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
### Change in Number of Codes Varies by Specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th># ICD-9 Codes</th>
<th># ICD-10 Codes</th>
</tr>
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<tbody>
<tr>
<td>Gastroenterology</td>
<td>596</td>
<td>706</td>
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<tr>
<td>Pulmonology</td>
<td>255</td>
<td>336</td>
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<td>Urology</td>
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<td>Endocrinology</td>
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<td>675</td>
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<td>Neurology</td>
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<td>591</td>
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<td>Pediatrics</td>
<td>702</td>
<td>591</td>
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<tr>
<td>Infectious Disease</td>
<td>1,270</td>
<td>1,056</td>
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</table>
ICD-9-CM vs. ICD-10-CM

Structural Changes

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

  Category
  etiology, site, manifestation

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

  Category
  etiology, site, manifestation
  extension
## Chapter Organization

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

- Diabetes mellitus codes are now combination codes including the type of diabetes, the body system affected, and the nature of the complication(s) in that body system.
- Diabetes is **no longer classified as controlled or uncontrolled**.
- In ICD-10-CM there are 2 key axes for coding diabetes mellitus based on documentation of the:
  - Type/etiology (5)
  - Complications [Manifestations]
    - Absent
    - Present
      - By type or body system affected
        - Specific complication
        - By severity (e.g., with or without coma)
Diabetes Mellitus

ICD-9-CM

• Diabetes 249.0x-250.9x (60 codes)
• Primary Axis: Type (etiology) (3)
  • Type 1
  • Type 2
  • Secondary
• Sub-axis: Manifestation (10)
  • Without complication
  • Ketoacidosis (250.1x)
  • Hyperosmolarity (250.2x)
  • Other coma (250.3x)
  • Renal (250.4x)
  • Ophthalmic (250.5x)
  • Neurological (250.6x)
  • Peripheral circulatory (250.7x)
  • Other specified manifestation (250.8X)
  • Unspecified complication (250.9X)
• Subaxis: (2)
  • Controlled vs. Uncontrolled

ICD-10-CM

• Diabetes E08-E13 (206 codes)
• Primary Axis: Type (etiology):
  • Type 1 (E10) (40)
  • Type 2 (E11) (40)
  • Underlying condition (E08) (42)
    • Congenital rubella, cushing’s syndrome,
      cystic fibrosis, neoplasm, malnutrition,
      pancreatitis
  • Drug or chemical induced (E09) (42)
    • Identify drug or toxin if possible
  • Other (E13) – NEW (42)
• Sub-axes:
  • Further developed on next page

Includes diabetes due to genetic defects of beta-cell function or genetic defects of insulin action
Secondary Axes

Type 1

- Sub-axis: (40)
  - Ketoacidosis (2)
    - +/- coma
  - Hyperosmolarity
  - Kidney complications (3)
  - Ophthalmic complications (12)
  - Neurologic complications (6)
  - Circulatory complications (3)
  - Other specified complications (12)
  - Unspecified complications (1)
  - Without complications (1)

Type 2

- Sub-axis: (40)
  - Ketoacidosis
    - +/- coma
  - Hyperosmolarity (2)
    - +/- coma
  - Kidney complications (3)
  - Ophthalmic complications (12)
  - Neurologic complications (6)
  - Circulatory complications (3)
  - Other specified complications (12)
  - Unspecified complications (1)
  - Without complications (1)

**Neurologic Complications**
- Diabetic neuropathy, unsp
- Mononeuropathy
- Polyneuropathy
- Autonomic polyneuropathy
- Amyotrophy
- Other

**Kidney Complications**
- Diabetic nephropathy
- Diabetic chronic kidney disease
- Other diabetic complication

**Circulatory Complications**
- Peripheral angiopathy
  - + gangrene
  - – gangrene
- Other circulatory complication
Building an ICD-10 Code

E10.52

Type 1 diabetes mellitus
With circulatory complications
With diabetic peripheral angiopathy with gangrene

Desired Documentation:

“Diabetic peripheral angiopathy with gangrene”
Pancreatitis

ICD-9-CM

• Code Range 577.0 – 577.1
  • 2 codes
    • Axis: Acuity
      • Acute pancreatitis MCC
      • Chronic pancreatitis CC

ICD-10-CM

• Code Range K85.0 – K86.1, B25.2
  • 9 codes
    • Axes: Acuity & Etiology
      • Acute pancreatitis (All are MCCs)
        • Idiopathic
        • Biliary
        • Alcohol-induced
        • Drug-induced
        • Other acute pancreatitis
        • Acute pancreatitis, unspecified
        • Cytomegaloviral B25.2
      • Chronic pancreatitis (CCs)
        • Alcohol-induced
        • Other chronic pancreatitis
Cholelithiasis

ICD-9-CM

• Code Range 574.00-574.91 (20 codes)
• Axes: Location / Acuity (10)
  • Calculus of gallbladder, with (3)
    • Acute cholecystitis
    • Other cholecystitis [not specified as acute]
    • Without cholecystitis
  • Calculus of bile duct, with (3)
    • Acute cholecystitis
    • Other cholecystitis [not specified as acute]
    • Without cholecystitis
  • Calculus of gallbladder & bile duct (4)
    • Acute cholecystitis
    • Acute and chronic cholecystitis
    • Other cholecystitis [not specified as acute]
    • Without cholecystitis
• Subaxis: Manifestation (2)
  • Obstruction
  • No obstruction

ICD-10-CM

Code Range K80.00-K80.81 (40 codes)

Axes: Location / Acuity (20)

• Calculus of gallbladder, with (5)
  • Acute cholecystitis
  • Other cholecystitis
    • Chronic cholecystitis
    • Acute on chronic cholecystitis
    • Other cholecystitis
      • Includes cholecystitis NOS
  • Without cholecystitis
• Calculus of bile duct, with (9)
  • With cholangitis
    • Unspecified, acute, chronic, acute on chronic
  • With cholecystitis
    • Unspecified, acute, chronic, acute on chronic
    • Without cholangitis or cholecystitis
• Calculus of gallbladder and bile duct (5)
  • With cholecystitis
    • Unspecified, acute, chronic, acute on chronic
    • Without cholecystitis
  • Other cholelithiasis (1)
• Subaxis: Manifestation (2)
  • Obstruction
  • No obstruction
Crohn’s Disease [regional enteritis]

ICD-9-CM

• Code Range 555.0 – 555.9
  • 4 codes for anatomy
  • 4 codes for manifestation
  • 16 code combinations

• Axis: Anatomy
  • Small intestine
  • Large intestine
  • Small intestine with large intestine
  • Unspecified site

Additional Codes in ICD-9 needed to convey manifestation
560.9 Unspecified Intestinal obstruction
569.81 Fistula of intestine, excl anus & rectum
566 Abscess anal & rectal regions
569.5 Abscess of intestine

ICD-10-CM

• Code Range K50.00 – K50.019
  • 28 codes

• Axes: anatomy / complication
  • Anatomy
    • Small intestine
    • Large intestine
    • Both small & large intestine
    • Unspecified site
  • Manifestation (each type)
    • Without complication
    • With rectal bleeding
    • With obstruction
    • With fistula
    • With abscess
    • With other complication
    • With unspecified complications
# Rectal Abscess in Crohn’s Disease

## ICD-9-CM

- **Code Range 566**
  - 2 **code combinations**
    - **Anatomy**
      - 1 code
        - Abscess of anal & rectal areas 569.5
    - **Etiology**
      - 2 **applicable codes**
        - Crohn’s disease of:
          - Small intestine
          - Large intestine
          - Small intestine with large intestine
          - Unspecified site

## ICD-10-CM

- **Code Range K50- & K61-**
  - 10 **code combinations**
    - **Axes: anatomy & etiology**
      - **Anatomy** (5)
        - Anal abscess
        - Rectal abscess
        - Anorectal abscess
        - Ischiorectal abscess
        - Intrasphincteric abscess
      - **Etiology** (2)
        - Crohn's disease of small intestine with abscess
        - Crohn's disease of large intestine with abscess
        - Crohn’s disease of both small & large intestine with abscess
        - Crohn’s disease, unspecified, with abscess
Neoplasm Classification

• Chapter 2 classifies neoplasms primarily by site (topography), with broad groupings for behavior, malignant, in situ, benign, etc.
• A primary malignant neoplasm that overlaps two or more contiguous sites should be classified to the subcategory/code .8 ("overlapping lesion"), unless the combination is specifically indexed elsewhere.
• For multiple neoplasms of the same site that are not contiguous, such as tumors in different quadrants of the same breasts, codes for each site should be assigned.
• Neoplasms of uncertain behavior are defined as those whose histologic confirmation (benign or malignant) cannot be made.

Coders can apply these rules, such as “overlapping sites,” but only if the physician describes to that degree of detail. And, they cannot code from pathology reports.
Malignant Neoplasms of Breast

ICD-9

- Female Breast
  - Code Range 174.0-174.9 (9 codes)
- Axis: anatomy
  - Nipple and areola
  - Central portion
  - Upper-inner quadrant
  - Lower-inner quadrant
  - Upper-outer quadrant
  - Lower-outer quadrant
  - Axillary tail
  - Other specified sites
  - Unspecified
- Male Breast
  - Code Range 175.0-175.9 (2 codes)
    - Nipple and areola
    - Other and unspecified

ICD-10

- Malignant Neoplasm of Breast
  - Code Range C50.xx (54 codes)
- Axis: anatomy
  - Nipple and areola (6)
  - Central portion (6)
  - Upper-inner quadrant (6)
  - Lower-inner quadrant (6)
  - Upper-outer quadrant (6)
  - Lower-outer quadrant (6)
  - Axillary tail (6)
  - Overlapping sites (6)
  - Unspecified site (6)
- Secondary axes:
  - Sex: M or F (x2)
  - Laterality: R, L, or unspecified (x3)
## Sample Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C50.011</td>
<td>Malignant neoplasm of nipple and areola, right female breast</td>
</tr>
<tr>
<td>C50.012</td>
<td>Malignant neoplasm of nipple and areola, left female breast</td>
</tr>
<tr>
<td>C50.019</td>
<td>Malignant neoplasm of nipple and areola, unspecified female breast</td>
</tr>
<tr>
<td>C50.021</td>
<td>Malignant neoplasm of nipple and areola, right male breast</td>
</tr>
<tr>
<td>C50.022</td>
<td>Malignant neoplasm of nipple and areola, left male breast</td>
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<tr>
<td>C50.029</td>
<td>Malignant neoplasm of nipple and areola, unspecified male breast</td>
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<tr>
<td>C50.111</td>
<td>Malignant neoplasm of central portion of right female breast</td>
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<tr>
<td>C50.112</td>
<td>Malignant neoplasm of central portion of left female breast</td>
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<tr>
<td>C50.129</td>
<td>Malignant neoplasm of central portion of unspecified male breast</td>
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<tr>
<td>C50.211</td>
<td>Malignant neoplasm of upper-inner quadrant of right female breast</td>
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<td>C50.212</td>
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<td>C50.219</td>
<td>Malignant neoplasm of upper-inner quadrant of unspecified female breast</td>
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<td>C50.612</td>
<td>Malignant neoplasm of axillary tail of left female breast</td>
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<td>C50.619</td>
<td>Malignant neoplasm of axillary tail of unspecified female breast</td>
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<td>C50.621</td>
<td>Malignant neoplasm of axillary tail of right male breast</td>
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<td>C50.811</td>
<td>Malignant neoplasm of overlapping sites of right female breast</td>
</tr>
<tr>
<td>C50.812</td>
<td>Malignant neoplasm of overlapping sites of left female breast</td>
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</tbody>
</table>
Malignant Neoplasms of Digestive Organs

**ICD-9**

- Digestive Organs
  - Code Range 150.x-159.x *(60 codes)*
- Axis: anatomy
  - Esophagus *(8)*
  - Stomach *(9)*
  - Small intestine, including duodenum *(6)*
  - Colon *(10)*
  - Rectum, recto-sigmoid junction & anus *(5)*
  - Liver and intrahepatic bile ducts *(3)*
  - Gallbladder and extrahepatic bile ducts *(5)*
  - Pancreas *(7)*
  - Retroperitoneum & Peritoneum *(3)*
  - Ill-defined sites *(3)*
- Subaxis
  - Further anatomic detail

**ICD-10**

- Digestive Organs
  - Code Range C15 – C26 *(61 codes)*
- Axis: anatomy
  - Esophagus *(5)*
  - Stomach *(9)*
  - Small intestine, including duodenum *(6)*
  - Colon *(10)*
  - Recto-sigmoid junction *(2)*
  - Rectum *(1)*
  - Anus and anal canal *(4)*
  - Liver and intrahepatic bile ducts *(8)*
  - Gallbladder *(1)*
  - Other and unspecified parts of biliary tract *(4)*
  - Pancreas *(8)*
  - Other and ill-defined digestive organs *(3)*
- Subaxis
  - Further anatomic detail
Malignant Neoplasms of Digestive Organs

ICD-9

- Liver and intrahepatic bile ducts (3)
  - Liver, primary
  - Intrahepatic bile ducts
  - Liver, not specified as primary or secondary

ICD-10

- Liver and intrahepatic bile ducts (8)
  - Liver cell carcinoma
  - Intrahepatic bile duct carcinoma
  - Hepatoblastoma
  - Angiosarcoma of liver
    - Kupffer cell sarcoma
  - Other sarcomas of liver
  - Other specified carcinomas of liver
  - Malignant neoplasm of liver, primary, unspecified as to type
  - Malignant neoplasm of liver, not specified as primary or secondary
Malignant Neoplasms of Digestive Organs

ICD-9
- Malignant neoplasm of esophagus (8)
  - Cervical esophagus
  - Thoracic esophagus
  - Abdominal esophagus
  - Upper third esophagus
  - Middle third esophagus
  - Lower third esophagus
  - Other specified part
  - Esophagus, unspecified

ICD-10
- Malignant neoplasm of esophagus (5)
  - Upper third
  - Middle third
  - Lower third
  - Overlapping sites
  - Esophagus, unspecified
Facet Syndrome

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
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<tbody>
<tr>
<td>Other symptoms referable to</td>
<td>Other specified dorsopathies</td>
</tr>
<tr>
<td>the back</td>
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</tr>
<tr>
<td>(1 code)</td>
<td>(9 codes)</td>
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<tr>
<td>Axis of classification: anatomy (9)</td>
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<tr>
<td>Occipito-atlanto-axial</td>
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<td>Cervical</td>
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<td>Cervico-thoracic</td>
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<td>Thoracic</td>
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<td>Thoracolumbar</td>
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<td>Lumbar</td>
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<tr>
<td>Lumbo-sacral</td>
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<tr>
<td>Sacral and sacro-coccygeal</td>
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</tr>
<tr>
<td>Site unspecified</td>
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</tbody>
</table>
Sciatica

ICD-9-CM

• Sciatica
  • (1 code)

ICD-10-CM

• Sciatica
  • (6 codes)

• Axis of classification: presentation (2)
  • Sciatica
  • Lumbago with sciatica

• Secondary Axis: laterality (3)
  • Left
  • Right
  • Unspecified
Respiratory Failure Classification

ICD-9-CM

- Code Range 518.xx, 348.89
  - 6 codes
- Axis: Acuity
  - Acute 518.81 (MCC)
  - Chronic 518.83 (CC)
  - Acute & chronic 518.84 (MCC)

- Axis: Acuity & Etiology
  - Acute respiratory failure following trauma & surgery 518.51 (MCC)
  - Acute and chronic respiratory failure ("acute on chronic") following trauma and surgery 518.53 (MCC)

- Center ("Central") 348.89 (No CC/MCC)

(Newborn & valve not addressed here)

ICD-10-CM

- Code Range J95, J96, G93.89
  - 15 codes
- Axes: Acuity & Manifestation
  - Acuity
    - Acute MCC (3)
    - Chronic CC (3)
    - Acute and ("on") Chronic MCC (3)
    - Unspecified MCC (3)
  - Manifestation (for each above types)
    - Unspecified whether with hypoxia or hypercapnia
    - With hypoxia
    - With hypercapnia

- Axis: Etiology & Acuity
  - Post-procedural respiratory failure (2)
    - Acute (MCC)
    - Acute and chronic (MCC)
  - Center (No CC/MCC) G93.89 (1)
    - Other specified disorders of brain

(Newborn & valve not addressed here)
Cardiac Arrest:
(Not OB, Newborn or Anesthesia Related)

ICD-9-CM

- Code Range: 427.5, 997.1
  - 2 codes
- Specificity:
  - NOS (427.5)
  - Post-operative (997.1)

ICD-10-CM

- Code Range: I46.2, I46.8, I46.9, I97.120, 197.121
  - 7 codes
- Type / Subtype (etiology):
  - Cardiac arrest
    - Due to underlying cardiac condition
    - Due to other underlying condition
    - Cause unspecified
  - Intra-operative cardiac arrest
    - During cardiac procedure
    - During other procedure
  - Post-procedural cardiac arrest
    - Following cardiac procedure
    - Following other procedure

Document cardiac arrest & its etiology. Example: “cardiac arrest d/t v. fib”
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”
Central Line Placement

Documentation:

“Central line inserted left internal jugular vein”
Building an ICD-10 Procedural Code

<table>
<thead>
<tr>
<th>Body Part Character 4</th>
<th>Contrast Character 5</th>
<th>Qualifier Character 6</th>
<th>Qualifier Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Azygous vein</td>
<td>0 Open</td>
<td>3 Infusion device</td>
<td>Z No qualifier</td>
</tr>
<tr>
<td>1 Hemiazygous vein</td>
<td>3 Percutaneous</td>
<td>D Intraluminal device</td>
<td></td>
</tr>
<tr>
<td>3 Innominate vein, R</td>
<td>4 Percutaneous endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N Internal jugular, L</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Note: ... indicates that the character is not specified
Building an ICD-10 Procedural Code

0BH17EZ

Medical & surgical
Respiratory system
Insertion
Trachea
Via natural opening
Intraluminal device, endotracheal airway
No qualifier

“Endotracheal Intubation”
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
Building an ICD-10 Procedural Code

0YQ50ZZ

Medical and Surgical
Anatomic Region, Lower Extremities
Repair
Inguinal Region, R
Open
No Qualifier
No Qualifier

Desired Documentation:
“Right Open Inguinal Herniorrhaphy”
Building an ICD-10 Procedural Code

“Insertion of a spinal cord neurostimulator”

00HU3MZ

Medical and Surgical  Central nervous system  Insertion  Spinal Canal  Perc  Neurostimulator lead  No qualifier

Putting in a non-biological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part
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

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<tr>
<td>Neurosurgery Spine</td>
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<tr>
<td>Neurosurgery Spine and Extremities</td>
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<td>Orthopedic Surgery</td>
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<td>Orthopedic Total Joint</td>
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<td>Orthopedic Trauma</td>
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<td>Otolaryngology</td>
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<td>Plastic Hand</td>
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</table>

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 perc 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
You Don’t Order Coffee the Way You Used to...

Large black coffee

Venti
½ Caff
Skinny
Vanilla
No foam
Latte

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

andrew.dombro@jathomas.com