



NEW WRINKLES IN CODING

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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 NAMDRC, is active in NAMDRC affairs and is still active in a number of state and national medical organizations.

He greatly enjoys his fantastic, wonderful twelve 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. The participants will receive an update on the effects of the rollout of the ICD-10-CM coding system in Oct. 2015.
2. The participants will be informed about the new and revised ICD-10-CM code affecting the Pulmonary Community in 2017.
3. The participants will be taught how to use these codes.
4. The participants will be informed about the documentation for the use of the codes that CMS expects, so as to avoid adverse consequences of inadequate documentation.

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DISCLOSURE

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

NEW WRINKLES IN CODING

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DISCLAIMER

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Opinions rendered are my own.

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AGENDA

- ICD-10-CM: Current Status
- New codes for 2017
- Revised codes for 2017
- Documentation for 2017

ICD-10: CURRENT STATUS

- ICD-10-CM started October 1, 2015
- ~68,000 codes vs ~13,000 codes in ICD-9
- Problems reported to CMS have been virtually nil! This is **GOOD NEWS!**
- 2 year wait apparently allowed MDs and Health systems to prepare for the change.
- Over 2,000 new or revised codes for 2017, pulmonary/sleep have only a few.
- eCigarette codes will be submitted by ATS

2017 NEW CODES

- **J98.51** mediastinitis (code first underlying condition, if applicable, such as postoper-ative mediastinitis [**T81.-**]).
- **J98.59** (Other diseases of mediastinum, not elsewhere classified).
- Includes: Adhesions, fibrosis, hernia, herniation, pressure, retraction of mediastinum (formerly under **J98.5**)

2017 NEW CODES

- **J95.86** Postprocedural hematoma & seroma of a respiratory system organ or structure following a procedure.
 - **J95.860** Postprocedural hematoma, respiratory procedure
 - **J95.861** Postprocedural hematoma, other procedure
 - **J95.862** Postprocedural seroma, respiratory procedure
 - **J95.863** Postprocedural seroma, other proc.

2017 REVISED CODES

- **J95.83** Postprocedural hemorrhage of a respiratory system organ or structure following a procedure.
 - **J95.830** Postprocedural hemorrhage of a respiratory system organ or structure, following a respiratory procedure.
 - **J95.831** Postprocedural hemorrhage of a respiratory system organ or structure, following other procedure.

ICD-10-CM DOCUMENTATION

- ICD-10-CM in force for 17 months.
- “Grace period” lasted until October 1, 2016
- CMS **expects** MDs to code at the **highest possible level**.
- Failure to do so will result in **billing denials to increase**.

ICD-10-CM DOCUMENTATION

- Example: Chronic obstructive asthma
- **Document history**: onset, triggers, wheezing frequency, use of SABA (nocturnal), exacerbations, other items to justify severity and acuity of asthma.
- **Treatment medications**: (ICS, LABA, LAMA, montelukast, theophylline, etc.
- **Document** results of PFTs and FENO.
- Use **5 or 6 character code** when possible.

ICD-10-CM DOCUMENTATION

A patient with long-standing asthma on ICS with LABA and albuterol is seen for an evaluation and is found to have moderate 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-10-CM DOCUMENTATION

- Example: Emphysema
- **J43** Emphysema [excludes compensatory emphysema (**J98.3**), emphysema due to inhalation of chemicals, gases, fumes or vapors (**J68.4**), interstitial emphysema (**J98.2**), mediastinal emphysema (**J98.2**), surgical SQ emphysema (**T81.82**), traumatic emphysema (**T79.7**)].

ICD-10-CM DOCUMENTATION

- **J43.0** Unilateral emphysema (MacLeod's)
- **J43.1** Panlobular emphysema
- **J43.2** Centrilobular emphysema
- **J43.8** Other Emphysema
- **J43.9** Emphysema, unspecified
- One would need a high resolution chest CT to diagnose **J43.0-J43.8**. Paraseptal emphysema would be **J43.8** (as would CXR blebs and bullae).

ICD-10-CM DOCUMENTATION

- **J43.9** would be used for emphysema diagnosed using DLCO results.
- CMS wants documentation as **specific as possible**.
- **ALSO** must add a smoking code:
 - **Z77.22** Exposure to environmental cig.smoke
 - **Z87.891** History of tobacco dependence.
 - **Z57.31** Occupational exposure to tob. smoke.
 - **F17.-** Tobacco dependence.

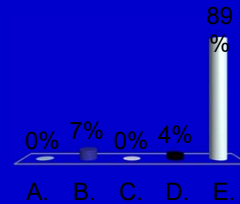
QUESTION ONE

A 49 ex-smoker was evaluated for SOB. His FEV1 was 37% of predicted and his DLCO was 40% of predicted. A chest CT documented centrilobular and septal emphysematous changes. Which codes should be used?

- A. **J44.9**
- B. **J43.2**
- C. **J43.8**
- D. **Z87.891**
- E. All of the above

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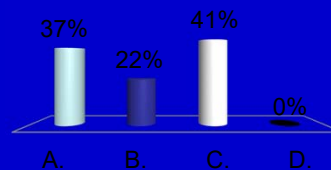
QUESTION TWO

A 55 year old current cigarette smoker is evaluated for cough, sputum production and SOB. His FEV1 is 42% of predicted and his DLCO is 45 % of predicted. Which codes should be used?

- A. J44.9**
- B. J43.9**
- C. F17.210**
- D. F17.200**

A 55 year old current cigarette smoker is evaluated for cough, sputum production and SOB. His FEV1 is 42% of predicted and his DLCO is 45 % of predicted. Which codes should be used?

- A. J44.9**
- B. J43.9**
- C. F17.210**
- D. F17.200**



ICD-10-CM DOCUMENTATION

- Example: Current smoker codes.
- **F17** family is Nicotine dependence.
- **F17.20** Nicotine dependence, unspecified.
- **F17.21** Nicotine dependence, cigarettes.
- **F17.22** Nicotine dependence, chewing tob
- **F17.29** Nicotine dependence, other tobacco product.

ICD-10-CM DOCUMENTATION

- **EACH F17.2-** code has 5 other more specific codes.
- **F17.21** Nicotine dependence, cigarettes.
 - **F17.210** . . . uncomplicated
 - **F17.211** . . . in remission
 - **F17.213** . . . with withdrawal
 - **F17.218** . . . with other nicotine-induced disorders
 - **F17.219** . . . with unspecified nicotine-induced disorders

ICD-10-CM DOCUMENTATION

- If the patient is a **current** smoker, then a **6** digit smoking code would be **most specific**.
- The **least specific** current smoking code would be **Z72.0** Tobacco use, which should be avoided if possible.
- If the cigarette smoker is not complicated, use **F17.210**.
- If the cigarette smoker is trying to quit, use **F17.213**.

ICD-10-CM DOCUMENTATION

- Remember that you **need to document** the nicotine status of **every patient** you see who has or continues to smoke.
- Any patient with COPD, emphysema, lung cancer or other smoking-related lung disease will **need** to have the **nicotine status documented**.
- Use **Z87.891** for former smokers.

ICD-10-CM DOCUMENTATION

- Use **Z57.31** if the never smoker patient has had **significant exposure to smoke** in the work place.
- Use **Z77.22** if the never smoker has had a **significant smoke exposure** in the home environment.
- Use a **6 digit code** for current smokers and differentiate among cigarette, cigar or chewing tobacco.

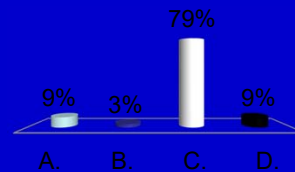
QUESTION THREE

Which of the following current smoker codes is the **most specific**?

- A. F17.21** Nicotine dependence, cigarettes
- B. F17.20** Nicotine dependence, unspecified
- C. F17.213** Nicotine dependence, cigarettes, withdrawal
- D. F17.200** Nicotine dependence, unspecified, uncomplicated

Which of the following current smoker codes is the **most specific**?

- A. **F17.21** Nicotine dependence, cigarettes
- B. **F17.20** Nicotine dependence, unspecified
- C. **F17.213** Nicotine dependence, cigarettes, withdrawal
- D. **F17.200** Nicotine dependence, unspecified, uncomplicated



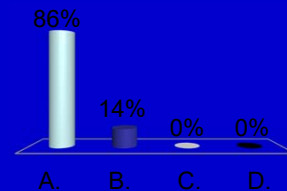
QUESTION FOUR

Which of the current smoker codes would be the **least specific**?

- A. **Z72.0** Tobacco use
- B. **F17.20** Nicotine dependence, unspecified
- C. **F17.21** Nicotine dependence, cigarettes
- D. **F17.29** Nicotine dependence, other tobacco product

Which of the current smoker codes would be the **least** specific?

- A. **Z72.0** Tobacco use
- B. **F17.20** Nicotine dependence, unspecified
- C. **F17.21** Nicotine dependence, cigarettes
- D. **F17.29** Nicotine dependence, other tobacco product



ICD-10-CM FUN CODING

A 73 year old never smoker female current patient was seen in the office the next day after attending the opera. During the opera, she became disinterested and began knitting on a new sweater. A new scene occurred which caught her eye, but caused her to injure her left hand with the knitting needle. How would you code this level 3 visit?

ICD-10-CM FUN CODING

- **99213** for the office visit.
- **S65.202A** for the injury to the superficial palmer arch of the left hand.
- **Y93.01** for the injury from the knitting needle.
- **Y92.253** for the opera site of the injury.

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Questions?

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