ICD-10-CM/PCS: Myths, Facts and Considerations

What Will We Cover?
- How did we get here?
- Differences and Similarities
- Common Misconceptions
- Myths and Facts
- Documentation and I-10
- Preparation Considerations

Yea, There's a Code for That:
The dangers of presenting after lunch:
http://www.youtube.com/watch?v=J6gVY2659mo
http://www.youtube.com/watch?v=-MKc-m2-bAc&list=PL8C24DBCED9CD5640

What Is ICD-10?
International Classification of Diseases (ICD), 10th Revision
- Issued by the World Health Organization
  - List of approximately 2000 diseases (families)
- Adopted by member countries beginning in 1994
- ICD-10-CM (Clinical Modification)
  - Developed by the National Center for Health Statistics (NCHS)
  - Input from technical advisory panel, physician groups, coders
  - Approximately 68,000 codes

What Is ICD-10? (cont)
Enhanced or “mature” version of ICD-9
- More accurately reflects current medical practice
- Organized into chapters (disease classification) that follow the same basic framework as ICD-9
Increased granularity in coding
- Allows more specificity in information sharing
  - Anatomic site, etiology, severity
- Reimbursement better reflects the intensity of patient needs

ICD-10-CM/PCS
ICD-9-CM diagnosis code set will be replaced with ICD-10-CM (including the official coding guidelines) for coding:
- Diseases
- Injuries
- Impairments
- Other health problems and their manifestations
- Causes of injury, disease, impairment or other problems
ICD-10-CM will be used in all healthcare settings
No Impact on Use of CPT® and HCPCS Level II Codes

- CPT® and HCPCS Level II will continue to be used for:
  - Reporting physician and other professional services
  - Procedures performed in hospital outpatient departments and other outpatient facilities

ICD -- Trivia

ICD-10 Trivia

ICD-10 Trivia

CM vs. PCS

- ICD-10-CM
  - U.S. clinical modification of ICD
    - Diagnostic coding system

- ICD-10-PCS
  - Developed by 3M under CMS contract
  - Procedure coding system
**Code Set Freeze**

- **10/1/12**: Limited updates to ICD-9-CM and ICD-10-CM/PCS
- **10/1/13**: Limited updates to ICD-9-CM and ICD-10-CM/PCS
- **10/1/14**: Limited updates to ICD-10-CM/PCS
- **10/1/15**: Regular updates to ICD-10-CM/PCS

**General Equivalence Maps (GEMs)**

- ICD-9-CM \(\xrightarrow{\text{GEMs maps}}\) ICD-10-CM
- ICD-9-CM \(\xrightarrow{\text{GEMs maps}}\) ICD-10-PCS

**Crosswalks**

**Relevance to Physicians**

Necessary for claims submissions

**Benefits**
- More accurate reimbursement
- Faster claims processing
- Improved research

**Cost of nonaction**
- Limited code space
- Increased fragmentation
- Delayed payments/reimbursement

**Coding and 7th Character Extensions**

- **Category**: Alpha (Except U)
- **Etiology, anatomic site, severity**: 2-7 Numeric or Alpha
- **Additional Characters**: X

**Coding in ICD-10-CM**

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three to five characters</td>
<td>Three to seven characters</td>
</tr>
<tr>
<td>First digit is numeric but can be alpha (E or V)</td>
<td>First character always alpha</td>
</tr>
<tr>
<td>2-5 are numeric</td>
<td>All letters used except U</td>
</tr>
<tr>
<td>Always at least three digits</td>
<td>Character 2 always numeric: 3-7 can be alpha or numeric</td>
</tr>
<tr>
<td>Decimal placed after the first three characters</td>
<td>Always at least three digits</td>
</tr>
<tr>
<td>Alpha characters are not case-sensitive</td>
<td>Decimal placed after the first three characters</td>
</tr>
<tr>
<td>Alpha characters are not case-sensitive</td>
<td></td>
</tr>
</tbody>
</table>

**Diagnosis Code Comparisons**

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Characters –486</td>
<td>3 Characters –I10</td>
</tr>
<tr>
<td>4 Characters –428.0</td>
<td>4 Characters –J44.1</td>
</tr>
<tr>
<td>5 Characters –427.31</td>
<td>5 Characters –J48.91</td>
</tr>
<tr>
<td>6 Characters –I69.042</td>
<td>7 Characters –S35.411A</td>
</tr>
</tbody>
</table>

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HIM Consulting 2014
Top 5 Misconceptions About I-10

1. There will be another extension to the implementation date.
2. Entities not covered by HIPAA, such as worker’s compensation, can remain with ICD-9-CM and choose not to implement ICD-10 (true, but………)
3. The increased detail of ICD-10 will make it impossible to use
4. ICD-10 was developed without clinical insight
5. No hard copies of ICD-10-CM or ICD-10-PCS codes are available

ICD-10 Myths

- The number of codes used by physicians will increase from 18,445 to 141,752

Busting this Myth

- Physicians don’t use the procedure portion of I-10 so this myth misrepresents the facts.
- 69,832 I-10 diagnoses codes instead of 14,567
- Only a portion are relevant to each physician’s specialty
- Assuming complexity and difficulty to use based on the number of codes is like assuming the English language is overly complex and difficult because there are 470,000 words in Webster’s unabridged dictionary

Myth or Fact?

- Because there are substantially more codes in ICD-10, it is more complex and difficult to use

Busting the Myths

- The number of codes and specificity make coding simpler
- More detail helps reduce claim denial and rejections (such as more documentation required)
- Like today’s digital world such as internet searches resulting in millions of choices, I-10 provides more choices for codes taking out non-specificity and misinterpretation
Busting the Myths

- Major cause for more codes is having separate codes for laterality (left and right body parts)
  - If laterality was removed there would be 25,626 fewer codes (laterality is 46% of the total increase in the number of codes)
  - The side of the body is already a standard element already documented in the medical record

More Myth Busters

- Much of remaining increase in number of codes is due to increase in anatomic specificity
  - 23 ICD-10 Diagnosis codes for rheumatoid arthritis, each one specifying joint involved and whether it's left or right
  - There is 1 ICD-9 code for rheumatoid arthritis
  - This information is readily available in documentation

CPT and ICD-10 comparison

- There are approximately 9,758 five digit CPT codes
  - Up to four modifiers can be appended to each code
  - There are 30 CPT modifiers such as right/left/bilateral
  - This is really no different than the right/left distinction and stage of treatment of injuries in I-10 Diagnoses

Level of Detail

- New terminology in I-10 replaces obsolete terms in I-9 (for example extrinsic and intrinsic asthma)
- Imagine using a CPT code book from 1974 to describe surgical procedures in 2013
- Arguing that I-10 should be abandoned because it contains unnecessary detail is like saying English should be abandoned because it contains unnecessary words

Let's Take a Closer Look
**Seventh Characters**

- Not applicable or unspecified
- Fetus 1
- Fetus 2
- Fetus 3
- Fetus 4
- Fetus 5
- Other Fetus

**Example:** Category O69

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**What’s New?**

- New terminology for Asthma (J45)

<table>
<thead>
<tr>
<th>Asthma Severity</th>
<th>Frequency of Daytime Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild Intermittent</td>
<td>Less than or equal to 2 times per week</td>
</tr>
<tr>
<td>Mild Persistent</td>
<td>More than 2 times per week</td>
</tr>
<tr>
<td>Moderate Persistent</td>
<td>Daily. May restrict physical activity</td>
</tr>
<tr>
<td>Severe Persistent</td>
<td>Throughout the day. Frequent severe attacks limiting ability to breathe.</td>
</tr>
</tbody>
</table>

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**Fracture 7th Character**

- A: Initial closed
- B: Initial open
- D: Subsequent routine
- G: Subsequent delayed
- K: Subsequent nonunion
- P: Subsequent malunion
- S: Sequela
**MI Documentation Hints**

- If patient had a prior MI indicate the time frame such as within 4 weeks, greater than 4 weeks or approximately 2 years ago for example.
- ST Elevation Myocardial Infarctions need documentation to support the specific artery of involvement, i.e.: left main coronary and specific location, i.e.: inferior or anterior wall.

**ICD-10-PCS – Structure**

ICD-9-CM

```
1 2 • 4 3
```

ICD-10-PCS

```
0 D B 5 8 Z X
```

**Format of ICD-10 PCS**

<table>
<thead>
<tr>
<th>Section</th>
<th>Body System</th>
<th>Root Operation</th>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
</table>

There are seven (7) characters in each ICD-10-PCS (Procedure Coding System) code. Each character has a slightly different meaning related to that particular section.

**General Surgery Key Concepts**

- A coder needs to know these key elements in PCS Coding:
  - Intent of the procedure—entire removal of organ or partial
  - Body part involved-release of adhesions—be exact
  - Approach
  - Types of devices-implant specificity

**Other Surgical Examples**

- **NOT THIS:**
  - “The area of concern was identified and removed.”
- **BUT THIS:**
  - “The 2 cm lesion on the posterior mid back skin was excised.”
  - The right deep axillary lymph node was removed OR
  - The entire chain of mediastinal lymph nodes were removed

**Documentation Tips**

<table>
<thead>
<tr>
<th>Clinically Significant but Low SOI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe Hypoxia (S&amp;5)</td>
</tr>
<tr>
<td>Urosepsis</td>
</tr>
<tr>
<td>Uncontrolled MIDD</td>
</tr>
<tr>
<td>Severe COPD on continuous O2</td>
</tr>
<tr>
<td>Community Acquired Pneumonia and dysphasia, s/p CVA.</td>
</tr>
<tr>
<td>Serum Na of 145 mEq/L</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Greater SOI Captured:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early or mild Acute Respiratory Failure</td>
</tr>
<tr>
<td>UTI with E-Coli Sepsis</td>
</tr>
<tr>
<td>Type 2 DM with Hyperosmolarity, uncontrolled.</td>
</tr>
<tr>
<td>Chronic Respiratory Failure</td>
</tr>
<tr>
<td>Possible Aspiration Pneumonia - Community Acquired</td>
</tr>
<tr>
<td>Hypernatremia</td>
</tr>
</tbody>
</table>

**HIM Consulting**
CMS MS-DRG Conversion

- Over 80/5 of ICD-9-CM codes had a direct 1-1 translation
- MEDPAR data frequency was the deciding factor for closest match
- Rules developed to address code set structural changes and maintain grouper logic
- When tested in 2010 the ICD-10 MS-DRG grouper resulted in 0.05% increase in hospital payments on aggregate financial results
- Used GEM forward files to create ICD-10 based claims records
- Mapping top 3 diagnoses and first procedure code only
- AHIMA

ICD-10 Code Set Training

- It’s not just a coding thing!
- Training relevant to all clinical and administrative staff
  - Topics:
    - Documentation patient activities
    - Coding medical and administrative records
    - Information technology
    - Health plan relations and contracts
    - Documentation drives coding (not vice versa)

Summary

- The diagnosis portion will be used in all settings
- The procedure coding system will only be used in the inpatient hospital facility billing

Resources

- Centers for Medicare & Medicaid: provider resources
  http://www.cms.gov/ICD10
- American Academy of Professional Coders
  http://www.aapc.com/
- ICD-10-CM/PCS Planning and Preparation Checklist (AHIMA)

AHIMA

AHIMA

AHIMA

AHIMA
Resources (cont)

- World Health Organization: International Classification of Diseases (ICD)
  http://www.who.int/classifications/icd/en/

- General Equivalence Mappings (CMS)

- Crosswalking Between ICD-9 and ICD-10 Fact Sheet (AMA)

Thank You

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