site, manifestation

3-5 characters
- All numeric
- Decimal point after 3rd digit

- ## ICD-10-CM (Diagnoses)

| α | # | α/# | . | α/# | α/# | α/# | α/# |

Category

etiology, site, manifestation

extension

3-7 characters
- 1st is alpha (all letters except U)
- 2nd is always #
- Decimal point after 3rd digit

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Chapter Organization

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

Pyogenic Arthritis Classification

ICD-9-CM

- Code Range 711.0
  - **10 codes**
  - Axis: Anatomy (location)
    - Site unspecified
    - Shoulder region
    - Upper arm
    - Forearm
    - Hand
    - Pelvic region and thigh
    - Lower leg
    - Ankle and foot
    - Other specified site
    - Multiple sites

ICD-10-CM

- Code Range M00.00 – M00.9
  - **97 codes**
  - Axes: Etiology (organism) / anatomy (location) / laterality
  - Example
    - Staphylococcal, pneumococcal, streptococcal, other, unspecified
    - Shoulder, elbow, wrist, hand, hip, knee, ankle and foot, vertebrae, polyarthritis, unspecified
  - **Right / left / unspecified**

Documentation Requirements:
Organism / Location / Laterality

Staphylococcal septic arthritis left knee

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Gouty Arthropathy
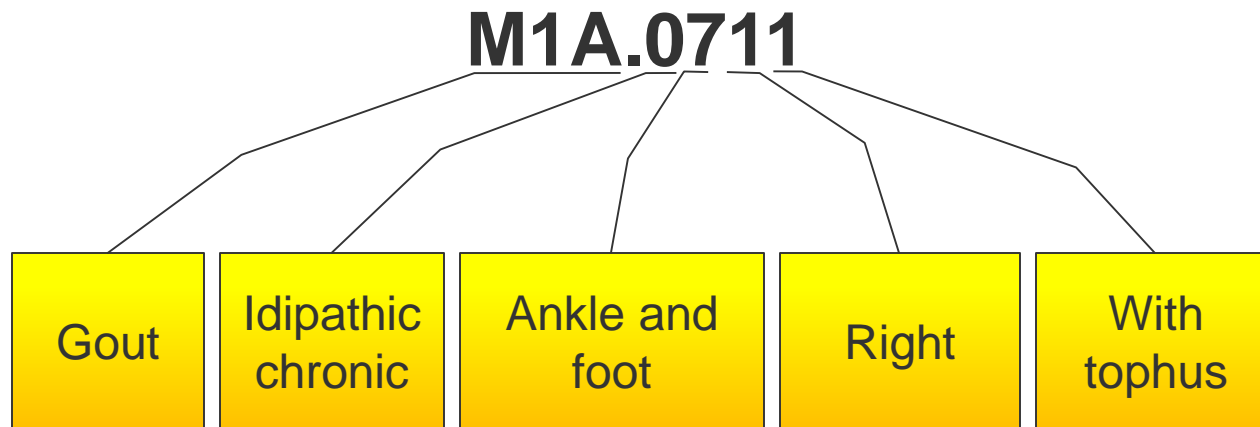
ICD-9-CM

- Gouty Arthropathy   274.0x
  - **4 codes**
  - Type
    - Gouty arthropathy, unspecified
    - Acute gouty arthropathy
      - Acute gout, gout attack, gout flare, podagra
    - Chronic gouty arthropathy without mention of tophus
    - Chronic gouty arthropathy with tophus

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ICD-10-CM

- Gouty Arthropathy   M1A, M10
  - **363 codes**
  - Type: 2 major categories
    - Chronic Gout   M1A   (**242**)
      - **Idiopathic, lead-induced, drug-induced, due to renal impairment, other secondary, unspecified**
      - **Shoulder, elbow, wrist, hand, hip, knee, ankle and foot, vertebrae, multiple joints**
      - **Right / left / unspecified**
      - **Additional subaxis: with or without tophus**
    - Gout M10 (*Includes acute gout, gout attack, gout flare, podagra, gout NOS*) (**121**)
      - Same subaxes except for presence of tophus

Building an ICD-10 Code

M1A.0711

| Gout | Idipathic chronic | Ankle and foot | Right | With tophus |

Example: Desired Documentation
"Chronic idiopathic gout right foot, with tophus"

Pathologic Fracture Classification

ICD-9-CM

- Code Range 733.10 – 733.19
  - **7 codes**
    - Axis: Anatomy (location)
      - Unspecified site
      - Humerus
      - Distal Radius & Ulna
      - Vertebrae
      - Neck of Femur
      - Tibia or Fibula
      - Other specified site

ICD-10-CM

- Code Range M84.4-M84.6
  - **924 codes**
    - Axis: Type
      - Osteoporosis with current pathological fracture (276)
      - Pathologic fracture in neoplastic disease (192)
      - Pathologic fracture in other disease (192)
      - Pathologic fracture, NEC (228)
      - **Collapsed vertebra, NEC** (36)
    - Secondary axes
      - Anatomy
        - Shoulder, humerus, radius & ulna, hand and fingers, femur and pelvis, tib/fib, ankle foot and toes, unspecified, other
    - **Acuity / Status - see next page**

Classification of Fracture Acuity / Status

- 7th Character:
  - Initial encounter for fracture
  - Subsequent encounter for fracture with routine healing
  - Subsequent encounter for fracture with delayed healing
  - Subsequent encounter for fracture with nonunion
  - Subsequent encounter for fracture with malunion
  - Sequela

- Example: ICD-9 v. ICD-10
  - 733.14   *Pathologic fracture of neck of femur*
  - **M80.051K   *Age-related osteoporotic pathologic fracture, right femur, subsequent encounter for fracture with non-union***

Injuries

- This is the largest section of ICD-10-CM
- Additional specificity is required for the nature of injury
- The codes are built in a clinically logical hierarchical manner

Injuries to Single Body Regions

Overall S00 – S99:   [S00.00A – S99.929S]   **30,219 codes**

S00-S09   Injuries to the head

S10-S19   Injuries to the neck

S20-S29   Injuries to the thorax

S30-S39   Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals

S40-S49   Injuries to the shoulder and upper arm (2730 codes)

S50-S59   Injuries to the elbow and forearm

S60-S69   Injuries to the wrist, hand and fingers

S70-S79   Injuries to the hip and thigh

S80-S90   Injuries to the knee and lower leg

S90-S99   Injuries to the ankle and foot

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Injuries to the Shoulder and Upper Arm

- **S40-S49   Injuries to the Shoulder and Upper Arm (2730)**
  - S40 Superficial Injury
  - S41 Open wound of shoulder and upper arm
  - **S42 Fracture of shoulder and upper arm (1398 codes)**
  - S43 Dislocation and sprain of joints and ligaments of shoulder girdle
  - S44 Injury of nerves at shoulder and arm level
  - S45 Injury of blood vessels at shoulder and upper arm level
  - S46 Injury of muscles and tendons at shoulder and upper arm level
  - S47 Crushing injury of shoulder and upper arm
  - S48 Traumatic amputation of shoulder and upper arm
  - S49 Other and unspecified injuries of shoulder and upper arm

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Injuries to the Shoulder and Upper Arm

- **S42 Fracture of shoulder and upper arm (1398 codes)**
  - S42.0   Fracture of the clavicle
  - S42.1   Fracture of the scapula
  - **S42.2   Fracture of upper end of humerus (231 codes)**
  - S42.3   Fracture of shaft of humerus
  - S42.4   Fracture of lower end of humerus

Injuries to the Shoulder and Upper Arm

- **S42.2 Fracture of upper end of humerus (231 codes)**
    - S42.20 Unspecified fx of upper end of humerus
    - S42.21 Unspecified fx of surgical neck of humerus
    - S42.22 2-part fx of surgical neck
    - S42.23 3-part fx of surgical neck
    - S42.24 4-part fx of surgical neck
    - **S42.25 Fracture of the greater tuberosity (42 codes)**
    - S42.26 Fracture of the lesser tuberosity
    - S42.27 Torus fracture of upper end humerus
    - S42.29 Other fracture of upper end of humerus

Injuries to the Shoulder and Upper Arm

- **S42.25   Fracture of the greater tuberosity (42 codes)**
  - S42.251   <u>Displaced</u> fx of greater tuberosity of *R humerus*
  - **S42.252   <u>Displaced</u> fx of greater tuberosity of *L humerus (7 codes)***
  - S42.253   <u>Displaced</u> fx of greater tuberosity of *unspec humerus*
  - S42.254   <u>Non-displaced</u> fx greater tub of *R humerus*
  - S42.254   <u>Non-displaced</u> fx greater tub of *L humerus*
  - S42.254   <u>Non-displaced</u> fx greater tub of *unspec humerus*

Injuries to the Shoulder and Upper Arm

- **S42.252 Displaced fx of greater tuberosity of *L humerus (7 codes)***
  - **S42.252A   initial encounter for closed fx**
  - S42.252B   initial encounter for open fx
  - S42.252D   subsequent encounter for fx with routine healing
  - S42.252G   subsequent encounter for fx with delayed healing
  - S42.252K   subsequent encounter for fx with nonunion
  - S42.252P   subsequent encounter for fx with malunion
  - S42.252S   sequela

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Building an ICD-10 Code

Fx shoulder & arm   S42.
  - Upper end   S42.2
    - Greater tuberosity   S42.25
      - Displaced, left   S42.252
        - Initial encounter, closed fx S42.252A

S42.252A

| Fracture of shoulder and upper arm | Upper end of humerus | Greater tuberosity left | Displaced | Initial encounter for closed fracture |

Example: Desired Documentation

"Displaced fx greater tuberosity left humerus, initial encounter"

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More About Injury Codes

Coding Guidelines

- Chapter 20 lists "External Causes of Morbidity"
  - When an external cause results in a diagnosis, coders are instructed to describe the external causes which fall into four categories, each of which may be an additional code
    - Injury
    - Place of injury
    - Activity at time of injury
    - Status of the individual at the time of injury

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A Case

- The patient presents with a history of a fall while climbing a tree in a state park. He is found to have a non-displaced fx medial phalanx left index finger.
- Coding
  - S83.211A   Initial encounter for a closed, non-displaced fx medial phalanx left index finger

  - W14A   Injury: Fall from tree, initial encounter
  - Y92.830   Place: Public park as place of occurrence
  - Y93.39   Activity: Climbing, not elsewhere classified
  - Y99.8   Status: Leisure activity

Type of Injury …

LAND

W55.21
BITTEN BY A COW

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Some Office Considerations

- Continue using CPT codes for procedures and patient encounters
- Office personnel need only concern themselves with ICD-10-<u>CM</u> 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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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"

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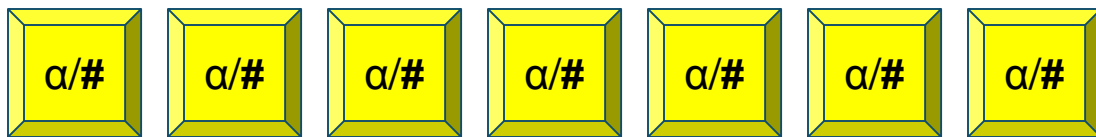
ICD-9-CM vs. ICD-10-PCS

Structural Changes

- ICD-9-CM (Procedures)

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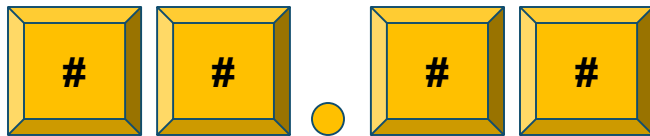
3-4 characters
- All numeric
- Decimal point after 2nd digit

- ICD-10-PCS (Procedures)

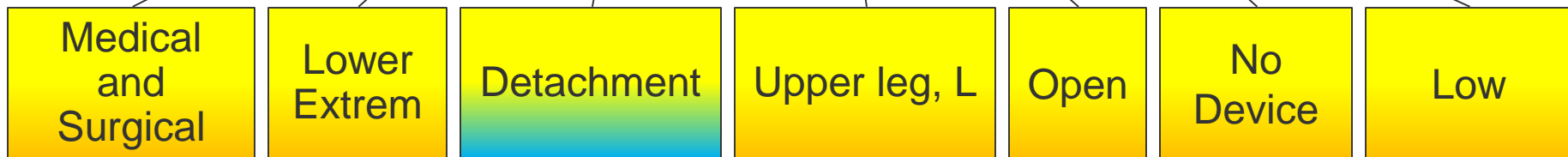| α/# | α/# | α/# | α/# | α/# | α/# | α/# |

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

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Building an ICD-10 Procedural Code

Above knee amputation, distal L femur

0Y6D0Z3

Medical and Surgical	Lower Extrem	Detachment	Upper leg, L	Open	No Device	Low

Cutting off all or a portion of the upper or lower extremities

Another Case

- 83 yo female sustains a displaced subcapital fracture of the right hip. She undergoes a cemented hemi-arthroplasty.

ICD-10-PCS Table

0	Medical & Surgical
S	Lower Joints
R	Replacement

Hemiarthroplasty R hip with [named device], cemented

0SRR019

Body Part Character 4		Approach Character		Device Character 6		Qualifier Character 7	
R	Hip, Femoral Surface, R	0	Open	1	Synthetic Substitute, metal	9	Cemented
S	Hip, Femoral Surface, L			3	Synthetic Substitute, ceramic	A	Uncemented
				J	Synthetic Substitute	Z	No qualifier
R	Hip, Femoral Surface, R	0	Open	7	Autologous Tissue Substitute		
S	Hip, Femoral Surface, L			K	Nonautologous Tissue Substitute		

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Another Tree Climber

- The patient presents with a history of a fall while climbing a tree in a state park. He is found to have a bucket-handle tear of the right medial meniscus.
    - Coding:
    - S83.211A   Bucket-handle tear of medial meniscus, current injury, right knee, initial encounter

    - W14A   Injury: Fall from tree, initial encounter
    - Y92.830   Place: Public park as place of occurrence
    - Y93.39   Activity: Climbing, not elsewhere classified
    - Y99.8   Status: leisure activity
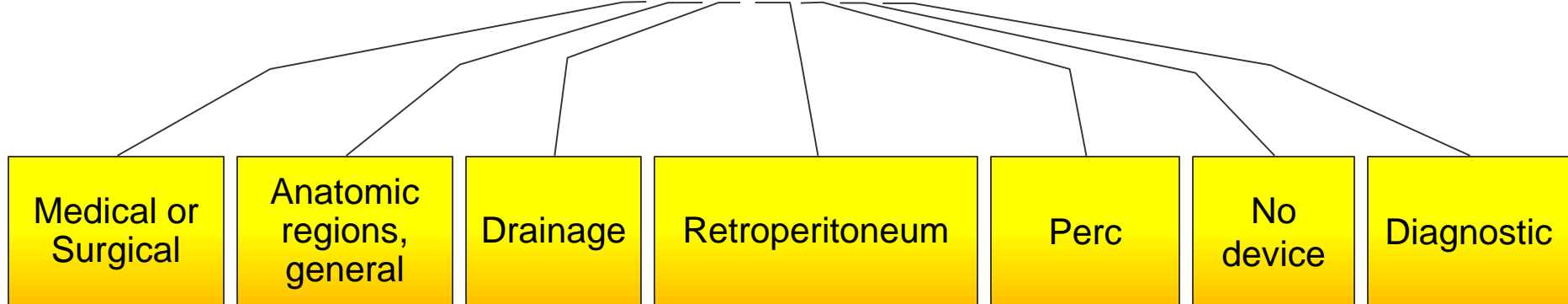
0	Medical & Surgical
S	Lower Joints
B	Excision

Arthroscopic medial meniscectomy, R knee

0SBC4ZZ

Body Part Character 4		Approach Character 5		Device Character 6		Qualifier Character 7	
0	Lumbar vertebral joint	0	Open	Z	No device	X	Diagnostic
2	Lumbar vertebral disc	3	Percutaneous			Z	No qualifier
3	Lumbosacral joint	4	Percutaneous endoscopic				
4	Lumbosacral disc						
...	...						
5	Hip joint, R						
6	Hip joint, L						
C	Knee joint, R						
D	Knee joint, L						
...	...						

Building an ICD-10 Procedural Code

0W9H3ZX

Medical or Surgical	Anatomic regions, general	Drainage	Retroperitoneum	Perc	No device	Diagnostic

"Diagnostic percutaneous drainage retroperitoneal abscess"

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.commonslearning.com/eco_login.php

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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
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Orthopedic Hand Surgery
Orthopedic Spine
Orthopedic Surgery
Orthopedic Total Joint
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Otolaryngology
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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...

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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

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

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Questions?

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