PREPARING FOR ICD-10
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Agenda
- Differences
- Similarities
- Why Change?
- Preparing for the Change
- Impact
  - Clinicians
  - Coding
  - Billing

The Coding Alphabet
- CPT Codes – Procedures, Office Visits, ED care, Inpatient/Observation Care
- J Codes – Devices and Supplies
- ICD Codes – Diagnosis Codes
ICD Codes – A Historical Perspective

- Developed in the 17th Century by John Graunts – documented mortality rates of children under 6 years old.
- Stats during the bubonic plague.
- WHO took over in 1948 after WWII.

ICD-9 Codes (International Classification of Diseases, 9th Revision)

- Describes diagnosis, symptom, complaint, condition or problem
- Establishes medical necessity for services
- CDC uses to collect basic health statistics and clinical data

ICD 9 Codes

- Determines if you get paid
- May use more than 1 ICD 9 code for each CPT code
V Codes

• Describes services that are performed for reasons other than disease or injury
  • Follow-up visit
  • Annual
  • Counseling
• V codes in ICD-9-CM will transition to Z codes in ICD-10-CM

Identifying the correct code

• Alphabetic Index –
  • locate the condition
• Tabular Index –
  • Use for more specific information
  • Code to the highest level of specificity

ICD-9

• Can not code: “probable” or “rule out”
  • Ectopic
    • Right lower quadrant abdominal pain
    • Amenorrhea
      (justifies the workup)
### ICD-10 – New???

- Scheduled for Implementation 10-1-2013
- Delayed 1 year
- Endorsed by World Health Assembly in 1990
- Use began in WHO Member States in 1994
- Used in the USA for coding death certificates since 1999

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### ICD-10 – Why change???

- Improve data collection
  - Quality Measurement
  - Performance Measures
  - Medical Error Reduction
  - Public Health Reporting
  - Actuarial Premium Setting
  - Cost Analysis
  - Reimbursement for Services

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### ICD 10

- Improved:
  - Patient Safety
  - Quality of Care
  - Public Health
ICD 10
- Explosion of diagnosis codes for increased specificity
- ICD-9

170,000

What is Different?
- Granularity
  - Very Specific with long definition
- Laterality
  - Usually designated by
    - 1 - left
    - 2 - right
    - 3 - bilateral
    - 0 or 9 - unspecified

Mapping
- Not every ICD – 9 code corresponds to an ICD-10 code.
  - 1:2
  - 1:3
  - 1:4
  - 1:Many
What is Different?

- **4 Character Categories**
  - Site, etiology, manifestation, state of disease or condition
- **5th or 6th Characters**
  - More precise
- **7th**
  - Need indicated by a hyphen (X is a dummy placeholder if parent code 4-5 characters)
  - A – Initial
  - B – Subsequent
  - C – Sequela

What is Different?

- **Combination Codes**
  - Single code representing 2 diagnoses
  - A diagnosis with associated signs or symptoms
  - A diagnosis with associated complication
- **Exclusion Codes**
  - Excludes 1
    - Never coded together (Type II DM and GDM)
  - Excludes 2
    - Conditions can be coded together (Acute and Chronic tonsilitis)

What is Different?

- **May code for Threatened or Impending**
  - If no code – code symptoms or condition
- **Complications**
  - Code Primary Diagnosis First
  - Code complication second
Navigating ICD-10

• Alphabetic Index – Use First – Do not code
  • Condition
    • Infection, Prolapse, Laceration
  • Organ or system
    • Breast, uterus, perineum
  • Cystitis (main term), Acute with Dysuria N30.0
• Tabular List –
  • Divided into categories and Sub-categories
  • N70-N77 Inflammatory Diseases of Female Pelvic Organs
  • Acute Cystitis without hematuria N30.00

Navigating ICD-10

• NEC – Not elsewhere classified – Diagnosis is known
• NOS – Not otherwise specified – Diagnosis unknown

ICD 10

• Example:
  • V 22.0
    • Z34.00 Encounter for supervision of normal first pregnancy, unspecified trimester
    • Z34.01 Encounter for supervision of normal first pregnancy, first trimester
    • Z34.02 second trimester
    • Z34.03 third trimester
  • V22.1
    • Z34.80 Encounter for supervision of other normal pregnancy, unspecified trimester
  • Twins 030.xxx
    • Number of placenta
    • Number of amniotic sacs
    • Trimester
Preventive Medicine Exams

- Document with or without abnormal findings

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z01.411</td>
<td>Encounter for gynecological examination (general) (routine) with abnormal findings</td>
</tr>
<tr>
<td>Z01.419</td>
<td>Encounter for gynecological examination (general) (routine) without abnormal findings</td>
</tr>
</tbody>
</table>

Contraception

- Persons encountering health services in circumstances related to reproduction Z30-Z39
  - Contraception, contraceptive device (intrauterine) (in situ) Z07.5
  - removal Z30.432
  - Z30.09 Encounter for other general counseling and advice on contraception
  - Z30.011 Encounter for initial prescription of contraceptive pills

STIs

- A50-A64 Infections with a predominantly sexual mode of transmission
  - Trichomonas
    - 131.01 Trichomonal vulvovaginitis
  - Yeast Infection
    - 112.1 Vulvovaginitis, Candida
    - B37.9 Candidiasis Unspecified
    - B37.3 Candidiasis of vulva and vagina
      - Candidal vulvovaginitis
      - Monilial vulvovaginitis
      - Vaginal thrush
Inoculations or Vaccines

- Z23 – one code only
- CPT will designate the vaccine

Preparing for Change

- Vendor and Payer Contracts
  - Update where policies/procedure tied to diagnoses
- Hardware and Software Updates
  - Schedule now
- Staff and Provider Training
  - Coders, Providers
    - Documentation largest impact

Preparing for Change

- Process Changes
  - No superbills
  - Every order will change (lab, radiology, pharmacy)
  - Prior-auth, Pre-certs Revised
Financial Analysis

- Use CMS or other maps to convert ICD-9 to hypothetical ICD-10 codes
- Areas of decreased reimbursement can be identified
  - Improve documentation
  - Renegotiate provider contracts
  - CPT won’t change but documentation requirements to justify ICD-10 diagnoses will change.
  - Identify potential overuse of non-specific codes

Strategies

- Identify top high frequency diagnoses
- Evaluate documentation practices
- Examine quality
- Develop checklists
- Install Updates
- Share Implementation Plan and Timelines
- Develop Training Needs
- Test