


ICD-10 UPDATE


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Disclosures


- none



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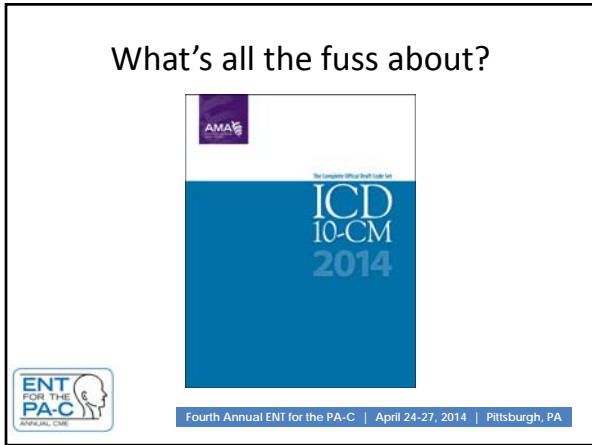
LEARNING OBJECTIVES

- Recognize the new rules for assigning diagnosis codes in the ICD-10 system
- Develop a plan to improve data collection for compliance
- Document findings appropriately to facilitate coding



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What is ICD-10?

- ICD-10 is the most recent iteration of the International Classification of Diseases.
- The ICD system started in 1893 as a statistical way to track diseases. It has been updated about every 10-15 years ever since.
- The U.S. has been using ICD-9 since 1979.
- Most other countries have been using ICD-10 since 1994.



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First, some good news...

- The start date for use of ICD-10 has been pushed back to October 2015, so you still have time to get ready.
- You don't need to memorize codes.
- The providers' duty is simply to document well the things we already do.
- About 60% of us are already documenting well enough to use the new codes.



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Why should I do this???

- It proves level of care.
- If it isn't documented, it didn't happen.
- If it didn't happen, it doesn't get paid.
- Better documentation equals
 - Fewer inquiries from coders and payers
 - Fewer claims rejections and payment delays
 - Improved data exchange and disease tracking
 - Improved patient outcomes & better algorithms



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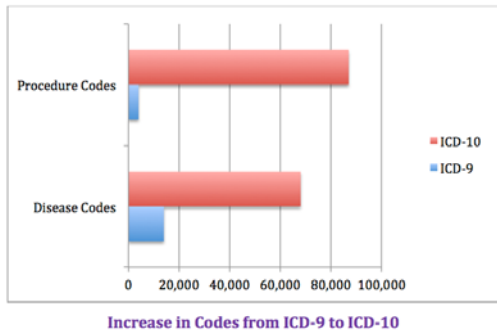
Comparison of ICD-9 and ICD-10

ICD-10-CM and ICD-10-PCS Code Structures

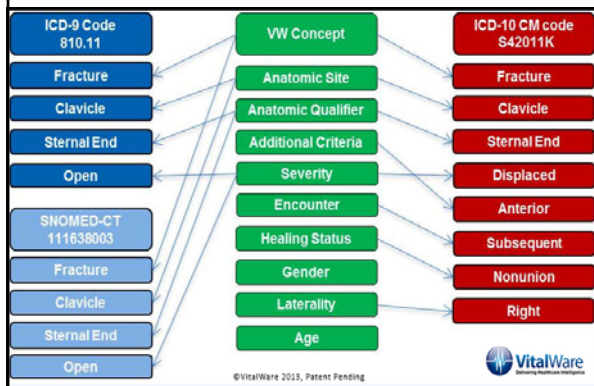
Table 1: ICD-9-CM vs. ICD-10-CM Code Format

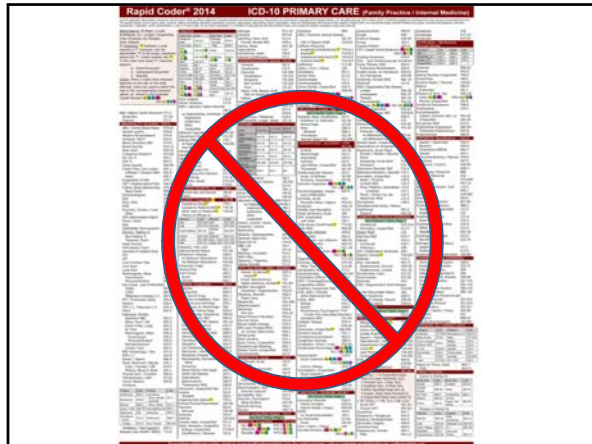
ICD-9-CM Diagnosis Codes	ICD-10-CM Diagnosis
First digit may be alpha (E or V) or numeric. Digits 2-5 are numeric	First digit is alpha; 2 and 3 are numeric; Digits 4-7 are alpha or numeric
3-5 characters in length	3-7 characters in length
Lacks laterality	Has laterality (Right vs. left)
Approximately 14, 025 codes	Approximately 68,069 available codes
Lack detail	Very specific
Number of chapters =17	Number of chapters = 21
Difficult to analyze data due to non-specific codes	Richness of data for analysis. Specificity improves coding accuracy
Limited space for adding new codes	Flexible for adding new codes
Does not support interoperability – it is no longer used by other countries	Supports interoperability and the exchange of health data between other countries and the U.S.

Biggest worry: so many more codes!




The biggest change is in fracture codes.





Mapping Categories	ICD-9 to ICD-10
No Match	3.0%
1 to 1 Exact Match	24.2%
1 to 1 Approximate Match with 1 Choice	49.1%
1 to 1 Approximate Match with Multiple Choices	18.7%
1 to Many Match with 1 Scenario	2.1%
1 to Many Match with Multiple Scenarios	2.9%


Source: American Medical Association, October 18, 2012. Fact Sheet 7: Crosswalking Between ICD-9 and ICD-10



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What components need to be documented?

- It depends on the problem, to some extent.
- All the requirements are common sense: back to our training of *Who, What, When, Where, Why, and How*.
- For ENT, there is a larger emphasis on **LATERALITY** and on **TOBACCO HISTORY**.



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What to keep in mind when you document an illness or injury:

- WHO: new or recheck; acute/chronic/postop
- WHAT: injury/infection/mass/illness/severity / co-morbidities/signs & symptoms/ complications/ sequelae/ history of...
- WHEN: timing/ stages of healing/ remission status/ episode
- WHERE: anatomic location/ laterality/ localization
- WHY: cause/ associated conditions/ contributing factors (tobacco, ETOH, HPV, etc.)
- HOW: agent (toxin, infectious agent), circumstances (AA, GSW, congenital, hereditary)

Laterality

- RIGHT
- LEFT
- BILATERAL
- UNILATERAL
- UNSPECIFIED



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LATERALITY ≠ LOCALIZATION

- | | |
|---------------|--------------|
| LATERALITY | LOCALIZATION |
| • Right | • Medial |
| • Left | • Lateral |
| • Bilateral | • Proximal |
| • Unilateral | • Distal |
| • Unspecified | • Central |
| | • Peripheral |



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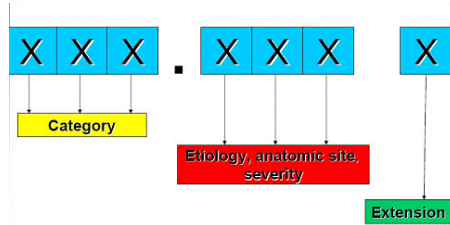
TOBACCO

- Current tobacco use
- History of tobacco use
- Tobacco dependence
- Environmental exposure (i.e., child in smoking household)
- Occupational exposure (i.e., nonsmoking bartender in bar that allows smoking)



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New coding format is up to 7 places



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First 3 spaces: Related Conditions

- There are 21 different chapters of related conditions (eye, ear, skin, respiratory, etc.)
-They are called "CATEGORIES"
- First space ALWAYS ALPHA
- Next two are either alpha or numeric



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Next 3 spaces

- site, etiology, manifestation, stage
- location
- laterality

- If enough descriptors are not applicable, but a 7th number is needed, the coder uses X as space holders.



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The 7th space

Use to document **episode of care**: use A, D, or S.

- **A= Acute or Initial encounter.** *This describes the entire period in which a patient is receiving active treatment for the injury, poisoning, or other consequences of an external cause. So, you can use "A" as the seventh character on more than just the first claim. In fact, you can use it on multiple claims.*
- **D = Subsequent encounter.** *This describes any encounter after the active phase of treatment, when the patient is receiving routine care for the injury during the period of healing or recovery.*
- **S = Sequela.** *The seventh character extension "S" indicates a complication or condition that arises as a direct result of an injury. An example: hearing loss after temporal bone fracture.*

Combination Codes

- *Some related problems from different categories are combined into one code.*

Example: Diabetes
 + Retinopathy
 + macular edema
 ONE code, not three



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GENERAL GUIDELINES

1. LEVEL of DETAIL:

Be as specific as possible.

Example: right chronic serous otitis media
with environmental tobacco exposure
not "middle ear effusion"



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GENERAL GUIDELINES

2. PRINCIPAL DIAGNOSIS:

This is the reason for the visit.

Other conditions also under care get coded additionally.

Complication after surgery **MUST** be coded 1st.



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GENERAL GUIDELINES

3. SIGNS & SYMPTOMS:

Use signs/symptoms only if no confirmed diagnosis when coded.

Example: c/o sore throat, cough, fever
-Code as J06.9 (acute URI, unspecified)



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GENERAL GUIDELINES

4. ACUTE, SUBACUTE & CHRONIC:

*If both exist, code both, with acute 1st,
Do NOT use a combination code.*

Example: J01.01 acute recurrent maxillary
sinusitis
and J32.0 chronic maxillary sinusitis



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GENERAL GUIDELINES

5. SEQUELA:

Late effects, no time limits
Use 2 codes: 1st is condition, 2nd is sequel

Example: Bil. SNHL, 6 weeks post meningitis
H90.3 bilateral sensorineural hearing loss
G09 sequelae of inflammatory disease CNS



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GENERAL GUIDELINES

6. RESOLVED CONDITIONS:

status post-procedures or previous visits

Only report if there is a bearing on current
treatment.

Example: AOM this visit. Do not code resolved
PTA months ago.



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GENERAL GUIDELINES

7. ABNORMAL TEST RESULTS:

- not coded unless clinically significant
- Ok to code signs/symptoms if test result not yet available
- Ok to code if it's the reason to order another test.



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GENERAL GUIDELINES

8. BMI

- can be calculated by ancillary staff, provider,
or obtained from another provider (PCP)



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GENERAL GUIDELINES

9. "BORDERLINE" CONDITIONS

- use a *confirmed* diagnosis unless there is a specified "borderline" code.
Example: borderline diabetes, code diabetes



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GENERAL GUIDELINES

10.IMPENDING/ THREATENING:

Use symptoms or condition unless there is a separate subterm.

Example : threatening nasal hemorrhage, code epistaxis



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INFECTIONS

- HIV is always coded first
- Must include manifestation AND cause unless there is a combination code including both

Example: otitis externa and MRSA - code both



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Neoplasms

- Include location, laterality, morphology for each.
- Include metastatic, known primary
- Change code to “personal history of...” when resolved




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**ENT CLINICAL CONDITIONS:
Capturing the Concepts**

WAX IMPACTION


- Right/left/bilateral
- Include chief complaint as secondary code (example nosebleed, poor hearing, headache etc.)



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ADENOIDITIS

- Type:
 - With tonsillitis
 - With hypertrophied adenoid
 - With hypertrophied tonsils
- Cause/ contributing factors
 - Tobacco exposure



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TM PERFORATION

- Location, laterality
- Type: central, attic, marginal, multiple, total, unspecified
- Associated with: OM, trauma, tobacco, etc.

Example: Right total TM perf with drainage =
R acute mucoid OM + total perf + infection
mastoid cavity. 3 codes.

Lesson learned: Don't just call this "otorrhea."

CA TONGUE

- Laterality, location (base, border, ventral, etc.)
- Caused by... (tobacco, ETOH)
- Code lesion type
- Code personal hx of radiation, chemo, etc.



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NASAL FRACTURE

- Type: open or closed
- Episode
 - Initial (Active treatment phase)
 - Subsequent-routine healing/delayed/nonunion
 - Sequela



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RHINITIS

- Type: allergic, seasonal, vasomotor, atrophic etc.
- Temporal: acute or chronic
- Caused by: pollen, food, animal dander
- Other factors: tobacco



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TONSILLAR HYPERTROPHY

- With tonsillitis, adenoid hypertrophy
- Caused by...



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CA LARYNX

- Location/ laterality
- Caused by...



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NASAL OBSTRUCTION

- Type: abscess, cyst, deviated septum, turbinates, mucositis, other unspecified



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SINUSITIS

- Laterality & Location
 - Maxillary
 - Ethmoid
 - Sphenoid
 - Frontal
 - Pansinusitis
- Temporal factors- acute, chronic, recurrent
- Contributing factors- tobacco



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TONSILLITIS

- Type
 - Acute
 - Chronic
 - Streptococcal
 - Recurrent
 - Due to other specified organisms
 - Unspecified
- Associated with infectious agent



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CHOLESTEATOMA

- Anatomic location
 - Attic
 - TM
 - Mastoid
 - diffuse
- Laterality – R, L, Bilateral, unspecified



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OTITIS MEDIA

- Type-infectious, allergic, tubotympanic, atticofacial, other
- Manifestations –serous, mucoid, suppurative, nonsuppurative, with or without perforation
- Infectious agent- scarlet fever, flu, measles, other
- Temporal factors- acute, chronic, Subacute, recurrent
- Laterality



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THYROID MASS

- Type
 - Nontoxic diffuse
 - Nontoxic single
 - Nontoxic multinodular
 - Other specific nontoxic
 - Unspecified



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So, now what?

- Start thinking about how you are documenting your visits. If much of what we just talked about looks familiar, you probably won't have much trouble documenting well enough.
- If you are the one who has to code, choose one of many products available to help you.
- Learn how your EMR will change.
- Make a "cheat sheet" for your office notes.

Problem List

Notes

Problems

Filter by Provider: All Providers

Physian: All Active Chronic Self Listing

Status: All Active Inactive Resolved

Display Format: ALL

Code - Description	ICD9	ICD10	Onset Date	Resolution	Provider	Type	Status	Options
2500 - Diabetes Uncomplicated Type II		E11	08/20/2012		Flem Beth	Chronic	Active	
E11 - Type 2 Diabetes mellitus without complications		E11						
61100007 - Diabetes mellitus without complication (diabetes)								
6110 - Unipol Essential Trem		G59	08/20/2012		Flem Beth	Chronic	Active	
37400 - Oculars Unsp		H59	08/20/2012		Flem Beth	Chronic	Active	
7520 - Inguinal Hern		S62	08/20/2012		Flem Beth	Acute	Active	

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your ICD-10 timeline

JUN JUL AUG SEP OCT NOV DEC 2014 JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC 2014

DEFINE & PLAN	TRAINING	TESTING	IMPLEMENTATION & FOLLOW-UP
<ul style="list-style-type: none"> - Review ICD-10 requirements & resources - Establish a steering committee - Develop a project plan - Perform practice impact assessment 	<ul style="list-style-type: none"> - Participate in vendor product & ICD-10 code training 	<ul style="list-style-type: none"> - Test that your office staff can competently work with the redesigned workflows - Test each redesigned process - Test integration with vendor 	<ul style="list-style-type: none"> - Gauge the efficiency & effectiveness of your new workflows after the October 2014 compliance date - Test each redesigned process - Test integration with vendor

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ICD-10 is Coming!

Category Details Extension

α # #.X X X X


Alpha Numeric Alpha / Numeric



Don't PANIC!



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KEEP CALM AND BRING THE ICD-10 ON

RESOURCES

- There are good (and free!) sources, like CMS website www.cms.gov/ICD10/
- AAO-HNSF has a superbill template with many common codes, and a 200-code “crosswalk” from currently used codes to the newer ICD-10 codes, as well as many other good tips and resources for your practice. Go to their coding page:

<http://entnet.org/practice/codingResources.cfm>



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