Who’s in the House?

- RHIA
- RHIT
- RN / Manager
- LPN / Manager
- Therapist
- Consultant
- Administrator

- Business Office Manager
- MDS Coordinator
- HIM / Medical Records
- Physician

Review of Agenda
OBJECTIVES

- Comprehend definitions of ICD-10-CM terminology
- Understand official ICD-10 coding guidelines
- Distinguish the similarities & differences between ICD-9-CM and ICD-10-CM
- Demonstrate the ability to assign correct ICD-10-CM codes
- Utilize resource materials for accurate coding
- Be familiar with all chapters of ICD-10-CM

Objectives

- Be fluent in diagnosis management
- Analyze and code Section I of the MDS
- Sequence codes correctly for the billing process
- Evaluate final bills utilizing claim check review process
- Case Study Analysis to test knowledge of ICD-10-CM
History & Development of ICD-10

History of ICD-10-CM

• CM – Clinical modification for US
• 1990 - ICD-10 adopted in 1990
• 1998 - First modification
  – Australia ICD-10-AM
• 1999 – US uses for mortality reporting
• 2015 – October 1st Go Live for ICD-10-CM and ICD-10-PCS

Development of ICD-10

• 1994
  – NCHS – National Center for Health Statistics
• 1997
  – Draft of tabular list and crosswalk were published for comment
• 2002-2013
  – Draft revisions made available for review
• 2014
  – One last update to code sets
• 2015
  – Annual updates each October
Compliance Date

- Date of Discharge for inpatient claims
- Date of Service for outpatient claims
  - LTC stay dates of service in September of 2015 will use ICD-9-CM codes
  - LTC stay dates of service in October of 2015 will use ICD-10-CM codes

Similarities

- Symbols, Code First, Use additional code
- Includes & Excludes
- Code to highest level of specificity
- Adherence to HIPAA & Official Guidelines
- Non-specific codes still available
- Inconsistent, missing, or conflicting documentation must be resolved by provider
Similarities

- Use of Coding Books or E-Encoder
- Tabular List similar to ICD-9 with some exceptions
- Main Terms – Indented Sub-terms
- Alphabetical Index of external causes
- Table of Neoplasms
- Table of Drugs & Chemicals
- Conventions, Abbreviations, Punctuation

Differences

Structure of Codes
Examples of Structure

- S52 – Fx of Forearm
- S52.5 – Fx lower end of radius
- S52.52 – Torus Fx of lower end of radius
- S52.521 – Torus Fx of lower end of R radius
- S52.521A – Torus Fx of lower end of R radius, initial encounter

Differences

- More Codes! 17,000 versus 68,000
- More codes in the different categories
  - Diabetes – 59 to 200+
  - Pressure Ulcers – 9 to 125
  - Pathologic Fractures – 8 to 150
- Codes are longer now (3-7 versus 3-5)
- All codes begin with a letter (except “u”)
- Code extensions are available for injuries & external causes
- Combo codes are available for diagnoses & symptoms

Differences

- Increased precision with diagnoses
- Full diagnostic titles for each code
- More flexibility in incorporating advances in medicine & technology
- Uses more current & up to date med terms
- Laterality Added (left and right, both)
### SEE THE CODE CHANGES

<table>
<thead>
<tr>
<th>Condition</th>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Essential HTN</td>
<td>• 401.9 – Essential HTN, unspecified</td>
<td>• I10 – Essential primary HTN</td>
</tr>
<tr>
<td>• Asthma with acute exacerbation</td>
<td>• 493.92 – Asthma unspecified with acute exacerbation</td>
<td>• J45.21 – mild intermittent asthma with acute exacerbation &lt; 2 weeks or J45.31: ≥2 weeks or J45.41: Daily</td>
</tr>
</tbody>
</table>

### CODING SYSTEMS

- ICD-9-CM
- ICD-10-CM
- ICD-10-PCS
- CPT
- DSM-IV
- HCPCS
ICD-10-CM Book

ICD-10-CM Book

- Table of Contents
- Introduction / How to Use
- Official Guidelines
- Alphabetical Index
- Table of Neoplasms
- Table of Drugs & Chemicals
- Index to External Causes
- Tabular List

Alphabetic Index

- Alphabetical list of terms and their corresponding code
- Consists of:
  - Index of Diseases and Injury
  - Index of External Causes of Injury
  - Table of Neoplasms
  - Table of Drugs and Chemicals
Tabular List
Chronological list of codes divided into chapters based on body system or condition

Other Resource Books
Medical Dictionary
- Nursing Clinical Dictionary
- Taber’s Medical Dictionary
Pharmacy Desk Reference
Medical Terminology
Anatomy & Physiology

OFFICIAL CODING GUIDELINES
ICD-10 AHEAD
Final Rule

- Modifications to HIPAA Electronic Health Transaction Standards
- Modifications to Medical Data Code Set
- Final Compliance Date

Official Guidance for ICD-10-CM

- Conventions
- General Guidelines
- Chapter Specific Guidelines
- Apply to all health care settings
- Approved by the cooperating parties

Official Guidelines

- Rules to accompany and complement the official conventions and instructions provided within the ICD-10-CM
- General instruction based on coding and sequencing instructions within Tabular List and Alphabetic Index
- Adherence when assigning diagnosis codes is required by HIPAA
What if rules conflict?

Official Coding Guidelines

- Conventions
- State / MAC Requirements
- Organizational Policy

Guideline Sections

Section I
Conventions, general guidelines and chapter specific guidelines

Section II
Selection of principle diagnosis

Section III
Reporting additional diagnoses

Section IV
Diagnostic Coding and Reporting Guidelines for Outpatient Services
VIDEO CLIP

https://www.youtube.com/watch?v=kiZe8zs_6Tw

https://www.youtube.com/watch?v=o9Ojb5v41JM

Conventions & General Guidelines

ICD-10-CM Coding Manual

- Conventions and Guidelines are found in the beginning of the manual before the Alphabetic Index and Tabular List
- May also contain additional conventions from publisher
- At the beginning of chapters and sections in the Tabular List
Conventions

- General rules independent of the guidelines
  - Instructional notes
  - Abbreviations
  - Relational terms (and/or, with/without)
  - Punctuation
  - Cross references
- Take precedence over the guidelines

Main Term

- A term that must be used to locate a possible code in the tabular index
- **Bold**
  - Left justified
  - It’s how you find the code!
- Represent conditions, diseases, nouns, adjectives, but not usually anatomical sites

Examples of Main Terms

- Diseases: Influenza, Bronchitis
- Conditions: Fatigue, Fracture, Injury
- Nouns: Disease, Disturbance, Syndrome
- Adjectives: Double, Large, Kink

- Usually not the anatomical site, if you try to locate with anatomical site it will usually redirect you to “see condition”
Main Term Example

<table>
<thead>
<tr>
<th>Main Term Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease, diseased — continued</td>
</tr>
<tr>
<td>lung — continued</td>
</tr>
<tr>
<td>in — continued</td>
</tr>
<tr>
<td>systemic</td>
</tr>
<tr>
<td>lupus erythematosus M32.13</td>
</tr>
<tr>
<td>sclerosis M34.81</td>
</tr>
<tr>
<td>interstitial J84.9</td>
</tr>
<tr>
<td>of childhood, specified NEC J84.848</td>
</tr>
<tr>
<td>respiratory bronchiolitis J84.115</td>
</tr>
<tr>
<td>specified NEC J84.89</td>
</tr>
<tr>
<td>obstructive (chronic) J44.9</td>
</tr>
<tr>
<td>with</td>
</tr>
<tr>
<td>acute bronchitis J44.8</td>
</tr>
<tr>
<td>exacerbation NEC J44.1</td>
</tr>
<tr>
<td>lower respiratory infection J44.8</td>
</tr>
<tr>
<td>alveolitis, allergic J87.9</td>
</tr>
<tr>
<td>asthma J44.9</td>
</tr>
</tbody>
</table>

Main Term Look Up

What is the main term for each?

- Urinary Tract Infection
  - Infection
- Benign Prostatic Hypertrophy
  - Hypertrophy
- Chronic Obstructive Pulmonary Disease
  - Disease

Eponyms

Example: Crohn’s Disease

Eponym: a person after whom a discovery, invention, place, etc., is named or thought to be named

*Exception to the rule to find, and you will be sent somewhere else in the book

- Disease
- Crohn’s (takes you to enteritis, regional)
Examples of Main Terms

- Fracture
- Attention to
- Failure
- Aftercare
- Neoplasm
- Ulcer
- Hypertension
- Arteriosclerosis
- Dependence
- Adverse Affect
- Diabetes
- Poisoning
- Sequela
- Syndrome
- History of
- Anemia
- Complication
- Disease

Subterms

- Indented from Main term
- Describe differences in condition, anatomical site, cause, clinical type

Locating a Code

1. Always locate the main term first in the Alphabetic Index
2. Then verify the code in the Tabular List
3. Read and be guided by the instructional notations that appear in both the Alphabetic Index and the Tabular List
Locating a Code

Alpha Index does not always provide the full code

- Laterality and 7th characters can only be assigned from the Tabular List
- A dash at the end of an Alphabetic Index code may indicate additional characters are required

Use of Codes for Reporting Purposes

- In order for code to be correct we must ensure that every digit possible is recorded
  - For reimbursement
  - For statistical reporting
  - For clinical accuracy

Placeholder Character "X"

- "X"
  - placeholder to allow for future expansion
    - Example: T49.8X5D Adverse affect to a cosmetic
  - to allow for appropriate placement of 7th character
    - Example: T75.4 Electrocutation – requires a 7th character D to identify the encounter
      - T75.4XXD
• [ ] Brackets
  – Alphabetic Index to identify mandatory manifestation codes
    – Alzheimer’s G30.9 [F02.80]
  – Tabular List to enclose words that provide additional information
    • Synonyms
    • Alternative wording
    • Explanatory phrases

• ( ) Parentheses
  – enclose supplementary words that may or may not be included in the documentation without affecting the code
  – Referred to as nonessential modifiers
  – Example:
    • Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic)
    • Falls (repeated)

: Colons
  Colons in the tabular list highlight an incomplete term
  Needs a modifier
Other & Unspecified Codes

- **Other or Other Specified**
  - Use when information in the medical record provides detail for which a specific code does not exist
- **Unspecified**
  - Use when the information in the medical record is insufficient to assign a more specific code
  - Last resort
  - E11.8 Type II diabetes mellitus with unspecified complications

Abbreviations

- **NEC** – Not elsewhere classifiable
  - Represents “other specified”
  - Used when a specific code is not available for a condition
- **NOS** – Not otherwise specified
  - Equivalent of unspecified

Includes Notes

- A note that appears immediately under a category title to further define or give examples of the content

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Inclusion Terms

- List of terms included under some codes
- Conditions for which the code is to be used
- Not an exhaustive list

Excludes 1

- Pure excludes note
- NOT CODED HERE!
- Indicates that the code excluded should never be used at the same time as the code above the note

M08.2 Juvenile rheumatoid arthritis with systemic onset
Still's disease NOS

Excludes 1 adult-onset Still's disease (M06.1-)

Excludes 1 Notes
Excludes 2 Notes

- Not included here
- Patient may have both conditions at the same time
- Codes may be used together

G47.6 Sleep related movement disorders
  Excludes 2 restless legs syndrome (G25.81)

Excludes 2 Notes

Etiology/Manifestation

- For conditions with both an underlying etiology with manifestations
- Where this combination exists
  - “use additional code” note at the etiology code
  - “code first” note at manifestation code
- Code for underlying condition must be sequenced first
Manifestation Coding

- In most cases manifestation code will have “in diseases classified elsewhere” in title
- Never used as first-listed or primary code

Code First

Code First
"And"

- Should be interpreted to mean either “and” or “or”
- Example:
  - Cases of “tuberculosis of bones”, “tuberculosis of joints” and “tuberculosis of bones and joints” are classified to subcategory A18.0, Tuberculosis of bones and joints

"With"

- Interpreted to mean “associated with” or “due to”
- Sequenced in Alphabetic Index right after main term

"See" and "See Also"

- See
  - Indicates another term must be referenced
  - Necessary to go to the main term referenced with the “see” note to locate the correct code
- See Also
  - Instructs that there is another main term that may also be referenced that may provide additional Alphabetic Index entries that may be useful
"See" and "See Also"

- Instructs that two codes may be required to fully describe a condition
- Note does not provide sequencing direction

"Code Also" Note

- Instructs that two codes may be required to fully describe a condition
- Note does not provide sequencing direction

Signs & Symptoms

- Acceptable for reporting purposes when related definitive diagnosis has not been established (or confirmed) by the provider
- Signs and symptoms that are an integral part of the disease process should not be assigned as additional codes unless otherwise instructed by the classification.