ICD-10-CM: A Primer

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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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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, 2014
2. October 1, 2014
4. October 1, 2015
On which date will ICD-10-CM have to be used?

1. July 1, 2014
2. October 1, 2014 (correct answer)
4. October 1, 2015
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, 2014 all MDs will have to use it.
• ICD-9-CM will cease to exist at midnight 9/30/2014.
• October 1, 2011 upgrade in ICD-9-CM was the last revision for ICD-9-CM.
• No ICD-9-CM coding changes planned for 2014.
• ICD-10-CM will be used in all clinical settings: inpatient and outpatient.
ICD-10-CM

• AMA has been able to delay ICD-10 twice since 2009 & is still trying to delay it.
• CMS is **adamantly against** another delay.
• Hospitals and other vendors want ICD-10.
• The is a bill before Congress to delay ICD-10-CM which is the last hope for a delay.
• Currently this bill is not picking up any steam for passage, but a new bill was introduced this week.
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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.
• Govt. 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 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 10/01/2014.
• A team to facilitate the implementation should be in place and functioning.
• By now, the team should have started or accomplished Steps 1-4.
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
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- Step 9: Conduct external testing w trading partners
- Step 10: Make the switch to ICD-10-CM
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 2014.
• Specialty-specific training should have started.
• MD, provider training should start by 8/01.
ICD-10-CM Implementation Steps

• By August 1\textsuperscript{st} Steps 1-9 should be finished
• External testing with trading partners and vendors should be thorough & completed well before 10/01.
• Master billing sheets for each specialty \textit{should be finished} by 8/01.
• The \textbf{focus} should be on \textbf{MDs} and other providers training during August and Sept.
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
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- Step 8: Conduct staff training
- Step 9: Conduct external testing w trading partners
- Step 10: Make the switch to ICD-10-CM
Question Two

All of the following will help a smooth transition from ICD-9 to ICD-10 except:

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.
All of the following will help a smooth transition from ICD-9 to ICD-10 except:

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.
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 may require more detailed documentation.
  - Greater detail about patient’s condition
  - More information about initial treatment or follow-up care.
  - Documentation of ABGs.
Learning ICD-10-CM Codes

• ID top 10-30 codes used in your practice.
  - Look at ICD-10-CM codes for these diagnoses.
  - ID documentation needs for coding.
  - ID impact to your practice.

• Base type & amount of training on the person’s use of diagnosis codes.

• Update master bill to ICD-10-CM.

• Use coding resources (ICD-10 book, etc).
ICD-10-CM Reimbursement

• Payers will be updating their payment policies.
• Payer contracts have fee schedules & reimbursement rates tied to diagnosis codes.
• “Financial neutrality”
ICD-10-CM Financial Costs

- Updates to systems
- Replacement of forms
- Training
- Coding tools: books, software programs, etc.
- Downtime
- Decrease in productivity
- Other administrative costs
ICD-10-CM: Talk to Payers

• Do you plan to change your reimbursement rates or fee schedule with ICD-10-CM?
• Do you plan to re-negotiate your contracts for ICD-10-CM?
• If so, are you going to re-negotiate your contracts when they are up for renewal or prior to that date?
• What impacts will ICD-10-CM have on your fee schedule?
• What impacts will ICD-10-CM have on your medical review, auditing, and coverage?
Study from 2008 estimated that costs to implement ICD-10 would be:

- $83,290 for small practices.
- $285,195 for medium practices.
- $2,728,780 for large practices.

Small = 3 MDs, 2 administrative staff.
Medium = 10 MDs, 1 coder, 6 admin staff. Large = 100 MDs, 10 coders, 10 admin staff.
ICD-10-CM Costs

- AMA study 2/14/2014 estimates costs:
  - Small practices: $56,639 - $226,105.
  - Medium practices: $213,364 - $824,735.
  - Large practices: $2,017,151 - $8,018,364.
- High cost items: Vendor/software updates (0 - $60K, 0 - $200K, 0 - $2,000K) & testing ($15.2K - $28.8K, $47.9K - $93.1K, $428.7K - $880.7K).
ICD-10-CM Costs

- Productivity Loss: $8.5K - $20.3K, $72.7K - $166.7K, $726.5 - $1,666.5K.
- Payment Disruption: $22.6K - $100.4K, $75.3 – $334.5K, $752.6 - $3,345K
- **Lower** costs by proper planning and implementation.
- **Lower** costs by having vendor/upgrade contracts which place costs on vendors.
## ICD-10-CM

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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.
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.

3% 8% 85% 5%
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 to always 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, 2014. You see a patient with proven idiopathic pulmonary fibrosis (516.31). Your new ICD-10-CM book has not arrived yet. You have to use an ICD-10-CM code. What do you do?

Easiest solution: Look in 2014 ICD-9-CM book for 516.31 and the cross-walk should be there.

Alternative solution: Bring up ICD-10-CM on www.cdc.gov/nchs/icd.htm or www.roadto10.org/ and find the idiopathic pulmonary fibrosis code (J84.112).
Question Four

Which of the following statements is not true about cross-walking codes?

1. Cross-walks are available for going from ICD-9-CM to ICD-10-CM.
2. Cross-walks are available for going from ICD-10-CM to ICD-9-CM.
3. General Equivalency Mappings (GEMs) help you cross-walk codes.
4. 1:1 cross-walks are always available when moving from one coding system to the other.
Which of the following statements is not true about cross-walking codes?

1. Cross-walks are available for going from ICD-9-CM to ICD-10-CM.
2. Cross-walks are available for going from ICD-10-CM to ICD-9-CM.
3. General Equivalency Mappings (GEMs) help you cross-walk codes.
4. 1:1 cross-walks are always available when moving from one coding system to the other.
ICD-10-CM COPD Codes

- ICD-9-CM Codes:
  491.20 Obstruc. Chr. Bronchitis, w/o exacerbation.
  491.21 Obstruc. Chr. Bronchitis, w exacerbation.
  491.22 Obstruc. Chr. Bronchitis, w acute bronchitis.

- ICD-10-CM Codes:
  J44.9 Chr. Obst. Pulm. Dis., unspecified.
  J44.1 Chr. Obst. Pulm. Dis., w exacerbation.
  J44.0 Chr. Obst. Pulm. Dis., w acute bronchitis.
ICD-10-CM COPD Codes

• In this coding group, there is almost a direct cross-walk from ICD-9 to ICD-10.
• 492.20 to J44.9 COPD, unspec.
• 491.21 to J44.1 COPD, w exac.
• 491.22 to J44.0 COPD, w acute bronchitis.
• Not an exact cross-walk due to the change from Obs. Chronic Bronchitis to COPD.
ICD-10-CM COPD Codes

- J44.9 COPD, unspecified (includes asthma with COPD, chronic bronchitis w emphysema, chronic obstructive asthma).
- Code also type of asthma.
- Use additional code to identify:
  - Z87.891 Hx of tobacco use
  - Z72.0 Tobacco use
  - F17.- Tobacco dependence
ICD-9-CM Emphysema Codes

- 492.0 Emphysematous bleb
- 492.8 Other emphysema
  - Centrilobular
  - Panlobular
  - Unilateral
  - MacLeod’s Syndrome
  - Swyer-James Syndrome
  - Unilateral hyperlucent lung
ICD-10-CM Emphysema Codes

• J43  Emphysema
  J43.0 Unilateral emphysema, MacLeod’s
  J43.1 Panlobular emphysema
  J43.2 Centrilobular emphysema
  J43.8 Other emphysema
  J43.9 Emphysema, unspecified

• Not a direct cross-walk, since only one ICD-9 code, 492.8
COPD Coding: Case One

A former smoker **without** airflow limitation is seen in the office. Mild centrilobular emphysema is demonstrated on chest CT. What ICD codes would you use?

ICD-9-CM: 492.8 Emphysema, unspecified
V15.82 Hx of tobacco use

ICD-10-CM: J43.2 Centrilobular emphysema
Z87.891 Hx of tobacco use
A patient with long-standing asthma on ICS with LABA and albuterol is seen for an evaluation and is found to have mild airflow limitation on PFTs. What ICD codes would you use?

ICD-9-CM: 493.20 (Obstructive asthma)

ICD-10-CM: J44.9 (COPD, unspecified)

J45.40 (Moderate, persistent asthma, uncomplicated)
ICD-9-CM Asthma Codes

• 493.00 Extrinsic asthma
• 493.01 Extrinsic asthma, status asthmaticus
• 493.02 Extrinsic asthma, acute bronchitis
• 493.10 Intrinsic asthma
• 493.11 Intrinsic asthma, status asthmaticus
• 493.12 Intrinsic asthma, acute bronchitis
• 493.20 Obstructive asthma, unspecified
• 493.90 Asthma, unspecified
• 493.91 Asthma, unspecified, status asthmaticus
• 493.92 Asthma, unspecified, acute bronchitis
• 493.81 Exercise-induced bronchospasm
• 493.82 Cough variant asthma
ICD-10-CM Asthma Codes

- J45.20 Mild intermittent asthma, uncomplicated
- J45.21 Mild intermit. asthma, w acute exacerbation
- J45.22 Mild intermit. asthma, status asthmaticus
- J45.30 Mild persistent asthma
- J45.31 Mild persistent asthma, w acute exacerbation
- J45.32 Mild persistent asthma, status asthmatic
- J45.40 Moderate persistent asthma
- J45.41 Mod. persistent asthma, w acute exacerbation
- J45.42 Mod. persistent asthma, status asthmaticus
- J45.50 Severe persistent asthma
- J45.51 Severe persistent asthma, w acute exacerbation
- J45.52 Severe persistent asthma, status asthmaticus
ICD-10-CM Asthma Codes

- J45.90 Unspecified asthma
- J45.901 Unspecified asthma, w acute exacerbation
- J45.902 Unspecified asthma, status asthmaticus
- J45.909 Unspecified asthma, uncomplicated
- J45.990 Exercise-induced bronchospasm
- J45.991 Cough variant asthma
- J45.998 Other asthma
ICD-10-CM Asthma Codes

- No direct cross-walks for most of asthma codes, since severity of asthma important for the ICD-10-CM asthma codes.
- 493.90 to J45.90 Unspecified asthma.
- 493.91 to J45.902 Unspec. Asthma w stat.
- 493.92 to J45.901 Unspec. Asthma w acute bronchitis.
- 493.81 to J45.990 Ex. Induced asthma.
- 493.82 to J45.991 Cough variant asthma.
Asthma Coding Case

A patient with life-long allergic asthma on ICS with LABA, albuterol and Singulair w frequent bursts of oral steroids is seen in the office for an acute exacerbation. What ICD code would you use for this patient?

ICD-9-CM code: 493.01 (Extrinsic asthma with acute exacerbation)

ICD-10-CM code: J45.51 (Severe, persistent asthma w acute exacerbation)
Respiratory Failure Codes

• 518.81 Acute respiratory failure
• 518.82 ARDS
• 518.83 Acute & chronic respiratory failure
• 518.84 Chronic respiratory failure
Respiratory Failure Codes

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

• Cross-walks are available.
• 518.81 to J96.0 or J96.00 Acute respiratory failure.
• 518.82 to J80 ARDS.
• 518.83 to J96.2 or J96.20 Acute and chronic respiratory failure.
• 518.84 to J96.1 or J96.10 Chronic respiratory failure.
Respiratory Failure Coding: Case One

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

ICD-9-CM:  518.84 (CRF)
            491.20 (Obstructive CB)

ICD-10-CM: J96.11 (CRF w hypoxia)
            J44.9 (COPD, unspecified)
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
ICD-11

• WHO began work on ICD-11 in 2011.
• Pulmonary group working on Pulmonary codes, heavy input from the Japanese Pulmonologists.
• Many hurdles with the Pulmonary codes have been resolved.
• Target date for implementation is May 2015.
Conclusions

• ICD-10-CM begins at 00:00 10/01/2014.
• AMA is trying to delay or stop 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.
QUESTIONS?