

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



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 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

PRINT

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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](#)

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

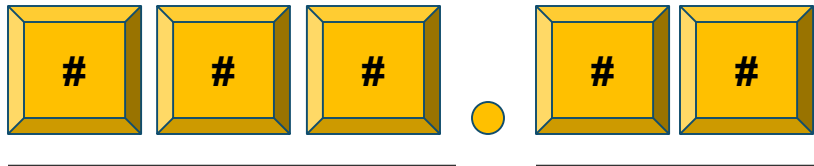
Change in Number of Codes Varies by Specialty

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)



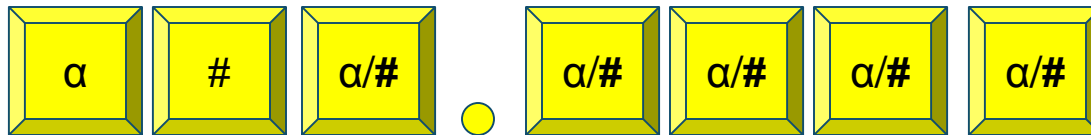
Category

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		

General Pediatrics



Asthma Classification

ICD-9-CM

- Code Range 493.0x – 493.9x
 - **14** codes
- Type/etiology/cause (**12** types)
 - Extrinsic
 - Intrinsic
 - Chronic obstructive
 - Asthma, Unspecified
 - Severity (for above types)
 - Unspecified
 - With (acute) exacerbation
 - With status asthmaticus
- Other forms of asthma (**2** types)
 - Exercise induced bronchospasm
 - Cough variant asthma

ICD-10-CM

- Code Range J45
 - **18** codes
- Severity / type
 - **Mild intermittent (3)**
 - **Mild persistent (3)**
 - **Moderate persistent (3)**
 - **Severe persistent (3)**
 - Presentation (for each of the above)
 - Uncomplicated
 - With acute exacerbation
 - With status asthmaticus
- Other & unspecified asthma
 - Unspecified (**3**)
 - With 3 presentations above
 - Other asthma (**3**)
 - Exercise induced bronchospasm
 - Cough variant asthma
 - **Other asthma**

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

Neonatology

Chapters 16 & 17



Neonatal Record – Birth Event

ICD-9-CM

- Code Range V30 (supplemental)
 - **36 codes**
 - Axis: Number of births (**36**)
 - **Single liveborn (4)**
 - Twin, mate liveborn (4)
 - ~~Twin, mate stillborn (4)~~
 - Twin, unspecified (4)
 - ~~Other multiple, mates all liveborn (4)~~
 - ~~Other multiple, mates all stillborn (4)~~
 - ~~Other multiple, mates live and stillborn (4)~~
 - Other multiple, unspecified (4)
 - Unspecified (4)
 - Subaxis: place of birth (4)
 - Born in hospital (2)
 - Subtypes: vaginal or cesarean
 - Born before admission to hospital (1)
 - Born outside hospital and not hospitalized (1)

ICD-10-CM

- Code Range Z38
 - **18 codes**
 - Axis: Number of births / place of birth
 - **Single liveborn infant, born in hospital (2)**
 - Delivered vaginally
 - Delivered cesarean
 - **Single liveborn infant, born outside hospital (1)**
 - **Single liveborn infant, unspecified (1)**
 - Twin liveborn infant, born in hospital (2)
 - Delivered vaginally
 - Delivered cesarean
 - Twin liveborn infant, born outside hospital (1)
 - Twin liveborn infant, unspecified (1)
 - Other multiple liveborn infant, born in hospital (8)
 - **Triplet, quadruplet, quintuplet, other**
 - Vaginal or cesarean
 - Other multiple liveborn infant, born outside hospital (1)
 - Other multiple liveborn infant, unspecified as to place of birth (1)

Disorders Relating to Short Gestation and Low Birth Weight

ICD-9-CM

- Disorders relating to short gestation and low birthweight **20 code pairs**
- Birthweight (**2**)
 - Extreme immaturity
 - Implies birthweight <1000gm
 - Other preterm infants
- Gestation (**10**)
 - Weeks of gestation
 - Unspecified
 - <24
 - 24
 - 25-26
 - 27-28
 - 29-30
 - 31-32
 - 33-34
 - 35-36
 - ≥ 37

ICD-10-CM

- Disorders relating to short gestation and low birthweight **170 code pairs**
- Birthweight (**10**)
 - Extremely low birth weight newborn (**4**)
 - <**500**
 - **500-749**
 - **750-999**
 - **Unspecified**
 - Other low birth weight newborn (**6**)
 - **1000-1249**
 - **1250-1499**
 - **1500-1749**
 - **1750-1999**
 - **2000-2499**
 - **Unspecified**
- Gestation (**17**)
 - Extreme immaturity of newborn (**7**)
 - <**23, 23, 24, 25, 26, 27**, unspecified
 - Preterm newborn [other] (**10**)
 - **28, 29, 30, 31, 32, 33, 34, 35, 36**, unspecified

Congenital Pneumonia

ICD-9-CM

- Code Range 770.0
 - **1 code**
 - Congenital Pneumonia



ICD-10-CM

- Code Range P23
 - **9 codes**
 - Congenital pneumonia (axis - type)
 - **Due to viral agent**
 - **Due to Chlamydia**
 - **Due to staphylococcus**
 - **Due to streptococcus, group B**
 - **Due to Escherichia coli**
 - **Due to Pseudomonas**
 - **Due to other bacterial agents**
 - **Due to other organisms**
 - **Unspecified**

Perinatal Jaundice Classification

ICD-9-CM

- Code Range 773. **9 codes**
 - Axis: Type
 - Perinatal jaundice from other excessive hemolysis
 - Neonatal jaundice associated with preterm delivery
 - Neonatal jaundice due to delayed conjugation,
 - cause unspecified
 - in diseases classified elsewhere
 - Other
 - Perinatal jaundice due to hepatocellular damage
 - Perinatal jaundice from other causes
 - Unspecified jaundice
 - Kernicterus not due to isoimmunization

ICD-10-CM

- Code Range P55, P56, P57 **16 codes**
 - Neonatal jaundice due to other excessive hemolysis (**9**)
 - **Due to bruising**
 - **Due to bleeding**
 - **Due to infection**
 - **Due to polycythemia**
 - **Due to drugs or toxins**
 - Transmitted from mother
 - Given to newborn
 - **Due to swallowed maternal blood**
 - Due to other specified excessive hemolysis
 - Unspecified
 - Neonatal jaundice from other / unspecified causes (**7**)
 - Associated with preterm delivery
 - **Inspissated bile syndrome**
 - From hepatocellular damage
 - Unspecified or other
 - **From breast milk inhibitor**
 - From other cause
 - From unspecified cause

Building an ICD-10 Code

Coding Note:

- Coders need to know the drug or toxin suspected of causing the jaundice which is separately coded

P55.41

Neonatal jaundice due to
other excessive
hemolysis

Due to drugs or toxins
transmitted from mother
or given to newborn

Transmitted from
mother

Example: Desired Documentation

“Neonatal jaundice due to toxin transmitted from mother”

Congenital Anomalies of Respiratory System

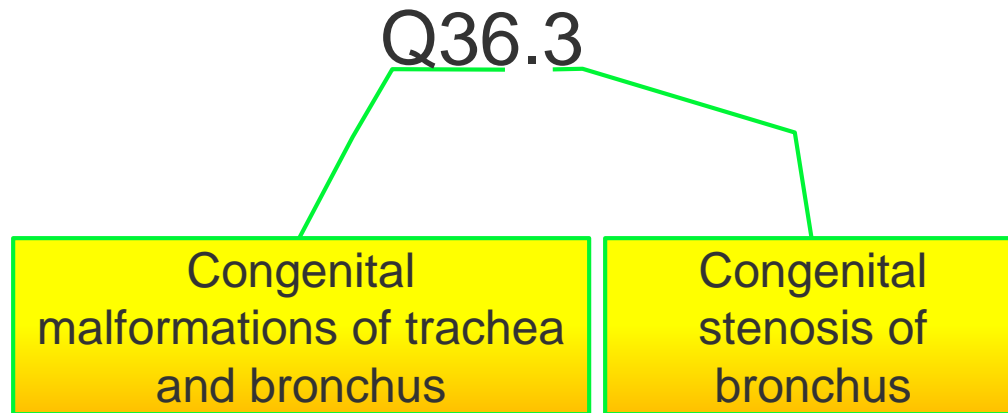
ICD-9-CM

- Code Range 748.0 – 748.9
 - **12 codes**
 - Axis: Type
 - Choanal atresia
 - Other anomalies of nose
 - Web of larynx
 - Other anomalies of larynx, trachea, and bronchus
 - Congenital cystic lung
 - Agenesis, hypoplasia and dysplasia of lung
 - Other anomalies of lung (4)
 - Unspecified, congenital bronchiectasis, other
 - Other specified anomalies of respiratory system
 - Unspecified anomaly of respiratory system

ICD-10-CM

- Code Range Q35-Q37
 - **31 codes**
 - Congenital malformations of nose (6)
 - Choanal atresia, **agenesis and underdevelopment of nose, fissured, notched and cleft nose, congenital perforated nasal septum**, other, unspecified
 - Congenital malformations of larynx (7)
 - Web of larynx, **congenital subglottic stenosis, laryngeal hypoplasia, laryngocele, congenital laryngomalacia**, other, unspecified
 - Congenital malformations of trachea and bronchus (5)
 - **Cong tracheomalacia, other of trachea, cong bronchomalacia, cong stenosis of bronchus, other**
 - Congenital malformations of lung (9)
 - **Congenital cystic lung, accessory lobe of lung, sequestration of lung**, agenesis of lung, congenital bronchiectasis, **ectopic tissue in lung**, congenital hypoplasia and dysplasia of lung, other, unspecified
 - Other congenital malformations of resp system (4)
 - Anomaly of pleura, cong cyst of mediastinum, other, unspecified

Building an ICD-10 Code



Example: Desired Documentation

“Congenital stenosis of bronchus”

Pregnancy, Childbirth, and the Puerperium

Chapter 15



Chapter 15 - Pregnancy, Childbirth, and the Puerperium

- Delivered, *antepartum* and *post-partum* are no longer an axis of classification, but rather trimester
 - 1st trimester = <14 weeks, 0 days from first day of LMP
 - 2nd trimester = >14 weeks, 0 days to less than 28 weeks, 0 days
 - 3rd trimester = 28 weeks, 0 days until delivery
- The last character of many of the codes in this chapter identifies the weeks of gestation

Other Notes

- Codes from Chapter 15 are used only on the maternal record
 - If a fetal condition affects the management of the mother, it is coded [O35, O36]. Note: the physician must describe the causation.
- Abortion and Fetal Death
 - Time frame changed for differentiating abortion and fetal death codes has changed from 22 weeks to 20 weeks
- Complication codes related to a fetus
 - 7th character used to identify which fetus
- For all encounters where a delivery occurs, a code for the “outcome of delivery” [Z37 codes] must be added
- Some diagnoses in Chapter 15 require identification by the physician as to whether the condition was pre-existing or due to the pregnancy

Other Notes

- Documentation of alcohol and tobacco use
 - Codes are to be assigned when a mother uses alcohol during pregnancy or puerperium (this should be documented by the physician)
 - Similarly, “smoking (tobacco) complicating pregnancy, childbirth and the puerperium” should be documented if a mother uses any type of tobacco product during pregnancy or the puerperium.
- Coding definitions
 - Postpartum period begins immediately after delivery and extends for 6 weeks
 - Peripartum period is defined as the last month of pregnancy to five months postpartum

Certain Types of Antepartum Hemorrhage

ICD-9-CM

- Antepartum hemorrhage associated with coagulation defects in the antepartum period
 - **(1 code)**

ICD-10-CM

- ICD-10 diagnoses
 - **(24 codes)**
- Primary axis: Etiology **(2)**
 - Premature separation of placenta
 - Antepartum hemorrhage, NEC
- Secondary axis: Coagulation disorder **(4)**
 - With coag defect, unspecified
 - With afibrinogenemia
 - With disseminated intravascular coag
 - With other coagulation defect
- Additional axis: Trimester **(3)**
 - First
 - Second
 - Third

Premature separation of placenta	O45.
- with coagulation defect	O45.0
- with afibrinogenemia	O45.01
- third trimester	O45.013

Hypertension Complicating Pregnancy

ICD-9-CM

- Hypertension Complicating Pregnancy, Childbirth, and the Puerperium
 - **45 codes**
- Primary axis: Type (9)
 - Benign essential hypertension complicating P/C/P
 - Hypertension secondary to renal disease, complicating P/C/P
 - Other pre-existing hypertension complicating P/C/P
 - Transient hypertension of pregnancy
 - Mild or unspecified pre-eclampsia
 - Severe pre-eclampsia
 - Eclampsia
 - Pre-eclampsia or eclampsia superimposed on pre-existing hypertension
 - Unspecified hypertension complicating P/C/P
- Additional axis: (5)
 - Delivered, w or w/o mention of antepartum condition
 - Delivered, with mention of postpartum complication
 - Antepartum condition or complication
 - Postpartum condition or complication
 - Unspecified as to episode of care or N/A

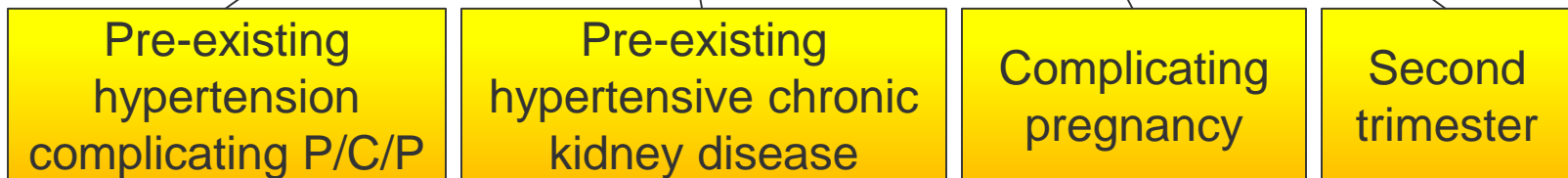
ICD-10-CM

- Edema, Proteinuria and Hypertensive Disorders in Pregnancy, Childbirth and the Puerperium
 - **78 codes**
- Primary axis: Type
 - Pre-existing hypertension (6)
 - **Pre-existing hypertensive heart disease (6)**
 - **Pre-existing hypertensive CKD (6)**
 - **Pre-existing hypertensive heart and CKD (6)**
 - Pre-existing secondary hypertension (6)
 - Unspecified pre-existing hypertension (6)
 - Pre-existing hypertension with pre-eclampsia (4)
 - **Gestational edema and proteinuria w/o hypertension (12)**
 - **Edema, proteinuria, edema with proteinuria**
 - **Gestational hypertension w/o significant proteinuria (4)**
 - Pre-eclampsia [**must specify trimester**] (12)
 - Mild to moderate, severe, **HELLP syndrome**, unspecified
 - Eclampsia (6)
 - **In pregnancy, in labor, in puerperium, unspecified**
 - Unspecified maternal hypertension (4)
- Secondary axes: Condition complicating...
 - Pregnancy: (3 or 4)
 - First, Second, Third, or unspecified trimester
 - Childbirth (1)
 - Puerperium (1)

Building an ICD-10 Code

Pre-existing hypertension	O10.
- With CKD	O10.2
- Complicating pregnancy	O10.21
- Second trimester	O10.212

O10.212



“Hypertensive CKD complicating second trimester”

Diseases of Female Pelvic and Genital Organs

Chapter 14



Salpingitis & Oophoritis

ICD-9-CM

- Code Range 614.0-614.2
 - **3 codes**
- Axis: Type (3)
 - Acute
 - Chronic
 - Unspecified

ICD-10-CM

- Code Range N70.
 - **9 codes**
- Axis: Type (3)
 - Acute salpingitis & oophoritis
 - Chronic salpingitis & oophoritis
 - Salpingitis & oophoritis, unspecified
- Subaxis: More specificity (3)
 - Salpingitis
 - Oophoritis
 - Salpingitis & oophoritis

Salpingitis & Oophoritis

- Acute

- Oophoritis

N70.

N70.0

N70.02

Malignant Neoplasms of Female Genital Organs

ICD-9-CM

- Malignant Neoplasm of Genitourinary Organs [Female] (23)
 - Uterus, part unspecified (1)
 - Cervix Uteri (4)
 - Endocervix, exocervix, other specified, unspecified
 - Placenta (1)
 - Body of Uterus (3)
 - Corpus, except isthmus
 - Isthmus
 - Other specified site
 - Ovary and other uterine adnexa (7)
 - Ovary, fallopian tube, broad ligament, parametrium, round ligament, other specified site, unspecified
 - Other and unspecified female genital organs (7)
 - Vagina, labia majora, labia minora, clitoris, vulva unspec., other specified, unspecified

ICD-10-CM

- Malignant Neoplasms of Female Genital Organs (35)
 - Vulva (5)
 - Labium majus, labium minus, clitoris, **overlapping sites of vulva**, unspecified
 - Vagina (1)
 - Cervix uteri (4)
 - Endocervix, exocervix, **overlapping sites**, of cervix, unspecified
 - Corpus uteri (6)
 - Isthmus, endometrium, myometrium, fundus, **overlapping sites**, unspecified
 - Uterus, part unspecified (1)
 - Ovary (3)
 - **Right, left, unspecified**
 - Other and unspecified female genital organs (13)
 - Fallopian tube (3), broad ligament (3), round ligament (3), parametrium, adnexa, other specified, **overlapping sites**
 - Unspecified female genital organ (1)
 - Placenta (1)

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

- Home
- ICD-10 Overview ▶
- Physician Perspectives ▶
- Webcasts ▶
- Medical Cases ▶
- FAQ
- Videos
- Quick References
- Template Library

Events

BUILD YOUR ACTION PLAN

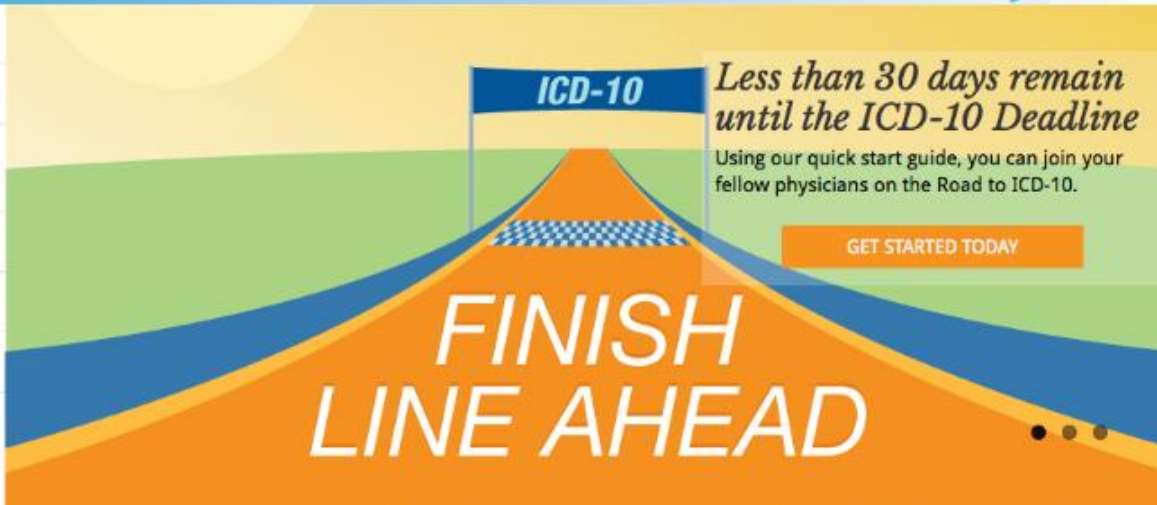
What's New?

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

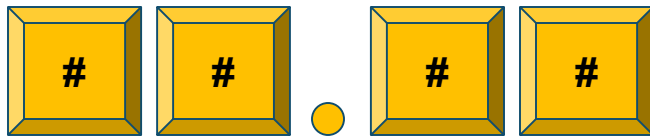


- ICD-10-PCS codes are only used to code inpatient procedures
- Your office will continue to bill your professional fees (at least for now) with CPT codes!
- ***To submit a bill, the hospital must have all seven characters of any ICD-10-PCS code – that applies to every procedure during the inpatient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

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

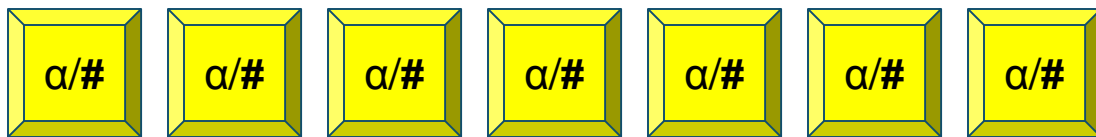
Structural Changes

- ICD-9-CM (Procedures)



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

- ICD-10-PCS (Procedures)

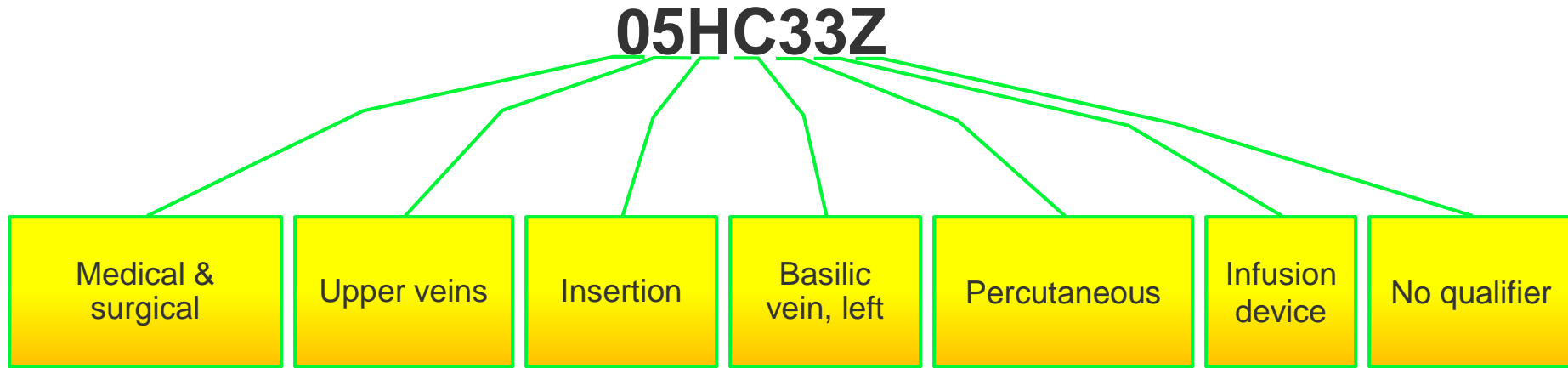


- 7 characters
- All letters except "I" & "O"
 - No decimal point
 - Each letter or # is called a "value"

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

Building an ICD-10 Procedural Code

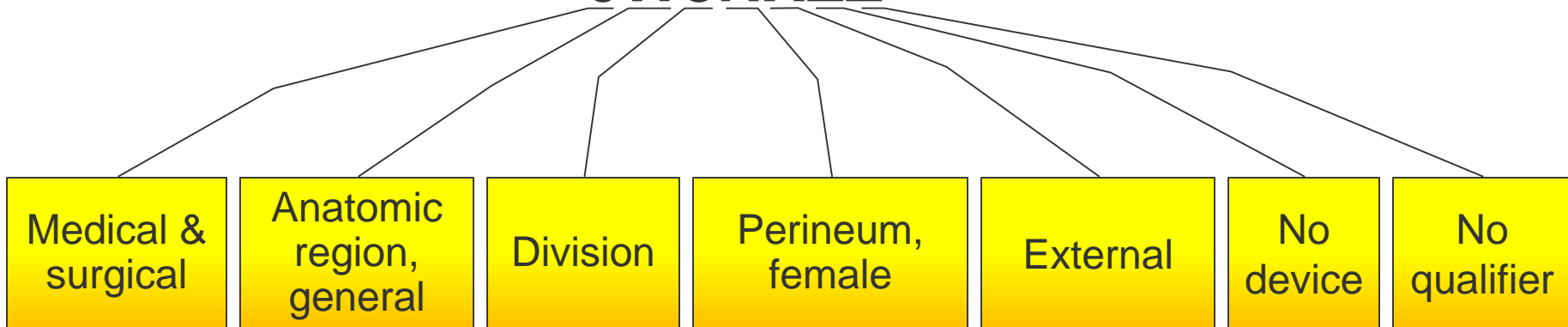
05HC33Z



“Insertion PICC line L basilic vein”

Building an ICD-10 Procedural Code

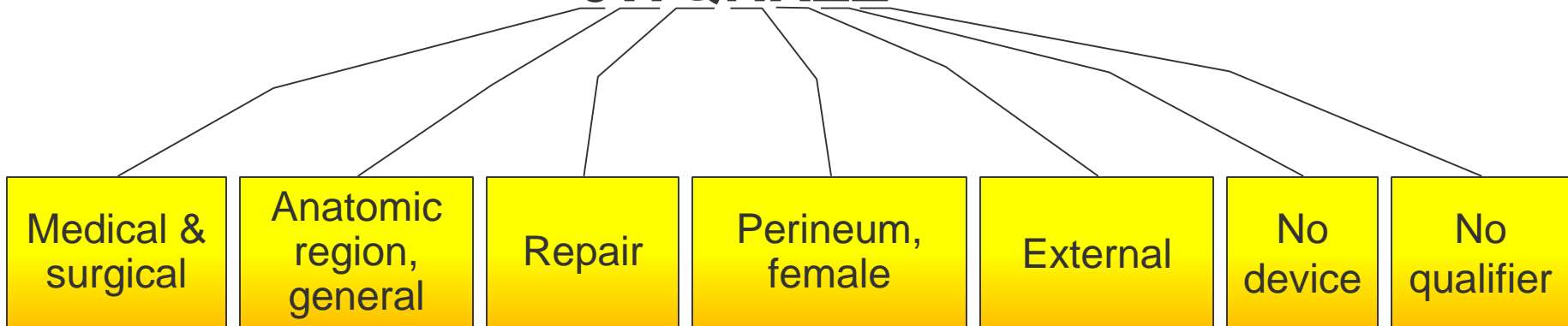
0W8NXZZ



“Midline episiotomy”

Building an ICD-10 Procedural Code

0WQNXZZ



“Perineal repair”

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?



andrew.dombro@jathomas.com