

ICD-10 for Rural Health

**A review of the ICD-10 code sets and
Implementation Tips**



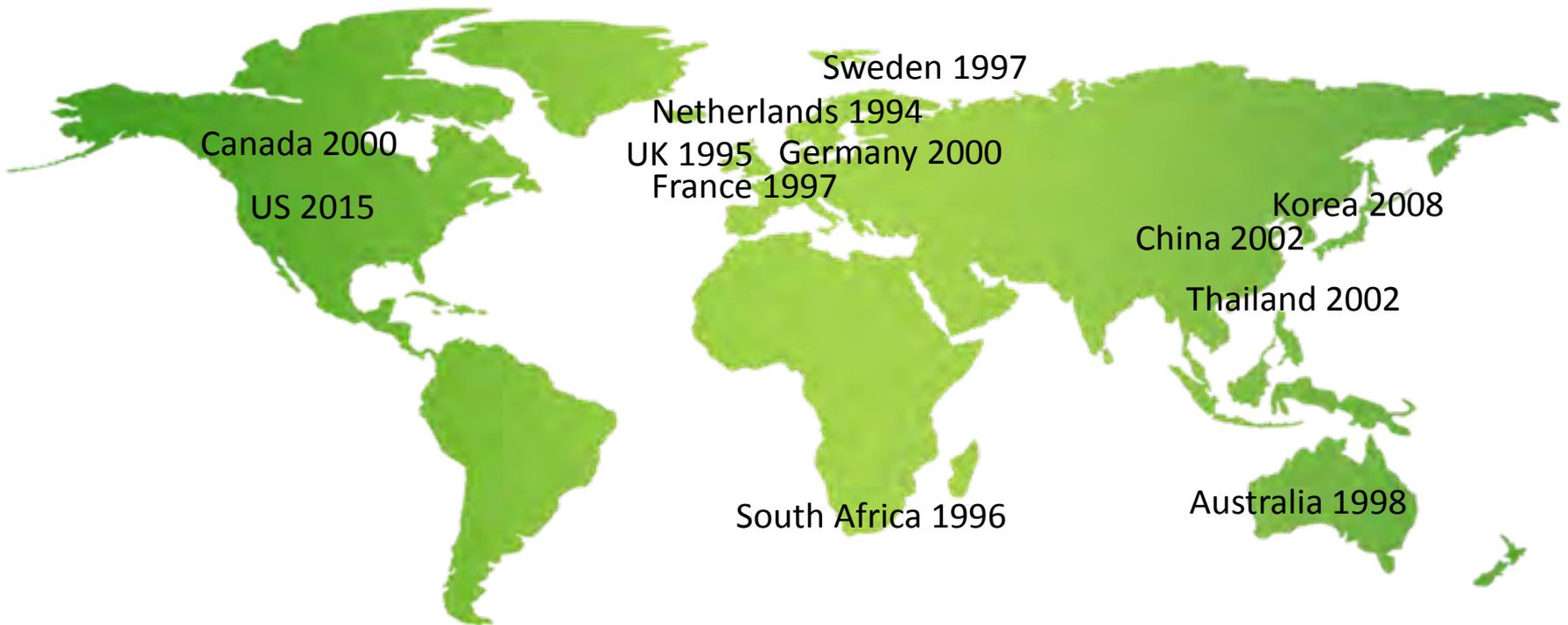
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What is ICD-10? Why? When?

Worldwide ICD-10 Implementation



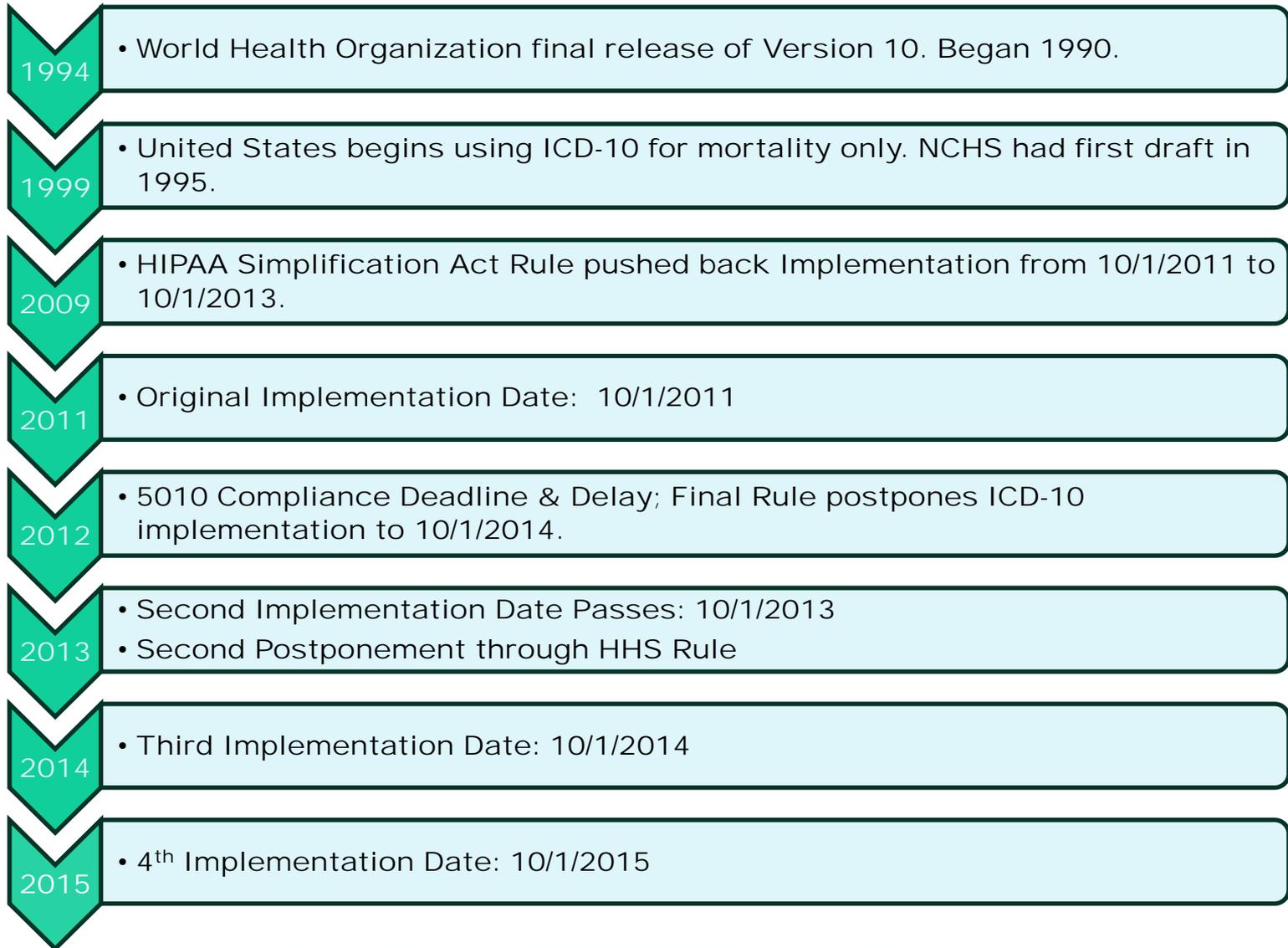
- The World Health Organization (WHO) publishes the International Classification of Disease (ICD) code set, which defines diseases, illnesses, sign & symptoms, complaints, abnormal findings as well as external causes of injury or illness and social factors.
- ICD-10 is the tenth edition. ICD-11 is due to be released by the WHO in 2015. It will take at least several years for clinical modifications to be adopted.
- NCHS is the federal agency responsible for adapting the WHO version to a clinical modification (CM) for use in the United States.
- ICD-10-CM is mandatory for all entities covered under HIPAA.
- Version 5010, electronic health care transaction standards, was a precursor to ICD-10.



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ICD-10 Timeline in the United States



Why ICD-10-CM ?

- We are running out of codes. ICD-9 is not expandable in the current format.
- ICD-9 codes are not specific enough and do not reflect current terminology or practice. ICD-9-CM has been in use for almost 30 years.
- To provide health care statistics that are more easily comparable worldwide.

ICD-10: Two Code Sets

ICD-10- CM for Diagnosis Coding: This is the US Clinical Modification (CM) of the World Health Organization classification system or ICD-10-CM. ICD-10-CM will be used in ALL settings. It will replace the ICD-9-CM codes in Vol. 1 and Vol. 2 that have been used in the United States since 1988.

ICD-10-PCS for Procedure Coding: In 1993, Centers for Medicare and Medicaid Services (CMS) commissioned 3M Health Information Systems to develop the new system. This is ICD-10-PCS. ***It will be used for Inpatient Procedures only.*** Will replace ICD-9-CM Volume 3 Codes.

Notes:

1. All ICD-10 codes set are in draft version until implementation.
2. ***CPT Codes will remain in use for all Physician Services and Outpatient/Ambulatory Services.***

ICD-9

ICD-10

Date of Service or Discharge Date

Prior to October 1, 2015

On or After October 1, 2015

10/1/2015

Effective Dates for Code Sets

Type of Code	Before 10/1/2015	After 10/1/2015
INPATIENT		
Diagnoses	ICD-9-CM	ICD-10-CM
Procedures	ICD-9, Volume 3	ICD-10-PCS
OUTPATIENT/AMBULATORY		
Diagnoses	ICD-9-CM	ICD-10-CM
Procedures	CPT® Codes	CPT® Codes

There will be a need for dual coding for at least two years.

Overview: Let's Take A Look At ICD-10-CM

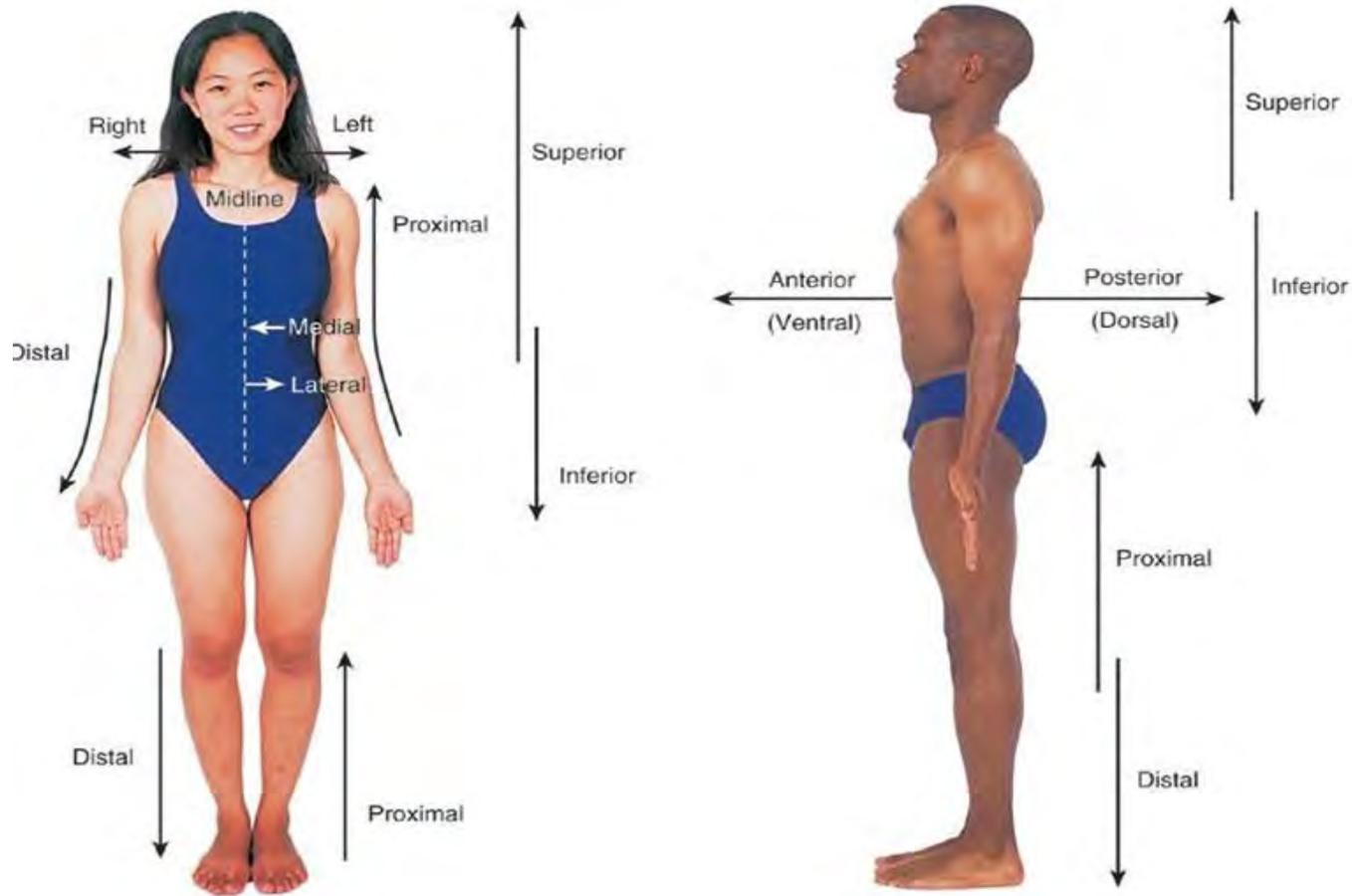
(The Diagnosis Codes)

ICD-10: More Chapters

- The codes are organized into 21 chapters in ICD-10-CM compared to 17 chapters in ICD-9-CM.
- Chapters are classified differently due to the changes in code formats.
- Reorganized to give subdivide some body systems.
- Injuries are now organized by site and then type of injury.

Chapter	Description	Code Range
1	Certain Infectious and Parasitic Diseases	A00 – B99
2	Neoplasms	C00 – D49
3	Diseases of Blood and Blood-Forming Organs	D50 – D89
4	Endocrine, Nutritional and Metabolic Diseases	E00 – E89
5	Mental, Behavioral, and Neurodevelopmental	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 Process	I00 – I99
10	Diseases of the Respiratory System	J00 – J99
11	Diseases of the Digestive System	K00 – K95

Chapter	Description	Code Range
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 & Laboratory Findings	R00 – R99
19	Injury, Poisoning and Certain Other Consequences of External Causes	S00– T88
20	External Causes of Morbidity	V00 – V99
21	Factors Influencing Health Status and Contact with Health Services	Z00 – Z99



Codes are generally organized from head to toe. This applies to the chapter sequencing and the sequencing within the chapters, categories and subcategories.

ICD-10: More Codes

ICD-9-CM has \pm 14,025 diagnosis codes

ICD-10-CM has \pm 69,823 diagnosis codes

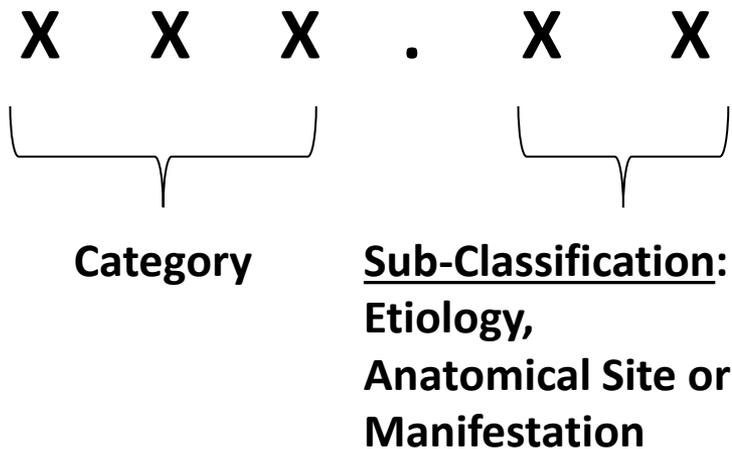
One of the biggest challenge for providers and payers is that there is not a one-to-one correlation of the codes.

ICD-10: Code Format & Structure

- Diagnosis Codes are longer in character length.
- ICD-9: 3-5 Characters in length
- ICD-10: 3-7 Characters in length
- Addition of 7th character Extension character
- Use of placeholder in codes not requiring a 4th, 5th or 6th character.

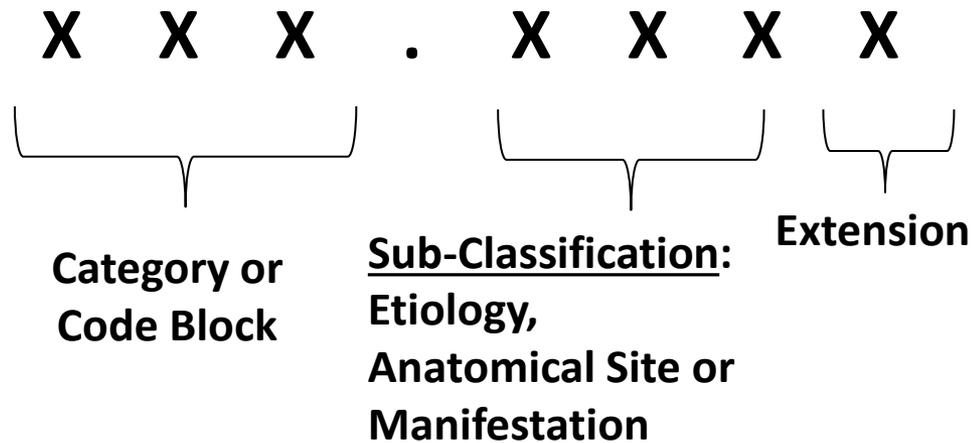
Diagnosis Code Structure Comparison

ICD-9-CM



Codes can be 3-5 characters/positions in length. Decimal after the 3rd character.

ICD-10-CM



Codes can be 3-7 characters/positions in length. Decimal is after the 3rd character. Placeholders "x" are used if an extension is required.

Diagnosis Code Comparison

Diagnosis	ICD-9	ICD-10
Hypertension, unspecified	401.9	I10
Sprain, left ankle Fall from stairs Initial Treatment	845.00 E880.9	S93.402A ^{7th} W10.9xxA Characters <i>Placeholders</i>
Diabetes mellitus Type II, Not uncontrolled.	250.00	E11.9
Diabetes mellitus, Unspecified, uncontrolled	250.02	E11.65
Full-term uncomplicated delivery, single live birth	650 V27.0	O80 Z37.0

ICD-10: Code Format & Structure

Digit or Character	ICD-9	ICD-10
1	Numeric with exception of V & E codes	Letter
2	Numeric	Numeric
3	Numeric	Numeric
4	Numeric	Numeric or Alpha or Placeholder
5	Numeric	Numeric or Alpha or Placeholder
6	None	Numeric or Alpha or Placeholder
7	None	Extension

More Specificity in Code Assignment

- Correlation of contributing factors and complications through use of combination codes and additional code add-ons. Official reporting guidelines require PFSH elements or more detail about the episode of care.
- More specificity in code assignment. (Examples: Laterality, severity, episode of care, injury details)
- Codes are not a one-to-one correlation from ICD-9 to ICD-10. May be one to many or many to one (combinations codes).
- Code formats are completely different in format and appearance.
- New codes may change medical necessity and local coverage determinations for procedures and tests.

7th Character Extensions

Character	Injuries	Fractures
A	Initial Encounter	Initial encounter for closed fracture
B	-	Initial encounter for open fracture
D	Subsequent Encounter	Subsequent encounter for fx with routine healing
G		Subsequent encounter for fx with delayed healing
K		Subsequent encounter for fx with nonunion
P		Subsequent encounter for fx with malunion
S	Sequela	Sequela

Increased Specificity

- Laterality (left, right, unilateral, bilateral)
There have been modifiers for CPT® codes to report laterality, but never captured in the diagnosis before.
- Etiology (cause, organism)
- Specific Anatomical Site
- Characteristics/Manifestations of the Disease
- Presence of Complications
- Use of Combination Codes

Codes Examples: Specificity

ICD-10-CM Code	Description
J01.21	Acute recurrent ethmoidal sinusitis
K02.52	Dental caries on pit and fissure surface penetrating into dentin
M17.2	Bilateral post-traumatic osteoarthritis of the knee
M16.11	Unilateral primary osteoarthritis, right hip
I80.221	Phlebitis of right popliteal vein

Codes Examples: Complications or Severity or Severity of Illness

ICD-10-CM Code	Description
E11.641	Type 2 DM with hypoglycemia with coma
H66.016	Acute suppurative otitis media with spontaneous rupture of ear drum, recurrent, bilateral
F10.232	Alcohol dependence with withdrawal with perpetual disturbance

Crosswalks and Mapping Tools

- There is not a crosswalk that maps ICD-9-CM codes to ICD-10-CM codes on a code-to-code basis.
- There is not a 1:1 correlation of code sets.
- There are General Equivalency Mappings or GEMs.
- There are tools which use the GEMs to get you in the ballpark. Some EHRs have mapping tools.
- There is not going to be a “cheat sheet” for every code you or your providers to use.
- CMS GEM files can be found:
<http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html>

Mapping Bronchitis from ICD-9 to ICD-10 Superbill Example

ICD-9

Respiratory System

Lower Respiratory Tract

493.90 Asthma, unspec.
 466.0 Bronchitis, acute
 496 COPD, NOS
 486 Pneumonia, unspec.

Upper Respiratory Tract

462 Pharyngitis, acute
 477.9 Rhinitis, allergic, cause unspec.
 461.9 Sinusitis, acute, NOS
 465.9 Upper respiratory infection, acute, NOS

ICD-10

Respiratory System

Lower Respiratory Tract

J45.909 Unspecified asthma, uncomplicated
 J45.998 Other asthma
 J20.0 Acute bronchitis due to Mycoplasma pneumoniae
 J20.1 Acute bronchitis due to Hemophilus influenzae
 J20.2 Acute bronchitis due to streptococcus
 J20.3 Acute bronchitis due to coxsackievirus
 J20.4 Acute bronchitis due to parainfluenza virus
 J20.5 Acute bronchitis due to respiratory syncytial virus
 J20.6 Acute bronchitis due to rhinovirus
 J20.7 Acute bronchitis due to echovirus
 J20.8 Acute bronchitis due to other specified organisms
 J20.9 Acute bronchitis, unspecified
 J44.9 Chronic obstructive pulmonary disease, unspecified
 J18.8 Other pneumonia, unspecified organism
 J18.9 Pneumonia, unspecified organism

Upper Respiratory Tract

J02.8 Acute pharyngitis due to other specified organisms
 J02.9 Acute pharyngitis, unspecified
 J30.0 Vasomotor rhinitis
 J30.9 Allergic rhinitis, unspecified
 J01.90 Acute sinusitis, unspecified
 J01.91 Acute recurrent sinusitis, unspecified
 J01.80 Other acute sinusitis
 J01.81 Other acute recurrent sinusitis
 J06.9 Acute upper respiratory infection, unspecified

There is one acute bronchitis code in ICD-9. There are 10 codes in ICD-10.

Source: AAFP Superbill via <http://www.aafp.org/online/en/home/publications/journals/fpm/fpmttoolbox.html>

Understanding How to Use the ICD-10-CM Code Set

2015 ICD-10-CM Alphabetic Index and Tabular Code Descriptions

The Index and Tabular volumes are available for download.

<http://www.cdc.gov/nchs/icd/icd10cm.htm#icd2015>

The Guidelines are also available for download.

<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/icd10cm-guidelines-2015.pdf>

The GEM Mapping Files are available for download.

<http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html>

The formats are not as user friendly as code manuals published by other sources. The GEM files are in text format and require additional formatting.

Code Descriptions: In ICD-10-CM, there are full code descriptions for each code. This removes the confusion of indented lines under main descriptions in ICD-9-CM.

Notes, Include Notes and Terms: Further define conditions which may be included in the code category or give examples of diagnoses included within or give instruction.

Excludes Notes: There are two types of Excludes Notes in ICD-10-CM.

An Exclude 1 note means that the codes should never be used in conjunction with another code. It is a pure exclusion.

Example: D51—Vitamin B12 deficiency anemia

Excludes 1: Vitamin B12 deficiency E53.8

An Exclude 2 note indicates that although a specific condition is not reported using this code the two conditions can be coded at the same time.

Example: J00—Acute nasopharyngitis

Excludes 2: Allergic Rhinitis J0.1

Code Also, Code First: Notes which give instructional guidance on sequencing.

NOS and NEC

Not Otherwise Specified (NOS): No additional information is available in the clinical documentation to allow a more specific code assignment.

Not Elsewhere Classified (NEC): The condition described in the clinical documentation cannot be found classified more specifically within the code set.

Alphabetic Index Excerpt

Pregnancy (single) (uterine) —see *also* Delivery and Puerperal

- Note: The Tabular must be reviewed for assignment of the appropriate character indicating the trimester of the pregnancy

- Note: The Tabular must be reviewed for assignment of appropriate seventh character for multiple gestation codes in Chapter 15

- abdominal (ectopic) O00.0

- - with viable fetus O36.7-

- ampullar O00.1

- biochemical O02.81

- broad ligament O00.8

- cervical O00.8

- chemical O02.81

- complicated NOS O26.9-

- complicated by (care of) (management affected by)

- - abnormal, abnormality

- - - cervix O34.4-

- - - - causing obstructed labor O65.5

- - - cord (umbilical) O69.9

Tabular Excerpt

O20 Hemorrhage in early pregnancy

Includes: hemorrhage before completion of 20 weeks gestation

Excludes1: pregnancy with abortive outcome (O00-O08)

O20.0 Threatened abortion

Hemorrhage specified as due to threatened abortion

O20.8 Other hemorrhage in early pregnancy

O20.9 Hemorrhage in early pregnancy, unspecified

O21 Excessive vomiting in pregnancy

O21.0 Mild hyperemesis gravidarum

Hyperemesis gravidarum, mild or unspecified, starting before the end of the 20th week of gestation

O21.1 Hyperemesis gravidarum with metabolic disturbance

Hyperemesis gravidarum, starting before the end of the 20th week of gestation, with metabolic disturbance such as carbohydrate depletion

Hyperemesis gravidarum, starting before the end of the 20th week of gestation, with metabolic disturbance such as dehydration

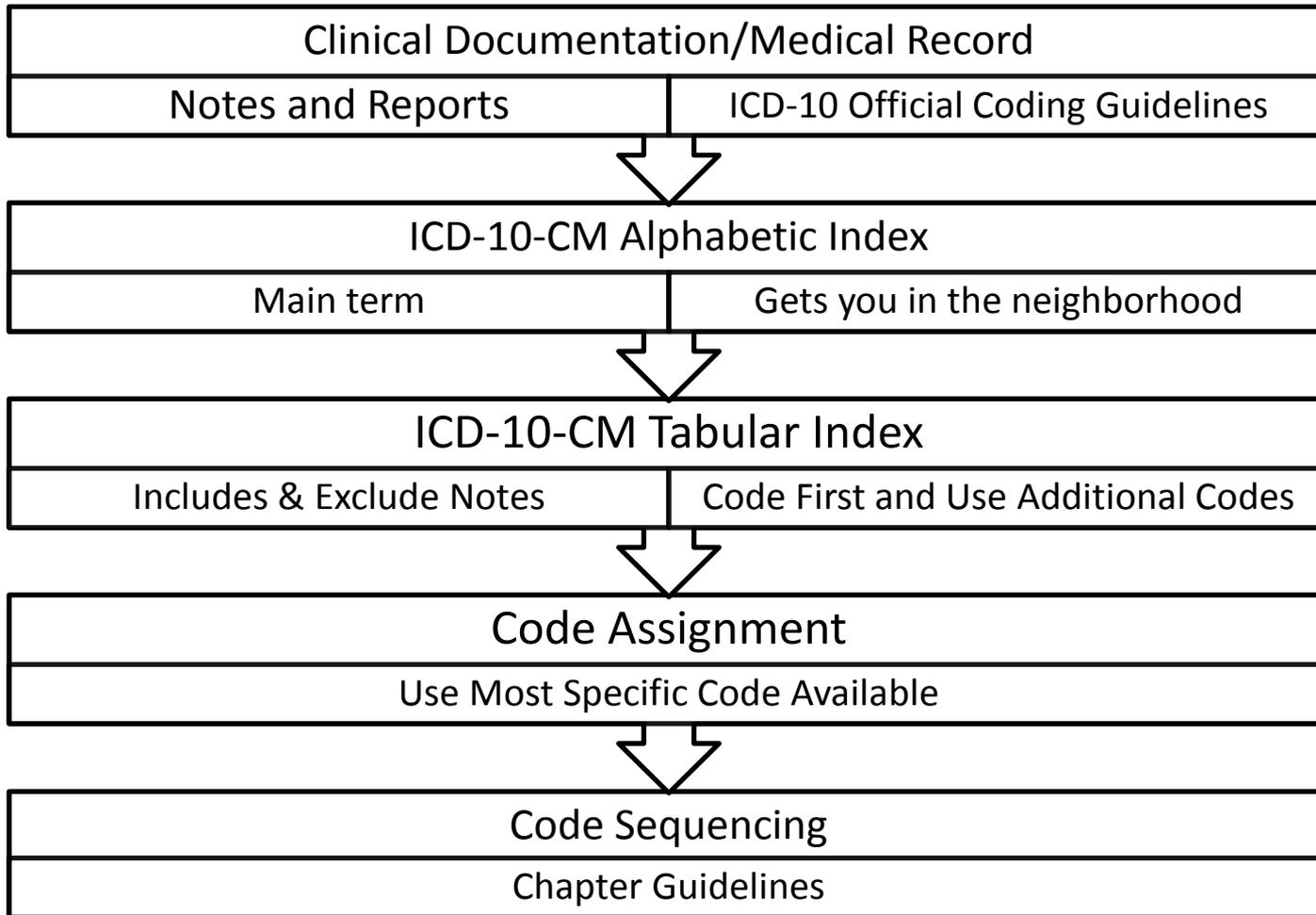
Hyperemesis gravidarum, starting before the end of the 20th week of gestation, with metabolic disturbance such as electrolyte imbalance

How to Assign an ICD-10 Code

YES, you will need a code manual even if you use an EHR!

1. Start with the Index. Look up the main term for the condition, disease or symptom. Codes should NOT be assigned from the Index without verifying the code selection in the Tabular volume.
2. Next, find the chapter & code set block for the condition.
3. Locate the condition in the Tabular section.
4. Consider the “includes”, “excludes”, “code first” and “use additional code” notes.
5. Is a 7th character needed? If so, look at the key at the beginning of the code chapter or block.
6. Select the most detailed code which is supported in the clinical documentation. Code to the highest specificity and the highest number of characters.

Steps to Assigning Codes



Sequencing Codes for Outpatient Services

- The “first-listed” diagnosis is the condition which occasioned the visit (chief complaint). Use a definitive diagnosis if one is available.
- Rule Out or Differential Diagnoses are not used in Outpatient coding.
- Refer to the notes in the Tabular for “code first” and “use additional code” notes.
- All coexisting conditions which are present at the time of the visit and affect care or treatment can also be listed.
- If two conditions co-exist and are both responsible for the service, either may be coded as primary.
- Acute conditions are listed above chronic, stable conditions.
- Signs and symptoms which are integral to the diagnosis should not be listed. (~~cough~~, fever, pneumonia).
- Signs and symptoms are listed if there is no definitive diagnosis during the encounter.
- Conditions which have been resolved or do not affect current treatment are not coded.
- Refer to specific Chapter guidelines for notes on specific conditions.

Tips for ICD-10 Implementation

Communication with 3rd Parties

- PM/EHR Vendors
 - System capabilities: updates/upgrades/interfaces
 - Table redesign/user interface formats
 - Dual Coding Capabilities (system)
 - Template modifications
 - Billing edits
- Clearinghouses/Billing Companies
 - Billing edits/other services
 - Clearinghouse to Payer transmissions
- Payers
 - End to end testing opportunities
 - Changes in coverage determinations or authorization processes

Managerial Considerations

- Cash Flow
 - Possible ↑ A/R Days
 - Cash reserves
 - Credit Lines
- Dual Coding Capabilities (Staff)
- Productivity Impact
 - New code orientation
 - Increased time in PM/EHR
 - Volume
- Patient Communications

Top Diagnosis Code Analysis

- Identify the top 50 primary care diagnosis codes.
- Identify other specialty codes, if required.
- Map those codes from ICD-9 to ICD-10.
- Identify the specificity which may be required in the ICD-10 documentation for those codes.
- Analyze current work flow processes.
- Identify “gaps” in assigning the codes and in other workflow processes. This may vary depending on how automated your processes are now.
- Identify any changes needed to internal forms, templates, or processes.
- Identify educational needs.

Education and Training

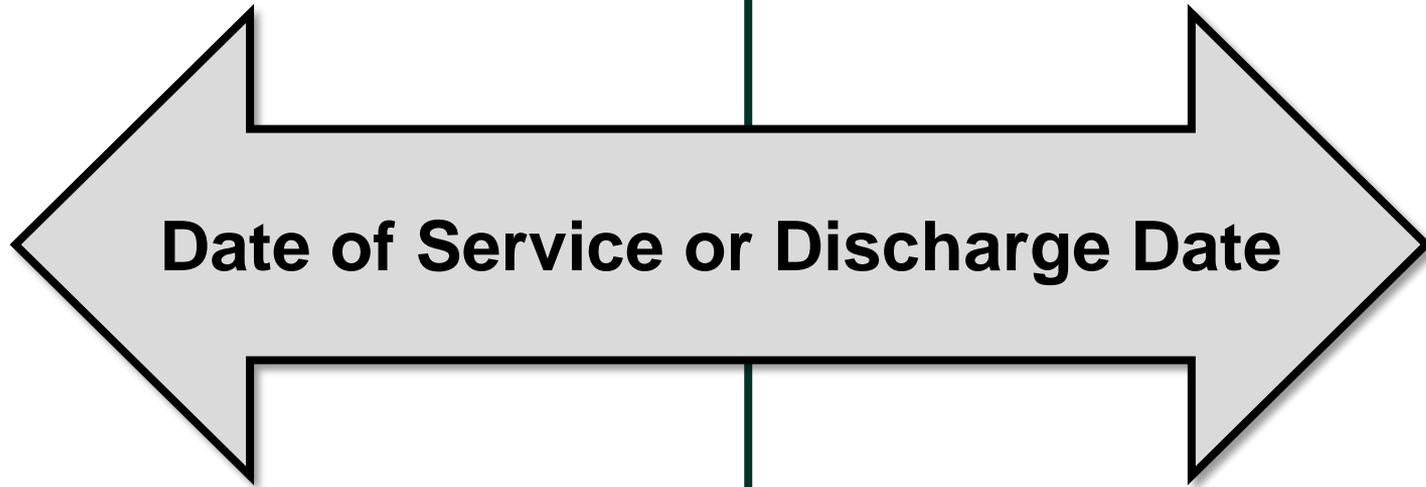
- Identify the educational needs of your staff based on role and responsibilities.
- Develop or seek educational resources which target specific needs.
- Do not over-train beyond scope of practice or duty. Train appropriately. Train methodically.
- Use applicable case scenarios or actual past encounters as training materials.
- Incorporate the coding guidelines in your training.
- Practice dual coding in both ICD-9 and ICD-10.
- Ensure that education is relevant to the provider's specialty.
- Select or design training materials carefully.

Claims Adjudication

- Have established internal benchmarks prior to “go live”.
- Identify weaknesses you have in ICD-9 claims now.
- Monitor Claims Submission and Remittance Advises to quickly identify any problems with claims adjudication.
- Monitor % of posted adjustments to identify problems with reimbursement or coverage.
- Know who to contact with each payer or 3rd party.
- Know resubmission and appeal processes in advance.
- Do follow-up auditing to identify areas for re-education and training.

ICD-9

ICD-10



Prior to October 1, 2015

On or After October 1, 2015

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Other Possible Resources

CMS

<http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>

AMA

<https://download.ama-assn.org/resources/doc/bookstore/x-pub/no-index/icd-10-action-plan-12-step-transition.pdf>

AAFP

<http://www.aafp.org/practice-management/payment/coding.html>

AHIMA

<http://www.ahima.org/topics/icd10/physicians>

RURAL ICD-10

<http://www.ruralicd10.com/>

Note: These links should provide free information and resources. The presenters or sponsors of this program do not endorse, recommend or promote any specific products or services which may be offered for purchase or under agreement by any of these entities.

Questions or Comments?

