

California Orthopaedic Association

ICD-10 CM Practical Considerations

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Tom Grogan, MD; Chair

Practice Management Committee; AAOS

Mary Jean Sage, President

The Sage Associates

ICD-10 Facts to Consider

- There are two code sets for ICD-10
 - ICD-10-CM- Fee for service code set
 - ICD-10-PCS- Facility code sets
- Transaction code sets were officially approved in HIPAA Act of 1996
 - CPT, ICD-9, HCPCS
- Workers' Compensation, auto, and personal liability insurance are exempt from HIPAA

Quick References

- Annual updates of each system are posted on the ICD-10 website at <http://www.cms.gov/ICD-10>
- Maintenance and updates of ICD-9-CM and ICD-10 are discussed at the ICD-9-CM Coordination and Maintenance (C&M) Committee Meeting

http://www.cms.gov/ICD9ProviderDiagnosticCodes/03_meetings.asp

Draft ICD-10-CM

Official Guidelines for Coding and Reporting

<http://www.cdc.gov/nchs/icd/icd10cm.html>

How To Prepare

- Impact Analysis
- Education
- Costs
- Preparedness
- Revenue

Impact Analysis

- Choose representative from each area of the practice
 - Analysis is performed
 - Readiness survey is given
- ICD-10-CM Committee should analyze all of the needs
 - Identify and mitigate risks
- Create the Analysis based on results
 - Classify issues by impact

Preparedness

- No grace period
- Coding based on date of service
- Premature coding
- Testing

Costs

- Training
- Practice Management Upgrades
- Temporary staffing or over time

Revenue

- Reduced revenue for the 4th Quarter of 2014,
- 1st Quarter 2015
 - Loss in Productivity
 - Delays in reimbursement
 - Increase in claims denials

What To Do!

- Assess the impact
- Educate the office
- Prepare for possibilities
- Embrace the change

IT implications of ICD-10



- ICD-10 doesn't really impact IT infrastructure in and of itself
- ICD-10 is likely going to require upgrades to software versions of EHR and practice management systems
- Most “dot-release” software upgrades also require infrastructure upgrades
 - Operating system and database system upgrades
 - “Bug fixes” and other system improvements
- Check with your software vendor(s) ASAP

It actually gets worse...

In addition to ICD-10, you need to worry about:

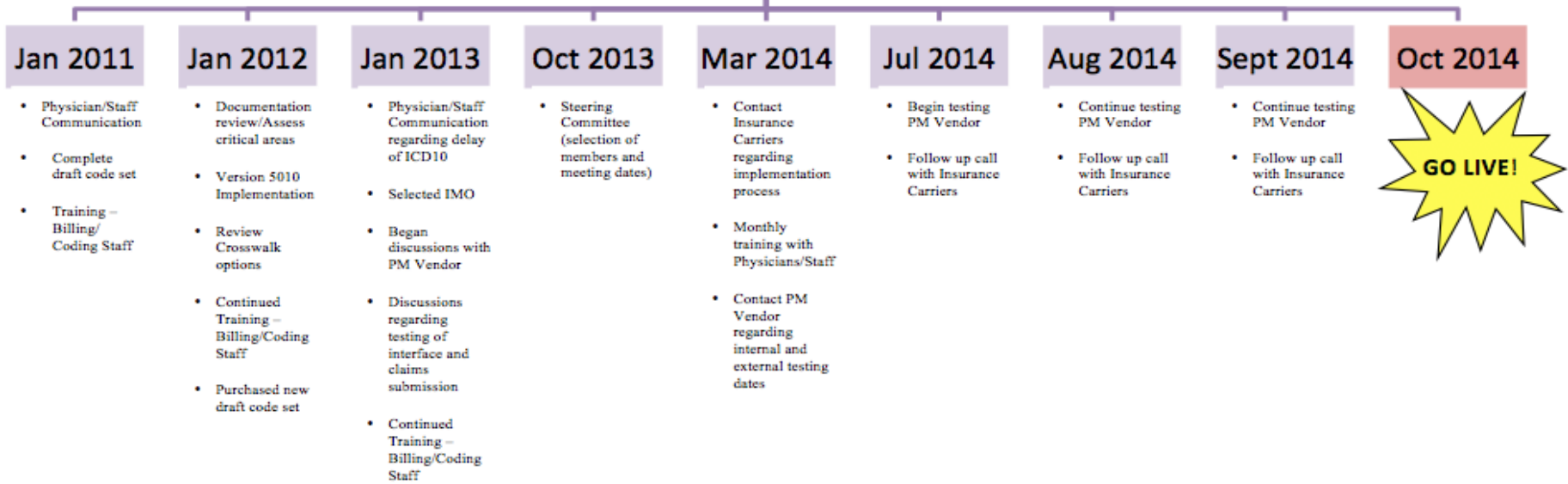
- HIPAA Security (even without ARRA/HITECH)
- Windows XP and Server 2003 “going away” (Microsoft is dropping them in early 2014)
- IT obsolescence/refresh
- Limited IT skill sets available
- BYOD (Bring Your Own Device); Mobile devices
- Refer to ICD-10 checklist for specific action plan

ICD-10 IT Action Items

- Contact your software vendor(s) ASAP and ask them to prove out their ICD-10 readiness
- Evaluate your practice's current IT systems in light of any needed issues to support ICD-10
- Look for other issues (e.g., HIPAA, Win XP)
- Do you have the right IT vendor? Ask them:
 1. How do you spell HIPAA?
 2. What does HIPAA stand for?
 3. How do HIPAA Privacy and HIPAA Security differ?
- Evaluate new options – Medical-grade cloud

Overview

ROA Timeline ICD 10 Transition



Education

- Who needs education
 - Everyone
 - Administrative
 - Front Office
 - Clinical
 - Coders
 - Other Back Office Staff
 - Physicians and NPP
- Recommendations for Coder Training range from 16-40 hours with a refresher in Anatomy and Physiology

December 2013

- Choosing Steering Committee:
 - 1 MD, RN, Certified Coder, EMR specialist, Compliance specialist, Internal Risk Auditor, IT manager....
- Monthly meetings (Dec - Feb)
- Training: who trains who, what type of training
- Continued PM/Clearinghouse vendor follow up
- Review documentation (op reports, clinic notes, etc.)
- Contact Payers about their readiness

March 2014

- Continued contact with Payers
 - Accept ICD-10 claims?
 - Process ICD-10 claims?
- Monthly mandatory meetings for docs/clinical staff
- PM training sessions
- Continue documentation review
- Contact practice management vendor
 - Arrange dates for internal testing
 - Clearinghouse: external testing dates

July 2014

- Practice Management/Clearinghouse Vendors
 - Communication
 - Testing
- Continued Insurance Carrier communication on readiness on their end

August 2014

- Practice Management/Clearinghouse Vendors
 - Communication
 - Testing
- Follow up with Insurance Carriers

September 2014

- Practice Management/Clearinghouse Vendors
 - Communication
 - Testing
- Follow up with Insurance Carriers

October 2014

- Go Live!!!
- Super-Users Available
- Troubleshoot clinical setting

Conclusions

- Anticipate possible 30% revenue loss at first
- Expect that no one will be ready but you
- Steering committee will be key
- Keep bugging everyone around you
 - Docs, staff, PM vendor, billing, payers

ICD-10-CM Implementation

ACTION ITEMS FOR COMPLIANCE

1. Understand ICD-10-CM

- Understand the major differences between ICD-9 and ICD-10
 - How the differences will affect a clinician's specialty
 - How ICD-10 will affect an organization
- Review Official Guidelines for Coding & Reporting

Contrasting 9-CM & 10-CM

ICD9-CM

- *Dxs: Vols 1&2* ~14,000
- *Procs: Vol 3* ~ 4,000

Dx Codes

- *3-5 digits max*
- *Only numeric*
- *No placeholder*

Specificity

- *No laterality*
- *Injuries grouped by type of injury*
- *Only open vs closed fracture*

ICD10-CM & PCS

- *Dxs: ICD10-CM* ~69,000
- *Procs: ICD10-PCS* ~87,000

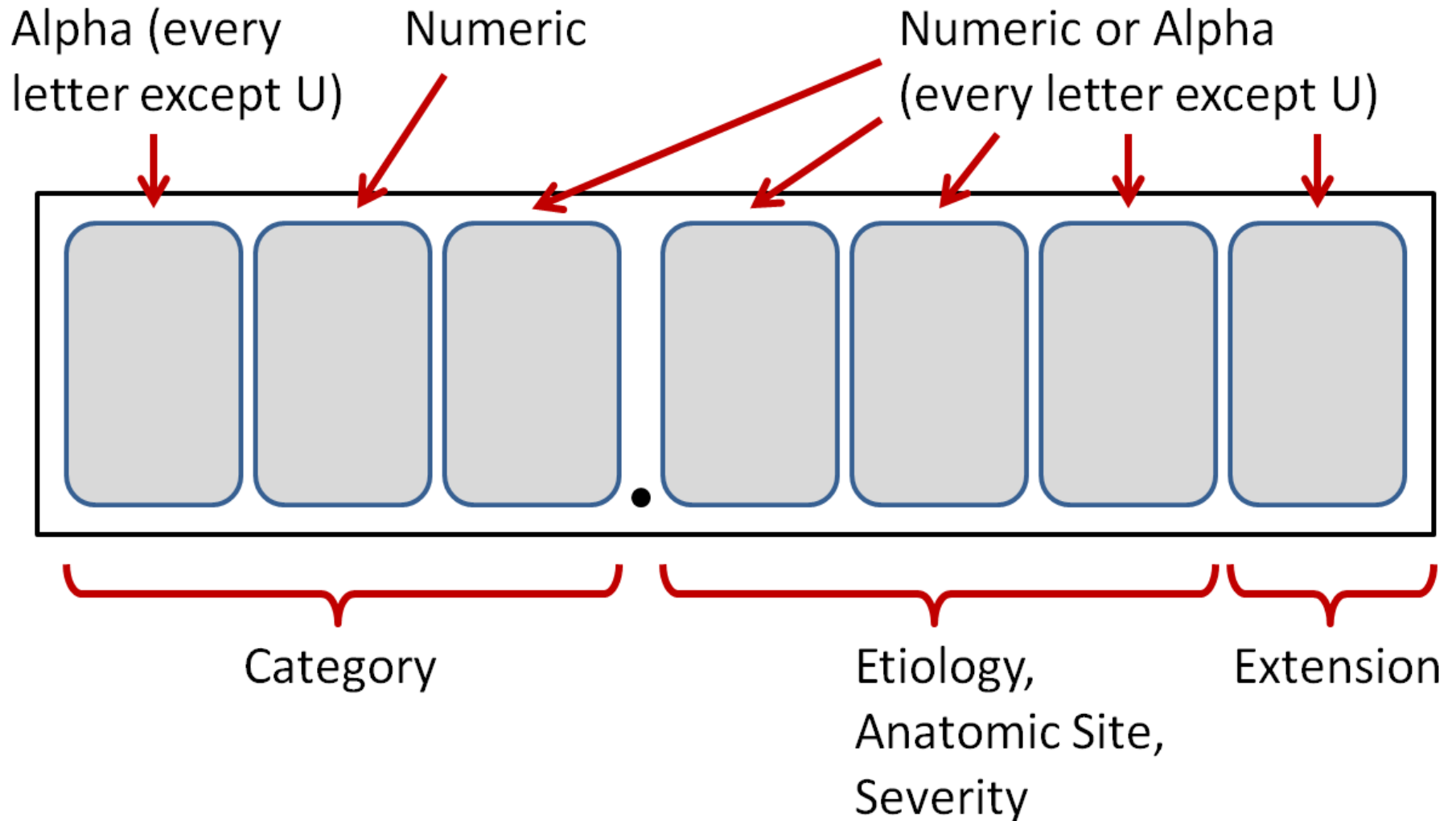
Dx Codes

- *3-7 digits max*
- *Alphanumeric*
- *“x” serves as placeholder at 5th (and 6th) positions*

Specificity

- *Laterality*
- *Injuries grouped by anatomical site*
- *Gustilo open fracture type*
- *Expanded combination codes*

ICD10-CM Codes



ICD-10-CM Example

ICD-10 Code Structure:

- Characters 1-3 – Category
- Characters 4-6 – Etiology, anatomic site, severity, or other clinical detail
- Characters 7 – Extension

For a Subtrochanteric Femur Fx

- S72 Fracture of femur
- S72.2 **Sub trochanteric** fracture of femur
- S72.21 **Displaced** sub trochanteric fracture of right femur
- S72.21X (X is a place holder for extension required for encounter)
- S72.21xB Displaced sub trochanteric fracture of right femur, **initial encounter for open fracture type I or II**

ICD-10-CM Structure and Format

Alphabetic Index – 2 parts

- Index to Diseases and Injury
 - Neoplasm Table
 - Table of Drugs and Chemicals
- Index to External Causes

Tabular Lists

- Chapters are different than ICD-9 and re-ordered
- Chapters divided into subchapters

ICD10 Chapters

Ch.	Description	Code Category
1	Certain Infectious and Parasitic Diseases	A00-B99
2	Neoplasms	C00-D49
3	Diseases of the Blood	D50-D89
4	Endocrine, Nutritional and Metabolic Diseases	E00-E89
5	Mental and Behavioral Disorders	F01-F99
6	Diseases of the Nervous System	G00-G99
7	Diseases of the Eye and Adnexa	H00-H59
8	Diseases of the Ear and Mastoid Process	H60-H95
9	Diseases of the Circulatory System	I00-I99
10	Diseases of the Respiratory System	J00-J99
11	Diseases of the Digestive System	K00-K94
12	Diseases of the Skin and Subcutaneous Tissue	L00-L99
13	Diseases of the Musculoskeletal System and Connective Tissue	M00-M99
14	Diseases of the Genitourinary System	N00-N99
15	Pregnancy, Childbirth and the Puerperium	O00-O99
16	Certain Conditions Originating in the Perinatal Period	P00-P96
17	Congenital Malformations, Deformations and Chromosomal Abnormalities	Q00-Q99
18	Symptoms, Signs and Abnormal Clinical and Laboratory Findings	R00-R99
19	Injury, Poisoning and Certain Other Consequences of External Cause	S00-T88
20	External Causes of Morbidity	V01-Y98
21	Factors Influencing Health Status and Contact with Health Services	Z00-Z99

Format and Structure

New

- Laterality (left, right, bilateral)
 - Usually 4th,5th,6th character (1=R; 2=L, 9=unspecified)
- X character - place holder (4th, 5th &/or 6th)
- 7th character – encounter types, healing status, sequela
 - A: Initial encounter, meaning the physician is actively treating the patient for the injury
 - D: Subsequent encounter, meaning the patient has received active treatment for the injury, and the physician is providing routine care for the injury during the healing or recovery phase
 - S: Sequela, meaning complications or conditions that arise as a direct result of an injury, such as scar formation after a burn (e.g., S65.009S, unspecified injury of ulnar artery at wrist and hand level of unspecified arm)
- Injuries arranged by anatomical site (rather than type of injury in ICD9)
- Distinction between
 - Intraoperative complications
 - Post procedural complications

Coding for Fractures

1st six digits describe injury location - 7th character for

A initial encounter for closed fracture

B for open fx Gustilo type I or II or for open fx NOS

C for open fx Gustilo type IIIA, IIIB, or IIIC

D subsequent encounter for closed fx with routine healing

E for open fx Gustilo type I or II with routine healing

F for open fx type IIIA, IIIB, or IIIC with routine healing

G subsequent encounter for closed fx with delayed healing

H for open fx Gustilo type I or II with delayed healing

J for open fx type IIIA, IIIB, or IIIC with delayed healing

K subsequent encounter for closed fx with nonunion

M for open fx Gustilo type I or II with nonunion

N for open fx Gustilo type IIIA, IIIB, or IIIC with nonunion

P subsequent encounter for closed fx with malunion

Q for open fx Gustilo type I or II with malunion

R for open fx Gustilo type IIIA, IIIB, or IIIC with malunion

S sequela (use for complication or results from injury (scarring))

Contrasting 9-CM & 10-CM

ICD9-CM

- Conventions
 - *“NEC”-not elsewhere classifiable*
 - *“NOS”-not otherwise specified (unspecified)*
 - *“Unspecified” codes*
 - *“Other” codes*
- Notes
 - *“Includes” notes*
 - *Excludes notes differ*

ICD10-CM & PCS

- Conventions
 - NEC - same
 - NOS - same
 - Unspecified - same
 - Other - same
 - Includes notes - same
- Notes - 2 types of excludes
 - *Exclude 1 means NOT CODED HERE (don't use)*
 - *Exclude 2 means Not part of condition may be coded together if appropriate*

ICD-10-CM: Differences from ICD-9-CM

- Specificity and detail have been greatly expanded
- Laterality (side of the body affected) has been added to relevant codes
- Expanded codes (e.g., injuries, diabetes, postoperative complications, alcohol/substance abuse)
- Expanded use of combination codes
 - Dx + manifestation or Dx + add'l complication
 - eg: Type II Diabetes with peripheral neuropathy
 - eg: Osteoporosis with a pathological fracture

ICD-10-CM: Differences from ICD-9-CM

Addition of 7th character

- Used in certain chapters to provide additional information about the encounter
- If a code has an applicable 7th character, the code must be reported with an appropriate 7th character value in order to be valid
 - X as place holder for un-used character(s)
 - X used in the 4th, 5th, and 6th character position

2. Create Your Internal Implementation & Communication Team

- Include reps from administrative & clinical sides of practice

- Divide up work to needs to be accomplished

- Communicate changes required by ICD-10
 - Workflow
 - Clinical Documentation

3. Review Impact Areas and Modify Processes

- How many systems do you use?

- What organizations do you exchange data with?

- What electronic and paper-based workflow processes drive clinical encounters and billing process?

- Identify Interfaces
 - Interfaces between internal systems
 - Interfaces between the practice and external trading partners
 - Electronic transactions that use diagnostic codes

4. Reach out to software vendors

Ask these questions

- Will the vendor upgrade software to accommodate ICD-10?
- Will the company upgrade your version of the software?
- Will the software upgrade require a hardware upgrade too?
- Will the software allow your practice to use ICD-9 and ICD-10 for some period of time following the compliance date?
- What is the vendor timeline for installation/testing/training?
- What, if any, ICD-10-specific training will the vendor offer?
- What is the total estimated cost for the practice?

5. Develop a Budget

1. Practice management, HER and other software upgrades or replacement
2. Hardware upgrades
3. Staff education and training
4. Temporary staff during transition
5. Changes to superbills/printed material (if applicable)
6. Additional time for documentation review
7. Additional clearinghouse fees (if applicable)
8. Lost coder, clinician and/or revenue cycle staff productivity
9. Increased number of denied and reworked claims

6. Contact clearinghouses and health plans

- When will they complete internal upgrades to accommodate ICD-10 codes?
- How can they help your practice with this transition (i.e., education or training)?
- When can you send test claims and other transactions with ICD-10 codes?
- Will they provide a list of the data content changes needed?
- When will health plans announce their revised ICD-10-related coverage / payment changes?

7. Improve clinical documentation

One of the most challenging aspects of ICD-10-CM

Identify potential documentation issues

- Review successfully adjudicated claims in ICD-9 and begin to assign ICD-10 codes to these claims
 - If insufficient inform staff (i.e. fails to note the laterality of the issue)
- Have coding staff assign ICD-9 and ICD-10 codes to current claims
- Contract with third-party vendors that offer claim and/or documentation review services

Goal should be to identify any gaps in the documentation that prevent a coder from selecting the appropriate ICD-10 code

8. Train Staff

- Identify education needs:

- Who in the practice requires training

- What type of training is appropriate

- When should they be trained

- Train staff members too early and they might require retraining

- Train too late, and it could be difficult to get the training completed in time

- How should they be trained?

Consider this: Code coding staff six to nine months before the compliance date and clinical staff three to six months ahead

9. Test

- ❑ Testing is critical to success with implementation
- ❑ ICD-10 unique affecting administrative and clinical personnel
 - ❑ Requires internal and external testing
- ❑ Internal Testing – ensures workflow processes have been modified to accommodate ICD-10
 - ❑ Working smoothly
 - ❑ Right codes are being generated at right time
- ❑ External Testing – technical and payment aspects
 - ❑ Can software generate ICD-10 codes on transactions and will your clearinghouse and health plan accept this transaction
 - ❑ Is code appropriate for payment and will health plan pay the same amount as it did under ICD-9
 - ❖ **External testing may be problematic if clearinghouses and health plans are unable or unwilling to accept test claims**

10. Plan for Contingencies

- Decreased staff productivity
- Critical software not being upgraded prior to compliance date
- Clearinghouses unable to fully resolve ICD-10 issues
- Health plans being unprepared to accept ICD-10 codes
- Rejected or pended claims

What should you do?

- Postpone large capital investments
- Set aside cash reserves
- Establish line of credit

Bridging the Translation Gap from ICD-9

THE PROS AND CONS OF TRANSLATION SOFTWARE



Translation Software

There is no 1:1 crosswalk from ICD-9-CM to ICD-10-CM

Should be a two-way translation dictionary

- ICD-9 → ICD-10
- ICD-10 → ICD-9

Translations go in both directions so it is possible to look up a code to find out what it means according to the concept and structure used by the other coding system

Forward and backward mappings aren't mirror images of each other because the translation alternatives are based on the meaning of the code you are looking up

Translation Software

Beware:

Mapping is great to help narrow down the search, but it should not be used without a coding book, which should be consulted to confirm codes

A particular ICD-9-CM code may map to several ICD-10-CM code choices, requiring you to narrow down and sort through the results

With the abundance of ICD-10-CM codes, there are many that just don't map from ICD-9-CM codes



Translation Software Examples

- GEMS (General Equivalence Mappings): public domain reference mapping; available on CMS website.
http://cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10/11b1_2011_ICD10CM_and_GEMs.asp

- Code-X: AAOS supported product

- Other Commercial Software Products
 - AAPC Code Translator Tool
 - 3M Code Translation Tool
 - Ready 10
 - Many More

Before We Go On - - -

***IMPLEMENTATION OF THE
NEW 1500 CLAIM FORM***

CMS 1500 Claim Form (02/12)

Accommodates ICD-10 and aligns some additional requirements

- Indicator in Item 21 to identify the version of the diagnosis code set reported (ICD-9 or ICD-10)
- Expansion of the number of diagnosis codes that can be reported in Item 21 (increased from 4 to 12)
- Ability to identify the role of the provider reported in Item 17 and the specific dates reported in Item 14



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA 1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> OTHER <input type="checkbox"/>		14. INSURED'S I.D. NUMBER (For Programs in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
3. PATIENT'S BIRTH DATE MM DD YY SEX <input type="checkbox"/> M <input type="checkbox"/> F		7. INSURED'S ADDRESS (St., Street)	
5. PATIENT'S ADDRESS (St., Street)		8. PATIENT'S RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY STATE ZIP CODE TELEPHONE (Include Area Code)		CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
6. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>	
7. RESERVED FOR MUCC USE		b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State)	
8. RESERVED FOR MUCC USE		c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
9. RESERVED FOR MUCC USE		11. INSURED'S POLICY GROUP OR PROGRAM NUMBER	
10. RESERVED FOR MUCC USE		12. INSURED'S DATE OF BIRTH MM DD YY SEX <input type="checkbox"/> M <input type="checkbox"/> F	
11. RESERVED FOR MUCC USE		13. OTHER CLAIM ID (Designated by MUCC)	
12. RESERVED FOR MUCC USE		14. INSURANCE PLAN NAME OR PROGRAM NAME	
13. RESERVED FOR MUCC USE		15. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, complete Items 9, 10, and 11.	
READ BACK OF FORM BEFORE COMPLETION & SIGNATURE THIS FORM.			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (MM DD YY)		15. OTHER DATE (MM DD YY)	
17. NAME OF HOSPITAL PROVIDER OR OTHER SOURCE		16. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO	
18. ADDITIONAL CLAIM INFORMATION (Designated by MUCC)		19. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> CHARGES \$	
19. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer A-L to service line below (s))		20. ICD-9-CM CODE ORIGINAL REF. NO.	
A. _____ B. _____ C. _____ D. _____		21. PRIOR AUTHORIZATION NUMBER	
E. _____ F. _____ G. _____ H. _____		22. DATE OF SERVICE	
I. _____ J. _____ K. _____ L. _____		23. PROVIDER, SERVICE, OR SUPPLIER (Include Branch or Extension)	
M. FEDERAL TAX I.D. NUMBER SSN EIN		24. FEDERAL TAX I.D. NUMBER SSN EIN	
N. PATIENT'S ACCOUNT NO.		25. AGENT ASSIGNMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
O. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include Signature on Circumstances if certified that statements on this request apply to the full and are made a part thereof.)		26. TOTAL CHARGE \$	
P. SERVICE FACILITY LOCATION INFORMATION		27. AMOUNT PAID \$	
Q. BILLING PROVIDER INFO & PH #		28. FUND FOR MUCC USE	
R. NPI		S. NPI	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

PATIENT AND INSURED INFORMATION PATIENT OR SUPPLIER INFORMATION

Transition Timeline

- ❑ January 6, 2014 Payers begin receiving and processing paper claims submitted on the revised 1500 claim form (version 02/12)
- ❑ Jan. 6 – March 31, 2014 Dual-use period during which payers continue to receive and process paper claims submitted on the old 1500 claim forms (version 08/05)
- ❑ April 1, 2014 Payers receive and process paper claims submitted only on the revised 1500 claim form (version 02/12)

Visit www.nucc.org to review new 1500 form and manual

Let's Get Ready to
CODE

FOR ORTHOPAEDICS



ICD-10 Chapters of Interest to Orthopaedics



Chapters of interest to Orthopaedics

Chapter 13 – Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)

- Diagnoses include
 - Tendinitis, impingement/bursitis, cuff tears, synovitis
 - Arthritis (DJD, inflammatory, septic...); Gout
 - Meniscal tears, Ganglions, Cysts, Trigger finger
 - Enthesopathies, AVN, Ligament disorders
 - AVN, Pathological & Stress fracture, Physeal arrests
 - Osteoporosis, Osteomyelitis
 - LLI, deformities, ankylosis, MS pain, spondylosis
 - and many more...

Chapters of interest for Orthopaedics

Chapter 13 – Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)

- Site and laterality designations
 - Bone, joint or muscle/tendon involved
 - Use multiple codes for each site unless a “multiple site” code exists (e.g. AVN)
 - Some “multiple sites” (eg. osteoarthritis)
- 7th character required for pathological or stress fractures: active treatment vs. others
 - A = active; examples of active treatment are surgical treatment, emergency department encounter and evaluation and treatment by a new physician
 - Subsequent = cast change or removal, removal of external or internal fixation device, medication adjustment, other aftercare and follow-up visits

Diseases of Musculoskeletal System and Connective Tissue

- Osteoporosis – 2 categories
 - With current pathological fracture (M80) by site of fracture and without pathological fracture (M81)
- Gout has moved to this chapter
- Any current, acute injury should be coded to the appropriate injury code from Chapter 19 (Injury, poisoning and certain other consequences of external causes);
- Chronic or recurrent conditions should generally be coded with a code from Chapter 13

Chapters of interest to Orthopaedics

Chapter 19 - Injury, Poisoning and Certain Other Consequences of External Causes (S00-T88)

- Arranged by body part
- Fractures and dislocations (including spine)
- Sprains and strains
- Includes superficial injuries: contusions, abrasions, blisters, foreign bodies
- Wounds: lacerations, punctures
- T codes - Failure or prostheses, periprosthetic osteolysis, internal fixation failure

Chapters of interest to Orthopaedics

Chapter 20 External Causes of Morbidity

Codes are used to capture:

- Cause - How the injury or health condition happened
 - No national requirement to report currently
- Intent - Unintentional, accidental; or intentional (eg suicide or assault)
- Qualifiers - Place, Activity, and Person's status
 - These are "optional" – not required by Medicare or Medicaid

External Cause Codes

Replace ICD-9 “E” Codes

- Used commonly for traumatic musculoskeletal conditions (“S & T” codes)
- Also for some non-traumatic musculoskeletal diagnoses (“M” codes)
- No national requirement to report currently
- Payers who required “E” codes likely to require External Cause codes
- Needs reporting once only, at initial patient presentation to health system

ICD-10: Increased Specificity



W61.61xA

Bitten by duck,
initial encounter

Chapter 20 External causes of morbidity

Examples

- V00-X58 Accidents
 - V03.10xA Pedestrian on foot vs. auto (initial)
- V00-V99 Transport vehicle accidents (trucks, buses), hit by falling objects, watercraft, snow mobile, dune buggy
- V95-V97 Air and space transport accidents
- X30-X39 Exposure to forces of nature

And many, many more....

Chapter 20 External Causes of Morbidity

Qualifiers- when are these optional?

- Y90 Evidence of alcohol involvement stratified by blood alcohol levels
- Y92 Place of occurrence of the external cause
- Y93 Activity code
- Y99 Person's status -civilian or military
- Y95 Nosocomial condition

Chapter 20 External causes of morbidity

Y92 -Place of occurrence of the external cause

- Use to identify the place of occurrence of the external cause.
- Use in conjunction with an activity code.
- Place of occurrence should be recorded only at the initial encounter for treatment
 - Y92.030 Kitchen in apartment as the place of occurrence of the external cause
 - Y92.113 Driveway of children's home and orphanage as the place of occurrence of the external cause
 - Y92.234 Operating room of hospital as the place of occurrence of the external cause

Chapter 20 External causes of morbidity

Y93 Activity code

- Use to indicate the activity of the person seeking healthcare for an injury or health condition
- Appropriate for use for both acute injuries, such as those from chapter 19 - Injuries, and conditions that are due to the long-term, cumulative effects of an activity, such as those from chapter 13
 - May use with any code in the range A00 – T88.9, Z00-Z99, that is health condition due to external cause
- Examples
 - Y93.22 Ice hockey
 - Y93.C1 Computer keyboarding
 - Y93.55 Bike riding
 - Y93.81 Refereeing a sports activity
 - Y93.82 Spectator at an event

Chapter 21: Factors influencing health status and contact with health services

- Z codes represent reasons for encounters
- If a procedure is performed, a corresponding code for the procedure must accompany the Z code
- Z47 = Orthopedic Aftercare
 - Aftercare Z codes in ICD-10-CM should not be used for aftercare of fractures
 - Assign the acute fracture code with the seventh character “D” (subsequent encounter)

Clinical Example

Posttraumatic shortening of left radius due to previous comminuted fracture of the distal end of the left forearm as a result of a snowmobile accident

What's happening now?

- M21.732 Unequal limb length (acquired), left ulna

Sequela

- S52.502S Unspecified fracture of the lower end of left radius

How did it happen?

- V86.92S Unspecified occupant of snowmobile injured in non-traffic accident

Another example

85 year old woman with known osteoporosis is seen in the ER with an insufficiency fracture of right femur, first visit

What's happening now?

- M80.051A Age-related osteoporosis with current pathological fracture, right femur initial encounter

This is a result of?

- M89.751 Major osseous defect, right pelvic region and thigh
 - Osteoporotic fractures are listed under diseases – not injuries

A Few More Examples

FOR YOUR CODING STAFF

Hand:

Carpal Tunnel

G56 – Mononeuropathies of upper limb

G56.00	Carpal Tunnel syndrome, unspecified upper limb
G56.01	Carpal Tunnel syndrome, right upper limb
G56.02	Carpal Tunnel syndrome, left upper limb

Hand:

Dupuytren's Contracture

M72 – Fibroblastic disorders

M72.0 Palmar fascial fibromatosis (Dupuytren)

Shoulder:

Frozen Shoulder

M75 – Shoulder Lesions

M75.0 Adhesive capsulitis of shoulder (frozen shoulder, periarthrititis of shoulder)

M75.00 Adhesive capsulitis of unspecified shoulder

M75.01 Adhesive capsulitis of right shoulder

M75.02 Adhesive capsulitis of left shoulder

Shoulder

Rotator Cuff Tear

M75.1 Rotator cuff tear or rupture, not specified as traumatic

Excludes 1 *tear of rotator cuff, traumatic (S46.01-)*

- M75.100 Unspecified rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
- M75.101 Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic
- M75.102 Unspecified rotator cuff tear or rupture of left shoulder, not specified as traumatic

Spine:

Spinal Stenosis

M48 – Other spondylopathies

M48.0 – Spinal stenosis (caudal stenosis)

M48.00	Spinal stenosis, site unspecified
M48.01	Spinal stenosis, occipito-atlanto-axial region
M48.02	Spinal stenosis, cervical region
M48.03	Spinal stenosis, cervicothoracic region
M48.04	Spinal stenosis, thoracic region
M48.05	Spinal stenosis, thoracolumbar region
M48.06	Spinal stenosis, lumbar region
M48.07	Spinal stenosis, lumbosacral region
M48.08	Spinal stenosis, sacral and sacrococcygeal region

Vertebral Fracture

M48.4 Fatigue fracture of vertebra (Stress fracture of vertebra)

The appropriate 7th character is to be added to each code from subcategory M48.4

A initial encounter for fracture

D initial. encounter for fracture with routine healing

G subsequent encounter for fracture with delayed healing

S Sequela of fracture

- M48.40X- Fatigue fracture of vertebra, site unspecified
- M48.41X- Fatigue fracture of vertebra, occipito-atlanto-axial region
- M48.42X- Fatigue fracture of vertebra, cervical region
- M48.43X- Fatigue fracture of vertebra, cervicothoracic region
- M48.44X- Fatigue fracture of vertebra, thoracic region
- M48.45X- Fatigue fracture of vertebra, thoracolumbar region
- M48.46X- Fatigue fracture of vertebra, lumbar region
- M48.47X- Fatigue fracture of vertebra, lumbosacral region
- M48.48X- Fatigue fracture of vertebra, sacral and sacrococcygeal region

Accidents & Injuries

Dislocated shoulder during high school football game

S43 – Dislocation and sprain of joints and ligaments of shoulder girdle

Excludes 2 strain of muscle, fascia and tendon of shoulder and upper arm (S46.-)

The appropriate 7th character is to be added to each code from category S43

A initial encounter

D initial. encounter

S sequela

S43.1 Subluxation and dislocation of acromioclavicular joint

- (1) S43.12 Dislocation of acromioclavicular joint, 100% - 200% displacement
 - S43.121- Dislocation of right acromioclavicular joint, 100% - 200% displacement
 - S43.122- Dislocation of left acromioclavicular joint, 100% - 200% displacement
 - S43.129- Dislocation of unspecified acromioclavicular joint, 100% - 200% displacement
- (2) Y92.213 High School as the place of occurrence of external cause
- (3) Y93.61 Activity, American tackle football

Accidents & Injuries

Fractured right ankle – result of motorcycle accident with small truck

S82 fracture of lower leg, including ankle

The appropriate 7th character is to be added to all codes from category S82 (see slide 32)

S82.5 Fracture of medial malleolus

- (1) S82.54X- Nondisplaced fracture of medial malleolus of right tibia
- (2) V23.4XX- Motorcycle driver injured in collision with car, pick up truck or van in traffic accident

Appropriate 7th character is to be added for each code in the category V23

A initial encounter

D subsequent encounter

S sequela

Orthopedic Aftercare:

Z47 Orthopedic Aftercare

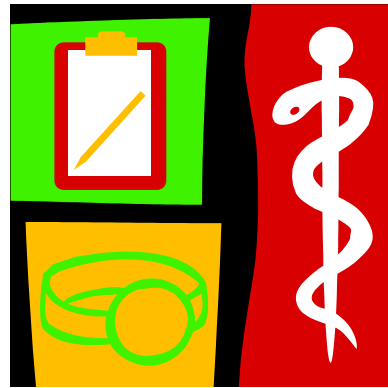
- Z47.1 Aftercare following joint replacement surgery
 - *Use additional code to identify the joint (Z96.6- [presence of joint implants])*
- Z47.2 Encounter for removal of internal fixation device
- Z48 Encounter for other postprocedural aftercare
 - Z48.01 Encounter for change or removal of surgical wound dressing
 - Z48.02 Encounter for removal of sutures

A few peculiarities

Several codes required for initial visit

- Primary Dx
 - and Sequela of some past injury or disease
- + Comorbidities
- + External cause
- + Activity, etc

Documentation Requirements



FOR ORTHOPAEDIC SURGEONS

Musculoskeletal Conditions

Acute trauma vs. chronic or recurrent conditions

- Specific anatomical site, or less specified or unspecified code must be used

Laterality is required for many codes

Episode of care has 3-15 options depending on code category

- Initial, subsequent or sequel
- Subsequent
- Sequela

Signs and symptoms

- Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider

Fractures require much more detail

Documentation of closed or open (closed is default)

Open fractures require documentation of Gustilo type I, II, IIA, IIIB, IIIC

Episode of Care – reported with 7th character - see slide 31

Fracture Examples

1. Fractures of distal radius – there are 450 codes

- Sorted by
 - Displacement: displaced vs. undisplaced
 - Side: Right, left, unspecified
 - Type: Unspecified, Styloid, Torus, Colles, Smith's, extraarticular, Barton's, Other intraarticular
 - Open or closed fracture: Closed, Open grade I or II, Open grade III
 - Type of healing: routine, delayed, nonunion, malunion
 - Episode of care: initial, subsequent, sequela

2. Additional codes for injuries of the distal radial physis – there are 48 codes

- Sorted by
 - Fracture type: unspecified, Salter-Harris, 1,2,3 or 4
 - Healing type: routine, delayed, malunion, non-union
 - Encounter type: initial, subsequent, sequela

Fracture Examples

3. Shaft fractures – have specific descriptors
 - Displacement: displaced or undisplaced
 - Pattern: Unspecified, Greenstick, Transverse, Oblique, Spiral, Comminuted, Segmental, Other

4. Fractures at the ends of bone have great specificity
 - Ankle fractures have great detail – in addition to medial, lateral, bi-and trimalleolar fractures, there are Torus, Maisonneuve, Pilon and Other fractures
 - Fracture of proximal (surgical neck) of the humerus requires documentation of whether the fracture is 2, 3, or 4 part fracture or involves lesser or greater tuberosity

Documenting Traumatic Fractures

Location and Laterality

Encounter

Open or Closed

Classification, Category, or Cause

Fracture Pattern

Alignment

Result

Meet LEO C FAR

<http://www.aaos.org/news/aaosnow/nov13/managing7.asp>

Other Examples

1) Pathologic fractures

- Pathologic fractures classified by etiology/type, site, laterality and episode of care
- Combination codes for type of osteoporosis – with or without pathological fracture

2) Arthritides

- Osteoarthritis is classified by type, specific site, and laterality
- Rheumatoid arthritis has 191 code options by type, manifestation and laterality

3) Other specifics

- Osteomyelitis is classified by type, specific site and laterality
- Scoliosis is classified by type and anatomic region of the spine
- Ankylosing spondylitis has 20 codes, stratified by specific site
- Pain in a limb is classified by specific site and laterality

A More Detailed Example

Derangement of Meniscus

Due to old tear or injury (M23.20) – there are 39 codes

Type: unspecified, anterior horn, posterior horn, other

Side: right, left, unspecified

Acute tear of meniscus, current injury S83.2 – there are 99 codes

Meniscus: medial or lateral

Type: unspecified, bucket-handle, other, peripheral, complex

Side: right or left

Encounter: initial, subsequent, sequela

The Documentation Burden for the MD

- Codes necessary to support medical necessity
- Code comorbidities to substantiate complexity, for risk adjustment and physician profiling
- Incorporate laterality, and episode of care for every encounter
- Many payers likely to require External Cause, Place, Activity, and/or Status at initial patient encounter
- Several codes required for initial visit
 - Primary Dx and Sequela of some past injury or disease
 - Comorbidities
 - External Cause
 - + Activity, etc.
- Opportunities for errors, omissions and denials

Key Take-away Points

- ❖ Superbills are no longer worthwhile for diagnosis (far too many diagnostic code choices)
- ❖ No effective ICD-9-CM to ICD-10-CM crosswalks - there are no 1:1 conversions
- ❖ Nearly all diagnoses will be coded as to visit type: initial, subsequent, sequela
- ❖ Fracture displacement: displaced (default) vs. nondisplaced
- ❖ Fracture anatomic location and configuration: transverse, oblique, spiral, comminuted, segmental, other
- ❖ Fracture-soft tissue injury: closed (default) vs. open (Gustilo type I/II, Gustilo Type IIIA/B/C)
- ❖ Fracture healing reported with: routine healing, delayed healing, nonunion, malunion

?? YOUR QUESTIONS ??

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

THANKS FOR YOUR ATTENDANCE & PARTICIPATION !!!