Overall Picture

- ICD-10-CM
  - 1943 New Codes
  - 422 Revised Codes
  - 365 Deleted Codes

- Which revisions apply most to your facility?
  - Infectious and Parasitic Diseases: Zika
  - Neoplasms and Blood: only a few
  - Diabetes and Macular Edema
  - Mental Health Codes
  - Nervous System: Carpal Tunnel and more
  - Musculoskeletal

End of the Medicare ICD-10 Grace Period

- CMS announced about August 18
- Flexibility ends 9/30/16
- As of 10/1...“code accurately to reflect the clinical documentation in as much specificity as is possible”

- CDI for your physician practices
- “The assignment of a diagnosis code is based on the provider’s diagnostic statement that the condition exists. Code assignment is NOT based on clinical criteria used by the provider to establish the dx”
Changes

- Diseases of the Eye—Macular degeneration and glaucoma changes
- Diseases of the Ear—Long awaited changes by the ENT’s on hearing loss and different conditions in the contralateral ear—i.e. sensorineural, central, sensory, perceptive, neural—now says “with unrestricted hearing on the contralateral side.”
- More detail coming up

Eye specifics

- New codes for
  - Primary Open angle glaucoma (H40.111 through H40.119 for R, L, Bilateral, Unspecified)
- Amblyopia—eye and brain not working together, lazy eye
  - New codes for Amblyopia suspect in R, L, Bilateral and Unspecified

Respiratory System

- Excludes 1 to Excludes 2
- New codes for postprocedural hematoma or seroma following respiratory system procedure
- New code Mediastinitis J98.51
- Other Mediastinitis J98.59
And the changes continue
- Digestive System—Dental codes, lots of them; more specificity in pancreatitis
- Skin—Preorbital cellulitis and excessive and redundant skin and subcutaneous tissue
- Musculoskeletal—much in specificity, pain in joints of hand, cervical disc disorders, fractures
- GU—male and female, complications of UTI’s

The CDI Opportunity
- Indicate cause—“Due to” if you know it—Anemia due to chronic blood loss; Pneumonia due to RSV
- Work with physicians on use of “History of”—They don’t mean what they say. Hx of HTN being seen today for new problem of ________
- Be wary of the check boxes, autpopulating, disconnect between the HPI, ROS and Exam!!

More CDI Thoughts
- Physician awareness of
  - Underdosing codes since they were new to ICD-10-CM
  - Documentation of obesity or MO
  - BMI available?
  - Importance of wording in alcoholism (no hx of for example)—agreement on definitions of “use” vs. “abuse” vs. “dependence”
  - Specify behavioral disturbances in Dementia in Alzheimer’s
  - Specify new detail in tobacco in exposure to environmental tobacco smoke, or occupational exposure, or in the perinatal period
  - Tobacco use vs. dependence
And more

- Pregnancy, Childbirth—ectopics, eclampsias, gestational edema, gestational diabetes, placenta previa, 3rd degree perineal laceration
- Perinatal period—Many code title changes, new codes on light for gestational age
- Congenital Malformations—new congenital cardiac conditions and vaginal septum conditions

Some Specifics on PDR

- Diabetes—new codes for detail in Proliferative Diabetic Retinopathy (PDR) to include:
  - With macular edema
  - With traction retinal detachment not involving the macula
  - With traction retinal detachment involving the macula
  - With combined traction retinal detachment and rhegmatogenous retinal detachment
  - Stable PDR
  - PDR without macular edema
  - Laterality added in all diabetic retinopathy and macular edema

Prediabetes (R73.03)

- Used to be R73.09, now R73.03

- American Diabetes Association definition:
  - An impaired fasting glucose
  - Fasting blood glucose or 100-125 mg/dL
  - Impaired Glucose Tolerance
  - Blood glucose of 140-199 mg/dL 2 hours after Oral GTT
  - A hemoglobin A1c value of 5.7-6.4%
  - New more specific code will allow better tracking of the condition
More endocrine changes

- Hypercholesterolemia
- 2 new codes
- E78.00 Hypercholesterolemia unspecified
- E78.01 Familial hypercholesterolemia
- Z83.42 Family history of familial hypercholesterolemia
- New code allows for tracking and monitoring of individuals with the familial type—common heredity disorder. Person has very high levels of LDL-C

Cardiology Changes

- Hypertensive Crisis: Urgency or Emergency or Not specified
- HTN Urgency: over 180 for diastolic or 110 for systolic, without associated organ damage I16.0
- HTN Crisis: Over 180/110 but with symptoms of organ damage I16.1
- Or unspecified I16.9
- What is the key? CDI, physician awareness

More Cardiology

- Excludes 1 changed to Excludes 2
- Stable Angina I20.8
- Addition of new codes for Bilateral Cerebral Infarction Sites I63.013 to I63.543
- Also post procedural hematomas and seromas of circulatory system organ or structure following other procedure
Some additional specifics

• Z05    Suspected conditions in the NB—It’s back!!

  • 12 day old patient, office visit, mother thinks the baby has respiratory issues. Pediatrician provides reassurance and says all is normal. Code Z05.3 used in neonatal period. Condition ruled out

  • Example 2: Baby born with suspected chorioamnionitis, antibiotics started and discontinued 48 hours later. Code Z05.1—Observation and evaluation of the NB for suspected infectious condition, Ruled out

Additional Pediatric Changes

• Z03.213   Periorbital cellulitis New code added to show additional severity of the condition

• Q82.6   Congenital sacral dimple

• Z29.3   Encounter for prophylactic fluoride administration

• Z29.11 for prophylactic immunotherapy for respiratory syncytial virus

• Z29.8   Encounter for other specified prophylactic measures

• Other codes may be needed with “encounter for”

• American Academy of Pediatrics

Mental Disorders

• Excludes 1 to Excludes 2

• F10.10   Alcohol abuse, uncomplicated

  • Alcohol use disorder, mild

• F10.20   Alcohol dependence, uncomplicated

  o Alcohol Use disorder, moderate

  o Alcohol Use disorder, severe
Nervous System

Excludes 1 to Excludes 2

Code title revision consistent with other chapters for post procedural hemorrhage of a nervous system organ or structure following a nervous system procedure or following an “other” procedure.

New codes for Bilateral Carpal Tunnel Syndrome, upper limbs and more

And finally

• Injuries—Fractures of foot, skull: additional complications; new stenosis of cardiac stent codes

• External Cause Codes—Updating some, added Overexertion

• Z Codes—Newborn additions, encounter for prophylactic meds, long term use of some drugs, encounter for contraceptives, long term use of hypoglycemic drugs

The All Important Guidelines in CM

• Download the FY 2017 Guidelines 10-1-16 to 9-30-17

• Review the pages with the BOLDED TEXT

• Some small changes, some larger ones

• Understanding of Bilateral—does condition exist on both sides? Or for second tx, if first side no longer exists—is unilateral. Think cataract surgery

• NIH Stroke Scale added and ok for non physician to document (think coma scale, non pressure ulcers depth)
Zika Virus

- Code only confirmed cases
- A92.5
- Suspected, possible, probably do not code to A92.5
- Code the reason for encounter: fever, rash, joint pain
- Or Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

Other coding changes

- New code Z79.84 Long term (current) use of oral hypoglycemic
- Hypertension: The classification presumes a causal relationship between HTN and heart involvement and HTN and kidney involvement
- Index shows “with” therefore, coded to related even in absence of provider documentation linking them
- They are NOT linked if the provider specifically documents a different cause.

More

- I16 category, Hypertensive Crisis, for documented hypertensive urgency, hypertensive emergency or unspecified hypertensive crisis.
- Code also any hypertensive disease (I10-I15)
- Sequencing: Based on the reason for the encounter
- Pressure ulcers: If POA, but healed at time of discharge, assign code for the site and stage of the ulcer at time of adm.
- If admitted at one stage and progresses, code both
OB Changes

- High Risk Pregnancy Supervision: O09 used during prenatal period
- Complications during labor and delivery: Use complication code from Chapter 15
- No complications during labor and delivery: O80!
- Obstetric admit and delivers during that adm, principal dx is the condition that prompted the admission
- 279.4 (long term use of insulin) trumps 279.84 (long term use of oral hypoglycemic meds) if both treatments exist

Gestational Diabetes

- If a patient with gestational diabetes is treated with both diet and oral hypoglycemic medications, only the code for “controlled by oral hypoglycemic drugs” is required
- Do not add 279.4 or 279.84 (for the long term use of either) with a code from O24.4

Newborns

- Z05 Observation and evaluation of newborns and infants for suspected conditions, ruled out.
  - Ok to use when condition not found—if there are signs and symptoms, code those and NOT Z05
  - Ok to have Z05 first on readmission when a Z38 specific code does not apply
  - Z05 is a secondary code on a birth record if applicable, after a Z38
Coma and Stroke

- Coma scale now for use also to assess status of the CNS for other non-trauma conditions, i.e., Monitoring patients in ICU
- NIHSS Stroke Scale
  - R29.7-- Use in conjunction with acute stroke
  - I63 Acute stroke
  - Sequencing is ok I63 code first
  - Capture at least the initial score
  - Can capture multiple

Fractures

- Gustilo clarification: Open Fractures of forearm, femur, and lower leg and ankle
- If documentation does not specify the Gustilo type, the 7th character for open fx Type I or II is assigned
- 7th characters include B, E, H, M, Q

A few more changes

- Default for poisoning is accidental intent
- Only use “undetermined” if the documentation specifies that the intent cannot be determined.
- Observation Codes—3 in Z category
  - Are used as a principal dx only with one exception
  - Exception is Z38, Liveborn infant
  - Z05, evaluating a NB for a suspected condition follows the Z38 code
And Finally

- The UHDDS definitions for selection of the Principal DX also apply to hospice services (all levels of care)
- The Guidelines in Section I. Conventions, general coding guidelines and chapter-specific guidelines, should also be applied for outpatient services and office visits
- HOWEVER, the UHDDS definition of pdx does NOT apply to hospital-based outpatient services and provider-based office visits.
- POA Guidelines contain a reference to the CDC list for codes that do not require the POA indicator

Thank you

Your comments!!