
What is ICD-10?



2014

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Why ICD-10?

What is ICD-10?

- ▶ ICD codes (International Statistical Classification of Diseases and Related Health Problems) are alphanumeric designations given to classify diseases, their causes and symptoms
- ▶ ICD codes are used worldwide for morbidity and mortality statistics; ICD codes are used in the United States for reimbursement systems and automated decision support in medicine
- ▶ Center for Medicare/Medicaid Services (CMS) will require all payers, providers, and affiliated partners to migrate from the existing ICD-9 code set to the ICD-10 code set on **October 1, 2014**

Why migrate from ICD-9 to ICD-10?

- ▶ ICD-9 is 30 years old and no longer adequate
- ▶ ICD-9 has reached capacity for the number of codes
- ▶ ICD-10 is a more complete code set and allows significant room for expansion
- ▶ The United States is one of the last industrialized nations to move to ICD-10

Benefits of migration to ICD-10

- ▶ ICD-10 provides greater clinical detail
- ▶ Increased code capacity and format supports advances in medicine and research
- ▶ ICD-10 facilitates more accurate compliance with clinical policies, medical necessity and promotes quality among practices

ICD-10-CM: Structured to...

Allow more accurate definition of services and provide specific diagnosis and treatment information for a wider variety of illness and disease

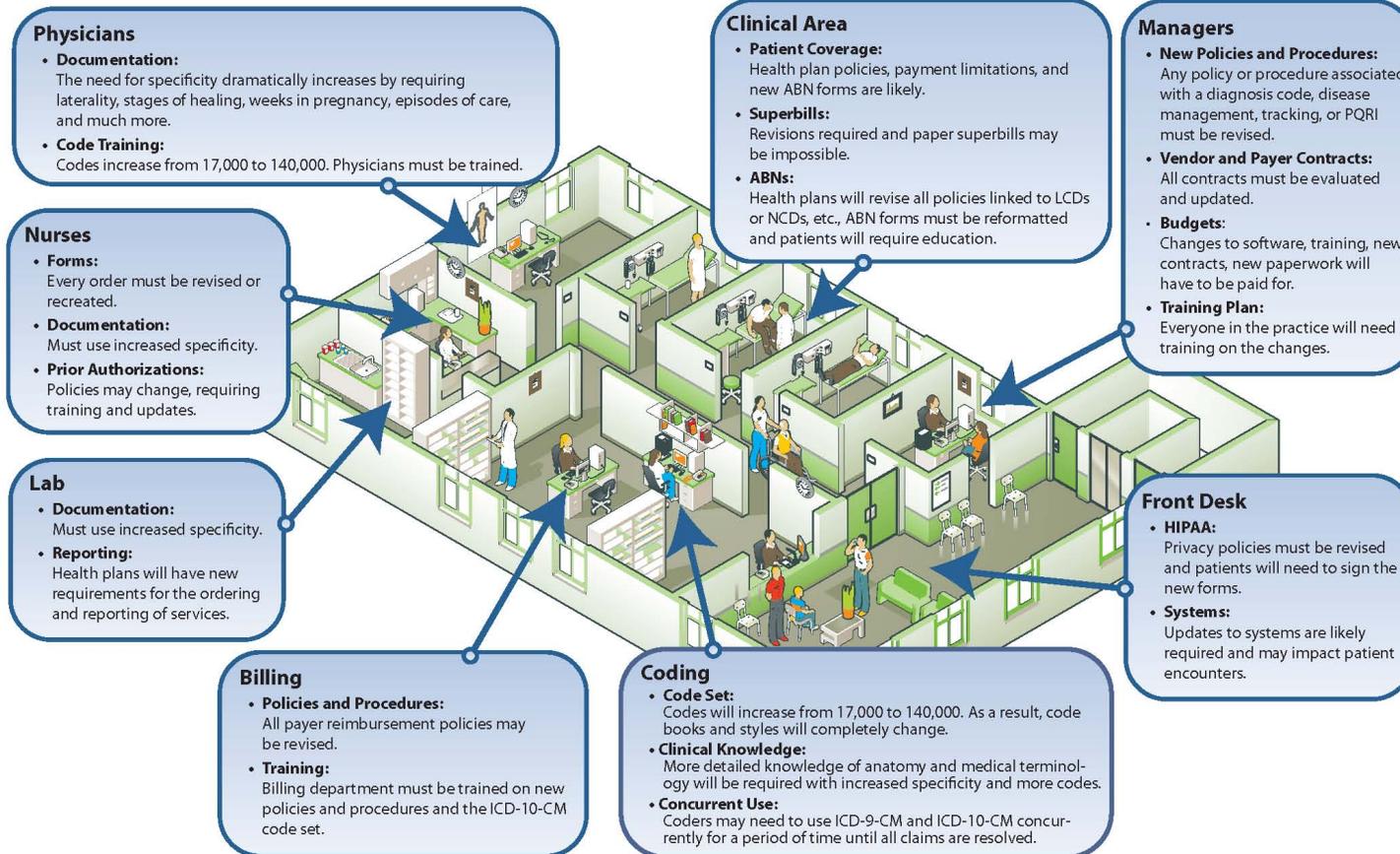
Provide more accurate data for tracking, reporting, reimbursement, trending, and purchasing decisions

Reduce claim rejection, improve disease management, and allow for more accurate and comprehensive revenue



- Measuring care furnished to patients
- Designing payment systems
- Processing claims
- Making clinical decisions
- Tracking public health
- Identifying fraud and abuse
- Conducting research

ICD-10 will change everything.



Will you be ready?

AAPC can help every aspect of your practice's transition to ICD-10. Whether you just want the basics or need complete implementation training, AAPC has a solution to fit your needs.

For more information, visit www.aapc.com/ICD-10



AAPC created this graphic to illustrate the areas and practice stakeholders that ICD-10-CM will touch. Source: <http://www.aapc.com/ICD-10/>

ICD-10 has a significantly different structure, increased specificity, and greater volume of terms which equals greater complexity

Number of Codes

	ICD-9	ICD-10
Total Codes	16,000	155,000
Diagnosis Codes	13,000	68,000
Procedure Codes	3,000	87,000

Structural Change



PIECES OF ICD-10



Three Character Categories

Each chapter begins with three character categories

Chapter 1 Certain Infectious and Parasitic Diseases (A00–B99)

- A00–A09 Intestinal infectious diseases
- B15–B19 Viral hepatitis

Chapter 2 Neoplasms (C00–D49)

- C00–C14 Lip, oral cavity and pharynx
- C51–C58 Female genital organs

Chapter 4 Endocrine, Nutritional and Metabolic Diseases (E00–E90)

- E08–E14 Diabetes mellitus
- E65–E68 Obesity and other hyperalimentation

Four Character Categories

The four character categories further define the site, etiology, and manifestation or state of the disease or condition

Example:

- C15 Malignant neoplasm of the esophagus
- C15.3 Malignant neoplasm of **upper third** of esophagus
- C15.4 Malignant neoplasm of **middle third** of esophagus
- C15.5 Malignant neoplasm of **lower third** of esophagus

Five-Six Character Classification

In ICD-10-CM, a 5th or 6th six character sub-classifications represents the most accurate level of specificity

Example:

- J10.81 Influenza due to other identified influenza virus with encephalopathy
- J10.82 Influenza due to other identified influenza virus with myocarditis

Seventh Character Extension

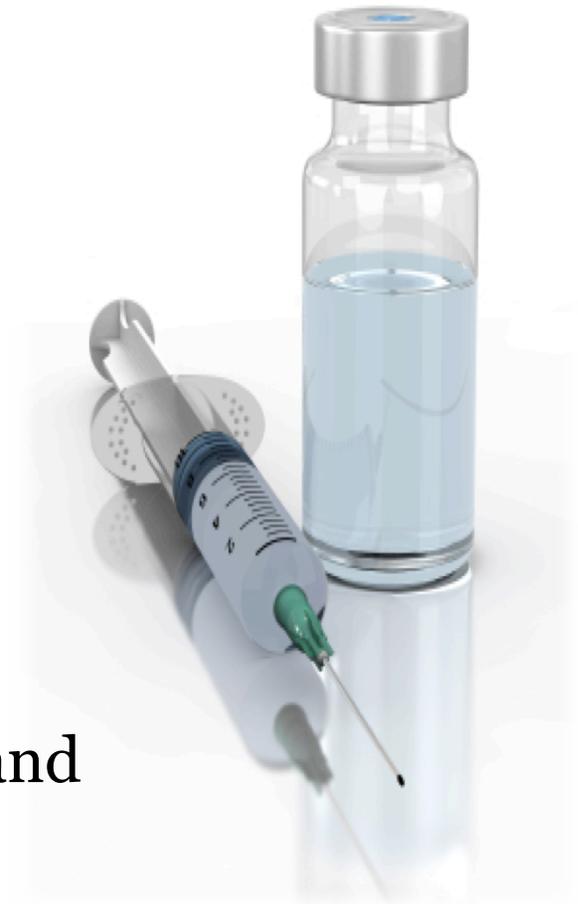
Certain ICD-10-CM categories have applicable seven characters

- The applicable 7th character is required for all codes within the category, or as the notes in the Tabular List instruct
- The seventh character must always be the 7th character in the data field

Seventh Character Extension

Example:

- T45.1X6A Underdosing of antineoplastic and immunosuppressive drugs, **initial encounter**
- T45.1X6D Underdosing of antineoplastic and immunosuppressive drugs, **subsequent encounter**
- T45.1X6S Underdosing of antineoplastic and immunosuppressive drugs, **sequela**



Dummy Placeholders

ICD-10-CM utilizes a placeholder character “X”

- The “X” is used as a 5th character placeholder in certain six character codes to allow for future expansion

Example:

- T81.4XXA Infection following a procedure, not elsewhere classified, initial encounter

ICD-10-CM Conventions

Laterality

- For bilateral sites, the final character of the codes in the ICD-10-CM indicates laterality
- The right side is usually character 1
- The left side character 2
- In those cases where a bilateral code is provided the bilateral character is usually 3
- The unspecified side is either a character 0 or 9 depending on whether it is a fifth or sixth character An unspecified side code is also provided should the side not be identified in the medical record

ICD-10-CM Conventions

Example:

- A female patient is diagnosed with malignant neoplasm of upper-inner quadrant of left breast

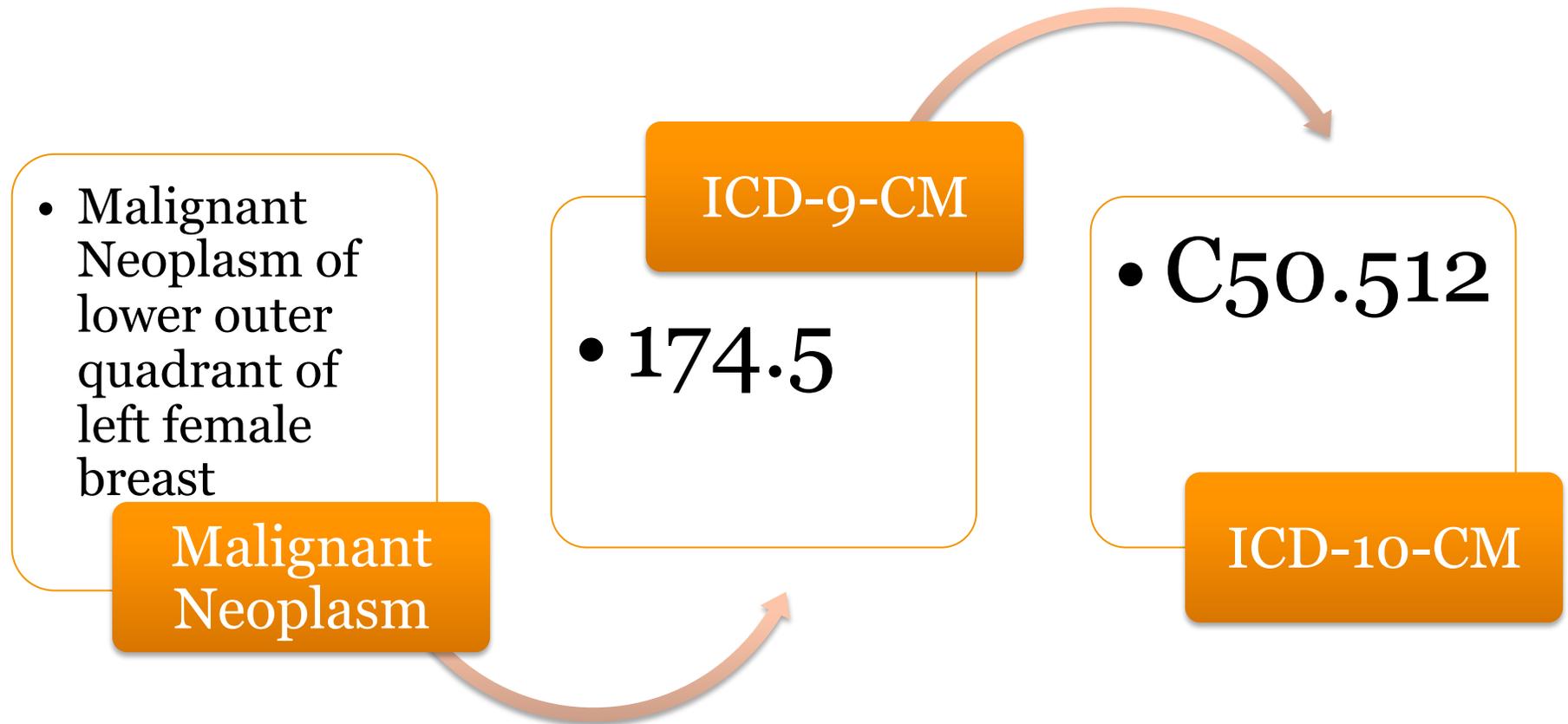
C50.2 Malignant neoplasm of upper-inner quadrant of breast

C50.21 Malignant neoplasm of upper-inner quadrant of breast, female

C50.211 Malignant neoplasm of upper-inner quadrant of right breast, female

C50.212 Malignant neoplasm of upper-inner quadrant of left breast, female

Neoplasms (Coo-D49)



Neoplasms (C00-D49)

If the reason for the encounter is to diagnose when malignancy may be present, assign a code(s) for sign(s)/symptom(s) unless confirmation of the diagnosis is made

- Confirmation of a malignancy should be assigned when there is confirmation from an outpatient visit in the medical record or pathology report

Example

During a routine examination, the physician found a suspicious breast mass in the left breast of a female patient who has a history of breast cancer of the right breast. The physician scheduled a biopsy in the outpatient surgery department at the hospital.

N63 - Unspecified lump in breast

Z85.3 - Personal history of primary malignant neoplasm of breast

Neoplasms (Coo-D49)

When treatment is directed at a malignancy the malignancy is designated as the principal diagnosis

There is an exception and that is when the patient is admitted solely for the administration of chemotherapy, immunotherapy, or radiation therapy

Example

A patient underwent removal of the upper lobe of the left lung due to lung cancer after a mass was discovered during CT scan

- C34.10 Malignant neoplasm of upper lobe, unspecified bronchus or lung
- C34.11 Malignant neoplasm of upper lobe, right bronchus or lung
- **C34.12 Malignant neoplasm of upper lobe, left bronchus or lung**

Neoplasms (C00-D49)

When a patient is admitted with a metastasis and the treatment is directed at the secondary site only, the secondary neoplasm is assigned as the principal diagnosis

- Even though the primary malignancy is still present

Example

A patient was diagnosed with a malignant cancer of pancreatic duct with metastasis to liver The patient is being treated for the liver cancer

- First-listed diagnosis: C78.7—Secondary malignant neoplasm of liver
- Second listed diagnosis: C25.3—Malignant neoplasm of pancreatic duct

Neoplasms (Coo-D49)

When admission/encounter is for management of an anemia with the malignancy, and the treatment is only for anemia

- » appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis followed by code D63.0 Anemia in neoplastic disease

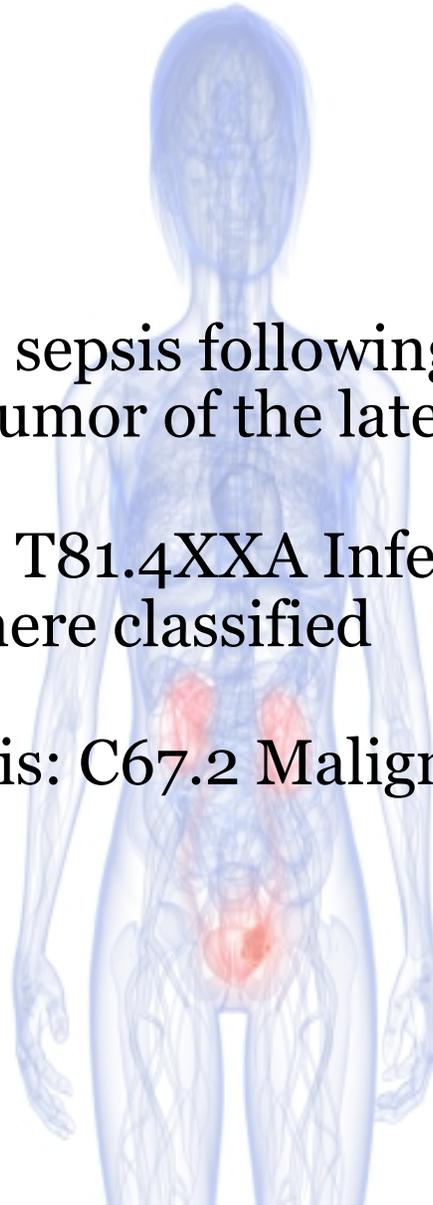
When the admission/encounter is for management of dehydration due to the malignancy or the therapy, or a combination of both, and only the dehydration is being treated (intravenous rehydration)

- » the dehydration is sequenced first, followed by the code(s) for the malignancy

Example

A patient was treated for sepsis following surgery for the removal of a malignant tumor of the lateral wall of the bladder

- First-listed diagnosis: T81.4XXA Infection following a procedure, not elsewhere classified
- Second listed diagnosis: C67.2 Malignant neoplasm of lateral wall of bladder



Neoplasms (C00-D49)

Episode of Care Involves Surgical Removal of Neoplasm

When an episode of care involves the surgical removal of a neoplasm, primary or secondary site, followed by adjunct chemotherapy or radiation treatment during the same episode of care

- » neoplasm code should be assigned as principal or first-listed diagnosis, using codes in the C00-D49 series or where appropriate in the C83-C90 series

Neoplasms (C00-D49)

A patient may have more than one malignant tumor these tumors may represent different primaries or metastatic disease, depending on the site

- » Code C80.0 *Disseminated malignant neoplasm, unspecified* is for use only in those cases where the patient has advanced metastatic disease and no known primary or secondary sites are specified
- » Code C80.1 *Malignant neoplasm, unspecified* equates to cancer, unspecified this code should only be used when no determination can be made as to the primary site of a malignancy

Neoplasms (Coo-D49)

Coding Malignant Neoplasms of the Skin

Include:

Basal cell

Squamous cell

Other specified

Unspecified

Malignant Neoplasm of Skin Code Changes

Example:

A patient returns to the dermatologist to discuss removal of his SCC on his right ear

C44.222 – Squamous cell carcinoma of right ear and external auricular canal

Neoplasms (C00-D49)

If a patient is diagnosed with a pathological fracture due to a neoplasm, and the focus of the treatment is on the fracture

- » code from category M84.5 (Pathological fracture in neoplastic disease, should be sequenced first, followed by the code for the neoplasm)

Example

A patient is treated for a pathologic fracture of the right tibia, due to a neoplasm of the right tibia

M84.561A Pathologic fracture of bone in neoplastic disease, right tibia, initial encounter

C40.21 Malignant neoplasm of right lower tibia

Neoplasms (C00-D49)

A malignancy is coded as the primary diagnosis for as long as treatment is directed at the malignancy

- » Once treatment has been completed, and there is no evidence of any existing primary malignancy, personal history of primary and secondary malignant neoplasm codes should be used

Example

A 56-year-old male was seen in follow-up following removal of the prostate three years ago for a malignancy

Z85.46 for personal history of primary malignant neoplasm of prostate

Documentation Matters



ICD-10 Affect on Clinical Documentation

- Increased code detail contained in ICD-10-CM means that required documentation will change ICD-10-CM includes:
 - a more robust definition of severity, co-morbidities, complications, sequelae, manifestations, causes, and a variety of other important parameters that characterize the patient's condition.
- 25% of the codes are based on laterality, another 25% are based on the type of encounter.
- There must be a cause-and-effect relationship between the care provided and the condition and an indication in the documentation that it is a complication

Documentation Requirement

- To understand the true complexity of a patient's condition relating to disease, co-morbidities, and side effects managed, monitored and under treatment
- Regardless of your specialty you will be required to capture: laterality, location, histologic type, cell type, complications, grading, staging and more
- All services will require the increased granularity to obtain prior authorizations, schedule services, i.e. unilateral mammogram, or admit the patient to the hospital

ICD-10 Documentation Challenges

- Documentation of Complications of Care
 - Code assignment is based on the provider's documentation of the relationship between the condition and the care or procedure
 - It is important to note that not all conditions that occur during or following medical care or surgery are classified as complications
 - There must be a cause-and-effect relationship between the care provided and the condition and an indication in the documentation that it is a complication.
- Understanding histologic type primary, metastatic to or metastatic from, history of (NED), location, laterality, stage and cell type must be clearly documented to assign the appropriate ICD-10 code

Goals of Clinical Documentation

- To provide continuity of care for the patient, between members of the healthcare team that rely on documentation in the health record for determining ongoing treatment decisions
- To provide a more robust and accurate depiction of patient severity
- To provide more robust clinical data to the clinical community, to assist in data-driven decisions
- To understand the true complexity of a patient's condition relating to disease, co-morbidities, and side effects managed, monitored and under treatment

Goals of Clinical Documentation Review

- Identify and clarify any confusing, incomplete, conflicting, or missing information in the physician-documented portion of the medical record related to diagnosis or procedures
- Five criterion used for reviewing documentation:
 - Legibility, completeness, clarity, consistency, precision
- Accurate and complete documentation will ensure
 - Appropriate payment
 - Medicolegal protection
 - Appropriate care
 - Continuity of appropriate care
 - Quality research data

Goals of Clinical Documentation Improvement

- To decrease the provider's compliance risk, as it relates to medical necessity and coverage, coding and billing, and other issues related to regulatory compliance
- To decrease the number of denied claims due to insufficient documentation
- To ensure appropriate reimbursement for the medically necessary services provided, regardless of the reimbursement mechanism

Supporting Medical Necessity

- Medical necessity of E/M services is generally expressed in two ways: frequency of services and intensity of service
- Medicare determines medical necessity largely through the experience and judgment of clinician coders
- At audit, Medicare will deny or down-code E/M services that, in its judgment, exceed the patient's documented needs
- Medical necessity of E/M services is based on the following attributes of the service that affected the physician's documented work:
 - **Number, acuity and severity/duration of problems addressed through history, physical and medical decision-making**
 - **The context of the encounter among all other services previously rendered for the same problem**
 - **Complexity of documented co-morbidities that clearly influenced physician work**
 - **Physical scope encompassed by the problems**

ICD-10 Affects Clinical Documentation

- **Documentation Opportunities**
 - Identify documentation concerns
 - Review utilization of unspecified codes
 - Diagnosis has to be coded to the highest level of specificity
- **Additional Opportunities**
 - Be specific with the medical necessity for the visit as this will allow for more accurate coding with ICD-10



What Does This All Mean.....



ICD-10 for Oncology

- ICD-10-CM provides codes for reporting neoplasm sites with greater precision.
- In some instances, ICD-10-CM provides greater detail on the type of neoplasm for malignant neoplasm and other histologic behaviors.
- Neoplasm category in ICD-9-CM contains nearly 960 codes and neoplasm category in ICD-10-CM contains more than 1,540 codes
- Personal history
 - Primary malignancy still being treated code malignancy
 - No further treatment directed at site code personal history from category Z85

Breast Cancer

- Malignant Neoplasm Breast
 - 54 choices for male/female breast
 - Documentation must include:
 - » Laterality
 - » Location
 - » Estrogen receptor status (when necessary)
 - » Type (LCIS, DCIS, primary, secondary, history of)
 - » Mastectomy site (skin) vs. breast tissue

- Code Examples:
 - C 50.422 Malignant neoplasm of upper-outer quadrant of left male breast
 - C50.412 Malignant neoplasm of upper-outer quadrant of left female breast
 - **Use additional** code to identify estrogen receptor status (Z17.0 – ER+, Z17.1-ER-)

Neoplasm Small Intestine and Colon

- Large and small intestine
 - 26 choices available
 - Documentation must include:
 - » Specific site: appendix, caput coli, cecum, colon and rectum, ascending, caput, descending, distal, left, overlapping, pelvic, right, sigmoid, hepatic flexure, sigmoid flexure, duodenum, ileum, jejunum
 - » Rectum, rectosigmoid junction, anus and anal canal are three categories in ICD-10 vs. one in ICD-9
 - » **Excludes1:** malignant carcinoid tumors of the colon (C7A.02-)

- Code Examples:
 - C18.1 Malignant neoplasm of appendix
 - C18.2 Malignant neoplasm of ascending colon

Malignant Neoplasm of Lip, Oral Cavity & Pharynx

- Lip, Oral Cavity, and Pharynx (C00-C14)
 - Use additional code to identify
 - » Alcohol abuse and dependence
 - » History of tobacco use
 - » Tobacco dependence
 - » Tobacco use
 - » Exposure to environmental tobacco smoke
 - » Occupational exposure to environmental tobacco smoke
 - 63 code choices - includes categories for upper/lower, overlapping sites, specific locations
- Code Examples:
 - C10.4 Malignant neoplasm of branchial cleft
 - C13.1 Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect

Malignant Neoplasm of Bronchus and Lung

- **Bronchus and Lung**
 - The number of specific codes for malignant neoplasm of bronchus and lung has increased from 7 to 16. They include lobe and laterality indicators. Additional codes should be captured for tobacco use, exposure to smoke, history of tobacco use, or occupational exposure, if known
 - Malignant carcinoid of the bronchus or lung, Kaposi's sarcoma of the lung and Mesothelioma of the pleura has their own ICD-10 codes and documentation criterion
- **Code Examples:**
 - C34.11 Malignant neoplasm of upper lobe, right bronchus or lung
 - C34.81 Malignant neoplasm of overlapping sites of right bronchus and lung

Prostate Cancer

- In ICD-10-CM, primary malignant neoplasm of the prostate is code C61, which is a one-to-one match with ICD-9-CM code 185
- However, for metastatic prostate cancer, codes for the site of the metastasis are more specific.
 - Secondary sites requiring more specificity include the lungs (C78.01 right or C78.02 left), kidneys (C79.01 right or C79.02 left), other urinary organs, bone and bone marrow (C79.51 bone or C79.52 bone marrow), adrenal glands (C79.71 right or C79.72 left)

Gynecologic Neoplasms

- In ICD-10 there will be 36 choices
- Documentation must include site and laterality (where indicated)
 - Specific site: ovary, uterus, endocervix, exocervix, overlapping sites of cervix, endometrium, myometrium, fundus uteri, corpus uteri, isthmus uteri, overlapping sites corpus uteri, fallopian tube, broad ligament, round ligament, uterine adnexa, vagina, labium majus and minus, vulva, overlapping sites of vulva, clitoris
- Code Examples:
 - C53.0 Malignant neoplasm of endocervix
 - C53.1 Malignant neoplasm of exocervix
 - C56.0 Malignant neoplasm of right ovary
 - C56.1 Malignant neoplasm of left ovary

Liver and Intrahepatic Bile Ducts

- In ICD-10 liver will be specific to type:
 - Liver cell carcinoma
 - Intrahepatic bile duct
 - Hepatoblastoma
 - Angiosarcoma of liver
 - Other sarcoma of liver
 - Malignant neoplasm, primary, type unspecified
 - Malignant neoplasm, not specified as primary or secondary
- Capture alcohol abuse/dependence, hepatitis b or c when appropriate for HCC
- Careful review of medical record documentation as extrahepatic or hepatic duct is classified elsewhere

- Code Examples:
 - C22.0 – Liver cell carcinoma
 - C22.1 – Intrahepatic bile duct
 - C22.3 - Hepatoblastoma

Lymphoma

- Code categories for lymphoma include:
 - C81 Hodgkin lymphoma,
 - C82 Follicular lymphoma,
 - C83 Non-follicular lymphoma,
 - C84 Mature T/NK- cell lymphomas,
 - C85 Other specified and unspecified types of non-Hodgkin lymphoma,
 - C86 Other specified types of T/NK cell lymphoma
- Increased code specificity for follicular lymphomas (Code category C82) includes identification of the grade (I, II, IIIA, IIIB). Must capture site of nodal involvement – approx. 370 code choices
- Code Examples:
 - C83.01 Small cell B-cell lymphoma, lymph nodes of head, face, and neck
 - C83.54 Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb

Leukemia

- Approximately 108 codes represent Leukemia
 - » Lymphoid, myeloid leukemia, monocytic leukemia, other Leukemia of specified cell type, Leukemia of unspecified cell type
 - » Documentation for in remission or not having achieved remission along with acute or chronic will need to be captured and updated as appropriate

- Code Examples:
 - C92.60 Acute myeloid leukemia with 11q23 abnormality not having achieved remission
 - C92.A0 Acute myeloid leukemia with multilineage dysplasia not having achieved remission

Myelodysplastic Syndromes

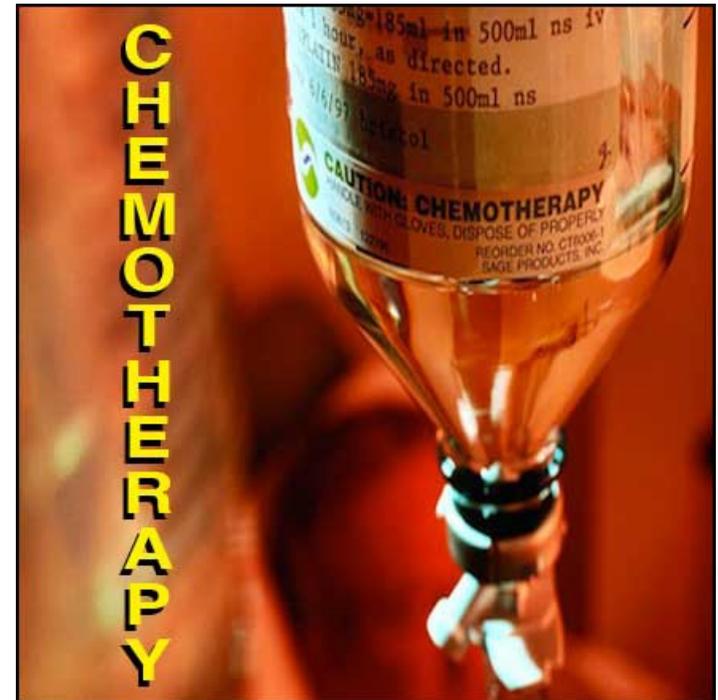
- ICD-10 will require documentation by type:
 - refractory anemia (by type): w/ or w/o ring siderblasts, w/excess of blasts (1/ unspecified), refractory cytopenia w/multilineage dysplasia, refractory w/ multilineage dysplasia and ring sideroblasts
- Code Examples:
 - D46.B – Refractory cytopenia with multilineage dysplasia and ring sideroblasts
 - D46.C – Myelodysplastic syndrome with isolated del (5q) chromosomal abnormality
 - D46.22 – Refractory anemia with excess of blasts 2

ICD-10-CM Documentation Challenges

- Coding and sequencing of complications with malignancy; encounter is for management of anemia
 - Anemia associated with malignancy – code malignancy first, then the anemia (D63.0)
 - Anemia associated with the adverse effect of the administration of chemotherapy/immunotherapy – code anemia first, then the malignancy, then the adverse effect (T45.1X5)
 - Anemia associated with the adverse effect of radiotherapy – code anemia first, then the malignancy, then code (Y84.2), Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
- » ***This is a major change***
- » ***Watch to see what payers do with this.***

Encounter for Therapy

- If the encounter is strictly for chemo, immuno, or radiation therapy, those codes are coded as principal diagnosis and the malignancy is secondary
- If treatment is focused on a secondary malignancy it is coded as the principle diagnosis
- To determine the extent of the malignancy



Follow-up Admissions

- Various scenarios can be encountered to allow one to code history or follow up codes
 - Recurrent malignancies
 - Interventions after diagnosis of Ca made
 - Observation for adverse effect of drug
 - History of malignant neoplasms
 - Chemotherapy/Radiation
 - Prophylactic interventions
 - Screening for malignant neoplasms
 - Use additional code for family history of malignant neoplasm

Recurrent Malignancy Example

Sandra had cancer of the right breast— lumpectomy removed entire lesion. She is returning now a year later with a lesion at the site of previous lumpectomy. According to pathology this is a recurrence of the primary malignancy with a ER+

- C50.911 Malignant neoplasm of unspecified site of right female breast

Use additional code to identify estrogen receptor status (Z17.0, Z17.1)

Review

- Code to point of origin
- Has the malignancy been excised or eradicated?
- Is treatment being directed to the primary site?
- Is there evidence of remaining malignancy at the primary site
- Account for primary with either malignant code or 'history of code'

ICD-10 Documentation Key Statements

- Data for clinical outcomes to manage diseases
- Quality of documentation will be the key
- Accurate, Thorough, Complete, Legible and Thorough
- Detail with granularity
 - Site
 - Laterality
 - Biologic Behavior
 - Manifestations of Disease
 - Adverse Effects

Preparing for ICD-10

- Review Documentation
 - Identifying documentation concerns
 - Reviewing unspecified codes utilized by provider
 - Educate providers on coding to the highest level of specificity
- Training for coding/billing staff
 - Ensure understanding of new coding guidelines
 - Reviews for appropriate clinical documentation to support medical necessity



Questions?