



ICD-10 for Genetics

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**

ICD-10 Resources: USA.GOV

ICD-10 Resources: CMS.GOV

<http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>



- **About ICD-10**
- The transition to ICD-10 is required for everyone covered by the [Health Insurance Portability Accountability Act \(HIPAA\)](#). Please note, the change to ICD-10 does not affect CPT coding for outpatient procedures and physician services.
- **Road to 10: CMS Online Tool for Small Practices**
- **Jumpstart your ICD-10 transition with [Road to 10](#), an online resource built with input from providers in small practices.**
- **“Road to 10” includes specialty references and helps providers build ICD-10 action plans tailored for their practice needs.**
- **CMS Resources**
- Check out the updated [CMS ICD-10 Resources Flyer](#).
- Access three new **Medscape Education resources** that **provide guidance around the transition to ICD-10**. Continuing medical education (CME) and nursing continuing education (CE) credits are available to health care professionals who complete the learning modules. Anyone can earn a certificate of completion. If you are a first-time visitor to Medscape, you will need to create a free account to access these resources.
 - Video: [ICD-10: Getting From Here to There -- Navigating the Road Ahead](#)
 - Video: [ICD-10 and Clinical Documentation](#)
 - Expert Column: [Preparing for ICD-10: Now Is the Time](#)
- View the [ICD-10 Introduction](#) fact sheet.
- Find official resources designed to help [providers](#), [payers](#), [vendors](#), and [non-covered entities](#) with the transition to ICD-10.



Important ICD-10 Updates

- **Senator Bill Cassidy** recommended that ICD-10 penalty be delayed for two years. This essentially means that CMS will continue accepting, processing and paying claims filed in ICD-9 even post **October 1 for the next 2 years.**
- Citing estimates provided by CMS about the disruption to cash flows brought about by ICD-10, **200 % spike in denial rates and doubling of days in account receivables,** Senator Cassidy pointed out the woes of small practices who are already having a hard time deploying EHR technology and coping with recent healthcare regulations.
- **“Smaller providers are already struggling with EHRs** and will soon face those payment disruptions, not because they’re doing it wrong but because the system has changed” expressed Cassidy while encouraging HHS to show some flexibility.
- **Secretary HHS Sylvia Burwell** , **countered by saying that many large payers and providers are ready and waiting for ICD-10** and that HHS is working to provide technical assistance and training to those organizations that are not at this point prepared.
- The debate is not over yet.



Road to ICD-10

- ICD (International Classification of Diseases) System created by WHO in 1893 as worldwide standard for classifying deaths.
- Implemented worldwide with modifications by country to fit their needs.
- ICD-9 in use in the United States since 1979. ICD-10 published in 1992.
- Most recent country to implement ICD-10, Canada from 2001-2005.
- Difference in U.S., ICD used 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





The ICD-10 and CPT Connection

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



Structural Differences in ICD-9 and ICD-10

- **ICD-10 has 2 parts compared to 3 volumes of ICD-9:**
 - ICD-10-CM (Clinical Modification) - Diagnoses
 - ICD-10-PCS (Procedure Coding System) – Inpatient Procedures ONLY
- **ICD-10-CM is 7 alphanumeric characters vs 5 for ICD-9:**
 - Allows better description of acuity, complexity and location of medical conditions markedly increasing specificity, but similar premise to ICD-9-CM Volumes 1 and 2
- **ICD-10-PCS developed by CMS to replace Volume 3 of ICD-9-CM:**
 - Markedly different structure and approach compared to ICD-9



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**

Consequences of Inadequate Documentation

Inappropriate
Payment for
Submitted
Claims

Claim Denials

Increased Risk
of Government
Audit,
Repayment
and Fines

WHY THE INCREASED SPECIFICITY?

Optimist: New system will enhance our ability to specifically characterize how we care for patients resulting in more efficient use of resources and better outcomes.



- Pessimist: New system will provide new ways for payors to avoid reimbursement for medical care.

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



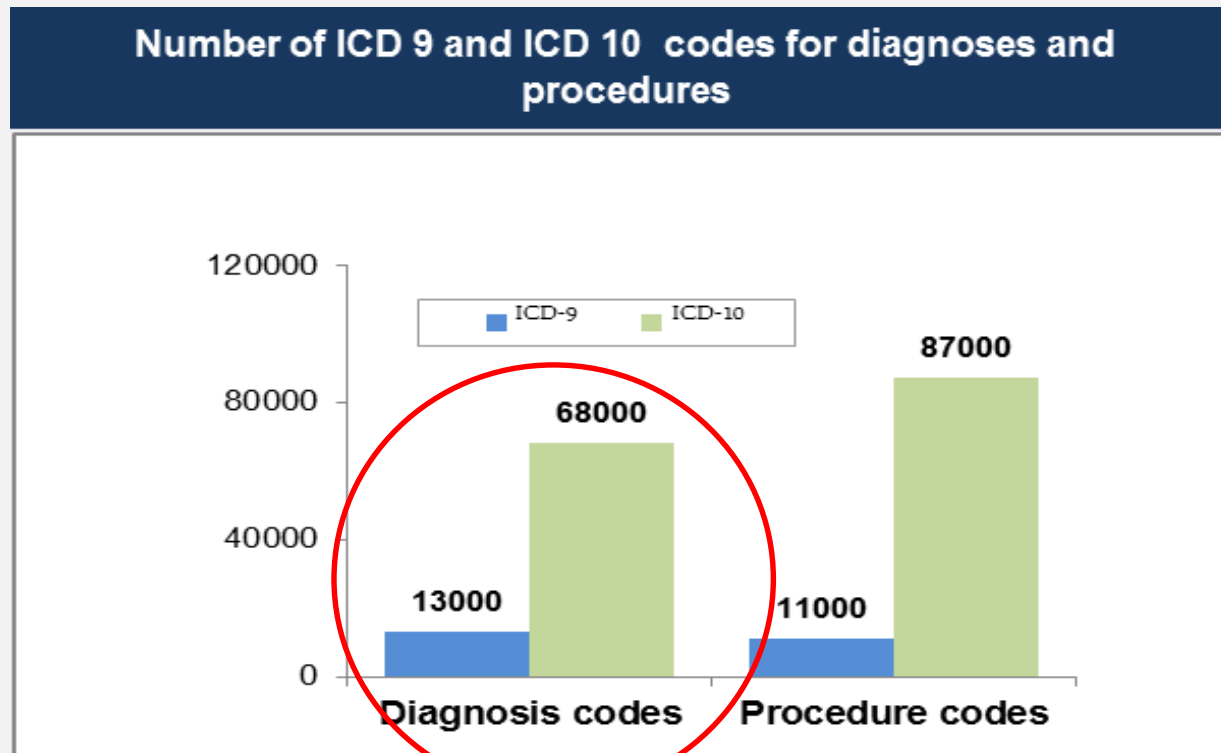


Code Breakdown by ICD-10 Chapter*

# of Codes	Description	# of Codes	Description	# of Codes	Description
1,056	Infectious and Parasitic Diseases	642	Diseases of Ear and Mastoid Process	2,155	Pregnancy, Childbirth & the Puerperium
1,620	Neoplasms	1,254	Diseases of Circulatory System	417	Certain Perinatal Conditions
238	Blood and Immune System Diseases	336	Diseases of Respiratory System	790	Congenital malform., Chromosomal Abnl.
675	Endocrine, Nutritional, Metabolic Diseases	706	Diseases of Digestive System	639	Symptoms, Signs, Abnl Clinical & Lab Findings
724	Mental, Neurodevel., Behavioral Disorders	769	Diseases of Skin and Subcutaneous Tissue	39,869	Injury, Poisonings, Other External Causes
591	Disease of the Nervous System	6,339	Musculoskeletal and Connective Tissue Dz	6,812	External Causes of Morbidity
2,452	Diseases of the Eye and Adnexa	591	Diseases of Genitourinary System	1,178	Factors influencing health and care

*<http://www.roadto10.org/icd-10-basics/>

Increased Number of Codes



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



Structure of ICD-10 codes



Category

Analogous to Problem List diagnoses, some with more specificity regarding etiology:

“Stroke”
Cerebral infarction = I63

“Head Injury”
Intracranial injury = S06

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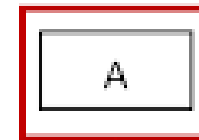


Etiology, Anatomic Site, Severity,
other vital clinical details

Adds detail as clinical picture becomes clearer.

Cerebral infarction due to embolism of right middle cerebral artery = I63.411

Diffuse traumatic brain injury with loss of consciousness for greater than 24 hours without return to pre-existing level with patient surviving = S06.2X6



Extension

For Injuries and Fractures:
- Initial, Subsequent, Sequela
- Open, Closed, Nonunion, etc. for fractures
- Only other use is in OB

Initial encounter = S06.2X6A

Also must describe how injury occurred.

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
Laterality	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
Episode of care	Initial treatment, subsequent treatment (for routine or delayed healing), sequela
Drug reactions/interactions/adverse reactions	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

Genetics Diagnosis Documentation Examples





ICD-10 Chapter 17 - Congenital malformations, deformations and chromosomal abnormalities

- Modifications have been made to specific categories that bring the terminology up-to-date with current medical practice.
- Other enhancements to **Chapter 17 include** classification changes that provide greater specificity than found in ICD-9-CM.

ICD-9 Genetic Counseling

- 2012 ICD-9-CM Diagnosis Code V26.33
- ICD-9-CM V26.33 is a billable medical code that can be used to specify a diagnosis on a reimbursement claim.



ICD-10 Encounter for genetic counseling

- ICD-9-CM V26.33 converts approximately to:2015 [ICD-10-CM Z31.5](#) Encounter for genetic counseling
- **Z31.5** is a billable ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes.



ICD-10 Encounter for genetic counseling

- **Documentation Improvement**
- **ICD-10-CM Z31.5** Encounter for genetic counseling
- Acuity, Specific site, Etiology of diagnosis, Injury details, Link must be established between manifestations and underlying diseases, Degree of Severity.



ICD-9 PHENYLKETONURIA PKU

- 2015 ICD-9-CM Diagnosis Code **270.1**
- ICD-9-CM **270.1** is a billable medical code that can be used to specify a diagnosis on a reimbursement claim.

ICD-10 Classical phenylketonuria

- ICD-9-CM 270.1 converts approximately to: 2015 [ICD-10-CM E70.0](#) Classical phenylketonuria.
- E70.0 is a billable ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes.
- **Clinical Information**
- A genetic disorder in which the body lacks the enzyme necessary to metabolize protein.



ICD-10 Classical phenylketonuria

- Documentation Improvement
- ICD-10-CM E70.0 Classical phenylketonuria.
- Etiology of diagnosis, Link must be established between manifestations and underlying diseases, Degree of Severity, Laboratory Findings.



ICD-9 Autistic disorder, current or active state

- 2015 ICD-9-CM Diagnosis Code **299.00**
- ICD-9-CM **299.00** is a billable medical code that can be used to specify a diagnosis on a reimbursement claim.



ICD-10 Autistic disorder

- ICD-9-CM 299.00 converts approximately to: 2015 [ICD-10-CM F84.0](#) Autistic disorder.
- **F84.0** is a billable ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes.
- **Clinical Information**
- A disorder beginning in childhood. It is marked by the presence of markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity and interest. Manifestations of the disorder vary greatly depending on the developmental level and chronological age of the individual. (dsm-iv)
- A disorder characterized by marked impairments in social interaction and communication accompanied by a pattern of repetitive, stereotyped behaviors and activities. Developmental delays in social interaction and language surface prior to age 3 years.
- Autism is a disorder that is usually diagnosed in early childhood. The main signs and symptoms of autism involve communication, social interactions and repetitive behaviors.

ICD-10 Autistic disorder

- Documentation Improvement
- ICD-10-CM F84.0 Autistic disorder.
- Etiology of diagnosis, Link must be established between manifestations and underlying diseases, Degree of Severity.



ICD-9 Conditions due to anomaly of unspecified chromosome

- 2015 ICD-9-CM Diagnosis Code **758.9**
- ICD-9-CM **758.9** is a billable medical code that can be used to specify a diagnosis on a reimbursement claim.
- **Clinical Information**
- A disorder that results from a chromosomal abnormality
- Clinical conditions caused by an abnormal chromosome constitution in which there is extra or missing chromosome material (either a whole chromosome or a chromosome segment). (from thompson et al., genetics in medicine, 5th ed, p429).
- Clinical conditions caused by an abnormal chromosome constitution in which there is extra or missing chromosome material, either a whole chromosome or a chromosome segment



ICD-10 Chromosomal abnormality, unspecified

- ICD-9-CM **758.9** converts directly to:2015 [ICD-10-CM Q99.9](#) **Chromosomal abnormality, unspecified**.
- **Q99.9** is a billable ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes.
- **Clinical Information**
- A disorder that results from a chromosomal abnormality.
- Clinical conditions caused by an abnormal chromosome constitution in which there is extra or missing chromosome material (either a whole chromosome or a chromosome segment). (from thompson et al., genetics in medicine, 5th ed, p429)
- Clinical conditions caused by an abnormal chromosome constitution in which there is extra or missing chromosome material, either a whole chromosome or a chromosome segment.



ICD-10 Chromosomal abnormality, unspecified

- Documentation Improvement
- ICD-10-CM Q99.9 **Chromosomal abnormality, unspecified.**
- Etiology of diagnosis, Link must be established between manifestations and underlying diseases, Degree of Severity.

ICD-9 Klinefelter's syndrome

- 2015 ICD-9-CM Diagnosis Code **758.7**
- ICD-9-CM **758.7** is a billable medical code that can be used to specify a diagnosis on a reimbursement claim.
- **Clinical Information**
- A common sex chromosomal anomaly in males characterized mainly by small testes with tubular hyalinization, azospermia with infertility, slight breast enlargement, elevated urinary gonadotropins, and decreased urinary 17-ketosteroids.
- Dull mentality has been noted. The affected individuals appear normal after birth, except for small testes. Most characteristic features become evident at adolescence as hypogonadism, gynecomastia, incomplete virilization with variable eunuchoidism, and dull mentality.
- Without testosterone therapy, most adult patients may become obese. Occasional abnormalities may include cryptorchidism, hypospadias, ataxia, scoliosis during adolescence, and diabetes mellitus in adulthood

ICD-10 Klinefelter syndrome, unspecified

- ICD-9-CM 758.7 converts approximately to:2015 [ICD-10-CM Q98.4](#) **Klinefelter syndrome**, unspecified.
- **Q98.4** is a billable ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes.

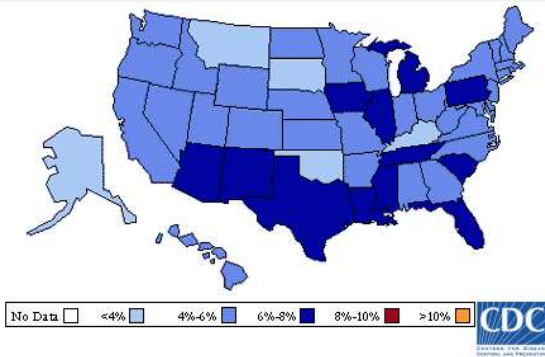


ICD-10 Klinefelter syndrome, unspecified.

- Document Improvement
- ICD-10-CM Q98.4 **Klinefelter syndrome, unspecified.**
- Etiology of diagnosis, Link must be established between manifestations and underlying diseases, Degree of Severity.



Diabetes Mellitus



- **New in ICD-10-CM**
- The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system.
- When documenting diabetes, include the following:
 - **Type:** e.g. Type 1 or Type 2 disease, drug or chemical induced, due to underlying condition, gestational
 - **Control:** out of control, inadequately controlled and controlled are no longer used in ICD-10-CM
 - **Complications:** What (if any) other body systems are affected by the diabetes condition? e.g. Foot ulcer related to diabetes mellitus
 - **Treatment:** Is the patient on insulin?



Hypertension

- There is only **one code** for hypertension without manifestations (benign, malignant, essential, etc...) in ICD-10.
 - **The code is I10**
- Documentation is required for any relationship between hypertension and other diseases.
 - **Hypertensive heart disease- I11**
 - **Hypertensive chronic kidney disease- I12**



Hypertension

- Documentation has been simplified to Essential (Primary) Hypertension
 - No longer use malignant, systolic, accelerated, etc.
 - As with diabetes, document associated heart or kidney disease
- Examples:
 - I10 Essential hypertension
 - I12 Hypertensive heart disease
 - I12 Hypertensive chronic kidney disease
 - I13 Hypertensive heart and kidney diseaseAdditional specificity by indicating with or without heart failure and stage of kidney disease
- If Secondary Hypertension, document cause

Underdosing



Underdosing – new concept in ICD-10

- Taking less of a medication than prescribed by physician or manufacturer's instruction
 - Noncompliance
 - Complication of care

Underdosing – *Documentation Needed:*

- If a patient is purposely stopping or altering their medication regimen this needs to be documented to provided accurate coding



UNDERDOSING

- New concept in ICD-10 that can be used to document patient compliance with medications
- Identify condition being treated, medication, and why they are not taking it as prescribed
- May be Intentional OR Unintentional
 - Financial hardship
 - Other reasons
 - Age-related debility
 - Other reasons

Procedure Documentation Examples



Overview of ICD-10-PCS

- PCS stands for **Procedure Classification System**
- It is a *multi-axial 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*

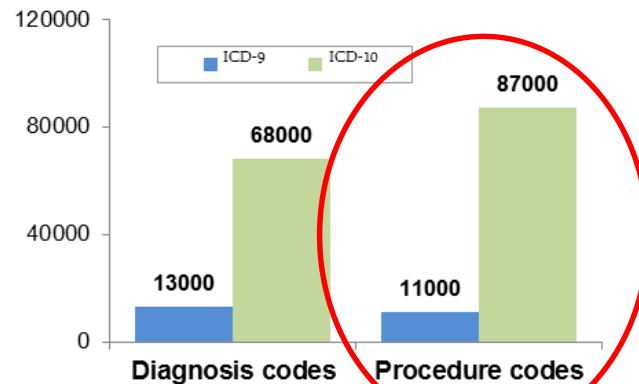
Overview of ICD-10-PCS

- 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

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”



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

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?

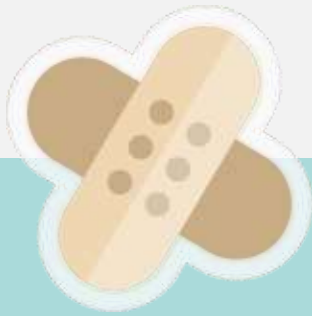
A Physician response, 'see notes' does not fulfill the request generated by the query.

- 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?

