Guidelines Most Significantly Affected Under ICD-10-CM

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- A look at the new system and how it compares to ICD-9-CM
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Objectives

- Review the basic structure of ICD-10-CM and differences/similarities to ICD-9-CM
- Describe updates to the ICD-10-CM system
- Analyze changes to ICD-10-CM Official Guidelines for Coding and Reporting
- Review selected, chapters and guidelines in ICD-10-CM
- Review the recent updates to the ICD-10-PCS system
• Implementation date October 1, 2014
• Partial Code Freeze
• October 1, 2011 - Last regular update to ICD-9-CM
• October 1, 2012 and 2013 - Limited updates to both ICD-9-CM and ICD-10-CM
• October 1, 2014 – Limited updates to ICD-10-CM, ICD-9-CM no longer used
• October 1, 2015 – Regular Updates to ICD-10-CM/PCS
ICD-10-CM Diagnosis Codes

- To be used in all settings
  - Hospital inpatients
  - Hospital outpatients
  - Physicians offices
  - Emergency rooms
  - Home Health
  - Long Term Care
  - Rehabilitation Facilities
  - For ANY diagnosis anywhere
ICD-10-CM for Diagnosis Coding – A Review of the Basics
ICD-10-CM Diagnosis Codes

- 21 chapters and expanded codes
  - Some chapters reorganized, some conditions put into different chapters
- Alphanumeric – first character is always a letter
- Addition of up to 7 characters
- 7th character code extensions in some cases
  - Injuries
    - Initial encounter
    - Subsequent encounter
    - Sequela
  - Obstetrics
  - Glaucoma
Why So Many More Codes?

• Laterality
  – Example: Acute angle closure glaucoma
    • ICD-9-CM 365.22
    • ICD-10-CM H40.211 Right eye
      H40.212 left eye
      H40.213 bilateral
      H40.214 unspecified eye

• Increased Specificity
  – External Cause Codes
Clarification – External Causes and Unspecified

- Issued by the Cooperating Parties May of 2013
- External Cause Codes
  - No National Requirement
- Sign/Symptom/Unspecified Codes
  - Code to the highest level of certainty
  - Unspecified when necessary and appropriate
What is Different in ICD-10-CM

• Alphanumeric
  • Alpha characters are not case sensitive
  • I and O are used but only as the 1st character
  • U is not used- saved for the International version
• Restructured chapters
  • E.g. injuries by site and then by type
• Increased specificity and detail
  • E.g. laterality- as described
• Combination codes
  • E.g. – Diabetes, Angina and CAD
<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Codes</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5 digits</td>
<td>3-7 characters</td>
</tr>
<tr>
<td>1st character is numeric (except E and V codes)</td>
<td>1st character is always alphabetic, including I and O but not U</td>
</tr>
<tr>
<td>Characters 2-5 are numeric</td>
<td>Characters 2-7 numeric or alphabetic</td>
</tr>
<tr>
<td>Always at least 3 digits</td>
<td>Always at least 3 digits</td>
</tr>
<tr>
<td>Use of decimal after the 3rd digit</td>
<td>Use of decimal after the 3rd digit</td>
</tr>
</tbody>
</table>
ICD-10-CM Code Structure

- Category
- Etiology, anatomic site, severity
- Extension
ICD-10-CM Code Structure

S 3 6

Category

0 2 1

Etiology, anatomic site, severity

A

Extension

Injury of Spleen

Major contusion of spleen

Initial encounter
The Good News - What is the SAME in ICD-10-CM

• Many of the guidelines are exactly the same between ICD-9-CM and ICD-10-CM

• Conventions
  – Format of the Index and Tabular List
  – Abbreviations and Punctuation
    • NEC, NOS, brackets and colons etc
  – Steps in assigning codes
  – Includes notes

• General Coding Guidelines
Some Differences - Conventions and General Guidelines

- Conventions, general coding guidelines and chapter specific guidelines
  - X as a placeholder
  - 7th character
  - Excludes Notes
    - Excludes 1 – not coded here
    - Excludes 2 – not included here
- General Coding Guidelines
  - Late Effects is now Sequela
  - Laterality
ICD-10-CM Specific Guidelines for Selected Chapters
Neoplasms
Neoplasm Guidelines

• Codes begin with a “C” or a “D”
• Similar guidelines
  – Use of Neoplasm Table
  – Treatment Directed at Primary/Secondary Site
  – Admissions/Encounters for Chemo, Immuno or Radiation Therapy
  – Admissions for Pain Control/Management
  – Symptoms, Signs and Ill-Defined Conditions in Neoplasms
  – Malignant Neoplasm in Transplanted Organ
Additional Guidelines in ICD-10-CM

- Malignant Neoplasm in a Pregnant Patient
- Encounter for a Complication Associated with a Malignancy*
- Complication from Surgical Procedure for Treatment of a Neoplasm
- Pathologic Fracture Due to Neoplasm
- Current Malignancy versus Personal History of Malignancy
- In Remission vs. Personal History

* more to come
The Big Difference….

- Coding and Sequencing of Complications
- Anemia
  - Associated with Malignancy - admission for management of anemia associated with malignancy and treatment is only for the anemia
    - Code for malignancy sequenced first
    - Code for anemia, such as D63.0 – Anemia in Neoplastic Disease
- Sequencing is completely different in ICD-10-CM
- Changes the MS-DRG
More Anemia Guidelines

• Associated with Chemotherapy, Immunotherapy or Radiation Therapy - treatment only for anemia
  – Anemia code first, neoplasm code also
  – Additional codes
    • Adverse effect of chemotherapy or immunotherapy - also code
      – T45.1X5 - adverse effects of antineoplastic and immunosuppressive drugs
    • Adverse effect of radiation therapy - also code
      – Y84.2 – radiological procedure and therapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Diabetes
Diabetes

• Chapter 4 in ICD-10-CM (Chapter 3 in ICD-9-CM)
• Codes begin with an “E”
• Type of Diabetes not Documented – assign Type 2
• Long term Use of Insulin
  – ICD-9-CM       V58.67
  – ICD-10-CM      Z79.4
Diabetes Coding in ICD-10-CM

• Combination codes that include:
  – Type of diabetes
  – Body system affected
  – Complications Affecting that Body System

• NO 5th digits as in ICD-9-CM
  – Note in the index for inadequately controlled, out of control, poorly controlled
    • coded by type with hyperglycemia
Diabetes Categories

- E08 Diabetes mellitus due to underlying cause*
- E09 Drug or chemical induced diabetes mellitus *
- E10 Type 1 diabetes mellitus
- E11 Type 2 diabetes mellitus
- E13 Other specified diabetes mellitus*

*types of secondary diabetes mellitus
Diabetes code example

- E10.331  Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
- Code includes
  - Type of diabetes
  - Body system involved
  - Complications of the body system
Circulatory
Circulatory System

- **No Hypertension Table**
  - I10 = Hypertension
  - No distinction of benign, malignant, unspecified
- **Hypertension with Heart Disease**
- **Hypertensive Chronic Kidney Disease**
- **Hypertensive Heart and Chronic Kidney Disease**
- **Elevated Blood Pressure**
  - ICD-9-CM 796.2
  - ICD-10-CM R03.0
Atherosclerotic Coronary Artery Disease and Angina

• Combination codes
  – I25.11  ASHD of native artery with angina pectoris
  – I25.7  Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris

• Not necessary to add a code for angina if the combination code is assigned
  – Causal relationship is assumed unless otherwise documented

• Patient with CAD admitted due to AMI
  – AMI sequenced before the CAD
Acute Myocardial Infarction Categories

- **I21** STEMI and Non-ST elevation myocardial infarction
  - 4 weeks (rather than 8 weeks)
  - No 5th digits

- **I22** Subsequent STEMI and Non-ST elevation myocardial infarction
  - Another MI within 4 weeks of the 1st MI

- I22 cannot be coded alone, always in conjunction with I21

- Sequencing depends on the circumstances of admission
Example

- This patient is admitted via the ER and diagnosed with a STEMI involving the right coronary artery. Two days later the patient experiences a STEMI of the inferior wall
  - I21.11 STEMI involving right coronary artery
  - I22.1 Subsequent STEMI of inferior wall
Another Example

- This patient is was previously treated for a STEMI involving the right coronary artery discharged. Ten days later the patient experiences a STEMI of the inferior wall and is readmitted to the hospital.
  - I22.1 Subsequent STEMI of inferior wall
  - I21.11 STEMI involving right coronary artery
Obstetrics
• Codes begin with “O”
• Conditions moved around
  – High risk pregnancy now included - category O09
  – Induced abortion not in this chapter– Z33.2
• Time changes
  – Abortion Fetal death – now 20 weeks (instead of 22)
Similar Guidelines

• Obstetric codes take precedence over codes from other chapters
• Chapter 15 codes for Maternal Use Only
• If pregnancy is incidental to the encounter – code Z33.1
• If delivery occurs, principal diagnosis should relate to the principal complication that necessitated the encounter
• Normal delivery – now coded as O80, but same criteria as ICD-9-CM 650
• Outcome of delivery code added as an additional diagnosis
Big Difference in ICD-10-CM

• No episode of care 5\textsuperscript{th} digits
• Instead trimester is coded for many of the categories
Trimesters and Weeks of Gestation

• Note at the beginning of the chapter
  – 1st trimester - < 14 weeks 0 days
  – 2nd trimester – 14 weeks 0 days to less than 28 weeks 0 days
  – 3rd trimester – 28 weeks 0 days to delivery

• Z3A to indicate the weeks of gestation
  – Use additional code to indicate the week of gestation
  – Note at the beginning of the chapter, so indicates all codes
  – Character 4 and 5 correspond with the week
  – Example Z3A.20 = 20 weeks gestation of pregnancy
Guidelines for Trimester

- Final character on the code
- Not all codes have trimester indicated
- Assignment of trimester based on provider documentation
- Number of weeks documented may be used to determine the trimester
  - (but not date of the LMP)
- Inpatient admissions that span > 1 trimester
  - Code the trimester when the complication developed
- Unspecified trimester
  - Should be rarely used
Fetus Affected

- For multiple gestations to code the fetus affected
  - 0 – not applicable or not specified
  - 1 – fetus 1
  - 2 – fetus 2
  - 3 – fetus 3
  - 4 – fetus 4
  - 5 – fetus 5
  - 9 – other fetus
Guidelines for Fetus Identification

• To identify the fetus for which the complication code applies
• Assign 7th character “0”
  – For single gestations
  – When documentation is insufficient and clarification cannot be obtained
  – When it is not clinically possible to determine which fetus is affected
• 1 = A, 2=B etc?
  – Yes - Coding Clinic Fourth Quarter 2012 pages 107-108
  – No expectation that the fetus number/letter is carried over to another admission
  – Based on provider documentation
Injuries
Chapter 19 – Injuries, Poisoning and Certain Other Consequences of External Causes

- Largest chapter in ICD-10-CM
- Codes start with either “S” or “T”
  - S: Single body regions
  - T: Unspecified or multiple body regions, poisonings
- Injuries grouped by body part rather than injury
  - All injuries of the head together for example
- Much more specificity in these codes than ICD-9-CM
- Concentrate on the Injuries today
7th Character for Injuries

- A – Initial – active treatment for the condition
- D - Subsequent – after initial treatment while patient is receiving routine care during the healing or recovery phase
  - No aftercare codes where 7th character is provided
- S - Sequela – conditions that arise as a result of a condition
  - S is added to the injury code, not the sequela
- Fractures have additional 7th characters
Traumatic Fractures

• Not specified as open or closed – code as closed
• Not specified as displaced or not displaced – code as displaced
• Fracture in a patient with known osteoporosis coded as M80 Osteoporosis with current pathological fracture
  – Even if patient has a minor fall or trauma, if this would not usually break a normal healthy bone
• Aftercare is coded by the 7th character
Expanded 7th characters for Fractures

- A – initial encounter for closed fracture
- B – initial encounter for open fracture
- D – subsequent encounter for fracture with routine healing
- G – subsequent encounter for fracture with delayed healing
- K – subsequent encounter for fracture with nonunion
- P – subsequent encounter for fracture with malunion
- S - sequela
Fracture Code

Fracture of femur:
- Category: S72
- Etiology, anatomic site, severity: 121
- Extension: D

Subsequent encounter for closed fracture with routine healing:
- Displaced fracture of lesser trochanter of the right femur
Dislocation and Sprain of Joints And Ligaments at Neck Level

Unspecified part of neck
Compare the Codes and Compare the Guidelines

• What is exactly the same
  – Example – HIV coding and sequencing
  – Codes are different, guidelines identical

• What is completely different
  – Neoplasms – sequencing of anemia due to neoplastic disease
  – Diabetes codes
  – ASHD and Angina
  – MI
  – Obstetrics
  – Injuries
A Word About ICD-10-PCS – 2014 version

- New code set released May of 2013
- Minimal changes
  - 7 new codes
  - 3 deleted code
- One change to the guidelines – clarification of biopsies
- Some updates to the Reference Manual
What to Do Now

• **DO**
  – ICD-10-CM and ICD-10-PCS are still in draft format
  – Concentrate on the areas that have differences
  – Get comfortable with the new codes and guidelines
  – Concentrate on the most common diagnoses/MS-DRGs

• **DON’T - PANIC**
Conclusion

• Thank you for attending our webinar!

• Questions? T.Jorwic@elsevier.com

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