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

Disclosures
I have a relevant financial relationship with:
Kuehn Consulting, LLC
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American Health Information Management Association

Code Sets of the Future

PART 1: WHAT’S CHANGING AND WHY

ICD-10-CM and CPT/HCPCS

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

Outpatient: ICD-10-CM and CPT/HCPCS

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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

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

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

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

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

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
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

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

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

ICD-10 Implementation

- Implementation plan and impact assessment
  - (1st Qtr 2009 to 2nd Qtr 2012)
- “Go live” preparation
  - (1st Qtr 2014 to 3rd Qtr 2015)
- Post-implementation follow-up
  - (4th Qtr 2015 to 4th Qtr 2016)

It’s so overwhelming…

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

It’s only overwhelming when you don’t prepare well!
Implementation Steps

1. Build a team
2. Make a plan
3. Conduct gap analysis
4. Assess documentation
5. Update technology
6. Secure resources:
   • Develop cash reserves
   • Get line of credit
   • Human resources retention
7. Generate internal support
8. Provide targeted education
9. Test, test, test
10. Monitor and respond

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

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
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

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

PART 2:
ICD-10-CM

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

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

ICD-10-CM Structure

```
S 3 2 . 0 1 0 A
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Characters 1-3: Category
Character 4-6: Etiology, Anatomic Site, Severity
Character 7: Additional info when needed
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 Undosing of angiotensin-converting enzyme inhibitors
- J45.41 Moderate persistent asthma with acute exacerbation

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

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

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

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
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

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

Respiratory System

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

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

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

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
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

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?

PART 3:
ICD-10-PCS

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:

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!)

Procedure Code Structure

ICD-9-CM Procedures

| 4 | 2 | 2 | 4 |

ICD-10-PCS

| 0 | D | B | 5 | 8 | Z | X |

Endoscopic Esophageal Biopsy
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

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

Building an ICD-10-PCS Code

Endoscopic Esophageal Biopsy  0DB58ZX

- 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

Root Operations

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

Body Part

- Anatomical site of procedure as named in PCS

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<th>Section</th>
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<th>Root Operation</th>
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<tr>
<td>Stomach, Pylorus</td>
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<tr>
<td>Small intestine</td>
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<tr>
<td>Oesophagus, Junction</td>
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<tr>
<td>Oesophagus, Lower</td>
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<tr>
<td>Esophageal Junction</td>
<td>3</td>
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</tbody>
</table>

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
Device

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

<table>
<thead>
<tr>
<th>Artificial Sphincter</th>
<th>Endobronchial valve</th>
<th>Intramyocardial Device</th>
<th>Spacer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Lead</td>
<td>Endotracheal airway</td>
<td>Internal Fixation Device</td>
<td>Spinal Stabilization Device; Pedicle-Based Device</td>
</tr>
<tr>
<td>Cardiac Rhythm Related Device</td>
<td>External Fixation Device</td>
<td>Intraluminal Device</td>
<td>Spinal Stabilization Device; Interspinous Process Device</td>
</tr>
<tr>
<td>Contraceptive Device</td>
<td>Extraluminal Device</td>
<td>Intravascular Internal Fixation Device</td>
<td>Spinal Stabilization Device; Pedicle-Based Device</td>
</tr>
<tr>
<td>Contraceptive Modulation Device</td>
<td>Feeding Device</td>
<td>Liver</td>
<td>Stimulator Generator</td>
</tr>
<tr>
<td>Defibrillator</td>
<td>Hearing Device, Bone Conduction</td>
<td>Monitoring Device</td>
<td>Stimulator Lead</td>
</tr>
<tr>
<td>Hepatopancreaticoduodenal lead</td>
<td>Hearing Device, Cochlear Prosthesis</td>
<td>Placental, Single or Dual</td>
<td>Tracheostomy device</td>
</tr>
<tr>
<td>Drainage Device</td>
<td>Infusion device</td>
<td>Intravenous Element</td>
<td>Vascular Access Device, Reservoir or Pump</td>
</tr>
</tbody>
</table>

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 operations 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

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

Root operations that: Take out solids, fluids, or gases from body parts

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

Root operations that 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

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 reposited
  - Deepest layer of tissue being transferred
  - Skin, subcutaneous, fascia, muscle

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

- Restriction, Occlusion, Dilatation, 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)
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

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

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

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

Thank you!