

# ICD-10

Will Change Everything



**Presented by: Donna Stewart, CPC**

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# ICD-10 Final Rule Issues

- Single implementation date for all users
  - Date of service for ambulatory and physician reporting
  - Date of discharge for inpatient settings
- ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013
- ICD-9-CM claims for services prior to implementation date will continue to flow through systems for a period of time
- 4010 electronic transaction standard to 5010 – January 1, 2012
- **THERE WILL BE NO DELAY!!!**

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# What Does 5010 Bring?

- Clarity and consistency in front matter
- Clarity in situational elements to minimize need for companion guides
- Changes in some segments and data elements to better represent business processes
  - Example – change in use of subscriber loop in claims
- Enables use of ICD-10
- Claims
  - Enables use of POA indicator
  - Separates diagnosis code reporting
  - Clarifies use of NPI
  - Required minutes for anesthesia as opposed to units or minutes
  - Provides greater consistency between dental and professional claims

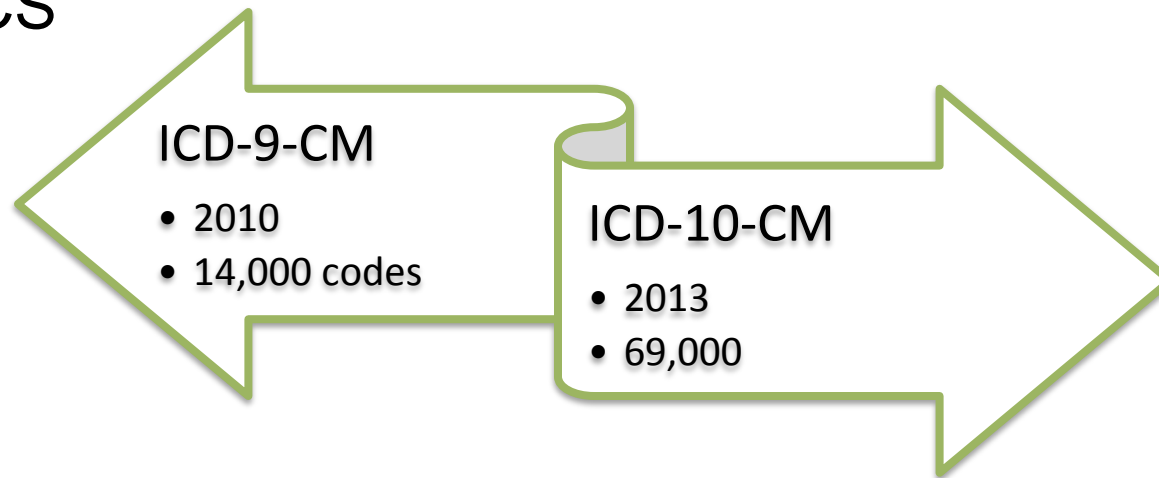
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# ICD-10 Changes

- From 14,000 codes to approximately 69,000 ICD-10 codes
- All codes have full descriptions for both ICD-10-CM and ICD-10-PCS



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# Physician Practices: What Will Change?

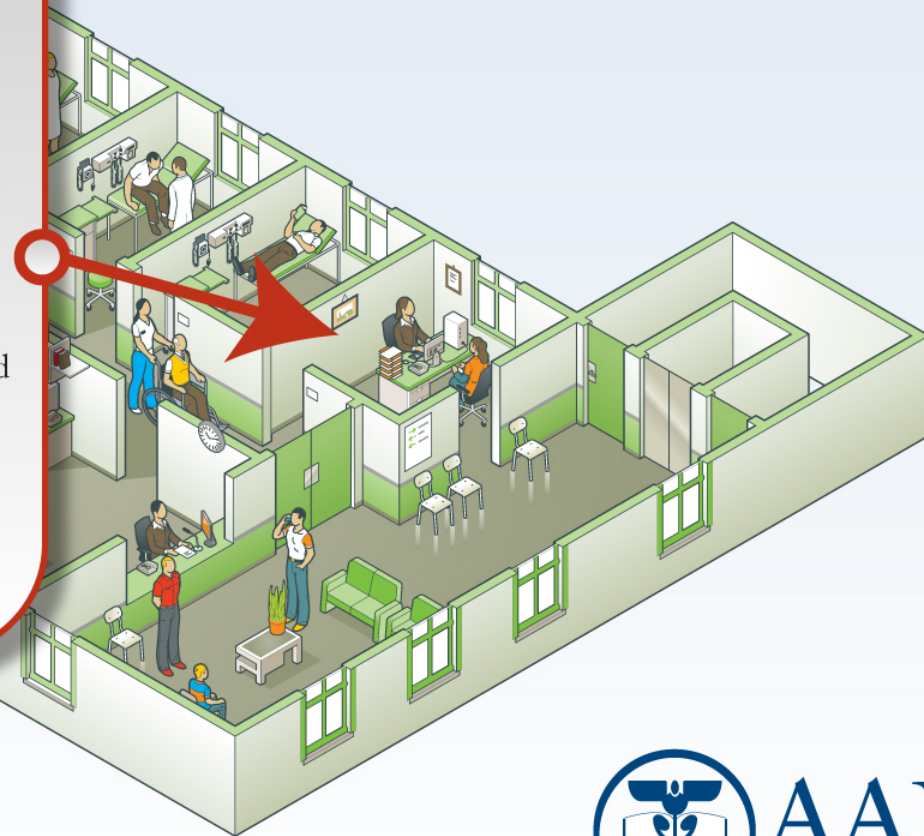
ICD-10 Will Change Everything



# ICD-10 Will Change Everything

## Manager's Office

- **New Policies and Procedures:**  
Any policy or procedure tied to a diagnosis code, disease management, tracking or PQRI must be changed.
- **Vendor and Payer Contracts:**  
All contracts must be evaluated and updated as needed.
- **Budgets:**  
All of these changes—software, training, new contracts, new paperwork—will have to be paid for.
- **Training Plan:**  
Everyone in your practice will need training. You'll need to determine how much and how you will get it done.

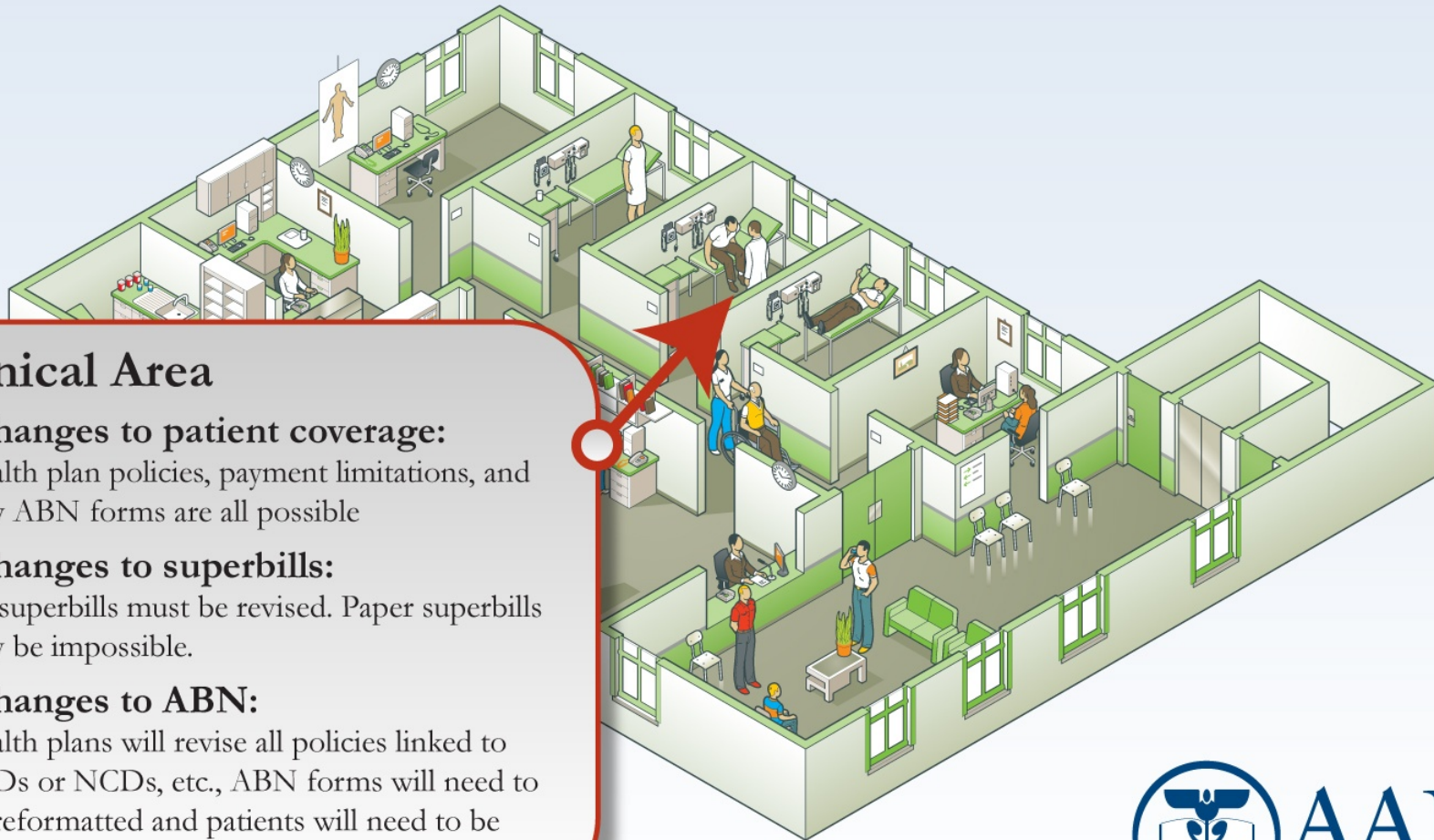




# ICD-10 Will Change Everything

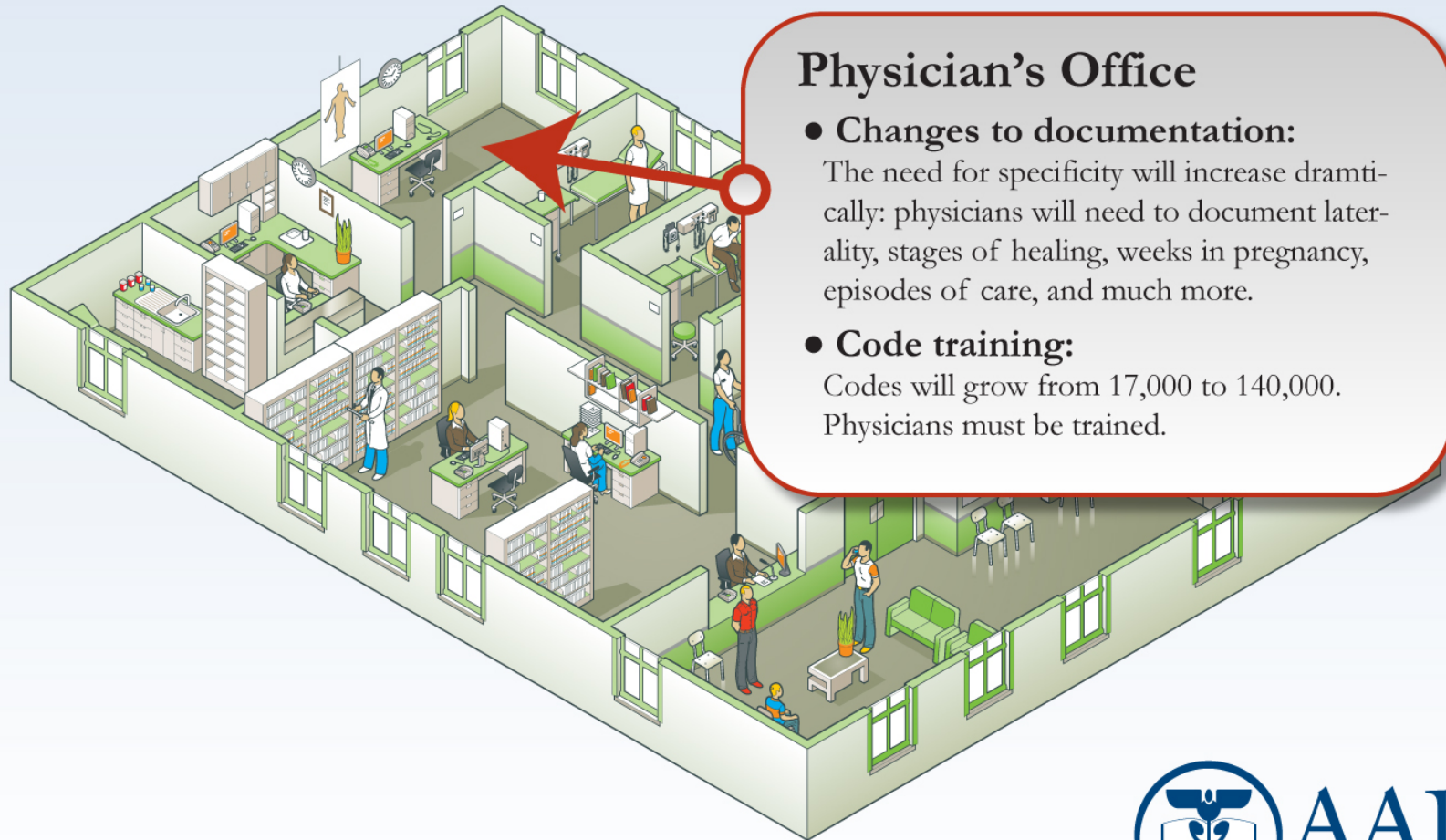
## Clinical Area

- **Changes to patient coverage:**  
Health plan policies, payment limitations, and new ABN forms are all possible
- **Changes to superbills:**  
All superbills must be revised. Paper superbills may be impossible.
- **Changes to ABN:**  
Health plans will revise all policies linked to LCDs or NCDs, etc., ABN forms will need to be reformatted and patients will need to be educated.





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## Physician's Office

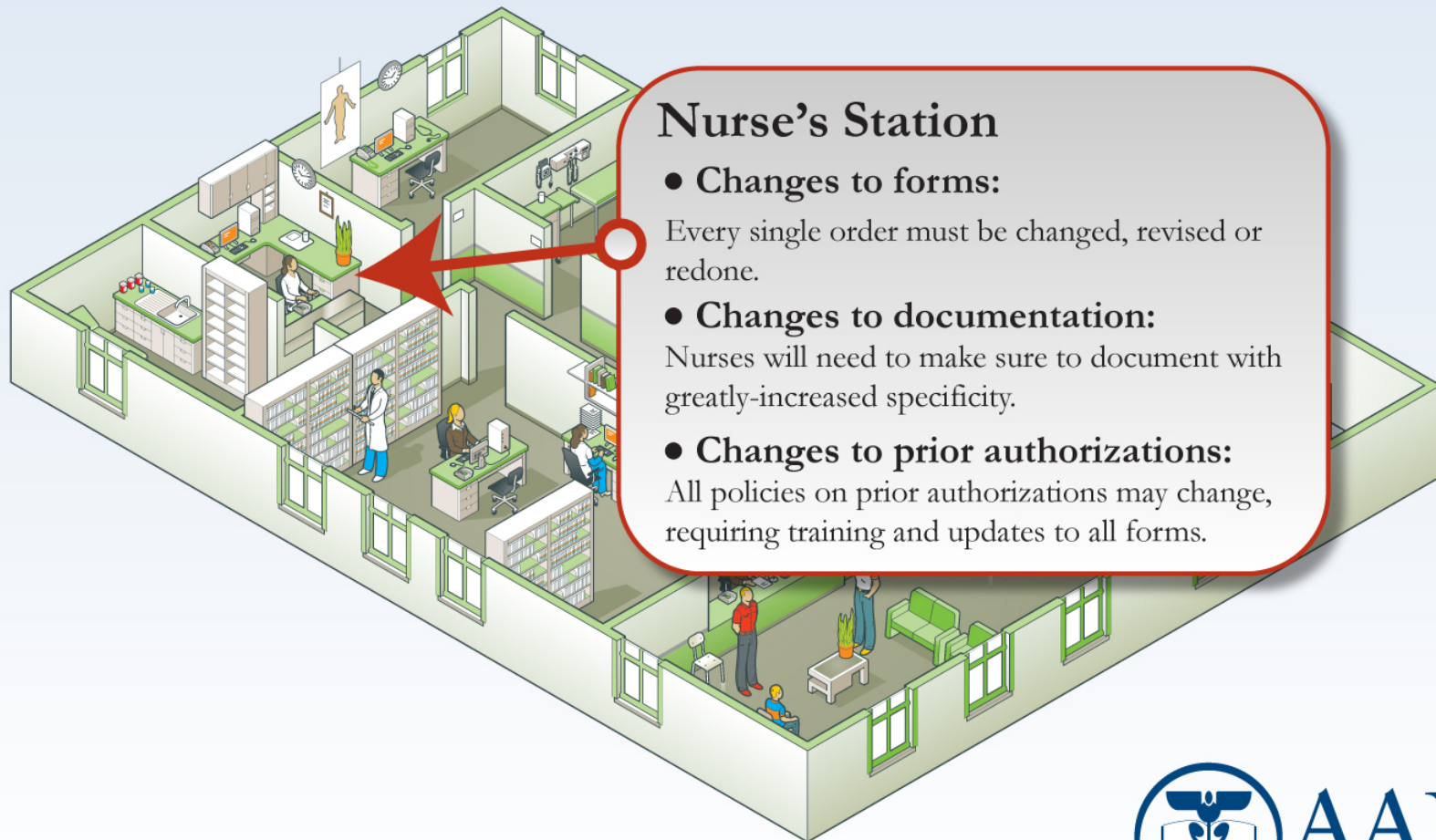
- **Changes to documentation:**

The need for specificity will increase dramatically: physicians will need to document laterality, stages of healing, weeks in pregnancy, episodes of care, and much more.

- **Code training:**

Codes will grow from 17,000 to 140,000. Physicians must be trained.

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## Nurse's Station

- **Changes to forms:**

Every single order must be changed, revised or redone.

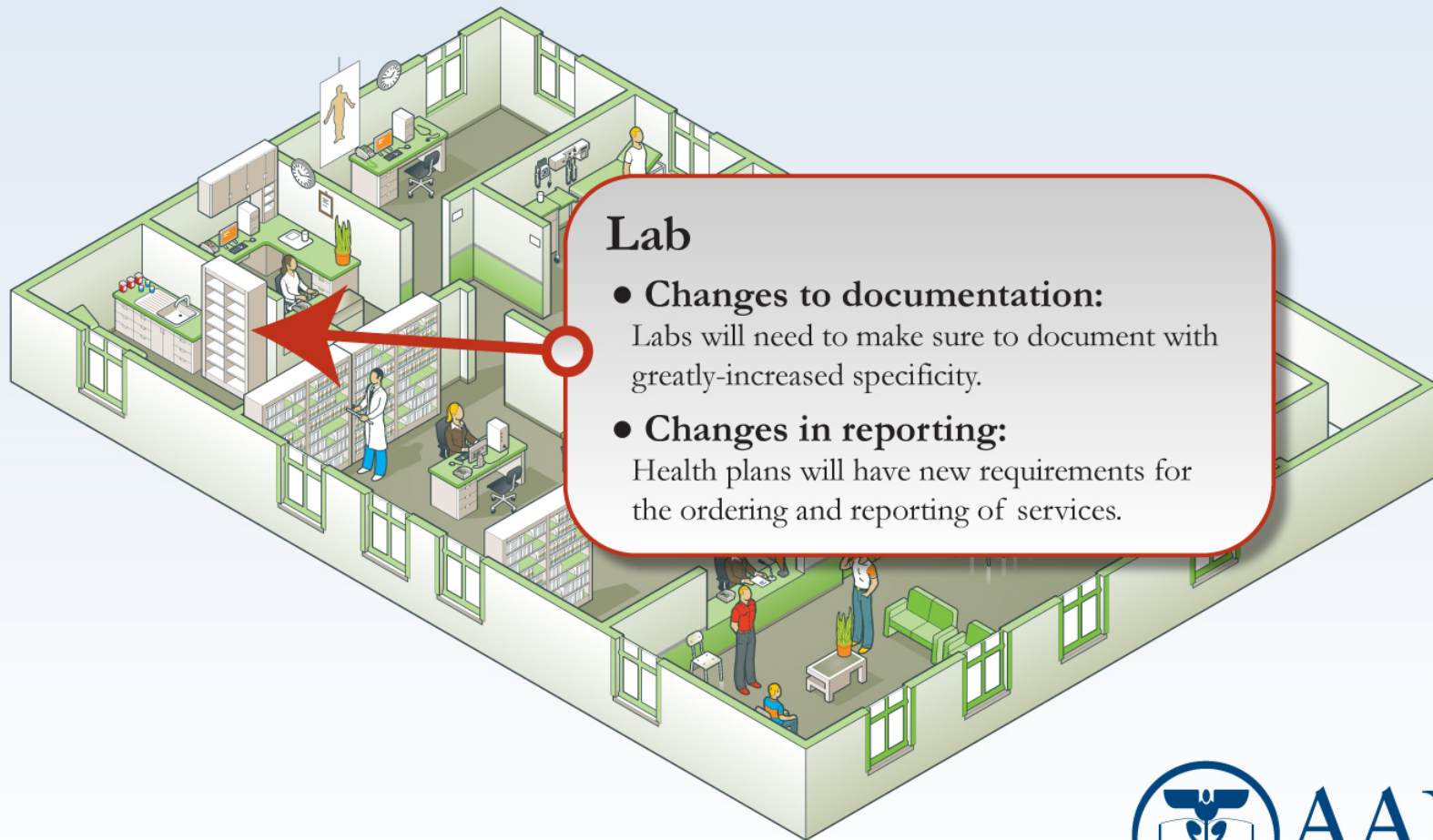
- **Changes to documentation:**

Nurses will need to make sure to document with greatly-increased specificity.

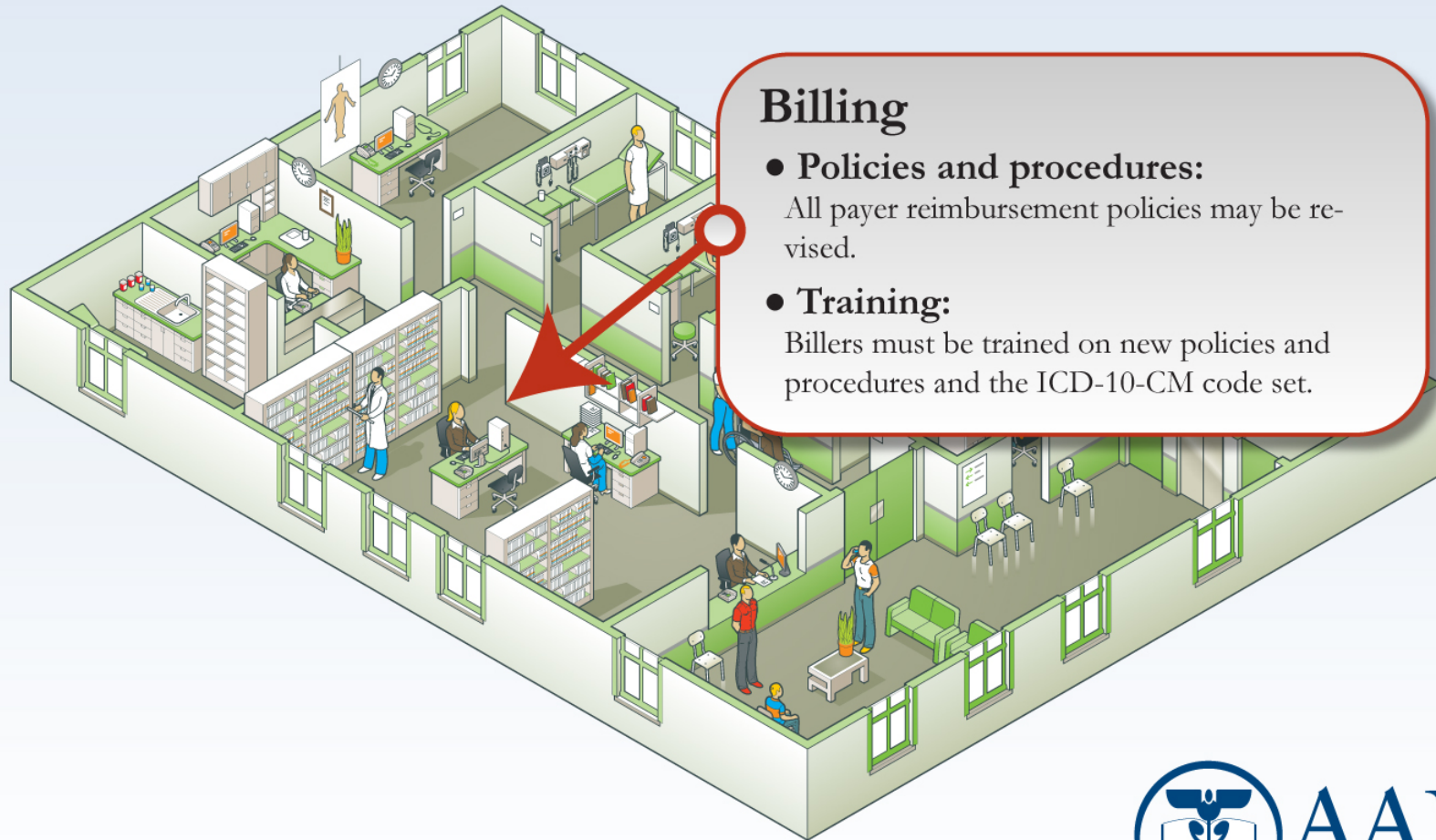
- **Changes to prior authorizations:**

All policies on prior authorizations may change, requiring training and updates to all forms.

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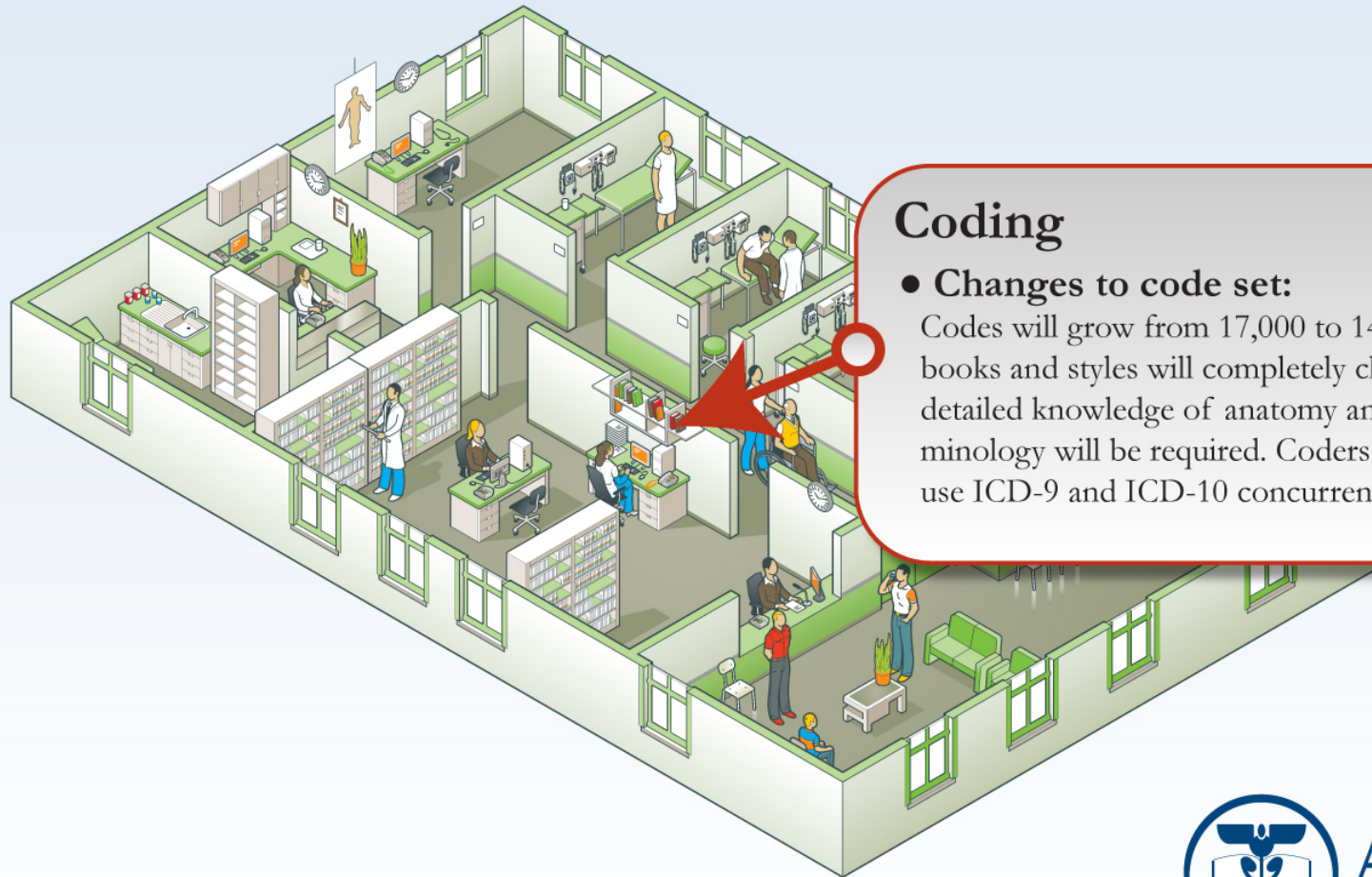


# ICD-10 Will Change Everything





# ICD-10 Will Change Everything



## Coding

- **Changes to code set:**

Codes will grow from 17,000 to 140,000. Code books and styles will completely change. More detailed knowledge of anatomy and medical terminology will be required. Coders may need to use ICD-9 and ICD-10 concurrently for a time.

# ICD-10 Will Change Everything

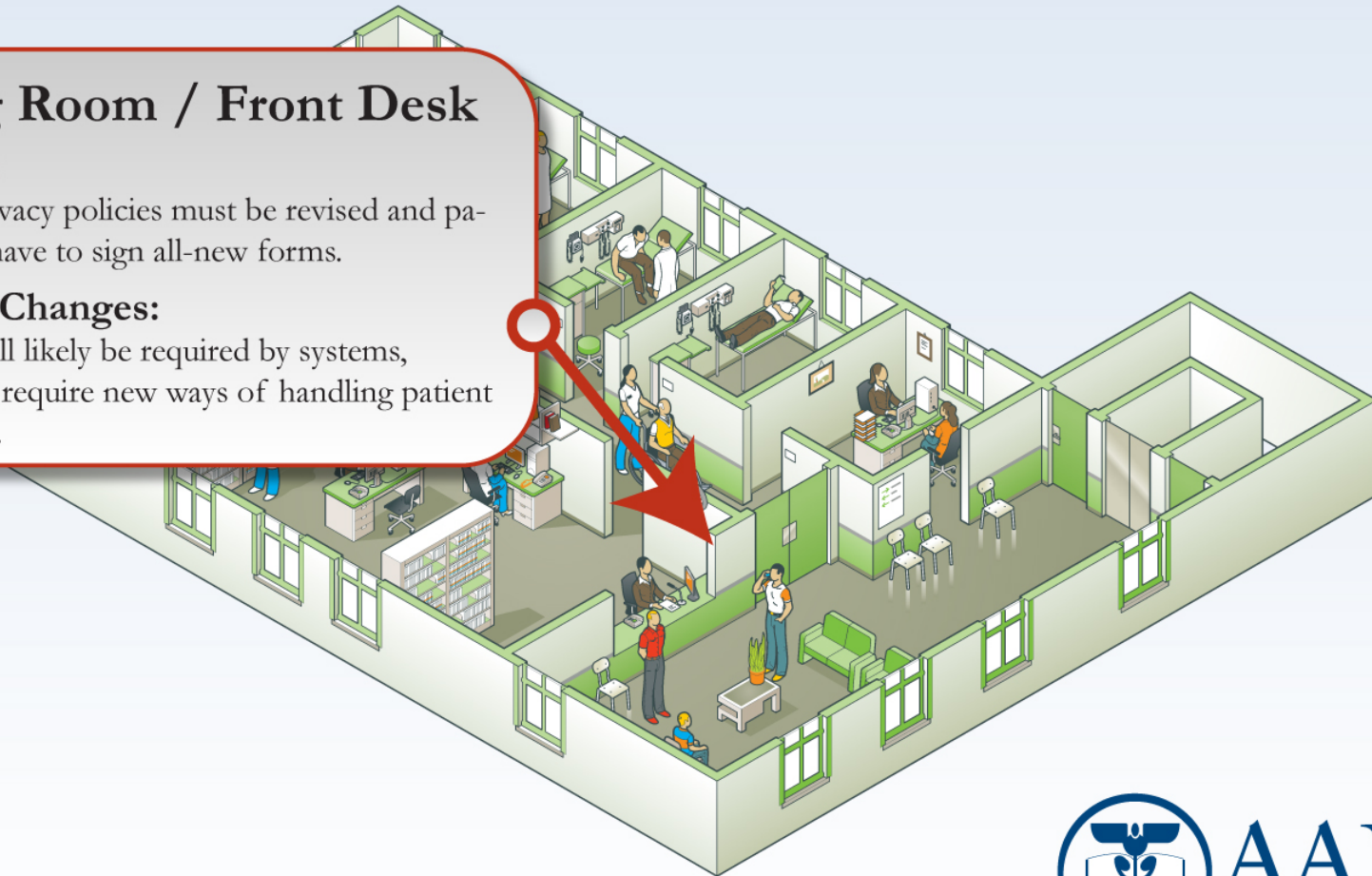
## Waiting Room / Front Desk

- **HIPAA:**

HIPAA privacy policies must be revised and patients will have to sign all-new forms.

- **System Changes:**

Updates will likely be required by systems, which may require new ways of handling patient encounters.





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# Coding Transitions

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# ICD-10-CM Changes

- Multiple changes in store:
  - Addition of information relevant to ambulatory and managed care encounters
  - Expanded injury codes
  - Creation of combination codes
  - Alphanumeric

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# ICD-10-CM Changes

- 21 chapters
- Includes separate chapters for eye and adnexa and the ear
- Chapters are subdivided into blocks of three character categories

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# ICD-10-CM Changes

- Many similarities to ICD-9-CM
  - Guidelines
  - Look up
  - Neoplasm table

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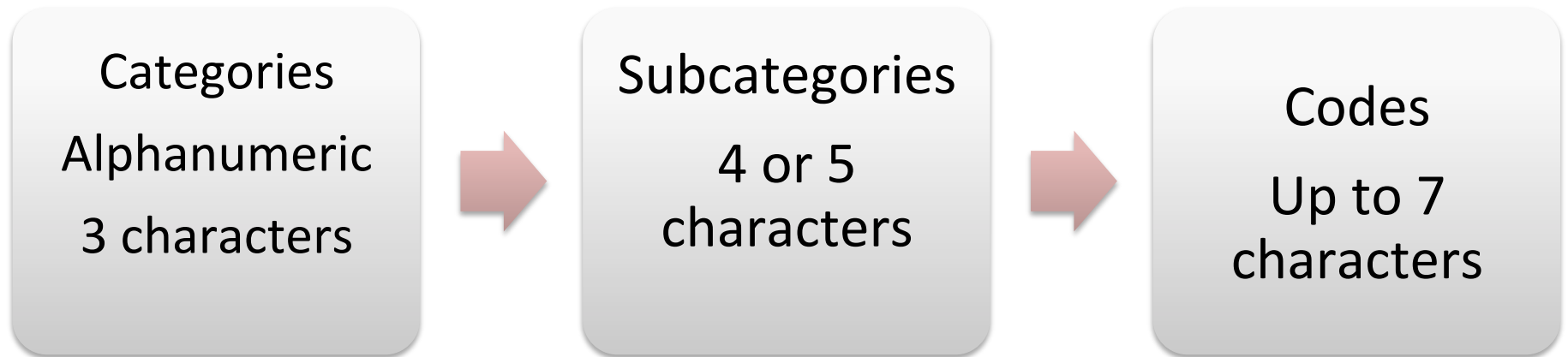
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# ICD-10-CM Changes

- There are some differences
  - Chapters have been rearranged
  - Titles have been changed
  - Conditions have been regrouped
  - Almost twice as many categories
  - Minor changes in the coding rules for mortality

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# Format and Structure

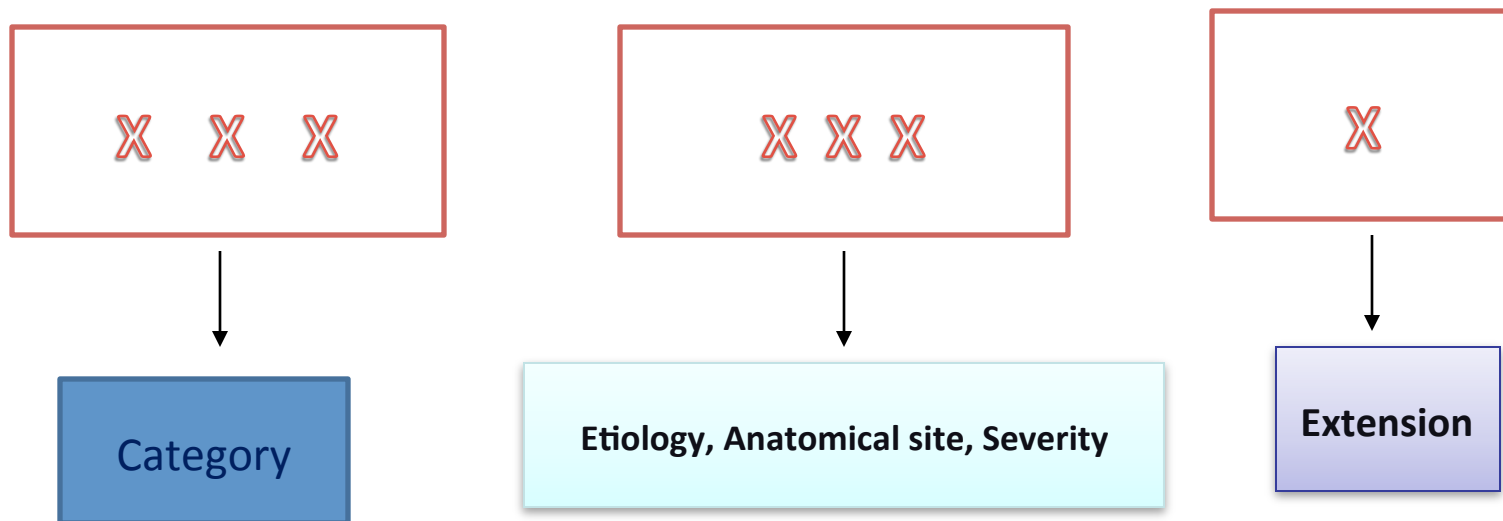


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# ICD-10 CM Format



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# Format and Structure

- Four character categories further define
  - Site
  - Etiology
  - Manifestation
  - State of the disease or condition

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# 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
    - C15.8 Malignant neoplasm of overlapping lesion of esophagus
    - C15.9 Malignant neoplasm of esophagus, unspecified
-

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# Fifth/Sixth Characters

- Identifies the most precise level of specificity
- Examples:
  - C84.62 Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
  - C92.02 Acute myeloblastic leukemia, in relapse
  - C7a.091 Malignant carcinoid tumor of the thymus

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# Seventh Character Extenders

- Required for certain categories
- Must always remain in the 7<sup>th</sup> character
- Explains the status or encounter

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# Locating a code

- Just like ICD-9-CM
- Never code from index
- Start with the alphabetic list always and confirm with tabular list



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# Terms

- Includes
  - Inclusion
  - Excludes
    - Excludes1
    - Excludes2
    - Example: J03 Acute tonsillitis
- Excludes2: chronic tonsillitis

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# Laterality

- Right side is usually character 1
- Left side is usually character 2
- Bilateral code is usually character 3
- Unspecified side is either 0 or 9 depending on if it is fifth or sixth character
- Usually... not always

Example: C57.0**1** Malignant neoplasm of **right** fallopian tube

C57.0**2** Malignant neoplasm of **left** fallopian tube

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# Neoplasms in ICD-10-CM

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# Neoplasms

- Chapter 2 contains most codes, however, some benign neoplasms may be found in a specific body system
- To properly code the type of neoplasm is needed
  - Benign
  - In-situ
  - Uncertain

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# Neoplasms

- Documentation for coding of neoplasms must include:
  - Laterality
  - Location (very site specific in ICD-10-CM)
  - Morphology

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# Example

- Malignant neoplasm breast
    - 54 choices for male/female breast
    - Documentation must include:
      - Laterality
      - Location
      - Use of an additional code to identify estrogen receptor status (if known)
- C50.422 malignant neoplasm of upper-outer quadrant of the left male breast



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# Example

- Female patient presents to her oncologist for a check-up on her breast cancer. She has been diagnosed with malignant cancer in the central portion of her left breast. She has a negative estrogen receptor status.

C50.112 Malignant neoplasm of central portion of the left female breast

Z17.1 Estrogen receptor negative status (ER-)

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# Neoplasm Case Example

- 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, splenic flexure, duodenum, ileum, jejunum...
    - Example: C18.5 Malignant neoplasm of splenic flexure

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# Example

- A physician removed a malignant tumor from the descending colon at a prior hospitalization. The patient is presenting today for chemotherapy .

Z51.11 Chemotherapy session for neoplasm

C18.6 Malignant neoplasm of descending colon

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# Example

- 56-year-old male was seen in follow-up following removal of a malignancy from the prostate 3 years prior.

Z85.46 Personal history of primary malignant neoplasm of prostate

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# Example

- A patient presents to the oncologist for treatment options. He was diagnosed with a CA in situ of the urinary bladder.
- D09.0 Carcinoma in situ of the bladder
- ❖ Note: The CIS codes are located in the D00-D09 categories in ICD-10-CM

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# Example

- Pathology report from biopsy of a mass retrieved from small intestine in a patient came back positive for neoplasm of uncertain morphology.

D37.2 Neoplasm of uncertain behavior of the small intestine

❖ Note: The neoplasms of uncertain behavior are located in the D37-D44 categories in ICD-10-CM

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# Example

- An oncologist is asked to see a 25-year-old pregnant patient in her second trimester who has been diagnosed with nodular sclerosis classical Hodgkin lymphoma of the axilla.
- O9a.112 Malignant neoplasms complicating pregnancy, second trimester
- C81.14 Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of the axilla and upper limb

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# Example

- A 54-year-old patient presents for follow-up of his chronic myelogenous leukemia. He is diagnosed as being in remission.
- C92.11 Chronic myeloid leukemia, BCR/ABL-positive, in remission



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# Example

Mrs. Smiley was admitted to the hospital due to exceptionally low hemoglobin detected in the physician's office, and diagnosed as anemia. She is currently under the care of her Oncologist for a primary malignant neoplasm of the ascending colon, and the physician feels the anemia is directly related to the neoplasm. She is stable in her treatment plan for the neoplasm, but needs to be admitted for a blood transfusion for the anemia.

- C18.2—Malignant neoplasm of ascending colon
- D63.0—Anemia in neoplastic disease

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# ICD-O-3

- International Classification of Diseases for Oncology, 3<sup>rd</sup> Edition
- Used principally in tumor or cancer registries for coding the site (topography) and the histology (morphology) of neoplasms as indicated by the pathology report

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# ICD-O-3

- The topography axis uses the ICD-10 classification of malignant neoplasms for all types of tumors to provide greater detail than what is provided in ICD-10
- The morphology axis codes range for M-8000/0 to M-9989/3
  - First four digits indicate the specific histological term
  - Fifth digit after the slash (/) indicates whether the tumor is:
    - Malignant, benign, in situ, uncertain behavior

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# What Can Today's Practices Do To Prepare?

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## Documentation: Compliance and Quality

- In the clinical area, the largest impact to ICD-10-CM implementation is the documentation
  - Since ICD-10-CM is more robust and has up to seven digits of specificity, will documentation currently be in the medical record to support ICD-10-CM on the “Go-live” date?
  - By analyzing the documentation and conducting medical record documentation audits, the impact can be assessed

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# Documentation Impacts

## Documentation of diagnoses and procedures

- Codes must be supported by medical documentation
- ICD-10-CM codes are more specific
- Revenue Impacts of specificity
  - Denials
  - Additional Documentation



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# Performing an ICD-10-CM Readiness Evaluation

- Practitioners either have staff that conduct audits in your medical practice or routinely have a consultant audit for appropriate documentation and coding
  - Important element of compliance and many practitioners have undergone this process from a comprehensive coding perspective
  - But take a different approach
    - Review the patient chart note to make sure the physician or non-physician practitioner is documenting a complete diagnosis to support an ICD-10-CM code

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# Performing an ICD-10-CM Readiness Evaluation

- ICD-10-CM readiness evaluation
  - different than the typical medical record documentation and coding audit
  - Auditor will assess the documentation and make a determination if:
    1. does the documentation support the current diagnosis reported, and
    2. will the documentation support an ICD-10-CM code(s)?



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# Performing an ICD-10-CM Readiness Evaluation

- Resources
  - Do you have the skills and availability?
  - Do you need to outsource?
    - AAPC has the best resources available at reasonable prices for either implementation training or readiness evaluations

# ICD-10 Implementation Tracker

[ICD-10 Overview](#) | [ICD-10 Training](#) | [ICD-10 Resources](#)

Although the steps in this tracker may be followed independent of any training, we recommend you consider our comprehensive [ICD-10 Implementation Training](#) for greater detail and instruction on the steps and tasks listed below.

Click on the text in the left-hand column to check off your tasks as you complete them.

TRACKER

HELP

Small Medical Practice (4–10 providers)

Prefer to use the previous version of the Implementation Tracker? [Access it here.](#)

My Personal ICD-10 Implementation	'11	'11	'11	'11	'12	'12	'12	'12	'13	'13	'13	'13	'14
	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Qtr. 1
Step 1: Inform (January 2011 to May 2011)													
Step 2: Assign (May 2011 to August 2011)													
Step 3: Assess (August 2011 to December 2011)													
Step 4: Plan (September 2011 to December 2011)													
Step 5: Prepare (December 2011 to August 2012)													
Step 6: Train (December 2011 to September 2013)													
Step 7: Test (January 2013 to September 2013)													
Step 8: Implement (Oct. 1, 2013)													
Step 9: Evaluate (October 2013 to January 2014)													

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# ICD-10

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## Step 1

### ICD-10-CM Implementation Training

- Everything you need to know to implement ICD-10-CM in your practice
- Areas of ICD-10-CM impact, working with vendors and GEMS
- Documentation challenges of ICD-10-CM
- Templates, tools and checklists to simplify the transition
- 16 hours

## Step 2

### ICD-10-CM Anatomy and Pathophysiology Training

- Advanced training for increased specificity requirements
- How to identify the appropriate diagnosis or condition
- Key areas of challenge posed in ICD-10-CM
- 14 hours

2012

## Step 3

### PHASE I ICD-10-CM Code Set Training

- General code set training
- Complete guidelines with ICD-10-CM hands-on exercises
- Pre-requisite to PHASE II Specialty Code Set Training
- 8 hours
- Available Q2, 2012

## Step 4

### PHASE II ICD-10-CM Specialty Code Set Training

Multi-Specialty

or

Specialty Specific

- Multi-specialty or single-specialty
- Advanced, real-world, hands-on coding
- Pre-requisite: PHASE I ICD-10-CM Code Set
- 8 - 16 hours
- Available Q3, 2012

2013

## Step 5

### ICD-10 Proficiency Assessment

- 75 questions
- Open book, online, unproctored, use any resource available
- Two attempts to pass over a two year window (Oct. 1, 2012 – Sept. 30, 2014)

## ICD-10 Implementation

OCTOBER 1, 2013



Learn more at

[www.aapc.com/icd-10coder](http://www.aapc.com/icd-10coder)

## ICD-10

[ICD-10 Implementation](#)
[ICD-10 Training](#)
[ICD-10 Documentation Readiness](#)
[ICD-10 Resources](#)

## ICD-10 Implementation

What is your Progress?

[Track Your Progress](#)

ON TRACK  
BEHIND  
WARNING

[Access Tracker](#)

## ICD-10 Code Conversion

☒ ICD-9 to ICD-10

☐ ICD-10 to ICD-9

[GO](#)

[add to your website](#)

## Countdown to ICD-10

DAYS HOURS MINS SECS  
**791 15 33 7**

[add to your website](#)

[Home](#) > [ICD-10 Implementation](#) > [ICD-10 Documentation Readiness](#) > ICD-10 Documentation Example

## ICD-10 Documentation Example

The following case highlights the increased specificity required to code for ICD-10-CM:

**S:** Mrs. Finley presents today **after having a new cabinet fall on her last week**, suffering a concussion, as well as some cervicalgia. **She was cooking dinner at the home she shares with her husband. She did not seek treatment at that time.** She states that the people that put in the cabinet **in her kitchen** missed the stud by about two inches. **Her husband, who was home with her at the time told her she was "out cold" for about two minutes.** The patient continues to have cephalgias since it happened, primarily occipital, extending up into the bilateral occipital and parietal regions. **The headaches come on suddenly, last for long periods of time, and occur every day. They are relieved by Advil.** She denies any vision changes, any taste changes, any smell changes. The patient has a marked amount of tenderness across the superior trapezius.

**O:** Her weight is 188 which is up 5 pounds from last time, blood pressure 144/82, pulse rate 70, respirations are 18. She has full strength in her upper extremities. DTRs in the biceps and triceps are adequate. Grip strength is adequate. Heart rate is regular and lungs are clear.

- A:**
1. Status post concussion with **acute** persistent headaches
  2. Cervicalgia
  3. Dorsal somatic dysfunction

**P:** The plan at this time is to send her for physical therapy, three times a week for four weeks for cervical soft tissue muscle massage, as well as upper dorsal. We'll recheck her in one month, sooner if needed.

### ICD-10-CM Coding:

S06.0x1A	Concussion with loss of consciousness of 30 minutes or less , <b>initial encounter</b>
G44.311	<b>Acute post traumatic headache</b> , <b>intractable</b>
M54.2	Cervicalgia
M99.01	Segmental and somatic dysfunction of cervical region

Training

Certification

Continuing Education

ICD-10

Jobs

Networking

Resources

Store

Log In / Join



## ICD-10

ICD-10 Implementation

ICD-10 Training

ICD-10 Documentation Readiness

ICD-10 Resources

[Home](#) > [ICD-10 Implementation](#) > ICD-10 Resources

## ICD-10 Resources

ICD-10 is going to change everything, and AAPC can get you prepared. Beyond our [ICD-10 implementation](#) and [coding training](#), here are more resources to help you:

PROVIDERS

HEALTH PLANS

## ICD-10 WILL CHANGE EVERYTHING

**Understand how your office will be affected. >**

### Manager's Office

• New policies and procedures:  
Any policy or procedure tied to  
diagnostic codes, disease names

## ICD-10 Implementation

What is your Progress?

**Track Your Progress**

ON TRACK  
BEHIND  
WARNING

Access Tracker

## ICD-10 Code Conversion

- ☒ ICD-9 to ICD-10
- ☐ ICD-10 to ICD-9

GO

add to your website

## Countdown to ICD-10

DAYS	HOURS	MINS	SECS
791	15	31	46

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## ICD-9 to ICD-10 Codes

Understand the ICD-9 to ICD-10 code conversion.



ICD-10 Codes Explained

## NEWS & ARTICLES

The latest information on ICD-10 conversion.

Read More



### What is ICD-10?

A brief history and explanation



### ICD-10 FAQ

Frequently asked questions



### ICD-10-CM vs. ICD-10-PCS

Naming conventions for ICD-10



### HIPAA 5010 Implementation

What you need to know for 5010



### Free ICD-10 White Paper

The History, the Impact, and the Keys to Success



### News/Articles

Important ICD-10 news and info



### ICD-10 Connect Newsletter

Email Address

Subscribe



## ICD-10 Implementation

What is your Progress?

YOU

Track Your Progress

RECOMMENDED

ON TRACK  
BEHIND  
WARNING

Access Tracker

## ICD-10 Code Conversion

- ☒ ICD-9 to ICD-10  
☐ ICD-10 to ICD-9

GO

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## Countdown to ICD-10

DAYS	HOURS	MINS	SECS
791	15	30	40

[add to your website](#)

# ICD-10 WILL CHANGE EVERYTHING

**Understand how your office will be affected. >**

### Manager's Office

- New policies and procedures:
- Any policy or procedure tied to ICD-9 code will become obsolete.



## ICD-9 to ICD-10 Codes

Understand the ICD-9 to ICD-10 code conversion.



ICD-10 Codes Explained

## NEWS & ARTICLES

The latest information on ICD-10 conversion.

[Read More](#)



### What is ICD-10?

A brief history and explanation



### ICD-10 FAQ

Frequently asked questions



### ICD-10-CM vs. ICD-10-PCS

Naming conventions for ICD-10



### HIPAA 5010 Implementation

What you need to know for 5010 compliance



### ICD-10 Books

ICD-10 manuals and books



### ICD-10 Mapping (by chapter)

Chapters and code range (ICD-9 to ICD-10)



### How will Superbills change?

ICD-9 vs. ICD-10



### Request an AAPC ICD-10 Speaker

Discuss ICD-10 Implementation



### Free ICD-10 White Paper

The History, the Impact, and the Keys to Success



### News/Articles

Important ICD-10 news and info



### ICD-10 Connect Newsletter

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### ICD-10 Forums & Discussion

Discuss ICD-10 Implementation



### Links

ICD-10 studies and reports



### ICD-10 Overview

An overview of ICD-10 from CMS



### ICD-10 CMS Myths & Facts

Common misunderstandings about ICD-10



### Open Letter from AAPC's CEO

Reed Pew, CEO, on ICD-10 code set training

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# AAPC's ICD-10 Plan for our Certified Coders

- ICD-10-CM proficiency testing will begin October 1, 2012 and end September 30, 2014
  - Every certified coder must take and pass a proficiency examination on ICD-10-CM to maintain certification
  - Open book 75 question test.
  - Coder may use any resource available to complete examination
  - May take the examination twice for a cost of \$60.00
  - Test is taken on line and is a timed

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# Resources

[www.aapc.com/ICD-10/resources.aspx](http://www.aapc.com/ICD-10/resources.aspx)

Resources for all medical practices solo practitioners-large  
medical groups

[www.cms.hhs.gov/ICD10](http://www.cms.hhs.gov/ICD10)

Complete list of code sets for ICD-10-CM and ICD-10 PCS;  
final rule and Official ICD-10-CM Guidelines

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# Questions?



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