

ICD-10

THE WAY FORWARD

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April 2, 2015

About the Speaker



Stanley Nachimson is principal of Nachimson Advisors, a health IT consulting firm dedicated to finding innovative uses for health information technology and encouraging its adoption. He is focusing on assisting health care providers, vendors, and plans with their ICD-10 and other regulatory implementations. Stanley is the author of the authoritative paper on the cost of ICD-10 for physician practices.

Stanley served for over 30 years in the US Department of Health and Human Services in a variety of statistical, management, and health technology positions. He brings a wealth of experience and information regarding the use of standards and technology to the health care industry.

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INTRODUCTION

Everything Points to Go

- Regulation with firm 2015 date
- SGR Bill approved by House of Representatives with no ICD-10 delay
- CMS continuing training and moving forward
- Medicare's first testing with providers went well
- Concerns now moving to contingency planning
- Let's avoid any revenue delays by being ready!

Let's Revisit Requirements

- ICD-10-CM
 - Latest revision of the US diagnosis code set
 - Expands number of diagnosis codes
 - Expands to a longer code and uses both numbers and letters
 - Much greater specificity
 - Must be used for coding services delivered Oct 1, 2015 and after.

ICD-10-CM TABULAR LIST of DISEASES and INJURIES

Table of Contents

- 1 Certain infectious and parasitic diseases (A00-B99)
- 2 Neoplasms (C00-D49)
- 3 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
- 4 Endocrine, nutritional and metabolic diseases (E00-E89)
- 5 Mental, Behavioral and Neurodevelopmental disorders (F01-F99)
- 6 Diseases of the nervous system (G00-G99)
- 7 Diseases of the eye and adnexa (H00-H59)
- 8 Diseases of the ear and mastoid process (H60-H95)
- 9 Diseases of the circulatory system (I00-I99)
- 10 Diseases of the respiratory system (J00-J99)
- 11 Diseases of the digestive system (K00-K95)
- 12 Diseases of the skin and subcutaneous tissue (L00-L99)
- 13 Diseases of the musculoskeletal system and connective tissue (M00-M99)
- 14 Diseases of the genitourinary system (N00-N99)
- 15 Pregnancy, childbirth and the puerperium (O00-O9A)
- 16 Certain conditions originating in the perinatal period (P00-P96)
- 17 Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
- 18 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

- 19 Injury, poisoning and certain other consequences of external causes (S00-T88)
- 20 External causes of morbidity (V00-Y99)
- 21 Factors influencing health status and contact with health services (Z00-Z99)

Changes and Examples

- Orthopedic codes need specifics per bone, type of fracture, etc.

M84.322A – Stress fracture, left humerus, initial encounter for fracture

- Diabetes combination codes for manifestation
 - E08.42 – Diabetes mellitus due to underlying condition with diabetic polyneuropathy

Changes and Examples

- Obstetric codes now based on trimester
 - O09.11 – Supervision of pregnancy with history of ectopic or molar pregnancy, first trimester
- Sports injury codes now very specific
 - W21.81XA – Striking against or struck by football helmet, initial encounter

WHAT IS ICD-10?

Basics

- ICD-10 CM is **NOT** CPT
- ICD-10 CM is **NOT** ICD-10 PCS
- ICD-10 CM **IS** diagnosis coding

Why Switch to ICD-10

ICD-9 has 14,400 codes

- Ran out of codes

ICD-10 has 69,368 codes

- 25% simply added left, right, bilateral
- 25% related to fractures

There is a code for That!



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A-HED

Walked Into a Lamppost? Hurt While Crocheting? Help Is on the Way

New Medical-Billing System Provides Precision; Nine Codes for Macaw Mishaps

By ANNA WILDE MATHEWS

September 13, 2011

Today, hospitals and doctors use a system of about 18,000 codes to describe medical services in bills they send to insurers. Apparently, that doesn't allow for quite enough nuance.

A CODE FOR WHAT AILS YOU »

Search for diagnoses codes from the International Classification of Diseases, 10th Revision, by typing in a keyword. We've provided a few to get you started.

Suggested Searches | Click on the a below, or enter a term in the search field

Medical Terms	Dangerous Encounters With...	Hidden Parts From...
Things that Struck	Turtles Chickens Macaws	Opera Lamp-M

A new federally mandated version will expand the number to around 140,000 —adding codes that describe precisely what bone was broken, or which artery is receiving a stent.

INTRODUCING THE NEW
WSJ APP FOR iOS.

NOW WITH EVERNOTE PREMIUM.*



ICD-10 CM

- Docs do get paid primarily on CPT, but influenced by diagnoses codes
 - Coverage
 - Quality

It's Not the Code, it's the Concept

- Doctors focus on patient care
- Your primary job in this whole ICD-10 conversion is to determine what the patient's condition is, and document it.

ICD-10 is All About Specificity

Type

Severity

Episode

Temporal Factors

Findings

Manifestation

Cause

Associated with

Agent

Pregnancy related

Location

Laterality

Anatomy

Time Parameters

Infectious Agent

Remission Status

Associated Conditions

Contributing Factors

History of



ICD-10 CM

- Greater detail of anatomy and pathophysiology

ICD-9	ICD-10 CM
Fracture of femur 16 codes available	Fracture of femur 1530 codes

ICD-10-CM

A Simplified Approach

Trauma

Infection

**Medical
Condition**

Trauma

Infection

Medical Condition

Episode of Care
Anatomic Location
Laterality/Upper Lower
Geographic Location
Why and How
Intent
Status

Type of infection
Causative agent if
known
Location of infection
Acuity/severity
Clinical manifestation
Complication
Environmental
exposure (tobacco,
ETOH)

Type of condition
Temporal Course
Stage/severity: mild,
severe, stage if known
Body system(s)
affected
Signs and symptoms
Complication(s)
Sig findings/lab
Contributing factors
(Tobacco, ETOH,
asbestos)

ICD-10-CM

A Simplified Approach

Trauma

Infection

Medical Condition

Trauma/Injury

- Episode of Care
- Anatomic Location
- Laterality/Upper Lower
- Geographic Location
- Why and How
- Intent
- Status

Episodes of Care

Initial Encounter

Patient is receiving active treatment

Laceration repair, patient returns for stronger pain medicine

Subsequent Encounter

Active treatment complete

Routine care- dressing change

Cast Replacement

Sequela

Complications or conditions that arise as a result

Post procedure abscess

DVT wound infection

Trauma/Injury

Anatomic Location site

Be as specific as possible

“Right ankle lateral malleolus”

Geographic Location

Place of Occurrence

School, work,

Trauma/Injury

How and Why (Etiology)

Physiologic or mechanical fall, sports, motor vehicle crash, pedestrian, slip and fall, environmental exposure

Intent

Unintentional or accidental, self-harm, etc.

Status

Work, sport, military

Trauma Summary

Location (Anatomic)

Location (Geographic)

How and Why

Trauma/Injury

A left knee strain injury that occurred on a private recreational playground when a child landed incorrectly from a trampoline:

Injury: S86.812A, Strain of other muscle(s) and tendon(s) at lower leg level, left leg, initial encounter

External cause: W09.8xxA, Fall on or from other playground equipment, initial encounter

Place of occurrence: Y92.838, Other recreation area as the place of occurrence of the external cause

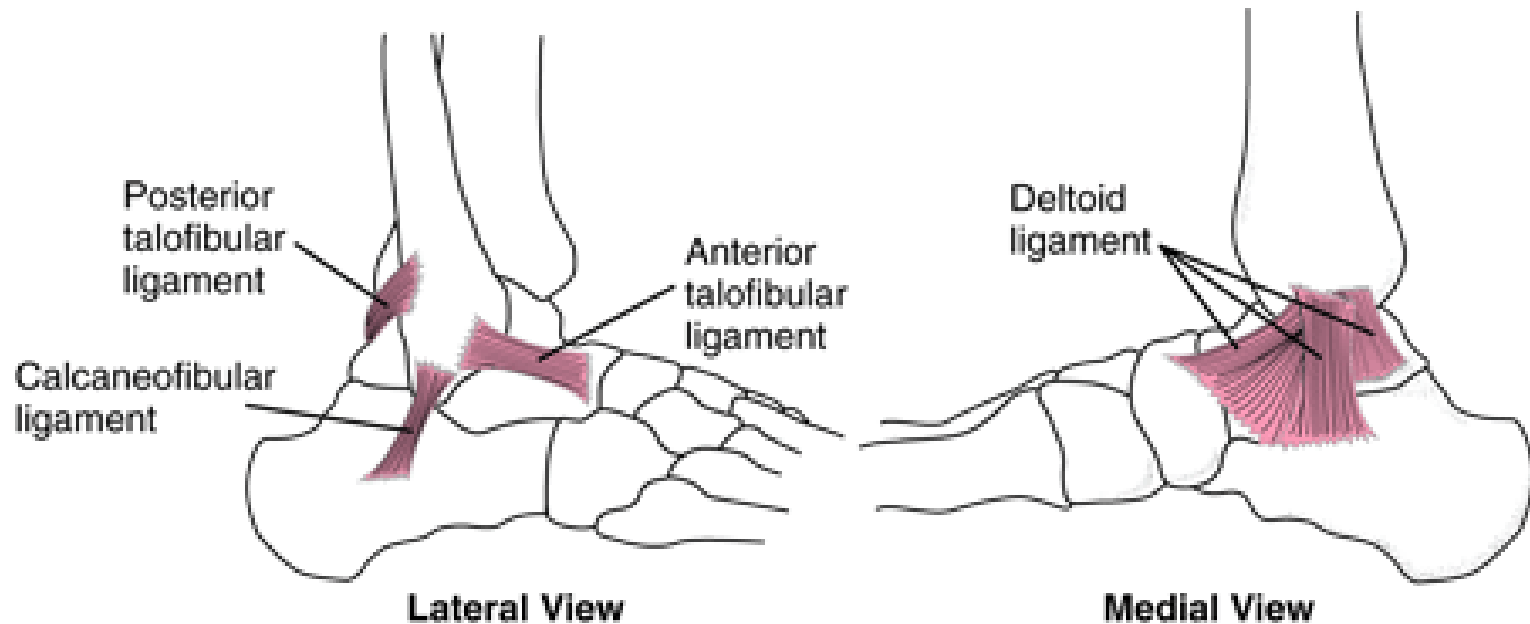
Activity: Y93.44, Activities involving rhythmic movement, trampoline jumping

Sprain and Strain

- Right vs. Left
- Sprain – Ligament
- Strain – Muscle or Tendon
- Name the Ligament, Muscle or Tendon
 - If known
 - Right Achilles strain
 - Yes really
- Don't say “multiple strains and sprains”

Ankle Sprain

- These are the ligaments to know
 - Don't need to differentiate between anterior/posterior



Bone Fracture

- Use specific bone
 - Don't say "shoulder, wrist, ankle"
 - Say "humeral head, distal radius, distal fibula"
- Specify Right or Left
- Identify how it happened in the history
- If "Pathologic"
 - Osteoporosis
 - Cancer

Bone Fracture

- Types
 - Comminuted, spiral, segmental, oblique, transverse, greenstick, compression, bent
- Salter-Harris Type I, II, III, IV, V, VI
- Open or Closed
- Laterality – Left or Right
- Initial or Subsequent or Sequelae

Bone Fracture

- Document like talking to Ortho surgeon
 - Non-displaced closed spiral fracture of the 3rd middle phalanx left hand
- Location
 - Shaft, Distal, Articular, Greater/Lesser Tuberosity, Epicondylar, Surgical Neck
- Displaced or not

Head Injury

- Identify how long unconscious
 - 30 minutes or less
 - 31-59 minutes
 - Etc
- Clearly state the injury
 - Subdural
 - Epidural
 - Diffuse brain injury
 - Concussion

Glasgow Coma Scale

- Use GCS to document mental status

Glasgow Coma Score		
Eye Opening (E)	Verbal Response (V)	Motor Response (M)
4=Spontaneous 3=To voice 2=To pain 1=None	5=Normal conversation 4=Disoriented conversation 3=Words, but not coherent 2=No words.....only sounds 1=None	6=Normal 5=Localizes to pain 4=Withdraws to pain 3=Decorticate posture 2=Decerebrate 1=None
		Total = E+V+M

Motor Vehicle Accident

- Who is the patient
 - Driver, Passenger, Pedestrian
- Type of vehicle
 - Car, Bus, Pickup, Motorcycle, ATV, etc
- Specifics of crash
 - What did they hit?
 - Person, car, pole

Burns

- Same old classification
 - 1st degree
 - 2nd degree
 - 3rd degree
- Body area
- Size – Percent BSA
- Agent – electrical, chemical, flame, radiation, gases, hot object
- Eye and internal organs don't get degrees

Trauma Summary

Location (Anatomic)

Location (Geographic)

How and Why

ICD-10-CM

A Simplified Approach

Trauma

Infection

Medical Condition

Infection

- Type of infection (pneumonia, cellulitis)
- Location (lung, bladder etc)
- Acuity/severity (chronic vs acute)
- Causative organism if known
- Clinical manifestation
- Complication
- Environmental exposure (tobacco, etoh)

Bronchitis

Type: Viral bacterial environmental, chronic

Causative agent: unknown, Mycoplasma, H influenza, strep, Coxsackievirus, parainfluenza, RSV, rhinovirus, echovirus

Acuity: Acute, chronic, subacute, recurrent

Clinical Findings: Fever, malaise, nasal congestions, cough, sputum production

Complication: Bronchospasm, hypoxia

Tobacco or environmental exposure

Otitis Media

- Otitis Media alone is not enough
- Serous vs Suppurative
 - Serous – fluid behind TM
 - Suppurative – pus behind TM
- Right, Left, Bilateral
- Acute or Chronic
- TM Rupture

UROSEPSIS

- The term "urosepsis" **is no longer recognized**

SIRS - Noninfectious

- Document "SIRS"
- Document underlying condition (i.e., heatstroke, injury, trauma)
- Document if organ dysfunction
 - Kidney failure, respiratory failure, myopathy, polyneuropathy, DIC, encephalopathy, hepatic failure

SEPSIS

- Document "SEPSIS"
- Document organism if known
- Document "without shock"

Severe SEPSIS Or SEPTIC SHOCK

- Document "Severe Sepsis" or "Septic Shock"
- Document systemic infection (infection following a procedure, infusion, or transfusion)
- Document specific acute organ failure
 - Kidney failure, respiratory failure, myopathy, polyneuropathy, DIC, encephalopathy, hepatic failure

ICD-10-CM

A Simplified Approach

Trauma

Infection

**Medical
Condition**

Medical Condition

Type of condition

Temporal Course

Stage/severity: mild, severe, stage if known

Body system(s) affected

Signs and symptoms Complication(s)

Sig findings/lab

Contributing factors (Tobacco, ETOH, asbestos)

Medical Condition

- What caused a condition
 - Anemia caused by:
 - Chemo, Cancer, Blood loss, Nutritional Deficiency
 - Chest Pain
 - Cocaine, Anxiety, CAD
- Some terminology has changed a little
- The rest of this presentation will cover what to document for specific diagnosis or conditions

Diabetes

- Use Type I, Type II, pregnancy related
- State if use Insulin
- Identify a body system that is affected
- Example
 - Type II DM uses insulin with peripheral neuropathy
 - Type II DM no insulin use with DM induced nephropathy

Medical Condition

Make Final Diagnosis as specific as possible

1st Diagnosis should be most important one

Chest Pain

- Describe where
 - Precordial, intercostal, anterior
- What makes it better or worse
- Causative
 - Exercise, cocaine, trauma, anxiety

Abdominal Pain

- Location
 - Quadrant
 - Generalized, Right, left, upper, lower
- Associated symptoms
 - Constipation, Diarrhea, Vomiting

Hypertension

- List if there is a complication
 - Heart Failure
 - End Stage Renal Disease
 - Chronic Renal Disease
 - Pregnancy
- State if Acute or Chronic
- Severity
 - Mild – Moderate - Severe

Stroke

- What blood vessels of brain affected
- Patient's hand dominance – for any paralysis
- Bleeding or ischemic
- If known
 - Embolism
 - Thrombosis
 - Occlusion
 - Stenosis

Headache - Migraine

“Headache” or “Migraine” alone is not the best
Better to Identify type of Migraine

- With or without aura
- Chronic
 - Greater than 15 days per month for at least 3 months
- Persistent
 - Last more than 3 months and occur daily from within 3 days of onset
- Hemiplegic
- Ophthalmoplegic
- Menstrual
- Abdominal
- Status Migrainous

Psychiatric

- Severity – Mild, Moderate, Severe
- With or without psychotic features
- Major Depression
 - Single episode or recurrent
- Bipolar
 - Manic, Depressed, mixed, hypomanic
- State if psychosomatic
 - Anxiety induced chest pain

Asthma - Severity

	Intermittent	Mild Persistent	Moderate Persistent	Severe Persistent
Symptoms	2 or less days per week	More than 2 days per week	daily	Throughout the day
Nighttime Awakenings	2x per month or less	3-4x per month	More than once per week	nightly
Rescue Inhaler use	2 or less days per week	More than 2 days per week	Daily	Several times per day
Interference with normal activity	None	Minor limitations	Some limitations	Extremely limited
Lung Function	FEV1 > 80% predicted with normal times	FEV1 > 80% predicted all the time	FEV1 60-80% predicted	FEV1 less than 60% predicted

Acute Myocardial Infarction

- State STEMI or NSTEMI
- State area of heart (inferior, anterior, lateral)
- Weird part
 - If the patient had a previous MI within 4 weeks need to say so and say what part of heart was involved.

Stage

- If possible provide staging
 - Chronic Renal Failure
 - HIV with symptoms or not
 - Skin Ulcers
 - Hemorrhoids

Chronic Renal Failure

- 1 – GFR >90 mL/min
- 2 – GFR 60 to 89 mL/min
- 3 – GFR 30 to 59 mL/min
- 4 – GFR 15 to 29 mL/min
- 5 – GFR <15 mL/min
- End stage – on chronic dialysis

Hemorrhoids

- **First Degree**
 - Without prolapse outside of anal canal
- **Second Degree**
 - Prolapse with straining but retract spontaneously
- **Third Degree**
 - Prolapse with straining and require manual replacement into the anal canal
- **Fourth Degree**
 - Prolapsed tissue that can not be manually replaced

Skin Pressure Ulcer

- Give location
- Give stage
 - Stage 1
 - Not open
 - Stage 2
 - Blister or shallow crater
 - Stage 3
 - Down to fat
 - Stage 4
 - Down to muscle or bone

Weird Stuff

- Document why patient noncompliant
 - Patient not taking seizure medication because they can't afford it
 - Patient not taking medication because they are forgetful
 - This allows ACO and society to put resources where they are needed to fix problem

Uncertain Diagnosis

- Do not code diagnoses documented as "probable," "suspected," "questionable," "rule out," "working diagnosis," or other similar terms indicating uncertainty.
- Rather, code the condition to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reason for the visit.

Remember

ICD-10
is more about
Clinical Documentation Improvement
than coding

WHAT DO YOU DO?

Now Time to Get Moving

- Initially, we had 4 or more years to get ready for ICD-10
- Lots of assistance for providers with detailed lengthy project plans
- No time for those now – must prioritize actions
- Focus on critical steps to be ready by Oct 1.
- Definite impact to revenue if not ready.

Where Must Providers Focus?

- Providers are responsible for reporting the correct diagnosis code on claims and other transactions.
- Coding guidelines require that the code must reflect the greatest specificity based on the information known about the patient
- Coding mantra “If it isn’t documented, it didn’t happen.”

Where Must Providers Focus

- First key focus area – clinical documentation
- Must assure that the documentation you have for each patient allows you to select the most specific diagnosis code.

How to do this?

- Look at recent claims/patient history
- Determine the patient conditions that are most important
 - High volume
 - High revenue
 - Frequent denials

How to do this!

- Review ICD-10 coding requirements for these conditions
- Determine necessary documentation for the most specific codes
- Revise processes to capture that documentation.

Where To Focus

- Second area of focus must be your vendor systems
- Questions to determine:
 - Does my system support ICD-10 codes
 - Does my system support ICD-10 documentation
 - What upgrades are necessary
 - Is my hardware sufficient
 - What are the costs?
 - What training/support is available?
 - When can this get done?

Third Area of Focus

- Testing
- Internal testing -Need to assure that your systems, processes, and people work for ICD-10
- External testing – Need to assure that your partners systems, processes, and people are working for ICD-10

Testing

- Internal Testing to see that:
 - Can enter in necessary documentation
 - Can produce the ICD-10 code
 - Can create claims with ICD-10 codes
- External testing
 - Can send transactions (thru clearinghouse) to health plans
 - Health plans can accept the transactions (acknowledgement testing)
 - Health plan can process transactions and send back results (end to end testing)

Early Testing Results

- From some large health plans
 - Hospitals showing some DRG shifts
 - Some expected based on coding changes
 - Some unexpected, based on documentation or coding errors
 - Physicians
 - Most (but not all) claims being accepted
 - Some changes in processing (15-25% of claims)
 - Indicates testing is critical for physicians

Medicare Testing Results

- 660 submitters
- 19% claims has some errors, mostly non-ICD-10
- Medicare able to process claims correctly

Other ICD-10 Resources

- CMS - www.cms.gov/ICD10/
 - Coding Documentation (Indexes, Coding Guidelines, Code Files)
 - General Equivalency Mapping [GEM] (Mapping files, Guidelines, Procedure and Diagnosis)
 - FAQ, Coordination and maintenance Committee minutes
 - Medicare Learning Network
 - www.roadto10.org especially for small physicians
- AMA
- AAPC
- AHIMA

SPECIFIC EXAMPLES

Specific Examples by Request

- Cannot emphasize enough the role of clinical documentation in ICD-10
- You get this right, the rest is relatively easy
- This is one example of software that will assist you in ICD-10 education and documentation
- Company is ICDLogic, software product is Cypher



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