

Preparing for the ICD-10 Transition

Combined Sections Meeting 2015

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Session Type: Educational Sessions

Session Level: Multiple Level

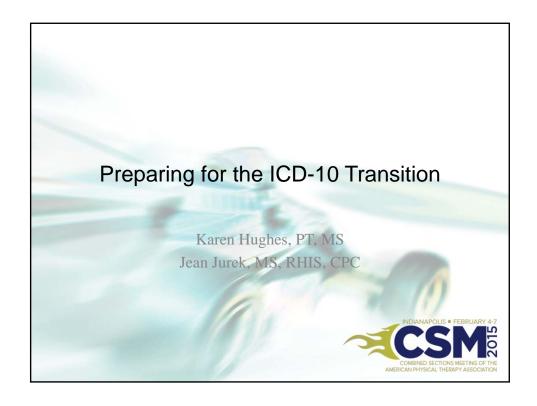
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www.aptahpa.org

HPA The Catalyst is the Section on Health Policy & Administration of the American Physical Therapy Association



Disclosure

• Jean Jurek is the co-author of "Conquering Medical Coding" book (2015) and will receive royalty payments, and is president of Jean Jurek Associates, Inc. which offers tools to assist in the coding and billing process.

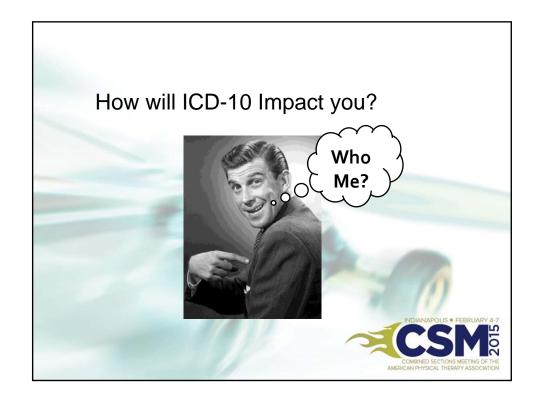


Session Learning Objectives

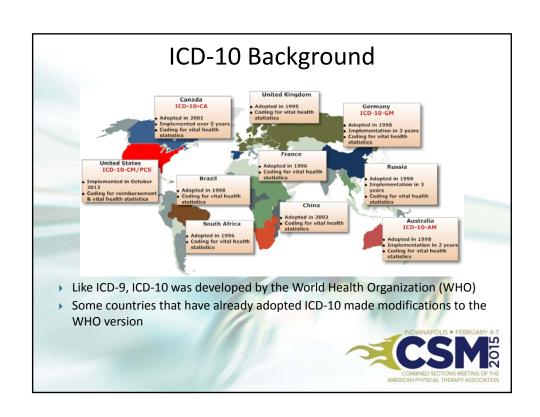
After this session, you will be able to:

- 1) Understand the reason behind the move from ICD-9 to ICD-10.
- 2) Formulate an action plan to help prepare facilities to implement ICD-10 for billing.
- 3) Apply basic ICD-10 coding concepts to diagnosis and conditions.
- 4) Understand the impact of ICD-10 coding to physical therapy practice.
- 5) Identify ICD-10 resources for ICD-10 coding and implementation.
- 6) Recognize key ICD-10 documentation requirements for physical therapists









The ICD-10 Delay

"The Secretary of Health and Human Services may not, prior to October 1, 2015, adopt ICD-10 code sets as the standard for code sets under section 1173(c) of the 13 Social Security Act (42 U.S.C. 1320d-2(c)) and section 14 162.1002 of title 45, Code of Federal Regulations."



HIPAA

- The 2009 Final Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Administrative Simplification with Modifications to the medical data code sets
 - Established standard that ICD-10-CM would be used for diagnosis coding
 - September 2012 Final Rule extending deadline from October 1, 2013 to
 - Implementation Date: October 1, 2015
 - CPT and HCPCS code sets DO NOT CHANGE and will continue to be used
 - Hospital Outpatient Services
 - Therapy Services

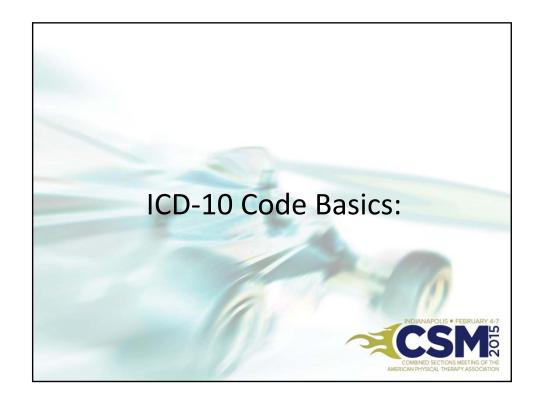
Latest News: December 2014 legislative update

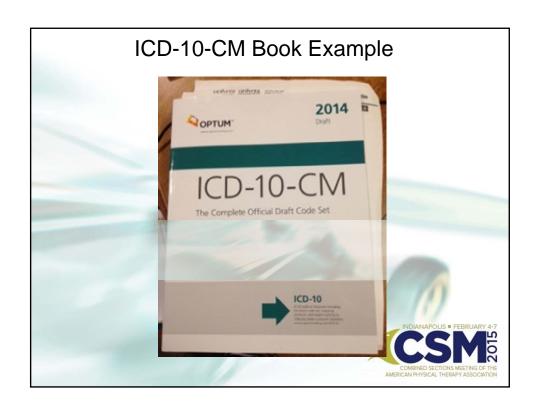


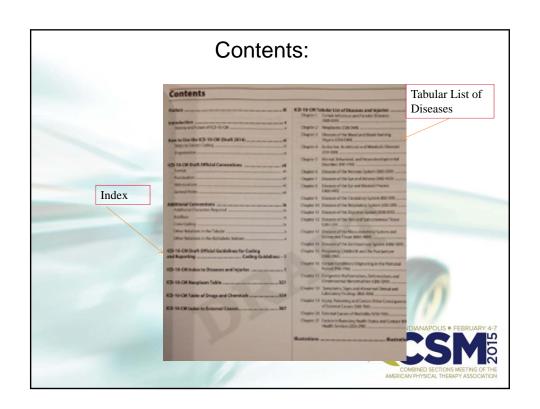
Expected Outcomes for ICD-10-CM Transition

- Provides medical necessity for services rendered
- Provides clarity and sensitivity of patient illness and condition
- · Required, and may impact reimbursement
- Must be updated to show progress and changes in patient status- supports continuity of care throughout an episode
- May be used for outcome analysis with enhanced details
- Standardized Pt Quality and Safety measurement system
- Expanded ability to conduct public health surveillance

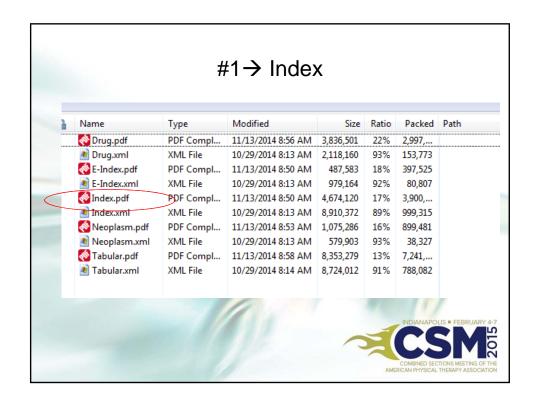


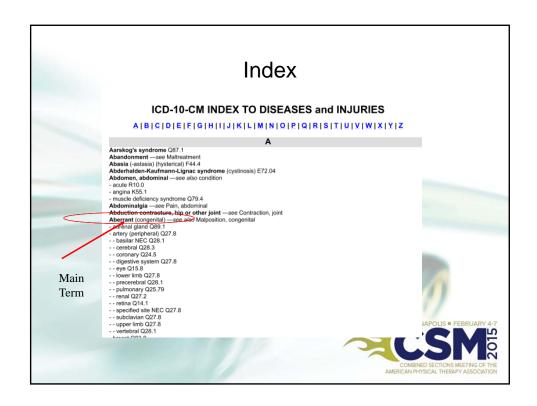








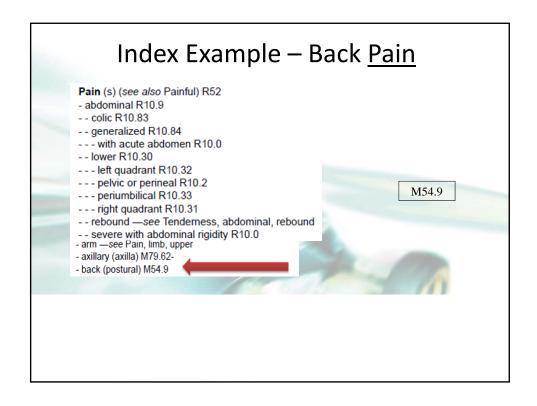




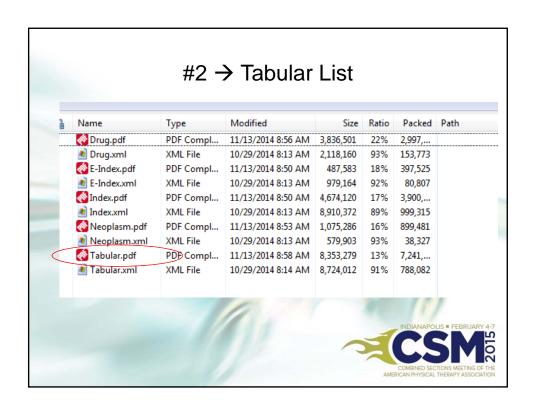
Index Examples

- R Humeral Fracture
- Ankylosing Spondylosis
- R Medial Meniscal <u>Tear</u>
- Late Effect of a CVA
- L5-S1 <u>Herniation</u> of Nucleus Pulposus
- Stress Urinary Incontinence
- Osteoarthritis of Left Hip
- Traumatic Brain Injury w/ Subdural Hematoma
- Low Back Pain

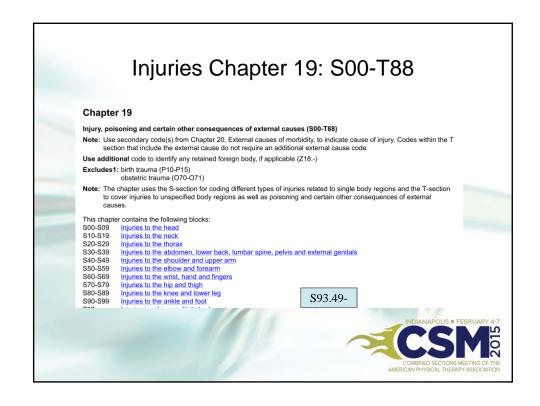










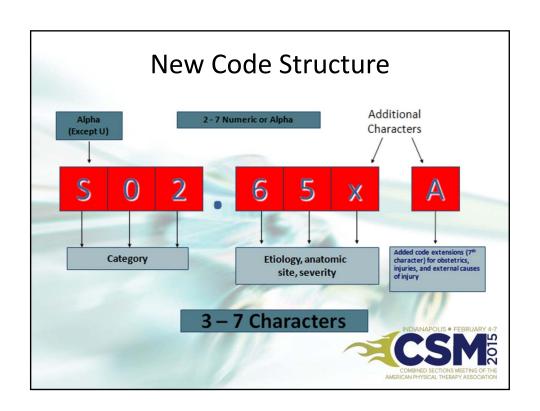


Code Category	Musculoskeletal conditions that are healed, chronic, or recurrent: Chapter 13, "Diseases of the Musculoskeletal System and Connective Most codes in Chapter 13 require site and <u>laterality</u> designations
M00-M02	Infectious Arthropathies
M05-M14	Inflammatory Polyarthropathies
M15-M19	Osteoarthritis
M20-M25	Other Joint Disorders
M26-M27	Dentofacial Anomalies [Including Malocclusion] and Other Disorders of Jaw
M30-M36	Systemic Connective Tissue Disorders
M40-M43	Deforming Dorsopathies
M45-M49	Spondylopathies
M50-M54	Other Dorsopathies
M60-M63	Disorders of Muscles
M65-M67	Disorders of Synovium and Tendon
M70-M79	Other Soft Tissue Disorders
M80-M85	Disorders of Bone Density and Structure
M86-M90	Other Osteopathies
M91-M94	Chondropathies
M95	Other Disorders of the Musculoskeletal System and Connective Tissue
M96	Intra-operative and Post-procedural Complications and Disorders of Musculoskeletal System, Not Elsewhere Classified

Code Category	Traumatic Fractures – Ch 19"Injury, Poisoning, and Certain Other Consequences of External Causes"- Most require type of fx, 7th character extension (A,D,G,K,P,S for closed Fx and Gustillo classification for open fx)
S02	Fracture of Skull and Facial Bones
S12	Fracture of Cervical Vertebra and Other Parts of Neck
S22	Fracture of Rib(s), Sternum, and Thoracic Spine
S32	Fracture of Lumbar Spine and Pelvis
S42	Fracture of Shoulder and Upper Arm
S52	Fracture of Forearm
S59	Other and Unspecified Injuries of Elbow and Forearm
S62	Fracture at Wrist and Hand Level
S69	Other and Unspecified Injuries of Wrist, Hand, and Finger(s)
S72	Fracture of Femur
S79	Other and Unspecified Injuries of Hip and Thigh
S82	Fracture of Lower Leg, Including Ankle
S89	Other and Unspecified Injuries of Lower Leg
S92	Fracture of Foot and Toe, Except Ankle







Examples of ICD-10-CM Code Format

- ICD-10-CM is more specific and contains significantly more codes than ICD-9-CM (~69,099 v 14,315)
- ICD-10-CM Diagnosis codes start with a letter (except U) and are alphanumeric (watch for 0 and O, I and 1)
- ICD-10-CM Diagnosis codes can be 3, 4, 5, 6, or 7 characters long with a decimal after the third character
 - Examples:
 - I10 Hypertension
 - M54.9 Back Pain
 - G81.11 Spastic Hemiplegia affecting right dominant side
 - G90.511 Complex regional pain syndrome 1 of right upper limb
 - S72.041A Displaced fracture of base of neck, right femur, initial encounter for closed fracture
 - 7th character extension (i.e. A= initial encounter, D = subsequent encounter, S = sequelae)



Coding For Laterality

- 0= Unspecified
- 1=Right
- 2=Left
- 3= Bilateral
 - Injury Codes usually don't have Bilateral
 - With NO Bilateral Code- use L&R
 - Always check the Tabular List sometimes 1 might equal left.



7th Character Extension for Injuries

- **A** Initial Encounter: while patient is receiving initial/active treatment for condition
 - Direct Access (PT) Initial Assessment for traumatic injury/illness i.e. sprain/strain, fracture
 - Evaluation Or Treatment by New Physician
 - Example: Newly Assessed Acute Tear of Left Rotator Cuff-S43.422A

Reference: ICD-10-CM Official Guidelines Section Sections METING OF THE

7th Character Extension for Injuries

- *D* Subsequent Encounter: After patient received active treatment of the condition and is receiving routine care during healing or recovery phase
 - F/U visits for Treatment of Injury
 - Normal healing phase, after the acute condition has been treated
 - Routine subsequent care following a L ACL tear S83.512D
 - L Sub-trochanteric, Closed, Non-Displaced Fracture w/ ORIF –
 S72.25xD



7th Character Extension for Injuries

- S- Sequalae Encounter: complications or conditions that arise as a direct result of an acute condition that is no longer being treated such as:
 - Right Hemiplegia (dominant side) from a traumatic subdural hematoma, no LOC (bleed was resolved)
 G81.91, S06.5X0S
 - Post-traumatic arthritis following old left ankle fracture M12.572,
 S82.892S



S93 Dislocation and sprain of joints and ligaments at ankle, foot and toe level

Includes: avulsion of joint or ligament of ankle, foot and toe laceration of cartilage, joint or ligament of ankle, foot and toe sprain of cartilage, joint or ligament of ankle, foot and toe traumatic hemarthrosis of joint or ligament of ankle, foot and toe traumatic rupture of joint or ligament of ankle, foot and toe traumatic subluxation of joint or ligament of ankle, foot and toe traumatic tear of joint or ligament of ankle, foot and toe

Code also any associated open wound

Excludes2: strain of muscle and tendon of ankle and foot (S96.-)

The appropriate 7th character is to be added to each code from category S93

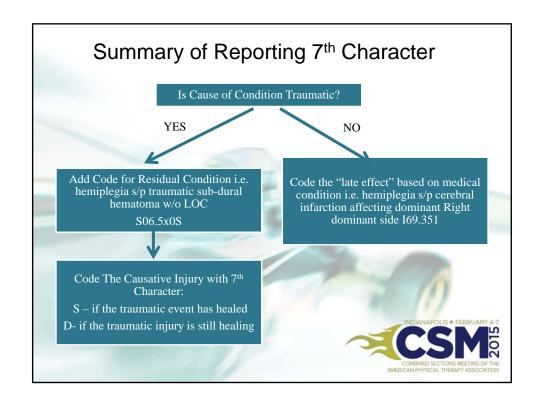
- A initial encounter
- D subsequent encounter
- S sequela



7th Character Extension Case Scenario • The patient presented for therapy following an acute care

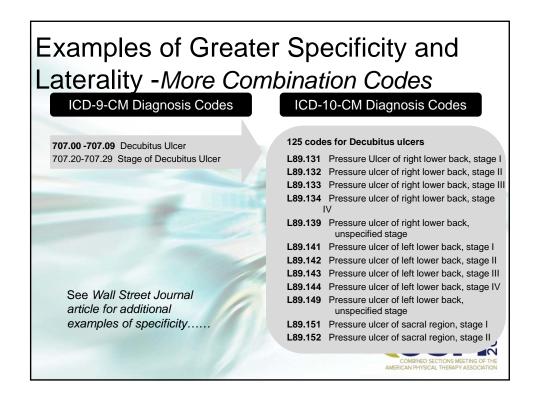
- The patient presented for therapy following an acute care hospitalization for surgical treatment of a displaced fracture of the right intertrochanteric femur. What are the appropriate rehab diagnosis codes?
- Answer:
- Displaced intertrochanteric fracture of right femur, subsequent encounter- S72.141D
- Difficulty Walking R26.2

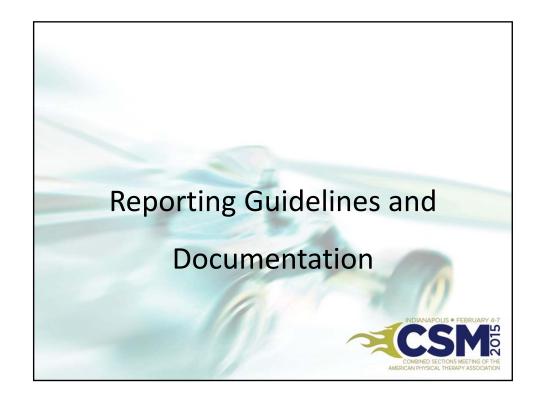




7 th Character	Definition	Examples
A	Initial encounter for fracture	Used while the patient is receiving active treatment for the condition.
D	Subsequent encounter for fracture with routine healing	Used for subsequent encounters after the patient has received active treatment of the condition. At this time, the patient is receiving routine care for the condition during the healing or recovery phase (such as cast change or removal, ortho aftercare- rehab during the healing phase).
G	Subsequent encounter for fracture with delayed healing	Assigned for delayed healing. Delayed healing occurs when the initial injury heals slower than expected, taking into account age, bone involved, and the extent and type of the fracture.
K	Subsequent encounter for fracture with nonunion	Assigned for a nonunion. A nonunion occurs when bone ends do not meet and heal.
P	Subsequent encounter for fracture with malunion	Assigned for a malunion of a fracture. Malunions are bones that are healing in an abnormal position. Malunion may result in a bone being shorter than normal, poor alignment, or bent.
s Use	Sequela d for Fractures/Injuries	Identifies the injury responsible for the sequela. The term <i>sequela</i> indicates the after-effects or late effects that occur after the healing and recovery phase of the fracture. For example, if a previous femur fracture resulted in a leg deformity, the 7th character S is used with the femur fracture code. The specific leg deformity is coded first.

Summary of Changes		
ICD-9-CM Diagnoses	ICD-10-CM Diagnoses	
Three to five characters (starts w/ Letter or Number)	Three to seven characters (starts w/ Letter)	
Multiple Codes for each diagnosis/ symptom	1 code assigned to combine 2 ICD-s codes (e.g. Diagnosis with a complication	
No Laterality	Laterality	
Conventions	New Conventions: Excludes II, Place Holders, and Extension and Generic Codes Available	
Tabular List is non-inclusive	Each Code has full definition	
Re	sult	
14,567 Diagnosis Codes	69,823 Diagnosis Codes BRUARY	





Rehab Coding Guidelines

- In Physical Therapy setting the first-listed condition (the diagnosis sequenced first) should be the primary reason for the visit
- Codes for other diagnoses may be reported, especially if impacting the prognosis or care delivered
- Uncertain Diagnoses not coded for outpatient visits -> signs/symptoms are then acceptable
- May Code AND <u>document</u> ALL chronic diseases are treated or impact current care (per ICD-10 Official Coding Guidelines)
- **Super Coders → Factors Influencing health status and contact with health services



Documentation of Rehab Diagnoses

- Similar to ICD-9 guidelines
- Use physician referral and clinical assessment documentation
- Must be <u>specific</u> and as relevant to the problem being treated
- **Fraud/Abuse- require accurate codes and documentation



ICD-10 Claim Rules

- All Claims for Covered Entities, as defined by HIPAA, must use ICD-10-CM diagnoses codes
- Claims with ICD-9-CM codes will NOT be accepted on or after October 1, 2015
- Claims with ICD-10-CM codes will NOT be accepted prior to October 1, 2015
- Single Implementation Date
- Utilize Split Billing

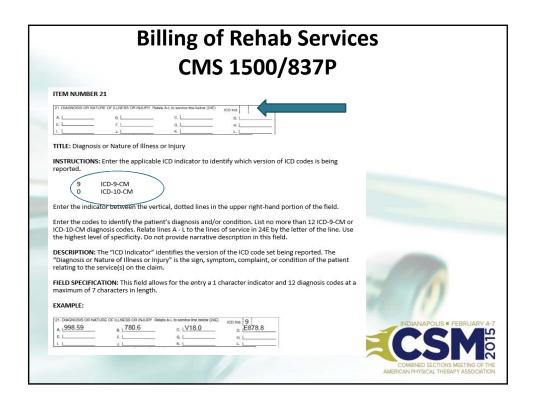


Reimbursement of Rehab Services

- ✓ Note reimbursement may be impacted by ICD-10 diagnoses
- ✓ Review Payer Guidelines and Coverage
- ✓ Medicare: Review National and Local Coverage Determinations (check with your Medicare Administrative Contractor – MAC)
- ✓ Workman's Compensation (Non-covered Entity) may still require ICD-9-CM Codes
- ✓ Test use of ICD-10 codes with clearinghouse and payers (billing and remittance advice).
- ✓ Remember CPT codes stay the same
- ✓ Sign up for CMS ICD-10 Industry Email updates

http://www.cms.gov/Medicare/Coding/ICD10/CMS ICD-10 Industry Email Updates.html





Patient Case - Fracture

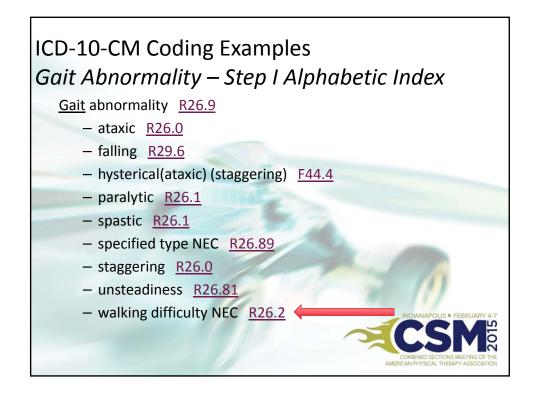
85 year old fell while ambulating and sustained a displaced right greater trochanteric fracture which required a THA. Patient also has hypertension.

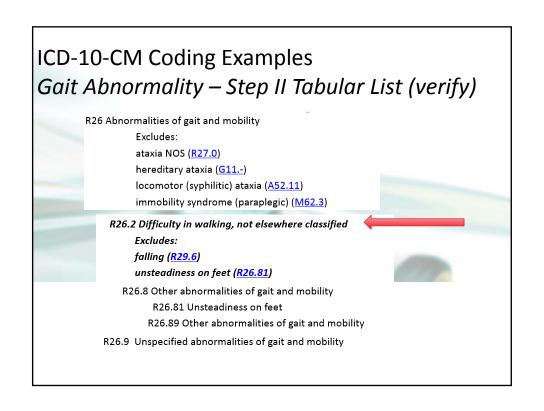
He was referred to PT, OT for therapy for the following functional limitations: difficulty walking and dressing.

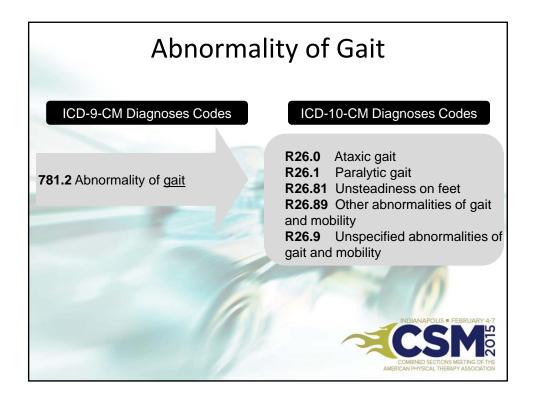
Appropriate Diagnoses for Rehab:

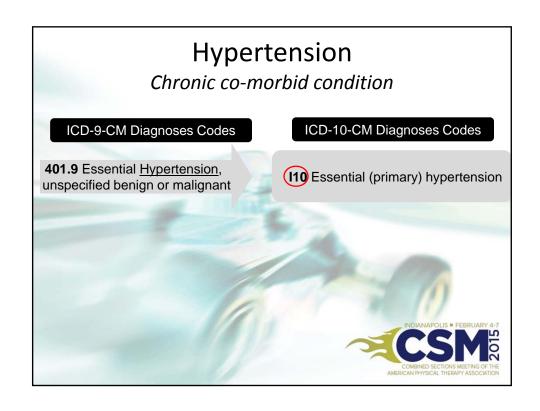
- Gait Abnormality
 - Hypertension
- Status post hip replacement (health status)
- Cause of Gait Abnormality (fracture) healing

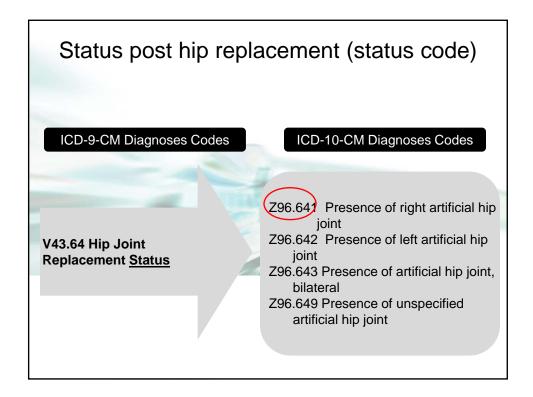


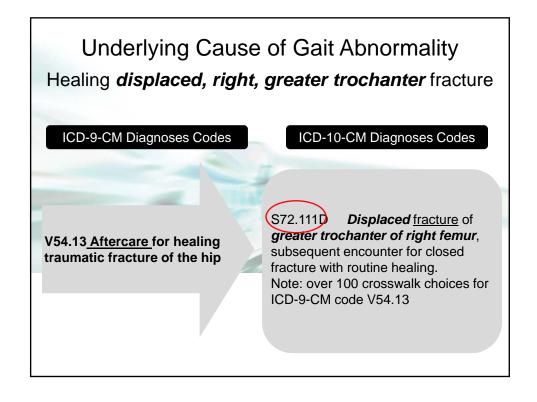












Patient Case Orthopedics

17 year-old referred to PT s/p R PTP ACL reconstruction and Medical Meniscus Repair. Pt sustained a tear of her right ACL and a bucket handle tear of her right medical meniscus while playing HS basketball in a school gym.

PMH includes Exercise Induced Asthma.

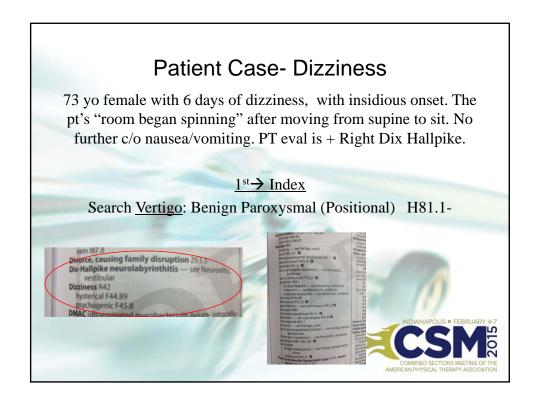
Pt presents with knee pain, swelling, limited ROM, decreased strength, and difficulty walking

What codes do you assign?

Patient Case Orthopedics What codes do you assign?

ICD-9-CM	ICD-10-CM
not coded	S83.511D
not coded	S83.211D
493.81	J45.990
719.46	M25.561
719.06	M25.461
719.56	M25.661
728.87	M62.81
719.7	R26.2
	not coded not coded 493.81 719.46 719.06 719.56 728.87







Patient Case-Low Back Pain

17yo football linesman c/o centralized LBP post game over weekend. Worse with standing and extension, better with sitting.

X-rays confirm a traumatic spondylolisthesis at L4-5

$1^{st} \rightarrow Index$

Search <u>Spondylolisthesis</u>, traumatic → M43.10 *Acute does not give info on lumbar spine (only cervical)*



2nd→ Tabular List (Spondylo)

- M43.10= spondylolisthesis site unspecified
- M43.16=spondylolisthesis, lumbar region
 - Lists exclusion:
 - Excludes 1: Acute traumatic of lumbosacral region (\$33.1)
- S33.1: Subluxation and dislocation of lumbar vertebra. Note: requires specificity to 6th digit
- S33.140<u>D</u> Subluxation of L4/L5 lumbar vertebra

Requires very clear documentation to determine and support appropriate ICD-10 Code

Patient Case Traumatic What codes do you assign?

65 year-old was in an MVA where he immediately lost consciousness for <20 minutes. He sustained a TBI due to a subdural hematoma causing: left spastic hemiplegia, difficulty walking, concentration and attention deficits and aphasia.

T.	ICD-9-CM	ICD-10-CM
TBI (hematoma)	907.0	S06.5X1S
Spastic hemiplegia (right dominant side)	342.11	G81.11
difficulty walking	719.7	R26.2
aphasia	784.3	R47.01
concentration and attention deficits	799.51	R <mark>41</mark> .840
difficulty feeding	783.3	R63.3
	3	CSM.
	AMEDI	COMBINED SECTIONS MEETING OF THE

Patient Case Non-Traumatic What codes do you assign?

65 year old has **non-traumatic intracerebral hemorrhage** causing left spastic hemiplegia and aphasia.

	ICD-9-CM	ICD-10-CM	
Intracerebral Hemorrhage	438.11	169.120	
Spastic hemiplegia (right dominant side)	342.11	169.151	
difficulty walking	719.7	R26.2	
aphasia	None	None	
concentration and attention deficits	799.51	R41.840	
difficulty feeding	783.3	R63.3	
Other late effect of CVA	438.89	1 <mark>69.1</mark> 98	



Trauma versus non-traumatic conditions

Sequelae Clarification...

When coding late effects in ICD-10 (sequelae)

Traumatic Cause Code original trauma with 7th character

representing sequelae (S); Code associated deficits

Non-Traumatic Cause The underlying cause is may be

incorporated into the deficit (i.e. Sequelae of hemorrhagic CVA)

CSMS



Phases of Transitioning to ICD-10

- 1. Planning:
 - Build/Regroup Your Team: Engage Clinicians, Coders, Front End staff Early
 - Review ICD-10 Resources
 - Estimate and Secure Budget (reserves, training costs, upgrade, productivity)
- 2. Communication
 - Develop Educational Resources for Staff
 - Who does What?
- 3. Assessment
- 4. Testing & Transition



Assessment

- 1. Conduct Documentation Audits
- 2. Determine where Diagnosis Codes will be recorded:
 - Documentation Flow and Design
 - Update Charge Sheets, Superbills
 - EMR/Software
 - Reporting Systems
 - Identify your top 10-20 ICD-9 Codes and build crosswalks for your staff
- 3. Vendor Assessment

http://journal.ahima.org/icdsummit/2011/05/20-questions-for-system-vendors-2/



Testing and Transition

- Update internal policies impacted by ICD-10; i.e. physician referral
- Monitor Vendor & Payer Preparedness
- Test Codes in Revenue Cycle participate in payer testing opportunities
- Test Administrative Reports
- Train Staff on Updated Crosswalks & Utilization S

How to Build Your Crosswalks Crosswalks

Tools: General Equivalency Mappings (GEMs)

- A. Medicare tool designed to test the conversion from ICD-9 to ICD-10 http://cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html -> click on 2014 Reimbursement Mappings
- B. The GEM files can be used by anyone who wants to convert diagnoses and procedure data including but not limited to:
 - i. Health Plans
 - ii. Providers
 - iii. Medical Researchers
 - iv. Medical Software Vendors



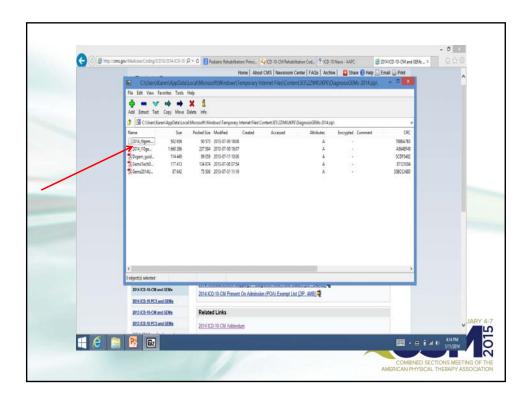
General Equivalence Mappings (GEMS)

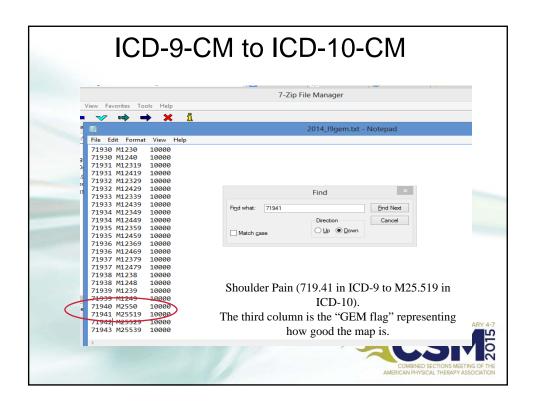
- Mappings All codes included
 - ICD-9-CM to ICD-10-CM
 - ICD-10-CM to ICD-9-CM (backward mapping)
- Used to Produce the ICD-10 Reimbursement Mappings
- When should I NOT use GEMS
 - When small numbers of codes are being converted to ICD-10
 - When ICD-10 is implemented in October 1, 2015
- Warning: GEMS are limited and not reliable as a coding tool
 - Only 5% of the mappings will create a one-to-one match

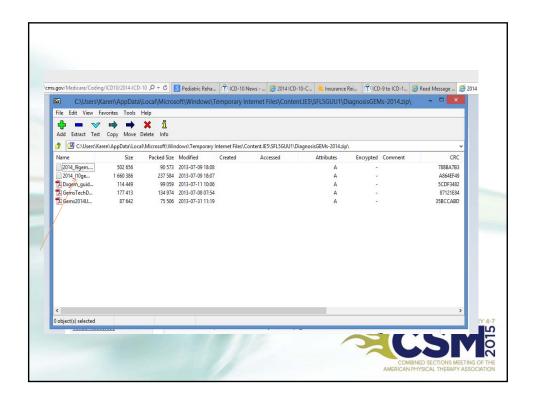


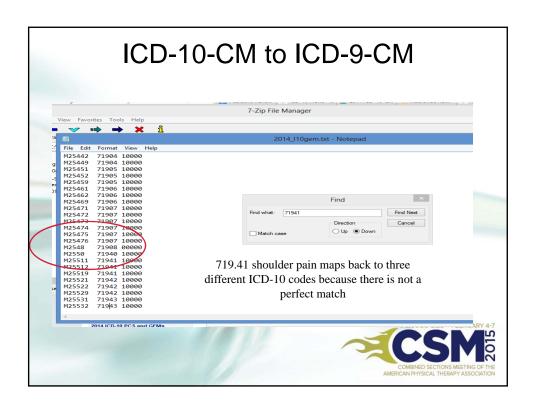




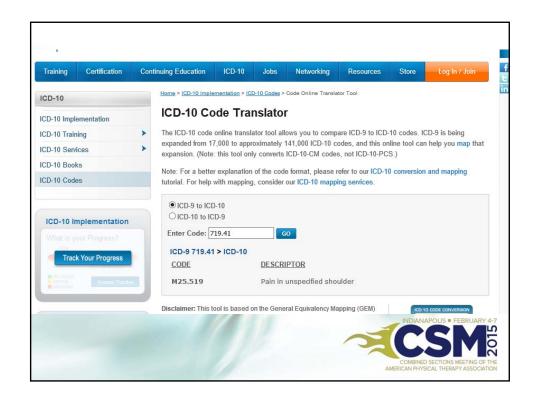












PT Crosswalk Example			
ICD-9	DESCRIPTION	ICD-10	
724.2	Low back <u>pain</u>	Low Back Pain M54.5 ***Note** M54.4- denotes lumbago with sciatica must link the two conditions and also specify laterality	
724.5	Back <u>Pain</u>	Dorsalgia, unspecified M54.9	
728.87	Muscle weakness (generalized)	Muscle weakness (generalized) Weakness, Muscle M62.81 Weakness, Generalized R53.1	
729.89	Lower limb <u>weakness</u>	Other symptoms involving musculoskeletal system R29.89	
780.79	Other Malaise and Fatigue	Other Malaise R53.81 Other Fatigue R53.83 Fatigue Chronic R53.82 Fatigue, Muscle M62.89	

	PT Crosswalk Example		
ICD-9	DESCRIPTION	ICD-10	
781.2	ABNORMALITY OF GAIT	Gait Abnormality R26.9 Ataxic Gait R26.0 Falling R29.6 Paralytic gait R26.1 Spastic Gait R26.1 Specified Gait abdnormality R26.89 Staggering Gait R26.0 Unsteadiness R26.81 Walking difficulty NEC R26.2	
781.3	LACK OF COORDINATION	Lack of coordination R27.9 Ataxia R27.0 Specified Type R27.8	
431	INTRACEREBRAL HEMORRHAGE (Non-traumatic)	Non-traumatic Intracerebral Hemorrhage Specify the location: hemisphere, subcortical (I61.0) cortical (I61.1) Unspecific hemisphere (I61.2) brain stem (I61.3) cerebellum (I61.4) intraventricular (I61.5) multiple localized (I61.6) Other (I61.8) Unspecified (I61.9)	

Description	ICD-10
Chronic interstitial cystitis with hematuria	N30.11
Myofascial pain syndrome	M79.1 (myalgia)
Chronic pelvic pain	Pelvic and Perineal Pain R10.2
Stress incontinence, female	N39.3 (stress incontinence (male or female
Pelvic muscle wasting (non-obstetric) with incontinence	N81.84, N39.498 (other incontinence)
Pelvic muscle wasting during second trimester (obstetric) with incontinence	O34.82, N81.84, R39.498 (other incontinence)
	Chronic interstitial cystitis with hematuria Myofascial pain syndrome Chronic pelvic pain Stress incontinence, female Pelvic muscle wasting (non-obstetric) with incontinence Pelvic muscle wasting during second trimester (obstetric) with





http://www.cms.gov/Medicare/Coding/ICD10/CMS_ICD-10_Industry_Email_Updates.html ICD-10 CMS ICD-10 Industry Email Updates Latest News Stay up to date on ICD-10! Sign up for email update messages and follow us on Twitter. CMS ICD-10 Industry Email Updates **Industry Email Updates** ICD-10 Implementation Timelines August 2013 CMS Implementation Planning New MLN Connects™ Video on ICD-10 Implementation for Physicians, Partial Code Freeze, and MS-DRG Provider Resources Conversion Project Medicare Fee-for-Service Provider June 2013 How Will ICD-10 Affect Clinical Documentation? Medicaid Resources May 2013 Payer Resources The Role of Clearinghouses in the ICD-10 Transition ICD-10-PCS Code Updates Dates of Service: Is It ICD-9 or ICD-10? 2014 ICD-10-CM and GEMs CMS ICD-10 Resources 2014 ICD-10 PCS and GEMs April 2013 2013 ICD-10-CM and GEMs Assessing your Vendors 2013 ICD-10 PCS and GEMs Earlier Messages Maintenance Committee Meetings October 1, 2014 Deadline Firm for ICD-10 ICD-10 MS-DRG Conversion Project . Updated Implementation Guides CMS Sponsored ICD-10 CMS Releases ICD-10 Checklists and Timelines Teleconferences Plan to Mitigate Risk for a Smooth Transition ICD-10 Activities for 2013 Looking Back at Version 5010 and Ahead to ICD-10

Resources

- AHIMA ICD-10-CM/PCS Implementation Toolkit http://www.ahima.org/ICD10/icd10toolkit.aspx
- 2014 ICD-10-CM Guidelines

..\..\ICD-10 Materials 2014\icd10cm guidelines 2014.pdf

• 2014 ICD-10-PCS Guidelines

..\..\ICD-10 Materials 2014\PCS-2014-guidelines.pdf

• 2014 ICD-10-CM and GEMs

http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html

• 2014 ICD-10-PCS and GEMs

http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-PCS.html

• September 13, 2011 Wall Street Journal "Walked into a Lamppost? Hurt While Crocheting? Help is on the Way".

http://online.wsj.com/article/SB10001424053111904103404576560742746021106.html

• CMS Timelines and Tools

http://www.cms.gov/Medicare/Coding/ICD10/ICD-10ImplementationTimelines.html



Resources

Sign up for CMS ICD-10 Industry Email updates

http://www.cms.gov/Medicare/Coding/ICD10/CMS_ICD-10_Industry_Email_Updates.html

ICD-10 Mapping Web Site (ASHA)

http://www.asha.org/icdmapping.aspx

Code Book Vendor

http://www.Optumcoding.com

National Uniform Claim Committee (revised 1500 claim form- version 02/12)

http://www.nucc.org

HEDIS ICD-10 Recommendations

http://www.ncqa.org/HEDISQualityMeasurement/HEDISandQualityMeasureImprovement/HEDISandICD10/FinalHEDISICD10ReviewandCommentPeriod.aspx

CMS ICD-10 Payer Handbook

http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10 Payer Handbook 0 60413%5B1%5D.pdf

CMS Testing Process

http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/End-to-End-Testing.html

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