“ICD-10: Use It or Lose It”

NAEC Webinar
June 25, 2015

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Disclosures

- Member, AAN Medical Economics and Management Committee, Coding Subcommittee
- Speaker: AAN, AES re: ICD 9 and 10
- Consultant: Eisai, Ltd; Lundbeck, Inc; Upsher-Smith, Inc.
- Clinical (pediatric) epileptologist
  - University
  - Large non-profit academic medical center
  - Community children’s hospital
  - Canadian university community children’s hospital
This presentation is done in collaboration with the AAN Medical Economics & Management Committee efforts for ICD-10-CM education.

Many of the materials have been presented in past AAN webinars and courses.
Objectives

- What is ICD?
- What are the differences between ICD 9 and 10?
- How to code seizures & epilepsy in ICD 10
  - Seizures vs epilepsy
  - Intractability
  - Status epilepticus
- Documentation
- Operational & Cognitive Dissonance
- Context - future
Key Concepts

- Assume ICD-10-CM will occur October 1, 2015 and inaccurate coding will result in lack of reimbursement

- Neurologists should be paid for what we do
  - Understand the “rules”
  - Use the appropriate diagnoses (codes)
  - Code to the greatest specificity (granularity)
  - Document the diagnoses

- Understand the realities of health care changes
  - Away from fee-for-service
  - Towards “quality”
  - Weighted towards severity
  - Coding doesn’t always match current or future advances

- ICD-10-CM is easy compared to what we do everyday & the other changes in the future, but size matters
“ICD” - What Is It?

- **Currently** - *International Statistical Classification of Diseases and Related Health Problems*

- **1893**: Bertillion Classification of Causes of *Death*


- **1979**: ICD-9-Clinical Modification *(CM)* *specific for USA*

- **1990**: ICD-9-CM codes required for completing CMS 1500 claim form to show “medical necessity”

- Evolved from keeping track of *death* to *diseases* to *dollars*
The Importance of ICD

- The ICD codes provide the basis for public health policies around the world
- The ICD codes are used for case ascertainment for retrospective research
- Patients deserve correct coding for communications
- Diagnosis codes required for appropriate reimbursement
ICD-9-CM Components

- Volume 1: Tabular Index
  - Numerical list of codes for diseases & symptoms

- Volume 2: Alphabetical Index
  - Disease & symptoms listed alphabetically

- Volume 3: Procedures
  - Surgical & non-surgical
ICD-9-CM Structure

- Core classification - 3 digit codes
  
  Epilepsies 345.xx

- Fourth digit: .0 - .7 - more specific than core terms
  
  Epilepsy, generalized 345.1x
  - .8 - other
  - .9 – unspecified

- Fifth digit
  
  Epilepsy, generalized, intractable 345.11
  - .X1- intractability
## Disadvantages of ICD 9

<table>
<thead>
<tr>
<th>Disadvantages of ICD-9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited ability to add new codes</td>
</tr>
<tr>
<td>Lack of precision for performing biosurveillance to detect threats of bioterrorism in an automated fashion</td>
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<tr>
<td>Lack of precision for performing pay for performance determinations</td>
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<tr>
<td>Lack of precision for combining appropriate diagnoses in diagnosis-related-groups (DRGs)</td>
</tr>
<tr>
<td>Lacks specificity and detail</td>
</tr>
<tr>
<td>Does not have codes for new technologies or preventative services</td>
</tr>
<tr>
<td>Has limited capacity for new procedure codes</td>
</tr>
</tbody>
</table>

ICD-10-CM
ICD-10-CM

- Released by WHO in 1994
- Implemented in U.S. for reporting on death certificates on January 1, 1999
- Used in 138 countries for mortality reporting
- Clinical modification (CM) to be used in the U.S.
## Advantages of ICD-10-CM

<table>
<thead>
<tr>
<th>Advantages of ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports consumer value-based purchasing and promotes anti-fraud measures by accurately defining services, specific diagnoses and treatment information</td>
</tr>
<tr>
<td>Supports comprehensive reporting of coding data</td>
</tr>
<tr>
<td>Ensure more accurate payments of new procedures, fewer rejected claims, improved disease management, and harmonization of disease monitoring and reporting world-wide</td>
</tr>
<tr>
<td>Allow the United States to participate in international disease tracking &amp; treatment outcomes</td>
</tr>
</tbody>
</table>

ICD-10-CM

Similarities:

- Alphabetical and tabular volumes (Volumes 1 & 2)
- Volume 3 (procedures)
- Chapter structure
  - One full chapter of codes for neurology
  - Most Cerebrovascular codes remain in the Cardiology chapter (TIA’s are in Neurology Chapter)
  - Neurobehavioral codes still in with Psychiatry codes (we did not have a choice in this!)
- Order within chapters very similar
- Most of the rules are the same
ICD-10-CM Components

Differences:

- Codes have 3–7 characters (ICD-9-CM was 3–5 digits)
- The first character is alpha
  
  (Neurology “G”, Cerebrovascular “I”, Symptoms “R”)
- Characters 2 & 3 can be either alpha or numeric
  - Indicates a condition or category
- Characters 4, 5, 6 can be alpha or numeric
  - Indicates etiology, anatomy, severity
- Characters 7 can be alpha or numeric
  - Indicates the circumstances
- X can be used as a placeholder
ICD 10-CM Codes by chapter

2011 ICD-10-CM Codes

- **A00-B99** Certain infectious and parasitic diseases
- **C00-D49** Neoplasms
- **D50-D89** Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
- **E00-E89** Endocrine, nutritional and metabolic diseases
- **F01-F99** Mental and behavioral disorders
- **G00-G99** Diseases of the nervous system
  - **H00-H59** Diseases of the eye and adnexa
  - **H60-H95** Diseases of the ear and mastoid process
- **I00-I99** Diseases of the circulatory system
- **J00-J99** Diseases of the respiratory system
- **K00-K94** Diseases of the digestive system
- **L00-L99** Diseases of the skin and subcutaneous tissue
- **M00-M99** Diseases of the musculoskeletal system and connective tissue
- **N00-N99** Diseases of the genitourinary system
- **O00-O99** Pregnancy, childbirth and the puerperium (O00-O99)
- **P00-P96** Certain conditions originating in the perinatal period
- **Q00-Q99** Congenital malformations, deformations and chromosomal abnormalities
- **R00-R99** Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
  - **S00-T88** Injury, poisoning and certain other consequences of external causes
  - **V00-Y99** External causes of morbidity
  - **Z00-Z99** Factors influencing health status and contact with health services

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ICD-10-CM Components

Differences:

- The total number of codes is much greater (the Neurology chapter is not as expanded as others; epilepsy not so much)

- Laterality is included in many more codes, as is status of encounter and/or disease process.
Scale of Change from ICD-9 to ICD-10

**Diagnosis Codes**
- ICD-9: 17,000
- ICD-10: 68,000

**Procedure Codes**
- ICD-9: 4,000
- ICD-10: 87,000
Differences between ICD-9 and ICD-10

Examples
Epilepsy (not much change)

**ICD-9-CM**
345.50 Localization-related (focal) (partial) epilepsy and epileptic syndromes with simple partial seizures, without mention of intractable epilepsy

**ICD-10-CM**
G40.109 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus
Stroke (significant changes)

**ICD-9-CM**
433.11 Occlusion and stenosis of precerebral arteries, Carotid artery, with cerebral infarction

**ICD-10-CM**
I63.031 Cerebral infarction due to thrombosis of right carotid artery
I63.032 Cerebral infarction due to thrombosis of left carotid artery
I63.039 Cerebral infarction due to thrombosis of unspecified carotid artery
How Do We Go From “Here” (ICD-9-CM) to “There” (ICD-10-CM)?
The Ideal Crosswalk
Reality
There is a “crosswalk”:

- Termed “General Equivalence Mapping (GEM)”
- Still a work in progress
- Currently just a list of code numbers
- Filled with descriptors to facilitate the crosswalk
- Found at:
  
  [http://www.cdc.gov/nchs/icd/icd10cm.htm#10update](http://www.cdc.gov/nchs/icd/icd10cm.htm#10update)
About ICD-10

The transition to ICD-10 is required for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA). Please note, the change to ICD-10 does not affect CPT coding for outpatient procedures and physician services.
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Road to 10: CMS Online Tool for Small Practices

Jumpstart your ICD-10 transition with Road to 10, an online resource built with input from providers in small practices.

“Road to 10” includes specialty references and helps providers build ICD-10 action plans tailored for their practice needs.

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CMS materials intended solely for providers in the Medicare Fee-for-Service program feature the Medicare Learning Network logo.

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Help with File Formats and Plug-Ins
How ICD 10-CM Codes Compare to ICD 9-CM Codes

- **Approximate Match:**
  Diagnosis has a direct 1 to 1 mapping, but the diagnosis text has changed slightly

- **Exact Match:**
  Diagnosis has a direct 1 to 1 mapping, but the diagnosis text remains the same

- **Match with Multiple Choices:**
  Diagnosis maps to a set of diagnoses, from which one should be chosen

- **No Mapping:**
  Diagnosis does not exist in the ICD code set

- **Complex Mapping:**
  Diagnosis matches to multiple sets of ICD diagnoses

- **1 To Many:**
  1 diagnosis code maps to 2 or more ICD codes

**SOURCE:** Centers for Medicare & Medicaid Services (CMS) General Equivalence Mapping (GEMs). Based on 2011 GEMS mapping.
# Neurology Specific Crosswalks

## ICD-9 to ICD-10 Conversion

### Commonly Used Neurologic Diagnosis

<table>
<thead>
<tr>
<th>ICD-9 Code and Description</th>
<th>ICD-10 Code General Equivalency</th>
<th>Other ICD-10 Code Options</th>
<th>Coding Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>346.00 Migraine with aura, without mention of intractable migraine without mention of status migrainosus</td>
<td>G43.109 Migraine with aura, not intractable, without status migrainosus</td>
<td>G43.119 Migraine with aura, intractable, without status migrainosus</td>
<td>Use additional code for adverse effect, if applicable, to identify drug (T30-T50 with fifth or sixth character 5) when reporting codes from category G43. Code also any associated seizure (G40; R56.9) when reporting codes from subcategory G43.1</td>
</tr>
<tr>
<td>346.01 Migraine with aura, with intractable migraine, so stated, without mention of status migrainosus</td>
<td>G43.119 Migraine with aura, intractable, without status migrainosus</td>
<td>No additional codes</td>
<td>Use additional code for adverse effect, if applicable, to identify drug (T30-T50 with fifth or sixth character 5) when reporting codes from category G43. Code also any associated seizure (G40; R56.9) when reporting codes from subcategory G43.1</td>
</tr>
</tbody>
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# Neurology Specific Crosswalks

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<th>ICD-9 Code and Description</th>
<th>ICD-10 Code General Equivalency</th>
<th>Other ICD-10 Code Options</th>
<th>Coding Tips and Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>359.3 Periodic paralysis</td>
<td>G72.3 Periodic paralysis</td>
<td>No additional codes</td>
<td>Code first (T51-T65) to identify toxic agent when reporting code G72.2</td>
</tr>
<tr>
<td>359.4 Toxic myopathy</td>
<td>G72.2 Myopathy due to other toxic agents</td>
<td>No additional codes</td>
<td></td>
</tr>
<tr>
<td>359.89 Other myopathies</td>
<td>G72.89 Other specified myopathies</td>
<td>G71.3 Mitochondrial myopathy, not elsewhere classified</td>
<td>Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5) when reporting codes from category G72</td>
</tr>
<tr>
<td></td>
<td></td>
<td>G72.0 Drug-induced myopathy</td>
<td>Use additional code to identify alcoholism (F10.-) when reporting code G72.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>G72.1 Alcoholic myopathy</td>
<td>Code first (T51-T65) to identify toxic agent when reporting code G72.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>G72.2 Myopathy due to other toxic agents</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>G72.3 Periodic paralysis</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>G72.41 Inclusion body myositis (IBM)</td>
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<tr>
<td></td>
<td></td>
<td>G72.49 Other inflammatory and immune myopathies, not elsewhere classified</td>
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<tr>
<td></td>
<td></td>
<td>G72.81 Critical illness myopathy</td>
<td></td>
</tr>
</tbody>
</table>
Choosing the Appropriate Diagnostic Code

How to do it step by step from the code volumes

This is an example to illustrate how a coder works
Coding Scenario

- You evaluate a 22 year old female with a 6 month history of 6 “shaking episodes”
  - Left upper extremity jerking
  - Duration 30-60 secs
  - Staring precedes the shaking
  - She continues to have events despite 2 AEDs
- Medical evaluation including imaging, blood and urine testing reveals no etiology.
- What is her diagnosis and how would you code her?
Possible terms to describe the events

- Seizure
- Convulsion
- Epilepsy
Important coding principle: code to the highest degree of specificity/severity

- In order of increasing specificity
  - Seizure/Convulsion/Transient impairment of consciousness (Symptom code)
  - Epilepsy (Disease code)
    - Epilepsy NOS
    - Epilepsy: focal or generalized
    - Epilepsy: focal/generalized, with or without intractability
    - Epilepsy: focal/generalized, with or without intractability, with or without status epilepticus
The Basics

First
Alphabetical index (Vol 2)
Then
Tabular (numerical) index (Vol 1)

http://www.cdc.gov/nchs/icd/icd10cm.htm#icd2014
ICD 10-CM Codes- Vol 2- alpha

2011 ICD-10-CM Alpha Index

'A' terms (696)
'B' terms (394)
'C' terms (716)
'D' terms (406)
'E' terms (346)
'F' terms (261)
'G' terms (264)
'H' terms (558)
'I' terms (206)
'J' terms (32)
'K' terms (104)
'L' terms (330)
'M' terms (589)
'N' terms (202)
'O' terms (246)
'P' terms (851)
'Q' terms (14)
'R' terms (251)
'S' terms (682)
'T' terms (367)
'U' terms (109)
'V' terms (148)
'W' terms (107)
'X' terms (18)
'Y' terms (7)
'Z' terms (12)

Convulsions

Epilepsy

Seizures
## ICD-10-CM INDEX TO DISEASES and INJURIES

### A

<table>
<thead>
<tr>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aarskog's syndrome Q87.1</td>
</tr>
<tr>
<td>Abandonment - see Maltreatment, abandonment</td>
</tr>
<tr>
<td>Abasia (-astasia) (hysterical) F44.4</td>
</tr>
<tr>
<td>Abderhalden-Kaufmann-Lignac syndrome (cystinosis) E72.04</td>
</tr>
<tr>
<td>Abdomen, abdominal - see also condition</td>
</tr>
<tr>
<td>- acute R10.0</td>
</tr>
<tr>
<td>- angina K55.1</td>
</tr>
<tr>
<td>- muscle deficiency syndrome Q79.4</td>
</tr>
<tr>
<td>Abdominalgia - see Pain, abdominal</td>
</tr>
<tr>
<td>Abduction contracture, hip or other joint - see Contraction, joint</td>
</tr>
<tr>
<td>Aberrant (congenital) - see also Malposition, congenital</td>
</tr>
<tr>
<td>- adrenal gland Q89.1</td>
</tr>
<tr>
<td>- artery (peripheral) Q27.8</td>
</tr>
<tr>
<td>- basilar NEC Q28.1</td>
</tr>
<tr>
<td>- cerebral Q28.3</td>
</tr>
<tr>
<td>- coronary Q24.5</td>
</tr>
<tr>
<td>- digestive system Q27.8</td>
</tr>
</tbody>
</table>
Seizure(s) (see also Convulsions) R56.9
- akinetic - see Epilepsy, generalized, idiopathic
- atonic - see Epilepsy, generalized, idiopathic
- autonomic (hysterical) F44.5
- convulsive - see Convulsions
- cortical (focal) (motor) - see Epilepsy, localization-related, symptomatic, with simple partial seizures
- disorder (see also Epilepsy) G40.909

- due to stroke - see Sequelae (of), disease, cerebrovascular, by type, specified NEC
- epileptic - see Epilepsy
- febrile (simple) R56.00
  - - with status epilepticus G40.901
  - - complex (atypical) (complicated) R56.01
  - - - with status epilepticus G40.901
- grand mal G40.309
**Convulsions** (idiopathic) (see also Seizure(s)) R56.9
- apoplectiform (cerebral ischemia) I67.8
- benign neonatal (familial) - see Epilepsy, generalized, idiopathic
- dissociative F44.5
- epileptic - see Epilepsy
- epileptiform, epileptoid - see Seizure, epileptiform
- ether (anesthetic) - see Table of drugs and chemicals, by drug
- febrile R56.00
  - - with status epilepticus G40.901
  - - complex R56.01
  - - - with status epilepticus G40.901
  - - simple R56.00
- hysterical F44.5
- infantile P90
Epilepsy, epileptic, epilepsy

- Note: the following terms are to be considered equivalent to intractable: pharmacoresistant (pharmacologically resistant), treatment resistant, refractory (medically) and poorly controlled
- with
  - complex partial seizures — see Epilepsy, localization-related, symptomatic, with complex partial seizures
  - grand mal seizures on awakening — see Epilepsy, generalized, specified NEC
  - myoclonic absences — see Epilepsy, generalized, specified NEC
  - myoclonic-astatic seizures — see Epilepsy, generalized, specified NEC
  - simple partial seizures — see Epilepsy, localization-related, symptomatic, with simple partial seizures
  - akinetic — see Epilepsy, generalized, specified NEC
  - benign childhood with centrotemporal EEG spikes — see Epilepsy, localization-related, idiopathic
  - benign myoclonic in infancy G40.80-
  - Bravais-jacksonian — see Epilepsy, localization-related, symptomatic, with simple partial seizures
  - childhood
  - with occipital EEG paroxysms — see Epilepsy, localization-related, idiopathic
  - absence G40.09
The Basics

First
Alphabetical (Vol 2)

Then
Tabular(numerical) Vol 1

http://www.cdc.gov/nchs/icd/icd10cm.htm#icd2014
R56 Convulsions, not elsewhere classified
Excludes1: dissociative convulsions and seizures (F44.5)
epileptic convulsions and seizures (G40.0-)
newborn convulsions and seizures (P90)

R56.0 Febrile convulsions

R56.9 Unspecified convulsions
Convulsion disorder
Fit NOS
Recurrent convulsions
Seizure(s) (convulsive) NOS
### Episodic and paroxysmal disorders (G40-G47)

**G40 Epilepsy and recurrent seizures**

**Note:** the following terms are to be considered equivalent to *intractable*, *pharmacoresistant* (pharmacologically resistant), treatment resistant, refractory (medically) and poorly controlled

**Excludes1:** conversion disorder with seizures (F44.5)
- convulsions NOS (R56.9)
- hippocampal sclerosis (G93.81)
- mesial temporal sclerosis (G93.81)
- post traumatic seizures (R56.1)
- seizure (convulsive) NOS (R56.9)
- seizure of newborn (P90)
- temporal sclerosis (G93.81)
- Todd’s paralysis (G83.8)
ICD 10-CM Codes- Vol 1- tabular

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>G40.0</td>
<td>Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset</td>
</tr>
<tr>
<td></td>
<td>Benign childhood epilepsy with centrotemporal EEG spikes</td>
</tr>
<tr>
<td></td>
<td>Childhood epilepsy with occipital EEG paroxysms</td>
</tr>
<tr>
<td></td>
<td>Excludes1: adult onset localization-related epilepsy (G40.1-, G40.2-)</td>
</tr>
<tr>
<td>G40.00</td>
<td>Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable</td>
</tr>
<tr>
<td></td>
<td>Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset without intractability</td>
</tr>
<tr>
<td>G40.001</td>
<td>Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus</td>
</tr>
<tr>
<td>G40.009</td>
<td>Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus</td>
</tr>
<tr>
<td></td>
<td>Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset NOS</td>
</tr>
<tr>
<td>G40.01</td>
<td>Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable</td>
</tr>
<tr>
<td>G40.011</td>
<td>Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus</td>
</tr>
<tr>
<td>G40.019</td>
<td>Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td>G40.2</td>
<td>Localization-related (focal) (partial) <strong>symptomatic epilepsy and epileptic syndromes with complex partial seizures</strong>&lt;br&gt;Attacks with alteration of consciousness, often with automatisms&lt;br&gt;Complex partial seizures developing into secondarily generalized seizures</td>
</tr>
<tr>
<td>G40.20</td>
<td>Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable&lt;br&gt;Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures without intractability</td>
</tr>
<tr>
<td>G40.201</td>
<td>Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus</td>
</tr>
<tr>
<td>G40.209</td>
<td>Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus&lt;br&gt;Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures NOS</td>
</tr>
<tr>
<td>G40.21</td>
<td>Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, <strong>intractable</strong></td>
</tr>
<tr>
<td>G40.211</td>
<td>Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus</td>
</tr>
<tr>
<td>G40.219</td>
<td>Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, <strong>without status epilepticus</strong></td>
</tr>
</tbody>
</table>

2 = localization-related focal symptomatic with CPS  1 = intractable  9 = no status epil
“How ICD-10 Will Transform Clinical Documentation

BEYOND CODING:
How ICD-10 Will Transform Clinical Documentation

Charles L. Fred
Heather A. Haugen, Ph.D
Louann K. Reilly

— Bill Spooner, Chief Information Officer, Sharp HealthCare

While the ICD-10 transition is a massive project, the greater detail and accuracy required of clinical documentation brings tremendous opportunity to use that data to improve the quality and cost of care we provide. Beyond Coding is a great resource to guide the transformation, and we have to begin now.”
Documentation

IMPRESSION: The patient is a 22 year old female with a 6 month history of intermittent shaking of the left arm, associated with impairment of consciousness. These events have not been eliminated with AED treatment. Based upon the description of the event, and interictal spikes during sleep on the EEG and normal MRI, the most likely diagnosis is complex partial seizures and intractable symptomatic localization-related epilepsy. Of note there is no history of status epilepticus.

PLAN: Try a third AED
Pregnancy counseling performed
Refer to a comprehensive epilepsy centre

http://www.icd10data.com/ICD10CM/Codes/G00-G99/G40-G47/G40-
Poll Question - Is it reasonable to expect this level of detail in a note to take care of this person?

- Yes, my notes would indicate these elements, in one form or another
- No, there is too much detail, the lab results are in the Lab Section of EHR
- No, the history has already been given in the History of the Present Illness (HPI)
- No, not enough detail
Documentation

IMPRESSION: The patient is a 22 year old female with a 6 month history of intermittent shaking of the left arm, associated with impairment of consciousness. These events have not been eliminated with AED treatment. Based upon the description of the event, and interictal spikes during sleep on the EEG and normal MRI, the most likely diagnosis is complex partial seizures and intractable symptomatic localization-related epilepsy. Of note there is no history of status epilepticus.

PLAN: Try a third AED
- Pregnancy counseling performed
- Refer to a comprehensive epilepsy centre

http://www.icd10data.com/ICD10CM/Codes/G00-G99/G40-G47/G40-
What this note accomplishes

- Appropriate diagnosis & management of the patient
- Adequate documentation for you or a coder (or a CMS audit) to make the ICD diagnosis of G40.219
- Established severity via intractability code
- Adequate documentation to meet Quality Measures for epilepsy
  - Seizure frequency
  - Epilepsy syndrome
  - Counseling pregnant females
  - Referral to epilepsy center
How to you indicate an ICD code for billing? (size of practice matters)

- Superbill paper
- Superbill computer-based
- Search on computer-based application
- Coder does it for me

Courtesy of Laura Powers, MD
Technology to the Rescue!

ICD 10-CM code searches built into many EHRs!

And on-line search engines
Coding in ambulatory SCM (ICD 9 & 10-CM)

Courtesy of Mehul Sheth
Coding in ambulatory SCM
On-line and commercial searches

ICD10Data.com

IMO
Intelligent Medical Objects

CMS ICD 10 CM Lookup

JB SUGGESTIONS

TRAIN USING CROSSWALKS
THEN GO STRAIGHT TO ICD 10 CM CODES IN PRACTICE

Use available electronic resources, then check the results
Operational & Cognitive Dissonance

- ICD 10 CM vs ILAE
- PQRS Quality measure vs AAN

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# 2014 Updated Epilepsy Measures

1A. Seizure Frequency (Paired Measure) *(2009 measure revised)*

1B. Seizure Intervention (Paired Measure) *(2009 measure revised)*

2. Etiology, Seizure Type, or Epilepsy Syndrome *(2009 measure revised)*

3. Querying and Intervention for Side Effects of Anti-seizure Therapy *(2009 measure revised)*

4. Personalized Epilepsy Safety Issue and Education Provided *(2009 measure revised)*

5. Screening for Psychiatric or Behavioral Health Disorders

6. Counseling for Women of Childbearing Potential with Epilepsy *(2009 measure with updated specifications)*

7. Referral to Comprehensive Epilepsy Center

### Existing Quality Improvement (QI) Initiative or Collaborative for Measure Implementation

Three out of the eight epilepsy measures created in 2009 were adopted by the Centers for Medicaid and Medicare Services (CMS) into the Physician Quality Reporting System (PQRS) pay for reporting program. Once published, the updated measure set will be reviewed for possible adoption by CMS and National Quality Forum (NQF) endorsement for accountability programs.
Senate Approves SGR Bill. No Delay for ICD-10

The Senate burned the midnight oil yesterday, approving legislation to repeal the Medicare Sustainable Growth Rate (SGR) formula. The bill passed 92-8 and without reference to an ICD-10 delay, giving further momentum towards the Oct. 1, 2015 implementation deadline and creating increased urgency for those still preparing for the new medical code set, with all major hurdles now cleared.

Last year, House leadership slipped a last minute rider into SGR legislation, delaying ICD-10 for another 12 months. The postponement was the third in six years, blindsiding the healthcare community and discouraging ICD-10 proponents who were left wondering if the code set would ever see the light of day. With the passing of this bill and omission of any further ICD-10 delay legislation, those concerns now appear behind us...
MACRA

Guide to the major components of the "Doc Fix" Bill

1. SGR
   Sustainable Growth Rate Repealed

2. CHIP
   Children’s Health Insurance Program extended

3. Volume to Value
   FFS → P4P
   Medicare shifts from fee for service to pay for performance

CMS estimates savings of $39.5 billion over 10 years

2019
-4.9% + 5%

2025
+ 0.5% + 1.0%

CHOOSE PAYMENT SYSTEM

MIPS
Merit-based Incentive Payment System

Current System: 3 separate systems
New System: 4 categories, single composite score & report

Value Based Modifiers

PQRS
Physician Quality Reporting System

Meaningful Use
Electronic Health Record (EHR)

Resource Use
Quality
Meaningful Use
Electronic Health Record (EHR)

Clinical Practice Improvement

APM
Alternate Payment Models

Value-based payment models that incentivize providers on quality, outcomes, and cost containment

ACOs
Accountable Care Organizations

Bundles
Bundled payment models

Medical Homes

Created by Pearce Korb -twitter: @drpearcekorb
The *Triple Aim*

- Practice Survival
- Neurology as a Profession Survival
- PATIENT CARE
Additional ICD-10 Resources

- American Health Information Management Association (AHIMA): [http://www.ahima.org/icd10/about.aspx](http://www.ahima.org/icd10/about.aspx)
- Health Information and Management Systems Society: [http://www.himss.org/icd10](http://www.himss.org/icd10)
AAN & NAEC ICD-10 Resources

- The American Academy of Neurology

- NAEC & AAN ICD-10-CM Pocket Guide
Thank you for your attention

Time for questions