



ICD-10 for Oncology

UConn Health



Just himagine what we can accomplish together.

Introduction

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Agenda

- After attending this session participants will be able to:
 - Describe the challenges associated with ICD-10 implementation
 - Identify documentation standards necessary for complete and accurate code assignment for the most frequent diagnoses used by physicians and hospitalists
 - Identify the importance of physician documentation and coding
 - Discuss the importance of the query writing process and physician response



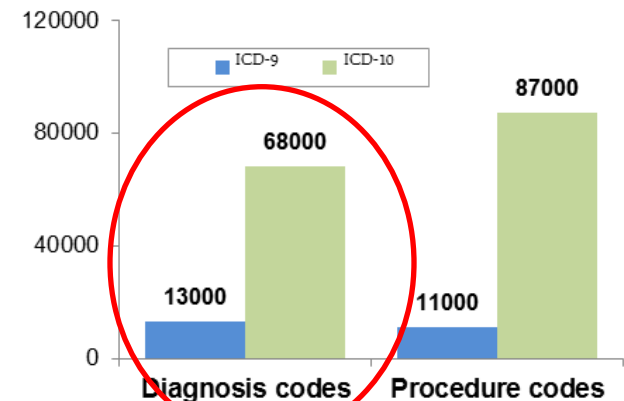
Changes to Diagnosis Codes

The most significant difference between ICD 9 and ICD 10 is the size and composition of the new codes

- ICD 9 is five digits where ICD 10 is 7 alphanumeric characters
- Re-structured classification
- Specificity and detail have been expanded

ICD 10 better describes acuity, complexity and laterality of the patients under your care

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)

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



Challenges

- **Documentation by the physician** of specific components of a particular classification (diagnosis code) **is required**:
 - Test results, labs, x-rays, EKGs, echo reports, path reports, studies performed for diagnosis ***are not sufficient documentation*** for classifying (coding) a disease/injury
 - ***Coders are only allowed to use physician documentation to classify a disease/injury or procedure***



Documentation for Diagnoses

Requirements for Detailed Documentation for Diagnoses

Acuity	Acute, chronic or both
Specific site	Sigmoid colon, wrist, upper forearm
Laterality	Right, left, bilateral
Specific type of condition	Acute blood loss anemia, type 2 diabetes with hyperglycemia
Etiology of diagnosis	Chest pain due to gastroesophageal reflux, anxiety due to alcohol abuse
Link must be established between manifestations and underlying diseases	Hypertension due to cardiovascular disease, vascular insufficiency secondary to diabetic PVD
Complications of care	Intraoperative, postoperative, mechanical malfunctions, infections
Degree of severity	Mild, moderate, severe, e.g., malnutrition: mild, moderate, severe



Documentation for Diagnoses

Requirements for Detailed Documentation for Diagnoses

Stages (I, II, III, IV)	Stage IV decubitus ulcer
Injury details	Place of occurrence, activity causing the injury
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)
Cerebral and myocardial infarctions	Site and artery specificity
Non-pressure skin ulcers	Site, laterality and depth of tissue involvement

Diagnosis Documentation Examples



Neoplasms

The following are important documentation tips and strategies for neoplasms that cannot be determined after histology study to be either malignant or benign as required by the specificity needed in ICD-10:

- Identify neoplasms that cannot be determined after histology study to be either malignant or benign as **“uncertain behavior.”**
- Provide information acknowledging the cytology, histology, or pathology findings.
- Without this type of documentation, an unspecified code is assigned.

Laterality

*ICD-10-CM introduces laterality to the diagnosis classification system. Many providers already document which side of the body the disease or injury occurred, but **it is now a required data element** with ICD-10-CM.*

- **Over 5,000 diagnoses have a right and left diagnosis such as:**
- Carcinoma right breast, upper outer quadrant
- Carcinoma lower lobe, left lung



Breast Cancer

The main level of detail added here and many other places in ICD-10 is the ability to specify whether a condition is found in the left or right instance of that body part.

- In addition, some areas of the breast neoplasm classification further specify the type. For example, there are separate codes for ductal carcinoma in situ (DCIS), as well as the lobular variety (LCIS). The DCIS codes are given below. Tumors documented as either carcinoma or adenocarcinoma can use these codes.

ICD-9-CM

- 233.0 Carcinoma in situ of breast

ICD-10-CM

- D05.10 Intraductal carcinoma in situ of unspecified breast
- D05.11 Intraductal carcinoma in situ of right breast
- D05.12 Intraductal carcinoma in situ of left breast

Breast Cancer – Example

- **Diagnosis:** Invasive ductular carcinoma of
- breast, completely excised.
- **ICD-9-CM Code:** 174.9
- **ICD-10-CM Code:** C50.412
- **Rationale:** Neoplasm; breast; female; upper
- outer quadrant left breast. It is important to note
- that location is very specific in ICD-10-CM with
- laterality also an issue, *good documentation for*
- *specificity is required for proper code*
- *assignment.*

Estrogen Receptor Status

- Malignant neoplasm of the breast has 54 choices, and requires specification of male/female breast, the site of the Neoplasm on the breast, and laterality. In addition, a code for estrogen receptor status is required, if known.
- **ICD-10-CM:**
- C50.411 Malignant neoplasm of upper-outer quadrant of the right female breast
- Z17.1 Estrogen receptor status negative status [ER-].

Prostate Cancer

In ICD-10-CM, primary malignant neoplasm of the prostate is code C61, which is a one-to-one match with ICD-9-CM code 185. However, for metastatic prostate cancer, codes for the site of the metastasis are more specific.

Secondary sites requiring more specificity:

- lungs (C78.01 right or C78.02 left)
- kidneys (C79.01 right or C79.02 left)
- Other urinary organs
- bone and bone marrow (C79.51 bone or C79.52 bone marrow),
- adrenal glands (C79.71 right or C79.72 left).

Neoplasms of the Liver

Several carcinoma types are specified in ICD-10-CM, which ICD-9-CM did not identify with separate codes. For malignant neoplasm of liver and intrahepatic bile duct, the following codes are available:

- C22.0, Liver cell carcinoma (including hepatocellular carcinoma and hepatoma);
- C22.1, Intrahepatic bile duct carcinoma (including cholangiocarcinoma);
- C22.2, Hepatoblastoma;
- C22.3, Angiosarcoma (including Kupffer cell sarcoma);
- C22.4, Other sarcomas of liver;
- C22.7, Other specified carcinomas of liver;
- C22.8, Malignant neoplasm of liver, primary, unspecified as to type; and
- C22.9, Malignant neoplasm of liver, not specified as primary or secondary.

Nervous System

There is no classification specific to the nervous system neoplasm in ICD-9-CM as they are included in the connective and soft tissue category. In ICD-10-CM, a new category has been created to incorporate these

- **Peripheral/Autonomic Nervous System (C47)**

- Head, face, neck
- Upper Limb, including shoulder
 - Right/Left/Unspecified
- Lower Limb, including hip
 - Right/Left/Unspecified
- Thorax
- Abdomen
- Pelvis
- Trunk, unspecified
- Overlapping sites of peripheral/autonomic nervous system
- Peripheral/autonomic nervous system, unspecified

Leukemia

ICD-10 has preserved the ability to distinguish between leukemia in remission, leukemia in relapse, and leukemia not in remission. The acute lymphoblastic leukemia codes are below. Coding and documentation is unchanged in ICD-10. ICD-10 updated the code title and used the term *“lymphoblastic” instead of “lymphoid.”*

ICD-9-CM

- 204.00 Acute lymphoid leukemia, without mention of having achieved remission
- 204.01 Acute lymphoid leukemia, in remission
- 204.02 Acute lymphoid leukemia, in relapse

ICD-10-CM

- C91.00 Acute lymphoblastic leukemia not having achieved remission
- C91.01 Acute lymphoblastic leukemia, in remission
- C91.02 Acute lymphoblastic leukemia, in relapse

Leukemia

A new group of leukemia codes has been added for a diagnosis of juvenile myelomonocytic leukemia (JMML). There is nothing in ICD-9 for capturing this information.

ICD-9-CM

- 206.80 Other monocytic leukemia, without mention of having achieved remission
- 206.81 Other monocytic leukemia, in remission
- 206.82 Other monocytic leukemia, in relapse

ICD-10-CM

- C93.30 Juvenile myelomonocytic leukemia, not having achieved remission
- C93.31 Juvenile myelomonocytic leukemia, in remission
- C93.32 Juvenile myelomonocytic leukemia, in relapse

Leukemia

There are also new groups of ICD-10 codes available for distinguishing between lymphoblastic leukemias beyond those specified as simply acute or chronic. The sub-types are listed below. There are three codes for each sub-type, specifying whether the disease is active, in remission, or in relapse.

- Acute lymphoblastic leukemia
- Chronic lymphocytic leukemia of B-cell type
- Prolymphocytic leukemia of B-cell type
- Adult T-cell lymphoma/leukemia (HTLV-1-associated)
- Prolymphocytic leukemia of T-cell type
- Mature B-cell leukemia Burkitt-type
- Other lymphoid leukemia
- Lymphoid leukemia, unspecified

Lymphoma

Code categories for lymphoma include:

- C81 Hodgkin lymphoma
- C82 Follicular lymphoma
- C83 Non-follicular lymphoma
- C84 Mature T/Nkcell lymphomas
- C85 Other specified and unspecified types of non-Hodgkin lymphoma,
- C86 Other specified types of T/NK cell lymphoma

The increased code specificity for follicular Lymphomas includes identification of the grade.

Lymphoma

Specify lymphomas based on the specific histology type, such as:

- Mixed cellularity classical Hodgkin's.
- Follicular lymphoma grade IIIb.
- Immunoblastic diffuse large B-cell lymphoma.
- State the specific lymph node(s) involved (e.g., intrathoracic, axilla, inguinal, etc.).
- Identify when extranodal and solid organ sites are involved.



Neutropenia

The following are important documentation tips and strategies for neutropenia as required by the specificity needed in ICD-10:

- Identify neutropenia by the underlying cause or type (e.g., congenital, drug-induced, cyclic, etc.).
- Specify the medication causing a secondary neutropenia and the purpose of its use (*e.g., Cytoxan for a primary malignancy upper-inner quadrant of left breast*).
- List any related conditions (e.g., infection).
- Include information regarding any associated fever or mucositis.

Pain

Code G89.3 is assigned to pain documented as being related, associated, or due to cancer, primary or secondary malignancy, or tumor

- State the acuity (i.e., acute or chronic).
- Identify the cause (e.g., trauma, post-thoracotomy, neoplasm, etc.).
- Detail the following:
 - When patients are admitted for pain management or control.
 - Psychological pain.
 - The site of the pain.



Infections Resistant to Antibiotics

- Many bacterial infections are resistant to current antibiotics. ***It is necessary to identify all infections documented as antibiotic resistant.*** The infection must also be identified.
- Code Category Z16 – Resistance to antimicrobial drugs





Documentation of Causal Relationship

Detail conditions that develop as an adverse reaction to neoplastic treatment or the progression of the neoplastic disease (e.g., neutropenic fever secondary to chemo, neoplastic anemia, pathological fracture due to a neoplastic process).

- Clarify the condition necessitating medical care, such as:
 - Complication of the neoplastic disease process (e.g., dehydration).
 - Adverse effect of treatment (e.g., anemia secondary to chemotherapy).
 - List the specific drug causing the adverse effect.



MSSA and MRSA Colonization

- The condition or state of being colonized or carrying MSSA or MRSA is called colonization or carriage, while an individual person is described as being colonized or being a carrier.
- A positive MRSA colonization test might be documented by the provider as ***“MRSA screen positive” or “MRSA nasal swab positive.”***
 - Z22.322, Carrier or suspected carrier of Methicillin resistant Staphylococcus aureus
 - Z22.321, Carrier or suspected carrier of Methicillin susceptible Staphylococcus aureus

Underdosing

New concept in ICD-10

Taking less of a medication than prescribed by physician or manufacturer's instruction

- Intentional
 - Financial hardship
 - Other reason
- Unintentional
 - Age-related
 - Other reason

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

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

Underdosing

These codes also require a 7th digit to identify whether this is:

- Initial encounter
- Subsequent encounter
- Sequela (takes priority for code – if no sequela, code initial or subsequent)

Underdosing / Poisoning ICD-10

Examples

- T45.5 – Poisoning by, adverse effect of, and underdosing of anticoagulants
 - T45.511 – Poisoning by anticoagulants, accidental (unintentional)
 - T45.512 – Poisoning by anticoagulants, intentional self-harm
 - T45.513 – Poisoning by anticoagulants, assault
 - T45.514 – Poisoning by anticoagulants, undetermined
 - T45.515 – Adverse effect of anticoagulants
 - T45.516 – **Underdosing** of anticoagulants

Episodes of Care

- **ICD-10-CM relies more heavily on categorizing the episodes of care for injuries and illnesses.**
- A - Initial encounter is defined as the period when the patient is receiving active treatment / first visit by that physician
- D - Subsequent encounter is defined as the period after the active phase of treatment and when the patient is receiving repeat or routine care for the injury during the period of healing or recovery.
- S – Sequela is assigned for complications or conditions that arise as a direct result of an injury.

Episodes of Care

- Sequela
 - Complication or condition that arises as a direct result of an injury or disease, such as scar formation after a burn. The scar is a sequela of the burn.

Sequela is the new terminology in ICD-10 replacing “late effects”



Secondary Diagnoses

Secondary Diagnosis Documentation Considerations

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 remains 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.
 - I11 Hypertensive heart disease
 - I12 Hypertensive chronic kidney disease

COPD ICD-9

- 490 Bronchitis
- 491 Chronic bronchitis
- 492 Emphysema
- 493 Asthma
- 494 Bronchiectasis
- 495 Extrinsic allergic alveolitis
- **496 Chronic airway obstruction, NEC**
 - NOTE: Excludes COPD specified with
 - Allergic alveolitis
 - Asthma
 - Bronchiectasis
 - Bronchitis
 - Decompensated
 - Emphysema

COPD ICD-10

Chronic lower respiratory diseases (J40-J47)

- J40 Bronchitis
- J41 Simple and mucopurulent chronic bronchitis
- J42 Unspecified chronic bronchitis
- J43 Emphysema
- **J44 Other COPD, includes**
 - J44.0 COPD acute lower respiratory infection
 - J44.1 COPD with (acute) exacerbation
 - J44.9 COPD, unspecified
- J45 Asthma
- J47 Bronchiectasis

COPD ICD-10

- **J44 Other COPD, includes**
 - Asthma with COPD
 - Chronic asthmatic (obstructive) bronchitis
 - Chronic bronchitis with airways obstruction
 - Chronic bronchitis with emphysema
 - Chronic emphysematous bronchitis
 - Chronic obstructive asthma
 - Chronic obstructive bronchitis
 - Chronic obstructive tracheobronchitis
- **J44.0 COPD acute lower respiratory infection**
- **J44.1 COPD with (acute) exacerbation**
- **J44.9 COPD, unspecified**

Obesity ICD-9

- 278 Overweight, obesity, and other hyperalimentation
 - 278.0 Overweight and obesity
 - 278.00 Obesity, unspecified (Obesity NOS)
 - 278.01 Morbid obesity
 - 278.02 Overweight

Obesity ICD-10

- E66 Overweight and obesity
 - E66.0 Obesity due to excess calories
 - E66.01 Morbid (severe) obesity due to excess calories, excludes E66.2
 - E66.09 Other obesity due to excess calories
 - E66.1 Drug-induced obesity
 - E66.2 Morbid (severe) obesity with alveolar hypoventilation
 - E66.3 Overweight
 - E66.8 Other obesity
 - E66.9 Obesity, unspecified (Obesity NOS)

Dyspnea ICD-9

- 786.0 Dyspnea and respiratory abnormalities
 - 786.00 Respiratory abnormality, unspecified
 - 786.01 Hyperventilation
 - 786.02 Orthopnea
 - 786.03 Apnea
 - 786.04 Cheyne-Stokes respiration
 - 786.05 Shortness of breath
 - 786.06 Tachypnea
 - 786.07 Wheezing
 - **786.09 Other respiratory distress, insufficiency**

Dyspnea ICD-10

R06 Abnormalities of breathing

- **R06.0 Dyspnea**
 - R06.00 Dyspnea, unspecified
 - R06.01 Orthopnea
 - R06.02 Shortness of breath
 - **R06.09 Other forms of dyspnea**

Dyspnea ICD-10 cont'd.

R06 Abnormalities of breathing

- R06.1 Stridor
- R06.2 Wheezing
- R06.3 Periodic breathing
- R06.4 Hyperventilation
- R06.5 Mouth breathing
- R06.6 Hiccough
- R06.7 Sneezing
- R06.8 Other abnormality of breathing
- R06.9 Unspecified abnormalities of breathing



Correct use of “R” (symptom) codes

- Chapter 18. Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, NEC (R00-R99)
 - Includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions.
 - Signs and symptoms that point rather definitely to a given diagnosis have been assigned to a category in other chapters of the classification.
 - In general, categories in this chapter include the less well-defined conditions and symptoms that, without the necessary study of the case to establish a final diagnosis, point perhaps equally to two or more diseases or to two or more systems of the body.



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

Hypoxemia ICD-9

- 799.0 Asphyxia and hypoxemia
 - 799.01 Asphyxia
 - 799.02 Hypoxemia

Hypoxemia ICD-10

- R09.0 Asphyxia and hypoxemia
 - R09.01 Asphyxia
 - R09.02 Hypoxemia

Cough ICD-9

- 786 Symptoms involving respiratory system and other chest symptoms
 - 786.0 Dyspnea and respiratory abnormalities
 - 786.1 Stridor
 - **786.2 Cough**
 - 786.3 Hemoptysis
 - 786.4 Abnormal sputum
 - 786.5 Chest pain
 - 786.6 Swelling, mass, or lump in chest
 - 786.7 Abnormal chest sounds
 - 786.8 Hiccough
 - 786.9 Other symptoms involving respiratory system and chest

Cough ICD-10

Symptoms and signs involving the circulatory and respiratory systems (R00-R09)

- R05 Cough

Fatigue ICD-9

- 780.7 Malaise and fatigue
 - 780.71 Chronic fatigue syndrome
 - 780.72 Functional quadriplegia
 - 780.79 Other malaise and fatigue

Fatigue ICD-10

- R53 Malaise and fatigue
 - R53.0 Neoplastic (malignant) related fatigue
 - R53.1 Weakness
 - R53.2 Functional quadriplegia
 - R53.8 Other malaise and fatigue
 - R53.81 Other malaise
 - R53.82 Chronic fatigue, unspecified
 - **R53.83 Other fatigue**
 - fatigue NOS, lack of energy, lethargy, tiredness



Smoking ICD-9

- 305 Nondependent abuse of drugs
 - 305.0 Alcohol abuse
 - 305.1 Tobacco use disorder
 - 305.2 Cannabis abuse.....

Note: Includes cases where a person, for whom no other diagnosis is possible, has come under medical care because of the maladaptive effect of a drug on which he is not dependent and that he has taken on his own initiative to the detriment of his health or social functioning.

Smoking ICD-10

- Z72 Problems related to lifestyle
 - Z72.0 Tobacco use
 - Excludes hx tobacco dependence, use in pregnancy
- F17.2 Nicotine dependence
 - F17.21 Nicotine dependence, cigarettes

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

Diabetes mellitus ICD-10

- **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**

Pulmonary fibrosis ICD-9

Other diseases of respiratory system (510-519)

- **515 Postinflammatory pulmonary fibrosis**

Pulmonary fibrosis ICD-10

- J84 Other interstitial pulmonary diseases
 - J84.0 Alveolar and parieto-alveolar conditions
 - J84.1 Other interstitial pulmonary diseases with fibrosis
 - J84.10 Pulmonary fibrosis, unspecified
 - J84.11 Idiopathic interstitial pneumonia
 - J84.2 Lymphoid interstitial pneumonia
 - J84.8 Other specified interstitial pulmonary diseases
 - J84.9 Interstitial pulmonary disease, unspecified



Acute respiratory failure ICD-9

- 518.8 Other diseases of lung
 - 518.81 Acute respiratory failure
 - Respiratory failure NOS



Acute respiratory failure ICD-10

- J96 Respiratory failure, NEC

Excludes respiratory arrest (R09.2)

- J96.0 Acute respiratory failure

- J96.00 unspecified whether with hypoxia or hypercapnia
- J96.01 with hypoxia
- J96.02 with hypercapnia



Pneumonia, organism unspecified ICD-9

Pneumonia and Influenza (480-488)

- 480 Viral pneumonia
- 481 Pneumococcal pneumonia
- 482 Other bacterial pneumonia
- 483 Pneumonia due to other specified organism
- 484 Pneumonia in infections diseases classified elsewhere
- 465 Bronchopneumonia, organism unspecified
- **486 Pneumonia, organism unspecified**
- 487 Influenza
- 488 Influenza due to certain identified avian influenza viruses



Pneumonia, organism unspecified ICD-10

- J18 Pneumonia, unspecified organism
 - J18.0 Bronchopneumonia, unspecified organism
 - J18.1 Lobar pneumonia, unspecified organism
 - J18.2 Hypostatic pneumonia, unspecified organism
 - J18.8 Other pneumonia, unspecified organism
 - **J18.9 Pneumonia, unspecified organism**

Atrial fibrillation ICD-9

- 427.3 Atrial fibrillation and flutter
 - 427.31 Atrial fibrillation
 - 427.32 Atrial flutter

Atrial fibrillation ICD-10

- I48 Atrial fibrillation and flutter
 - I48.0 Paroxysmal atrial fibrillation
 - I48.1 Persistent atrial fibrillation
 - I48.2 Chronic atrial fibrillation
 - I48.3 Typical atrial flutter
 - I48.4 Atypical atrial flutter
 - I48.9 Unspecified atrial fibrillation and flutter
 - I48.91 Unspecified atrial fibrillation
 - I48.92 Unspecified atrial flutter



Other diseases of trachea and bronchus ICD-9

- 519.1 Other diseases of trachea and bronchus, NEC
 - 519.11 Acute bronchospasm
 - 519.19 Other diseases of trachea and bronchus



Other diseases of trachea and bronchus ICD-10

Trachea and bronchus diseases are separated in ICD-10.

In ICD-10-CM index “**Disease, trachea NEC**” specifies to code J39.8

- J39 Other diseases of upper respiratory tract
 - J39.0 Retropharyngeal and parapharyngeal abscess
 - J39.1 Other abscess of pharynx
 - J39.2 Other disease of pharynx
 - J39.3 Upper respiratory tract hypersensitivity reaction, site unspecified
 - **J39.8 Other specified diseases of upper respiratory tract**
 - J39.9 Disease of upper respiratory tract, unspecified



Other diseases of trachea and bronchus ICD-10

- J98.0 Diseases of bronchus, NEC
 - J98.01 Acute bronchospasm
 - J98.09 Other diseases of bronchus, NEC

Bronchiectasis ICD-9

- 494 Bronchiectasis
 - 494.0 Bronchiectasis without acute exacerbation
 - 494.1 Bronchiectasis with acute exacerbation

Bronchiectasis ICD-10

- J47 Bronchiectasis
 - J47.0 Bronchiectasis with acute lower respiratory infection
 - J47.1 Bronchiectasis with (acute) exacerbation
 - **J47.9 Bronchiectasis uncomplicated**
 - Bronchiectasis NOS

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



Congestive heart failure ICD-9

- 428 Heart failure
 - 428.0 Congestive heart failure, unspecified
 - 428.1 Left heart failure
 - 428.2 Systolic heart failure
 - 428.3 Diastolic heart failure
 - 428.4 Combined systolic and diastolic heart failure
 - 428.9 Heart failure unspecified



Congestive heart failure ICD-10

- I50 Heart failure
 - I50.1 Left ventricular failure
 - I50.2 Systolic (congestive) heart failure
 - I50.3 Diastolic (congestive) heart failure
 - I50.4 Combined systolic (congestive) and diastolic (congestive) heart failure
 - **I50.9 Heart failure, unspecified**
 - Biventricular (heart) failure NOS
 - Congestive heart failure NOS

Pneumoconiosis

To properly classify **pneumoconiosis** in ICD-10-CM, **Physicians must specify the cause.** These new classifications are listed below:

- **Talc dust** – inhalation of talc usually occurring during talc mining or milling
- **Aluminosis** – exposure to aluminum particles
- **Bauxite fibrosis** – exposure to bauxite fumes which contain aluminum and silica particulates
- **Berylliosis** – exposure to beryllium and its compounds associated with beryllium mining or manufacturing of fluorescent light bulbs (which used to contain beryllium compounds in their internal phosphor coating)

Pneumoconiosis

- **Graphite fibrosis** – inhalation of graphite dust, which often contains up to 10% silicon dioxide
- **Siderosis** – exposure to iron oxide present in welding material, foundries, and iron ore mining. This is also known as welder's lung or silver polisher's lung and caused by inhaling iron particles.
- **Stannosis** – exposure to tin oxide and is very rare. It is considered to belong to the category of 'benign' pneumoconiosis, such as siderosis or baritosis.



Intraoperative and postprocedural complications

Intraoperative and postprocedural complications and disorders of the respiratory system in ICD-10-CM must be specified to be a result of or linked to the procedures performed.

- Intraoperative and postprocedural complications and disorders of respiratory system, NEC
- Other intraoperative and postprocedural complications and disorders of respiratory system, NEC
- Postprocedural pneumothorax
- Postprocedural respiratory failure
- Postprocedural hemorrhage and hematoma of a respiratory system organ or structure following a procedure
- Following a respiratory procedure
- Following other procedure
- Transfusion-related acute lung injury (TRALI)
- Complication of respirator [ventilator]



Intraoperative and postprocedural complications

Any conflicting documentation among providers (attending, surgeon, anesthesiologist, consultant, etc.) **requires query for clarification to the attending physician for accurate coding.**

For example, if a patient has a chemical pneumonitis in the postoperative period, it may not be appropriate to classify as postoperative/post-anesthesia chemical pneumonitis.

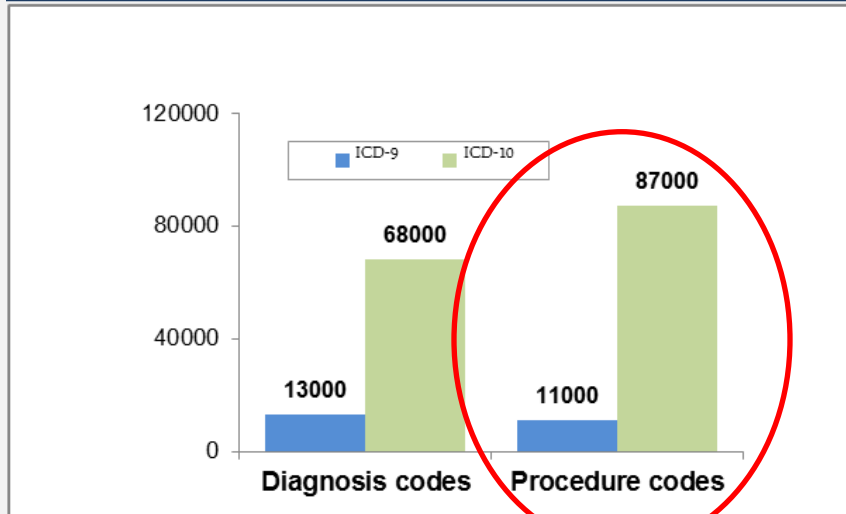
Procedure Documentation Examples





Changes to procedure codes

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

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



Overview of ICD-10-PCS

- 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**.

Overview of ICD-10-PCS

- *Path reports cannot be used to determine aspects of the procedure – physicians (surgeons) must document every aspect of procedures performed*



Radiation Oncology

For *radiation oncology* the documentation requirements for ICD-10 have changed to include further detail. Documentation must now include:

- radiation type
 - beam radiation, brachytherapy, stereotactic radiosurgery, other radiation
- treatment site
 - including laterality
- modality
 - photons, electrons, heavy particles, and contact radiation
- radioactive isotope
 - high osmolar, low osmolar, other

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 – 38.93 – venous catheterization
 - ICD-10-PCS – 02HV33Z – Insertion superior vena cava, percutaneous, infusion device



Catheter Insertion

S 0 Medical and Surgical			
Body System 2 Heart and Great Vessels			
Operation 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			
Body Part	Approach	Device	Qualifier
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

ICD-10-PCS Brachytherapy

Patient presents for Brachytherapy of Prostate, HDR using Cesium 137.

ICD-10-PCS

DV1097Z

- High Dose Rate (HDR) Brachytherapy of Prostate using Cesium 137 (Cs-137)



ICD-10-PCS Table

Section	D	Radiation Therapy	
Body System	V	Male Reproductive System	
Modality	1	Brachytherapy	
Treatment Site	Modality Qualifier	Isotope	Qualifier
0 Prostate 1 Testis	9 High Dose Rate (HDR) B Low Dose Rate (LDR)	7 Cesium 137 (Cs-137) 8 Iridium 192 (Ir-192) 9 Iodine 125 (I-125) B Palladium 103 (Pd-103) C Californium 252 (Cf-252) Y Other Isotope	Z None

ICD-10-PCS Brachytherapy

1 st	2 nd	3 rd	4 th	5 th	6 th	7 th
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier
D	V	1	0	9	7	Z

The ICD-10-PCS code structure tells a story

ICD-10-PCS Radiation

Patient presents for radiation therapy, beam radiation on the stomach using neutrons

ICD-10-PCS

DD015ZZ

- Beam Radiation of Stomach using Neutrons



ICD-10-PCS Table

<i>Section</i>	D	Radiation Therapy		
<i>Body System</i>	D	Gastrointestinal System		
<i>Modality</i>	0	Beam Radiation		
<i>Treatment Site</i>	<i>Modality Qualifier</i>		<i>Isotope</i>	<i>Qualifier</i>
0 Esophagus 1 Stomach 2 Duodenum 3 Jejunum 4 Ileum 5 Colon 7 Rectum	0 Photons <1 MeV 1 Photons 1 - 10 MeV 2 Photons >10 MeV 4 Heavy Particle (Protons,Ions) 5 Neutrons 6 Neutron Capture		Z None	Z None
0 Esophagus 1 Stomach 2 Duodenum 3 Jejunum 4 Ileum 5 Colon 7 Rectum	3 Electrons		Z None	0 Intraoperative Z None

ICD-10-PCS Radiation

1 st	2 nd	3 rd	4 th	5 th	6 th	7 th
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier
D	D	0	1	5	Z	Z

The ICD-10-PCS code structure tells a story

ICD-10-PCS Chemotherapy

Patient presents for Low dose interleukin chemotherapy via the central vein

ICD-10-PCS

3E04303

- Introduction of Low-dose Interleukin-2 into Central Vein, Percutaneous Approach



ICD-10-PCS Table

Section		3 Administration		
Body System		E Physiological Systems and Anatomical Regions		
Operation		0 Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products		
Body System	Operation	Approach	Substance	Qualifier
4 Central Vein	0 Open	0 Antineoplastic		2 High-dose Interleukin-2 3 Low-dose Interleukin-2 5 Other Antineoplastic M Monoclonal Antibody P Clofarabine
4 Central Vein	0 Open	1 Thrombolytic		6 Recombinant Human-activated Protein C 7 Other Thrombolytic
4 Central Vein	0 Open	2 Anti-infective		8 Oxazolidinones 9 Other Anti-infective
4 Central Vein	0 Open	3 Anti-inflammatory 4 Serum, Toxoid and Vaccine 6 Nutritional Substance 7 Electrolytic and Water Balance Substance F Intracirculatory Anesthetic H Radioactive Substance K Other Diagnostic Substance N Analgesics, Hypnotics, Sedatives P Platelet Inhibitor R Antiarrhythmic T Destructive Agent X Vasopressor		Z No Qualifier
4 Central Vein	0 Open	G Other Therapeutic Substance		C Other Substance N Blood Brain Barrier Disruption
4 Central Vein	0 Open	V Hormone		G Insulin H Human B-type Natriuretic Peptide J Other Hormone
4 Central Vein	0 Open	W Immunotherapeutic		K Immunostimulator L Immunosuppressive
4 Central Vein	3 Percutaneous	0 Antineoplastic		2 High-dose Interleukin-2 3 Low-dose Interleukin-2 5 Other Antineoplastic M Monoclonal Antibody P Clofarabine
4 Central Vein	3 Percutaneous	1 Thrombolytic		6 Recombinant Human-activated Protein C 7 Other Thrombolytic

ICD-10-PCS Chemotherapy

1 st	2 nd	3 rd	4 th	5 th	6 th	7 th
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier
3	E	0	4	3	0	3

The ICD-10-PCS code structure tells a story

ICD-10-PCS Laryngoscopy

Patient presents for laryngoscopy

ICD-10-PCS

0CJS8ZZ

- Inspection of Larynx, Via Natural or Artificial Opening Endoscopic



ICD-10-PCS Table

Section	0 Medical and Surgical		
Body System	C Mouth and Throat		
Operation	J Inspection: Visually and/or manually exploring a body part		
Body Part	Approach	Device	Qualifier
A Salivary Gland	0 Open 3 Percutaneous X External	Z No Device	Z No Qualifier
S Larynx Y Mouth and Throat	0 Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic X External	Z No Device	Z No Qualifier

ICD-10-PCS Laryngoscopy

1 st	2 nd	3 rd	4 th	5 th	6 th	7 th
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier
0	C	J	S	8	Z	Z

The ICD-10-PCS code structure tells a story

ICD-10-PCS Pharyngoplasty

Patient presents for lysis of pharyngeal adhesions

ICD-10-PCS

0CNM8ZZ

- Release Pharynx, Via Natural or Artificial Opening Endoscopic



ICD-10-PCS Table

Section 0 Medical and Surgical Body System C Mouth and Throat Operation N Release: Freeing a body part from an abnormal physical constraint by cutting or by the use of force			
Body Part	Approach	Device	Qualifier
0 Upper Lip 1 Lower Lip 2 Hard Palate 3 Soft Palate 4 Buccal Mucosa 5 Upper Gingiva 6 Lower Gingiva 7 Tongue N Uvula P Tonsils Q Adenoids	0 Open 3 Percutaneous X External	Z No Device	Z No Qualifier
8 Parotid Gland, Right 9 Parotid Gland, Left B Parotid Duct, Right C Parotid Duct, Left D Sublingual Gland, Right F Sublingual Gland, Left G Submaxillary Gland, Right H Submaxillary Gland, Left J Minor Salivary Gland	0 Open 3 Percutaneous	Z No Device	Z No Qualifier
M Pharynx R Epiglottis S Larynx T Vocal Cord, Right V Vocal Cord, Left	0 Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	Z No Device	Z No Qualifier
W Upper Tooth X Lower Tooth	0 Open X External	Z No Device	0 Single 1 Multiple 2 All

ICD-10-PCS Pharyngoplasty

1 st	2 nd	3 rd	4 th	5 th	6 th	7 th
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier
0	C	N	M	8	Z	Z

The ICD-10-PCS code structure tells a story

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?

- 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, 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 word and **cannot code a diagnosis that is not documented by the Provider.***



Summary

- The transition to ICD-10 classification systems on October 1, 201 will have a significant impact on physician documentation requirements.
- Please let us know areas or items that you would like to see further addressed in more detail.



Questions?

