ICD–10 Overview: How The Change Will Impact Technicians and Nurses

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Financial Interest

E. Ann Rose is President of Rose & Associates and also provides consulting services for:
Alcon Surgical, Inc.
Heidelberg Engineering

Why the Change?

• Mandated by HIPAA
  – Need to move away from 30 year-old ICD-9 code set
    • Technology and medicine has changed
    • ICD-9 outdated
    • Outgrown level of specificity
  – Many ICD-9 codes don’t accurately describe the diagnosis they are assigned to represent
### ICD-10 Differences

<table>
<thead>
<tr>
<th>Differences</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 - 5 Characters</td>
<td>3 - 7 Characters</td>
<td></td>
</tr>
<tr>
<td>All Characters are Numeric</td>
<td>Character 1 is alpha (A-Z, not case sensitive)</td>
<td></td>
</tr>
<tr>
<td>No Laterality</td>
<td>Character 2 is numeric</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Characters 3-7 are alpha or numeric</td>
<td></td>
</tr>
<tr>
<td>Supplemental chapters:</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Alpha and numeric characters</td>
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<td></td>
</tr>
<tr>
<td>366.22 - Total Traumatic Cataract</td>
<td>H26.131 - Total Traumatic Cataract, Right Eye</td>
<td></td>
</tr>
<tr>
<td></td>
<td>H26.132 - Total Traumatic Cataract, Left Eye</td>
<td></td>
</tr>
<tr>
<td></td>
<td>H26.133 - Total Traumatic Cataract, Bilateral Eye</td>
<td></td>
</tr>
<tr>
<td></td>
<td>H26.139 - Total Traumatic Cataract, Unspecified eye</td>
<td></td>
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</tbody>
</table>

### ICD-10 Features

<table>
<thead>
<tr>
<th>ICD-10 Features</th>
<th>Expanded Ambulatory and Managed Care Encounter Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combination Codes</td>
<td>Expanded Laterality Timeframes Added</td>
</tr>
<tr>
<td>Added Laterality</td>
<td>External Cause Codes – no longer supplementary classification</td>
</tr>
<tr>
<td>Episodes of Care Added</td>
<td>Greater Specificity</td>
</tr>
<tr>
<td>Expanded codes (diabetes, post-operative complications)</td>
<td>Enhanced Quality Reporting</td>
</tr>
<tr>
<td>Addition of Placeholder “X” – allows for future expansion</td>
<td></td>
</tr>
</tbody>
</table>

### ICD-10 Implementation

- October 1, 2014 – was initial go live date for ICD-10
  - CMS was quite firm about that date
  - Then Congress passed legislation to halt the 24.1% fee cuts scheduled for April 1, 2014
  - Legislation included a delay for one year in implementation of ICD-10
- ICD-10 implementation now scheduled for October 1, 2015
How ICD-10 Will Impact Documentation

Preparing Now Will Make Your Job Easier in 2015

Documentation

• ICD-10 will require more (and improved) chart documentation
  – Has more unique, precise diagnosis codes
    • Substantiates medical necessity
  – ICD-10 will impact how you do your job
    • How you deal with patients
      – More questions specific to patient’s complaint or condition
    • How you interact with physicians and billers
      – Documentation will require more specificity

Documentation

• Documentation must address:
  – Story of what was performed and diagnosed accurately
  – Must thoroughly reflect the condition of the patient
  – What services were rendered
  – What is the severity of the condition
  – Key word for documentation is SPECIFICITY
Documentation

- In the past, diagnoses were general
  - Documentation was also general
  - If chart not documented properly in ICD-10, could lead to denials
  - For example
    - Chart may state ‘has bilateral CME following RVO’
    - Today’s encounter may be for treatment of left eye
      - Diagnosis code for injection would need to reference left eye only

Documentation

- Make sure documentation reflects what happens at “today’s” visit
  - Permits coders to code principal diagnosis
  - Can list conditions that coexist and affect patient care that day
    - Do not document conditions previously treated or that no longer exist
  - Can document signs or symptoms
    - Do not document probable, suspected, rule-out or questionable

Documentation

- New documentation to consider
  - Laterality plays a big part in ICD-10
    - Assessment must be specific to each eye or each eyelid
  - Specificity is more important than ever
    - Impression must be as specific as it can be for that particular complaint or condition
      - Particularly important for injuries
  - Manifestation is critical where applicable
    - Must list disease and manifestation
### Documentation

<table>
<thead>
<tr>
<th>Documentation Differences</th>
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<tbody>
<tr>
<td><strong>Current</strong></td>
</tr>
<tr>
<td>Chalazion OS</td>
</tr>
<tr>
<td>Cataract</td>
</tr>
<tr>
<td>CME</td>
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<tr>
<td>Eyelid laceration</td>
</tr>
<tr>
<td>Diabetic</td>
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<tr>
<td>Myopia</td>
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<tr>
<td>Corneal Foreign body</td>
</tr>
<tr>
<td>Ptosis</td>
</tr>
<tr>
<td>BDR, OU</td>
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<tr>
<td>Elevated IOP</td>
</tr>
<tr>
<td>Iris OU</td>
</tr>
<tr>
<td>Hyphema OS</td>
</tr>
<tr>
<td>No Maculopathy</td>
</tr>
</tbody>
</table>
Documentation

- **Glaucoma**
  - Must assign as many codes as needed to identify type of glaucoma, the affected eye, and the **glaucoma stage**
  - **Expanded chart documentation will be required**
    - In some cases, even laterally will apply
    - Mild glaucoma, OD – Moderate glaucoma, OS
  - **Will need to be more specific particularly as it relates to glaucoma stage**
    - If glaucoma different in each eye, coder will be required to bill two lines using each diagnosis

Documentation

- **Glaucoma Stages**
  - If not documented and subsequently not coded, claim will deny
    - 0 - Unspecified (rarely used)
    - 1 - Mild
    - 2 - Moderate
    - 3 - Severe
    - 4 - Indeterminate
  - Coder will have to use one of these digits to identify glaucoma and what stage

Documentation

- **Cataract**
  - Some descriptors are different requiring better chart documentation
    - **Senile Cataract**
      - Now age-related cataract
    - **Cataracta brunescens/nuclear sclerosis cataract**
      - Now age-related nuclear cataract
    - **Cataract with neovascularization**
      - Now complicated cataract
    - **Infantile or Juvenile Cataract**
      - Now non-senile cataract
Documentation

- Combination codes will be important
  - Diabetes with manifestations
    - Third character category shows type of diabetes
    - Fourth character shows underlying conditions with specific complications
    - Fifth character defines specific manifestation
    - Sixth character defines combined manifestations

Documentation

- Type I Diabetes Mellitus
  - Mild, moderate, severe NPDR (or PDR)
  - ......with macular edema
  - ......without macular edema
- Type I Diabetes Mellitus
  - With diabetic cataract
  - With other diabetic ophthalmic complication

Documentation

- Type II Diabetes Mellitus
  - Mild, moderate, severe NPDR (or PDR)
  - ......with macular edema
  - ......without macular edema
- Type II Diabetes Mellitus
  - With diabetic cataract
  - With proliferative diabetic retinopathy with macular edema
    - ......without macular edema
Documentation

- **Blindness and low vision**
  - Some of the descriptors are different
    - ICD-10 – Blindness & low vision
    - ICD-9
      - Profound impairment
      - Moderate impairment
      - Severe impairment
      - Blindness
    - ICD-10 codes will be available to describe blindness in one eye and low vision in other eye
      - H54.11, Blindness, right eye, low vision left eye

Documentation

- ICD-10 will have separate manual to define blindness and low vision
  - Again laterality critical
  - May require additional documentation training if your practice deals with low vision patients

Documentation

- Documentation becomes more critical with trauma or injuries
- May need to ask more questions specific to the patient’s complaint
  - **External cause**
    - Provide cause of injury
      - How did injury happen?
      - Was injury related to military, work, other?
Documentation

- Place of Occurrence
  - Where was patient when it happened?
    - Home, work, car, boat, etc.?

- Activity
  - What was patient doing at time of injury?
    - Playing a sport, using a tool, cooking?

Selecting ICD-10 Codes

- Route slip or superbill may no longer be best option
  - ICD-10 codes too detailed for that
  - You may need to use electronic devices/apps for selecting codes
    - Tablets in lanes that work with PM system
  - EMR should include ICD-10 codes
    - Injuries will most likely require ICD-10 Manual to code

TRAINING

Involves everyone in the practice
Training

- Training will involve nurses, technicians and physicians
  - Topics
    - Codes
    - New updated policies and procedures
    - New computer systems/software
    - Clinical knowledge – anatomy and medical terminology
    - Clinical Documentation
      - Administrator may consider appointing lead nurse/tech to help train

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Training

- ICD-10 will require more engagement with physician
  - Physician input may be key to proper documentation
    - This will be your biggest challenge as a technician or nurse
  - Suggest physicians/nurses/technicians get same training at same time
    - That way everyone will be on board with same information

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Training

- Opportunities for Training
  - On-line courses for ophthalmology
  - Webinars – specific to ophthalmology
  - Professional Societies
    - JCAHPO Webinars
    - ASOA Web Seminars and local seminars
  - On-site Consulting Training
    - If practice goes that route
Training

• May want to consider taking on-line anatomy refresher course
  – Eye anatomy becomes important in ICD-10
    • Is not required in ICD-9
• Understanding the differences between ICD-9 and ICD-10 will be key to smooth transition
  – Also the impact it will have on the practice

Training

• Ask practice administrator to:
  – Prepare a list of most commonly used diagnoses in your practice cross-referenced to ICD-10 codes
    • Seeing new code descriptions may help you determine proper chart documentation
  – Develop case scenarios or create sample charts to see if your documentation meets new requirements to select proper diagnosis
    • Particularly level of specificity

Documentation

• Test your documentation throughout the year
  • Will allow time to fix and re-train before 10/1/15
• Remember, documenting for ICD-10 will be new experience for physicians also
  – Be patient with them!
  – But, don’t be afraid to bring issues to their attention
    • They will appreciate it in the long run
Case Scenarios

Case Scenario

- A 67-year old patient has had type 2 diabetes mellitus for 5 years
  - On insulin for past 12 months
    - Blood sugar doing well on insulin and diet
  - Family doctor referred her to ophthalmologist with suspected condition related to the diabetes
  - Upon examination, doctor finds nonproliferative diabetic retinopathy with macular edema – condition is moderate
    - Physician recommends intravitreal injection same day

Alphabetic index:
- Diabetes ➔ Type 2 ➔ diabetic ➔ retinopathy ➔ nonproliferative ➔ moderate ➔ with macular edema ➔ E11.331

Tabular list:
- E11.331 ➔ Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema (must use add'l code to identify insulin use)
  - Z79.4 Long term insulin use

Correct code sequence:
- E11.331, Z79.4
**Case Scenario**

- A patient who had cataract surgery on the right eye two days ago now experiencing pain in right eye
  - Following a slit lamp exam of affected eye, physician discovered lens fragments in right eye
  - Returned patient to OR to remove fragments

**Alphabetic Index:**

- Complications ➔ Postprocedural ➔ Following Cataract Surgery ➔ Cataract (lens) fragments
  - H59.02

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**Case Scenario**

- Tabular List:
  - H59.021 - Cataract (lens) fragments in eye following cataract surgery, right eye

- Correct code sequence:
  - H59.021
  - H57.11 – Ocular Pain
    - Chapter 7 (Eye and Adnexa) includes instructional note to use external cause code following code for eye condition, if applicable, to identify cause of eye condition

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**Case Scenario**

- 74 year old female decided to take Trolley tour of Boston with her girlfriends
  - Street car collides with horse-drawn carriage outside of Quincy Market
    - Patient struck head on side of streetcar injuring right eye
    - Patient presented to physician’s office with traumatic hyphema
Case Scenario

• Alphabetic index:
  • Injury ➔ eyeball ➔ contusion – S05.1
• Tabular list:
  • ◻'x7th S051XXA – Contusion of eyeball and orbital tissues, right eye
    – No 6th digit available
    – ‘X’ place holder must fill empty spaces
    – ‘A’ is 7th digit required to indicate initial encounter
  • Note: Must also use secondary code to indicate cause of injury

Case Scenario

• Correct code sequence:
  • S051XXA – Contusion of eyeball and orbital tissues, right eye
  • ◻'x7th V82.XXA – Occupant of streetcar injured in other specified transport accident
    – ‘X’ place holder must fill empty spaces
    – ‘A’ is 7th digit for initial encounter

Case Scenario

• 67 year old male riding ocean waves on jet ski in Dorchester Bay
  – During a particularly large wave, fell off jet ski
    • Hit in left eye with handle bar before entering water
  – Does not recall accident but admits to drinking too many beers before getting on jet ski
    • Presented to office next day with complaint of eye swelling when he blows his nose
    • Diagnosed with orbital floor fracture
Case Scenario

• Alphabetic index:
  • Fracture, traumatic orbit floor (blow out) – S02.3
• Tabular list:
  • S02.3 – Fracture of orbital floor [no laterality]
• Correct code sequence:
  • x7th - S02.3XXB – Fracture of orbital floor
  – No 5th & 6th digits available
  – “X” place holder must fill empty spaces
  – “B” is 7th digit for initial encounter for open fracture
• V93.3XA – Fall on board jet ski
  – Injury also requires secondary code for external cause
  – “X” is place holder – diagnosis requires 7 digits
  – “A” is for initial encounter [for injury]

Case Scenario

• Examples of crazy diagnosis codes related to injuries
  – Bitten, struck, or crushed by a crocodile
  – Struck in eye by shark
  – Toxic effect of contact with venomous frog, assault, initial encounter
  – Forced landing of spacecraft injuring occupant, initial encounter
  • Side note: Occupant most likely won’t have insurance

Overcome Obstacles

• Look at ICD-10 delay as a blessing
  – Work with your physician and administrator on the type of training you feel you need
  • It’s not too early for you to get involved in the process too
  – Audit your documentation
  • Fix issues found
• ICD-10 must be a team effort!