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Navigating the Transition to ICD-10: Critical Updates for Effective Billing and Reimbursement

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As available have an ICD-10 coding book and/or mapping tool during presentation.

Why a new version of ICD

• Increased specificity

• Improved reporting and tracking of health care data

• Outdated terminology

• Capacity for expansion

• Improved coordination of care

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ICD-9 vs ICD-10

ICD-9
• 3 volumes
• First and second volumes contain dx codes (~14,000)
• Third volume is procedure codes for **_inpatient_** care (~4,000)

ICD-10
• ICD-10CM and ICD-10PCS
• CM is clinical modification and contains ~69,000 dx codes
• PCS is procedural coding system and contains ~87,000 codes for **_inpatient_** care

ICD-9 vs ICD-10

ICD-9
• Dx codes are 3 to 5 digits with the first three digits are the heading, 4th is the subcategory and the 5th is the subclass (i.e. 722.10)
• **Inpatient** procedure codes are 3 to 4 digits

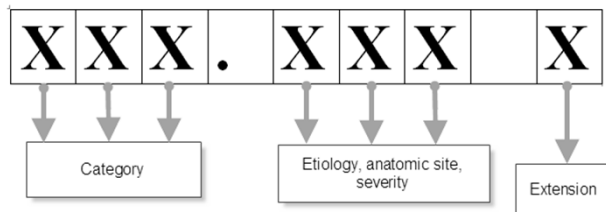| ICD-10 |
|---|
| • Dx codes are 3 to 7 digits and are letters and numbers (i.e. S13.4xxA and S16.1xxA) |
| • **Inpatient** procedure codes all have 7 alphanumeric digits with each digit having a specific meaning |

ICD-10CM

ICD-10CM Codes

$$XXX \cdot XXX \quad X$$

Category → (first three digits)

Etiology, anatomic site, severity

Extension

- Category is the first three digits and is a specific condition or a group of closely related conditions
- Subcategories are digits 4 through 7
- First digit is always a letter
- Next two digits are always numbers **except** O9A (Maternal malignant neoplasms, traumatic injuries and abuse classifiable elsewhere but complicating pregnancy, childbirth and the puerperium)

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ICD-10CM Conventions

• A code is **invalid** if not all the digits are included or if extra digits are added

• Each unique code is reported only **once** per encounter

• Placeholders are an **x** for future expansion and additional specificity and are found in the 4 – 6 characters

(M53.2x1 is spinal instabilities occipito-atlanto-axial region)

Laterality

If laterality(L/R) is part of the code it will be final character of code

1 is usually right

2 is usually left

if bilateral is an option it is usually 3

and 0 or 9 are used for unspecified

(M60.811 other myositis right shoulder, M60.812 other myositis left shoulder)

ICD-10CM Code Book

• ICD-9 vol. 1 had 17 chapters with V and E codes

• ICD-10CM has 21 chapters

• Usually codes in a chapter will start with the same letter

• Chapters are based on organ/system or etiology except for three chapters
  – Symptoms, Signs and Abnormal Clinical and Laboratory Findings
  – External Causes of Morbidity
  – Factors Influencing Health Status and Contact with Health Services

• Special disease chapters take priority over body systems chapters

ICD-10CM Chapters

1. Certain infections and parasitic diseases A00-B99
2. Neoplasms C00-D49
3. Diseases of the Blood and Blood-forming Organs D50-D89
4. Endocrine, Nutritional and Metabolic Diseases E00-E89
5. Mental and Behavioral Disorders F01-F99
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-K94
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 P05-P96
17. Congenital Malformations, Deformations and Chromosomal Abnormalities Q00-Q99
18. Symptoms, Signs and Abnormal Clinical and Laboratory Findings R00-R99
19. Injury, Poisoning and Certain Other Consequences of External Causes S00-T88
20. External Causes of Morbidity V00-Y99
21. Factors Influencing Health Status and Contact with Health Services Z00-Z99

Chapter Specific Guidelines

- In chapter 19 for injuries the codes are arranged first by body region and then by type of injury
  - S1 codes are injuries to the neck
    - S10 codes are superficial injuries of the neck
    - S11 codes are open wound of the neck
    - S12 codes are fractures of the cervical vertebra and other parts of the neck
    - S13 codes are dislocation and sprain of joints and ligaments of the neck
    - S14 codes are injury of nerves and spinal cord at the neck level
    - S15 codes are injury of blood vessels at the neck level
    - S16 codes are injury of muscle, fascia and tendon at the neck level

- Chapter 20 for external causes of morbidity the codes are based on modes of transportation

- Chapter 21 for factors influencing Health Status and Contact with Health Services are used for patients that may or may not be sick

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ICD-10 Code Book Layout

Alphanumeric Index

A list of diseases and conditions which have codes in the Tabular List

Table of Neoplasms

Index of External Causes of Injury

Table of Drugs and Chemicals

Tabular List

An alphanumeric list of diseases, disease groups and health related problems

Overview of Using ICD-10 CM Code Book

When determining a code use the Alphanumeric Index together with the Tabular list

Step 1:

Look up a term first in the Alphanumeric Index and select the description that best fits

- The patient has right sided carpal tunnel syndrome so you look up "syndrome" in the Alphanumeric Index and under "carpal tunnel" it gives the suggested code of G56.0 and lets you know additional character(s) will be required

```
Syndrome
        carotid
               artery (hemispheric) (internal)  G45.1
               body  G90.01
               sinus  G90.01
               carpal tunnel  G56.0-
               Cassidy (-Scholte)  E34.0
               cat cry  Q93.4
               cauda equina  G83.4
```
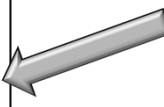
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Overview of Using ICD-10 CM Code Book– Continued.

When determining a code use the Alphanumeric Index together with the Tabular list

Step 2:

- After that description will be a suggested code. Look up the suggested code in the Tabular list.
  - Look up G56.0 in the Tabular list

```
G56.0  Carpal tunnel syndrome
        G56.00   Carpal tunnel syndrome, unspecified upper
                 limb
        G56.01   Carpal tunnel syndrome, right upper limb
        G56.02   Carpal tunnel syndrome, left upper limb
```

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Overview of Using ICD-10 CM Code Book– Continued…

When determining a code use the Alphanumeric Index together with the Tabular list

Step 3:

• Read all the instructions associated with the code for the chapter, category and subgroups to verify this is the correct code

  – Confirm that the correct code is G56.01(Carpal tunnel syndrome, right upper limb)

> G56.0 Carpal tunnel syndrome
>   G56.00 Carpal tunnel syndrome, unspecified upper limb
>   G56.01 Carpal tunnel syndrome, right upper limb
>   G56.02 Carpal tunnel syndrome, left upper limb
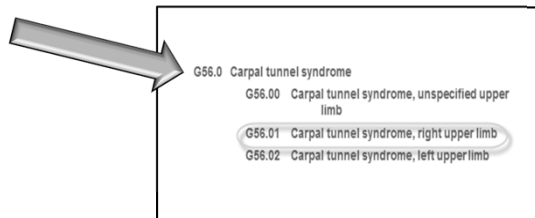
Underlying Conditions and Manifestations

Code the underlying condition first and then the manifestations

The etiology code will instruct you "use additional code" and the manifestation code will have "code first" note

Some of the manifestation codes will have "diseases classified elsewhere" in their title

M90.5 (Osteonecrosis in diseases classified elsewhere) gives the instruction to first code the underlying disease

Combination Codes

Combination codes uses one code to describe either

- Two diagnoses
- Underlying condition and manifestation or complication

ICD-10 code E11.341 (Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema)

Coding Conventions

• Signs and symptoms are not to be coded if related to a diagnosed condition, only those signs and symptoms that are unrelated to diagnoses should be individually coded or if there is no definitive diagnosis

For example if S39.012 (low back strain) is the patient's diagnosis the additional diagnosis M54.5 (low back pain) would not be also coded

• If both acute and chronic forms of the condition are present both should be coded with the acute (subacute) code first

Exclusions

Exclusions have been expanded

One type (**Excludes 1**) indicate that the two codes cannot be reported together

Such as "congenital" form and an "acquired" form of a condition

Q03 (congenital hydrocephalus)

Excludes 1 acquired hydrocephalus

The other type (**Excludes 2**) indicate that a condition is not part of that code and if present would need it's own separate code

Such as sprains are a separate code from a strain code

S16 (Injury of muscle, fascia and tendon at neck level)

Excludes 2 sprain of joint or ligament at neck level

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Extensions

Extension is the 7th digit

It will sometimes indicate the **encounter** status for the episode of care such as A for initial encounter and D for subsequent encounter

S23.0xxA

(Traumatic rupture of thoracic intervertebral disc, initial encounter)

S23.0xxD

(Traumatic rupture of thoracic intervertebral disc, subsequent encounter)

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Extensions

S extension means **sequela**

Complications and conditions that are a direct result of an injury

If the S is the 7th digit of injury code it indicates that this injury has caused some sequela

If you have an code with an S extension you will need to code the sequela too

The sequela code will be first and the code leading to the sequela with the S extension follows

M17.31 (Unilateral post-traumatic osteoarthritis, right knee)

S87.01xS (Crushing injury of right knee, sequela)

Extensions

Fractures have additional extensions to A, D and S

Indicate the status of the fracture along with the encounter or sequela

S32 (Fracture of lumbar spine and pelvis) category requires a seventh character

A is initial encounter for closed fracture

B is initial encounter for open fracture

D is subsequent encounter for fracture with routine healing

G is subsequent encounter for fracture with delayed healing

K is subsequent encounter for fracture with nonunion

S is sequela

Other Specified and Unspecified

8 at the end of a code often means **other specified or NEC** (Not elsewhere classifiable) as there is no specific code for the condition

9 at the end of a code often means **unspecified or NOS** (Not otherwise specified) when the details are unclear when coding from the patient's chart or it is not possible at the time to be more specific in the diagnosis

- M15 Polyosteoarthritis
  - M15.0 Primary generalized (osteo)arthritis
  - M15.1 Heberden's nodes (with arthropathy)
  - M15.2 Bouchard's nodes (with arthropathy)
  - M15.3 Secondary multiple arthritis
  - M15.4 Erosive (osteo)arthritis
  - M15.8 Other polyosteoarthritis
  - M15.9 Polyosteoarthritis, unspecified

Using unspecified codes should only be done if there is not a more appropriate code

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Additional Example – Using the Code Book Determine ICD-10 Code(s)

Strain of the neck after a slip and fall on the ice on their sidewalk, initial visit

Step 1:
- Look up strain in the Alphanumeric Index
- Under strain is "neck" and the code S16.1 is given


```
Strain
        back    S39.012
        cervical    S16.1
        eye NEC – see Disturbance, vision, subjective
        heart – see Disease, heart
        low back    S39.012
        mental NOS    Z73.3
        muscle (tendon) – see injury, muscle, by site, strain
        neck    S16.1
        physical NOS    Z73.3
```
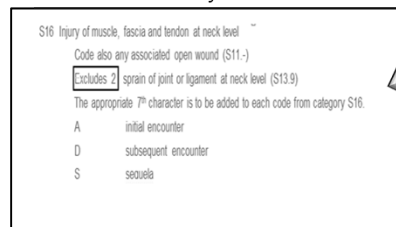
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Additional Example – Continued.

Strain of the neck after a slip and fall on the ice on their sidewalk, initial visit

Step 2:

- Look up S16.1 in the Tabular list
- Read the instructions in the front of the chapter (ch. 19), in the front of the category (S10 - S19) and the subgroup (S16)
  - We read that a code for the external cause for the injury (ch. 20) may be required (depends on state mandates)
  - We also read that the code does not include a sprain of the neck
  - We additionally learn that we need the appropriate seventh character

S16 Injury of muscle, fascia and tendon at neck level
Code also any associated open wound (S11.-)
Excludes 2 sprain of joint or ligament at neck level (S13.9)
The appropriate 7th character is to be added to each code from category S16.
A   initial encounter
D   subsequent encounter
S   sequela

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Additional Example – Continued…

Diagnosis: Strain of the neck after a slip and fall on the ice on their sidewalk, initial visit

Step 3:

- Confirm that S16.1(Strain of muscle, fascia and tendon at neck level) is the appropriate code and we add the seventh character of A to indicate the initial encounter

Step 4:

- Select final code of **S16.1xxA**
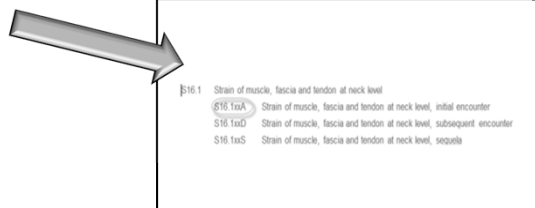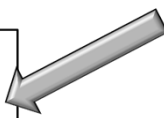
S16.1   Strain of muscle, fascia and tendon at neck level
S16.1xxA   Strain of muscle, fascia and tendon at neck level, initial encounter
S16.1xxD   Strain of muscle, fascia and tendon at neck level, subsequent encounter
S16.1xxS   Strain of muscle, fascia and tendon at neck level, sequela

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Additional Example – Using the Code Book Determine ICD-10 Code(s)

The patient has left shoulder pain with insidious onset

Step 1:

- Look up pain in the Alphanumeric Index
- Under pain is "joint" with "shoulder" listed under it with the suggested code of M25.51

```
Pain
     joint  M25.50
            ankle   M25.57-
            elbow   M25.52-
            finger  M79.64-
            foot    M79.67-
            hand    M79.64-
            hip     M25.55-
            knee    M25.56-
            shoulder M25.51-
            toe     M79.67-
```
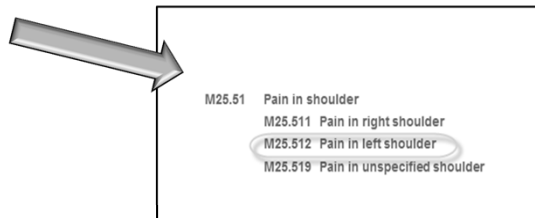
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Additional Example – Continued.

The patient has left shoulder pain with insidious onset

Step 2:

- Look up M25.51 in the Tabular list
- Read the instructions in the front of the chapter (ch. 13), in the front of the category and the subgroup
  - We read that a code for the external cause for the injury (ch. 20) may be required (depends on state mandates)

```
Chapter 13. Diseases of the Musculoskeletal System and
Connective Tissue (M00 – M99)

NOTE   Use an external cause code following the code for the
musculoskeletal condition, if applicable, to identify the cause of
the musculoskeletal condition.
```

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Additional Example – Continued…

The patient has left shoulder pain with insidious onset

Step 3:
• We see there are three codes listed under M25.51
Step 4:
• confirm that **M25.512** is the correct code, pain in left shoulder

M25.51   Pain in shoulder
       M25.511 Pain in right shoulder
       M25.512 Pain in left shoulder
       M25.519 Pain in unspecified shoulder

GEMs

• **General Equivalence Mapping (GEM)**
  – ICD-9 to ICD-10 or "forward" mapping
  – ICD-10 to ICD-9 or "backward" mapping
  – Some mappings are one to one
  – Most mappings are one to many
  – Some code descriptions have no mappings
  – Mappings are not a crosswalk

723.4(Brachial neuritis or radiculitis NOS) maps to
      M54.12(Radiculopathy, cervical region)
      M54.13(Radiculopathy, cervicothoracic region)

Mapping Tools

- Many options available
- Typically look at additional valid relationships between the code sets
- Still not a perfect crosswalk
- https://icd10codelookup.smartbaselink.com/

◉ ICD-9 to ICD-10   ◎ ICD-10 to ICD-9

1. Select appropriate radio button
2. Enter a valid code
   (with or without decimals)
3. Click Go

| 723.4 | Go |

Search Results for ICD-9 to ICD-10

Code	Description
M54.12	Radiculopathy, cervical region
M54.13	Radiculopathy, cervicothoracic region
M54.11	Radiculopathy, occipito-atlanto-axial region

UnitedHealthcare
UnitedHealthcare ICD-10-CM Code Lookup Tool

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Mapping example

- 847.2 lumbar sprain and strain

◉ ICD-9 to ICD-10   ◎ ICD-10 to ICD-9

1. Select appropriate radio button
2. Enter a valid code
   (with or without decimals)
3. Click Go

| 847.2 | Go |

Search Results for ICD-9 to ICD-10

Code	Description
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter

UnitedHealthcare
UnitedHealthcare ICD-10-CM Code Lookup Tool

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Mapping example

•S39.012 Strain of muscle, fascia and tendon of lower back

○ ICD-9 to ICD-10   ◉ ICD-10 to ICD-9

1. Select appropriate radio button
2. Enter a valid code
   (with or without decimals)
3. Click Go

| S39.012 | Go |

Search Results for ICD-10 to ICD-9

Code Not Found

UnitedHealthcare
UnitedHealthcare
ICD-10-CM Code Lookup Tool

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Mapping example

•847.0 neck sprain and strain

◉ ICD-9 to ICD-10   ○ ICD-10 to ICD-9

1. Select appropriate radio button
2. Enter a valid code
   (with or without decimals)
3. Click Go

| 847.0 | Go |

Search Results for ICD-9 to ICD-10

Code	Description
S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
S13.8XXA	Sprain of joints and ligaments of other parts of neck, initial encounter
S16.1XXA	Strain of muscle, fascia and tendon at neck level, initial encounter

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UnitedHealthcare
ICD-10-CM Code Lookup Tool

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Examples using Mapping tools

728.85 Spasm of muscle

Maps to 26 codes with tool and to only two with GEMs

729.1 Unspecified myalgia and myositis

Maps to 27 codes with tool and to three with GEMs

Additional Example – Using the Mapping Tool with the Code Book
Determine ICD-10 Code(s)

Use tool to look up a commonly used ICD-9 code such as 724.2(Lumbago)

Step 1:

- 724.2 maps to M54.5 (Low back pain)

Step 2:

- Look up pain in the Alphanumeric Index or go to the chapter with the M codes (ch. 13) in the Tabular list
- Under pain is low back with the suggested code of M54.5

Pain

    loin   M54.5
    low back M54.5
    lumbar region M54.5
    mandibular R68.84
    mastoid – see subcategory H92.0
    maxilla R68.84
    menstrual (see also Dysmenorrhea) N94.6
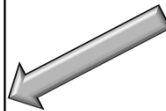
Additional Example – Continued.

724.2(Lumbago)

Step 3:

- Look up M54.5 in the Tabular list
- Read the instructions in the front of the chapter (ch. 13), in the front of the category and the subgroup
  - We read that a code for the external cause for the injury (ch. 20) may be required (depends on state mandates)
  - We also read that there is an excludes 1 indicating it should not be coded with low back strain, lumbago due to intervertebral disc displacement or lumbago with sciatica all of which would be coded instead as the more accurate code.

M54.5 Low back pain
    loin pain
    Lumbago NOS
    Excludes 1 low back strain (S39.012)
           lumbago due to intervertebral disc
             displacement (M51.2-)
           lumbago with sciatica (M54.4-)
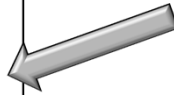
Additional Example – Continued…

724.2(Lumbago)

Step 4:

- Confirm that **M54.5** is the correct code, low back pain

M54.5 Low back pain
    loin pain
    Lumbago NOS
    Excludes 1 low back strain (S39.012)
           lumbago due to intervertebral disc
             displacement (M51.2-)
           lumbago with sciatica (M54.4-)

ICD-10 Deadline

• ICD-10 use in the U.S. will be effective on 10/1/15

• Hard deadline

    – All DOS prior to this date will need ICD-9 codes

    – All DOS on this date or after need ICD-10 codes

• Reporting on claims with DOS spanning prior to and after 10/1/15

    – Claims need to be split so services prior to 10/1/15 are billed on one claim and utilize ICD-9 codes

    – Claims on and after 10/1/15 are required to be on a separate claim and utilize ICD-10 codes

    – Date of service, not the date of claim submission determines which code set should be used.

• If a submission recovery milestone spans pre and post 10/1/15 a new submission will not be required for Optum

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Your Readiness for the ICD-10 Transition

• Train staff as needed

• Assess where ICD codes are used in your office

• Assemble coding resources

• Check with vendors, clearinghouse, billers and EHR on their readiness

• Watch for updates from payers and CMS on requirements

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Resources

• CMS (Centers for Medicare and Medicaid Services)
– http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html

Resources

• AAPC (American Academy of Professional Coders)
– https://www.aapc.com/icd-10/

Resources

• UHC https://icd10codelookup.smartbaselink.com/

• UnitedHealthcare's ICD-10 code look-up tools and resources ("Tools") are not a substitute for using the most current ICD-10 manual. Optum is sharing these Tools to assist our Business Partners. While efforts have been made to ensure the accuracy of these Tools, Optum makes no claim or warranty, express or implied, as to the accuracy, completeness, timeliness, or fitness for any particular purpose of any results produced by these Tools. By accessing and using these Tools, Business Partners, including their affiliates or designees, agree that they will not hold Optum responsible for any financial, operational, or other losses or damages as a result of or relating to the use of these Tools. Optum may terminate access to or modify all or any part of these Tools at any time, with or without cause, with or without notice, effective immediately.

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Thank You.

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