

ICD-10 CM: For the Physician



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Benefits of ICD-10-CM For The Provider

- Updated medical terminology and classification of diseases to be consistent with current clinical practice.
 - Better profiling due to specificity of data collected
- Improved efficiencies and lowered administrative costs
 - Improved clinical information
- Reduction in requests for additional documentation to support claims
 - Ultimately fewer denials
- Better support of medical necessity of services provided
 - Clearer reimbursement guidelines

Why Documentation?

It is sometimes a challenge for providers to directly relate documentation to quality of care and the reimbursement process. However, they are directly related.

The main concern of providers is and should always be patient care and treatment. ICD-10 does not change that. In fact, it seeks the same thing, which is improving patient care data in order to support the full clinical presentation.

The additional specificity in documentation for ICD-10 does not require a provider to do more testing, treatment or services. It only requires the documentation of the full patient and clinical details that the provider already knows.

This means that we need to know the specific documentation requirements in ICD-10 that tell the complete biomedical and pathophysiological story, which supports compliant billing and fair reimbursement.

ICD-10-CM/PCS are really more logical and specific; they can report an unambiguous clinical picture to support quality communication and fair compensation for services rendered.

How is ICD-10 Different?

ICD-9-CM was first published in 1979 and since then, healthcare knowledge and technology have greatly advanced. ICD-9 lacks the structure and system to handle these advances and now struggles to allow a provider to capture the complete clinical presentation of all services rendered.

ICD-10 was designed to support ever-changing and advancing healthcare delivery and technology. It offers far greater granularity, specificity and the ability to expand as healthcare advances.

The Major Changes:

- Axis of Classification
- Possible 7 Digit Codes
- Introduces Laterality
- Trimester Specificity for Obstetrical Coding
- Expansion of Drug and Alcohol Codes
- 7th Digit Extension Codes
- Complication Codes
- Combination Codes
- Increased Specificity

7 Digit Codes

The codes in ICD-10-CM can be up to 7 characters in length. Three character codes are also present and work the same way as in ICD-9-CM. In rare instances, these are complete codes. However, more commonly they are CATEGORY codes which require 4th, 5th 6th and 7th character codes for greater medical specificity.

Beginning with the fourth character in an ICD-10-CM code, subcategories are added. These define the axis of classification by describing site, etiology or the treatment level for the disease. Each subcategory requires specific documentation regarding the disease process to support the corresponding character.

The new documentation adds specificity and accuracy to the ICD-10-CM code.

To show this specificity, here are some of the codes in ICD-10-CM for an acute embolism and thrombosis of deep veins of the lower extremities.

- I82.411 – Acute embolism and thrombosis of right femoral vein.
- I82.412 – Acute embolism and thrombosis of left femoral vein.
- I82.413 – Acute embolism and thrombosis of femoral vein, bilateral.
- I82.419 – Acute embolism and thrombosis of unspecified femoral.

Laterality

Laterality has been added to ICD-10-CM to increase specificity. It is one of the main reasons ICD-10 has such a large increase in the number of codes when compared to ICD-9. Non-specific ICD-9 codes identify the disease or condition but provide no information on the laterality of that condition. However, it is not a requirement for every condition that could encompass a left, right or bilateral site. For example, a congenital megaureter does not require laterality specification for coding and reporting purposes.

Conditions such as fractures, burns, neoplasms and pressure ulcers require documented evidence of the affected side of the body.

Documentation of laterality for bilateral body parts and paired organs will assist in expediting the billing and payment process.

As an example, ICD-9 may identify a condition/disease of the ovary in only one code. ICD-10 allows us the ability to capture and identify within four codes: unspecified ovary, right ovary, left ovary or bilateral condition of the ovaries.

Complication Codes

ICD-10 makes a distinction between complications that occur during a procedure and those that occur post-procedure. There is no time limitation as to when complications can occur; however, providers must document the relationship between the complication and the procedure performed. Documentation of these unforeseen occurrences supports extended care (LOS).

Practitioners may have varied opinions of what qualifies as a complication after a procedure, but consider the following as potential examples of postoperative complications:

- Wound Infections
- Coronary artery bypass graft thrombosis
- Pulmonary emboli within one week of surgery

Remember: there is a difference between an expected condition following a procedure and a complication. Only the provider can determine whether conditions are expected outcomes or complications. The key to documenting conditions that arise during or following procedures is to state when the condition occurred, if it is an expected outcome or a complication of the procedure. This type of documentation assists with appropriate code assignment.

7th Digit Extension Codes

The 7th character is an example of the capture of additional specificity. Examples of what the seventh character represents include:

Multiple gestations:

- 030.001 – Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
- 030.002 – Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
- 030.003 – Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester

For fractures, it identifies the encounter type (e.g., initial, subsequent, sequelae), the type of fracture (open or closed) or the type of healing (routine, delayed, malunion or nonunion).

- S82.844A – Non-displaced bimalleolar fracture of right lower leg, initial encounter for closed fracture
- S82.844D - Non-displaced bimalleolar fracture of right lower leg, subsequent encounter for fracture with routine care
- S82.844G - Non-displaced bimalleolar fracture of right lower leg, subsequent encounter for fracture with delayed healing

Obstetrics Changes

ICD-10-CM further requires documentation of the effect of the complication on both the mother and the fetus.

Code extensions are used to identify specific fetus (1-5) affected by obstetric condition

In order to substantiate the severity of any complications that arise during pregnancy, the stage of the pregnancy must be identified by the trimester in which the care is delivered. Documentation of “weeks of gestation” can continue to be used to calculate the correct trimester.

- 015.02 Eclampsia in pregnancy, second trimester
- 023.02 Infections of kidney in pregnancy, second trimester
- Elective, legal, or therapeutic abortions are not classified to the abortion codes
- Code Z33.2, Encounter for elective termination of pregnancy
- Obstructed labor codes incorporate reason for obstruction
- Additional codes for OB complications

Expansion of Drug and Alcohol Codes

ICD-10-CM greatly expands the ability to capture the history, abuse, dependence and impact of drugs and alcohol on the patient.

ICD-10-CM has increased specificity in the form of extra digits to further clarify the exact pathophysiological processes for these codes.

- 4th digit to qualify the specific aspects of the effects (abuse and dependence)
- 5th digit to identify the aspects of the use (withdrawal)
- 6th digit to identify some of the manifestations

ICD-10-CM uses increased cause-and-effect indicators to classify this controversial set of diagnoses, which enables increased accuracy and specificity in diagnostic translation. *This is why it is important to document histories, dependencies and manifestations.*

- F10.250 – Alcohol dependence with alcohol-induced psychotic disorder with delusions.
- F10.251 - Alcohol dependence with alcohol-induced psychotic disorder with hallucinations.
- F10.259 - Alcohol dependence with alcohol-induced psychotic disorder, unspecified.

Increased Specificity

By far, increased specificity is the change with the most impact, as it affects the documentation of disease origins, types and locations.

The following are examples of increased specificity in ICD-10-CM:

- S72.044G – Non-displaced fracture of base of neck of right femur, subsequent encounter for closed fracture with delayed healing.
- I69.351 – Sequelae of cerebral infarction, hemiplegia and hemiparesis following cerebral infarction affecting dominant side.
- Z47.81 – Encounter for orthopedic aftercare following surgical amputation.
- T21.09 – ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall.
- E11.331 – Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema.
- E13.2 – Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease.
- I63.312 – Cerebral infarction due to thrombosis of left middle cerebral artery

Comparison ICD-9-CM vs ICD-10-CM

Diabetes

ICD-9-CM

250.x Diabetes mellitus

- 5th digit “1” – Type I
- 5th digit “0” – Type II or unspecified
- 5th digits “2” & “3” – uncontrolled

249.x Secondary diabetes mellitus

- 5th digit “0” & “1” uncontrolled

648.8x Abnormal glucose tolerance complicating pregnancy, childbirth, or puerperium (includes gestational diabetes)

ICD-10-CM

Diabetes codes include type of complication

- E08 Diabetes mellitus due to underlying condition
- E09 Drug or chemical induced diabetes mellitus
- E10 Type I diabetes mellitus
- E11 Type II diabetes mellitus
- E13 Other specified diabetes mellitus
- O24.4 Gestational diabetes mellitus

Diabetes Mellitus – Examples

E10.3 Type I diabetes mellitus with ophthalmic complications

E10.311 Type I DM with unspecified diabetic retinopathy with macular edema

E10.319 Type I DM with unspecified diabetic retinopathy without macular edema

E10.321 Type I DM with mild non-proliferative diabetic retinopathy with macular edema

E10.329 Type I DM with mild non-proliferative diabetic retinopathy without macular edema

E10.349 Type I DM with severe non-proliferative diabetic retinopathy without macular edema

E10.36 Type I DM with diabetic cataract

E10.39 Type I DM with other diabetic ophthalmic complication

Epilepsy and recurrent seizures

G40.001 – G40.919 Epilepsy and recurrent seizures

- Localization-related idiopathic epilepsy and epileptic syndromes with seizures of localized onset
- Localization-related idiopathic epilepsy and epileptic syndromes with simple or complex partial seizures
- Generalized idiopathic epilepsy and epileptic syndromes
- Special epileptic syndromes
- Other epilepsy and seizures
- Intractable or not
- With or without status epilepticus

Crosswalk Example

Iron Deficiency Anemia

ICD-9-CM

- 280 Iron Deficiency Anemia
- 280.0 Secondary to blood loss
- 280.1 Secondary to inadequate dietary intake
- 280.8 Other specified iron deficiency anemias
- 280.9 Iron deficiency anemia, unspecified

ICD-10-CM

- D50 Iron deficiency anemia
- D50.0 Secondary to blood loss
- D50.8 Other iron deficiency anemias
- D50.1 Sideropenic dysphagia
- D50.8 Other iron deficiency anemias
- D50.9 Iron deficiency anemia, unspecified

Crosswalk Example

Hypertension

ICD-9-CM

- 401 Essential hypertension
- 401.0 Malignant hypertension
- 401.1 Benign hypertension
- 401.9 Hypertension, unspecified

ICD-10-CM

- I10 Essential hypertension

Crosswalk Example

Asthma

ICD-9-CM

493.00-493.92 Asthma

- Extrinsic vs intrinsic
- Chronic obstructive asthma
- With status asthmaticus
- With exacerbation
- Exercise induced bronchospasm
- Cough variant asthma

ICD-10-CM

J45.20-J45.998 Asthma

- Mild intermittent
- Mild persistent
- Moderate persistent
- Severe persistent
- With status asthmaticus
- With exacerbation
- Exercise induced bronchospasm
- Excludes chronic obstructive asthma

Access Readiness

- All areas impacted/affected in your practice
- Affected staff (admin, clinical, lab, prn staff)
- Information systems (EMR and billing system)
- Documentation process and workflow
- Where is ICD-9-CM?
 - Don't forget your Super Bills
- Data availability and use
 - Don't forget your daily, monthly & yearly reports

Questions??

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