ICD-10
aka Difficult Diagnosis

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AGENDA

- ICD-10 basics
- Clinical documentation improvement
- Problem areas
- Project planning steps
The Deadline is Coming!

- October 1, 2013
- October 1, 2014?
  - ICD-10 CM and PCS
Why Change?

- Worldwide consistency
- The US is the last industrialized country to adopt ICD-10
Benefits of Change

- Incorporates broader depth of clinical information with much greater specificity and, which results in:
  - Improved ability to measure health care services
  - Increased specificity when refining grouping and reimbursement methodologies
  - Enhanced ability to conduct public health surveillance
  - Decreased need to include supporting documentation with claims
Fears of ICD-10

- Not being able to perform current job responsibilities while trying to train self and others
- Lack of understanding of ICD-9 so ICD-10 is going to be a nightmare!
- Not being prepared
- Too many codes
Correlate Continued Organizational Management of 5010 Implementation Processes and Planning

- 5010 implementation and ICD-10 implementation are NOT sequential projects, they must be concurrent projects
- Effective by ?

http://www.getready5010.org/
The 5010 and ICD-10

  - Information about ICD-10
What 5010 Does and Does Not Do

• What 5010 **DOES:**
  - Increases the field size for the ICD codes from 5 bytes to 7 bytes
  - Adds a one digit version indicator to the ICD code to indicate version 9 versus 10
  - Increases the number of diagnosis codes allowed on a claim
  - Facilitates Present on Admission (POA) Reporting

• What 5010 **DOES NOT:**
  - Add processing needed to use ICD-10 codes
  - Add a crosswalk of ICD-9 to ICD-10 codes
  - Require the use of ICD-10 codes
Strategy for Today

- Decreasing diagnosis-related billing denials
- Improving registration processes and protocols
- Implementing computer-assisted coding tools
- Gaining more appropriate reimbursement due to higher specificity of coded clinical data
- Leveraging ICD-10 for the meaningful use program
- Integrating ICD-10 with the accountable care organization program
You must clearly explain your problem
Biggest Concern?
Clinical Documentation Improvement

Purpose:

- Optimize clinical documentation improvement efforts
- Provide an understanding of the impact of ICD-10 on current coding systems and business workflow
- Identify both ICD-9 and ICD-10 codes that are stored, analyzed and reported
- Provide reports on coding accuracy and productivity
Documentation Issues

- Unspecified
- Diabetes mellitus
- Injuries
- Drug underdosing
- Noncompliance
- Asthma
- Sore throat
- Abnormal lab work
- Musculoskeletal conditions
- Enlarged lymph nodes
- HTN
- Impotence
- Vaginitis
“Unspecified”?  

- (a) cases for which no more specific diagnosis can be made 
- (b) signs or symptoms 
- (c) provisional diagnosis in a patient 
- (d) cases referred elsewhere for investigation 
- (e) cases in which a more precise diagnosis was not available 
- (f) certain symptoms
Diabetes

- Now: 59 codes
- Future: over 200; E11.9 Type 2 diabetes mellitus without complications
Problem Areas

Injuries

- Now: 917.8 Other and unspecified superficial injury of foot and toes, without mention of infection
- Future: 7th character needed:
  - A = initial encounter
  - D = subsequent encounter
  - S = sequela

Underdosing

- Now: no codes
- Future: codes
Problem Areas

- Hypertension
  - Now:
    - 401.0 Essential hypertension, malignant
    - 401.1 Essential hypertension, benign
    - 401.9 Essential hypertension, unspecified
  - Future:
    - 110 Essential primary hypertension
Problem Areas

- Abnormal blood chemistry
  - Now:
    - 790.6 Other abnormal blood chemistry
  - Future:
    - E79.0 Hyperuricemia without signs of inflammatory arthritis and tophaceous disease
    - R78.71 Abnormal lead level in blood
    - R78.79 Riding of abnormal level of heavy metals in the blood
    - R78.89 Finding of other specified substances, not normally found in blood
    - *R79.0 Abnormal level of blood mineral
Problem Areas

- Lymph nodes
  - Now:
    - 785.6 Enlargement of lymph nodes
  - Future:
    - R59.0 Localized enlarged lymph nodes
    - R59.1 Generalized enlarged lymph nodes
    - R59.9 Enlarged lymph nodes, unspecified
Problem Areas

- Streptococcal sore throat
  - Now:
    - 034.0 Streptococcal sore throat
  - Future:
    - J02.0 Streptococcal pharyngitis
    - J03.00 Acute streptococcal tonsillitis, unspecified
    - J03.01 Acute recurrent streptococcal tonsillitis
Problem Areas

- 607.84 Impotence of organic origin
- N52.01 Erectile dysfunction due to arterial insufficiency
- N52.1 Erectile dysfunction due to diseases classified elsewhere
- N52.31 Erectile dysfunction following radical prostatectomy
Problem Areas

- **Current:**
  - 616.10 Unspecified vaginitis and vulvovaginitis

- **Future:**
  - N76.0 Acute vaginitis
  - N76.1 Subacute and chronic vaginitis
  - N76.2 Acute vulvitis
  - N76.3 Subacute and chronic vulvitis
Problem Areas

- **Now:** Intrinsic asthma, unspecified, 493.10

- **Future:** Extrinsic asthma, unspecified
  - J45.30 Mild persistent asthma, uncomplicated
    - Mild persistent asthma NOS
  - J45.40 Moderate persistent, uncomplicated
    - Moderate persistent asthma NOS
  - J45.50 Severe persistent, uncomplicated
    - Severe persistent asthma NOS
  - J45.9 Other and unspecified asthma
Problem Areas

Incontinence in ICD-9
- 788.31 Urge
- 788.32 Stress, male
- 788.33 Mixed, male or female
- 788.34 Incontinence w/o sensory awareness
- 788.35 Post-void dribble
- 788.36 Nocturnal enuresis
- 788.37 Continuous leakage

Incontinence in ICD-10
- N39.41 Urge
- N39.3 Stress male/female
- N39.46 Mixed, incontinence
- N39.42 Incontinence w/o sensory awareness
- N39.43 Post-void dribbling
- N39.44 Nocturnal enuresis
- N39.45 Continuous leakage
Test Your Knowledge

In ICD-10-CM diabetes mellitus codes include:

A. The type of diabetes mellitus
B. The body system affected
C. The complication affecting that body system
D. All of the above
Test Your Knowledge

When a patient seeks medical attention for an injury that occurred several days prior to the medical encounter, which is the appropriate extension to use?

- A for initial encounter
- D for subsequent encounter
- S for sequela
- No extension is used when there is delayed treatment
A noncompliance code or complication of care code is to be used with an underdosing code to indicate intent.

- True
- False
Test Your Knowledge

The patient is seen in the ED for anterior wall chest pain. After evaluation of the patient it is suspected that the patient may have GERD. The final diagnosis by the ED physician was written as “chest pain, rule out GERD”. Which of the following diagnoses should be listed as the principal/first listed diagnosis?

- Z03.89, Encounter for suspected cardiovascular condition
- K21.9, Gastroesophageal reflux
- R10.13, Epigastric pain
- R07.89, Anterior chest wall pain
Personalisation?

Will this do for all of you?

No - that won't fit ME

We are ALL unique with individual needs and requirements
# ICD-10 Project Planning

**#1 Organize the Implementation Effort**

Total estimated time to complete: 1 month

- **Steering committee**
  - **Purpose:** deliver the project
  - **Goal:** effect successful migration
  - **Objectives:** consensus, support, management, advocate
Sub-Groups to Steering Committee

- **Business & Revenue Cycle**
  - DNFB, claims submission, CDM, contracting
- **Clinical Documentation Improvement**
  - Professional and/or technical
- **Data Management**
  - Business intelligence and strategic planning
- **Technical Development**
- **Outreach, Awareness, and Training**
ICD-10 Project Planning

#2  Analyze Impact of ICD-10 Implementation

- Total estimated time to complete: 3 months
ICD-10 Project Planning

- #3 Contact Your Systems Vendor(s)
  - Total estimated time to complete: 2 months and ongoing
ICD-10 Project Planning

- #4 Budget for Implementation Costs
  - Total estimated time to complete: 1 month and ongoing
ICD-10 Project Planning

- #5 Implement System and/or Software Upgrades
  - Total estimated time to complete: 3-6 months
ICD-10 Project Planning

#6 Contact your Trading Partners (Clearinghouses, Billing Service, Health Plans)

- Total estimated time to complete: 3 months and ongoing
ICD-10 Project Planning

#7 Conduct Staff Training

- Total estimated time to complete: 3 months and ongoing
## Coding Issues

<table>
<thead>
<tr>
<th>Record Type</th>
<th>ICD-9-CM (minutes)</th>
<th>ICD-10-CM (minutes)</th>
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<tbody>
<tr>
<td>Short term acute care inpatient</td>
<td>8.99</td>
<td>15.99</td>
</tr>
<tr>
<td>Short term acute care outpatient</td>
<td>4.18</td>
<td>9.03</td>
</tr>
<tr>
<td>Clinic/Community health center</td>
<td>2.42</td>
<td>5.05</td>
</tr>
<tr>
<td>Physician practice</td>
<td>3.04</td>
<td>6.70</td>
</tr>
<tr>
<td>Free standing ambulatory surgery center</td>
<td>2.22</td>
<td>4.62</td>
</tr>
</tbody>
</table>
Dashboard Category

SAMPLE

- Clinical Documentation Improvement
  - Provider training
  - Medical staff leadership awareness/readiness
  - Quality awareness/readiness
  - Compliance awareness/readiness
#8 Update Internal Processes

- Total estimated time to complete: 1 - 2 months
ICD-10 Project Planning

- #9 Conduct Internal Testing
  - Total estimated time to complete: 3 months
ICD-10 Project Planning

- #10 Conduct External Testing of Upgraded Transactions
  - Total estimated time to complete: 6-9 months
ICD-10 Project Planning

#11 Implement ICD-10

- For services and discharges on or after October 1, 2014
ICD-10 Project Planning

#12 Monitor ICD-10 Submissions/Receipt

- Total estimated time to complete: 3-6 months
Goal for Implementation

- 2014
Resources:

- **American Academy of Professional Coders (AAPC):** [www.aapc.com](http://www.aapc.com)
- **American Health Information Management Association (AHIMA):** [www.ahima.org](http://www.ahima.org)
- **American Hospital Association (AHA):** [www.aha.org](http://www.aha.org)
- **Centers for Medicare & Medicaid Services (CMS):** [www.cms.gov/Versions5010andD0/](http://www.cms.gov/Versions5010andD0/)
- **Workgroup for Electronic Data Interchange (WEDI):** [www.wedi.org](http://www.wedi.org)