

ICD-10: What Providers Need to Know

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Goals for Today

At the end of this presentation, you will be able to:

- Describe what's changing, what isn't and why
- Identify the implementation steps necessary for a successful ICD-10 implementation
- Discuss the impact of the documentation requirements in both the physician office setting and the hospital environment
- Identify the documentation issues for your specialty



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PART 1: WHAT'S CHANGING AND WHY

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Code Sets of the Future



**ICD-10-CM
and
CPT/HCPCS**



**ICD-10-CM
and
CPT/HCPCS**

**Inpatient:
ICD-10-CM
and
ICD-10-PCS**



**Outpatient:
ICD-10-CM
and
CPT/HCPCS**



**ICD-10-CM
and
CPT/HCPCS**



ICD-10-CM



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Impact of Coding System Change

- Coded data more widely used today than in 1979
- Increased detail in new coding systems will improve coding specificity, BUT this depends on:
 - Coding professionals with a greater understanding of A&P than is necessary for ICD-9-CM coding
 - High-quality physician documentation

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Physicians and Diagnosis Coding

- Medicare Catastrophic Coverage Act of 1988
- Mandated to use ICD-9-CM on claims for Medicare
- Commercial insurance quickly adopted
- Many staff members and physicians learned "on-the-job"
 - System not used to the fullest extent
 - Documentation not stressed

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Physician Impact

- The same system ... yet very different



- Built on same classification scheme with chapters and organizational style
- Common ICD-9 code categories remain in ICD-10-CM

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Documentation Impact – Diagnoses

- Clinical documentation will need greater specificity
 - Not more, just the right details
 - Link complications to specific disease processes
 - Laterality and detailed locations
 - Trimester and weeks of gestation for Obstetrics
 - Gustilo Classification for open fractures
 - Episode of care for all injuries



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Documentation Impact – Inpatient Procedures

- Documentation specificity
 - Clear documentation of the intent of procedure
 - Identification of body parts involved
 - Type of device using PCS categories
 - Genetic source of all grafts and transplants
 - Very few unspecified codes
- Detail required for even the most common procedures



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Systems Impact

- All systems using ICD-10-CM and PCS
 - Field lengths (codes and descriptions)
 - Alphanumeric characters
 - Processing logic
 - Ability to accommodate both ICD-9-CM and ICD-10-CM/PCS simultaneously during training, testing and claims resolution

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Data Impact

- Differences in systems goes beyond changes in code titles or level of specificity
- The rules have changed:
 - Terminology
 - Definitions
 - Instructions for code assignment
- Will bring better data in the future but longitudinal data study may be impacted
- The data collected today impact the population health of tomorrow



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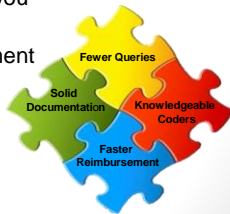
The Documentation Challenge

- Many physicians don't realize:
 - Coders cannot assume anything
 - If not documented, it can't be coded
 - Coders cannot use Lab, X-ray or Pathology findings without a documented diagnosis
- Queries are the last resort

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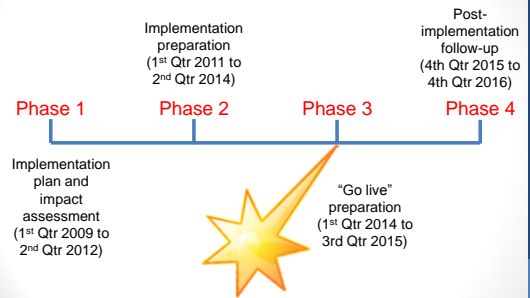
Why Clinical Documentation Improvement (CDI)?

- “Just-in-Time” documentation assistance
- Up-front education so you know what to expect
- Help physicians document to the highest level of specificity



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ICD-10 Implementation



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“What if we don't change at all ... and something magical just happens?”



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Implementation Steps

1. Build a team
2. Make a plan
3. Conduct gap analysis



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Implementation Steps

4. Assess documentation
5. Update technology
6. Secure resources:
 - Develop cash reserves
 - Get line of credit
 - Human resources retention



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Implementation Steps

7. Generate internal support
8. Provide targeted education



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Implementation Steps

9. Test, test, test
10. Monitor and respond



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Organization Gap Analysis

- Assess organizational readiness
- Educate IT personnel on code sets
- Determine how long dual code sets are required
- Perform organization-wide systems audit
 - Inventory all systems for code involvement
- Perform detailed analysis of system changes
- Prioritize sequencing of system changes or upgrades

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Coding Gap Analysis


- Knowledge and skills needed for the ICD-10 environment
 - Anatomy and physiology
 - Medical terminology
 - Pharmacology
 - Disease pathology
- Assess quality of medical record documentation



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I thought we could just use the GEMs...


- General Equivalence Maps used to compare data from one code set to another
- **NOT** for coding – always “native” code for billing



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How hard is this, really?

- Experienced coders can learn ICD-10-CM diagnosis coding in 16 to 24 hours
 - Easier with ICD-9-CM experience
 - Practice is required
- Without ICD-9-CM training, they must learn the details of classifications systems first




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**PART 2:
ICD-10-CM**

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ICD-10-CM System



- Based on ICD-10 published by the World Health Organization (W.H.O.)
- “CM” is the clinical modification done for the U.S. health care system
 - Connects the US to world-wide mortality data
 - Assigns a code number to a diagnostic statement
- Electronic file available from CMS at: <http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html>

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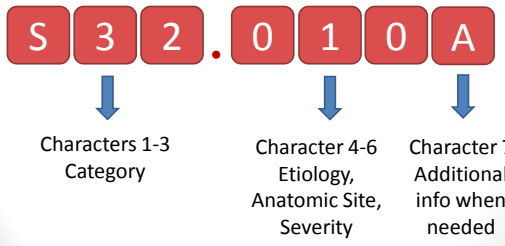
Why Is This Important?

- Describes the patient’s current health status
- Tells the story of why the services were performed
- Public health and disease surveillance efforts depend on these codes
- Documentation needs are not new for this system
 - Needed for good patient care
 - ICD-10-CM will allow us to code the detailed diagnostic information

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ICD-10-CM Structure

S 3 2 . 0 1 0 A



- Characters 1-3 Category
- Character 4-6 Etiology, Anatomic Site, Severity
- Character 7 Additional info when needed

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Now and Later

ICD-9-CM

- 599.71 Gross Hematuria
- 401.9 Hypertension, benign
- E942.6 Adverse affect of other antihypertensive agents
- 493.12 Intrinsic asthma with acute exacerbation

ICD-10-CM

- N02.0 Recurrent and persistent hematuria with minor glomerular abnormality
- I10 Hypertension
- T46.4x6A Underdosing of angiotensin-converting-enzyme inhibitors
- J45.41 Moderate persistent asthma with acute exacerbation

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New Features

Combination codes for conditions and their associated symptoms or manifestations

Laterality Classification for Left, Right, Bilateral

Expanded classification in many areas:
Injury
Postoperative Complications
Obstetrics

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Recurring Themes

- Status of disease
- Adjectives are vital!
 - Acute or subacute
 - Chronic, Intermittent, Recurrent, Transient
 - Mild, moderate, severe
 - Primary versus secondary
 - Major
- Etiology
- Establishing the relationships to other conditions
- Laterality

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Neoplasms

- Benign, malignant, primary, secondary, in situ
- Detailed locations
- Overlapping sites versus different, distinct locations
- Current disease, if still under treatment
- History of disease, if treatment complete

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Anemia

- Cause of anemia to show severity, such as:
 - Acute blood loss versus chronic blood loss
 - Anemia in neoplastic disease, chronic kidney disease, or other chronic disease
 - Other types and causes, such as:
 - Iron deficiency
 - B12 deficiency
- Sickle-cell with or without crisis

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Diabetes

- Type I
- Type II
 - Document long term use of insulin
- Due to other disease – specify disease
- Due to drug/chemical – specify substance
- Link Diabetes to complications with “due to” or “Diabetic...” to show severity
- Gestational versus pre-pregnancy

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Circulatory System

- Myocardial infarctions are classified by the extent of damage and responsible coronary vessel
- Link complications to hypertension with “due to” or “hypertensive ...” to show severity
- Atherosclerosis classified as native artery or vein versus of a graft
- Heart failure:
 - Systolic versus diastolic, Left versus right
- Traumatic versus non-traumatic cerebral hemorrhage and cause of hemorrhage or infarction
 - Need to know which cranial artery is blocked or ruptured
 - Ask Radiologist to dictate in the report

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Respiratory System

- Acute, subacute or chronic
- Exacerbation of chronic disease
- Asthma as intermittent versus persistent
 - Mild, moderate or severe

Asthma Severity	Frequency of Symptoms
Intermittent	Less than or equal to 2 times per week
Mild Persistent	More than 2 times per week
Moderate Persistent	Daily. May restrict physical activity
Severe Persistent	Throughout the day. Frequent severe attacks limiting ability to breathe.

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Integumentary System

- Pressure ulcer – detailed site, laterality and stage I-IV
- Non-pressure chronic ulcer – site, laterality and the extent of:
 - Skin breakdown
 - Fat layer exposed
 - Necrosis of muscle
 - Necrosis of bone
- Guidelines allow use of nursing (wound care) documentation for staging if the physician documents the presence of ulcer

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Musculoskeletal Disease

- Past infection, past trauma or disease
- Link infectious agent or cause to disease
- Arthritis
 - Primary, post-traumatic, secondary
 - Rheumatoid versus osteoarthritis
 - Generalized versus specific joints
- Pathological fracture due to osteoporosis, neoplastic disease or other cause

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Obstetrics

- Trimester and current weeks of gestation at encounter
- Gestational versus pre-existing disease
- Multiple gestations
 - Number of fetuses
 - Identify the fetus with a complication



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Injuries

- Detailed locations, including laterality
- Type of tendon (Flexor or Extensor)
- Episode of care (Initial, Subsequent, Sequela) as a 7th character
- Fractures and Dislocations
 - Traumatic versus stress
 - Open versus closed, displaced versus non-displaced
 - Degree of healing (Routine, Delayed, Nonunion, Malunion)
 - Gustilo Classification of Open Fractures

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External Cause of Injury

- On the initial encounter:
 - What happened?
 - **Fall from skateboard**
 - Where did it happen?
 - **Public Park**
 - What were they doing?
 - **Skateboarding**
 - External Status – were they being paid?
 - **Work-related?**
 - **Military-related?**
 - **Leisure Activity?**



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PART 3: ICD-10-PCS

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What is ICD-10-PCS?

- ICD-10 (international version) does not contain a procedure coding system
- Replaces ICD-9-CM Volume 3 for reporting inpatient procedures
- CPT and HCPCS continues for pro fee billing
- Public domain, available on CMS website at:
 - <http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-PCS.html>



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Why Is This Important?

- Surgical methods are different than in 1979
- Current hospital procedure data is not specific enough to support:
 - Expense of new technology
 - Intensity of current surgical techniques
- Physician documentation must support hospital coding
- The rules are changing for hospital procedure coding (It's better to know ahead of time!)

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Procedure Code Structure

ICD-9-CM Procedures



ICD-10-PCS



Endoscopic Esophageal Biopsy

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ICD-10-PCS Code Structure



- Codes comprised of seven components, called characters
- Individual units for each character have a letter or number assigned as a "value"
- 34 possible values:
 - Digits 0-9
 - Letters A-H, J-N, and P-Z with no letters I or O
- Based on the root operation – intent of procedure

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Building an ICD-10-PCS Code

- Index provides first 3 characters of code, associated with a code table
- Table is referenced to build the last 4 characters of the code
- Table arranged in rows to allow only valid character combinations
- Many operative notes require multiple codes

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Building an ICD-10-PCS Code

Endoscopic Esophageal Biopsy ODB58ZX

Section	0 Medical and Surgical			
Body System	B Gastrointestinal System			
Operation	B Excision, Cutting out or off, without replacement, a portion of a body part			
Body Part	5 Esophagus	Approach	Device	Qualifier
1 Esophagus, Upper				
2 Esophagus, Middle				
3 Esophagus, Lower				
4 Esophagogastric Junction				
5 Esophagus				
6 Esophagus, Pylorus				
7 Stomach, Pylorus				
8 Small Intestine				
9 Duodenum				
A Jejunum				
B Ileum				
C Cecocolic Valve				
E Large Intestine				
F Large Intestine, Right				
G Large Intestine, Left				
H Cecum				
J Appendix				
K Ascending Colon				
L Transverse Colon				
M Descending Colon				
N Sigmoid Colon				
P Rectum				
	0 Open		Z No Device	X Diagnostic
	3 Percutaneous			Z No Qualifier
	4 Percutaneous Endoscopic			
	7 Via Natural or Artificial Opening			
	8 Via Natural or Artificial Opening Endoscopic			

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Root Operations

- Distinct definitions
- Describe intent of procedure
- Key to coding in ICD-10-PCS
- Coders must be able to match the definition to physician documentation
- Physicians not required to use these words

- Alteration
- Bypass
- Change
- Control
- Creation
- Destruction
- Detachment
- Dilation
- Division
- Drainage
- Excision
- Extirpation
- Extraction
- Fragmentation
- Insertion
- Fusion
- Inspection
- Map
- Occlusion
- Reattachment
- Release
- Removal
- Repair
- Replacement
- Resection
- Restriction
- Revision
- Supplement
- Transfer
- Transplantation



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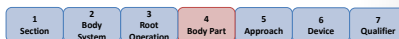
Body Part

- Anatomical site of procedure as named in PCS

Excision continued

- Esophagogastric Junction **ODB4**
- Esophagus **ODB5**
- Lower **ODB3**
- Middle **ODB2**
- Upper **ODB1**

Body Part
1 Esophagus, Upper
2 Esophagus, Middle
3 Esophagus, Lower
4 Esophagogastric Junction
5 Esophagus
7 Stomach, Pylorus
8 Small Intestine
9 Duodenum
A Jejunum



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Approach

- Technique used to reach the site of the procedure
- Approach values:
 - Open
 - Percutaneous
 - Percutaneous Endoscopic
 - Via Natural or Artificial Opening
 - Via Natural or Artificial Opening Endoscopic
 - Via Natural or Artificial Opening with percutaneous endoscopic assistance
 - External



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Device

- Devices that remain after procedure
- Uses nomenclature specific to ICD-10-PCS:

Artificial Sphincter	Endobronchial valve	Interbody Fusion Device	Spacer
Cardiac Lead	Endotracheal airway	Internal Fixation Device	Spinal Stabilization Device; Facet Replacement
Cardiac Rhythm Related Device	External Fixation Device	Intraluminal Device	Spinal Stabilization Device; Interspinous Process Device
Contraceptive Device	Extraluminal Device	Intramedullary Internal Fixation Device	Spinal Stabilization Device; Pedicle-Based Device
Contractility Modulation Device	Feeding Device	Liner	Stimulator Generator
Defibrillator	Hearing Device, Bone Conduction	Monitoring Device	Stimulator Lead
Diaphragmatic pacemaker lead	Hearing Device, Cochlear Prosthesis	Pacemaker, Single or Dual	Tracheostomy device
Drainage Device	Infusion device	Radioactive Element	Vascular Access Device, Reservoir or Pump



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Root Operation Groups

- Nine groups of root operations
- Each group has common documentation requirements:
 - Root operations that take out some or all of a body part
 - Root operations that take out solids, fluids, or gases from body parts
 - Root operations that involve cutting or separation only
 - Root operation that put in, put back, or move some or all of a body part
 - Root operations that alter the diameter/route of a tubular body part
 - Root operations that always involve a device
 - Root operations that involve examination only
 - Root operations that define other repairs
 - Root operations that define other objectives

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Root operations that take out some or all of a body part

- Excision, Resection, Destruction, Detachment, and Extraction
 - Diagnostic or therapeutic excision
 - Detailed location
 - Number of biopsies performed
 - Level of detachment of extremity
 - PCS body part description issues
 - Greater versus lesser omentum
 - Greater versus lesser saphenous vein
 - Lymph node versus entire lymph node chain
 - Uterus alone versus both uterus and cervix



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Root operations that:

Take out solids, fluids, or gases from body parts

- Drainage, Extirpation, Fragmentation
 - Diagnostic versus therapeutic drainage
 - Drainage tube placement
 - Detailed locations



Involve cutting or separation only

- Division and Release
 - Detailed location of body part separated
 - Identification of body part being freed
 - NOT the structure that is being cut to complete the release



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Root operation that put in, put back, or move some or all of a body part

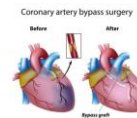
- Transplantation, Reattachment, Transfer, and Reposition
 - Source of transplanted organ
 - Allogeneic, Syngeneic, or Zooplastic
 - Detailed body part being reattached or repositioned
 - Deepest layer of tissue being transferred
 - Skin, subcutaneous, fascia, muscle



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Root operations that alter the diameter/route of a tubular body part

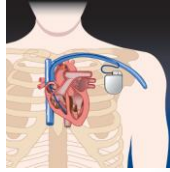
- Restriction, Occlusion, Dilation, and Bypass
 - Detailed locations
 - Type of device used
 - Intraluminal, extraluminal, endotracheal airway, tracheostomy device
 - Autologous venous or arterial, nonautologous, synthetic
 - Origin and Destination of Bypass
 - Number of coronary artery sites treated
 - Rather than the number or name of coronary artery(ies)



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Root operations that always involve a device

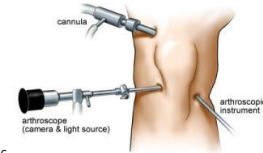
- Insertion, Replacement, Supplement, Change, Removal and Revision
 - Type of device placed, removed or revised
 - Component materials, such as synthetic, metal, ceramic, polyethylene, and method of fixation, such as cemented or uncemented
 - Coders must be able to match to the PCS descriptions
 - Exact location of placement
 - NOT entry point into the body but where the device will stay
 - When the intent is to reinforce a body part, such as with mesh



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Root operations that involve examination only

- Inspection and Map
 - Indication that intent was to visually or manually explore a body part
 - Detailed location where the Map procedure was performed
 - Brain, cerebral hemisphere, basal ganglia, thalamus, hypothalamus, pons, cerebellum, medulla oblongata
 - Conduction mechanism of the heart



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Root operations that define other repairs

- Repair and Control
 - Detailed location
 - Deepest musculoskeletal layer repaired
 - Post-procedural bleeding stopped or attempted to stop at a separate operative session
 - Method used to stop the post-procedural bleeding



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Root operations that define other objectives

- Fusion, Alteration and Creation
 - For spinal fusion:
 - Level of the spine
 - Concomitant release of spinal cord or nerve root(s)
 - Type of device placed
 - Interbody fusion device, internal fixation device
 - Device material used
 - Autologous, non-autologous, synthetic
 - Approach to the body
 - Approach to the spinal column



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Thank you!



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