



## ICD-10 for Dermatology

UConn Health



Just himagine what we can accomplish together.

# ***Introduction***

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## Agenda

- Describe the challenges associated with ICD-10 implementation
- Identify the importance of physician documentation and coding
- Review examples of the impact of the changes in ICD-10

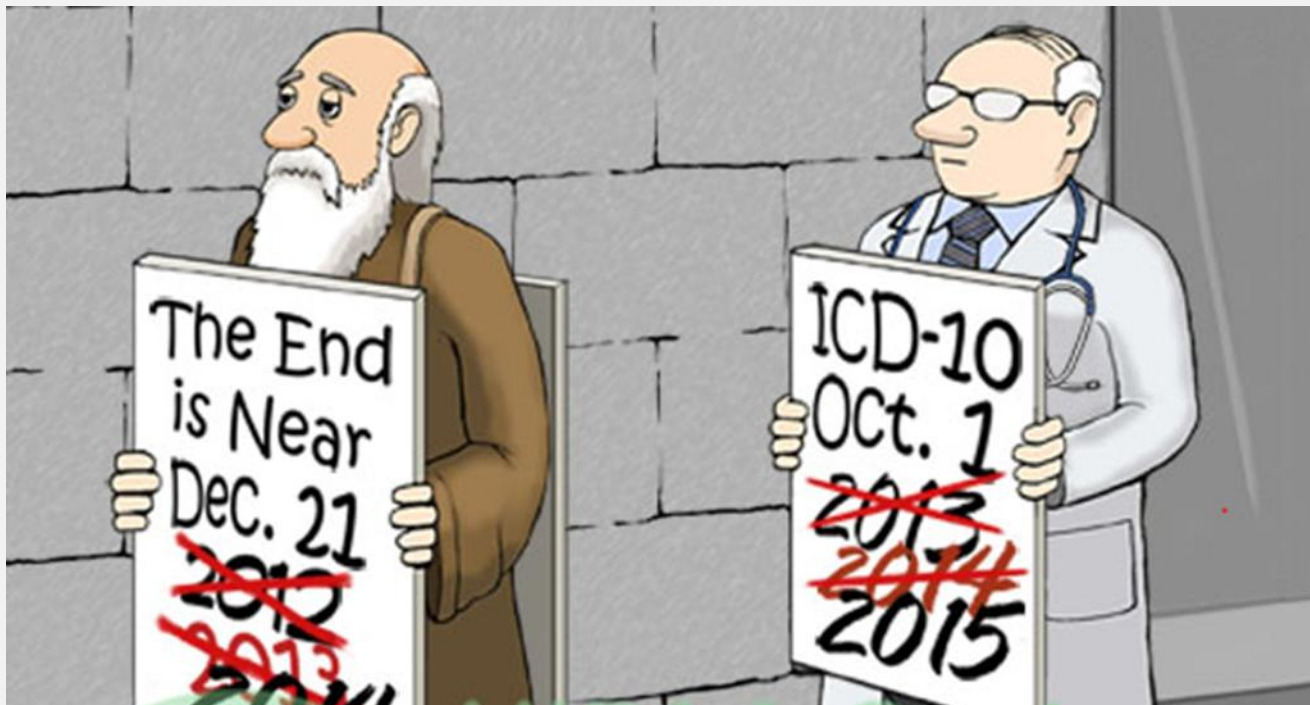
## Road to ICD-10

- ICD System created by WHO as a standardized classification of diseases world wide
- Implemented worldwide with modifications by country to fit their needs
- ICD-9 in use in the United States since 1979
- Most recent country to implement ICD-10 was England in 1995
- ICD used in US for multiple purposes besides classification



## Final Rule Issued

- ▶ On July 31st, 2014, The U.S. Department of Health and Human Services (HHS) issued a rule finalizing October 1, 2015 as the new compliance date



# Challenges

- ICD-10 is a classification system, not a clinical language system:
  - Physician documentation - primarily directed for communication between clinicians
  - Bridging gaps between coder classification language and physician clinical documentation

## Considerations

- ICD-10 requires collaboration, collaboration and more collaboration between all members of the clinical and non-clinical healthcare team:
  - Education of CDI/coder staff
  - Template revisions
  - Query revisions





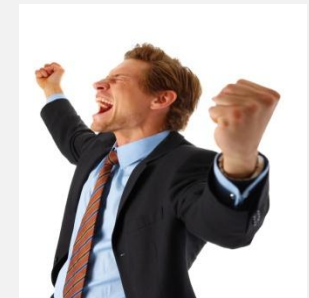
# Uses of Enhanced Specificity of ICD-10

- Data will be collected over the next 2 years – as well as 2 years following implementation to feed initiatives impacting:
  - Measurement of patient care outcomes
  - Quality of care initiatives
  - Healthcare policy development
  - Research related to profiling providers of healthcare
  - Pay for performance initiatives
  - Justification of medical necessity



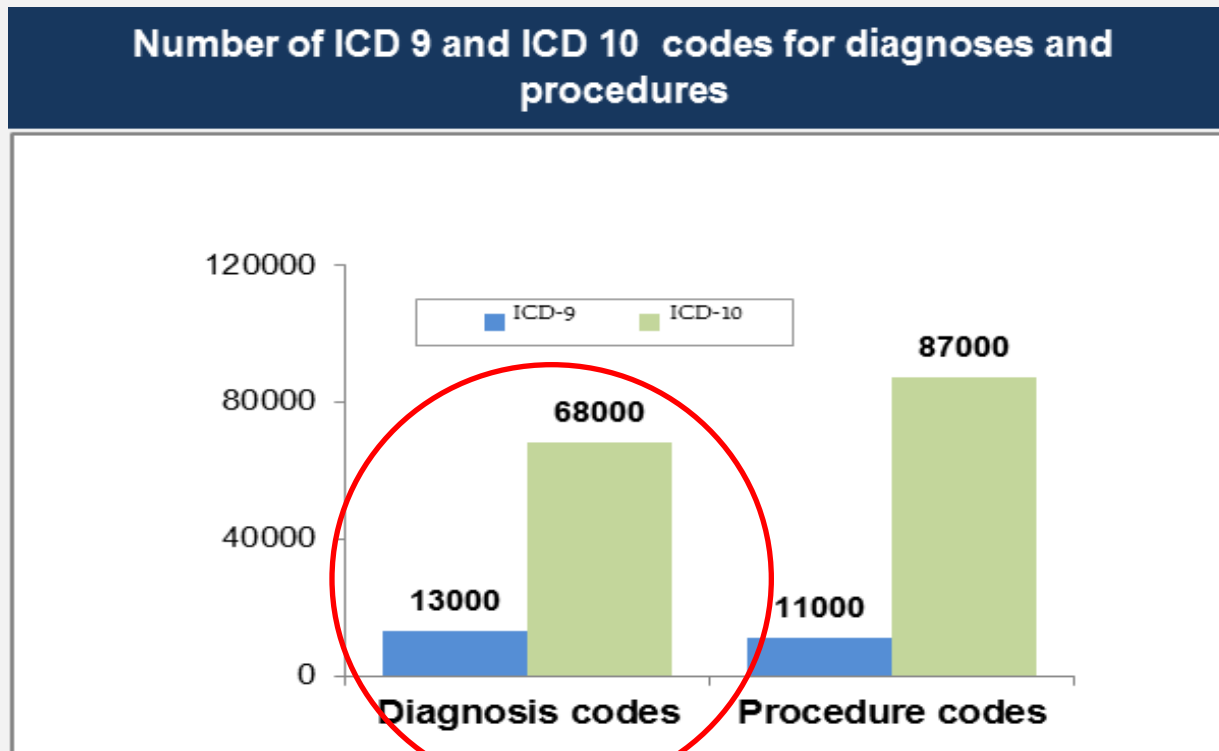
# The ICD-10 and CPT Connection

- CPT codes **do not** change!
- ICD-10 diagnoses correlate with CPT procedures
- Potential reimbursement implications





# Increased Number of Codes



*(Source: ICD-10-CM and ICD-10-PCS Update, Thirteenth National HIPAA Summit, 9/26/2006; Rand Study, March 2004)*



# It's Not As Bad As It Seems

- Almost 40,000 codes apply to Injury, Poisoning, and External Causes
  - Over 6,300 codes apply to Musculoskeletal System and Connective Tissue
  - 336 codes related to the Respiratory System
- ❖ **Remember:** Many of the new codes are based on laterality (over 5000 codes) and location

# Documentation in ICD-10

Requirements for Detailed Documentation for Diagnoses	
Acuity	Acute, chronic or both
Specific site	Femur trochanteric – apophyseal, greater trochanter, intertrochanteric, lesser trochanter
<b>Laterality</b>	Right, left, bilateral
Specific type of fractures	Displaced/non-displaced fractures, transverse, oblique, spiral, comminuted, segmental
Etiology of diagnosis	Injury/Illness due to what, how
Link must be established between manifestations and underlying diseases	Renal failure due to hypertension, diabetes, drug induced
Non-pressure skin ulcers	Site, laterality and depth of tissue involvement

# Documentation in ICD-10

Requirements for Detailed Documentation for Diagnoses	
Complications of care	Intraoperative, postoperative, mechanical malfunctions, Infections (device vs. wound)
Injury details	Place of occurrence, activity causing the injury; accident details
<b>Episode of care</b>	Initial treatment, subsequent treatment (for routine or delayed healing), sequela
<b>Drug reactions/interactions/adverse reactions</b>	Poisoning (accidental/intentional/assault/undetermined), adverse effect, underdosing (due to financial hardship, age-related)
Degree of severity	Mild, moderate, severe, e.g., Malnutrition: mild, moderate, severe

# Diagnosis Documentation Examples



# Acne

- ICD-10-CM Translation Options
  - L700Acne vulgaris
  - L701Acne conglobata
  - L703Acne tropica
  - L704Infantile acne
  - L705Acné excoriée des jeunes filles
  - L708Other acne
  - L709Acne, unspecified
  - L730Acne keloid

# Numbness of Skin ICD-9

- 782 Symptoms involving skin and other integumentary tissue
  - 782.0 Disturbance of skin sensation
  - 782.1 Rash and other nonspecific skin eruption
  - 782.2 Localized superficial swelling, mass, or lump  
Subcutaneous nodules
  - 782.3 Edema
  - 782.4 Jaundice, unspecified, not of newborn
  - 782.5 Cyanosis
  - 782.6 Pallor and flushing
    - 782.61 Pallor
    - 782.62 Flushing
  - 782.7 Spontaneous ecchymoses
  - 782.8 Changes in skin texture
  - 782.9 Other symptoms involving skin and integumentary tissues

# Numbness of Skin ICD-10

- R20 Disturbances of skin sensation
  - R20.0 Anesthesia of skin
  - R20.1 Hypoesthesia of skin
  - R20.2 Paresthesia of skin
  - R20.3 Hyperesthesia
  - R20.8 Other disturbances of skin sensation
  - R20.9 Unspecified disturbances of skin sensation



# Long-term Use of Medications ICD-9

## V58.6 Long-term (current) drug use

**V58.61 anticoagulants**

V58.62 antibiotics

V58.63 antiplatelets/antithrombotics

V58.64 NSAID

V58.65 steroids

V58.66 aspirin

V58.67 insulin

**V58.69 other medications**



# Long-term Use of Medications ICD-10

## Z79 Long-term (L/T) (current) drug therapy

### Z79.0 Long term use of anticoagulants and antithrombotics/antiplatelets

Z79.01 – Anticoagulants

Z79.02 – Antithrombotics/antiplatelets

Z79.1 – non-steroidal anti-inflammatories

Z79.2 – antibiotics

Z79.3 – hormonal contraceptives

Z79.4 – insulin

Z79.5 – steroids

Z79.51 – inhaled steroids

Z79.52 – systemic steroids



# Long-term Use of Medications ICD-10

## Z79 Long-term (L/T) (current) drug therapy

### Z79.8 Other long term (current) drug therapy

Z79.81 – L/T use of agents affecting estrogen receptors and estrogen level

- Z79.810 – Selective estrogen receptor modulators (SERMs)
- Z79.811 – Aromatase inhibitors
- Z79.818 – Other agents affecting estrogen receptors and estrogen levels

Z79.82 – L/T use of aspirin

Z79.83 – L/T use of bisphosphonates

Z79.89 – Other L/T (current) drug therapy

- Z79.890 – Hormone replacement therapy (postmenopausal)
- Z79.891 – L/T (current) use of opiate analgesic
- Z79.899 – Other L/T (current) drug therapy

# Procedure Documentation Examples



# Overview of ICD-10-PCS

- PCS stands for **Procedure Classification System**
- It is a *multiaxial system with a 7 character alphanumeric code* classification providing a **unique code** for all substantially different procedures and with **easy expandability**, *incorporating new procedures, technologies and devices utilized in medical/surgical procedures*
- The *classification for the general surgery procedures has undergone significant revision focusing primarily on section, body system, root operation, body part, approach, device and qualifier*

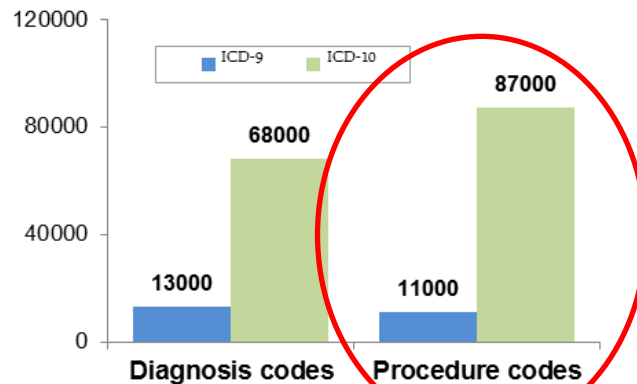
# Overview of ICD-10-PCS

- The ICD-9-PCS procedure classification system does not allow for adequate expansion to accommodate new technologies and the advancement of procedures performed or devices utilized in procedures
- Basic principles used when developing the system were that **no diagnostic information is included** in the procedure description (i.e., no codes for procedures exclusive to aneurysms, cleft lip, strictures or neoplasms, etc.)
- This procedure classification system is only utilized in the **inpatient hospital setting**



# ICD-10-PCS

Number of ICD 9 and ICD 10 codes for diagnoses and procedures



(Source: ICD-10-CM and ICD-10-PCS Update, Thirteenth National HIPAA Summit, 9/26/2006; Rand Study, March 2004)

**ICD-10 procedure codes will require additional and significant detail in surgical reporting**

- Key ICD-10 characteristics
  - ICD-10 is a “dramatic departure” from current practice
  - Surgical codes lack decimals
  - The new code set will allow for incorporation of new procedures and technologies
  - Terminology is precisely defined and used consistently across all codes



# ICD-10-PCS: Overall Structure and Components

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier

The ICD-10-PCS code structure tells a story

## ICD-10-PCS Example

- Open biopsy of ileocecal valve, (i.e. laparotomy with excision of the ileocecal valve for diagnostic reasons)



# ICD-10-PCS Table

Section	<b>0</b>	Medical and Surgical	
Body System	<b>D</b>	Gastrointestinal System	
Operation	<b>B</b>	Excision: Cutting out or off, without replacement, a portion of a body part	
Body Part	Approach	Device	Qualifier
<b>1</b> Esophagus, Upper			
<b>2</b> Esophagus, Middle			
<b>3</b> Esophagus, Lower			
<b>4</b> Esophagogastric Junction			
<b>5</b> Esophagus			
<b>7</b> Stomach, Pylorus			
<b>8</b> Small Intestine			
<b>9</b> Duodenum			
<b>A</b> Jejunum	<b>0</b> Open		
<b>B</b> Ileum	<b>3</b> Percutaneous		
<b>C</b> Ileocecal Valve	<b>4</b> Percutaneous Endoscopic	<b>Z</b> No Device	<b>X</b> Diagnostic
<b>E</b> Large Intestine	<b>7</b> Via Natural or Artificial Opening		<b>Z</b> No Qualifier
<b>F</b> Large Intestine, Right	<b>8</b> Via Natural or Artificial Opening Endoscopic		
<b>G</b> Large Intestine, Left			

0DBC0ZX = Open biopsy, ileocecal valve

# Open Biopsy, Ileocecal Valve

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>
<b>Section</b>	<b>Body System</b>	<b>Root Operation</b>	<b>Body Part</b>	<b>Approach</b>	<b>Device</b>	<b>Qualifier</b>
<b>0</b>	<b>D</b>	<b>B</b>	<b>C</b>	<b>0</b>	<b>Z</b>	<b>X</b>

The ICD-10-PCS code structure tells a story



Reimagine Healthcare.

# Physician Queries



## Query...why?

A query is a communication tool used to clarify documentation in the health record for accurate code assignment.



The desired outcome from a query is an update of a health record to better reflect a practitioner's intent and clinical thought processes, documented in a manner that supports accurate code assignment.

*Article citation: AHIMA. "Guidelines for Achieving a Compliant Query Practice." Journal of AHIMA 84*

# Query...when?

A query is written when the Health record Documentation:

- Is conflicting, imprecise, incomplete, illegible, ambiguous, or inconsistent
- Describes or is associated with clinical indicators without a definitive relationship to an underlying diagnosis
- Includes clinical indicators, diagnostic evaluation, and/or treatment not related to a specific condition or procedure
- Provides a diagnosis without underlying clinical validation
- Is unclear for present on admission indicator assignment

**“A proper query process ensures that appropriate documentation appears in the health record”**

*Article citation: AHIMA. "Guidelines for Achieving a Compliant Query Practice." Journal of AHIMA 84*

## Query...when?

**“A proper query process ensures that appropriate documentation appears in the health record”**



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## Query... answer?

- Coding data is incorporated into the information used by insurance companies to determine which physicians they are going to contract.
- *Coded information is made available to consumers on various platforms, such as HealthGrades, which uses coding data as well as other information to 'rate' facility and provider service*



## Query...answer how?

*Queries are generated to elicit more information from the Provider.*

- A response is **necessary** from the provider to fulfill this process.



- **A signature alone on a generated query does not fulfill this requirement.**

## Query...answer how?

*Queries are generated in various formats* depending on the information being requested:

- **Written response format**
  - Requesting provider to freehand a response
- **Multiple Choice format**
  - Requesting provider select one of the offered responses



***Please sign Queries!***

## Query... answer how?

A Physician response, 'see notes' does not fulfill the request generated by the query.

- The coder has already reviewed the notes and Medical Record Documentation
- ***Although the response may seem 'obvious' coders are only 'reporters' of the medical record and cannot code a diagnosis that is *not documented by the Provider.****



# Summary

- The **transition to ICD-10 classification systems on October 1, 2015** will have a significant impact on physician documentation
- The classification systems allow for greater specificity, resulting in:
  - Comprehensive data for research
  - Development of standards for evidence-based medicine
  - Public health programs
  - Reimbursement for services rendered
  - Identification of accurate severity of illness



# Questions?

