



PREPARING FOR ICD-10

Is Your Practice Ready?

Reproductive Health Update –
Regional Meeting

APRIL 24 , 2015

presenter

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PREPARING FOR ICD-10

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Since 1981, SHR Associates, Inc. (SHR) has been dedicated to providing physicians, hospitals and health care organizations with the business tools and resources necessary to respond and successfully operate in today's ever-changing health care environment.

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Presentation Objectives:

- ✓ Define ICD-10 and the differences between ICD-9 and ICD-10.
- ✓ Outline the impact of ICD-10 on your practice.
- ✓ Explain how to create an action plan for your practice's transition to ICD-10.
- ✓ Medical Documentation – Explain the importance of complete and accurate documentation to support and accurately code ICD-10.
- ✓ Review the type of patient information that must be documented to support ICD-10.
- ✓ ICD-10 codes – Instruct how to accurately code for your frequently encountered medical conditions.

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**ICD-10
IMPLEMENTATION:
OCTOBER 1, 2015**



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What is ICD-10 and How Will it Help?

The purpose of ICD-10 is to improve clinical communication and accuracy. ____

It will help providers capture more data about signs, symptoms, risk factors and co-morbidities to better describe the overall clinical issue. ____

It will require more precise documentation of clinical care and allow for more accuracy when determining medical necessity. ____

The change to ICD-10 for diagnoses does not affect CPT coding for outpatient procedures. ____

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ICD-10 vs. ICD-9

- ➔ **There are a greater number of ICD-10 codes compared to ICD-9.**
- ➔ **Diagnosis codes increase from 14,000 to 69,000 codes.***
- ➔ **Procedure codes increase from 4,000 to 87,000 codes.***

* American Medical Association

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What is the difference between ICD-10 and ICD-9?

- ICD-10 increases the codes by specifying laterality, especially with regard to the areas of injury and neoplasm.
- ICD-10 uses X placeholders for certain codes to allow for future expansion.
- Increases the overall number of available codes and the ability to capture increased specificity and align with current clinical terminology.

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What is the difference between ICD-10 and ICD-9?

- ICD-9 has limited severity parameters. In contrast, ICD-10 expands the severity parameters.
- ICD-10 expands the combination codes to better capture the complexity of our patients.
- ICD-9 only has a single type of "excludes notes;" ICD-10 has 2 types of excludes notes.
- ICD-9 codes are 3 to 5 characters long. ICD-10 codes are up to 7 characters in length. The ICD-10 characters support flexibility and expandability.

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Similarities of ICD-10 to ICD-9

TABULAR INDEX

- Chronological list of codes divided into chapters based on body systems or conditions
- Same hierarchical structure
- Chapters in tabular index structured similarly to ICD-9 with minor exceptions
 - ❖ A few chapters have been restructured
 - ❖ Sense Organs (eyes and ears) have been separated from the Nervous System chapter and moved to their own chapter

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Similarities of ICD-10 to ICD-9


INDEX

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

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Similarities of ICD-10 to ICD-9

MANY CONVENTIONS HAVE THE SAME MEANING

- Abbreviations, punctuation, symbols, notes such as “code first” and “use additional code”

Nonspecific codes (“Unspecified” or “NOS – Not Otherwise Specified”) are available to use when detailed documentation to support more specific codes are not available.


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Why is it necessary to convert to ICD-10?

- ICD-9 lacks specificity and detail for reporting diagnoses.
- ICD-9 doesn't reflect new services and technology in CMS payment systems.
- ICD-9 no longer reflects current knowledge of disease processes and hampers the ability to compare costs and outcomes of different medical technologies.
- ICD-9 is limited to a maximum of 13,000 codes.

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Other Important Changes Regarding ICD-10:

- **Importance of Anatomy:** Injuries are grouped by anatomical site rather than by type of injury.
- **Incorporation of E and V Codes:** The codes corresponding to ICD-9-CM V codes (Factors Influencing Health Status and Contact with Health Services) and E codes (External Causes of Injury and Poisoning) are incorporated into the main classification rather than separated into supplementary classifications as they were in ICD-9-CM.
- **New Definitions:** In some instances, new code definitions are provided reflecting modern medical practice (e.g., definition of acute myocardial infarction is now 4 weeks rather than 8 weeks).
- **Restructuring and Reorganization:** Category restructuring and code reorganization have occurred in a number of ICD-10-CM chapters, resulting in the classification of certain diseases and disorders that are different from ICD-9-CM.
- **Reclassification:** Certain diseases have been reclassified to different chapters or sections in order to reflect current medical knowledge.

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ICD-10-CM Code Structure

ICD-10 diagnosis codes have between **3 and 7** characters:

ALPHA (NOT U) NUMERIC CHARACTERS 3-7 CAN BE ANY COMBINATION OF ALPHA OR NUMERIC

1st DIGIT 2nd DIGIT 3rd DIGIT 4th DIGIT 5th DIGIT 6th DIGIT 7th DIGIT

CATEGORY ETIOLOGY, ANATOMICAL SITE, SEVERITY EXTENSION

As published in the Centers for Medicare and Medicaid website

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Abdominal Pain - ICD-9-CM 789.00 to 789.09

ICD-10-CM Codes

R10.0	Acute abdomen
R10.10	Upper abdominal pain, unspecified
R10.11	Right upper quadrant pain
R10.12	Left upper quadrant pain
R10.13	Epigastric pain
R10.2	Pelvic and perineal pain
R10.30	Lower abdominal pain
R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.33	Periumbilical pain
R10.84	Generalized abdominal pain
R10.9*	Unspecified abdominal pain

*Codes with a greater degree of specificity should be considered first.

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Vaginitis and Vulvovaginitis ICD-9-CM 616.10


ICD-10-CM Codes

N76.0	Acute vaginitis
N76.1	Subacute and chronic vaginitis
N76.2	Acute vulvitis
N76.3	Subacute and chronic vulvitis

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Why prepare for ICD-10?

The reasons to prepare for ICD-10 can be broken down into four categories:

Clinical


Operational




Professional


Financial


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BENEFITS OF ICD-10: CLINICAL

Clinical



More accurate and complete medical decisions

- Facilitate research of patient's medical history.
- Increase Public Health reporting and long term tracking of illnesses.
- Enables patient segmentation.
- Improve clinical protocols.
- Provide new insight into clinical care.

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BENEFITS OF ICD-10: OPERATIONAL



OPERATIONAL

- Enhances the definition of patient conditions, providing improved matching of professional resources and care teams and increasing communications between providers.
- Affords more targeted capital investment to meet practice needs through better specificity of patient conditions.
- Supports practice transition to risk-sharing models with more precise data for patients and populations.

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BENEFITS OF ICD-10: PROFESSIONAL



PROFESSIONAL

- Provides clear objective data for credentialing and privileges.
- Captures more specific and objective data to support professional Maintenance of Certification reporting across specialties.
- Improves specificity of measures for quality and efficiency reporting.
- Aids in the prevention and detection of healthcare fraud and abuse.
- Provides more specific data to support physician advocacy of health and public health policy.

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BENEFITS OF ICD-10: FINANCIAL

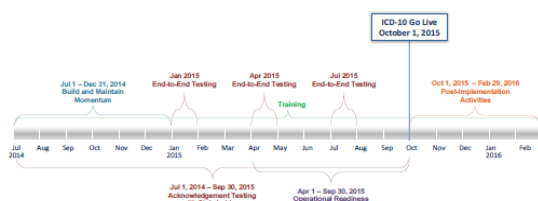


FINANCIAL

- Allows better documentation of patient complexity and level of care, supporting reimbursement for the level of care provided.
- Provides objective data for peer comparison and utilization benchmarking.
- May reduce audit risk exposure by encouraging the use of diagnosis codes with a greater degree of specificity as supported by the clinical documentation.
- Captures coding for new technology.

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What do you need to do to prepare for ICD – 10?



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THE ROAD TO ICD-10

Create Your Plan

1. Understand and Assess the Impact
2. Identify the Team and all the Involved Players
3. Engage Your Vendors
4. Prepare a Budget and Forecast
5. Arrange for Training and Education
6. Test Your Systems and Processes

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AREAS IMPACTED BY ICD-10

Patient Access

- Registration
- Admission
- Scheduling
- Insurance Verification

Medical Management

- Clinical Affairs
- Patient Care
- Case Management
- Medical Records
- Coding


Information Services

- Health Information Systems
- Ancillary Services

Financial Services

- Finance
- Billing
- Accounts Receivable

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How To Assess The Impact

- ✓ Run utilization reports to identify the most frequently used diagnosis codes.
- ✓ Run a separate report that can pull patients with those diagnoses.
- ✓ Use this list to randomly pull charts to begin your documentation audit.
- ✓ Utilize the GEMS file to begin mapping your current ICD-9 to an ICD-10 code selection.
- ✓ Compare your documentation with the code to see if your documentation is sufficient enough to assign the proper ICD-10 code. If not, begin to work on your documentation moving forward.
- ✓ Each quarter, re-visit this process to ensure your documentation meets the required specificity.

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Identify potential changes to workflow and business processes

Areas where you will need to consider changes to your existing processes:

- Clinical documentation
- Encounter forms or "superbills"
- Quality reporting
- Public health reporting


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Contact payers to determine if ICD-10 implementation will affect your provider contracts.



Because of the increased specificity of the ICD-10 codes, payers may modify the terms of their contracts for billing. Payers may require you to report the code with the highest specificity. They may alter their payment schedules and reimburse differently for higher vs. lesser specific codes.

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Key Team Players

- Senior executives
- Health Information Management (HIM) team
- IT personnel
- Medical staff
- Clinical staff
- Clerical staff (front desk, appointment and referral staff)
- Coding staff
- Financial management (including accounting and billing personnel)
- Information Technology (IT) personnel
- Business Associates (e.g., systems vendors, providers, payers)

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Talk with your vendors about accommodations for ICD-10 codes



Discuss implementation plans with your practice management system vendor, clearinghouse, billing services and payers to facilitate a smooth transition.

- Engage Technology Vendors and Update Systems
- Engage Staffing/Billing Vendors and Evaluate Readiness
- Engage Payers and Evaluate Readiness

If your existing Practice Management system is unable to accommodate the ICD-10 codes, or your vendor is not upgrading the system for ICD-10, you will likely need to purchase a new system.

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Key questions to ask your EHR system vendor

1. What is your solution to ICD-10?
2. When will your ICD-10 functionality be available?
3. Are you using look-up tables or mapping solutions in your system for ICD-10, or will your system provider the correct ICD-10 with the exam note?
4. How will your ICD-10 solution affect the workflow?
5. How much longer will it take me to code a superbill for ICD-10 than it took for ICD-9?
6. How many added steps will there be to select the correct code?
7. How do you prevent invalid or clinically inaccurate ICD codes?

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Budget for time and costs related to ICD-10 implementation



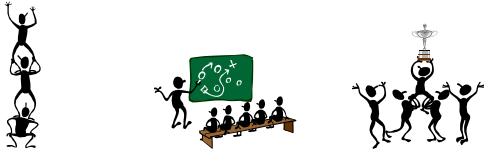
You need to account for costs associated with technology upgrades, training, testing, compensating for decreased productivity and support implementation activities. Include expenses for system changes, resource materials, and training.

- ICD-10 Planning
- Education/Training
- Business Process Review and Implementation
- Clinical Processes
- Information Technology - New, Updates or Replacement

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Your Team + Training = Success


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Assess Staff Training Needs

- Each staff member within your organization may require different training based on their involvement with the diagnosis codes.
- Training should focus on learning the ICD-10 code set and workflow changes.
- Clinical staff will need to learn about ICD-10 to understand how their documentation will affect the ability to code and bill.
- Your coding staff will require a significant amount of training to learn how to use the new code set and correctly capture the diagnosis using ICD-10.

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Staff Training

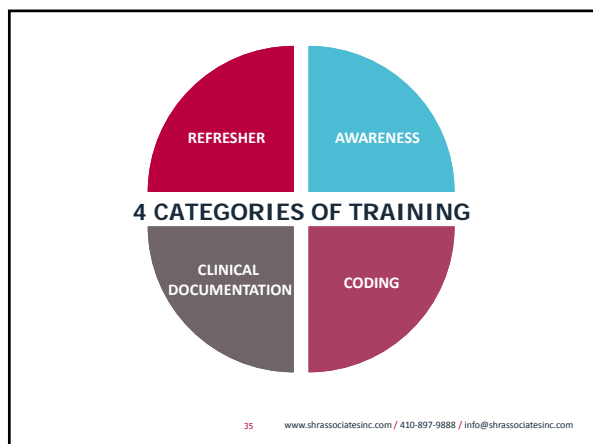
Determine the type and source of training for each practice staff member based on the following general guidelines:

- Documentation training for physicians, nurse practitioners, physician assistants, and other staff who document in the patient's medical record.
- Coding training for staff members who work with codes on a regular basis.
- Overview training for staff members engaged in administrative functions.

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REFRESHER TRAINING

- Medical Terminology
- Anatomy & Physiology
- Pathophysiology
- Pharmacology
- Focus Areas – Specialty Driven

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AWARENESS TRAINING

- History and Evolution of ICD-10
- Differences Between ICD-9 and ICD-10
- Impacts of ICD-10
- Preparing for ICD-10

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CLINICAL DOCUMENTATION TRAINING

- ICD-10 Concepts
- Focus on Best Practices
- Address Specialty Specifics
- Reinforce Standards



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CODING TRAINING

- General ICD-10 Code Sets
- Specialty Specific Code Sets
- ICD-10 Coding Reinforcement
- ICD-10 Proficiency Measurement

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Getting Ready for ICD-10: Testing

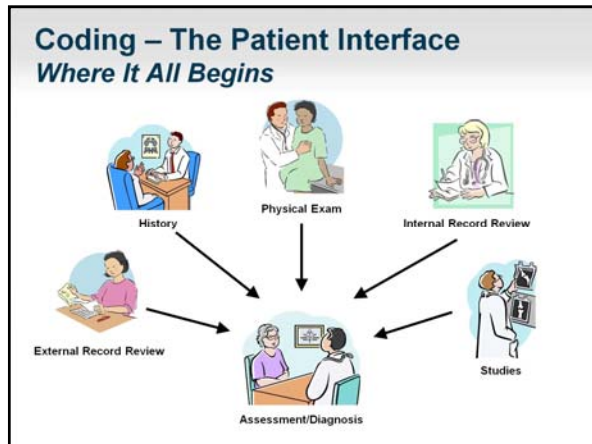
The final step before going “live” with the ICD-10 codes will be to complete testing with your trading partners.

- Conduct test transactions using ICD-10 codes with payers and clearinghouses.
- Test with payers and other business partners.
- Testing of key systems and processes is essential to your ICD-10 transition success!

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**Clinical Documentation –
The Importance of Complete and
Accurate Documentation**

- Demonstrates medical necessity - the principal criteria for payment.
- Supports proper payment and reduces denials.
- Ensure accurate measures of quality and efficiency.
- Ensures accountability and transparency.
- Captures level of risk and severity.
- Supports clinical research.
- Enhances communication between healthcare providers.
- Promotes quality health care.

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**New Concepts
Parameters of Severity and Risk**

❖ Co-morbidities	❖ Biological and Chemical Agents
❖ Manifestations	❖ Degree of Functional Impairment
❖ Etiology/causation	❖ Lymph Node Involvement
❖ Complications	❖ Procedure or Implant Related
❖ Detailed Anatomical location	
❖ Sequelae	
❖ Lateralization and Localization	

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How Do You Adjust Your Documentation to Meet ICD-10 Standards?

GO BACK TO BASICS - WHAT DID YOU LEARN IN SCHOOL?

TYPE OF CONDITION

- Categorization of condition


ONSET

- When did it start?

ETIOLOGY/CAUSE

- Infectious Agent
- Physical Agent
- Internal Failure
- Congenital

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Go Back To Basics – What Did You Learn In School?

ANATOMICAL LOCATION

- Which anatomical structure
- Proximal, Distal, Medial, Lateral Central, Peripheral, Superior, Inferior, Anterior, Posterior

LATERALITY

- Right or Left
- Unilateral or Bilateral


SEVERITY

- Mild, Moderate, Severe

ENVIRONMENTAL FACTORS

- Smoking
- Geographical Location

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Go Back To Basics – What Did You Learn In School?

TIME PARAMETERS

- Intermittent/Paroxysmal
- Recurring
- Acute or Chronic
- Post Operative, Post Delivery


COMORBIDITIES OR COMPLICATIONS

- Diabetes with Neuropathic Joint
- Intracranial Injury

MANIFESTATIONS


- Paralysis
- Loss of Consciousness

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**Go Back To Basics –
What Did You Learn In School?**

HEALING LEVEL

- Routine Healing, Delayed Healing
- Non-Union, Mal-union

FINDINGS AND SYMPTOMS

- Fever
- Wheezing
- Hypoglycemia/Hyperglycemia


EXTERNAL CAUSES

- Motor Vehicles, Injury Location
- Assault, Accidental, Work Related, Intentional Self-Harm

TYPE OF ENCOUNTER

- Initial or Subsequent Encounter
- Encounter for Condition, Routine or Administrative Encounter

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Clinical Documentation

In ICD-10, there are three main categories of changes:

1. Definition Changes
2. Terminology Differences
3. Increased Specificity

Over 1/3 of the expansion of ICD-10 codes is due to the addition of laterality (left, right, bilateral). Physicians and other clinicians likely already note the side when evaluating the clinically pertinent anatomical site(s).

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EXAMPLES OF DEFINITION CHANGE

TRIMESTER

Determination is calculated from first day of last menstrual period, and is documented in weeks.

1. First trimester Less than 14 weeks, 0 days.
2. Second trimester 14 weeks, 0 days through 27 weeks and 6 days.
3. Third trimester 28 weeks through delivery.


ICD-10 Code Examples

O26.851	Spotting complicating pregnancy, first trimester
O26.852	Spotting complicating pregnancy, second trimester
O26.853	Spotting complicating pregnancy, third trimester
O26.859	Spotting complicating pregnancy, unspecified trimester

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EXAMPLES OF TERMINOLOGY DIFFERENCES

UNDER-DOSING

Under-dosing is an important new concept and term in ICD-10. It allows you to identify when a patient is taking less of a medication than is prescribed.


When documenting under-dosing, include the following:

1. **Intentional, Unintentional, Non-compliance:** Is the under-dosing deliberate? (e.g., patient refusal)
2. **Reason:** Why is the patient not taking the medication? (e.g. financial hardship, age-related debility)

ICD-10 Code Examples

Z91.120	Patient's intentional under-dosing of medication regimen due to financial hardship
T36.4x6A	Under-dosing of Tetracyclines, initial encounter
T45.526D	Under-dosing of antithrombotic drugs, subsequent encounter

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EXAMPLES OF INCREASED SPECIFICITY

ABDOMINAL PAIN AND TENDERNESS


When documenting abdominal pain, include the following:

1. **Location:** e.g. Generalized, Right upper quadrant, periumbilical, etc.
2. **Pain or tenderness type:** e.g. Colic, tenderness, rebound

ICD-10 Code Examples

R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.33	Periumbilical pain

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EXAMPLES OF INCREASED SPECIFICITY

Intent of Encounter

When documenting intent of encounter, include the following:

1. **Type of encounter:** e.g. OB or GYN, contraception management, postpartum care
2. **Complications:** Note any abnormal findings with examination

ICD-10 Code Examples

Z30.011	Encounter for initial prescription of contraceptive pills
Z31.82	Encounter for Rh incompatibility status
Z39.1	Encounter for care and examination of lactating mother

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ICD-10 TABULAR LIST OF DISEASES AND INJURIES

Chapter	Code Range	Estimated # of Codes	Description
1	A00-B99	1,056	Certain infectious and parasitic diseases
2	C00-D49	1,620	Neoplasms
3	D50-D89	238	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
4	E00-E89	675	Endocrine, nutritional and metabolic diseases
5	F01-F99	724	Mental, Behavioral and Neurodevelopmental disorders
6	G00-G99	591	Diseases of the nervous system
7	H00-H59	2,452	Diseases of the eye and adnexa
8	H60-H95	642	Diseases of the ear and mastoid process
9	I00-I99	1,254	Diseases of the circulatory system
10	J00-J99	336	Diseases of the respiratory system
11	K00-K95	706	Diseases of the digestive system
12	L00-L99	769	Diseases of the skin and subcutaneous tissue
13	M00-M99	6,339	Diseases of the musculoskeletal system and connective tissue
14	N00-N99	591	Diseases of the genitourinary system
15	O00-O9A	2,155	Pregnancy, childbirth and the puerperium
16	P00-P96	417	Certain conditions originating in the perinatal period
17	Q00-Q99	790	Congenital malformations, deformations and chromosomal abnormalities
18	R00-R99	639	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
19	S00-T88	39,869	Injury, poisoning and certain other consequences of external causes
20	V00-V99	6,812	External causes of morbidity
21	Z00-Z99	1,178	Factors influencing health status and contact with health services

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VARYING CHANGES BY CLINICAL AREAS CHANGES IN NUMBER OF CODES

Clinical Area	ICD-9 Codes	ICD-10 Codes
Fractures	747	17099
Poisoning and toxic effects	244	4662
Pregnancy related conditions	1104	2155
Brain injury	292	574
Diabetes	69	239
Migraine	40	44
Bleeding disorders	26	29
Mood-related disorders	78	71
Hypertensive disease	33	14
End-stage renal disease	11	5
Chronic respiratory failure	7	4

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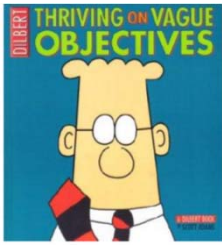
COMMON DIAGNOSIS CODES FOR STI/STD & FAMILY PLANNING

DIAGNOSIS	ICD-9	ICD-10
Pelvic pain (female GU symptoms unspec.)	625.9	N94.89 Other specified conditions associated with female genital organs and menstrual cycle R10.2 Pelvic and perineal pain
Urethritis	597.80	N34.1 Nonspecific urethritis N34.2 Other urethritis
Candidiasis of mouth	112.0	B37.0 Candidal stomatitis B37.83 Candidal cheilitis
General counseling for prescription or oral contraceptives	V25.01	Z30.011 Encounter for initial prescription of contraceptive pills
Genital herpes unspec.	054.10	A60.9 Anogenital herpesviral infection, unspecified
Screening examination for venereal disease	V74.5	Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission Z11.4 Encounter for screening for HIV

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THRIVING ON VAGUE OBJECTIVES

GETTING SPECIFIC

When is Unspecified OK?

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UNSPECIFIED CODES


ICD-10 diagnosis codes should be directly based on clinical documentation. Practices are encouraged to code using ICD-10 code reference sources instead of using crosswalks, which should be used for general knowledge.

Specific codes reflecting the most appropriate level of certainty known for an encounter should be evaluated first:

- Specific diagnosis codes should be reported when they are supported by the available medical record documentation and clinical knowledge of the patient's health condition.
- If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis.
- When sufficient clinical information is not known or available about a particular health condition to assign a more specific code, coding should comply with the payer guidelines for the use of unspecified codes.

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UNSPECIFIED CODES

"Unspecified Codes" have been removed from ICD-10 whenever a clinician should be able to identify a more specific diagnosis based on clinical assessment.

EXAMPLE:
Cutaneous Abscess of the Hand


- Clinician should be able to identify which hand had the abscess, and therefore, would report using the code that specifies the right or left hand.
- L02.511 Cutaneous Abscess Right Hand and L02.512 Cutaneous Abscess Left Hand

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A PLACE FOR “UNSPECIFIED” CODES

Sometimes Unspecified Codes makes sense.....

- The patient may be early in the course of evaluation.
- The claim may be coming from a provider who is not directly diagnosing the patient’s condition.
- The clinician seeing the patient may be more of a generalist and not able to define the condition at the level of detail expected by a specialist.
- If there is sufficient information to more accurately define a condition.

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Clinical Scenarios


Scenario 1: Probable HSV II

Reason for Visit: Symptomatic STD screening

History of Presenting Illness:

39 year old female, presents complaining of soreness of labia moderately painful. Symptoms began yesterday. Associated with odor and burning sensation. Uncomfortable to wear underwear. Partner notified her yesterday that he had another sexual partner. A detailed GYN exam is performed including testing for HIV, Hep C, Syphilis and HSV. Examination findings are erythema and ulcerations of the EFG. Positive whiff test and clue cells.

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Clinical Scenarios

Scenario 1 continued: Probable HSV II

Assessment:

1. STI screening .
2. Probable HSV II – perineal ulcerations
3. BV

ICD-10 coding:

Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission


N76.6 Ulceration of vulva

N76.0 Acute vaginitis

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Clinical Scenarios


Scenario 2: Chlamydia

History of Presenting Illness:

22 year old male presents asymptomatic. Stated contact to Chlamydia. Contact was genital. Last contact 3 days ago.

Physical exam: Skin, inguinal nodes, male genitalia within normal limits. Testing includes syphilis screening, chlamydia trachomatis/GC NAAT ufv, Gram Stains.

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Clinical Scenarios


Scenario 2 continued: Chlamydia

Assessment: Chlamydia trachomatis contact

ICD-10 Coding:

Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission.

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Clinical Scenarios

Scenario 3: Follow-up counseling visit depression and contraception

Patient: 23 year old female, sexually active without contraception. 5 partners within the last 2 years, 2 partners within the last 2 months. Past partners positive for drug use, marijuana and pills. Patient found out that friend had chlamydia and patient had sex with friends partner. Patient considering pregnancy and resistant to contraception. One occurrence of suicidal thoughts. Taking Prozac daily without improvement. Discussed test results from prior visit HSV I positive, patient states she has never had a cold sore. No tears today compared to last visit. Reviewed all contraceptive options, patient declines; however, did pick up condoms in restroom. Urged patient to return for pap test. Rx Prozac 20 mg. 1 tab po qd #30 #1 refill.

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Scenario 3 continued: Follow-up counseling visit depression and contraception

Assessment:

1. Contraception management
2. Depression

ICD-10 coding:

- Z30.09** Encounter for other general counseling and advice on contraception
- Z72.51** High risk heterosexual behavior
- F32.9** Major depressive disorder, single episode, unspecified
vs.
- F33.0** Major depressive disorder, recurrent, mild
- F33.1** Major depressive disorder, recurrent, moderate
- F33.2** Major depressive disorder, recurrent severe without psychotic features

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Clinical Scenarios

Scenario 4: Bacterial Vaginosis

Chief Complaint: Vaginal discharge with odor x 1 week.

History:

28 year female, established patient, presents complaining of a thin, grayish-white vaginal discharge with a noticeable fishy smell accompanied by vulvar itching. She first noticed symptoms about 1 ½ weeks ago. Patient states she tried to self-treat using an over-the-counter yeast preparation approximately 1 week ago without relief of symptoms. She denies any history of similar symptoms in the past.

LMP: occurred 2 weeks ago, normal cycle for her. Last PAP exam 8 months ago, normal. No previous mammograms.

Social history: Physically active. She is in a new monogamous relationship with male partner x 5 weeks, sexually active with protection. Denies history of STIs. Admits to frequent douching and bubble baths.

Immunizations: not immunized for HPV.

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Scenario 4 continued: Bacterial Vaginosis

EXAM:

- **Vital Signs:** BP 128/64, T 98.7°F, Ht. 63 in. Wt. 108 lbs.
- Well-groomed, A&Ox3.
- **Pelvic:** External exam-vulvar redness, no vulvar edema and no adherent white clumps present; Speculum exam – vaginal walls pink, cervix intact, closed os, thin gray and foul smelling discharge noted in vaginal canal. Swab specimen obtained for microscopy exam. Bimanual exam – no pelvic tenderness, uterus smooth, uterus and adnexa are normal in size, ovaries not palpable.
- **Labs in office:** Urine hCG – Negative; wet prep – Positive whiff test, clue cells and leukocytes present; negative for yeast; vaginal pH elevated
- **Immunizations:** not immunized for HPV.

Assessment and Plan:

- Bacterial vaginosis.
- Prescribed 7-day metronidazole.
- Discussed and administered HPV vaccine in office today.
- Provided vaginal hygiene pamphlet. Instructed patient to avoid douching and use of bubble bath products. Refrain from intercourse.

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Scenario 4 continued: Bacterial Vaginosis

Summary of ICD-10-CM-Impacts: Clinical Documentation

- Vaginitis is one of the most common gynecologic conditions encountered in the physician office setting.
- ICD-10-CM** provides four alternative choices that map to the **ICD-9 code 616.10 Vaginitis and vulvovaginitis, unspecified**. The four options are **N76.0 Acute vaginitis; N76.1 Subacute and chronic vaginitis; N76.2 Acute vulvitis; and N76.3 Subacute and chronic vulvitis**. As there is no indication of previous episodes and/or ongoing care, acute vaginitis is selected.
- Bacterial vaginosis is not usually associated with soreness, itching or irritation, therefore it is coded separately.
- In the scenario above for this patient with bacterial vaginosis, refraining from intercourse was recommended by this physician. To clarify, bacterial vaginosis is not considered an STI and physician recommendations for abstaining from sexual activity varies from physician to physician.
- ICD-9-CM includes a variety of vaccination codes while ICD-10-CM offers only one generic immunization code.

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Scenario 4 continued: Bacterial Vaginosis - Coding

ICD-9-CM Diagnosis Codes	ICD-10-CM Diagnosis Codes
616.10 Vaginitis and vulvovaginitis, unspecified	N76.0 Acute vaginitis
698.1 Pruritis, vulvar	L29.2 Vulvar, pruritis
V04.89 Need for prophylactic vaccination and inoculation against other viral diseases	Z23 Encounter for immunization

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Clinical Scenarios

Scenario 5: Breast Lump/Annual Well Woman Exam

Chief Complaint: "I've found a lump on my left breast and I need my annual GYN exam."

History:

- 47 year old perimenopausal female. G3P3003. LMP December 20, 2013. Last Pap was normal.
- No history of STD. No family history of ovarian or cervical cancer. No significant changes over the last year.
- Positive family history for breast cancer – mother and all three sisters. Sisters are BRCA +.
- Reports finding a small lump in left breast

Exam:

- Pelvic exam is normal. Pap smear performed.
- Left breast examined normal except for 1.5cm mass on left lower/outer quadrant. Mass is tender, easily moveable, firm to touch. Axilla normal, without palpable nodes.
- Right breast normal.

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Scenario 5 continued: Breast Lump/Annual Well Woman Exam

Assessment and Plan:

- Normal pelvic exam. Will confirm Pap results with the patient.
- Scheduled fine needle aspiration of left breast mass at the end of this week – with Dr. Smith.
- Scheduled a follow-up visit in 1 week to discuss aspiration results and next steps.

Summary of ICD-10-CM Impacts

Clinical Documentation

- Note whether the encounter is for a specific issue or an annual or “general” exam. There are different diagnosis codes for each. The use of the best code may vary by payor according to what services were rendered and the insurance plan’s reimbursement of a well women annual visit versus reimbursement of pelvic and/or clinical breast examinations. As per American Congress of Obstetricians and Gynecologists’ guidelines, a well women exam includes both a pelvic exam as well as a clinical breast examination. The rationale for abnormal findings in this encounter is based on the presence of the breast lump.
- Using ICD-9 codes, Pap smear coding may vary by payor. In some cases payors reimburse for the retrieval of the Pap smear by the physician, and the screening Pap smear at a specific frequency (e.g., every 2 years). With the new terminology associated with ICD-10-CM codes this point will need to be assessed and confirmed so correct code assignment can occur.

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Scenario 5 continued: Breast Lump/Annual Well Woman Exam

Summary of ICD-10-CM Impacts

Clinical Documentation

- Like ICD-9, family history can be captured in ICD-10-CM. Capture that information as appropriate in your note. As there is a positive family history for breast cancer denoted with the three sisters identified as BRCA positive, the documentation supports the patient’s susceptibility to a malignancy of the breast.
- ICD-10-CM can now capture the side of the body. There are separate codes for left and right breast diagnoses. As the clinical status for this patient is not known, it does not have right versus left, e.g. solitary cyst of left breast.
- It is important to describe the mass in as much detail as possible. Even though it is not possible to definitively diagnose the mass at this visit, the provider can still code for symptoms and thus justify referral and subsequent treatment.

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Scenario 5 continued: Breast Lump/Annual Well Woman Exam

Summary of ICD-10-CM Impacts - Coding

ICD-9-CM Diagnosis Codes	ICD-10-CM Diagnosis Codes
611.72 Lump or mass in breast	N63 Unspecified lump in breast, which includes: nodule(s) NOS in breast
V72.31 Routine gynecologic exam, with or without pap test	Z01.411 Encounter for gynecological examination (general) (routine) with abnormal findings
V76.2 Routine screening pap test, intact cervix	
V84.01 Genetic susceptibility, malignant neoplasm breast	Z15.01 Genetic susceptibility to malignant neoplasm of breast

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Good Patient Data

It's All About Good Patient Care....

- Clinical documentation is not just about coding, and coding is not just about payment.
- Accurate coding is a requirement for good healthcare data.
- Good Healthcare data is critical to improving the quality of care, effectiveness of care, and ensuring patient safety.
- Complete and accurate documentation of important clinical concepts of the patient condition is a **requirement** for good patient care.
- The requirements for documentation to support ICD-10 are consistent with documentation to support good patient care and improve healthcare data.



CLINICAL/CODING/BUSINESS RELATIONSHIPS



Creating a New Working Relationship

- The role of the clinician is to document as accurately as possible the nature of the patient conditions and services done to maintain to improve those conditions.
- The role of the coding professional is to assure that coding is consistent with the documentation.
- The role of the business manager is to assure that all billing is accurately coded and supported by the documented facts.

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TRAINING RESOURCES

American Academy of Professional Coders (AAPC)

<https://www.aapc.com/training/index.aspx>
<https://www.aapc.com/icd-10/codes/>

Centers for Medicare and Medicaid Services (CMS) – Road to 10

<http://www.roadto10.org/>
<http://www.cms.gov/Medicare/Coding/ICD10/index.html>

American Medical Association (AMA)

<http://www.ama-assn.org>

American Health Information Management Association (AHIMA)

<http://www.ahima.org/education/onlineed/Programs/ICD10>
<http://www.ahima.org/topics/icd10?tabid=faqs>

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STD DX Codes Crosswalk for ICD-10

ICD-9		ICD-10	
Code	Description	Code	Description
042	Human immunodeficiency virus [HIV]	B02.9	Zoster without complications
053.9	Herpes zoster without mention of complication	B20	Human immunodeficiency virus [HIV] disease
054.10	Genital herpes unspec.	A60.9	Anogenital herpesviral infection, unspecified
054.11	Herpetic vulvovaginitis	A60.04	Herpesviral vulvovaginitis
054.12	Herpetic ulceration of vulva	A60.04	Herpesviral vulvovaginitis
054.13	Herpetic infection of penis	A60.01	Herpesviral infection of penis
054.2	Herpetic gingivostomatitis	B00	Herpesviral [herpes simplex] infections
054.9	Herpes simplex without mention of complication	B00.9	Herpesviral infection, unspecified
070.54	Hepatitis C, chronic	B18.2	Chronic viral hepatitis C
078.0	Molluscum contagiosum	B08.1	Molluscum contagiosum
078.10	Warts, unspecified	B07.9	Viral wart, unspecified
078.11	Condyloma acuminatum	A63.0	Anogenital (venereal) warts
091.0	Genital syphilis (primary)	A51.0	Primary genital syphilis
091.3	Secondary syphilis of skin or mucous membranes	A51.31	Condyloma latum
094.9	Neurosyphilis	A52.3	Neurosyphilis, unspecified
097.1	Latent syphilis	A53.0	Latent syphilis, unspecified as early or late
097.9	Syphilis, unspec.	A53.9	Syphilis, unspecified
098.0	Gonococcal infection (acute) of lower genitourinary tract	A54.00	Gonococcal infection of lower genitourinary tract, unspecified
098.15	Gonococcal cervicitis (acute)	A54.03	Gonococcal cervicitis, unspecified
099.41	Nongonococcal urethritis (NGU) due to Chlamydia trachomatis	N34.1	Nonspecific urethritis
099.53	Chlamydia trachomatis infection of lower genitourinary sites	A56.00	Chlamydial infection of lower genitourinary tract, unspecified
112.0	Candidiasis of mouth	B37.0	Candidal stomatitis
		B37.83	Candidal cheilitis
112.1	Candidiasis of vulva and vagina	B37.3	Candidiasis of vulva and vagina
112.84	Candidiasis of the esophagus	B37.81	Candidal esophagitis
117.9	Mycoses unspecified	B48.8	Other specified mycoses
131.01	Trichomonal vulvovaginitis	A59.01	Trichomonal vulvovaginitis
131.02	Trichomonal urethritis	A59.03	Trichomonal cystitis and urethritis
131.03	Trichomonal prostatitis	A59.02	Trichomonal prostatitis
131.9	Trichomoniasis unspecified	A59.9	Trichomoniasis, unspecified
133.0	Scabies	B86	Scabies
597.80	Urethritis	N34.1	Nonspecific urethritis
		N34.2	Other urethritis
599.0	Urinary tract infection	N39.0	Urinary tract infection, site not specified
599.7	Hematuria	R31.9	Hematuria, unspecified
601.0	Prostatitis, acute	N41.0	Acute prostatitis
604.90	Orchitis and epididymitis	N45.1	Epididymitis
614.0	Salpingitis and oophoritis, acute	N70.01	Acute salpingitis
		N70.02	Acute oophoritis
		N70.03	Acute salpingitis and oophoritis
614.1	Chronic salpingitis and oophoritis	N70.11	Chronic salpingitis
		N70.12	Chronic oophoritis
		N70.13	Chronic salpingitis and oophoritis
614.3	Parametritis and pelvic cellulitis, acute	N73.0	Acute parametritis and pelvic cellulitis
616.10	Vaginitis and vulvovaginitis	N76.0	Acute vaginitis
		N76.0	Subacute and chronic vaginitis
		N76.2	Acute vulvitis
		N76.3	Subacute and chronic vulvitis
616.11	Vaginitis and vulvovaginitis in diseases classified elsewhere	N77.1	Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
616.2	Cyst of Bartholin's gland	N75.0	Cyst of Bartholin's gland

STD DX Codes Crosswalk for ICD-10

ICD-9		ICD-10	
Code	Description	Code	Description
616.50	Ulceration of vulva	N76.6	Ulceration of vulva
620.2	Other and unspecified ovarian cyst	N83.20	Unspecified ovarian cysts
622.0	Erosion and ectropion of cervix	N86	Erosion and ectropion of cervix uteri
622.7	Mucous polyp of cervix	N84.1	Polyp of cervix uteri
625.9	Pelvic pain (female GU symptoms unspec.)	N94.89	Other specified conditions associated with female genital organs and menstrual cycle
		R10.2	Pelvic and perineal pain
626.0	Amenorrhea	N91.2	Amenorrhea, unspecified
626.2	Excessive or frequent menstruation	N92.0	Excessive and frequent menstruation with regular cycle
626.4	Irregular menstrual cycle	N92.1	Excessive and frequent menstruation with irregular cycle
		N92.2	Excessive menstruation at puberty
		N92.3	Ovulation bleeding
		N92.4	Excessive bleeding in the premenopausal period
		N92.5	Other specified irregular menstruation
		N92.6	Irregular menstruation, unspecified
626.8	Other disorder of menstruation and abnormal bleeding from female genital tract	N93.0	Postcoital and contact bleeding
		N93.8	Other specified abnormal uterine and vaginal bleeding
		N93.9	Abnormal uterine and vaginal bleeding, unspecified
788.1	Dysuria	R30.0	Dysuria
		R30.9	Painful micturition, unspecified
		R31.0	Gross hematuria
788.20	Urine retention	R33.0	Drug induced retention of urine
		R33.9	Retention of urine, unspecified
788.41	Urinary frequency	R35.0	Frequency of micturition
788.7	Urethral discharge	R36.0	Urethral discharge without blood
		R36.9	Urethral discharge, unspecified
V01.6	Contact with or exposure to verereal diseases	Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
V01.79	Contact or exposure to other viral diseases	Z20.6	Contact with and (suspected) exposure to human immunodeficiency virus [HIV]
V01.89	Contact or exposure to other communicable diseases	Z20.89	Contact with and (suspected) exposure to other communicable diseases
		Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
V08	Asymptomatic HIV positive	Z21	Asymptomatic human immunodeficiency virus [HIV] infection status
V25.01	General counseling for prescription or oral contraceptives	Z30.11	Encounter for initial prescription of contraceptive pills
V25.02	General counseling for initiation of other contraceptive measures	Z30.018	Encounter for initial prescription of other contraceptives
V25.03	Encounter for emergency contraceptive counseling and prescription	Z30.11	Encounter for initial prescription of contraceptive pills
V25.04	Counseling and instruction in natural family planning to avoid pregnancy	Z30.02	Counseling and instruction in natural family planning to avoid pregnancy
V25.09	Contraceptive management counseling, other	Z30.09	Encounter for other general counseling and advice on contraception
V25.11	IUD insertion	Z30.430	Encounter for insertion of intrauterine contraceptive device
V25.12	IUD removal	Z30.432	Encounter for removal of intrauterine contraceptive device
V25.13	IUD removal and insertion	Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device
V25.41	Contraceptive pill check	Z30.41	Encounter for surveillance of contraceptive pills
V25.42	IUD check	Z30.431	Encounter for routine checking of intrauterine contraceptive device
V25.43	Implanon check	Z30.49	Encounter for surveillance of other contraceptives
V25.49	Contraceptive check other	Z30.49	Encounter for surveillance of other contraceptives
V25.5	Insertion of subdermal contraceptive	Z30.49	Encounter for surveillance of other contraceptives
V25.9	Unspecified contraceptive management	Z30.8	Encounter for other contraceptive management
V26.49	Other procreative management, counseling and advice	Z30.9	Encounter for contraceptive management, unspecified
V65.45	Counseling sexually transmitted diseases	Z71.89	Other specified counseling
		Z70.2	Counseling related to sexual behavior and orientation of third party
		Z70.3	Counseling related to combined concerns regarding sexual attitude, behavior and orientation
		Z70.8	Other sex counseling
		Z71.7	Human immunodeficiency virus [HIV] counseling

STD DX Codes Crosswalk for ICD-10

ICD-9		ICD-10	
Code	Description	Code	Description
V69.2	Problems related to high-risk sexual behavior	Z72.51	High risk heterosexual behavior
		Z72.52	High risk homosexual behavior
		Z72.53	High risk bisexual behavior
V69.8	Other problems related to lifestyle	Z72.89	Other problems related to lifestyle
V72.31	Routine gynecological examination	Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
		Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
		Z01.42	Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear
V72.40	Pregnancy examination or test, unconfirmed	Z32.00	Encounter for pregnancy test, result unknown
V72.41	Pregnancy examination or test, negative result	Z32.02	Encounter for pregnancy test, result negative
V72.42	Pregnancy examination or test, positive result	Z32.01	Encounter for pregnancy test, result positive
V73.81	Screening examination, human papillomavirus [HPV]	Z11.51	Encounter for screening for human papillomavirus (HPV)
V73.88	Screening examination for other specified chlamydial diseases	Z11.8	Encounter for screening for other infectious and parasitic diseases
V73.89	Screening examination for other specified viral diseases	Z11.59	Encounter for screening for other viral diseases
V74.5	Screening examination for venereal disease	Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
		Z11.4	Encounter for screening for human immunodeficiency virus [HIV]
V04.81	Need for vaccination, Influenza	Z23	Encounter for immunization replaces V03.0 to V06.9
V04.89	Need for vaccination, other viral diseases (HPV)		Procedure codes are required to identify the types of immunizations given
V06.1	Diphtheria-tetanus-pertussis, combined [DTP] [DtaP]		Code any routine health exam first.
V06.8	Need for vaccination of combinations of diseases		
V71.89	Observation for other specified suspected conditions	Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
		Z04.4	Encounter for examination and observation following alleged rape
		Z03.89	Encounter for observation for other suspected diseases and conditions ruled out

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Ms. Walsh is Certified Professional Coder and has been working in the healthcare industry for over 20 years. As a consultant, her responsibilities range from assisting clients in the creation and implementation of compliance plans, designing and implementing charge capture and coding systems that maximize reimbursements and reviewing accounts receivable processes to strengthen revenue capture. She has implemented and provides consulting support in the review and implementation of EMR systems and HIPAA Privacy and Security compliance plans for our physician Practices. She has extensive experience and has assisted in the credentialing and payer contracting for new and established physicians and Practices. Prior to joining SHR Associates, Ms. Walsh served in the capacity of Billing Coordinator and Practice Administrator for several specialty Practices.

Ms. Walsh received her BS degree in Allied Medicine from The Ohio State University and is a member of the American Academy of Professional Coders (AAPC).

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