



ICD-10 for Nephrology

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.

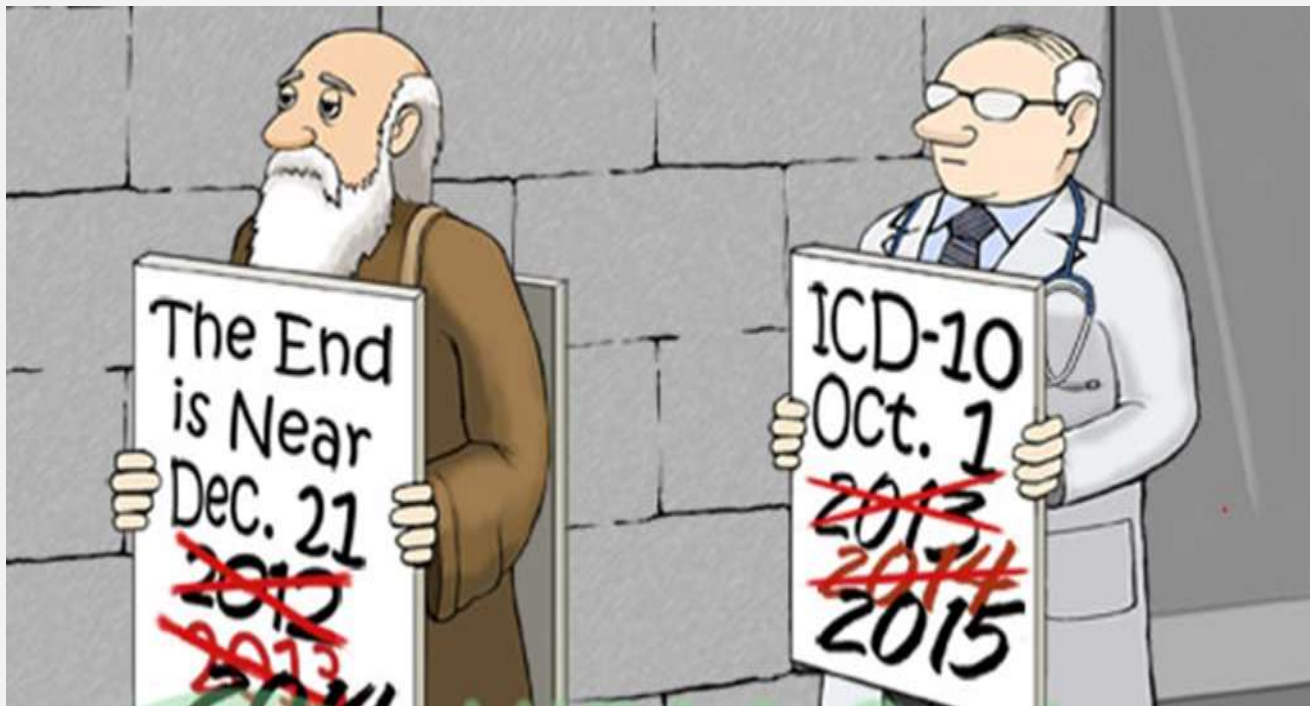


Road to ICD-10

- 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



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

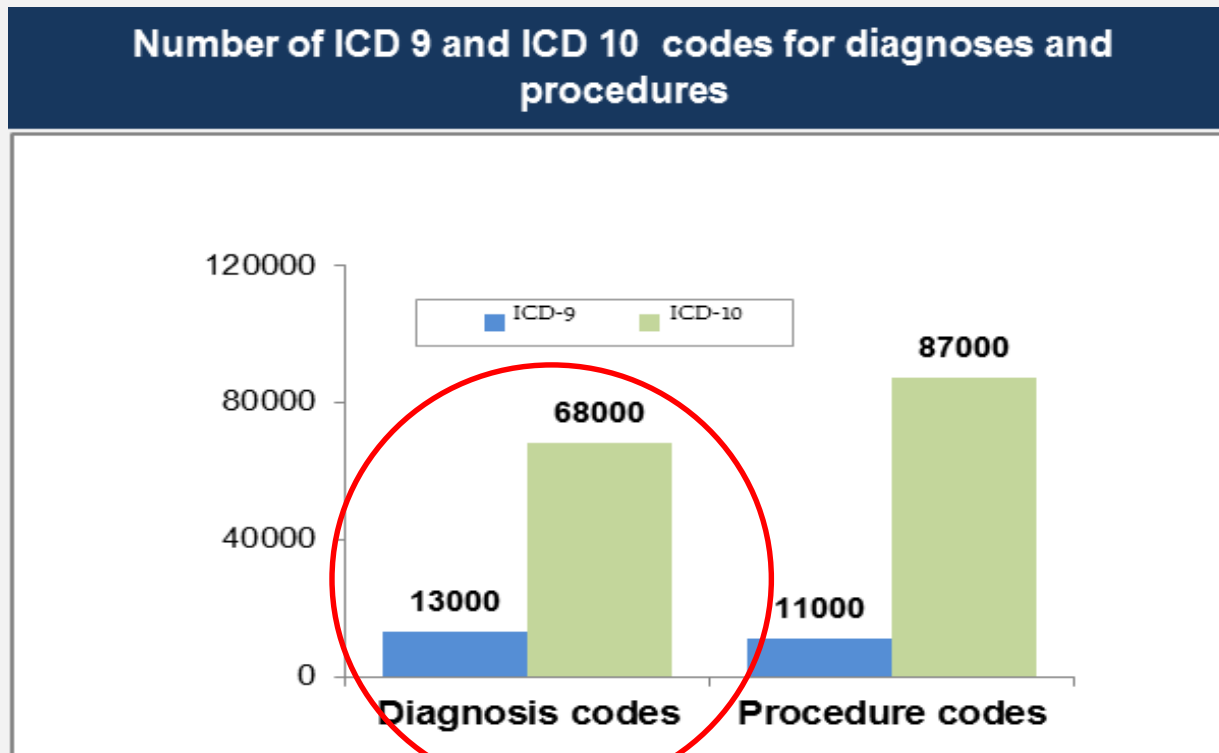
- Data will be collected over the next **2 years** – as well as **2 years** following implementation to feed initiatives impacting:
 - Measurement of patient care outcomes
 - Quality of care initiatives
 - Healthcare policy development
 - **Research related to profiling providers of healthcare *******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

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

Diagnosis Documentation Examples



ICD-9 Anemia in chronic kidney disease

- **Diagnosis Code 285.21** Anemia in chronic kidney disease 2014 Billable Code
- Short description: Anemia in chronic kidney dis.
- ICD-9-CM 285.21 is a billable medical code that can be used to specify a diagnosis on a reimbursement claim

ICD-10 Anemia in chronic kidney disease

- ICD-9-CM 285.21 converts approximately to:
- 2015 [ICD-10-CM D63.1](#) Anemia in chronic kidney disease
- **D63.1** is a billable ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes.



ICD-10 Anemia in chronic kidney disease

Documentation Improvement

Code First •underlying chronic kidney disease (CKD) (N18.)

ICD-10-CM Coding Rules •**D63.1** describes the manifestation of an underlying disease, not the disease itself, and therefore should not be used as a principal diagnosis.

ICD-10-CM D63.1 is grouped within Diagnostic Related Group(s) (MS-DRG v30.0):•811 Red blood cell disorders with mcc (major complicating or comorbid condition)
•812 Red blood cell disorders without mcc

ICD-9 End Stage Renal Disease

- **ICD-9-CM 585.6**
- ICD-9-CM 585.6 is a billable medical code that can be used to specify a diagnosis on a reimbursement claim.
- Disease SynonymsAnemia due to end stage renal disease
- Anemia due to ESRD
- Anemia, end stage renal disease
- Benign htn heart and ckd, esrd, w chf
- Benign hypertensive CKD, ESRD
- Benign hypertensive CKD, w ESRD
- Benign hypertensive heart and CKD, ESRD
- Benign hypertensive heart and CKD, ESRD, w CHF
- Benign hypertensive heart and end stage renal disease
- Benign hypertensive heart and end stage renal disease with congestive heart failure
- Chronic kidney disease
- Chronic kidney disease on hemodialysis



ICD-10 End Stage Renal Disease

- Converts to in **2015 ICD-10-CM Diagnosis Code N18.6**
- **N18.6** is a billable ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes
- **Clinical Information:** Chronic, irreversible renal failure.
- Long-standing and persistent renal disease with glomerular filtration rate (gfr) less than 15 ml/min.
- Applicable To Chronic kidney disease requiring chronic dialysis



ICD-10 End Stage Renal Disease Documentation Improvement

- **Clinical Information:**
- Chronic, irreversible renal failure.
- Long-standing and persistent renal disease with glomerular filtration rate (gfr) less than 15 ml/min.
- Applicable To Chronic kidney disease requiring chronic dialysis.
- Use additional codes:
- to identify dialysis status (Z99.2)

Acute Renal Failure ICD-9

- 584 **Acute kidney failure**, includes ARF
 - 584.5 **With lesion of tubular necrosis**
 - 584.6 With lesion of renal cortical necrosis
 - 584.7 With lesion of renal medullary (papillary) necrosis
 - 584.8 With other specified pathological lesion in kidney
 - 584.9 **Unspecified**

Acute Renal Failure ICD-10

- N17 **Acute kidney failure**
 - N17.0 With tubular necrosis
 - N17.1 With acute cortical necrosis
 - N17.2 With medullary necrosis
 - N17.8 Other acute kidney failure
 - **N17.9 Acute kidney failure, unspecified**

ICD-9 Secondary hyperparathyroidism (of renal origin)

- **ICD-9-CM 588.81**
- Short description: Secondary hyperparathyroid-renal.
- ICD-9-CM 588.81 is a billable medical code that can be used to specify a diagnosis on a reimbursement claim.
- Disease Synonyms:
- Hyperparathyroidism due to renal insufficiency
- Hyperparathyroidism, secondary
- Secondary hyperparathyroidism
- Secondary hyperparathyroidism, renal origin

ICD-10 Secondary hyperparathyroidism (of renal origin)

- ICD-9-CM 588.81 converts directly to:2015 ICD-10-CM N25.81 Secondary hyperparathyroidism of renal origin
- ICD-10-CM N25.81 **Secondary Hyperparathyroidism of renal origin**
- N25.81 is a billable ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes.

ICD-10 Secondary hyperparathyroidism (of renal origin) Documentation Improvement

- **Documentation requirements:**
- Acuity
- Specific Site
- Laterality
- Etiology of Diagnosis
- Link must be established between manifestations and underlying disease
- Degree of severity

ICD-9 Calculus of kidney

- **ICD-9-CM 592.0** is a billable medical code that can be used to specify a diagnosis on a reimbursement claim.
- **Clinical Information:**
- Condition marked by the presence of renal calculi, abnormal concretions within the kidney, usually of mineral salts

ICD-10 Calculus of kidney

- ICD-9-CM 592.0 converts approximately to:
- 2015 [ICD-10-CM N20.0](#) Calculus of kidney
- **N20.0** is a billable ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes.
- A disorder characterized by the formation of crystals in the pelvis of the kidney.
- A kidney stone is a solid piece of material that forms in the kidney from substances in the urine. It may be as small as a grain of sand or as large as a pearl.



ICD-10 Calculus of kidney Documentation Improvement

- ICD-10-CM N20.0 Calculus of kidney
 - Acuity, Specific site, Etiology of diagnosis, Degree of severity, Specific Site
 - extreme pain in your back or side that will not go away
 - blood in your urine
 - fever and chills
 - vomiting
 - urine that smells bad or looks cloudy
 - a burning feeling when you urinate

Diabetes Mellitus ICD-9

- 250 Diabetes mellitus
 - 250.0 **Diabetes mellitus without mention of complication**
 - 250.00 **type II or unspecified type, not stated as uncontrolled**
 - 250.01 type I, not stated as uncontrolled
 - 250.02 type II or unspecified type, uncontrolled
 - 250.03 type I, uncontrolled
 - 250.1 Diabetes with ketoacidosis
 - 250.2 Diabetes with hyperosmolarity
 - 250.3 Diabetes with other coma
 - **250.4 Diabetes with renal manifestations**
 - 250.5 Diabetes with ophthalmic manifestations
 - 250.6 Diabetes with neurological manifestations
 - 250.7 Diabetes with peripheral circulatory disorders
 - 250.8 Diabetes with other specified manifestations
 - 250.9 Diabetes with unspecified complication



Clinical Examples – Documentation Improvement

Diabetes Mellitus

Classified by “type 1 or 2” and “other specified”

Secondary Diabetes Mellitus is further classified as:

- Due to underlying condition

- Drug or chemical induced

Gestational Diabetes is further classified as:

- Insulin controlled

- Diet controlled

- Puerpural

“Other specified” complications expanded to include:

- Neuropathic arthropathy

- Dermatitis

- Oral complications including periodontal disease and other oral disease

Diabetes Mellitus

- **E11 Type II diabetes mellitus, includes diabetes NOS**
 - E11.0 with hyperosmolarity
 - E11.2 with kidney complications
 - E11.3 with ophthalmic complications
 - E11.4 with neurological complications
 - E11.5 with circulatory complications
 - E11.6 with other specified complications
 - E11.8 with unspecified complications
 - **E11.9 without complications**



Diabetes Mellitus: Complication and Manifestations

Circulatory Complication

Document Manifestation

Peripheral angiopathy with/without gangrene

Neurological Complication

Document Manifestation

Neuropathy

Mononeuropathy

Polyneuropathy

Autonomic (poly) neuropathy

Amyotrophy

Correct Use of “R” (symptom) Codes

- Chapter 18. Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, NEC (R00-R99)
 - Cases for which no more specific dx can be made even after all facts bearing on the case have been investigated
 - Signs and symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined
 - Provisional diagnosis in a patient who failed to return for further investigation or care
 - Cases referred elsewhere for investigation or treatment before the diagnosis was made
 - Cases in which a more precise diagnosis was not available for any other reason
 - Certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right



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

Underdosing of drugs specifies documentation of intentional or unintentional underdosing:

- Intentional underdosing
 - Due to financial hardship
 - Other reasons
- Unintentional underdosing
 - Age-related debility
 - Other reasons



Separate “Z” code that is submitted alongside the code for underdosing.



Underdosing



- These codes also require a 7th character to identify whether this is:
 - **A:** Initial encounter – when the patient is receiving active treatment/first visit by that physician
 - **D:** Subsequent encounter – after the active phase of treatment and when the patient is receiving repeat or routine care for the injury.
 - **S:** Sequela is assigned for complication or condition that arises as a direct result of an injury (takes priority for code- if no sequelae, code initial or subsequent)

Hyperlipidemia ICD-9

- 272 Disorders of lipid metabolism
 - 272.0 Pure hypercholesterolemia
 - 272.1 Pure hyperglyceridemia
 - 272.2 Mixed hyperlipidemia
 - 272.3 Hyperchylomicronemia
 - 272.4 Other and unspecified hyperlipidemia
 - 272.5 Lipoprotein deficiencies
 - 272.6 Lipodystrophy
 - 272.7 Lipidoses
 - 272.8 Other disorders of lipoid metabolism
 - 272.9 Unspecified disorder of lipoid metabolism

Hyperlipidemia ICD-10

- E78 Disorders of lipoprotein metabolism and other lipidemias
 - E78.0 Pure hypercholesterolemia
 - E78.1 Pure hyperglyceridemia
 - E78.2 Mixed hyperlipidemia
 - E78.3 Hyperchylomicronemia
 - E78.4 Other hyperlipidemia
 - E78.5 Hyperlipidemia, unspecified
 - E78.6 Lipoprotein deficiency
 - E78.7 Disorders of bile acid and cholesterol metabolism
 - E78.8 Other disorders of lipoprotein metabolism
 - E78.9 Disorder of lipid metabolism, unspecified

ICD-9 Dehydration

- 276.5 Volume depletion
 - 276.50 Volume depletion, unspecified
 - **276.51 Dehydration**
 - 276.52 Hypovolemia
- 276.6 Fluid overload
 - 276.61 – TACO (Transfusion assoc circ overload)
 - 276.69 – Other
- 276.7 Hyperpotassemia
- 276.8 Hypopotassemia
- 276.9 Electrolyte and fluid disorders NEC

ICD-10 Dehydration

- E86.0 Volume depletion
 - E86.0 Dehydration
 - E86.1 Hypovolemia
 - Depletion of volume of plasma
 - E86.2 Volume depletion, unspecified

Anemia ICD-9

- 285 Other and unspecified anemias
 - 285.0 Sideroblastic anemia
 - 285.1 Acute posthemorrhagic anemia
 - 285.2 Anemia of chronic disease
 - 285.3 Antineoplastic chemotherapy induced anemia
 - 285.8 Other specified anemias
 - 285.9 Anemia, unspecified

Anemia ICD-10

- **D62 Acute posthemorrhagic anemia**
- **D64 Other anemias**
 - D64.0 Hereditary sideroblastic anemia
 - D64.1 Secondary sideroblastic anemia due to disease
 - D64.2 Secondary sideroblastic anemia due to drugs and toxins
 - D64.3 Other sideroblastic anemias
 - D64.4 Congenital dyserythropoietic anemia
 - D64.8 Other specified anemias
 - **D64.9 Anemia, unspecified**

Hypertension ICD-9

- 401 Essential hypertension
 - 401.0 Malignant
 - 401.1 Benign
 - 401.9 Unspecified

Hypertension ICD-10

- **I10 Essential (primary) hypertension**
 - Includes high blood pressure, hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic)
 - Excludes hypertension complicating pregnancy and associated with end organ disease

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

Urinary Tract Infection ICD-9

- 599 Other disorders of urethra and urinary tract
 - 599.0 Urinary tract infection, site not specified
 - Use additional code to identify organism, such as E. coli

Urinary Tract Infection ICD-10

Other diseases of the urinary system (N30-N39)

- N30 Cystitis
 - N30.0 Acute cystitis
 - N30.1 Interstitial cystitis (chronic)
 - N30.2 Other chronic cystitis
 - N30.3 Trigonitis
 - N30.4 Irradiation cystitis
 - N30.8 Other cystitis
 - N30.9 Cystitis, unspecified
 - N30.90 without hematuria
 - N30.91 with hematuria
- N39 Other disorders of urinary system
 - **N39.0 Urinary tract infection, site not specified**
 - Use additional codes (B95-B97), to identify infectious agent

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 inpatient procedures has undergone significant revision focusing primarily on section, body system, root operation, body part, approach, device and qualifier.

ICD-10-PCS Inpatient Procedures

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

The ICD-10-PCS code structure tells a story

Catheter Insertion into Vein

- Procedures require documentation of:
 - Specific vein where insertion performed
 - Right or left internal jugular vein
 - Right or left external jugular vein
 - Approach
 - Open
 - Percutaneous
 - Percutaneous endoscopic
 - Type of device
 - Infusion
 - intraluminal
 - Code examples
 - ICD-9 – – venous catheterization.
 - ICD-10-PCS – 05HM33Z – Insertion, internal jugular vein right, percutaneous, infusion device.



Catheter Insertion

S <i>System</i>	0 Medical and Surgical
B <i>Body System</i>	2 Heart and Great Vessels
O <i>Operation</i>	H Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

<i>Body Part</i>	<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
4 Coronary Vein 6 Atrium, Right 7 Atrium, Left K Ventricle, Right L Ventricle, Left	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	0 Monitoring Device, Pressure Sensor 2 Monitoring Device 3 Infusion Device D Intraluminal Device J Cardiac Lead, Pacemaker K Cardiac Lead, Defibrillator M Cardiac Lead	Z No Qualifier
P Pulmonary Trunk Q Pulmonary Artery, Right R Pulmonary Artery, Left S Pulmonary Vein, Right T Pulmonary Vein, Left V Superior Vena Cava W Thoracic Aorta	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	0 Monitoring Device, Pressure Sensor 2 Monitoring Device 3 Infusion Device D Intraluminal Device	Z No Qualifier

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



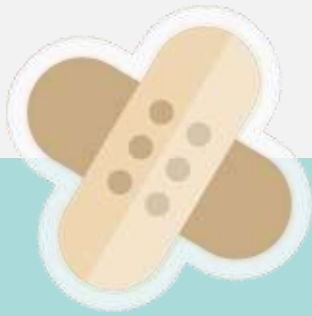
Please sign, date and time Queries!

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 diagnosis that is *not* documented and *cannot code a query by the Provider.**





Questions?

