Documentation Strategies in an ICD-10 World

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ICD-10 has 140,000 Codes? What's ICD-10?
TOP 8 ZANIEST ICD-10 CODES
A Collection of the Craziest Codes You Hope Never to Encounter
especially after Oct. 1, 2014

1. Problems with the in-laws
   Z63.1

2. Asphyxiation due to being trapped in a discarded refrigerator, accidental
   T71.231D

3. Sucked into jet engine
   V97.33XD

4. Fall into bucket of water, causing drowning & submersion
   W16.221

5. Burn due to water-skis on fire
   V91.07XD

6. Walked into lamppost
   W22.02XD

7. Hair causing external constriction
   W49.01XA

8. Animal-rider injured in collision with trolley
   V80.730A
ICD-10: CMS won't deny claims for first year

The Centers for Medicare & Medicaid Services has agreed to adopt four AMA proposals regarding the code set conversion

July 6, 2015
The Correct Code “Family” …

• For example, diabetes mellitus is not a code family, it is actually *five different* code families …
  • E08 - DM due to underlying condition
  • E09 - Drug or chemical-induced DM
  • E10 - Type 1 DM
  • E11 - Type 2 DM
  • E13 - Other specified DM

• And, these three digit “family” codes, even if correct, may not be enough to be a valid code for LCD/NCD determinations and/or to demonstrate medical necessity or SOI
Medicare Has ICD-10 Accommodation Period, But What About Other Insurers?

In early July, the Centers for Medicare and Medicaid Services struck a deal with the American Medical Association in which CMS agreed to a one-year Medicare payment accommodation period after the ICD-10 October 1 compliance date in which claims incorrectly coded would be paid as long as they are coded in the appropriate family of codes.

This was a big step as CMS expects ICD-10 compliance yet won’t demand perfect coding. But, what about state Medicaid agencies and private insurance companies? Where are their accommodations for providers? So far, there have been no big announcements.

Also See: CMS Policies Aid Physician ICD-10 Compliance

Health Data Management contacted seven national insurers, the Blue Cross and
Proposed Bill

The Coding Flexibility in Healthcare Act of 2015 (H.R. 3018)

Calls for a “Dual Processing Transition Period” of 180 days (October 1, 2015 - March 28, 2016)

CMS has stated that they (and many commercial health plans) are unable to process claims for both ICD-9 and ICD-10 codes submitted for the same dates of service --- so a dual coding approach is NOT possible
ICD-10 Components

- **ICD-10-CM**
  - *Diagnostic* coding system developed and modified by the Centers for Disease Control and Prevention, a division of the Centers for Medicare & Medicaid Services (CMS), for use in all U.S. health care treatment settings

- **ICD-10-PCS**
  - *Procedural* coding system developed by (CMS) for use in the U.S. for *inpatient hospital settings ONLY*
  - All 7 alpha or numeric digits *must* be accounted for
ICD-10-CM (Clinical Modification): The Diagnosis Codes
ICD-10 Captures Familiar Clinical Concepts

- Concepts that are new and integral to ICD-10 are not new to clinicians, who are often already documenting with more clinical information than an ICD-9 code can capture.
- For example:
  - Initial Encounter, Subsequent Encounter, Sequelae
  - Normal Healing, Delayed Healing, Nonunion, Malunion
  - Acute or Chronic
  - Right or Left
  - Etiology and/or infecting agent
  - Linking various diseases
Other ICD-10 General Features

- There are “unspecified” codes, just as in ICD-9, when no information is available to support a more specific code.
- A 7th character is used in certain chapters, with a different meaning depending on where it’s being used:
  - For example, Initial vs. subsequent encounter vs. sequela:
    - Initial – should be used for multiple encounters if the patient continues to receive treatment for the acute condition.
    - Subsequent – encounters after the patient is done with active treatment for the condition, i.e., receiving routine care during the healing or recovery phase.
    - Sequela – used for complications or other conditions that arise as a direct result of another condition, after the acute phase of a condition has subsided. This is not necessarily the same as a complication.
ICD-9-CM vs. ICD-10-CM

Structural Changes

- ICD-9-CM (Diagnoses)
  - 3-5 characters
  - All numeric
  - Decimal point after 3rd digit

- ICD-10-CM (Diagnoses)
  - 3-7 characters
  - 1st is alpha (all letters except U)
  - 2nd is always #
  - Decimal point after 3rd digit
Chapter Organization

1. Certain Infectious and Parasitic Diseases
2. Neoplasms
3. Diseases of the Blood and Blood-forming Organs
4. Endocrine, Nutritional, and Metabolic Diseases
5. Mental, Behavioral, and Neurodevelopmental Disorders
6. Diseases of the Nervous System
7. Diseases of the Eye and Adnexa
8. Diseases of the Ear and Mastoid Process
9. Diseases of the Circulatory System
10. Diseases of the Respiratory System
11. Diseases of the Digestive System
12. Diseases of the Skin and Subcutaneous Tissue
13. Diseases of the Musculoskeletal System and Connective Tissue
14. Diseases of the Genitourinary System
15. Pregnancy, Childbirth, and the Puerperium
16. Certain Conditions Originating in the Perinatal Period
17. Congenital Malformations, Deformations, and Chromosomal Abnormalities
18. Symptoms, Signs, and Abnormal Clinical and Laboratory Findings
19. Injury, Poisoning, and Certain Other Consequences of External Causes
20. External Causes of Morbidity
21. Factors Influencing Health Status and Contact with Health Services
Pyogenic Arthritis Classification

ICD-9-CM

- Code Range 711.0
  - **10 codes**
    - Axis: Anatomy (location)
      - Site unspecified
      - Shoulder region
      - Upper arm
      - Forearm
      - Hand
      - Pelvic region and thigh
      - Lower leg
      - Ankle and foot
      - Other specified site
      - Multiple sites

ICD-10-CM

- Code Range M00.00 – M00.9
  - **97 codes**
    - Axes: Etiology (organism) / anatomy (location) / laterality
    - Example
      - Staphylococcal, pneumococcal, streptococcal, other, unspecified
      - Shoulder, elbow, wrist, hand, hip, knee, ankle and foot, vertebrae, polyarthritis, unspecified
      - **Right / left / unspecified**

Documentation Requirements:
Organism / Location / Laterality

**Staphylococcal septic arthritis left knee**
Gouty Arthropathy

ICD-9-CM

- Gouty Arthropathy 274.0x
  - 4 codes
  - Type
    - Gouty arthropathy, unspecified
    - Acute gouty arthropathy
      - Acute gout, gout attack, gout flare, podagra
    - Chronic gouty arthropathy without mention of tophus
    - Chronic gouty arthropathy with tophus

ICD-10-CM

- Gouty Arthropathy M1A, M10
  - 363 codes
  - Type: 2 major categories
    - Chronic Gout M1A (242)
      - Idiopathic, lead-induced, drug-induced, due to renal impairment, other secondary, unspecified
      - Shoulder, elbow, wrist, hand, hip, knee, ankle and foot, vertebrae, multiple joints
      - Right / left / unspecified
      - Additional subaxis: with or without tophus
    - Gout M10 (Includes acute gout, gout attack, gout flare, podagra, gout NOS) (121)
      - Same subaxes except for presence of tophus
Building an ICD-10 Code

Example: Desired Documentation

“Chronic idiopathic gout right foot, with tophus”
Pathologic Fracture Classification

ICD-9-CM

• Code Range 733.10 – 733.19
  • 7 codes
  • Axis: Anatomy (location)
    • Unspecified site
    • Humerus
    • Distal Radius & Ulna
    • Vertebrae
    • Neck of Femur
    • Tibia or Fibula
    • Other specified site

ICD-10-CM

• Code Range M84.4-M84.6
  • 924 codes
  • Axis: Type
    • Osteoporosis with current pathological fracture (276)
    • Pathologic fracture in neoplastic disease (192)
    • Pathologic fracture in other disease (192)
    • Pathologic fracture, NEC (228)
    • Collapsed vertebra, NEC (36)
  • Secondary axes
    • Anatomy
      • Shoulder, humerus, radius & ulna, hand and fingers, femur and pelvis, tib/fib, ankle foot and toes, unspecified, other
    • Acuity / Status - see next page
Classification of Fracture Acuity / Status

• 7th Character:
  • Initial encounter for fracture
  • Subsequent encounter for fracture with routine healing
  • Subsequent encounter for fracture with delayed healing
  • Subsequent encounter for fracture with nonunion
  • Subsequent encounter for fracture with malunion
  • Sequela

• Example: ICD-9 v. ICD-10
  • 733.14 Pathologic fracture of neck of femur
  • M80.051K Age-related osteoporotic pathologic fracture, right femur, subsequent encounter for fracture with non-union
Injuries

- This is the largest section of ICD-10-CM
- Additional specificity is required for the nature of injury
- The codes are built in a clinically logical hierarchical manner
Injuries to Single Body Regions

Overall S00 – S99: [S00.00A – S99.929S] 30,219 codes

S00-S09  Injuries to the head
S10-S19  Injuries to the neck
S20-S29  Injuries to the thorax
S30-S39  Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals

S40-S49  Injuries to the shoulder and upper arm (2730 codes)

S50-S59  Injuries to the elbow and forearm
S60-S69  Injuries to the wrist, hand and fingers
S70-S79  Injuries to the hip and thigh
S80-S90  Injuries to the knee and lower leg
S90-S99  Injuries to the ankle and foot
Injuries to the Shoulder and Upper Arm

- **S40-S49**  Injuries to the Shoulder and Upper Arm (2730)
  - S40 Superficial Injury
  - S41 Open wound of shoulder and upper arm
  - **S42 Fracture of shoulder and upper arm (1398 codes)**
  - S43 Dislocation and sprain of joints and ligaments of shoulder girdle
  - S44 Injury of nerves at shoulder and arm level
  - S45 Injury of blood vessels at shoulder and upper arm level
  - S46 Injury of muscles and tendons at shoulder and upper arm level
  - S47 Crushing injury of shoulder and upper arm
  - S48 Traumatic amputation of shoulder and upper arm
  - S49 Other and unspecified injuries of shoulder and upper arm
Injuries to the Shoulder and Upper Arm

- **S42 Fracture of shoulder and upper arm (1398 codes)**
  - S42.0 Fracture of the clavicle
  - S42.1 Fracture of the scapula
  - **S42.2 Fracture of upper end of humerus (231 codes)**
  - S42.3 Fracture of shaft of humerus
  - S42.4 Fracture of lower end of humerus
Injuries to the Shoulder and Upper Arm

• **S42.2 Fracture of upper end of humerus (231 codes)**
  - S42.20 Unspecified fx of upper end of humerus
  - S42.21 Unspecified fx of surgical neck of humerus
  - S42.22 2-part fx of surgical neck
  - S42.23 3-part fx of surgical neck
  - S42.24 4-part fx of surgical neck
  - **S42.25 Fracture of the greater tuberosity (42 codes)**
    - S42.26 Fracture of the lesser tuberosity
    - S42.27 Torus fracture of upper end humerus
    - S42.29 Other fracture of upper end of humerus
Injuries to the Shoulder and Upper Arm

- **S42.25** Fracture of the greater tuberosity (42 codes)
  - S42.251 **Displaced** fx of greater tuberosity of *R humerus*
  - **S42.252** **Displaced** fx of greater tuberosity of *L humerus* (7 codes)
  - S42.253 **Displaced** fx of greater tuberosity of *unspec humerus*
  - S42.254 **Non-displaced** fx greater tub of *R humerus*
  - S42.254 **Non-displaced** fx greater tub of *L humerus*
  - S42.254 **Non-displaced** fx greater tub of *unspec humerus*
Injuries to the Shoulder and Upper Arm

- **S42.252** Displaced fx of greater tuberosity of *L humerus* (7 codes)
  - **S42.252A** initial encounter for closed fx
  - **S42.252B** initial encounter for open fx
  - **S42.252D** subsequent encounter for fx with routine healing
  - **S42.252G** subsequent encounter for fx with delayed healing
  - **S42.252K** subsequent encounter for fx with nonunion
  - **S42.252P** subsequent encounter for fx with malunion
  - **S42.252S** sequela

![Radiograph of shoulder and upper arm](image)
Example: Desired Documentation

“Displaced fx greater tuberosity left humerus, initial encounter”
More About Injury Codes
Coding Guidelines

• Chapter 20 lists “External Causes of Morbidity”
  • When an external cause results in a diagnosis, coders are instructed to describe the external causes which fall into four categories, each of which may be an additional code
    • Injury
    • Place of injury
    • Activity at time of injury
    • Status of the individual at the time of injury
A Case

• The patient presents with a history of a fall while climbing a tree in a state park. He is found to have a non-displaced fx medial phalanx left index finger.

• Coding
  • S83.211A Initial encounter for a closed, non-displaced fx medial phalanx left index finger
  • W14A Injury: Fall from tree, initial encounter
  • Y92.830 Place: Public park as place of occurrence
  • Y93.39 Activity: Climbing, not elsewhere classified
  • Y99.8 Status: Leisure activity
Type of Injury …

LAND

W55.21
Bitten by a Cow
Some Office Considerations

- Continue using CPT codes for procedures and patient encounters
- Office personnel need only concern themselves with ICD-10-CM codes, and will likely only use a relatively small % of the 68,000 codes
- There are multiple resources online, including CMS and coalitionforicd10.org
- An EHR can be the ideal platform for documentation templates needed to assign ICD-10 codes. Many EHR providers incorporate ICD-10 software upgrades automatically
- The same holds true for offices that use vendors
- Superbills will become quite cumbersome, but can be converted to ICD-10 if necessary
- Smartphone apps, both Apple and Android
- Test processes in advance - CMS and other payers will do so for free
ICD-10-PCS
The Procedural Coding System
Physician Notes

- ICD-10-PCS codes are only used to code inpatient procedures
- Your office will continue to bill your professional fees (at least for now) with CPT codes!
- *To submit a bill, the hospital must have all seven characters of any ICD-10-PCS code* – that applies to every procedure during the inpatient stay
- And, CPT and ICD-10-PCS codes must “match”
ICD-9-CM vs. ICD-10-PCS

Structural Changes

- ICD-9-CM (Procedures)
  - 3-4 characters
  - All numeric
  - Decimal point after 2nd digit

- ICD-10-PCS (Procedures)
  - 7 characters
  - All letters except “I” & “O”
  - No decimal point
  - Each letter or # is called a “value”

Section, Body System, Root Operation, Body Part, Approach, Device, Qualifier
Building an ICD-10 Procedural Code

Above knee amputation, distal L femur

0Y6D0Z3

Medical and Surgical
Lower Extrem
Detachment
Upper leg, L
Open
No Device
Low

Cutting off all or a portion of the upper or lower extremities
Another Case

- 83 yo female sustains a displaced subcapital fracture of the right hip. She undergoes a cemented hemi-arthroplasty.
## ICD-10-PCS Table

<table>
<thead>
<tr>
<th>Body Part Character 4</th>
<th>Approach Character</th>
<th>Device Character 6</th>
<th>Qualifier Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>R Hip, Femoral Surface, R</td>
<td>0 Open</td>
<td>Synthetic Substitute, metal</td>
<td>9 Cemented</td>
</tr>
<tr>
<td>S Hip, Femoral Surface, L</td>
<td>3</td>
<td>Synthetic Substitute, ceramic</td>
<td>A Uncemented</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Synthetic Substitute</td>
<td></td>
</tr>
<tr>
<td>R Hip, Femoral Surface, R</td>
<td>0 Open</td>
<td>7</td>
<td>Autologous Tissue Substitute</td>
</tr>
<tr>
<td>S Hip, Femoral Surface, L</td>
<td>7</td>
<td>Nonautologous Tissue Substitute</td>
<td>Z No qualifier</td>
</tr>
</tbody>
</table>
The patient presents with a history of a fall while climbing a tree in a state park. He is found to have a bucket-handle tear of the right medial meniscus.

**Coding:**
- S83.211A Bucket-handle tear of medial meniscus, current injury, right knee, initial encounter
- W14A Injury: Fall from tree, initial encounter
- Y92.830 Place: Public park as place of occurrence
- Y93.39 Activity: Climbing, not elsewhere classified
- Y99.8 Status: leisure activity
<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumbar vertebral joint</td>
<td>0 Open</td>
<td>Z No device</td>
<td>X Diagnostic</td>
</tr>
<tr>
<td>Lumbar vertebral disc</td>
<td>3 Percutaneous</td>
<td></td>
<td>Z No qualifier</td>
</tr>
<tr>
<td>Lumbosacral joint</td>
<td>4 Percutaneous endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lumbosacral disc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip joint, R</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip joint, L</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee joint, R</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee joint, L</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Arthroscopic medial meniscectomy, R knee
Building an ICD-10 Procedural Code

“Diagnostic percutaneous drainage retroperitoneal abscess”
Summary

• Don’t try to focus on all the new codes
• Remember that what’s essential is providing the information necessary to code
• Use specific terminology
• Go through the online modules for much more detail
• Work with your clinical documentation/coding team in the hospital
The Commons
An introduction to the Diagnosis Calculator and Specialty Content Training for ICD-10

Log-in at: https://www.commonslearning.com/eco_login.php
ICD-10 Clinician Web-Based Specialty-Specific Video Training Modules

**General ICD-10 Awareness**
- Office Staff Introduction to ICD-10 - Part 1
- Office Staff Introduction to ICD-10 - Part 2
- Office Staff Introduction to ICD-10 NIP - Part 1
- Office Staff Introduction to ICD-10 NIP - Part 2
- Physician Introduction to ICD-10 - Inpatient
- Physician Introduction to ICD-10 – Outpatient

**Generalists – Documentation Guides**
- Emergency Medicine
- Family Medicine Outpatient
- Family Medicine Part 1
- Family Medicine Part 2
- Internal Medicine Hospitalist Part 1
- Internal Medicine Hospitalist Part 2
- Internal Medicine - Outpatient
- Urgent Care

**Hospital-Based**
- Diagnostic Radiology
- Interventional Radiology
- Pathology
- Radiation Oncology

**Surgery – Documentation Guides**
- Bariatric Surgery
- Breast Surgery
- Cardiovascular Surgery
- Colorectal Surgery
- General Neurosurgery
- General Surgery
- Neurosurgery Head
- Neurosurgery Spine
- Neurosurgery Spine and Extremities
- Orthopedic Foot and Ankle Surgery
- Orthopedic Hand Surgery
- Orthopedic Spine
- Orthopedic Surgery
- Orthopedic Total Joint
- Orthopedic Trauma
- Otolaryngology
- Plastic Hand
- Plastic Surgery
- Podiatric Surgery
- Surgical Oncology
- Thoracic Surgery
- Trauma Surgery
- Urology
- Vascular Surgery

**Pediatrics – Documentation Guides**
- General Pediatrics
- Pediatric Neonatology
- Adolescent Medicine

**Other Specialty – Documentation Guides**
- Anesthesiology
- Cardiac Electrophysiology
- Cardiology
- Critical Care
- Dermatology
- Endocrinology
- Gastroenterology
- Gynecology
- Gynecology Oncology
- Hematology
- Infectious Disease
- Interventional Cardiology
- Nephrology
- Neurology
- Obstetrics
- Oncology
- Ophthalmology
- Pain Management
- Physical Medicine and Rehabilitation
- Psychiatry and Behavioral Health
- Pulmonology
- Rheumatology

These web-based training modules are available, by contract, for upload into your hospital or health system’s learning management system...

These modules were specifically designed to allow clinicians to be very selective in the modules that they need to study in order to learn how to improve their documentation to support the new concepts and specificity of ICD-10 coding.

By studying just 1-5 of these subspecialty-focused documentation guides, clinicians will typically learn 90-95% of what they need to know to master ICD-10 documentation. For clinicians to achieve 100% mastery requires that they receive individual and departmental feedback from clinical documentation specialists and coders (through “dual coding”), regarding their documentation proficiency, as well as the unique comorbidities of the patient populations that are specific to your hospital and providers...
ICD-10 general questions or questions on The Commons content can be directed to:  
ICD10questions@providence.org

Questions regarding accounts and access to The Commons can be directed to:  
Anjna.Bhandari@providence.org
ICD-10 Diagnosis Documentation Tips – General Surgery

Infections:
- State first location and type
- Indicate organism if known

Acute Pancreatitis:
- Idiopathic, biliary, alcohol-induced, drug-induced, other, unspecified

Cholecystitis: document location, acuity, and w/ or w/o obstruction
- Calculus of gallbladder, with
  - Acute, chronic or acute on chronic cholecystitis or w/o any
- Calculus of bile duct, with
  - Cholangitis, cholecystitis (acute, chronic or acute on chronic) or without either
- Calculus of gallbladder and bile duct, with
  - Cholecystitis (acute, chronic or acute on chronic) or w/o
- All above: Document also whether obstruction or no obstruction

Malignant Neoplasm of Esophagus
- New classification:
  - Upper third, middle third, lower third, overlapping sites, or unspecified

Diabetes Mellitus:
- No longer controlled, uncontrolled
- New classification:
  - Specify type: Type 1, Type 2, drug or chemical induced, or due to underlying condition
  - Link any manifestations or complications in your documentation

ICD-10 [INPATIENT] Procedural Coding Tips – General Surgery

Characters:
- Section – almost always medical/surgical, don’t need to state
- Body system – should be self evident from your description
- Root operation – the intent of your procedure
  - Resection – removal of all of a body part
  - Excision – removal of a portion of a body part
- Body part – describe with anatomic specificity, laterality if applies
- Approach – open, percutaneous, per endo, via natural orifice, via natural orifice endoscopic, via natural orifice endo with per endo assistance
- Device
  - Describe as specifically as possible any device left in the patient
- Qualifier – If diagnostic procedure be sure to state so

Eponyms: Don’t use them – may not be codeable in ICD-10
- Describe the procedures you perform on individual body parts:
  - Example: Whipple Procedure (multiple codeable procedures)
    - Excision head of pancreas
    - Excision distal portion of stomach
    - Excision first and second parts of duodenum
    - Resection (complete removal) common bile duct
    - Resection gallbladder
- Colostomy
  - Definition bypass: altering the route of passage of the contents of a tubular body part
  - Indicate the “from” – descending colon
  - Indicate the “to” - cutaneous
The daydreams of cat herders

I think I'd rather manage an ICD-10 transition team.
You Don’t Order Coffee the Way You Used to...

Large black coffee

Venti
3/4 Caff
Skinny
Vanilla
No foam
Latte

It’s Time to Add Specificity to Your Documentation Too.
Questions?

andrew.dombro@jathomas.com