



ICD-10-CM IN THE ICU

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Alan L. Plummer, MD was born in Ogallala, Nebraska in 1940. He received his undergraduate degree from the University of Nebraska and earned his MD (1966) from Northwestern University. He spent his internship at Passavant Memorial Hospital at Northwestern, and his residency and Fellowship in Pulmonary Diseases and Critical Care at the Mayo Clinic.

Dr. Plummer moved to Emory in the fall of 1971 and is currently a Professor of Medicine at the Emory University School of Medicine. He has served as The Emory Clinic Section Chief for Pulmonary, Allergy and Critical Care and has served as the Director of the Emory University Division of Pulmonary, Allergy and Critical Care. He is the Medical Director of the Respiratory Care Department at Emory University Hospital, the Medical Director of the Pulmonary Function Laboratory of The Emory Clinic and is the Associate Medical Director of the Emory University Hospital Pulmonary Function Laboratory.

Dr. Plummer participated in all three phases of the HSIAO studies to develop the RBRVS payment system. He is the RUC Advisor for the ATS and has served as a RUC member and as an Alternate RUC committee member for the Pulmonary Community.

He was a Consulting Editor for the Pulmonary Coding Alert and is the Editor of the ATS Coding and Billing Quarterly. He also has served as President of NAMDRRC, is active in NAMDRRC affairs and is still active in a number of state and national medical organizations.

He greatly enjoys his fantastic, wonderful eleven grandchildren and looks forward to spending quality time with each one. He also enjoys golf, boating, exercise, yoga, reading, and traveling with his marvelous wife, Ginny.

OBJECTIVES:

Participants should be better able to:

1. Become more familiar with the new diagnostic coding system, ICD-10-CM.
2. Learn how to code using ICD-10 in the ICU.
3. Learn how and why documentation is important for coding in the ICU.

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ICD-10-CM Coding in the ICU

NAMDRC Annual Meeting

March 14, 2015

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DISCLOSURE

Dr. Plummer has declared no conflicts of interest related to the content of his presentation.

Disclaimer

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Editor, *ATS Coding & Billing Quarterly*

ATS RUC Advisor

Opinions rendered are my own.

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Keys to Successful Coding & Billing

Documentation + Proper Coding =

Successful Billing

Question One

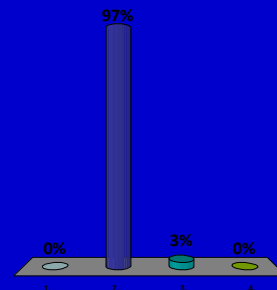
On which date will ICD-10-CM have to be used?

1. July 1, 2015
2. October 1, 2015
3. January 1, 2016
4. October 1, 2016

Question One

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ICD-10-CM

- ICD-10 developed by WHO in 1989 & released in 1994.
- US implemented it for **mortality reporting** on January 1, 1999.
- NCHS developed the US clinical modification for diagnosis: ICD-10-CM.
- CMS developed a procedure code set: ICD-10-PCS (Hospital coding only).

ICD-10-CM

- October 1, 2015 **all** MDs will have to use it.
- ICD-9-CM will **cease to exist** at midnight 9/30/2015.
- October 1, 2011 upgrade for ICD-9-CM was the **last revision** for ICD-9-CM.
- **No** ICD-9-CM coding changes planned for 2015.
- ICD-10-CM will be used in **all** clinical settings: inpatient and outpatient.

ICD-10-CM

- AMA has been able to delay ICD-10 **three** times since 2009 & is still trying to delay it.
- CMS is **adamantly against** another delay.
- Hospitals and other vendors **want** ICD-10.
- There is a bill before Congress to **delay** ICD-10-CM until **2017**.
- Currently this bill is not picking up any steam for passage, but SGR resolution has to be finished by March 31, 2015.

ICD-10-CM Benefits

- **Flexible**: can quickly incorporate emerging diagnoses.
- More **specificity** for precise diagnosis.
- Improved ability to measure health care services.
- Supports improved public health surveillance.
- Reflects advances in medicine & medical technology.
- Uses current medical terminology.

ICD-10-CM Use in Other Countries

- No procedure code set.
- Not used for reimbursement.
- Government funding helped pay for implementation.
- Went from no coding standard to ICD-10.
- Rolled out in phases across each country.
- Implemented for inpatient facilities only.
- Less codes than US CM modification.

ICD-10-CM Implementation Steps

- **Step 1: Conduct impact analysis**
- **Step 2: Contact your software vendors**
- **Step 3: Contact your billing service**
- **Step 4: Contact your payers**
- **Step 5: Undergo installation of system upgrades**
- **Step 6: Conduct internal testing**
- **Step 7: Update internal processes**
- **Step 8: Conduct staff training**
- **Step 9: Conduct external testing w trading partners**
- **Step 10: Make the switch to ICD-10-CM**

ICD-10-CM Implementation Steps

- To ensure a smooth transition from ICD-9 to ICD-10, steps for implementation should be well underway.
- You have 6 months before 10/01/2015.
- A team to facilitate the implementation should be in place and functioning.
- By now, the team should have started or completed Steps 1-5.

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ICD-10-Implementation Steps

- Coders should already be in training for the use of ICD-10-CM.
- Coder training should be **finished by 8/01**.
- ICD awareness campaign should **begin** in April-May 2015.
- Specialty-specific training should **start by** April 1, 2015.
- MD, provider training should **start by 8/01**.

ICD-10-CM Implementation Steps

- **By August 1st Steps 1-9 should be finished**
- **External testing** with trading partners and vendors should be thorough & **completed well before 8/01**.
- Master billing sheets for each specialty **should be finished by 8/01**.
- The **focus** should be on **MDs** and other **providers** training during August and Sept.

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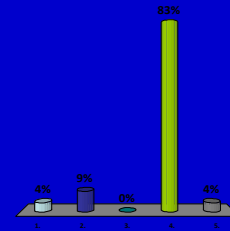
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1. Well-organized plan for implementation.
2. Implementation completed by 8/01
except for MD & other provider training.
3. Coder training.
4. Start MD & provider training on 9/01.
5. Have Master Bill completed by 8/01.

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ICD-10-CM

ICD-9-CM	ICD-10-CM
3-5 characters in length	3-7 characters in length
~13,000 codes	~68,000 codes
Numeric codes except for E and V codes	Alphanumeric codes
Limited space for new codes	Flexible for adding new codes
Lacks detail	Very specific
Lacks laterality	Has laterality

Question Three

Which of the following statements is true about ICD-10-CM?

1. It is an update of ICD-9-CM.
2. Has 13,000 codes.
3. Uses alphanumeric codes.
4. Lacks flexibility and specificity.

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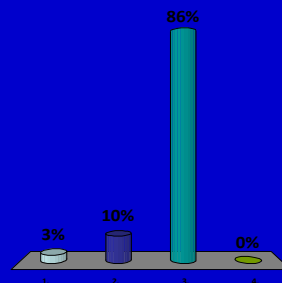
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ICD-10-CM Cross-Walking with ICD9-CM

- **Forward** from ICD-9-CM to ICD-10-CM.
- **Backward** from ICD-10-CM to ICD-9-CM.
- **No** single crosswalk.
- NCHS & CMS developed the General Equivalency Mappings (GEMs).
- CMS has developed reimbursement maps.

ICD-10-CM Cross-Walking

- **No** ability **always** to have a 1:1 map. between ICD-9-CM and ICD-10-CM.
- Mappings can be 1:1, 1:many, many:1, 1:none.
- Some **concepts** changed between ICD-9-CM & ICD-10-CM.
- If **new concept** in ICD-10-CM, **can't be mapped** to an ICD-9-CM code.

ICD-10-CM Cross-Walk Example

It is October 1, 2015. You have a patient with proven idiopathic pulmonary fibrosis (**516.31**) in the ICU. Your **new** ICD-10-CM book has **not** arrived yet. You have to use an ICD-10-CM code for billing purposes. What do you do?

Easiest solution: Look in 2015 ICD-9-CM book for **516.31** and the cross-walk should be there.

Final solution: Look up ICD-10-CM on www.cdc.gov/nchs/icd.htm or www.roadto10.org/ and find the code for idiopathic pulmonary fibrosis (**J84.112**).

ICD-9-CM Respiratory Failure Codes

- **518.81** Acute respiratory failure
- **518.82** ARDS
- **518.83** Acute & chronic respiratory failure
- **518.84** Chronic respiratory failure

ICD-10-CM Respiratory Failure Codes

- **J80** ARDS
- **J96** Respiratory Failure, NEC
- **J96.0** Acute respiratory failure
 - J96.00** ARF, unspecified whether w hypoxia or hypercapnia
 - J96.01** ARF w hypoxia
 - J96.02** ARF w hypercapnia

Respiratory Failure Codes

- **J96.1** Chronic respiratory failure
 - J96.10** CRF, unspecified whether w hypoxia or hypercapnia
 - J96.11** CRF w hypoxia
 - J96.12** CRF w hypercapnia
- **J96.2** Acute & chronic respiratory failure
 - J96.20** ARF & CRF, unspecified
 - J96.21** ARF & CRF w hypoxia
 - J96.22** ARF & CRF w hypercapnia

Respiratory Failure Codes

- **J96.9** Respiratory failure, unspecified
 - J96.90** RF, unspecified whether w hypoxia or hypercapnia
 - J96.91** RF, unspecified w hypoxia
 - J96.92** RF, unspecified w hypercapnia

Use a 5 character code, if possible.

Respiratory Failure Codes

- **518.81** ARF will be replaced by 8 new ICD-10-CM codes.
- **518.82** ARDS will be replaced by **J80**, ARDS.
- **518.83** CRF will be replaced by 4 new ICD-10-CM codes.
- **518.84** Acute and chronic respiratory failure will be replaced by 4 new codes.
- 4 ICD-9-CM respiratory failure codes will be replaced by 17 new ICD-10-CM codes.

Respiratory Failure Codes

- **518.81** Acute RF will be replaced by:
- **J96.0** ARF
- **J96.00** ARF unspec. w hypox, hypercarb
- **J96.01** ARF with hypoxia
- **J96.02** ARF with hypercarbia
- **J96.9** Respiratory failure, unspecified
- **J96.90** RF, unspec., w hypox, hypercarb
- **J96.91** RF, unspec., with hypoxia
- **J96.92** RF, unspec., with hypercarbia

Respiratory Failure Codes

- **518.83** Chr. resp. failure replaced by:
- **J96.1** Chronic respiratory failure
- **J96.10** Chr. resp. failure, unspec. whether
w hypoxia or hypercarbia
- **J96.11** Chr. respiratory failure w hypoxia
- **J96.12** Chr. respiratory failure w
hypercarb

- Use a **5** character code when possible

Respiratory Failure Codes

- **518.84** Acute & chronic respiratory failure replaced by:
- **J96.2** Acute & chronic respiratory failure
- **J96.20** A&CRF, unspec., whether w hypoxia or hypercarbia
- **J96.21** A&CRF w hypoxia
- **J96.22** A&CRF w hypercarbia
- Use a **5** character code when possible

Respiratory Failure Coding: Case One

A patient with acute bronchitis and a low SpO₂ is admitted to the ICU. Which ICD codes would you use?

ICD-9-CM: **518.81** (ARF)
466.0 (Acute bronchitis)

ICD-10-CM: **J96.01** (ARF w hypoxia)
J20.9 (Acute bronchitis, unspecified)

Respiratory Failure Coding: Case Two

A patient with chronic bronchitis and emphysema on LAMA, LABA, ICS, albuterol and long-term O₂ therapy is seen in the office for follow-up. Which ICD codes would you use?

ICD-9-CM: **518.83** (CRF)
491.20 (Obstructive CB)
ICD-10-CM: **J96.11** (CRF w hypoxia)
J44.9 (COPD, unspecified)

Respiratory Failure Coding: Case Three

A patient with chronic bronchitis & emphysema with acute bronchitis enters the ICU on 0.24 Ventimask. ABGs in ED: PaO₂ 54 torr, PaCO₂ 58, pH 7.33 on air. Which ICD codes would you use?

ICD-9-CM: **518.84** A & CRF
491.22 Obs. bronchitis w AB
ICD-10-CM: **J96.21** A & CRF w hypoxia
J96.22 A & CRF w hypercarb.
J44.0 COPD w acute bronch

Respiratory Failure Codes Following Trauma and Surgery

- Currently there are three codes:
- **518.51** Acute respiratory failure following trauma and surgery
- **518.52** Other pulmonary insufficiency, NEC, following trauma and surgery
- **518.53** Acute and chronic respiratory failure following trauma and surgery

Respiratory Failure Codes Following Trauma and Surgery

- **J95.82** Postprocedural respiratory failure
- **J95.821** Acute postprocedural respiratory failure
- **J95.822** Acute and chronic postprocedural respiratory failure
- **J95.88** Other intraoperative compli. of respiratory system, NEC
- **J95.89** Other postproced. compl. and disorders of respiratory system, NEC

Respiratory Failure Coding: Case Four

A patient develops respiratory failure following RU Lobectomy for lung cancer and is moved to the ICU. PaO₂ 53 torr, PaCO₂ 33 torr, pH 7.36 on air.

Which ICD Codes would you use?

ICD-9-CM: **518.51** ARF following surgery

162.3 RUL lung cancer

ICD-10-CM: **J95.1** ARF following T-surg.

C34.1 RUL lung cancer

New ICU Respiratory Codes

- **J95.85** Complication of respirator (ventilator).
- **J95.850** Mechanical complication of respirator (ventilator).
- **J95.851** Ventilator associated pneumonia (add code for organism, **B95.-**, **B96.-**, **B97.-**). [ICD-9-CM **997.31**.]
- **J95.859** Other complication of ventilator

Other ICU Respiratory Codes

- **518.7** TRALI **J95.84**
- **491.21** Obs. bronchitis, exacerb. **J44.1**
- **491.22** Obs. bronchitis, acute br. **J44.0**
- **492.8** Emphysema **J43**
 - Panlobular emphysema **J43.1**
 - Centrilobular emphysema **J43.2**
 - Other emphysema **J43.8**
 - Emphysema, unspecified **J43.9**

Other ICU Respiratory Codes

- **799.02** Hypoxemia **R09.02**
- **518.0** Atelectasis **J98.11**
 - Other pulm collapse **J98.19**
- **486** Pneumonia, org unspec **J18.9**
- **415.1** Pulm. embol/infarction **I26**
- **415.0** Acute cor pulmonale **I26.0 (PE)**
- **518.4** Acute pulm. edema **J81.0**
- **V15.82** History of smoking **Z72.0**
- **305.1** Current smoker **F17.2x**

Other ICU Respiratory Codes

- **519.0** Tracheostomy compl. **J95.0**
- **519.00** Unspec. trach. compl. **J95.00**
- **519.01** Infection of tracheostomy **J95.02**
- **519.02** Mech. Compl. of trach **J95.03**
- **519.09** Other trach complications **J95.09**
 - Hemorrhage from trach **J95.01**
 - TE fistula following trach **J95.04**

Non-pulmonary ICU Codes

- **995.90** SIRS **R65.10**
- **995.91** Sepsis **A41**
- **995.92** Severe sepsis **R65.2**
- **785.2** Septic shock **R65.21**
- **584** Acute kidney failure **N17**
- **586** Renal failure, unspec. **N19**
- **570** Acute hepatic failure **K72.0**
- **428.0** Congestive heart failure **I50.9**
- **428.21** Acute systolic HF **I50.21**
- **428.31** Acute diastolic HF **I50.31**

Time-Based Codes

Critical Care Codes

Critical care can occur in **outpatient** and **inpatient** venues or in the ICU.

Patient **must** be critically ill: **one** or more organ systems failing, **life threatening**.

More than one MD can provide critical care to a single patient, but **not** at the **same time**.

Critical Care Documentation

- **No documentation guidelines** like we have for E/M.
- **Document** that patient is **critically ill**.
- **Document** all **organ failures** (heart, kidney, etc.)
- **Document** treatment, procedures, etc. you are doing for the patient.
- **Document total daily time** spent with patient providing critical care.
“0800—0835”
“Total critical care time: 40 minutes”

ICD-10-CM Documentation

- Documentation in the chart **must support** the diagnosis code submitted on the claim.
- Higher level of detail in ICD-10-CM for critical care **will** require more **detailed** documentation.
 - Greater** detail about patient's condition
 - More** information about initial treatment or follow-up care.
 - Better documentation** of ABGs.

Critical Care Time

<u>Total Duration of Critical Care</u>	<u>Codes</u>
< 30 minutes	Appropriate E/M code
30-74 minutes	99291
75-104 minutes	99291, 99292
105-134 minutes	99291, 99292X2
135-164 minutes	99291, 99292X3

Critical Care: 2015 Reimbursement

<u>Code</u>	<u>Total RVUs</u>	<u>Reimbursement (Medicare)</u>	<u>Difference from 99291</u>
99291	6.40	\$229	
99233	2.93	\$105	\$124
99232	2.06	\$ 74	\$155
99231	1.13	\$ 40	\$189

Critical care reimbursement remains virtually the same as in 2014 until March 31, 2015.

ICD-10-CM Resources

- AMA: www.ama-assn.org/go/ICD-10
- CMS: www.roadto10.org/
- National Center for Health Statistics (NCHS) www.cdc.gov/nchs/icd.htm
- American Academy of Professional Coders (AAPC) www.aapc.com
- American Hospital Association (AHA) www.aha.org
- American Health Information Management Association (AHIMA) www.ahima.org

Conclusions

- ICD-10-CM **begins at 00:00 10/01/2015.**
- AMA is still trying to delay or eliminate it.
- ICD-10-CM is **totally** different than ICD-9.
- ICD-10-CM is **alphanumeric** and contains **3 to 7** characters.
- **Plans** for implementation of ICD-10-CM should be **well** underway.
- **Costs** of implementation will be **high**, but **key planning** will **decrease** the costs.

Conclusions

- ICD-10-CM coding in the ICU **will be more complex** than ICD-9-CM coding.
- **4** ICD-9-CM respiratory failure codes increase to **17 new** ICD-10-CM codes.
- **3** ICD-9-CM post surgery or trauma codes increase to **5 new** ICD-10-CM codes.
- **4 new** ICD-10-codes addressing ventilator dysfunction have been added.

Conclusions

- **Documentation** for ICD-10-CM coding in the ICU will **increase**.
- **Documentation** of ABGs, all organ failures, treatment strategies, response to therapy will all be enhanced.
- **Payments** for critical care will remain **stable** in 2015 until **March 31, 2015**.
- **New payment schedule** starting April 1, 2015, most likely.

Questions?

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