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# ICD-10: Advancing the Documentation

Presented by:

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ICD-10 Will Change Everything



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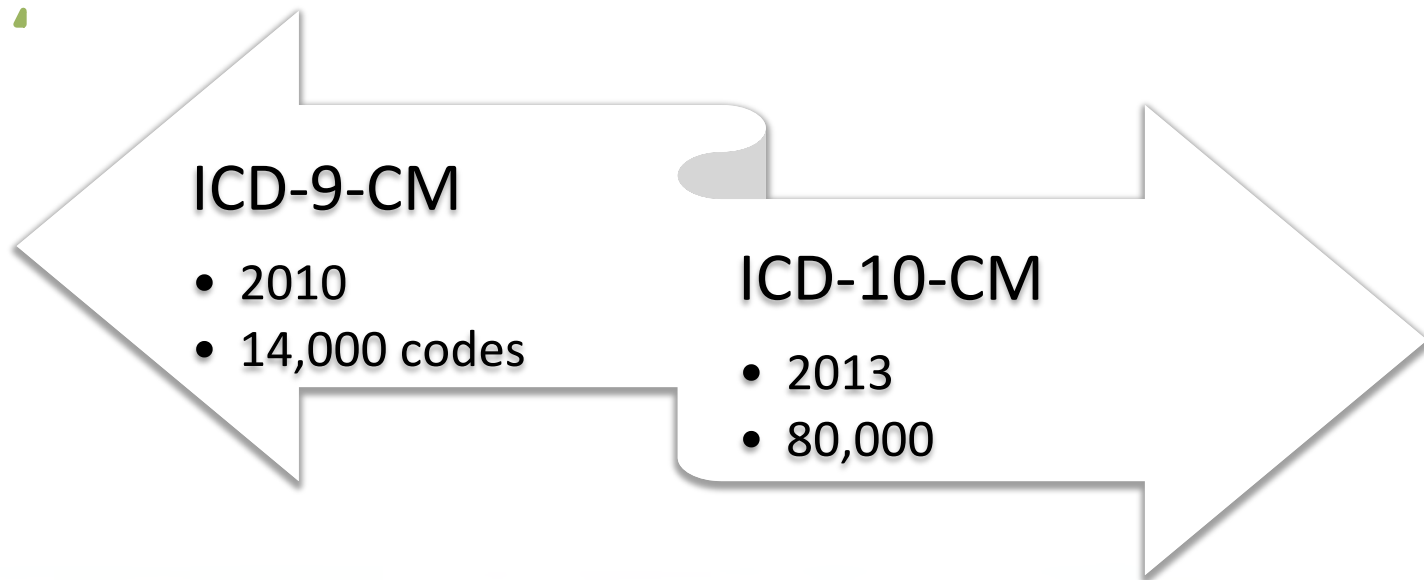
# Introduction

- ICD-10..... Is the sky REALLY falling?
- Will coders and billers have to relearn everything?
- Why is there so much focus on learning A&P?
  - Has the body actually changed with ICD-10 implementation?

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# ICD-10 Changes

- From 14,000 codes to approximately 69,000 ICD-10 codes
- All codes have full descriptions for both ICD-10-CM and ICD-10-PCS



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# ICD-10 changes

- With such a large increase in codes, what has actually changed?
  - Addition of laterality
  - Combination codes
  - Episode of care
  - Fetus affecting the management of the mother
  - Coding for injuries

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# What is needed?

- Something we have never asked for before....  
Increased specificity in provider documentation.
- How will we get what we need?
- Why is all this important anyway?
- Where do I begin?

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# Coding Transitions

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# Where are the changes?

- ICD-10-CM has numerous changes in store not only in the amount of codes, but also in some of the guidelines. Some examples include:
  - Diabetes
  - Obstetrics
  - Neoplasms
  - Fractures
  - Injuries

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# Diabetes Mellitus

- Diabetes mellitus is located in Chapter 3, Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders in ICD-9-CM
- Diabetes mellitus is located in Chapter 4, Endocrine, Nutritional and Metabolic Disorders in ICD-10-CM (E00-E89) in ICD-10-CM

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# Diabetes Mellitus

- There are five (5) Diabetes Mellitus categories in the ICD-10-CM to reflect the current clinical classifications of diabetes. They are:
  - E08 Diabetes Mellitus due to an underlying condition
  - E09 Drug or chemical induced diabetes mellitus
  - E10 Type I diabetes mellitus
  - E11 Type 2 diabetes mellitus
  - E13 Other specified diabetes mellitus

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# Diabetes Mellitus

- ICD-9-CM has fifth digit subclassifications that state the type of diabetes (including unspecified) and whether the diabetes is uncontrolled or not stated as uncontrolled
  - 250.00 Diabetes without mention of complication, NOS, not stated as uncontrolled
- ICD-10-CM has no stated unspecified code, so the default is type II and no longer classified as uncontrolled/controlled
  - E10.11 Type 1 diabetes mellitus with ketoacidosis with coma

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# Diabetes Mellitus

- Combination codes are used in ICD-10-CM for diabetes
- The three character category shows the type of diabetes
- The fourth character shows the underlying conditions with specified complications
- The fifth character defines the specific manifestation

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# Diabetes Mellitus

## Examples of diabetes combination codes

- E08.22 Diabetes mellitus due to an underlying condition with diabetic chronic kidney disease
- E09.52 Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
- E11.41 Type 2 diabetes mellitus with diabetic mononeuropathy

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# Diabetes Mellitus

- In ICD-10-CM there is a code, Z79.4 long-term current use of insulin, that is used the same way we currently use V58.67 in ICD-9-CM
- This code is **not** to be added to type I diabetic patients (E10 category) or gestational diabetic patients (O24.4 subcategory)
  - Reference: ICD-10-CM Official Draft Guideline C.15.i

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# Diabetes Mellitus

- **Type II** diabetic patient presents to the physician's office for a follow up visit. She has **diabetic dermatitis** on her left calf that will not resolve. She had recently been started on **Humulin N** for better diabetes control. At today's visit the doctor decides to continue the patient on insulin for another month and gives her a prescription for steroids for the skin condition.
  - E11.620 Type 2 diabetes mellitus with diabetic dermatitis
  - Z79.4 Long term current use of insulin

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# Obstetrics

- Obstetrics is located in Chapter 11, Complications of Pregnancy, Childbirth, and the Puerperium in ICD-9-CM
- Obstetrics is located in Chapter 15, Pregnancy, Childbirth and the Puerperium (O00-O9a) in ICD-10-CM

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# Obstetrics

- Codes from this chapter have sequencing priority over codes from all other chapters
- Additional codes from other chapters may be used in conjunction with chapter 15 codes to further specify conditions
  - Reference: ICD-10-CM Official Draft Guideline C.15.a.1

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# Obstetrics

- A pregnant patient presents to the office for a visit. She is 19 weeks, 3 days, and is diagnosed with a bladder infection caused by E. coli. The doctor told the patient to drink more water and prescribes cephalexin. She is to return in 10 days for a recheck.
  - O23.12 Infections of bladder in pregnancy, second trimester
  - B96.2 Escherichia coli (E. coli) as the cause of diseases classified elsewhere
  - Z3A.19 19 weeks gestation of pregnancy

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# Obstetrics

- At the beginning of chapter 15 the trimesters are identified as follows:
  - 1<sup>st</sup> trimester – less than 14 weeks 0 days
  - 2<sup>nd</sup> trimester – 14 weeks 0 days to less than 28 weeks 0 days
  - 3<sup>rd</sup> trimester – 28 weeks 0 days until delivery

The trimesters are counted from the first day of the last menstrual period.

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# Obstetrics

- In 2012, codes were added to indicate the weeks of gestation of the pregnancy
- Codes in category Z3A, weeks of gestation are added to provide additional information about the pregnancy

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# Obstetrics

- Documentation will need to show whether a patient's condition was pre-existing or due to the pregnancy
  - Reference: ICD-10-CM Official Draft Guideline C.15.a.c

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# Obstetrics

- A patient presents for a check up at 34 weeks, 2 days. She has pre-existing hypertensive chronic systolic congestive heart failure.
  - O10.113 Pre-existing hypertensive heart disease complicating pregnancy, third trimester
  - I11.0 Hypertensive heart disease with heart failure
  - I50.22 Chronic systolic (congestive) heart failure
  - Z3A.34 34 weeks gestation of pregnancy

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# Obstetrics

- 7<sup>th</sup> character fetal extensions are used in certain subcategories
  - 0 not applicable or unspecified
  - 1 fetus 1
  - 2 fetus 2
  - 3 fetus 3
  - 4 fetus 4
  - 5 fetus 5
  - 9 other fetus

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# Obstetrics

- A 40 year-old pregnant patient comes in for a consultation for possible chromosomal abnormalities to the fetus. She is carrying a single pregnancy.
  - O35.1xx0 Maternal care for (suspected) chromosomal abnormality in fetus, not applicable or unspecified

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# Neoplasms

- Neoplasms are located in Chapter 2, Neoplasms in ICD-9-CM
- Neoplasms are located in Chapter 2, Neoplasms (C00-D49) in ICD-10-CM

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# Neoplasms

- A patient may have a malignancy in two or more sites in the same organ, which may represent different primaries or metastatic disease
- The ICD-10-CM guidelines state to query the provider for the status of each tumor so that the correct codes can be assigned
- Reference: ICD-10-CM Official Draft Guideline C.2.i

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# Neoplasms

- A patient is found to have two distinct malignant tumors – one in his **right lower lobe** and one in his **right upper lobe**
  - C34.31 Malignant neoplasm of lower lobe, right bronchus or lung
  - C34.11 Malignant neoplasm of upper lobe, right bronchus or lung

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# Neoplasms

- Laterality is also addressed in ICD-10-CM, unlike ICD-9-CM
- Examples: D30.02 Benign neoplasm of left kidney  
D04.11 Carcinoma in situ of skin of right eyelid, including canthus  
C40.31 Malignant neoplasm of short bones of right lower limb

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# Neoplasms

- Coding and sequencing of complications is different in ICD-9-CM compared to ICD-10-CM
- In ICD-10-CM the guidelines state to code the malignancy or adverse code first, then the anemia code
- Reference: ICD-10-CM Official Draft Guideline C.2.c.1 and C.2.c.2

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# Neoplasms

- A 65 year-old female presents with severe anemia and is need of a blood transfusion. She also has advanced left ovarian cancer, and it is felt that the anemia is directly related to this. She is following protocol for the treatment of the cancer and the only focus of todays visit is on the anemia.
- As per ICD-10-CM guidelines, the neoplasm is sequenced first.
  - C56.2 Malignant neoplasm of left ovary
  - D63.0 Anemia in neoplastic disease

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# Fractures

- Fractures and injuries are located in Chapter 17, Injury and Poisoning in ICD-9-CM
- Fractures and injuries are located in Chapter 19, Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88) in ICD-10-CM

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# Fractures

- There have been a lot of changes made in this chapter in ICD-10-CM.
- Required elements for fracture coding include:
  - Type of fracture
  - Location
  - Open vs. closed
  - Displaced vs. nondisplaced
  - Laterality
  - Episode of care

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# Fractures

- Example
  - Closed fracture of the shaft of radius
    - 1 code in ICD-9-CM
    - Over 250 choices for codes in ICD-10-CM
- How will we ever know what to code?
  - Follow guidelines and instructional notes

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# Fractures

- 7<sup>th</sup> character extenders represent various things.
- For the category of *fracture of shaft of radius*, the following 7<sup>th</sup> character may apply for the initial episode of care:
  - A Initial encounter for closed fracture
  - B Initial encounter for open fracture type I or II, initial encounter for open fracture NOS
  - C initial encounter fir open fracture type IIIA, IIIB, or IIIC

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# Fractures

- For the category of *fracture of shaft of radius*, the following 7<sup>th</sup> character may apply for the subsequent episode of care:
    - D Subsequent encounter for closed fracture with routine healing
    - E K Subsequent encounter for fracture with nonunion
    - P Subsequent encounter for fracture with malunion
    - S Sequelae
    - F Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
    - G Subsequent encounter for closed fracture with delayed healing
    - H Subsequent encounter for open fracture type I or II with delayed healing
    - J Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
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# Fractures

- Continued...
  - K Subsequent encounter for closed fracture with nonunion
  - M Subsequent encounter for open fracture type I or II with nonunion
  - N Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion
  - P Subsequent encounter for closed fracture with malunion
  - Q Subsequent encounter for open fracture type I or II with malunion
  - R Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion
  - S Sequelae

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# Fractures

- Initial encounter is to be used when the patient is receiving active treatment for the injury.
- Examples include: surgical treatment, emergency department encounter, and evaluation and treatment by a new physician
  - Reference: ICD-10-CM Official Draft Guideline C.19.a

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# Fractures

- Subsequent encounter is to be used for encounters after the patient has received active treatment of the injury and is receiving routine care for the injury during the healing or recovery phase.
- Examples include: cast change or removal, removal of external or internal fixation device, medication adjustment, other aftercare and follow up visits following injury treatment

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# Fractures

- Sequela is for use for complications or conditions that arise as a direct result of an injury
- Examples include: scar formation after a burn or limp from a previous injury

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# Fractures

- A 14 year-old boy is at a movie theater and running in a parking lot when he was hit by a car. He was diagnosed with a **nondisplaced fracture of the medial condyle of the lower end of the left femur**. The leg was placed in a long leg splint and no further intervention was required.
  - S72.435A Nondisplaced fracture of medial condyle of left femur, initial encounter for closed fracture

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# Coding for injuries

- ICD-10-CM codes in this section frequently require the 7<sup>th</sup> character extension to identify the episode of care.
- In ICD-10-CM there are separate code subcategories for lacerations, punctures, wounds, and open bites
- The documentation in the medical record will be the determining factor as to the categories above

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# Injuries

- The most common 7<sup>th</sup> character extenders for injuries are:
- A for initial encounter
- D for subsequent encounter
- S for sequela

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# Injuries

- ICD-10-CM makes a distinction between burns and corrosions
  - Burns are due to a heat source (except sunburns which code to L55 category)
  - Corrosions are due to chemicals
- The same guidelines are followed for both

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# Injuries

- A patient presents to the emergency department after receiving a second degree burn to his left upper arm. He receives treatment and is told to follow up with his family physician.
  - T22.232A Burn of second degree of left upper arm, initial encounter

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# Injuries

- A patient presents for a **follow up visit**. She had tried to stop her two cats from fighting. **One of the cats bit her left hand and thumb without nail damage**. The wound was washed and she was started on antibiotics. She presents today for a dressing change and wound check.
  - S61.052D **Open bite of left thumb without damage to nail, subsequent encounter**
  - S61.452D **Open bite of left hand, subsequent encounter**
  - W55.01XD **Bitten by cat**

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# External Cause Codes

- With assigning fracture and injury codes, it is important to indicate the external cause of the injury.
- Many additional choices than what is currently available in ICD-9-CM.
- Better documentation of the “story” is necessary to capture this information.
- Will all payers require this information?

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# External Cause Codes

## ICD-9-CM

- E codes
- Less defined
- Few place of occurrence codes

## ICD-10-CM

- V- Y code section
- Much more specific
- More than 150 place of occurrence codes

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# External Cause Codes

## Place of Occurrence Examples

- Y92.031 Bathroom in apartment as the place of occurrence of the external cause
- Y92.133 Barracks on military base as the place of occurrence of the external cause
- Y92.72 Chicken coop as the place of occurrence of the external cause
- Y92.531 Health care provider office as the place of occurrence of the external cause

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# External Cause Codes

## Activity Code Examples

- Y93.21 Activity, ice skating
- Y93.66 Activity, soccer
- Y93.74 Activity, frisbee
- Y93.c1 Activity, computer keyboarding
- Y93.e2 Activity, laundry
- Y93.f2 Activity, caregiving, lifting
- Y93.e6 Activity, residential relocation
- Y93.k2 Activity, milking an animal

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# Myocardial Infarction

- Myocardial infarction is located in Chapter 7, Diseases of the Circulatory System in ICD-9-CM
- Myocardial infarction is located in Chapter 9, Diseases of Circulatory System (I00-I99) in ICD-10-CM

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# Myocardial Infarction

- In both ICD-9-CM and ICD-10-CM, the MI codes are site specific
- In ICD-9-CM the codes include acute (410.-), chronic (414.8), and old (412)
- In ICD-10-CM the codes include acute (I21-), subsequent (I22), and old (I25.2)

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# Myocardial Infarction

- In ICD-9-CM we use the “8 week rule” for acute and chronic, if not specified
- In ICD-10-CM we will use a “4 week rule” for the use of subsequent codes
- If a patient suffered an MI and within 4 weeks suffered another MI, the second MI would be coded as subsequent
- You must report an acute MI (I21) code with a subsequent MI (I22) code

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# Myocardial Infarction

- For encounters after 4 weeks time frame if the patient still requires continued care related to the MI, the appropriate aftercare code should be assigned, not a code from category I21
- In ICD-9-CM we would report the chronic MI code (414.8)
  - Reference: ICD-10-CM Official Draft Guideline C.9.e.1

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# Myocardial Infarction

- A patient is brought in by ambulance to the hospital and is admitted for an **NSTEMI myocardial infarction**. He had suffered a **STEMI myocardial infarction** of the left **main coronary artery** 2 weeks prior.
  - I22.2 Subsequent **non-ST elevation (NSTEMI) myocardial infarction**
  - I21.01 **ST elevation (STEMI) myocardial infarction** involving **left main coronary artery**

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# What Can Today's Practices Do To Prepare?

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# Evaluate & Educate

- In most cases, providers will need to shift their documentation habits
- This does not mean they need to increase the amount of documentation in the note (well maybe for some...), instead we need more precise detail about a patient's condition
- Providers must be given appropriate time and education in order to make the necessary adjustments to their documentation

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# Evaluate & Educate

- Readiness Evaluations for providers
  - By specialty group
  - By diagnosis
  - Evaluate for ICD-10-CM specificity
  - Prepare report
  - Meet with providers

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# Resources

[www.aapc.com/ICD-10/resources.aspx](http://www.aapc.com/ICD-10/resources.aspx)

Resources for all medical practices solo practitioners-large  
medical groups

[www.cms.hhs.gov/ICD10](http://www.cms.hhs.gov/ICD10)

Complete list of code sets for ICD-10-CM and ICD-10 PCS;  
final rule and Official ICD-10-CM Guidelines

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# Questions?



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