ICD-10 CM—What you need to know

Jill Olmstead, MSN, ANP-C, CCS-P, FAANP
NP/Provider Liaison in Revenue Cycle, Coding Services
St. Joseph Heritage Healthcare
October 9, 2015

Objectives:
At the end of the presentation, participant will be able to:

• Describe the difference between ICD-9 and ICD-10
• Explain the relationship between clinical documentation and ICD-10
• Demonstrate how to assess clinical documentation to support the utilization of ICD-10 diagnosis codes.

Updates/Opportunities

Current healthcare environment/trends

➢ Moving towards ACO payment models/care models
➢ Setting the stage for a bundled payment playing field
➢ Continuum from individualistic to team oriented plan architectures
➢ Realignment from productivity-driven to value-based plans to ensure future success
Rationale for Specificity

• Designed to better represent and communicate the clinical scenario
• Precision data mining
• Elucidate gaps in care cost reduction
• Accurate picture of individual and aggregated attributed patients
• ICD-10 potentially will enhance population health management.
• Provider-specific public transparency efforts underscore the need for accurately representing the care they provide.

Changes and Implications

The Federal Government through the Centers for Medicare and Medicaid Services (CMS) is driving the healthcare industry to upgrade diagnosis and procedure coding standards (ICD-10) by October 1, 2015.

<table>
<thead>
<tr>
<th>ICD-10 Changes</th>
<th>Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant Increase in Clinical Granularity</td>
<td>Precise impacts</td>
</tr>
<tr>
<td>ICD-10-CM (Diagnosis) 5 digit alphanumeric</td>
<td>The intent is not for ICD-10-CM or ICD-10-PCS to replace CPT – so practices that are describing patient visits, radiology, laboratory procedures, etc. in the ambulatory setting will continue to use CPT and its annual updates for describing the care that we provide in those settings</td>
</tr>
<tr>
<td>ICD-10-PCS (Procedure) 7 digit alphanumeric</td>
<td>Summary of changes</td>
</tr>
<tr>
<td>&gt; 68,000 unique codes</td>
<td>34,250 (50%) of all ICD-10-CM codes are related to the musculoskeletal system</td>
</tr>
<tr>
<td>&gt; 72,000 unique codes</td>
<td>17,045 (25%) of all ICD-10-CM codes are related to fractures</td>
</tr>
<tr>
<td>34,250 (50%) of all ICD-10-CM codes are related to the musculoskeletal system</td>
<td>10,582 (62%) of fracture codes to distinguish ‘right’ vs. ‘left’</td>
</tr>
<tr>
<td>17,045 (25%) of all ICD-10-CM codes are related to fractures</td>
<td>~25,000 (36%) of all ICD-10-CM codes to distinguish ‘right’ vs. ‘left’</td>
</tr>
</tbody>
</table>

Code set Impacts

• Impacts
• The intent is not for ICD-10-CM or ICD-10-PCS to replace CPT – so practices that are describing patient visits, radiology, laboratory procedures, etc. in the ambulatory setting will continue to use CPT and its annual updates for describing the care that we provide in those settings
• Summary of changes
• 34,250 (50%) of all ICD-10-CM codes are related to the musculoskeletal system
• 17,045 (25%) of all ICD-10-CM codes are related to fractures
• 10,582 (62%) of fracture codes to distinguish ‘right’ vs. ‘left’
• ~25,000 (36%) of all ICD-10-CM codes to distinguish ‘right’ vs. ‘left’
ICD-10-CM Diagnosis Code Structure
The ICD-10-CM diagnosis code set is a full replacement of the ICD-9-CM code set that will provide additional specificity and granularity for diagnosis codes.

<table>
<thead>
<tr>
<th>ICD-9-CM (Diagnosis Code)</th>
<th>ICD-10-CM (Diagnosis Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X X X X X X X X X X X</td>
<td>X X X X X X X X X X X</td>
</tr>
</tbody>
</table>

ICD-9-CM Diagnosis Code
- First digit may be alpha (E or V) or numeric
- Digits 2-5 are numeric
- 3-5 characters in length
- Lacks laterality
- Approximately 14,000 codes
- Lacks detail
- Difficult to analyze data due to non-specific codes
- Limited space for adding new codes
- Does not support interoperability – it is no longer used by other countries

ICD-10-CM Diagnosis Code
- First digit is alpha; 2 and 3 are numeric; Digits 4-7 are alpha or numeric
- 3-7 characters in length
- Has laterality (Right vs. Left)
- Approximately 68,000 available codes
- Very specific
- Richness of data for analysis. Specificity improves billing accuracy
- Flexible for adding new codes
- Supports interoperability and the exchange of health data between other countries and the U.S.

Example: ICD-9-CM (Diagnosis) to ICD-10-CM (Diagnosis)

One ICD-9 code is represented by multiple ICD-10 codes:

<table>
<thead>
<tr>
<th>ICD-9-CM (Diagnosis Code)</th>
<th>ICD-10-CM (Diagnosis Codes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>250.61</td>
<td>E10.40, 10.41, 10.44, 10.49</td>
</tr>
</tbody>
</table>

Example: Diabetes mellitus with neurological manifestations type I not stated as uncontrolled

ICD-9-CM (Diagnosis Code) | ICD-10-CM (Diagnosis Codes)
--------------------------|-----------------------------
Type 1 diabetes mellitus with diabetic neuropathy, unspecified | E10.40, 10.41, 10.44, 10.49
Type 1 diabetes mellitus with diabetic mononeuropathy, unspecified | E10.40, 10.41, 10.44, 10.49
Type 1 diabetes mellitus with diabetic amyotrophic | E10.40, 10.41, 10.44, 10.49
Type 1 diabetes mellitus with other diabetic neurological complications

UNSPECIFIED CODES

- Use of sign/symptom and “unspecified” codes are acceptable in ICD-10.
  - If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis.
- It is inappropriate to select a specific code that is not supported by the medical record documentation code.
  - Each healthcare encounter should be coded to the level of certainty known for that encounter.

2016 ICD-10 CM, Coding Guidelines, Accessed from CDC website
# ICD-10-CM TABULAR LIST of DISEASES and INJURIES

Table of Contents

1. Certain infectious and parasitic diseases (A00-B99)
2. Neoplasms (C00-D49)
3. Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
4. Endocrine, nutritional and metabolic diseases (E00-E89)
5. Mental, Behavioral and Neurodevelopmental disorders (F01-F99)

## TABULAR

6. Diseases of the nervous system (G00-G99)
7. Diseases of the eye and adnexa (H00-H59)
8. Diseases of the ear and mastoid process (H60-H95)
9. Diseases of the circulatory system (I00-I99)
10. Diseases of the respiratory system (J00-J99)
11. Diseases of the digestive system (K00-K95)

12. Diseases of the skin and subcutaneous tissue (L00-L99)
13. Diseases of the musculoskeletal system and connective tissue (M00-M99)
14. Diseases of the genitourinary system (N00-N99)
15. Pregnancy, childbirth and the puerperium (O00-O9A)
16. Certain conditions originating in the perinatal period (P00-P96)
Chapter 21

Factors influencing health status and contact with health services (Z00-Z99)

Z codes represent reasons for encounters. A corresponding procedure code must accompany a Z code if a procedure is performed. Categories Z00-Z99 are provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00-Y89 are recorded as 'diagnoses' or 'problems'. This can arise in two main ways:

(a) When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination (immunization), or to discuss a problem which is in itself not a disease or injury.

(b) When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury.
### ICD-10CM FY 2016: Instructional Notes

**Includes:**
The word 'Includes' appears immediately under certain categories to further define, or give examples of, the content of the category.

**Excludes Notes:**
The ICD-10-CM has two types of excludes notes. Each note has a different definition for use but they are both similar in that they indicate that codes excluded from each other are independent of each other.

### Instructional Notes

**Excludes1**
A type 1 Excludes note is a pure excludes. It means 'NOT CODED HERE!' An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

**Excludes2**
A type 2 excludes note represents 'Not included here'. An excludes2 note indicates that the condition excluded is not part of the condition it is excluded from but a patient may have both conditions at the same time. When an Excludes2 note appears under a code it is acceptable to use both the code and the excluded code together.

### Instructional Notes

**Code First/Use Additional Code notes (etiology/manifestation paired codes)**
Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology. For such conditions the ICD-10-CM has a coding convention that requires the underlying condition be sequenced first followed by the manifestation. Wherever such a combination exists there is a 'use additional code' note at the etiology code, and a 'code first' note at the manifestation code. These instructional notes indicate the proper sequencing order of the codes, etiology followed by manifestation.
Instructional Notes

In most cases the manifestation codes will have in the code title, 'in diseases classified elsewhere.' Codes with this title area component of the etiology/manifestation convention. The code title indicates that it is a manifestation code. 'In diseases classified elsewhere' codes are never permitted to be used as first listed or principal diagnosis codes. They must be used in conjunction with an underlying condition code and they must be listed following the underlying condition.

*Code Also*
A code also note instructs that 2 codes may be required to fully describe a condition but the sequencing of the two codes is discretionary, depending on the severity of the conditions and the reason for the encounter.

---

Instructional Notes

7th characters and placeholder X
For codes less than 6 characters that require a 7th character a placeholder X should be assigned for all characters less than 6. The 7th character must always be the 7th character of a code.

---

Risk Stratified Learning Strategy

- **Targeted High Risk ICD-9 Codes**
  - Specialty specific/individualized data
  - Multiple ICD-10 Coding Concepts
    - Greater specificity
    - Increased granularity
  - Clinical Documentation Improvement
  - Partnership with EMR Trainers to promote optimization of workflow

---
### 461.9 Acute Sinusitis

**ICD9 current state specifications:**
- Anatomical location: frontal, ethmoidal, sphenoidal, maxillary, other
  - JO1 ICD-10 Category classification

**Specific Changes/Documentation concepts:**
- Identify frequency
  - Recurrent
- Some anatomical reference

**Examples:**
- Acute frontal sinusitis, unspecified J01.10
- Acute sphenoidal sinusitis, unspecified J01.40
- Acute recurrent ethmoidal sinusitis J01.21

Maps to 14 codes options

### 462 Acute Pharyngitis

**ICD9 current state specifications:**
- Acute pharyngitis
  - JO2 ICD-10 Category classification

**Specific Changes/Documentation concepts:**
- Identify causal organism

**Examples:**
- Acute pharyngitis, unspecified J02.9
- Strepococcal pharyngitis J02.0
- Acute pharyngitis due to other specified organisms J02.8
  - Use additional code to identify infectious agent: code range B95-B97
  - Excludes
    - Due to gonococcus - A54.5
    - Due to coxsackie virus - B08.5
    - Due to herpes simplex virus - B00.2
    - Due to enteroviral pharyngitis - B08.5

Maps to 3 codes options

### 477.9 Allergic Rhinitis, Cause Unspecified

**ICD9 current state specifications:**
- Due to pollen, food, animal dander, other allergen
  - J10 ICD-10 Category Classification

**Specific Changes/Documentation Concept:**
- Identify causal agent
  - Specify vasmotor, rhinitis, allergic, or other seasonal allergic rhinitis

**Examples:**
- Vasmotor rhinitis J10.0
- Allergic rhinitis, due to other allergen J10.89
- Other seasonal allergic rhinitis J10.2
- Allergic rhinitis, unspecified J10.9

Maps to 7 code options
388.70 Otalgia, Unspecified

ICD9 current state specification:
- Otalgia
  - H92 Category Classification
  - Specifications changes/Documentation Concepts:
    - Identify laterality
      - left, right, bilateral, unspecified
  - Examples:
    - Otalgia, right ear H92.01
    - Otalgia, left ear H92.02
    - Otalgia, bilateral H92.03
    - Otalgia, unspecified ear H92.09
  - Maps to 4 code options

466.0 Acute Bronchitis

ICD9 current state specification:
- Croupous bronchitis, Acute Tracheobronchitis, Bronchitis: fibrinous, membranous, pneumococcal, purulent, septic, viral, with tracheitis
  - J20 ICD-10 Category Classification
  - Specific Changes/Documentation concepts:
    - Identify causal agent
      - Organism
  - Examples:
    - Acute bronchitis, unspecified J20.9
    - Acute bronchitis due to rhinovirus J20.6
    - Acute bronchitis due to streptococcus J20.2
    - Acute bronchitis due to respiratory syncytial virus J20.5
    - Acute bronchitis due to other specified organisms J20.8
  - Maps 10 codes options

692.9 Dermatitis, unspecified

ICD9 current state specifications:
- Eczema NOS, contact dermatitis NOS, venenata dermatitis NOS
  - L20-L30 ICD-10 Category Classification
  - Specifications changes/Documentation Concepts:
    - Specified as:
      - Cutaneous autoreactivity
      - Allergic contact dermatitis
      - Irritant contact dermatitis
      - Nummular dermatitis
      - Other contact dermatitis
    - Other specified dermatitis
  - Causal Agent
  - Examples:
    - Unspecified contact dermatitis, unspecified cause L25.9
    - Irritant contact dermatitis due to detergents L24.0
    - Dermatitis due to ingested food L27.2
  - Maps to 56 code options
789.00 Abdominal Pain, unspecified site

ICD-9 current state specifications:
- Anatomical location: unspecified site, RUQ, LUQ, RLQ, LLQ, periumbilical, epigastric, generalized, other specific site
- R10 ICD-10 Category Classification
- Specificity Changes/Documentation Concepts
  - Identify acuity
    - Same Anatomical Reference
Examples:
- Abdominal pain, unspecified R10.0
- Abdominal pain, right upper quadrant R10.11
- Epigastric pain R10.13
- Generalized abdominal pain R10.84
- Acute abdomen R10.0
- Maps to 12 code options

729.5 Pain in Limb

ICD9 current state specification:
- Pain in Limb
- M79 ICD-10 CM Category Classification
- Specifications changes/Documentation Concepts:
  - Anatomical location: laterality
    - upper arm, forearm, hand, finger(s), thigh, lower leg
    - left, right, unspecified
Examples:
- Pain in right arm M79.601
- Pain in left foot M79.672
- Pain in left finger(s) M79.645
- Pain in right thigh M79.651
- Pain in right lower leg M79.661
- Maps to 31 code options

719.47 Pain in joint, ankle and foot

ICD9 current state specification:
- Pain in joint, ankle/foot
- M25 ICD-10 Category Classification
- Specifications changes/Documentation Concepts:
  - Identify Laterality
    - left, right, unspecified
Examples:
- Pain in right ankle and joints of right foot M25.571
- Pain in left ankle and joint of left foot M25.572
- Pain in unspecified ankle and joints of unspecified foot M25.579
- Maps to 3 code options
719.46 Pain in joint, lower leg

ICD9 current state specification:
- Pain in joint, lower leg
  - M25 ICD-10 Category Classification
  - Specifications changes/Documentation Concepts:
    - Identify laterality
    - left, right, unspecified

Examples:
- Pain in right knee M25.561
- Pain in left knee M25.562
- Pain in unspecified knee M25.559
  ➔ Maps to 3 code options

250.02 Diabetes mellitus, type II or unspecified type, uncontrolled

ICD9 current state specifications
- Type 1 and 2 same category (250), controlled vs. uncontrolled state
  - E09 - E13 Diabetes Mellitus ICD-10 Category Classification
  - Specifications Changes/Documentation Concepts:
    - ICD10 Category Split – Type 1, Type 2, Other specified
    - With or without complications (specify complications)
    - Specify drug or chemical-induced diabetes
    - Use additional code to identify insulin use (279.4)

Examples:
- Type 1 diabetes mellitus without complications E10.9
- Type 2 diabetes mellitus without complications E11.9
- Other specified diabetes with foot ulcer E13.621 (use additional code to identify site of ulcer L97.4 - L97.5)
- Drug or chemical-induced diabetes mellitus E09
  ➔ Maps to 150 codes options

278.00 Obesity Unspecified

ICD9 current state specification: Obesity NOS
- E66 ICD-10 Category Classification
- Specifications changes/Documentation Concepts:
  - Causal agent
  - Examples:
    - Morbid (severe) obesity due to excess calories E66.01
    - Drug-Induced Obesity E66.1
    - Morbid obesity w/ alveolar hypoventilation E66.2
    - Other Obesity due to Excess Calories E66.09
    - Obesity, unspecified E66.9
  - Same BMI measurement specifications
  - Examples:
    - BMI between 25-29, adult V85.2 r^5digit = Z68.2 r^5digit
    - BMI between 30-39, adult V85.3 r^5digit = Z68.3 r^5digit
    - BMI 40 and over, adult V85.4 r^5digit = Z68.4 r^5digit
    - BMI pediatric, 85th percentile to less than 95th percentile for age V85.54 - Z68.54
    - BMI pediatric, 95th greater or equal to 95th percentile for age V85.55 - Z68.55
  ➔ Maps to 34 code options
### 733.00 Osteoporosis, unspecified

**ICD9 current state specifications:**
- Senile, idiopathic, disuse, other
  - M80-M81 Classification Category
  - Specific Changes/Documentation Concepts:
    - Specify localized
    - Specify age-related, with or without current pathological fracture
    - Anatomical location of fracture
    - Specify laterality
    - Specify type of encounter (initial, subsequent, sequelae)

**Examples:**
- Localized osteoporosis M81.6
- Age-related osteoporosis without current pathological fracture M81.0
- Age-related osteoporosis with current pathological fracture, right shoulder, subsequent encounter for fracture with nonunion M80.011K
  - Maps to 279 code options

### 427.31 Atrial Fibrillation

**ICD9 current state specification:**
- Atrial Fibrillation
  - I48 ICD-10 Category Classification
  - Specifications changes/Documentation Concepts:
    - Identify Acuity
      - Specify paroxysmal, persistent, or chronic (permanent)

**Examples:**
- Paroxysmal atrial fibrillation I48.0
- Chronic atrial fibrillation I48.2
- Persistent atrial fibrillation I48.1
- Unspecified atrial fibrillation I48.91
  - Maps to 4 code options

### 414.00 Coronary Atherosclerosis, unspecified type of vessel, native or graft

**ICD9 current state specification:**
- Vessel type: Native artery, autologous/nonautologous vein bypass graft, artery bypass graft, bypass graft/native artery of transplanted heart
  - I25 ICD-10 Category Classification
  - Specifications changes/Documentation Concepts:
    - Identify vessel type - Same vessel type specifications
    - Additional Symptom
      - With angina pectoris: Unstable, with spasm, other forms
      - Without angina pectoris

**Examples:**
- Atherosclerosis of coronary artery bypass graft(s) without angina pectoris I25.710
- Atherosclerotic heart disease of native coronary artery with unstable angina pectoris I25.110
- Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris I25.768
  - Maps to 36 code options
311 Depressive disorder, not elsewhere classified

ICD9 current state specification:
- Depressive disorder, depressive state, depression NOS
  - F32-F33 ICD-10 Category Classification

Specifications changes/Documentation Concepts:
- Identify episode
  - Degree of severity, with or without psychotic features
  - Partial remission vs full remission
  - Other specified
- Examples:
  - Major depressive disorder, single episode, unspecified F32.9
  - Major depression disorder, single episode, severe with psychotic features F32.3
  - Major depressive disorder, recurrent, in partial remission F33.41
  - Recurrent brief depressive episodes F33.8
- Maps to 17 code option

305.1 Tobacco Use Disorder

ICD9 current state specification:
- Tobacco dependence/use, history of tobacco use
  - F17, D99, Z72, Z87 ICD-10 Category Classification

Specifications changes/Documentation Concepts:
- Type of substance disorder: Delivery method; Disorder state
  - Type of substance disorder: Use vs Dependence
  - Delivery method: Cigarette, chewing tobacco, and other tobacco products
  - Disorder state:
    - Current use with or without complications (withdrawal, nicotine-induced disorders)
    - In remission vs personal history of nicotine dependence
    - Specify Smoking (tobacco) complicating pregnancy, by trimester
- Example:
  - Tobacco use F27.0
  - Nicotine dependence, cigarettes, uncomplicated F17.210
  - Nicotine dependence, unspecified, in remission F17.281
  - Personal history of nicotine dependence Z87.891
- Not symptomatic or with adverse effects, no current treatment for
- Maps to 29 code options

Noncompliance with Medication Regime

- Z91.120 Patient’s intentional underdosing of medication regime due to:
  - Z91.128 financial hardship
- Z91.128 patient’s intentional underdosing... for other reason
- Z91.130 Patient’s unintentional underdosing... due to age-related debility
- Z91.138 Patient’s unintentional underdosing... for other reason

Coding guidelines:
1. Code first relapse or exacerbation of condition being treated, if applicable
2. Code/ Identify drug (T36-T50)
3. Assign non-compliance (Z-code)

Case Example:
- Noncompliance due to financial hardship causing exacerbation of acne vulgaris;
  - T70.X Acne vulgaris
  - T36.456A Underdosing of tetracyclines, initial encounter
  - Z91.120 Patient unintentional underdosing of medication regimen due to financial hardship

St. Joseph Health
659.63 Elderly multigravida, with antepartum condition or complication

ICD9 current state specification:
Elderly multigravida, with antepartum condition or complication

- 009 ICD-10 Category Classification

Specifications changes/Documentation Concepts:
- Pregnancy stage
  - First, second, third trimester
- Use additional code from category Z3A, weeks of gestation, to identify the specific week of the pregnancy

Examples:
- Supervision of elderly multigravida, first trimester O09.521
- Supervision of elderly multigravida, second trimester O09.522
- Supervision of elderly multigravida, third trimester O09.523
- Supervision of elderly multigravida, unspecified trimester O09.529
- Maps to 4 code options

733.82 Nonunion of fracture

ICD9 current state specifications:
Nonunion of fracture

- M- and S- ICD-10 Category Classifications

Specifications changes/Documentation Concepts:
- Type of fracture or alignment; fracture site; laterality; type of encounter
  - Examples of fracture type/alignment: traumatic, age-related osteoporosis with current pathological fracture, wedge compression fracture, displaced vs nondisplaced fracture, stable vs unstable burst fracture, in neoplastic disease, in other diseases, stress
  - Subsequent with nonunion

Examples:
- Type III traumatic spondylolithesis of third cervical vertebra, subsequent encounter for fracture with nonunion S12.24XK
- Age-related osteoporosis with current pathological fracture, right forearm, subsequent encounter for fracture with nonunion M80.031K
- Stable burst fracture of T11-T12 vertebra, subsequent encounter for fracture with nonunion S22.080K
- Maps to 2896 code options

823.00 Closed Fracture of Upper End of Tibia

ICD9 current state specification:
Closed Fracture of Upper End of Tibia

- S82, S89 ICD-10 Category Classification

Specifications changes/Documentation Concepts:
- Salter-Harris Classification: Type I, II, III, IV
  - Displaced vs nondisplaced
  - Laterality - left, right, unspecified
  - Type of encounter - initial, subsequent, sequel

Examples:
- Unspecified fracture of upper end of left tibia, initial encounter for closed fracture S82.102A
- Salter-Harris Type I physeal fracture of upper end of right tibia, subsequent encounter for fracture with routine healing S89.011D
- Maps to 54 code options
Case Study: Ear Pain

Chief Complaint
Right earache and ear pain.

History
This 20 year old male is an established patient and well known to me. He is a full-time college student, and presents with a right sided ear pain, noted 8/10. The symptoms started yesterday and continue to worsen with no pain relief using acetaminophen. Denies discharge, hearing loss, or ringing/roaring. He denies trauma or recent barotrauma to ear. He denies fever, sore throat, and cough today. He reports recently having an URI that resolved with OTC medications.

Medical history includes major depressive disorder with recurrent episodes of mild severity, and bipolar II disorder

Assessment/Plan

Exam
Healthy appearing male. A&Ox3. He appears calm and is cooperative. Vital signs: BP: 130/78 HR: 70 bpm T: 99.8 °F Wt.: 235 lbs Ht: 5’ 10”.
Respiration: Lungs clear CTA with normal respiratory effort.

Assessment and Plan
New onset AOM AD, suppurative, with pain unrelieved by acetaminophen.
Prescriptions: amoxicillin for AOM; ibuprofen for pain.
Return in one week if symptoms persist.
Clinical Documentation

In diagnosing otitis media using ICD-9-CM you should document items such as acute, chronic, not specified as acute or chronic, nonsuppurative or suppurative, and with or without spontaneous rupture of the eardrum. In ICD-10-CM, you will need to document these characteristics plus left, right or bilateral that are affected and is the problem initial or recurrent to assign a correct code.

In this fictional test case we gave this young male a diagnosis of bipolar II disorder. You would not report the bipolar disorder unless it affects treatment at today’s encounter. Conditions that are not treated or that do not affect patient treatment nor are treated should not be reported.

Summary of ICD-10 Impacts

<table>
<thead>
<tr>
<th>ICD-9 Diagnosis Code</th>
<th>ICD-10 Diagnosis Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>382.00 Acute suppurative otitis media without spontaneous rupture of eardrum</td>
<td>H66.001 Acute suppurative otitis media without spontaneous rupture of ear drum, <strong>right</strong> ear</td>
</tr>
</tbody>
</table>

Strategies to Optimize Transition

- Identify date range of most frequently used ICD-9/ICD-10 codes
- Identify ICD-10 unspecified code usage
- Perform retrospective chart review to identify key documentation elements are present
  - Lateriality
  - Ocurrence
  - Location
  - State (in remission/out of remission
  - Pain site
  - Infection site
  - Causal organism
Resources

- American Health Information Management Association AHIMA, http://www.ahima.org/
- "ICD-10-CM/PCS Documentation Tips" in AHIMA
- World Health Organization [WHO] ICD-10 CM Interactive Training Modules (Physician/Staff)
  http://apps.who.int/classifications/apps/icd/ICD10Training/
- CMS: Road to 10:
  http://www.roadto10.org/quick-references/
- AAPC: Quick Reference Guides: Downloadable FREE
- CMS: Clinical Documentation Concepts:

QUESTIONS

Contact → JILL OLMSTEAD, MSN, ANP-C, CCS-P, FAANP
at 714-296-5538 (work cell)
jill.olmstead@stjoe.org