Patricia J. Kennedy is a Senior Consultant for Rose & Associates and acknowledges a financial interest in this subject matter.
Why the Change?

• Mandated by HIPAA
  – Need to move away from 30 year-old ICD-9 code set
    • Technology and medicine has changed
    • ICD-9 outdated
    • Outgrown level of specificity
  – Many ICD-9 codes don’t accurately describe the diagnosis they are assigned to represent
Why the Change?

- Very few unassigned codes left in ICD-9
  - ICD-10 has much greater specificity
    - Getting away from need to use unspecified codes
  - Will better substantiate medical necessity
    - Will require more (or improved) chart documentation
    - Has more specific diagnosis codes
Who’s Affected?

• With few exceptions, all providers covered by HIPAA must convert
  – Includes providers other than Medicare and Medicaid
  – Exceptions
    • Workers’ Compensation
    • Auto Insurance
    • Home owners’ insurance
    • Business owner liability
# ICD-10 Differences

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 - 5 Characters</td>
<td>3 - 7 Characters</td>
</tr>
<tr>
<td>All Characters are Numeric</td>
<td>Character 1 is alpha (A-Z, not case sensitive)</td>
</tr>
<tr>
<td>No laterality</td>
<td>Character 2 is numeric</td>
</tr>
<tr>
<td></td>
<td>Characters 3-7 are alpha or numeric</td>
</tr>
<tr>
<td></td>
<td>Laterality</td>
</tr>
<tr>
<td>Supplemental chapters:</td>
<td>-----</td>
</tr>
<tr>
<td>Alpha and numeric characters</td>
<td></td>
</tr>
<tr>
<td>366.22 - Total Traumatic Cataract</td>
<td>H26.131 - Total Traumatic Cataract, Right Eye</td>
</tr>
<tr>
<td></td>
<td>H26.132 - Total Traumatic Cataract, Left Eye</td>
</tr>
<tr>
<td></td>
<td>H26.133 - Total Traumatic Cataract, Bilateral Eye</td>
</tr>
<tr>
<td></td>
<td>H26.139 - Total Traumatic Cataract, Unspecified eye</td>
</tr>
</tbody>
</table>
## ICD-10 Features

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combination Codes</td>
<td>Expanded Ambulatory and Managed Care Encounter Details</td>
</tr>
<tr>
<td>Added Laterality</td>
<td>Timeframes Added</td>
</tr>
<tr>
<td>Episodes of Care Added</td>
<td>External Cause Codes – no longer supplementary classification</td>
</tr>
<tr>
<td>Expanded codes (diabetes, post-operative complications)</td>
<td>Greater Specificity</td>
</tr>
<tr>
<td>Addition of Placeholder “X” – allows for future expansion</td>
<td>Enhanced Quality Reporting</td>
</tr>
</tbody>
</table>
ICD-10 Implementation

- October 1, 2014 – was initial go live date for ICD-10
  - CMS was quite firm about that date
  - Then Congress passed legislation to halt the 24.1% fee cuts scheduled for April 1, 2014
    - Legislation included a delay for one year in implementation of ICD-10
- ICD-10 implementation now scheduled for October 1, 2015
How ICD-10 Will Impact Documentation

Preparing Now Will Make Your Job Easier in 2015
ICD-10 will require more (and improved) chart documentation
– Has more unique, precise diagnosis codes
  • Substantiates medical necessity
– ICD-10 will impact how you do your job
  • How you deal with patients
    – More questions specific to patient’s complaint or condition
  • How you interact with physicians and billers
– Documentation will require more specificity
Documentation

- Documentation must address:
  - Story of what was performed and diagnosed accurately
  - Must thoroughly reflect the condition of the patient
  - What services were rendered
  - What is the severity of the condition
  - Key word for documentation is SPECIFICITY
In the past, diagnoses were general

- Documentation was also general
  - If chart not documented properly in ICD-10, could lead to denials
  - For example
    - Chart may state “has bilateral CME following RVO”
    - Today’s encounter may be for treatment of left eye
      - Diagnosis code for injection would need to reference left eye only
Documentation

– Make sure documentation reflects what happens at “today’s” visit
  - Permits coders to code principal diagnosis
– Can list conditions that coexist and affect patient care that day
  - Do not document conditions previously treated or that no longer exist
– Can document signs or symptoms
  - Do not document probable, suspected, rule-out or questionable
Documentation

• New documentation to consider
  – Laterality plays a big part in ICD-10
    • Assessment must be specific to each eye or each eyelid
  – Specificity is more important than ever
    • Impression must be as specific as it can be for that particular complaint or condition
      – Particularly important for injuries
  – Manifestation is critical where applicable
    • Must list disease and manifestation
## Documentation Differences

<table>
<thead>
<tr>
<th>Current</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chalazion OS</td>
<td>Chalazion LLL</td>
</tr>
<tr>
<td>Cataract</td>
<td>NS cataract, OS, floppy iris syndrome</td>
</tr>
<tr>
<td>CME</td>
<td>CME OS <em>after cataract surgery</em></td>
</tr>
<tr>
<td>Eyelid laceration</td>
<td>Laceration, left eyelid, hit in eye with tree branch</td>
</tr>
<tr>
<td>Diabetic</td>
<td>Type II diabetes using insulin</td>
</tr>
<tr>
<td>Myopia</td>
<td>Myopia OU; regular astigmatism OD</td>
</tr>
<tr>
<td>Current</td>
<td>New</td>
</tr>
<tr>
<td>---------</td>
<td>-----</td>
</tr>
<tr>
<td><strong>Corneal Foreign body</strong></td>
<td>FB in cornea, OD, initial encounter, subsequent encounter, or sequela (condition that is consequence of previous disease or injury)</td>
</tr>
<tr>
<td><strong>Ptosis</strong></td>
<td>Mechanical ptosis OU</td>
</tr>
<tr>
<td><strong>BDR, OU</strong></td>
<td>Type II diabetes w/mild NPDR w/o macular edema; on insulin</td>
</tr>
<tr>
<td>Current</td>
<td>New</td>
</tr>
<tr>
<td>--------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Elevated IOP</td>
<td>Family history of glaucoma</td>
</tr>
<tr>
<td>Iritis OU</td>
<td>Chronic iritis OU</td>
</tr>
<tr>
<td>Hyphema OS</td>
<td>Traumatic hyphema OS</td>
</tr>
<tr>
<td>No Maculopathy</td>
<td>RA, taking plaquenil, no ocular disease</td>
</tr>
</tbody>
</table>
Documentation

• **Glaucoma**
  – Must assign as many codes as needed to identify type of glaucoma, the affected eye, and the glaucoma stage
  
  • *Expanded chart documentation will be required*
    – In some cases, even laterally will apply
    – Mild glaucoma, OD – Moderate glaucoma, OS
  
  • *Will need to be more specific particularly as it relates to glaucoma stage*
    – If glaucoma different in each eye, coder will be required to bill two lines using each diagnosis
• Glaucoma Stages
  – If not documented and subsequently not coded, claim will deny
    • 0 - Unspecified (rarely used)
    • 1 - Mild
    • 2 - Moderate
    • 3 - Severe
    • 4 - Indeterminate
  – Coder will have to use one of these digits to identify glaucoma and what stage
Documentation

• Cataract
  – Some descriptors are different requiring better chart documentation
    • *Senile Cataract*
      – Now age-related cataract
    • *Cataracta brunescens/nuclear sclerosis cataract*
      – Now age-related nuclear cataract
    • *Cataract with neovascularization*
      – Now complicated cataract
    • *Infantile or Juvenile Cataract*
      – Now non-senile cataract
• Combination codes will be important
  – Diabetes with manifestations
    • Third character category shows type of diabetes
    • Fourth character shows underlying conditions with specific complications
    • Fifth character defines specific manifestation
    • Sixth character defines combined manifestations
– Type I Diabetes Mellitus

• *Mild, moderate, severe NPDR* (or PDR)
• …… *with macular edema*
• …… *without macular edema*

– Type I Diabetes Mellitus

• *With diabetic cataract*
• *With other diabetic ophthalmic complication*
– Type II Diabetes Mellitus
  • *Mild, moderate, severe NPDR* (or PDR)
  • ……*with macular edema*
  • ……*without macular edema*

– Type II Diabetes Mellitus
  • *With diabetic cataract*
  • *With proliferative diabetic retinopathy with macular edema*
  – ……*without macular edema*
• **Blindness and low vision**
  – Some of the descriptors are different
    • *ICD-10 – Blindness & low vision*
    • *ICD-9*
      – Profound impairment
      – Moderate impairment
      – Severe impairment
      – Blindness
    • *ICD-10 codes will be available to describe blindness in one eye and low vision in other eye*
      – H54.11, Blindness, right eye, low vision left eye
ICD-10 will have separate manual to define blindness and low vision

- Again laterality critical

May require additional documentation training if your practice deals with low vision patients
Documentation

- Documentation becomes more critical with trauma or injuries
- May need to ask more questions specific to the patient’s complaint
  - **External cause**
    - Provide cause of injury
      - How did injury happen?
      - Was injury related to military, work, other?
– **Place of Occurrence**
  - *Where was patient when it happened?*
    - Home, work, car, boat, etc.?

– **Activity**
  - *What was patient doing at time of injury?*
    - Playing a sport, using a tool, cooking?
Selecting ICD-10 Codes

• Route slip or superbill may no longer be best option
  – ICD-10 codes too detailed for that
  – You may need to use electronic devices/apps for selecting codes
    • Tablets in lanes that work with PM system
  – EMR should include ICD-10 codes
    • Injuries will most likely require ICD-10 Manual to code
TRAINING

Involves everyone in the practice
Training

- Training will involve nurses, technicians and physicians
  - Topics
    - Codes
    - New updated policies and procedures
    - New computer systems/software
    - Clinical knowledge – anatomy and medical terminology
    - Clinical Documentation
      - Administrator may appoint lead nurse/tech to help train
Training

• ICD-10 will require more engagement with physician
  – Physician input may be key to proper documentation
    • This will be your biggest challenge as a technician or nurse
  – Suggest physicians/nurses/technicians get same training at same time
    • That way everyone will be on board with same information
Training

- Opportunities for Training
  - On-line courses for ophthalmology
  - Webinars – specific to ophthalmology
  - Professional Societies
    - JCAHPO Webinars
    - ASOA, AAO, and local Webinars
- On-site Consulting Training
  - If practice goes that route
Training

• May want to consider taking on-line anatomy refresher course
  – Eye anatomy becomes important in ICD-10
    • *Is not required in ICD-9*

• Understanding the differences between ICD-9 and ICD-10 will be key to smooth transition
  – Also the impact it will have on the practice
Training

• Ask practice administrator to:
  – Prepare a list of most commonly used diagnoses in your practice cross-referenced to ICD-10 codes
    • Seeing new code descriptions may help you determine proper chart documentation
  – Develop case scenarios or create sample charts to see if your documentation meets new requirements to select proper diagnosis
    • Particularly level of specificity
Training

• Test your documentation throughout the year
  • Will allow time to fix and re-train before 10/1/15
• Remember, documenting for ICD-10 will be new experience for physicians also
  – Be patient with them!
  – But, don’t be afraid to bring issues to their attention
    • They will appreciate it in the long run
Coding Scenario

• A 67-year old patient has had type 2 diabetes mellitus for 5 years
  • On insulin for past 12 months
    – Blood sugar doing well on insulin and diet
  • Family doctor referred her to ophthalmologist with suspected condition related to the diabetes
  • Upon examination, doctor finds nonproliferative diabetic retinopathy with macular edema – condition is moderate
    – Physician recommends intravitreal injection same day
Coding Scenario

• Alphabetic index:
  • Diabetes ➔ Type 2 ➔ diabetic ➔ retinopathy ➔ nonproliferative ➔ moderate ➔ with macular edema ➔ E11.331

• Tabular list:
  • E11.331 ➔ Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema (must use addt’l code to identify insulin use)
    – Z79.4 Long term insulin use

• Correct code sequence:
  • E11.331, Z79.4
A patient who had cataract surgery on the right eye two days ago now experiencing pain in right eye

- Following a slit lamp exam of affected eye, physician discovered lens fragments in right eye
  - Returned patient to OR to remove fragments

Alphabetic Index:

- Complications ➔ Postprocedural ➔ Following Cataract Surgery ➔ Cataract (lens) fragments
  H59.02
Coding Scenario

• Tabular List:
  • H59.021 - Cataract (lens) fragments in eye following cataract surgery, right eye

• Correct code sequence:
  • H59.021
  • H57.11 – Ocular Pain

  – Chapter 7 (Eye and Adnexa) includes instructional note to use external cause code following code for eye condition, if applicable, to identify cause of eye condition
• 69-year old female decides to go for a bike ride some friends
  – While riding, she collides with a Ride the Ducks Amphibious vessel
    • Patient struck head on side of Vessel injuring right eye
    • Presented to office next morning with pain in right eye and a slight decrease in vision
Coding Scenario

– On exam, there is bruising of the right eye but no other apparent signs of trauma
  • No symptoms of diplopia, flashes, floaters, or visual field loss
  • Visual acuity is 20/20 and 20/50 corrected in the right and left eyes, respectively
  • Extraocular movements and confrontational visual fields are normal
  • Other aspects of exam within normal limits

– Patient told to return in 3-5 days for re-check
Coding Scenario

• Alphabetic index:
  • Injury ➔ eyeball ➔ contusion – S05.1

• Tabular list:
  • ✓7th S05.11XA – Contusion of eyeball and orbital tissues, right eye
    – No 6th digit available
    – “X” place holder must fill empty spaces
    – “A” is 7th digit required to indicate initial encounter

• Note: Must also use secondary code to indicate cause of injury
• Correct codes:
  • S05.11XA – Contusion of eyeball and orbital tissues, right eye
  • ✓x7th V14.4XXA – Pedal cycle driver injured in collision with heavy transport vehicle or bus in traffic accident
    – “X” place holder must fill empty spaces
    – “A” is 7th digit for initial encounter
• 66-year-old male jet skiing too fast at Lake Chelan
  – Fell off jet ski
    • Hit in left eye with handle bar before entering water
  – Does not recall accident but admits to drinking too many beers before getting on jet ski
    • Presented to office next day with complaint of eye swelling when he blows his nose
    • Diagnosed with orbital floor fracture
• Alphabetic index:
  • Fracture, traumatic ➔ orbit ➔ floor (blow out) – S02.3

• Tabular list:
  • S02.3 – Fracture of orbital floor [no laterality]

• Correct code sequence:
  • ✓ x7\textsuperscript{th} - S02.3XXB – Fracture of orbital floor
    – No 5\textsuperscript{th} & 6\textsuperscript{th} digits available
    – “X” place holder must fill empty spaces
    – “B” is 7\textsuperscript{th} digit for initial encounter for open fracture

  • V93.33XA – Fall on board jet ski
    – Injury also requires secondary code for external cause
    – “X” is place holder – diagnosis requires 7 digits
    – “A” is for initial encounter [for injury]
Coding Scenario

• Examples of other crazy diagnosis codes related to injuries
  – Bitten, struck, or crushed by a crocodile
  – Struck in eye by shark
  – Toxic effect of contact with venomous frog, assault, initial encounter
  – Forced landing of spacecraft injuring occupant, initial encounter
Overcome Obstacles

• Look at ICD-10 delay as a blessing
  – Work with your physician and administrator on the type of training you feel you need
    • It’s not too early for you to get involved in the process too
  – Audit your documentation
    • Fix issues found

• ICD-10 must be a team effort!
Resources

– Free Apps you can download to Smart Phones or Tablets to assist in coding ICD-10

• **ICD-10 Search (The Coding Institute)**
  – Our personal favorite

• **Find-A-Code**
Questions

Rose & Associates
1-800-720-9667
results@roseandassociates.com
www.roseandassociates.com