



ICD-10 and Medical Auditing Services

Presented by
Nancy Jensen RN, NP, CPC, CHCA

- ### Need a little humor – ICD-10 at it's best
- W5992xS – Struck by a turtle, sequelae
 - Z621 – Parental overprotection
 - V9733xD – Sucked into a jet engine, subsequent encounter
 - Z631 – Problems in relationship with in-laws
 - T505x6A – Burn due to water-skis on fire
 - V9543x3 – Space craft collision

- ### Project Plan
- Goal – Assess readiness for ICD-10 transition and level of support needed.
- Actions necessary-
- Perform an impact assessment to identify processes and systems that require ICD code input or produce outputs.
 - Verify with staff where codes are used i.e. manuals, superbills, practice management/billing software.
 - Assess skill levels and gaps in staff.
 - Identify readiness of vendors and clearing houses.
 - Review vendor and payor contracts.

- ### Risks When Not Prepared
- Payment disruption – Contact health plans with contracts to insure their readiness at least 3 months prior to October, 2014.
 - A claim with DOS 10/01/14 will require a ICD-10 code. One with DOS 09/30/14 but sent 10/02/14 will require a ICD-9 code. It is DOS ONLY!
 - Contact payors regarding “timely filing” changes? Will the time be extended with ICD-10 and the anticipated delays?
 - Failure to be ready to “go live” will have a severe financial burden to the Practice. Avoid the need to send any paper claims - audits!
 - **MOST CLAIMS ARE DENIED BECAUSE OF THE DIAGNOSIS CODE!**

- ### Impact
- Bad news - This is not optional. 
 - Good news – The transition for small and most medium Practices is much smoother. The primary responsibility lies with the providers and coders. 

Basic Changes

| | ICD-9 | ICD-10 |
|----------------------|--|---|
| Characters per coded | 3-5 | 3-7 |
| Number of codes | 17,000 | 140,000 |
| Make up of codes | Generally numeric except for “V” codes and “E” codes | Start with “alpha” and then include numeric |
| Specificity | Lacks detail | Very specific as to required information |

Changes to Some Sleep Disorder Codes

| ICD-9 | ICD-10 |
|--|---|
| 327.33 Obstructive sleep apnea | G47.31 Primary central G47.33 OSA (adult) (peds) G47.37 Primary central NOS |
| 780.53 Sleep apnea with insomnia | G47.30 sleep apnea with insomnia, unspecified |
| 333.94 Restless leg syndrome | G25.81 – restless leg syndrome |
| 327.01 Insomnia due to a medical condition | G47.01 Insomnia due to medical condition |
| 278.00 Obesity | E66 – There are now 8 codes for obesity alone. |

Obesity – 278.00

- E66 Overweight and obesity
- E66.0 Obesity due to excess calories
- [E66.01](#) Morbid (severe) obesity due to excess calories
- [E66.09](#) Other obesity due to excess calories
- [E66.1](#) Drug-induced obesity
- [E66.2](#) Morbid (severe) obesity with alveolar hypoventilation
- [E66.3](#) Overweight
- [E66.8](#) Other obesity
- [E66.9](#) Obesity, unspecified


Will you use this again? 296.3

- **F33 Major depressive disorder, recurrent**
- [F33.0](#) Major depressive disorder, recurrent, mild
- [F33.1](#) Major depressive disorder, recurrent, moderate
- [F33.2](#) Major depressive disorder, recurrent severe without psychotic features
- [F33.3](#) Major depressive disorder, recurrent, severe with psychotic symptoms
- F33.4 Major depressive disorder, recurrent, in remission
- [F33.40](#)..... unspecified
- [F33.41](#) Major depressive disorder, recurrent, in partial remission
- [F33.42](#) Major depressive disorder, recurrent, in full remission
- [F33.8](#) Other recurrent depressive disorders
- [F33.9](#) Major depressive disorder, recurrent, unspecified

Placeholder Character

- ICD-10-CM utilizes a dummy placeholder which is always the letter "x"
- Has 2 uses:
 - As the 5th digit for certain 6 character codes – allows for future expansion without disturbing the structure
 - T36.4x5A Adverse effect of tetracyclines, initial encounter
 - When a code has less than 6 characters and a 7th character extension is required.
 - S30.0xxA Contusion of lower back and pelvis, initial encounter

Getting Started

- Start early
 - As of November 1, 2013, ICD – 10 will start in 11 months.
- Little Steps
 - By that time, Practice's should have goals in place with timelines and be making progress.
 - What to do? 



Impact on Providers

- Documentation – The need for specificity increases dramatically with most ICD-10 codes including stages of treatment/healing and episodes of care.
- Pre-transition audits to assess current quality of providers documentation and what improvement through education is needed.
- No more "same old codes" - those used over and over for a patient, even if there is a new problem.
- The need for professional coding support with ICD-10 training.
- Professional consultants trained to assist and direct providers/technicians.

Review your ICD-9 Usage

- Have staff prepare ICD-9 usage reports based on your patient base and most commonly treated problems.
- Perform a crosswalk from these ICD-9 codes to ICD-10 including mapping.
- Providers/technicians need to meet with coding staff and auditors to discuss new requirements.
- No certified coder? The time may be now!

Review your work – audit!

- This audit will focus on both ICD-9 and general documentation. Goal – 90%?
- Was the provider/technician documentation sufficient to support the current ICD-9 code as well as the new ICD-10 equivalent?
- The final diagnosis is driven by all 3 key components (history, exam and medical decision making especially).

Providers continued

- Providers need to document improvement in the existing problem(s) patient is experiencing and if there is no progress, the reason and plan of care.
- What treatment is required to increase improvement of symptoms? Make sure that ICD-10 codes the reason for lack of improvement (patient compliance?).
- Clear documentation of the purpose/need for follow-up appointments!
- **NO MORE NONSPECIFIC OR UNSPECIFIED CODES ALLOWED BY MANY PAYORS.**

Review - continued

- Avoid using the same codes as was the practice with ICD-9. There are so many codes that the encounter form will have to be redone and reflect the “options” for primary codes. New problems need new codes.
- If there is no confirmed diagnosis during an encounter, code symptoms **only** until a diagnosis is made. Incorrect diagnoses are next to impossible to get a payor to correct.
- Some primary ICD-10 codes reflect very little change. Many secondary ICD-10 codes reflect a large change.
- Chronic problems (obesity, insomnia) cannot be **NOT CODED** if they affect the current treatment of the patient. These account for higher level of CPT in many cases.

Costs

- Meet with your EMR vendor regarding updates to codes in the system. Will they provide a crosswalk? Cost 10K-100K
- Vendor/provider testing should have started in September, 2013.
- Auditing – advantages of a “fresh eye”!
- Education hours – coders (20 -30), providers (8-10), nurse/CNA's (6-10), ancillary personnel (6-10).
- Staffing and overtime – estimated 20-25% drop in productivity the first year (2014/2015).
- Starting early avoids disruption.
- **EVERYONE CONTRIBUTES TO THE CLAIM INFORMATION.** The provider is ultimately responsible for everything on the claim.

General Equivalence Mapping (GEMS) – A Resource Only

- Developed by the National Center for Health Statistics (NCHS) and CMS (Medicare/Medicaid) and 3M. most general code in a category to more specific codes.
- This is a tool that provides a mapping from the
- Systems that translates diagnosis codes to and from ICD-10CM (diagnosis) and ICD-10 PCS
- It is free!!!
- This is not recommended for use solely in coding by the AAPC.

Resources

- CMS – cms.gov/Medicare/Coding/ICD-10
Many wonderful free webinars, tools.
- American Academy of Procedural Coders (AAPC – don't have to be a member for many services i.e. cross walking, tools, GOOD SITE) – www.aapc.com/icd-10/
- American Association of Health Information Management Association – www.ahima.com
- American Society of Health Information Managers (5010/EMR) – <http://ashim.org/>
- MLN Matters® Special Edition Article #SE1239 – “Updated ICD-10 Implementation Information”
- MLN Matters® Special Edition Article #SE1240 – “Partial Code Freeze Prior to ICD-10 Implementation”

Encoders

Google the following-

- Ingenix
 - Flashcode
 - GEMS (tool, not for coding only)
www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm
 - EncoderPro.com (Optum)
 - Trucode.com
 - AMA
 - Professional Specialty Societies
- + ICD-10 paper copy (20 + years coding and I can't live without my paper copy!)

Thank you

- Questions or concerns. Contact me at-
Nancy Jensen RN, NP, CPC, CHCA
Medical Auditing Services, LLC
262-884-9966 (office)
262-497-5538 (cell)
najmas@aol.com