



ICD-10

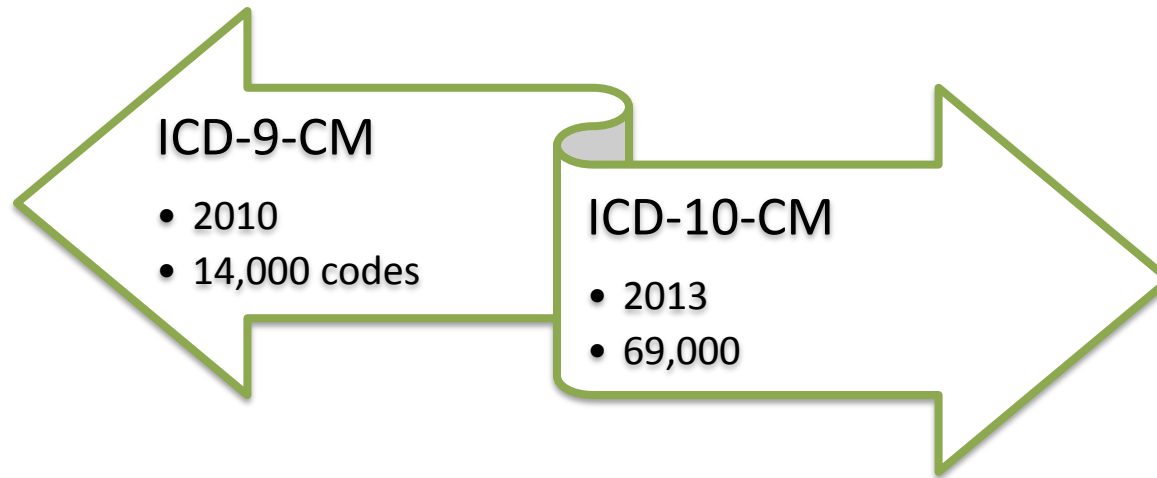
Will Change Everything



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Vice President, Business and Member Development

ICD-10 Changes

- From 14,000 codes to approximately 69,000 ICD-10 codes
- All codes have full descriptions for both ICD-10-CM and ICD-10-PCS



Physician Practices: What Will Change?

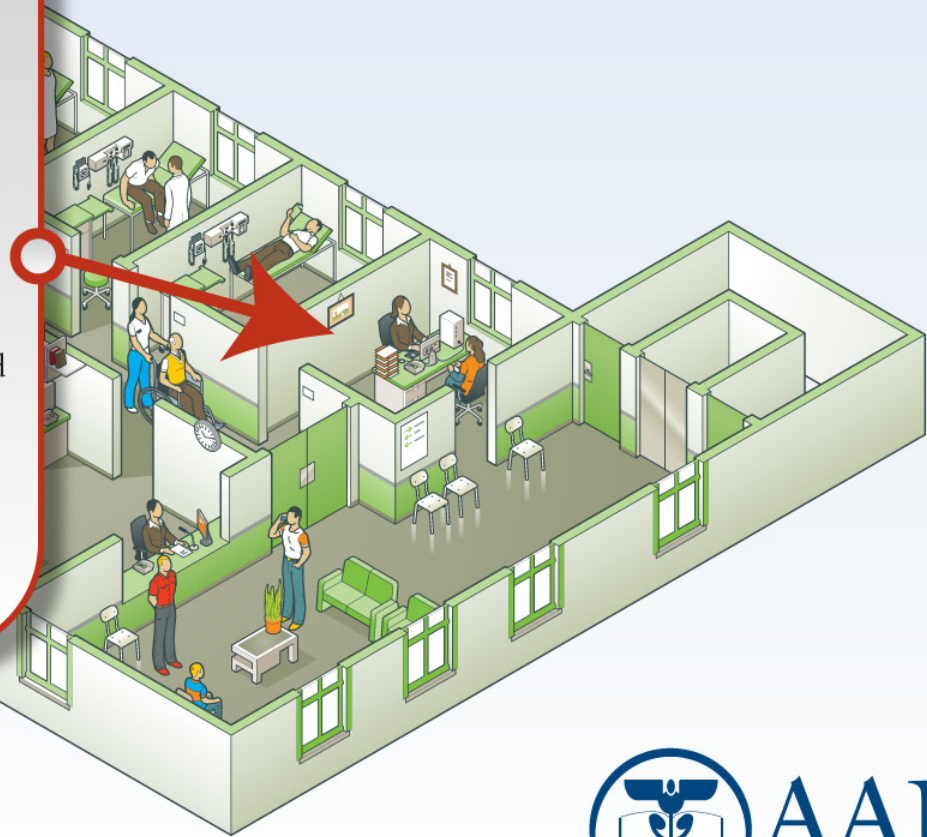
ICD-10 Will Change Everything



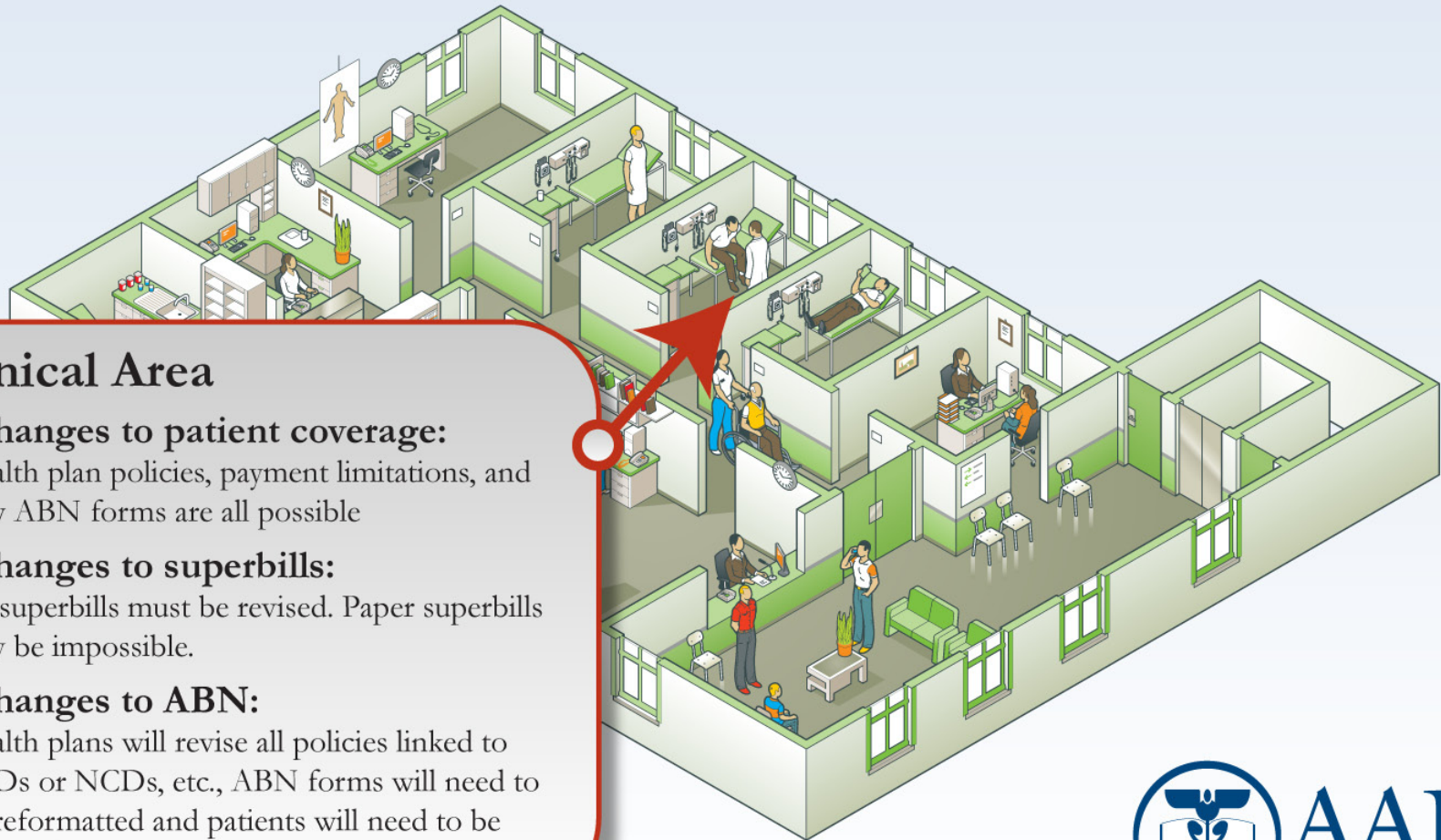
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Manager's Office

- **New Policies and Procedures:**
Any policy or procedure tied to a diagnosis code, disease management, tracking or PQRI must be changed.
- **Vendor and Payer Contracts:**
All contracts must be evaluated and updated as needed.
- **Budgets:**
All of these changes—software, training, new contracts, new paperwork—will have to be paid for.
- **Training Plan:**
Everyone in your practice will need training. You'll need to determine how much and how you will get it done.



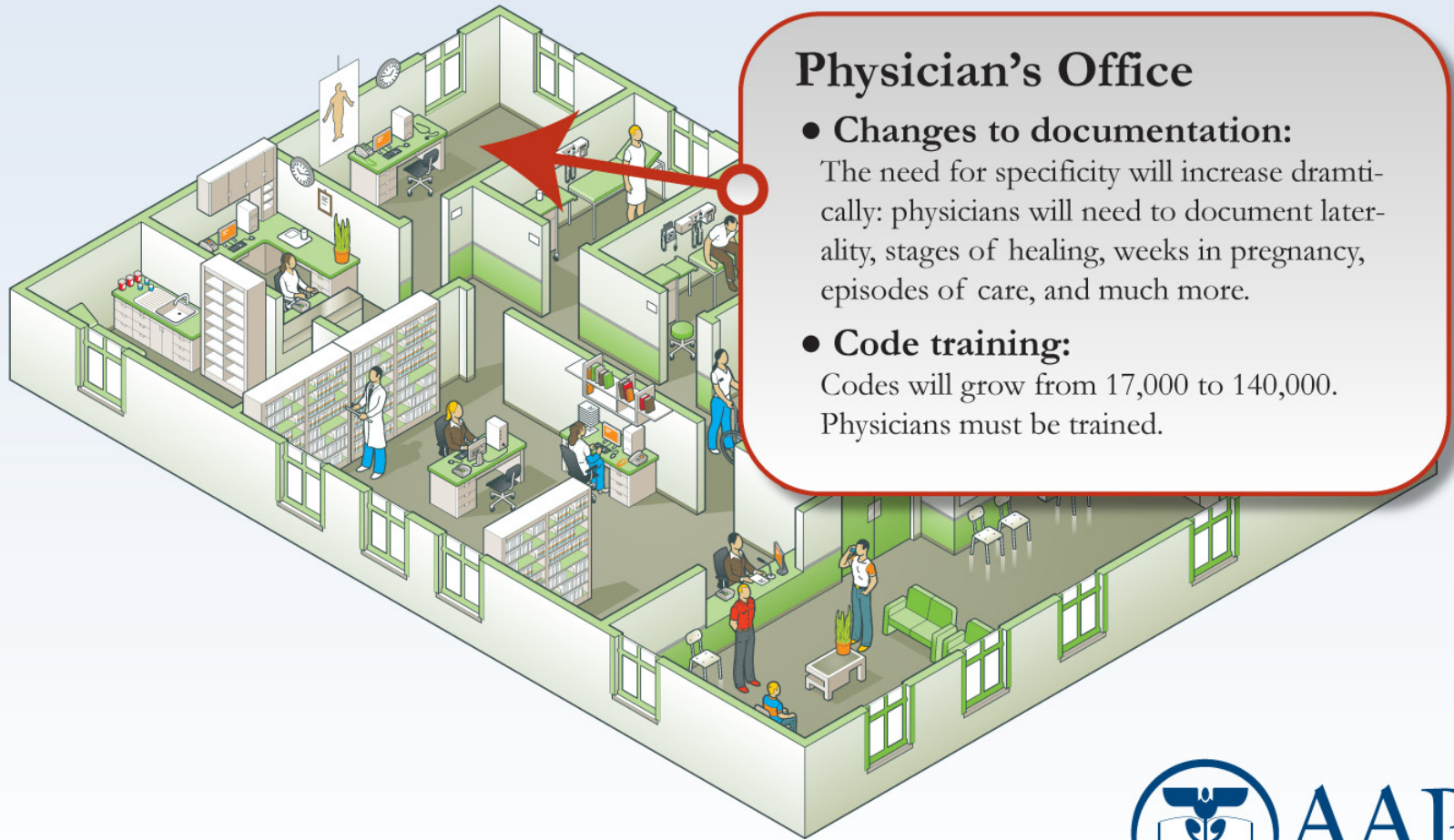
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Clinical Area

- **Changes to patient coverage:**
Health plan policies, payment limitations, and new ABN forms are all possible
- **Changes to superbills:**
All superbills must be revised. Paper superbills may be impossible.
- **Changes to ABN:**
Health plans will revise all policies linked to LCDs or NCDs, etc., ABN forms will need to be reformatted and patients will need to be educated.

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Physician's Office

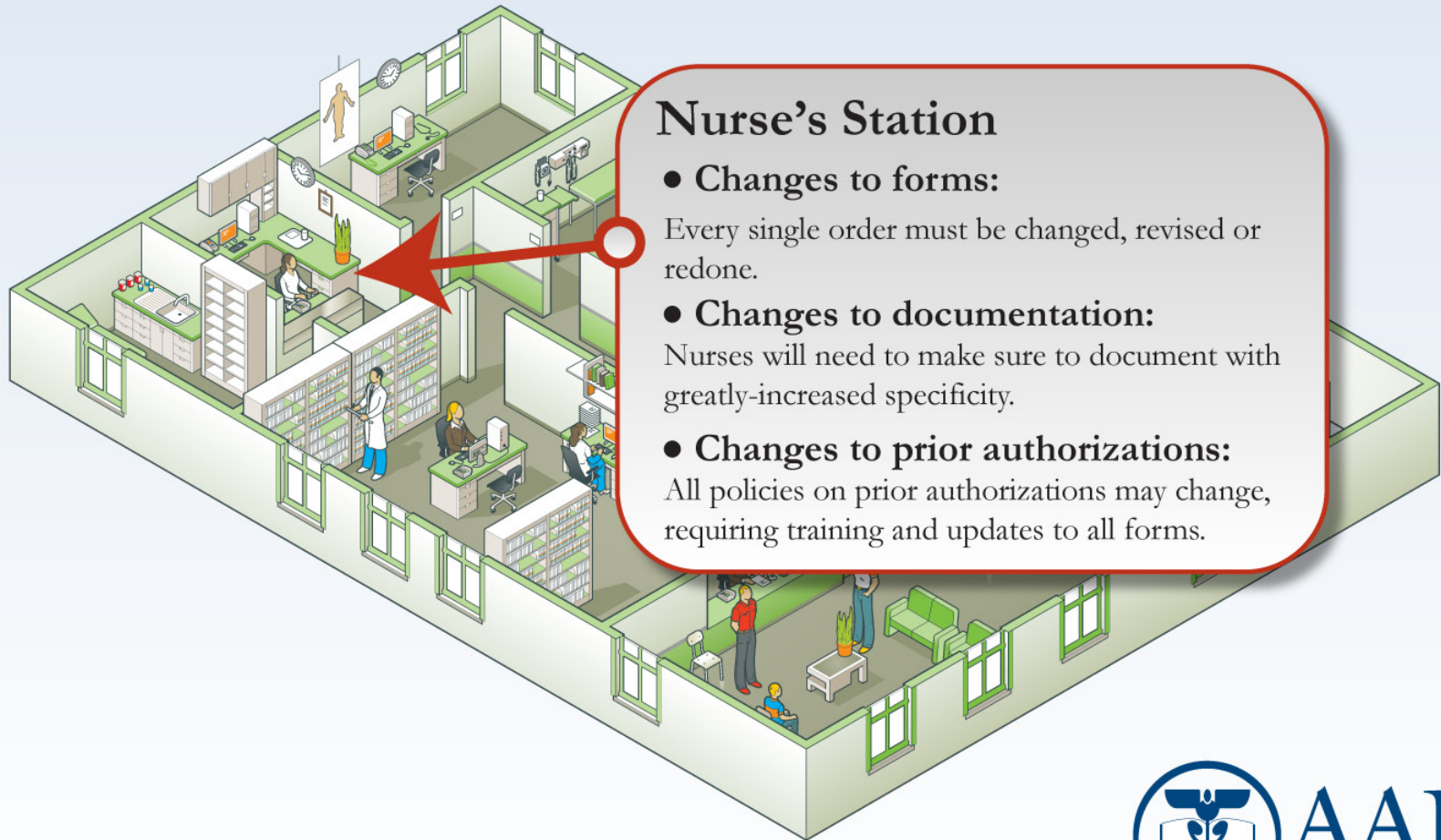
- **Changes to documentation:**

The need for specificity will increase dramatically: physicians will need to document laterality, stages of healing, weeks in pregnancy, episodes of care, and much more.

- **Code training:**

Codes will grow from 17,000 to 140,000. Physicians must be trained.

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Nurse's Station

- **Changes to forms:**

Every single order must be changed, revised or redone.

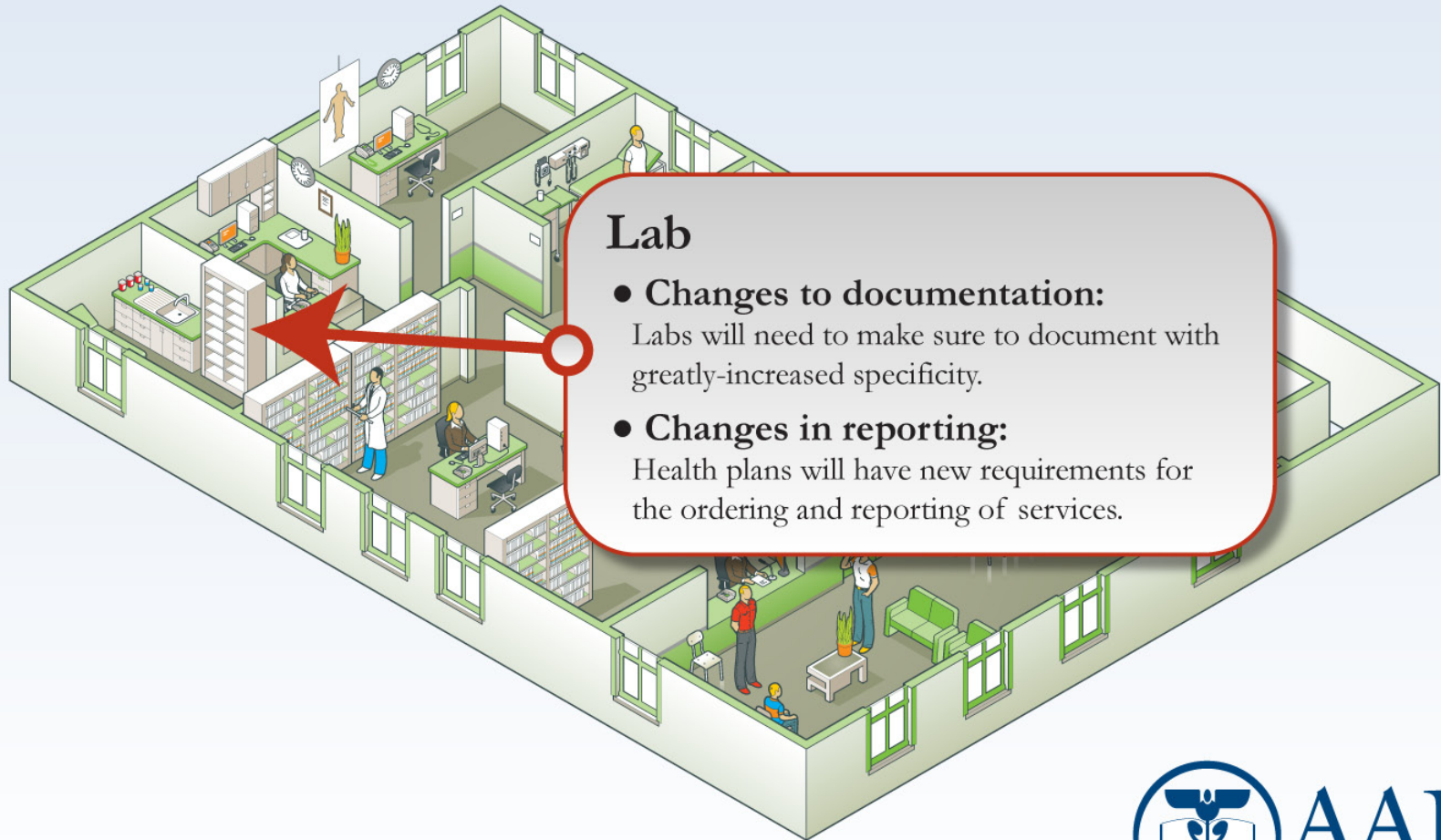
- **Changes to documentation:**

Nurses will need to make sure to document with greatly-increased specificity.

- **Changes to prior authorizations:**

All policies on prior authorizations may change, requiring training and updates to all forms.

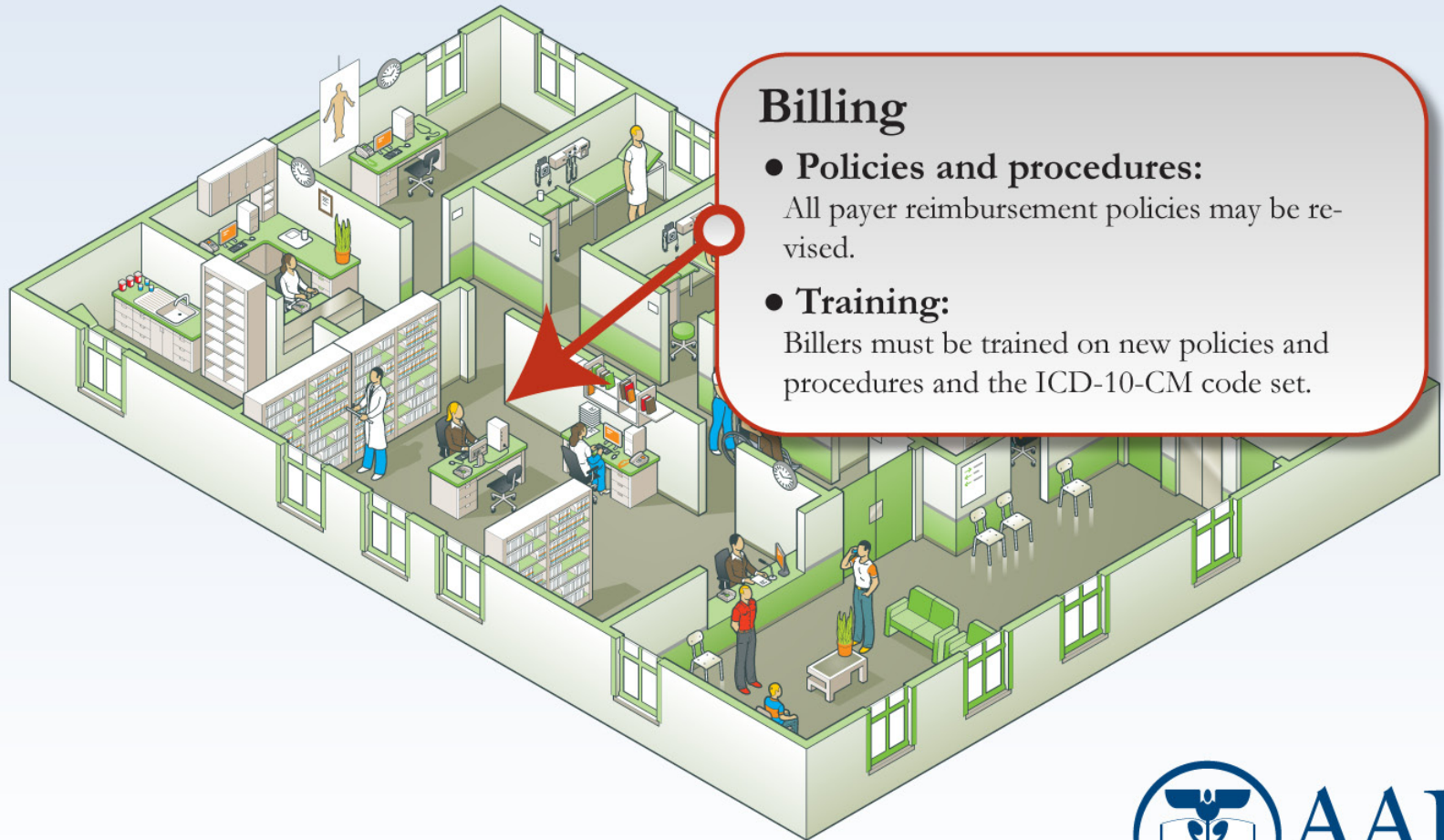
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Lab

- **Changes to documentation:**
Labs will need to make sure to document with greatly-increased specificity.
- **Changes in reporting:**
Health plans will have new requirements for the ordering and reporting of services.

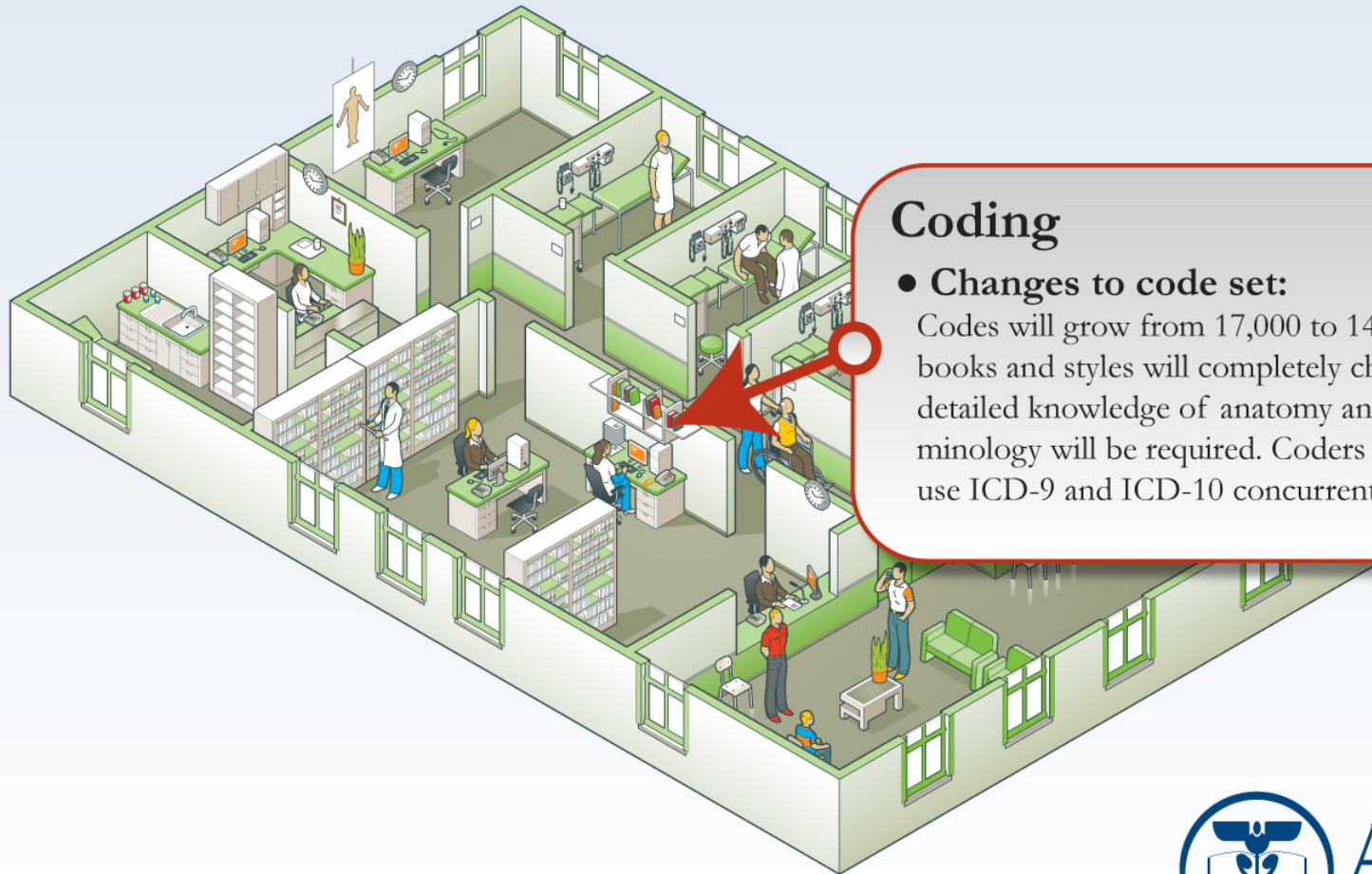
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Billing

- **Policies and procedures:**
All payer reimbursement policies may be revised.
- **Training:**
Billers must be trained on new policies and procedures and the ICD-10-CM code set.

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Coding

- **Changes to code set:**

Codes will grow from 17,000 to 140,000. Code books and styles will completely change. More detailed knowledge of anatomy and medical terminology will be required. Coders may need to use ICD-9 and ICD-10 concurrently for a time.

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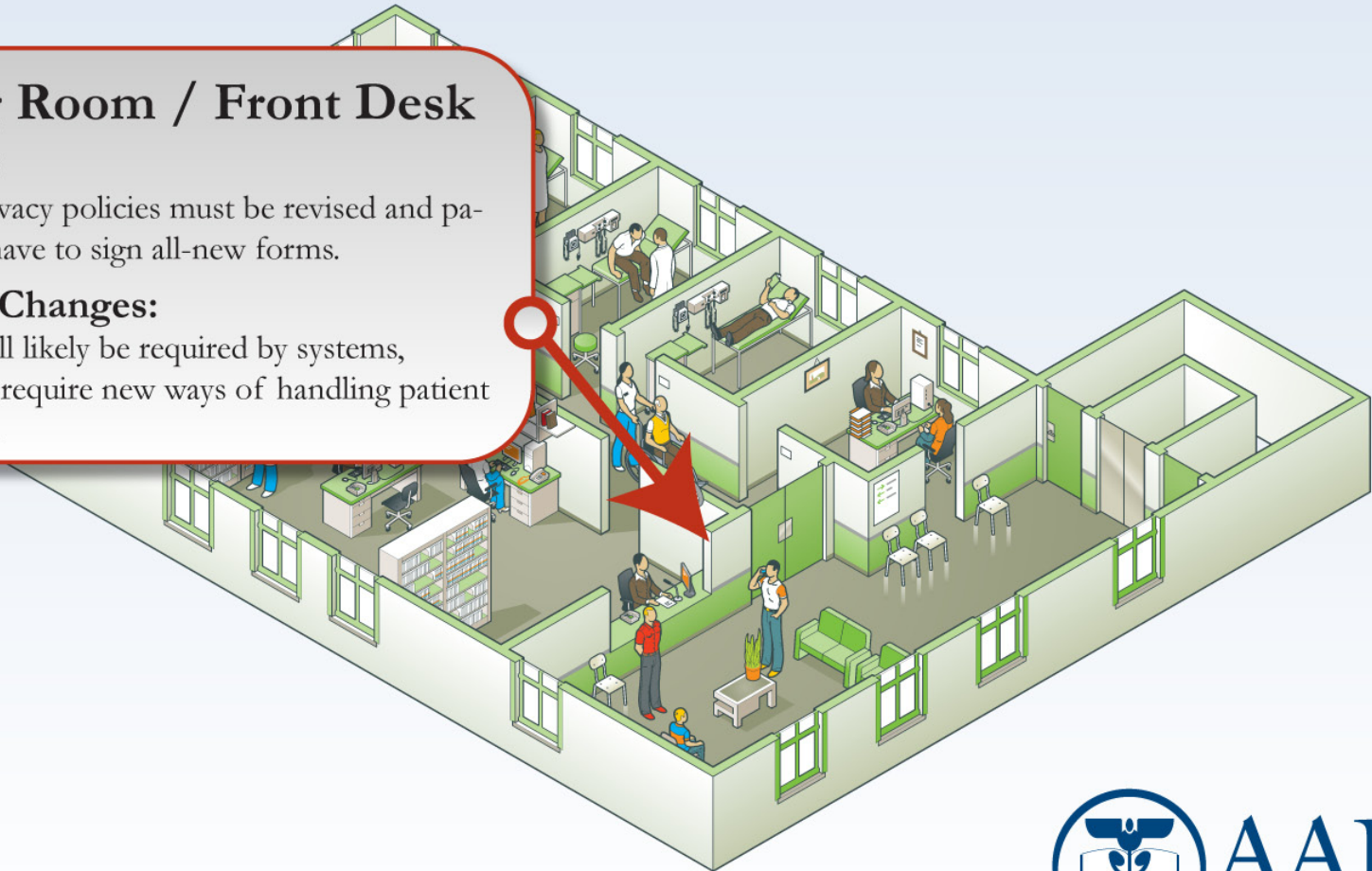
Waiting Room / Front Desk

- **HIPAA:**

HIPAA privacy policies must be revised and patients will have to sign all-new forms.

- **System Changes:**

Updates will likely be required by systems, which may require new ways of handling patient encounters.



Coding Transitions

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Diabetes mellitus

- Significant Change to Diabetes Mellitus
- There are six (6) Diabetes Mellitus categories in the ICD-10-CM. They are:
 - E08 Diabetes Mellitus due to an underlying condition
 - E09 Drug or chemical induced diabetes mellitus
 - E10 Type I diabetes mellitus
 - E11 Type 2 diabetes mellitus
 - E13 Other specified diabetes mellitus
 - E14 Unspecified diabetes mellitus

Diabetes Mellitus

- Diabetes mellitus codes expanded to include the classification of the diabetes and the manifestation.
- Category for diabetes mellitus has been updated to reflect the current clinical classification of diabetes
- No longer classified as controlled/uncontrolled:
 - E08.22, Diabetes mellitus due to an underlying condition with diabetic chronic kidney disease
 - E09.52, Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
 - E10.11, Type 1 diabetes mellitus with ketoacidosis with coma
 - E11.41, Type 2 diabetes mellitus with diabetic mononeuropathy

Combination Codes

- ICD-10-CM consists of greater specificity. Sample
- Examples
 - I25.110, Arteriosclerotic heart disease of native coronary artery with unstable angina pectoris
 - K50.013, Crohn's disease of small intestine with fistula
 - K71.51, Toxic liver disease with chronic active hepatitis with ascites

Complication Example

- ICD-10-CM provides 50 different codes for “complications of foreign body accidentally left in body following a procedure
- Only one code in ICD-9-CM

Complication Example

- T81.535-Perforation due to foreign body accidentally left in body following heart catheterization
- T81.530-Perforation due to foreign body accidentally left in body following surgical operation
- T81.524-Obstruction due to foreign body accidentally left in body following endoscopic examination
- T81.516-Adhesions due to foreign body accidentally left in body following aspiration, puncture or other catheterization

Fractures

- Fracture codes require seventh character to identify if fracture is open or closed
- The fracture extensions are:
 - A Initial encounter for closed fracture
 - B Initial encounter for open fracture
 - D Subsequent encounter for fracture with routine healing
 - G Subsequent encounter for fracture with delayed healing
 - K Subsequent encounter for fracture with nonunion
 - P Subsequent encounter for fracture with malunion
 - S Sequelae
- S42.022-Displaced fracture of shaft of left clavicle initial encounter for closed fracture
 - Requires 7th character A for initial encounter
 - **S42.022A**

Fracture Coding

- A patient underwent surgery for an open burst fracture of the lumbar vertebra which became unstable
- First listed diagnosis: S32.012B
 - Seventh character “B” identifies the initial encounter for the open fracture

Case Examples

- Fracture Clavicle
- 24 choices for fracture of clavical (only 1 in ICD-9-CM)
- Documentation must include:
 - Laterality
 - Displaced (anterior or posterior displacements)
 - Nondisplaced
 - Location; sternal end, shaft, lateral end, unspecified
 - 7th digit extender; A, B, D, G, K, P, S
 - Example: S42.011B Anterior displaced fracture of sternal end of right clavicle initial encounter open fracture

Case Examples

- Malignant Neoplasm Breast
- 54 choices for male/female breast
- Documentation must include:
 - Laterality
 - Location
 - Use of an additional code to identify estrogen receptor status
 - Example: C50.422 Malignant neoplasm of upper-outer quadrant of the left male breast

Case Example

- Large and small intestine
- 26 choices available
- Documentation must include:
 - Specific site
 - Appendix, caput coli, cecum, colon and rectum, ascending, caput, descending, distal, left, overlapping, pelvic, right, sigmoid, hepatic flexure, sigmoid flexure, duodenum, ileum, jejunum...
 - Example: C18.5 Malignant neoplasm of splenic flexure

Case Examples

PROBLEM: Foreign body in nose.

HISTORY OF PRESENT ILLNESS: The patient is a 3-year-4-month-old child who comes in today after having put a raisin in her left nostril. Grandmother was unable to remove this.

EMERGENCY DEPARTMENT COURSE: The raisin was grasped with bayonet forceps and removed atraumatically. Examination of the nostril fails to reveal any further foreign body or problems.

DIAGNOSIS: Foreign body removal, nostril.

Case Examples

Enter Code:

Lookup

ICD-9 932 > ICD-10

CODE

DESCRIPTOR

T17.0XXA

Foreign body in nasal sinus, initial encounter

T17.1XXA

Foreign body in nostril, initial encounter

What Can Today's Practices Do To Prepare?

ICD-10 Will Change Everything



16 steps for successful ICD-10 implementation

- 1: Organize the implementation effort
- 2: Develop ICD-10 communications plan
- 3: Conduct impact analysis
- 4: Organize cross-functional efforts
- 5: Budget development
- 6: Internal system design and development
- 7: Develop training plan
- 8: Contact system vendors
- 9: Implementation planning
- 10: Phase I training
- 11: Business process analysis
- 12: Phase II — Education and training
- 13: Policy change development
- 14: Outcomes measurement
- 15: Deployment of code by vendors to customers
- 16: Go live—implementation compliance

ICD-10 Resources

There's a lot to do before ICD-10 takes effect in 2013, and AAPC wants to help you get it done. We have gathered many resources that will aid in your implementation efforts, and we'll continue to add useful news, tools, and links as they become available.



What is ICD-10?

A brief history and explanation



Naming Conventions

Explanation of ICD-10 name system



News/Articles

Important ICD-10 news and info



FAQ

Frequently asked questions



Code Translator

Convert ICD-9 codes to ICD-10



Benchmark Tracker

Track your progress to implementation



ICD-10 Implementation

Get help transitioning to ICD-10



Provider Training Timeline

Watch for future training options



Health Plan Training Timeline

Watch for future training options



Links

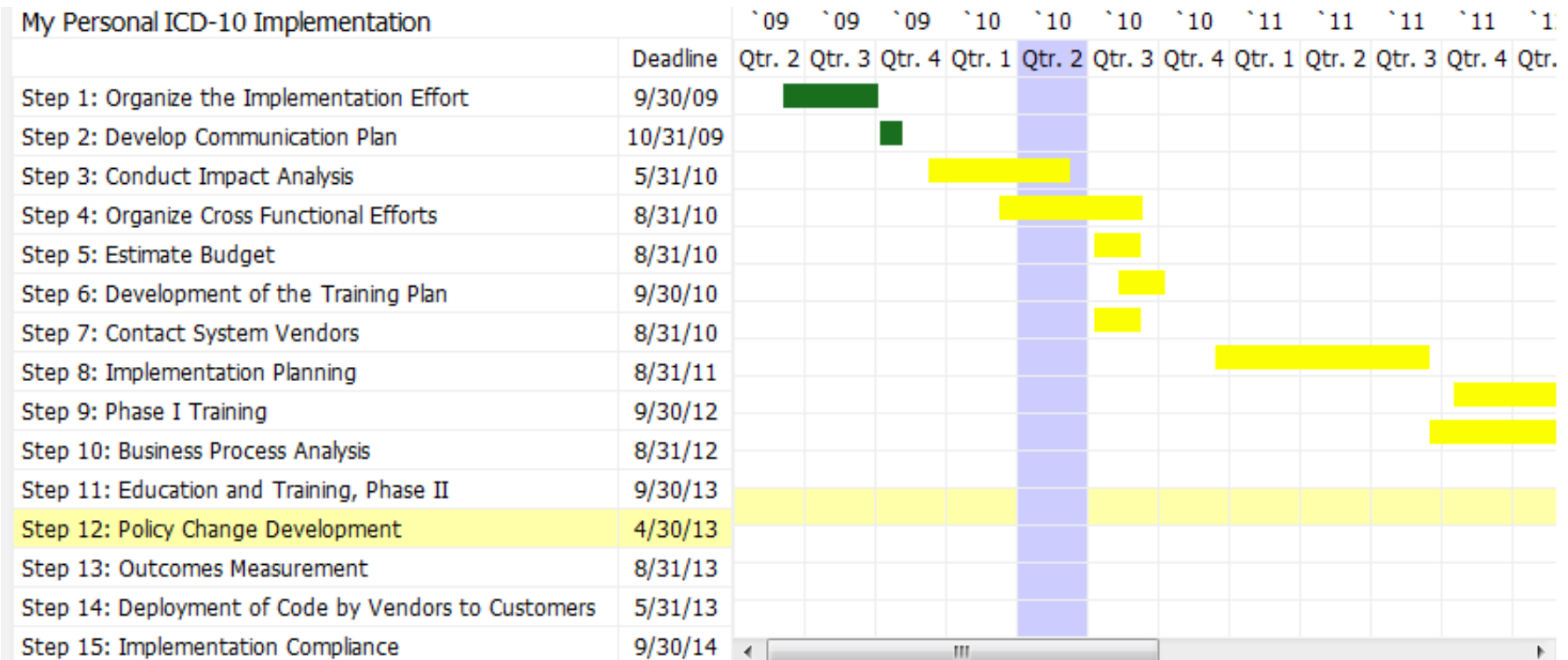
ICD-10 studies and reports



Discussion

Discuss ICD-10

AAPC Benchmark tracker



AAPC Training Options

Implementation Training

Comprehensive training programs to help you transition your office or facility to the new ICD-10 requirements.



Provider

[Get Trained ▶](#)



Health Plan

[Get Trained ▶](#)

Code-Set Training

Learn the full guidelines and code set.



Code-Set

[Get Trained ▶](#)

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Resources

www.aapc.com/ICD-10/resources.aspx

Resources for all medical practices solo practitioners-large
medical groups

www.cms.hhs.gov/ICD10

Complete list of code sets for ICD-10-CM and ICD-10 PCS;
final rule and Official ICD-10-CM Guidelines

Questions?



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