ICD-10 Will Change Everything

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ICD-10 Final Rule CMS-0013-F

- Published January 16, 2009
- October 1, 2013 – Compliance date for implementation of ICD-10-CM and ICD-10-PCS (no delays)
- No impact on Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes
ICD-10 Final Rule Issues

- Single implementation date for all users
  - Date of service for ambulatory and physician reporting
  - Date of discharge for inpatient settings
- ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013
- ICD-9-CM claims for services prior to implementation date will continue to flow through systems for a period of time
- 4010 electronic transaction standard to 5010 – January 1, 2012

Version 5010

- New version of the HIPAA standards - Version 5010 includes:
  - Structural
  - front matter
  - Technical
  - Data content improvements
  - The updated version is more specific in requiring the data that is needed, collected, and transmitted in a transaction; its adoption will reduce ambiguities
  - Version 5010 addresses currently unmet business needs, including, for example, providing on institutional claims an indicator for conditions that were “present on admission”
  - Version 5010 also accommodates the use of the ICD-10 code sets, which are not supported by Version 4010/4010A1
What Does 5010 Bring?

- Clarity and consistency in front matter
- Clarity in situational elements to minimize need for companion guides
- Changes in some segments and data elements to better represent business processes
  - Example – change in use of subscriber loop in claims
- Enables use of ICD-10
- Claims
  - Enables use of POA indicator
  - Separates diagnosis code reporting
  - Clarifies use of NPI
  - Required minutes for anesthesia as opposed to units or minutes
  - Provides greater consistency between dental and professional claims

Use of Clinical Coding Data

- Benchmarking and quality management – to improve the quality and effectiveness of patient care
- Decision-making (clinical, financial, funding, expansion, education)
- Healthcare policy and public health tracking
- Reimbursement
- Research
ICD-10 Changes

- From 14,025 codes to approximately 68,000 ICD-10-CM codes
- All codes have full descriptions for both ICD-10-CM and ICD-10-PCS

Provider Impacts

Documentation of diagnoses and procedures
- Codes must be supported by medical documentation
- ICD-10-CM codes are more specific
- Revenue Impacts of specificity
  - Denials
  - Additional Documentation
Provider Impacts

- Coverage and payment
  - New coding system will mean new coverage policies, new medical review edits, new reimbursement schedules
  - Changes will be made to accommodate increased specificity
  - May need to discuss changes with patients

- Contracts with plans
  - Coding more specific and includes severity
  - Renegotiations will be based on new coding, coverage, and reimbursement
  - Difficult to measure what the changes will mean to overall reimbursement

Provider Impacts

- Billing and eligibility transactions
  - Updated transactions include support for ICD-10
  - New codes mean more specificity
  - How smooth the transition?
  - Expect increased reject, denials, and pended claims as both plans and providers get used to new codes

- Laboratory orders
  - Will need specific ICD-10-CM codes for laboratory orders
  - Expect coverage changes
  - Need to support the tests ordered
Health Plan Impacts

- Contracting with providers and employers
- Coverage determinations
- Payment determinations
- Medical review policies
- Plan structures
- Statistical reporting
- Actuarial projections
- Fraud and abuse monitoring
- Quality measurements

Concerns for Billing and Collection

- Patient/Provider/Plan Confusion
  - Increase in denials?
  - Patient misunderstanding of changes in coverage
  - Provider questions
- Older debt versus newer services
  - Using ICD-9 codes versus ICD-10 for rebilling
- Privacy concerns
  - New codes contain significantly more detail, how much can be shared
Impacts of Other Changes

- High Deductible Health Plans
  - Major increases in patient responsibility
  - No requirement to spend HSA money on medical expense
- Real Time Adjudication
  - A near instantaneous response to a provider claims
  - Know patient responsibility immediately
  - Less bad debt?

Format and Structure

- Categories
  - Alphanumeric
  - 3 characters

- Subcategories
  - 4 or 5 characters

- Codes
  - Up to 7 characters
ICD-10 CM Format

ICD-10-CM Structure

- ICD-10 consists of:
  - Tabular list containing cause of death titles and codes (Volume 1)
  - Inclusion and exclusion terms for cause of death titles (Volume 1)
  - Alphabetic index to diseases of injury
  - External causes of injury
  - Descriptions, guidelines and coding rules (Volume 2)
  - Table of drugs and chemicals (Volume 3)
Hierarchy Structure

- Differences in ICD-10-CM
  - Alphanumeric Structure
  - Addition of 6 and 7 digit extensions to provide a higher level of specificity
  - More specificity
  - Reorganizing and adding chapters
  - Diagnostic codes will be more precise
  - Expanded to include health-related conditions
  - Creation of combination diagnosis/symptom codes to reduce the number of codes needed to fully describe a condition
  - The new structure will allow further expansion than was possible with ICD-9-CM

Organization

- The ICD-10 codes are organized differently than the ICD-9 codes
- Example:
  - Sense organs have been separated from nervous system disorder
  - Injuries are grouped by anatomical site rather than injury category
  - Postoperative complications have been moved to procedure-specific body system chapter
Chapters and Sub-Chapters

- Chapters further divided into subchapters or blocks ("Rubrics")
  - Rubrics
  - Identify conditions closely related
  - A summary of the subchapters is found in each chapter
  - Indicates overview of the classification structure

Organizational Changes

- **Some Significant Changes:**
  - Injuries
  - Combined codes
  - Reassignment of existing codes to new categories
  - Alpha extensions
  - Excludes note changes
  - Guidelines
Five-Six Character Subclassification

• In ICD-10-CM, a fifth or sixth six character subclassifications represents the most accurate level of specificity
• This addition may identify more specificity regarding the patient’s condition or diagnosis

Let’s Talk Differences

• Going from 14,025 codes to over 69,101
  o Requires greater specificity
  o Laterality
  o Stages of healing
  o Trimesters in pregnancy
Comparison ICD-10-CM

**ICD-9-CM**
- Alphanumeric: Numeric except for V and E codes
- Minimum: 3 digits
- Maximum: 5 digits
- Decimal point: yes, after third digit
- Dummy placeholder? No
- Lacks laterality

**ICD-10-CM**
- 3-7 digits
- Digit 1 is Alpha
- Digit 2 and 3 numeric
- Digit 5-7 are alpha or numeric
- Minimum: 3 digits
- Maximum: 7 digits (some chapters have 7th character extension
- Decimal point: yes, after third digit
- Dummy placeholder: “x”
- Laterality -Yes

Comparison

**ICD-9-CM**
- 931 Foreign body in ear

**ICD-10-CM**
- T16.1xxa Foreign body in right ear, initial encounter
- T16.2xxd, Foreign body in left ear, subsequent encounter
- T16.3xxq, Foreign body in ear, unspecified ear, sequela
Laterality

- For bilateral sites
- Final character of the codes in the ICD-10-CM indicates laterality
  - Right side is always character 1
  - Left side character 2
  - In those cases where a bilateral code is provided
    Bilateral character is always 3
  - An unspecified side code is also provided should the side not be identified in the medical record
  - Unspecified side is either a character 0 or 9, depending on whether it is a 5th or 6th character

Example: A patient is treated for cholesteatoma of mastoid bilateral.

- H71.2 Cholesteatoma of mastoid
  - H71.20 Cholesteatoma of mastoid, unspecified ear
  - H71.21 Cholesteatoma of mastoid, right ear
  - H71.22 Cholesteatoma of mastoid, left ear
  - H71.23 Cholesteatoma of mastoid, bilateral

Correct code: H71.23 for this patient encounter
**Excludes1 Example**

**H61.3 Acquired stenosis of external ear canal**

Excludes1: postprocedural stenosis of external ear canal (H95.81-)

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**Excludes2 Example**

**J45 Asthma**

Excludes2: asthma with chronic obstructive pulmonary disease
chronic asthmatic (obstructive) bronchitis
chronic obstructive asthma
**Etiology/Manifestation Convention**

- **“Code first”**
  - Underlying etiology and multiple body system manifestations due to underlying etiology
- **“Use additional code”**
  - Convention that identifies another code is required to report the manifestation
- **“In diseases classified elsewhere”**
  - Component of the etiology/manifestation convention
  - Never permitted as first listed diagnosis
- **When referencing Alphabetic Index**
  - Manifestation codes in brackets always reported secondarily

**Three Digit Categories**

- The coding professional should note the following change in the fifth characters with regard to code ICD-9-CM code 385.0, Tympanosclerosis. Fifth digits in ICD-9-CM delineate the site of tympanosclerosis, but sixth characters in ICD-10-CM delineate laterality.
- **H74 other disorders of middle ear mastoid**
  - Excludes2: mastoiditis (H70.0)
    - H74.0 Tympanosclerosis
      - H74.01 Tympanosclerosis, right ear
      - H74.02 Tympanosclerosis, left ear
      - H74.03 Tympanosclerosis, bilateral
      - H74.09 Tympanosclerosis, unspecified ear
Four Character Subcategory

- Four digit sub-categories define:
  - the site
  - etiology
  - manifestation or state of the disease or condition.
- The four-digit sub-category includes the three-digit category plus decimal with an additional digit to further identify the condition to the highest level of specificity.

- C15 Malignant Neoplasm of the Esophagus
  - C15.3 Malignant neoplasm of upper third of esophagus
  - C15.4 Malignant neoplasm of middle third of esophagus
  - C15.5 Malignant neoplasm of lower third of esophagus
  - C15.8 Malignant neoplasm of overlapping lesion of esophagus
  - C15.9 Malignant neoplasm of esophagus, unspecified

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Five-Six Character Subclassification

- In ICD-10-CM, a fifth or sixth six character sub-classifications represents the most accurate level of specificity
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Expansions

- Most of the codes have been expanded to include fourth and, in many cases, fifth and sixth characters.
- For example, in ICD-9-CM, Acute nonsuppurative otitis media, unspecified, is classified to 381.00.
Expansions

- ICD-10-CM, the codes are as follows:

  H65.1  Other acute nonsuppurative otitis media
  H65.11 Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous)
  H65.111 Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), right ear
  H65.112 Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), left ear
  H65.113 Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), bilateral
  H65.114 Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), recurrent, right ear
  H65.115 Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), recurrent, left ear
  H65.116 Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), recurrent, bilateral
  H65.117 Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), recurrent, unspecified ear
  H65.119 Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), unspecified ear

Category Split

- Nonsuppurative otitis media and Eustachian tube disorders (ICD-9-CM category code 381) is only one of several codes that has been split into two category codes in ICD-10-CM:
  - H65 Nonsuppurative otitis media
  - H68 Eustachian salpingitis and obstruction
Diseases of the Ear and Mastoid Process (H60–H95)

- H60–H62  Diseases of external ear
- H65–H75  Diseases of middle ear and mastoid
- H80–H83  Diseases of inner ear
- H90–H95  Other disorders of ear

Perforation of Tympanic Membrane

- Perforation of tympanic membrane (ICD-9-CM code 384.2) is assigned to perforation of tympanic membrane, category code H72 in ICD-10-CM
- This category now has instructions to code first any associated otitis media:
  - H65.—, Other acute nonsuppurative otitis media
  - H66.1—, Acute suppurative otitis media
  - H66.2—, Chronic atticotympanic suppurrative otitis media
  - H66.3—, Other chronic suppurative otitis media
  - H66.4—, Suppurative otitis media, unspecified
  - H66.9—, Otitis media, unspecified
  - H67.—, Otitis media in diseases classified elsewhere
New Section

- ICD-10-CM contains a new section, Intraoperative and postprocedural complications and disorders of ear and mastoid process, not elsewhere classified (H95)
  - Further divided into fourth-, fifth-, and even sixth-character codes
  - Codes reflect conditions such as hemorrhage, hematoma, accidental puncture, stenosis, and so on that would have generally been classified to the complications section of chapter 17 in ICD-9-CM

Example

- H95.111 Chronic inflammation of postmastoidectomy cavity, right side
- H95.112 Chronic inflammation of postmastoidectomy cavity, left side
- H95.113 Chronic inflammation of postmastoidectomy cavity, bilateral
- H95119 Chronic inflammation of postmastoidectomy cavity, unspecified
Influenza

• The code for Influenza with involvement of gastrointestinal tract, has been expanded in ICD-10-CM to reflect the manifestations of the influenza:

  J10.8  Influenza with other manifestations
  J10.81 Influenzal gastroenteritis
  J10.89 Influenza with other manifestations
      Influenzal encephalopathy
      Influenzal myocarditis

Acute Tonsillitis

  J03  Acute tonsillitis

  J03.0  Streptococcal tonsillitis
         J03.00  Acute streptococcal tonsillitis, unspecified
         J03.01  Acute recurrent streptococcal tonsillitis

  J03.8  Acute tonsillitis due to other specified organisms
         J03.80  Acute tonsillitis due to other specified organisms
         J03.81  Acute recurrent tonsillitis due to other specified organisms
Acute Tonsillitis

J03  Acute tonsillitis (continued)

  J03.9  Acute tonsillitis, unspecified
         Follicular tonsillitis (acute)
         Gangrenous tonsillitis (acute)
         Infective tonsillitis (acute)
         Tonsillitis (acute) NOS
         Ulcerative tonsillitis (acute)

  J03.90  Acute tonsillitis, unspecified
  J03.91  Acute recurrent tonsillitis, unspecified

Respiratory System

- Acute pharyngitis has been expanded in ICD-10-CM to delineate the causative organism

J02  Acute pharyngitis

  J02.0  Streptococcal pharyngitis
  J02.8  Acute pharyngitis due to other specified organism
  J02.9  Acute pharyngitis, unspecified
ICD-9-CM does not have a specific code for acute recurrent sinusitis. ICD-10-CM includes subcategories for this condition:

- J01.01 Acute recurrent maxillary sinusitis
- J01.11 Acute recurrent frontal sinusitis
- J01.21 Acute recurrent ethmoidal sinusitis
- J01.31 Acute recurrent sphenoidal sinusitis
- J01.41 Acute recurrent pansinusitis
- J01.81 Other acute recurrent sinusitis
- J01.91 Acute recurrent sinusitis, unspecified

Five-Six Character Subclassification Example

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>493</td>
<td>J45</td>
</tr>
<tr>
<td>493.0</td>
<td>J45.2</td>
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<td>493.00</td>
<td>J45.20</td>
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<tr>
<td>493.01</td>
<td>J45.21</td>
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<td>493.02</td>
<td>J45.22</td>
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<td>J45.31</td>
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<td>493.12</td>
<td>J45.32</td>
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<td>493.2</td>
<td>J45.4</td>
</tr>
<tr>
<td>493.20</td>
<td>J45.40</td>
</tr>
<tr>
<td>493.21</td>
<td>J45.41</td>
</tr>
<tr>
<td>493.22</td>
<td>J45.42</td>
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<td>493.3</td>
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<td>J45.50</td>
</tr>
<tr>
<td>493.31</td>
<td>J45.51</td>
</tr>
<tr>
<td>493.32</td>
<td>J45.52</td>
</tr>
<tr>
<td>493.4</td>
<td>J45.9</td>
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<td>493.6</td>
<td>J45.909</td>
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<td>J45.99</td>
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<td>493.61</td>
<td>J45.990</td>
</tr>
<tr>
<td>493.62</td>
<td>J45.991</td>
</tr>
<tr>
<td>493.63</td>
<td>J45.998</td>
</tr>
</tbody>
</table>

...
Place-holding X

- T38.3x6- (Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs)
  - X should be assigned for all characters less than 6
  - The 7th character must always be the 7th character of a code

Diagnosis Code Set General Equivalence Mapping

- May be more than one code that maps to another
- Gems Files published by CMS map codes from ICD-9-CM to ICD-10-CM and backward from ICD-10-CM to ICD-9-CM
  - Updated in 2009
  - Flat text files
  - Contains list of code pairs to identify correspondence between source system code and target system code
What is a GEM

To assist in the transition to ICD-10 for diagnosis codes and procedure codes, CMS contracted with 3M to develop GEM files. GEMs are:

• A public domain reference mapping designed for health care industry:
  - An initial mapping tool to be used to assist in converting and testing systems

• Two-way translation dictionaries that:
  - Cannot be used in a legacy system in unaltered form
  - Include one-to-one correspondence as the exception rather than the rule
  - Can be used to develop crosswalks for specific situations and purposes
  - Assist users in making informed decisions about how to link the codes in a way that meets their needs

Reimbursement mappings are:

• A temporary mechanism:
  - To be used for mapping records containing ICD-10 diagnoses and procedures to “reimbursement equivalent” ICD-9 diagnoses and procedures
  - So that while systems are being converted to process ICD-10 claims directly, the claims may be processed by the legacy systems
  - To allow a claim to be priced using the rules written for ICD-9 codes

GEMS

GEM (General Equivalence Mapping) provides a first step in understanding the relationship of ICD-9 and ICD-10 codes. It is an important piece of work and is helpful in understanding mapping issues

• It is not a complete solution in moving the industry to a definitive conversion to the use of ICD-10 codes as a normal part of business
  - GEM is a mapping, not a crosswalk
  - One-to-many or many-to-many maps are common
  - It does not always get to a single preferred mapped code
  - It does not define what was assumed or lost in translation
  - There is no weighting of the importance of one concept over another
Mapping

- ICD-9-CM
- ICD-10-CM

Definition: find the corresponding diagnosis between two code sets and find correlation between both

3-5 digits plus V and E Codes and approximately 13,500 codes

- 14,500 codes

3-7 Alphanumeric codes

- 69,101 codes

Diagnosis Code Set General Equivalence Mapping

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### Mapping from ICD-9-CM to ICD-10-CM

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>010.00 Primary tuberculous infection, unspecified examination</td>
<td>A15.7 Primary respiratory tuberculosis</td>
</tr>
<tr>
<td>010.01 Primary tuberculous infection, bacteriological/histological exam not done</td>
<td></td>
</tr>
<tr>
<td>010.02 Primary tuberculous infection, bacteriological/histological exam unknown (at present)</td>
<td></td>
</tr>
<tr>
<td>010.03 Primary tuberculous infection, tubercle bacilli found by microscopy</td>
<td></td>
</tr>
<tr>
<td>010.04 Primary tuberculous infection, tubercle bacilli found by bacterial culture</td>
<td></td>
</tr>
<tr>
<td>010.05 Primary tuberculous infection, tubercle bacilli confirmed histologically</td>
<td></td>
</tr>
<tr>
<td>010.06 Primary tuberculous infection, tubercle bacilli confirmed by other methods</td>
<td></td>
</tr>
</tbody>
</table>

### Mapping Examples

<table>
<thead>
<tr>
<th>ICD-9-CM Source</th>
<th>ICD-10-CM Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>115.11 Histoplasma duboisii meningitis</td>
<td>B39.5 Histoplasmosis duboisii and Meningitis in other infectious and parasitic disease classified elsewhere</td>
</tr>
<tr>
<td></td>
<td>G02</td>
</tr>
</tbody>
</table>
Laterality Example

• H80.0 Otosclerosis involving oval window, nonobliterative
  o H80.00 Otosclerosis involving oval window, nonobliterative, unspecified ear
  o H80.01 Otosclerosis involving oval window, nonobliterative, right ear
  o H80.02 Otosclerosis involving oval window, nonobliterative, left ear
  o H80.03 Otosclerosis involving oval window, nonobliterative, bilateral

Case Examples

PROBLEM: Foreign body in nose.

HISTORY OF PRESENT ILLNESS: The patient is a 3-year-4-month-old child who came in today after having put a raisin in her left nostril. Grandmother was unable to remove this.

EMERGENCY DEPARTMENT COURSE: The raisin was grasped with bayonet forceps and removedatraumatically. Examination of the nostril fails to reveal any further foreign body or problems.

DIAGNOSIS: Foreign body removal, nostril.
Case Examples

Enter Code: 932

<table>
<thead>
<tr>
<th>ICD-9 932 &gt; ICD-10</th>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>T17.0XXX</td>
<td>T17.0XXX</td>
<td>Foreign body in nasal sinuses, initial encounter</td>
</tr>
<tr>
<td>T17.1XXX</td>
<td>T17.1XXX</td>
<td>Foreign body in nostril, initial encounter</td>
</tr>
</tbody>
</table>

CANNOT CROSSWALK

- Many ENT codes do map 1:1 with the use of the GEMS files
- Example:
  - 477.0 allergic rhinitis due to pollen
    - J30.1 allergic rhinitis due to pollen
  - 784.7 epistaxis
    - R04.0 epistaxis
ICD-10 Code Translator

The ICD-10 code online translator tool allows you to compare ICD-9 codes to ICD-10 codes. ICD-9 is being expanded from 17,000 to approximately 141,000 ICD-10 codes, and this online tool can help you map that expansion. (Note: this tool only converts ICD-10-CM codes, not ICD-10-PCS.)

Enter Code: 472.0  
ICD-9 > ICD-10  
CODE  
331.0  
DESCRIPTION  
Chronic rhinitis  
(Note: Double-click any word to see its meaning.)

Disclaimer: This tool is based on the General Equivalency Mapping files published by CMS, and is not intended to be used as an ICD10 conversion or crosswalk tool. Keep in mind that while many codes in ICD-9-CM map directly to codes in ICD-10, in some cases, a clinical analysis may be required to determine which code or codes should be selected for your mapping. Always review mapping results before applying them.
Getting Started Now…

• Documentation audits
  o Run PM report of ICD-9-CM
  o Utilize Code Translator to see where documentation may be deficient or what you might need to document differently in ICD-10-CM
• Do a 360° review
  o Where does ICD-9-CM appear?

One Step at a Time

• Impact could be overwhelming
  o Lessen it by preparing
  o Utilize AAPC implementation tracker tool to stay on track
  o Partner early with vendors
  o Stage trainings to lessen potential costs and loss of productivity
Complications

- ICD-10-CM provides 50 different codes for “complications of foreign body accidently left in body following a procedure”
- Only one code in ICD-9-CM

Injuries

- Sports injuries now coded with sport and reason for injury –
  - ICD-9 code - **Striking against or struck accidentally in sports without subsequent fall** (E917.0)
  - 24 ICD-10-CM Detail Codes
Examples of ICD-10 Specificity

- W21.00 Struck by hit or thrown ball, unspecified type
- W21.01 Struck by football
- W21.02 Struck by soccer ball
- W21.03 Struck by baseball
- W21.04 Struck by golf ball
- W21.05 Struck by basketball
- W21.06 Struck by volleyball
- W21.07 Struck by softball
- W21.09 Struck by other hit or thrown ball
- W21.31 Struck by shoe cleats
  - Stepped on by shoe cleats
- W21.32 Struck by skate blades
- W21.39 Struck by other sports footwear
- W21.4 Striking against diving board
- W21.11 Struck by baseball bat
- W21.12 Struck by tennis racquet
- W21.13 Struck by golf club
- W21.19 Struck by other bat, racquet or club
- W21.210 Struck by ice hockey stick
- W21.211 Struck by field hockey stick
- W21.220 Struck by ice hockey puck
- W21.221 Struck by field hockey puck
- W21.81 Striking against or struck by football helmet
- W21.89 Striking against or struck by other sports equipment
- W21.9 Striking against or struck by unspecified sports equipment

Place of Occurrence

- Y92.03 Apartment as the place of occurrence of the external cause
  Condominium as the place of occurrence of the external cause
  Co-op apartment as the place of occurrence of the external cause
  Excludes1: common areas and hallways of apartment building (Y92.xx)
  - Y92.030 Kitchen in apartment as the place of occurrence of the external cause
  - Y92.031 Bathroom in apartment as the place of occurrence of the external cause
  - Y92.032 Bedroom in apartment as the place of occurrence of the external cause
  - Y92.038 Other place in apartment as the place of occurrence of the external cause
  - Y92.039 Unspecified place in apartment as the place of occurrence of the external cause
Activity Codes

- Y93 Activity code
  - The activity of the injured person at the time the event occurred.
  - It may also be used to describe the activity of a person who suffers from a health condition other than an injury, such as a heart attack or stroke that occurs while engaged in the specified activity.
  - Use with place of occurrence code
  - The activity code should be recorded only at the initial encounter for treatment
  - Excludes1: transport accidents (V00-V99)
    - The appropriate 7th character is to be added to each code from category Y93
      - 1 non-work related activity
      - 2 work-related activity done for income
      - 3 student activity performed while a student not for income
      - 4 military activity

Activity Codes

- Y93.0 Sports activity
  - Y93.01 Individual sport
  - Y93.010 Running or jogging
  - Y93.011 Walking or hiking
  - Y93.012 Skating (ice) (inline) (roller)
  - Y93.013 Horseback riding
  - Y93.014 Swimming
  - Y93.015 Golf
  - Y93.016 Bowling
  - Y93.017 Bike riding
    - Excludes1: transport accident involving bike riding (V10-V19)
Exception and Challenges to ICD-10

• Workers Compensation carriers are only exclusion from conversion to ICD-10
  o How will workers compensation claims be submitted?
  o How will health plans handle in subrogation?
• Remember: ICD-9 manuals will not be updated after 10/1/13
  o ICD-9 codes will become obsolete

More on Workers Compensation

• Some physicians may need to run dual systems – coding and billing in both ICD-9 and ICD-10 if they have workers compensation business.
• Will physicians stop seeing workers comp patients?
• Too costly to run dual systems?
• Will codes be accurately converted between I-9 and I-10?
• Will they be converted accurately – some are not directly able to ‘map’ to each other?
Challenges

- Physicians will need to document more detail, but how
  - By asking patients’ questions
  - More face-to-face time not needed during exams

- Enhanced patient intake forms?
  - Addition of ‘physician extenders’ to accommodate additional detail needed from patients?

Another Example of Documentation Requirements in ICD-10

- If you were injured by a turkey – documentation will need to indicate if you were bit or struck by the turkey and where (location and body part) the injury occurred
  - Will physicians and auditors be ready for this kind of documentation detail in the ICD-10 world?
IMPLEMENTATION GUIDANCE

ICD-10-CM Fiction

- Physicians will need to change how they practice medicine
  - They will need to document more, which will increase time spend on each patient
    - Every physician should currently document complete and accurate information to support specificity in his/her coding
  - Physicians and coders need to start learning the new code set now
  - They must implement an Electronic Medical Record with ICD-10-CM
  - They must hire additional staff to handle the workload
Coding and Documentation

• Issues related to inconsistent, missing, conflicting, or unclear documentation must still be resolved by the provider—both today under ICD-9-CM, as well as in the future with ICD-10-CM

• If providers are not documenting concisely for reimbursement today
  o They are putting themselves at unnecessary risk for not supporting medical necessity

Bring Physicians Along The Journey

• Provide evidence that simplifies the process
• Work with organized medicine to deliver the message
• Partner with key professions that can help facilitate training
• Leverage existing relationships between coding professionals and physicians
The Task is Not as Huge as It Appears

• Although the coding book is huge, most physician practice uses only a small subset
• Work with physicians to develop crosswalks between ICD-9 and ICD-10 codes they use
• Begin discussions now to reduce anxiety but train later
  o Actual training needs to be “just in time”
• Training should have both a general focus and then a practice-specific focus
• Begin the implementation process NOW!

Implementation Steps

Step 1: Organize the Implementation Effort
Step 2: Develop Communication Plan
Step 3: Conduct Impact Analysis
Step 4: Organize Cross Functional Efforts - Medium to large Medical Practices
Step 5: Estimate Budget
Step 6: Internal System Design and Development - Medium to large Medical Practices
Step 7: Development of the Training Plan
Implementation Steps

Step 8: Contact System Vendors
Step 9: Implementation Planning
Step 10: Phase I Training
Step 11: Business Process Analysis
Step 12: Education and Training, Phase II
Step 13: Policy Change Development
Step 14: Outcomes Measurement
Step 15: Deployment of Code by Vendors to Customers
Step 16: Go Live—Implementation Compliance

Why Make the Changes?

- Modernize Terminology
- Increased information for public health, bio surveillance, quality measurement
- ICD-9-CM running out of codes
- Diagnoses and procedure codes impact virtually every system and business process in plan and provider organizations, with significant impacts on billing and reimbursement
Objectives for Implementation

- Identify the activities providers will need to do to implement ICD-10
- Identify the sequencing and overlapping of activities
- Identify the expected timeframe to complete the activities

Special Considerations for Provider Timeline

- “Providers” come in all shapes and sizes
  - Need to consider the range from the solo practitioner to the large health systems
- Resources vary widely among provider organizations
Implementation Planning

- Develop a reasonable timeline that can be accomplished in the solo or small medical practice
  - Map out a project plan on a simple Excel spreadsheet with benchmarks and status of completion
    - Managers and/or coders should get physician approval

What is Your Next Step for Training??

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ICD-10 Implementation

AAPC ICD-10 Coding Resources

for Health Plans

Presented by:
Deborah Grider,
CPC, CPC-I, CPC-H, CPC-P, CEMC, COBGC, CPCD, CCS-P
ICD-10 Training

The Department of Health and Human Services (HHS) announced the date of October 1, 2013 for ICD-10-CM implementation. The AAPC has developed an “A to Z” implementation plan, and we are on the brink of helping many medical practice and facility, small to large, be fully prepared for the implementation date. Call us to learn how you can become fully prepared.

Which option best represents your work environment?

ICD-10 Overview

Training

Provider Training

Health Plan Training

Certification Requirements

Code Translator (ICD-9 to ICD-10)

News

Articles

FAQ

Links

Discussion

Naming Conventions

What is ICD-10?

Countdown to ICD-10

DAYS HOURS MINS SECS

AAPP’s ICD-10-CM Training will have:

- The right approach – expert trainers, both general and specific training, localized training, a variety of delivery methods and Web- and mobile-based platform (Blackberry, iPhone, etc.) crosswalks
- The right curriculum – specific training in proper code structure, IT requirements, crosswalking/mapping, revenue cycle, and implementation
ICD-10 Certification Requirements

To ensure employers continue to have confidence in CPC’s ability to accurately code the current codeset, once ICD-10 is implemented (thus protecting all 64,000 credential holders), and that those credentials truly represent one’s ability to code under the current codeset, AAPC members holding a credential will have two years to pass an open-book, online ICD-10 proficiency test.

- You will be given two (2) years to take and pass, beginning October 1, 2012 (one year before implementation of ICD-10) and ending September 30, 2014 (one year after implementation)
- There will be 75 questions
- It will be open-book, online and un-proctored
- Coders will have two (2) attempts at passing for the $10 administration fee

Archive for the 'ICD-10' Category

IT/IS Infrastructure and the Implementation of ICD-10

Wednesday, November 18th, 2009

By Angela “Annie” Benton RHT, CPC, CCS, CPC-H, CCS-P, CPC-P, CPC-I

In efforts to remain productive, efficient and competitive, health plans, facilities and providers have begun to recognize the importance of information technology and information systems in the overall success of their respective fields. In other words, health care is becoming increasingly dependent on the advances, convenience and intelligence that computers can offer. That said, the implementation of ICD-10 will likely force health care based IT departments to make significant investments of resources and revenue into preparing systems, applications, databases, data warehouses, programs, reports and business intelligence systems to ensure compliance with the October 1, 2015 implementation deadline. Read more...
ICD-10 Articles

Below is a list of recent articles related to ICD-10.

- Countdown to ICD-10-AM - AAPC News May 2009
- Next Stop, the AAPC Training Plan - Coding Edge May 2009
- AAPC Announces Comprehensive, Five-Year ICD-10 Implementation Plan - AAPC News April 2009
- Walk Through Skin and Subcutaneous Tissue Crosswalks - Coding Edge March 2009
- Swallow ICD-10-CM Digestive System Draft Guidelines - Coding Edge January 2009
- Break to ICD-10’s Regulatory Issues - Coding Edge November 2008
- Follow the ICD-10-CM Road Map with GHX - Coding Edge July 2008
- The Impact on the Payer and System Readiness - Coding Edge May 2008
- Mapping Training - Coding Edge March 2008
- Budgeting a Plan for Successful Implementation - Coding Edge January 2008
- Chaos One Cost of ICD-10-AM - Coding Edge November 2007

ICD-10 Links

Rand Study on the costs and benefits of moving to the ICD-10 Code Sets
- PDF of the study available for free download http://www.rand.org/pubs/technical_reports/TR132/index.html

Nolan Study on the costs and benefits of moving to the ICD-10 Code Sets
- PDF of the study available for free download http://www.nolanon.com/healthcare/icd10study_1003.pdf

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Membership
Membership Renewal: 9/30/2010

CEU Tracker
Submit index number | Add
80 Due: 9/30/2011
Add CEUs | Earn CEUs

ICD-10
Guidelines
Tricks
Benchmark Tracker
Mammography Provider (11/09-04/10)
Changes
Help
Step 3: Conduct Impact Analysis

1. This is an in-depth impact analysis to identify resources needed to implement ICD-10-CM which should include:
   a. Conduct a review of regulatory requirements for ICD-10-CM implementation.
   b. Identify all high-level existing systems, processes, and technology that will be impacted by ICD-10-CM
2. Determine requirements and educational expectations by:
   a. Departments
   b. Users
   c. Systems, including internal and external vendor information systems
3. Contact system vendors to identify if the vendors will be able to update software in all needed areas with potential costs.
4. Review hardware requirements for new software and identify if hardware needs to be updated or replaced.
5. Identify funding for the project.
6. Identify project manager
7. Establish approval from management or providers.
8. Determine sequencing of activities (i.e., 5010 project, EMR implementation).
   a. Coordinate with 5010 project team
   b. Coordinate with EMR implementation project team

ICD-10 Code Conversion

The ICD-10 code online conversion tool allows you to convert ICD-9 codes to ICD-10 codes or vice versa. ICD-9 is being expanded from 13,900 to approximately 120,000 ICD-10 codes, and this online tool can help you map that expansion.

- ICD-9 to ICD-10
- ICD-10 to ICD-9

Enter Code: [Input field]
Lookup

Disclaimer: This tool is based on the General Equivalency Mapping (GEM) files published by CMS. Keep in mind that while many codes in ICD-9-CM map directly to codes in ICD-10-CM, in some cases, a clinical analysis may be required to determine which code or codes should be selected for your mapping. Always review mapping results before applying them.
AAPP’s ICD-10 Plan for our Certified Coders

- ICD-10-CM proficiency testing will begin October 1, 2012 and end September 30, 2014
  - Every certified coder must take and pass a proficiency examination on ICD-10-CM to maintain certification
  - Open book 75 question test.
  - Coder may use any resource available to complete examination
  - May take the examination twice for a cost of $60.00
  - Test is taken online and is a timed test

ICD-10 Resources

- Valuable resources for all medical practices solo practitioners-large medical groups
- [http://www.cms.hhs.gov/ICD10](http://www.cms.hhs.gov/ICD10)
- Complete list of code sets for ICD-10-CM and ICD-10 PCS; final rule and Official ICD-10-CM Guidelines
Questions?

THE COUNTDOWN IS NOW!!!

deb.grider@aapc.com