ICD-10: What you need to know

Jill Olmstead, MSN, NP-C
Executive Director of Coding Services
St. Joseph Heritage Health
March 17, 2014
AGENDA

• Discuss ICD-10 Overview
• Review Steps on How to Prepare for ICD-10?
• Discuss Available Resources
ICD-10 Compliance Date

In the news…

CMS stands firm on **October 1, 2014** as the ICD-10 compliance date.

[www.cms.gov/ICD10](http://www.cms.gov/ICD10)
Changes and Implications

The Federal Government through the Centers for Medicare and Medicaid Services (CMS) is driving the healthcare industry to upgrade diagnosis and procedure coding standards (ICD-10) by October 1, 2014.

<table>
<thead>
<tr>
<th>ICD-10 Changes</th>
<th>Implications</th>
</tr>
</thead>
</table>
| **Significant Increase in Clinical Granularity** | **Pervasive Impacts**
| ICD-9-CM (Diagnosis) 5 digit numeric ~ 14,000 unique codes | The intent is not for ICD-10-CM or ICD-10-PCS to replace CPT – so practices that are describing patient visits, radiology, laboratory procedures, etc. in the ambulatory setting will continue to use CPT and its annual updates for describing the care that we provide in those settings |
| ICD-10-CM (Diagnosis) 7 digits alphanumeric characters > 68,000 unique codes | **Summary of changes**
| ICD-9-CM (Procedure) 5 digit numeric ~ 4,000 unique codes | • 34,250 (50%) of all ICD-10-CM codes are related to the musculoskeletal system |
| ICD-10-PCS (Procedure) 7 digits alphanumeric characters ~ 72,000 unique codes | • 17,045 (25%) of all ICD-10-CM codes are related to fractures |
| ~ 25,000 (36%) of all ICD-10-CM codes to distinguish ‘right’ vs. ‘left’ |

Summary of changes
• 34,250 (50%) of all ICD-10-CM codes are related to the musculoskeletal system
• 17,045 (25%) of all ICD-10-CM codes are related to fractures
• 10,582 (62%) of fracture codes to distinguish ‘right’ vs. ‘left’
• ~25,000 (36%) of all ICD-10-CM codes to distinguish ‘right’ vs. ‘left’
Code set Impacts

• **Impacts**
  The intent is not for ICD-10-CM or ICD-10-PCS to replace CPT – so practices that are describing patient visits, radiology, laboratory procedures, etc. in the ambulatory setting will continue to use CPT and its annual updates for describing the care that we provide in those settings

• **Summary of changes**
  • 34,250 (50%) of all ICD-10-CM codes are related to the musculoskeletal system
  • 17,045 (25%) of all ICD-10-CM codes are related to fractures
  • 10,582 (62%) of fracture codes to distinguish ‘right’ vs. ‘left’
  • ~25,000 (36%) of all ICD-10-CM codes to distinguish ‘right’ vs. ‘left’
ICD-10-CM Diagnosis Code Structure

The ICD-10-CM diagnosis code set is a full replacement of the ICD-9-CM code set that will provide additional specificity and granularity for diagnosis codes.

ICD-9-CM (Diagnosis Code)

- Category
- Etiology, anatomic site, manifestation

ICD-10-CM (Diagnosis Code)

- Category
- Etiology, anatomic site, manifestation
- Extension

ICD-9-CM Diagnosis Codes

- First digit may be alpha (E or V) or numeric. Digits 2-5 are numeric
- 3-5 characters in length
- Lacks laterality
- Approximately 14,000 codes
- Lacks detail
- Difficult to analyze data due to non-specific codes
- Limited space for adding new codes
- Does not support interoperability – it is no longer used by other countries

ICD-10-CM Diagnosis Codes

- First digit is alpha; 2 and 3 are numeric; Digits 4-7 are alpha or numeric
- 3-7 characters in length
- Has laterality (Right vs. Left)
- Approximately 68,000 available codes
- Very specific
- Richness of data for analysis. Specificity improves billing accuracy
- Flexible for adding new codes
- Supports interoperability and the exchange of health data between other countries and the U.S.
One ICD-9 code is represented by multiple ICD-10 codes:

ICD-9-CM (Diagnosis Code) 25061

Diabetes mellitus with neurological manifestations type I not stated as uncontrolled

ICD-10-CM (Diagnosis Codes)

- E1040 Type 1 diabetes mellitus with diabetic neuropathy, unspecified
- E1041 Type 1 diabetes mellitus with diabetic mononeuropathy
- E1044 Type 1 diabetes mellitus with diabetic amyotrophy
- E1049 Type 1 diabetes mellitus with other diabetic neurological complication
Sign and Symptoms: Unspecified Codes

• Use of sign/symptom and “unspecified” codes are acceptable in ICD-10.
  – If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis.
• It is inappropriate to select a specific code that is not supported by the medical record documentation code.
  – Each healthcare encounter should be coded to the level of certainty known for that encounter.
ICD-10 Examples: Cholecystitis

- K81.0 Acute cholecystitis
- K81.1 Chronic cholecystitis
- K81.2 Acute cholecystitis with chronic cholecystitis
- K80.32 Calculus of bile duct with acute cholangitis w/o obstruction
- K80.33 Calculus of bile duct w acute cholangitis with obstruction
- K80.34 Calculus of bile duct w chronic cholangitis w/o obstruction
- K80.35 Calculus of bile duct w chronic cholangitis with obstruction
- K80.36 Calculus of bile duct w acute and chr cholangitis w/o obst
- K80.37 Calculus of bile duct w acute and chronic cholangitis w obs
Case Studies:

65 year old female presents c/o mild headache. She states that she recently returned from a cruise and had forgotten to bring her blood pressure medication with her. Her vital signs noted B/P 188/90, HR 88, Resp.16. Review of labs noted from previous month CBC, normal, noted GRF 36-42 over the previous 6 months.

ICD-9:

- Headache: 784.0
- Hypertension (Essential/Unspecified): 401.9
- CKD stage 3: 585.3
Case Studies:

65 year old female presents c/o mild headache. She states that she has hypertension and recently returned from a cruise and had forgotten to bring her blood pressure medication with her. Her vital signs noted B/P 188/90, HR 88, Resp.16. Review of labs noted from previous month CBC, normal, noted GRF 36-42 over the previous 6 months. Stage CKD 3.

ICD-10:

- Headache: R51
- Hypertensive CKD (Stages: 1-4): I12.9
- CKD stage 3: N18.3
Cross mapping ICD-9 to ICD-10 Pitfalls

• Electronic Medical Records-
  – Current State 1:1 mapping is to the unspecified diagnosis code

• Paper Superbills-
  – Redesigned to accommodate most frequently utilized code options
Atrial Fibrillation: Unspecified
Education & Training Tools

- AHIMA
- AAPC
- AMA
- IMPLEMENT HIT
INTRODUCTION

TOP PRIMARY DIAGNOSIS

- Acute Bronchitis and Bronchiolitis
- Acute Glomerulonephritis/Acute Nephritic Syndrome
- Acute Kidney Failure
- Urinary Tract Infection (UTI-Female)
- Urinary Tract Infection (UTI-Male)

TOP SECONDARY DIAGNOSIS

- Asthma
- Diabetes, Type II
- Hypertension
Next Steps

- Request Coding Frequency Pattern from IT/Billing/Coding Department.
- Date ranged report is run for your top 10-20 ICD-9 codes
- Request coder to crosswalk your ICD-9 codes to ICD-10.
- Purchase ICD-10 book-do it yourself
- Review ICD-10 Resources available
ICD-10 Toolkit

- AHIMA: Association of health Information:
- AAPC: American Academy of Professional Coders
- Optum:
- American Medical Association:
- Implement HIT:
- Centers for Medicare/Medicaid Services: ICD-10 Provider Education
Thank-you!

Contact:
Jill Olmstead, MSN, NP-C
Executive Director of Coding Services
Jill.olmstead@stjoe.org
Office: (714) 578-8528
Mobile: (714)488-3248