More ICD-10 Coding Basics

June 4, 2014

Medicare Learning Network®

- This MLN Connects™ National Provider Call (MLN Connects™ Call) is part of the Medicare Learning Network® (MLN), a registered trademark of the Centers for Medicare & Medicaid Services (CMS), and is the brand name for official information health care professionals can trust.

Disclaimers

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

CPT Disclaimer -- American Medical Association (AMA) Notice

CPT codes, descriptions and other data only are copyright 2013 American Medical Association. All rights reserved.

Agenda

- CMS Code Updates — Pat Brooks, CMS

- ICD-10-CM: More Basics — Sue Bowman, American Health Information Management Association (AHIMA)

CMS Code Updates

Pat Brooks

Senior Technical Advisor

Hospital and Ambulatory Policy

Group

CMS

ICD-10 Compliance Date

On April 1, 2014, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, which said that the Secretary may not adopt ICD-10 prior to October 1, 2015. Accordingly, the U.S. Department of Health and Human Services expects to release an interim final rule in the near future that will include a new compliance date that would require the use of ICD-10 beginning October 1, 2015. The rule will also require HIPAA covered entities to continue to use ICD-9-CM through September 30, 2015.

Information will be posted on the ICD-10 Statute and Regulations web page

Partial Code Freeze

- Partial code freeze continues until one year after ICD-10 implementation

- Only codes for new diagnosis and new technologies considered

- Last regular updates to ICD-9-CM and ICD-10 October 1, 2011

- Regular ICD-10 updates begin on October 1, 2016

No Code Updates October 1, 2014

- No ICD-9-CM code updates
  - [ICD-9-CM code information](#)

- No ICD-10-CM or ICD-10-PCS code updates
  - [ICD-10 code information](#)

ICD-10 Coordination & Maintenance Committee

- [Committee](#) addresses ICD-10 code updates

- Requests due two months prior to meetings

- Only considering new diagnoses and new technologies during partial code freeze

- ICD-10-CM (diagnosis requests) to Donna Pickett, CDC dfp4@cdc.gov

- ICD-10-PCS) procedure requests) to Pat Brooks, CMS patricia.brooks2@cms.hhs.gov

ICD-10 MS-DRGs

- ICD-10 Medicare Severity Diagnosis Related Grouper (MS-DRGs)
  - MS-DRG v31 ICD-10 mainframe software
  - MCE v31 ICD-10 mainframe software
  - MSG/MCE v31 ICD-10 PC software

- Available through the National Technical Information Service (NTIS)

- Link on CMS website under "Related Links"

CMS ICD-10 Website

- ICD-10 website: The latest ICD-10 information and links to resources for providers to prepare for ICD-10 implementation
  - Sign up for CMS ICD-10 Industry Email Updates

- CMS Sponsored ICD-10 Teleconferences web page: Information on MLN Connects National Provider Calls and videos, including presentation materials, video slideshow presentations, written transcripts. and audio recordings for each call

- Provider Resources web page: Educational resources and information for all providers

CMS ICD-10 Website

- [Medicare Fee-For-Service Provider Resources](#) web page: Medicare Learning Network® (MLN) Educational Materials for the Fee-For-Service provider community
  - ICD-10 Testing Resources
  - MLN Matters® Articles
  - MLN Products
  - MLN Connects™ Videos
  - CMS Resources, including [National Coverage Determination (NCD) Conversion Information](#)

Additional Resources

- The following organizations offer other ICD-10 resources:

    - [WEDI](#) (Workgroup for Electronic Data Interchange) website

    - [HIMSS](#) (Health Information and Management Systems Society) website

ICD-10-CM: More Basics

Sue Bowman, MJ, RHIA, CCS, FAHIMA
Senior Director, Coding Policy and Compliance
AHIMA

MLN Connects™

Benefits of ICD-10-CM

- More clinically relevant than ICD-9-CM
- Better reflection of clinical severity and complexity
- More accurate representation of provider performance
- Less ambiguous code choices
- Support for medical necessity
- Validation for reported evaluation and management codes
- More accurate and fair reimbursement
- Less misinterpretation by auditors, attorneys, other 3rd parties

Benefits of ICD-10-CM

- Improved efficiencies and lowered administrative costs
  - Fewer rejected and improper reimbursement claims
  - Decreased demand for submission of medical record documentation
  - Increased use of automated tools to facilitate the coding process
  - Fewer coding errors
  - Increased productivity
  - Reduced labor costs

ICD-10-CM Structure

ICD-9-CM

- 3-5 characters
- First character is numeric or alpha (E or V)
- Characters 2-5 are numeric
- Always at least 3 characters
- Use of decimal after 3 characters

ICD-10-CM

- 3-7 characters
- 1st character is alpha (all letters except U are used)
- 2nd character is numeric
- Characters 3-7 are alpha or numeric
- Use of decimal after 3 characters
- Alpha characters are not case-sensitive

  (e.g., Right ankle sprain, initial encounter: S93.401A, S93.401a, s93.401A, s93.401a)

Similarities to ICD-9-CM

- Tabular List
  - Chronological list of codes divided into chapters based on body system or condition
  - Same hierarchical structure
  - Chapters in Tabular structured similarly to ICD-9-CM, with minor exceptions
    - A few chapters have been restructured
    - Sense organs (eye and ear) separated from Nervous System chapter and moved to their own chapters

Similarities to ICD-9-CM

- Index
  - Alphabetical list of terms and their corresponding codes
  - Indented subterms appear under main terms
  - Same structure as ICD-9-CM
    - Alphabetic Index of Diseases and Injuries
    - Alphabetic Index of External Causes
    - Table of Neoplasms
    - Table of Drugs and Chemicals

Similarities to ICD-9-CM

- Many conventions have same meaning
  - Abbreviations, punctuation, symbols, notes such as "code first" and "use additional code"

- Nonspecific codes ("unspecified" or "not otherwise specified") are available

- Codes are looked up the same way
  - Look up diagnostic terms in Alphabetic Index, then
  - Verify code number in Tabular List

Similarities to ICD-9-CM

- Codes are invalid if they are missing an applicable character

- *ICD-10-CM Official Guidelines for Coding and Reporting* accompany and complement ICD-10-CM conventions and instructions

- Adherence to the official coding guidelines in all healthcare settings is required under the Health Insurance Portability and Accountability Act (HIPAA)

Differences from ICD-9-CM

- Codes reflect modern medicine and updated medical terminology

- Expanded detail and specificity

- Laterality (side of the body affected) has been added to relevant codes

- Expanded use of combination codes
  - Certain conditions and associated common symptoms or manifestations
  - Poisonings and associated external cause

Combination Codes – Examples

- I25.10   Atherosclerotic heart disease of native coronary artery without angina pectoris

- M80.08xA Age-related osteoporosis with current pathological fracture, vertebra(e), Initial encounter for fracture

- E10.22 Type 1 diabetes mellitus with diabetic chronic kidney disease

- N30.01 Acute cystitis with hematuria

Addition of 7th Character

- 7th character used in certain chapters (e.g., Obstetrics, Injury, Musculoskeletal, and External Cause chapters)

- 7th character is not used in every chapter

- Different meaning depending on section where it is being used

- Must always be used in the 7th character position

- When 7th character applies, codes missing 7th character are invalid

Use of 7th Characters by Chapter

- Obstetric
  - Multiple gestations – identification of fetus affected by condition

- Injury
  - Type of encounter
  - Closed vs. open fracture
  - Routine vs. delayed healing
  - Malunion or nonunion of fracture

Use of 7th Characters by Chapter

- Musculoskeletal
  - Type of encounter
  - Routine vs. delayed healing
  - Malunion or nonunion of fracture
  - Additional clinical information

- External Cause
  - Type of encounter

7th Character Describing Encounter

Initial encounter: As long as patient is receiving active treatment for the condition.

Subsequent encounter: After patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase.

Sequela: Complications or conditions that arise as a direct result of a condition (e.g., scar formation after a burn).

Note: **For aftercare of injury, assign acute injury code with 7ᵗʰ character for subsequent encounter.**

7th Character – Fractures

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 Sequela

Examples of Use of 7th Characters

- O32.1xx2 Maternal care for breech presentation, <u>Fetus 2</u>

- M1A.0620 Idiopathic chronic gout, left knee, <u>without tophus</u>

- S42.022G Displaced fracture of shaft of left clavicle, <u>Subsequent encounter for fracture with delayed healing</u>

- V73.6xxA Passenger on bus injured in collision with car, pick-up truck or van in traffic accident, <u>Initial encounter</u>

Placeholder "X"

- Addition of dummy placeholder "X" (or "x") is used in certain codes to:
  - Allow for future expansion
  - Fill out empty characters when a code contains fewer than 6 characters and a 7th character applies

- When placeholder character applies, it must be used in order for the code to be valid

Placeholder "X"

- "X" is not case-sensitive

  - T46.1**x**5A or T46.1**X**5A– Adverse effect of calcium-channel blockers, initial encounter

  - T15.02**x**D or T15.02**X**D– Foreign body in cornea, left eye, subsequent encounter

Excludes Notes

- Excludes1 note
  - Indicates that code identified in the note and code where the note appears cannot be reported together because the 2 conditions cannot occur together

      Example:

         E10 Type 1 Diabetes mellitus
            Excludes1: diabetes mellitus due to underlying condition (E08.-)
                        drug or chemical induced diabetes mellitus (E09.-)
                        gestational diabetes (O24.4-)
                        hyperglycemia NOS (R73.9)
                        neonatal diabetes mellitus (P70.2)
                        postpancreatectomy diabetes mellitus (E13.-)
                        postprocedural diabetes mellitus (E13.-)
                        secondary diabetes mellitus NEC (E13.-)
                        type 2 diabetes mellitus (E11.-)

Excludes Notes

- Excludes2 note
  - Indicates that condition identified in the note is not part of the condition represented by the code where the note appears, so both codes may be reported together if the patient has both conditions

  Example:

  L89 Pressure ulcer

  Excludes2: decubitus (trophic) ulcer of cervix (uteri) (N86)

  diabetic ulcers (E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622)

  non-pressure chronic ulcer of skin (L97.-)

  skin infections (L00-L08)

  varicose ulcer (I83.0, I83.2)

Unspecified Codes

- When sufficient clinical information isn't known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate "unspecified" code

- It would be inappropriate to select a specific code that is not supported by the medical record documentation or conduct medically unnecessary diagnostic testing in order to determine a more specific code

External Causes of Morbidity

- **No national requirement for mandatory ICD-10-CM external cause code reporting**

- Reporting of ICD-10-CM codes in Chapter 20, External Causes of Morbidity, is only required for providers subject to a state-based external cause code reporting mandate or payer requirement

- In the absence of a mandatory reporting requirement, providers are encouraged to voluntarily report external cause codes

What is The Value of Reporting External Cause of Injury Codes?

- Provide valuable data for injury research and evaluation of injury prevention strategies

- External cause of injury data are used at the national, state, and local levels to identify high-risk populations, set priorities, and plan and evaluate injury prevention programs and policies, and are potentially useful for evaluating emergency medical services (EMS) and trauma care systems

ICD-10-CM Coding Examples

Cerebral infarction due to thrombosis of left middle cerebral artery

Step 1

Look up term in Alphabetic Index:

Infarct, infarction
    cerebral (*see also* Occlusion, artery, cerebral or precerebral, with infarction) I63.9
        due to
            thrombosis
                cerebral artery I63.3-

ICD-10-CM Coding Examples

Cerebral infarction due to thrombosis of left middle cerebral artery (continued)

Step 2

Verify code in Tabular:
I63 Cerebral Infarction
   I63.3 Cerebral infarction due to thrombosis of cerebral arteries
       I63.31 Cerebral infarction due to thrombosis of middle cerebral artery
           I63.312 Cerebral infarction due to thrombosis of left middle cerebral artery

Code Assignment: I63.312

ICD-10-CM Coding Examples

CVA *(no further specification)*

Step 1

Look up term in Alphabetic Index:

Accident, cerebrovascular (embolic) (ischemic) (thrombotic) I63.9

ICD-10-CM Coding Examples

CVA (continued)

Step 2

Verify code in Tabular:
I63 Cerebral Infarction
 I63.9 Cerebral infarction, unspecified
 Stroke NOS

Code Assignment: I63.9

ICD-10-CM Coding Examples

Moderate persistent asthma with acute exacerbation

Step 1

Look up term in Alphabetic Index:

Asthma, asthmatic (bronchial) (catarrh) (spasmodic) J45.909

    moderate persistent J45.40

        with

            exacerbation (acute) J45.41

ICD-10-CM Coding Examples

Moderate persistent asthma with acute exacerbation (continued)

Step 2

Verify code in Tabular:
J45 Asthma
    J45.4 Moderate persistent asthma
        J45.41 Moderate persistent asthma with (acute) exacerbation

Code Assignment: J45.41

ICD-10-CM Coding Examples

Chronic serous otitis media, bilateral

Step 1

Look up term in Alphabetic Index:

Otitis (acute) H66.90

    media (hemorrhagic) (staphylococcal) (streptococcal) H66.9-

        chronic H66.90

            serous – see Otitis, media, nonsuppurative, chronic, serous

ICD-10-CM Coding Examples

Chronic serous otitis media, bilateral (continued)

Step 1

Look up term in Alphabetic Index:

Otitis (acute) H66.90

    Nonsuppurative H65.9-

        chronic H65.49-

           serous H65.2-

ICD-10-CM Coding Examples

Chronic serous otitis media, bilateral (continued)

Step 2

Verify code in Tabular:
H65 Nonsuppurative otitis media
    H65.2 Chronic serous otitis media
        H65.23 Chronic serous otitis media, bilateral

Code Assignment: H65.23

ICD-10-CM Coding Examples

Moderate pre-eclampsia, 23 weeks

Step 1

Look up term in Alphabetic Index:

Pregnancy (childbirth) (labor) (puerperium) (*see also* Delivery and Puerperal)

    complicated by (care of) (management affected by)

        pre-eclampsia O14.9-

           moderate O14.0-

ICD-10-CM Coding Examples

Moderate pre-eclampsia, 23 weeks (continued)

Step 2

Verify code in Tabular:
O14 Pre-eclampsia
   Excludes1: pre-existing hypertension with pre-eclampsia (O11)
   O14.0 Mild to moderate pre-eclampsia
      O14.02 Mild to moderate pre-eclampsia, second trimester

Code Assignment: O14.02

ICD-10-CM Coding Examples

Pathological fracture of right tibia due to bone metastasis, previously treated, currently presents with nonunion

Step 1

Look up term in Alphabetic Index:
Fracture, pathological (pathologic)
    due to
        neoplastic disease NEC (see also Neoplasm) M84.50
           tibia M84.56-

ICD-10-CM Coding Examples

Pathological fracture of right tibia due to bone metastasis, previously treated, currently presents with nonunion (continued)

Step 2

Verify code in Tabular:
M84 Disorder of continuity of bone
    M84.5 Pathologic fracture in neoplastic disease
        Code also underlying neoplasm
        The appropriate 7th character is to be added to each code from subcategory
        M84.5:
           A Initial encounter for 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 Sequela

MLN Connects™

ICD-10-CM Coding Examples

Pathological fracture of right tibia due to bone metastasis, previously treated, currently presents with nonunion (continued)

Step 2

Verify code in Tabular:

M84.56 Pathologic fracture in neoplastic disease, tibia and fibula

    M84.561 Pathologic fracture in neoplastic disease, right tibia

Code Assignment: M84.561K

ICD-10-CM Coding Examples

Pathological fracture of right tibia due to bone metastasis, previously treated, currently presents with nonunion (continued)

__Step 3__ – also need to code bone metastasis

Look up term in Alphabetic Index:

Metastasis, metastatic

   spread (to) – *see* Neoplasm, secondary, by site

Neoplasm, bone, tibia, secondary – C79.51

ICD-10-CM Coding Examples

Pathological fracture of right tibia due to bone metastasis, previously treated, currently presents with nonunion (continued)

Step 4

Verify code in Tabular:
C79 Secondary malignant neoplasm of other and unspecified sites
    C79.5 Secondary malignant neoplasm of bone and bone marrow
        C79.51 Secondary malignant neoplasm of none

Code Assignment: C79.51

ICD-10-CM Coding Examples

Type 1 Diabetes with ketoacidosis

Step 1

Look up term in Alphabetic Index:
Diabetes, diabetic (mellitus) (sugar) E11.9
    type 1 E10.9
       with
          ketoacidosis E10.10

ICD-10-CM Coding Examples

Type 1 Diabetes with ketoacidosis (continued)

Step 2

Verify code in Tabular:

E10 Type 1 diabetes mellitus

    E10.1 Type 1 diabetes mellitus with ketoacidosis

        E10.10 Type 1 diabetes mellitus with ketoacidosis without coma

        E10.11 Type 1 diabetes mellitus with ketoacidosis with coma

Code Assignment: E10.10

ICD-10-CM Coding Examples

Postoperative hematoma following cardiac catheterization

Step 1

Look up term in Alphabetic Index:

Hematoma (traumatic) (skin surface intact) - *see also* Contusion

  postoperative (postprocedural) – *see* Complication, postprocedural,
  hemorrhage

ICD-10-CM Coding Examples

Postoperative hematoma following cardiac catheterization (continued)

Step 1

Look up term in Alphabetic Index:
Complication(s) (from) (of)
     postprocedural – *see also* Complications, surgical procedure
         hemorrhage (hematoma) (of)
             circulatory system organ or structure
                following a cardiac catheterization I97.610

ICD-10-CM Coding Examples

Postoperative hematoma following cardiac catheterization (continued)

Step 2

Verify code in Tabular:
I97 Intraoperative and postprocedural complications and disorders of circulatory system, not elsewhere classified

    I97.6 Postprocedural hemorrhage and hematoma of a circulatory system organ or structure following a procedure

        I97.61 Postprocedural hemorrhage and hematoma of a circulatory system organ or structure following a circulatory system procedure

            I97.610 Postprocedural hemorrhage and hematoma of a circulatory system organ or structure following a cardiac catheterization

Code Assignment: I97.610

ICD-10-CM Coding Examples

Burglary suspect presented to the Emergency Department with concussion after being struck on the head by blunt object by a police officer during a chase, unconscious for 45 minutes

Step 1

Look up term in Alphabetic Index:
Concussion (brain) (cerebral) (current) S06.0x-

ICD-10-CM Coding Examples

Burglary suspect presented to the Emergency Department with concussion after being struck on the head by blunt object by a police officer during a chase, unconscious for 45 minutes (continued)

Step 2

Verify code in Tabular:

S06 Intracranial injury

The appropriate 7th character is to be added to each code from category S06:

A Initial encouner

D Subsequent encounter

S Sequela

ICD-10-CM Coding Examples

Burglary suspect presented to the Emergency Department with concussion after being struck on the head by blunt object by a police officer during a chase, unconscious for 45 minutes (continued)

Step 2

Verify code in Tabular:

S06.0 Concussion

S06.0x2 Concussion with loss of consciousness of 31 minutes
to 59 minutes

Code Assignment: S06.0x2A

ICD-10-CM Coding Examples

Burglary suspect presented to the Emergency Department with concussion after being struck on the head by blunt object by a police officer during a chase, unconscious for 45 minutes (continued)

Step 3 *(optional unless under state or payer mandate for external cause reporting)*

Look up external cause in External Cause Index:
Struck (accidentally) by
    law-enforcement agent (on duty)
        with blunt object – *see* Legal, intervention, blunt object

ICD-10-CM Coding Examples

Burglary suspect presented to the Emergency Department with concussion after being struck on the head by blunt object by a police officer during a chase, unconscious for 45 minutes (continued)

***Step 3** (optional unless under state or payer mandate for external cause reporting)*

Look up external cause in External Cause Index:
Legal
intervention (by)
blunt object
injuring
suspect Y35.303

ICD-10-CM Coding Examples

Burglary suspect presented to the Emergency Department with concussion after being struck on the head by blunt object by a police officer during a chase, unconscious for 45 minutes
(continued)

***Step 4** (optional unless under state or payer mandate for external cause reporting)*

Verify external cause code in Tabular:
Y35 Legal Intervention
  Y35.3 Legal intervention involving blunt objects
    Y35.30 Legal intervention involving unspecified blunt objects
      Y35.303 Legal intervention involving unspecified blunt objects, suspect injured

Code Assignment: Y35.303A

ICD-10-CM Coding Examples

Presentation to Emergency Department for bimalleolar fracture of right ankle after falling down escalator

Step 1

Look up term in Alphabetic Index:

 Fracture, traumatic (abduction) (adduction) (separation)

   ankle

    bimalleolar (displaced) S82.84-

ICD-10-CM Coding Examples

Presentation to Emergency Department for bimalleolar fracture of right ankle after falling down escalator (continued)

Step 2

Verify code in Tabular:
S82 Fracture of lower leg, including ankle
    Note: A fracture not indicated as displaced or nondisplaced should be coded to displaced
    Note: A fracture not indicated as open or closed should be coded to closed

The appropriate 7th character is to be added to all codes from category S82

ICD-10-CM Coding Examples

Presentation to Emergency Department for bimalleolar fracture of right ankle after falling down escalator (continued)

Step 2
S82.8 Other fractures of lower leg

    S82.84 Bimalleolar fracture of lower leg

        S82.841 Displaced bimalleolar fracture of right lower leg

        Code assignment: S82.841A

        (initial encounter for closed fracture)

ICD-10-CM Coding Examples

Presentation to Emergency Department for bimalleolar fracture of right ankle after falling down escalator (continued)

Step 3 *(optional unless under state or payer mandate for external cause reporting)*

Look up external cause in External Cause Index:
Fall, falling (accidental) W19
      down
          escalator W10.0

ICD-10-CM Coding Examples

Presentation to Emergency Department for bimalleolar fracture of right ankle after falling down escalator (continued)

Step 4 (optional unless under state or payer mandate for external cause reporting)

Verify external cause code in Tabular:

W10 Fall on and from stairs and steps

The appropriate 7th character is to be added to each code from category W10:

A Initial encounter

B Subsequent encounter

S Sequela

W10.0xx Fall (on) (from) escalator

Code Assignment: W10.0xxA

ICD-10-CM Coding Examples

Emergency Department physician refers previous patient to orthopedist for evaluation of injury and definitive treatment; orthopedist scheduled patient for surgery

Same code assignments for Emergency Department, orthopedist, and surgical encounters (initial encounter because patient is still receiving active treatment)

ICD-10-CM Coding Examples

Physical therapy encounter for previous patient:

Use 7th character for "subsequent encounter"

Previous patient moves away and schedules follow-up care with an orthopedist located in his new geographic area:

Use 7th character for "subsequent encounter" – although follow-up care is being provided by a different physician, it is still follow-up care and not active treatment for the injury

Increasing Demand for High-Quality Documentation

- High-quality documentation provides more accurate clinical picture of quality of care provided
- Better clinical documentation promotes better patient care and more accurate capture of acuity, severity, and risk of mortality
  - Quality and performance reporting
  - Reimbursement
  - Severity-level profiles
  - Risk adjustment profiles
  - Provider profiles
  - Present on admission reporting
  - Hospital-acquired conditions

Clinical Documentation Challenges

- Ensuring high-quality documentation without excessive administrative burden or levels of frustration, or encroaching on time spent on patient care

- Ensuring sufficient documentation to support code assignment while allowing providers to document in clinical, not coding, terms

- Need good clinical documentation – not a greater volume of documentation

Clinical Documentation Improvement Strategies

- Identify documentation improvement opportunities that could impact multiple initiatives – don't focus solely on ICD-10-CM

- Determine best solution for addressing each documentation gap – one size doesn't fit all
    - Examples:
        - Modifications to form or template
        - Electronic Health Record (EHR) documentation template
        - System prompts
        - Education
        - Workflow or operational process changes

- Prioritize – start with "low hanging fruit" or issues with greatest impact

MLN Connects™

Clinical Documentation Improvement Strategies

- Identify and implement changes in documentation capture processes (such as use of EHR documentation templates and prompts) that would facilitate improvements in clinical documentation practices

- Key to quality care is to focus on capturing quality information at the point of care

- Improving clinical documentation now has immediate benefits

Benefits of EHR Documentation Prompts

- Better clinical documentation to support all initiatives
- Facilitates overcoming language barrier between physicians and coders
- Provides ongoing learning loop for physicians regarding needed documentation elements at the time care is recorded
- Greater coding accuracy, productivity, and coder satisfaction (especially when used in combination with Computer Assisted Coding (CAC) technology)
- Enhanced CAC accuracy
- Reduced compliance risks
- Proper claims payment
- Fewer retrospective provider queries
- Eases ICD-10 transition and provider acceptance
- Allows providers to spend more time on patient care and less time learning ICD-10-CM/PCS

ICD-10 Examples for EHR Templates/Prompts

- Laterality

- Devices

- Encounter type (initial, subsequent, sequela, routine healing, delayed healing)

- Anatomic details

- Severity

- Disease relationships

ICD-10 Examples for EHR Templates/Prompts

- Current condition vs. past history
- Relationship of condition to procedure (postoperative complication?)
- Etiology
- Symptoms/manifestations associated with disease process
- Fracture type (pathologic vs. traumatic; transverse, comminuted, spiral, segmental, etc; displaced vs. non-displaced; open vs. closed; Gustilo classification of open fracture; nonunion or malunion)

ICD-10 Examples for EHR Templates/Prompts

- Age of acute myocardial infarction

- Underdosing

- Dominant/Nondominant side (hemiplegia, monoplegia)

- Weeks of gestation

- Causal organism

- External cause

Does Increased Number of Codes Increase Difficulty in Finding a Code?

- **NO!**

- It is EASIER to find the right code – similar to using the phone book or dictionary

- Greater specificity and clinical accuracy make ICD-10-CM easier to use than ICD-9-CM
  - Because ICD-10-CM is much more specific, is more clinically accurate, and uses a more logical structure, it is much easier to use than ICD-9-CM

Does Increased Number of Codes Increase Difficulty in Finding a Code?

- An individual physician does not use all of the codes in a classification system
  - Most physicians will use a subset of codes

- Alphabetic Index and electronic coding tools will continue to facilitate proper code selection

Should Maps Be Used to Code Medical Records?

- **NO!**

- Maps should not be used to assign codes to report on claims
    - General Equivalence Maps (GEMs) are not a substitute for learning how to use ICD-10
    - Mapping ≠ coding
    - Mapping links concepts in 2 code sets without consideration of context or medical record documentation
    - Coding involves assignment of most appropriate codes based on medical record documentation and applicable coding rules/guidelines

Coding Productivity

- Coding productivity for outpatient encounters and professional services is expected to be much less impacted by ICD-10 transition than for inpatient admissions

- Outpatient encounters and professional services are not affected by ICD-10-PCS

- ICD-10-CM is not difficult to learn

Getting Answers to ICD-10-CM Coding Questions

- American Hospital Association Central Office serves as the U.S. clearinghouse for issues related to the use of ICD-10-CM/PCS codes

- Online process for submitting coding questions

- Submit copy of relevant, de-identified medical record with coding question

- For payment policy questions, contact appropriate payer (e.g., Medicare contractor, private insurer)

AHIMA ICD-10 Resources

- [AHIMA](#) website

  - ICD-10-CM/PCS Transition: Planning and Preparation Checklist
  - Practice guidance
    - Using CDI Programs to Improve Acute Care Clinical Documentation in Preparation for ICD-10-CM/PCS
    - Putting ICD-10-CM/PCS GEMS into Practice
    - Transitioning ICD-10-CM/PCS Data Management Processes
    - ICD-10-CM/PCS Project Management Resources
    - Planning Organizational Transition to ICD-10-CM/PCS
    - Planning for the ICD-10-CM Transition for LTC Facilities

AHIMA ICD-10 Resources

- [AHIMA](#) website (continued)

  - Toolkits
    - ICD-10-CM/PCS Implementation Toolkit
    - Clinical Documentation Improvement Toolkit

  - Other tools
    - ICD-10 Readiness Assessment and Prioritization Tool
    - ICD-10 Vendor Questionnaire

AHIMA ICD-10 Resources

- [AHIMA](#) website (continued)

  - Role-based implementation models
    - Physician practice
    - Long-term care
    - Inpatient and outpatient coders
    - Data managers
    - Health plans
    - Academic institutions

AHIMA ICD-10 Resources

- [AHIMA](#) website (continued)

    - Training and education
        - Coder readiness assessments
        - Face-to-face or on-line training
        - Publications
        - Webinars/Conferences

    - Universal Use of ICD-10-CM/PCS in the US

Question and Answer Session

ICD10-National-Calls@cms.hhs.gov

MLN Connects™

Evaluate Your Experience

- Please help us continue to improve the MLN Connects™ National Provider Call Program by providing your feedback about today's call.

- To complete the evaluation, visit http://npc.blhtech.com/ and select the title for today's call.

Thank You

- For more information about the MLN Connects™ National Provider Call Program, please visit http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html

- For more information about the Medicare Learning Network® (MLN), please visit http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html

MLN Connects™