



**PATHWAY
HEALTH**
Insight | Expertise | Knowledge



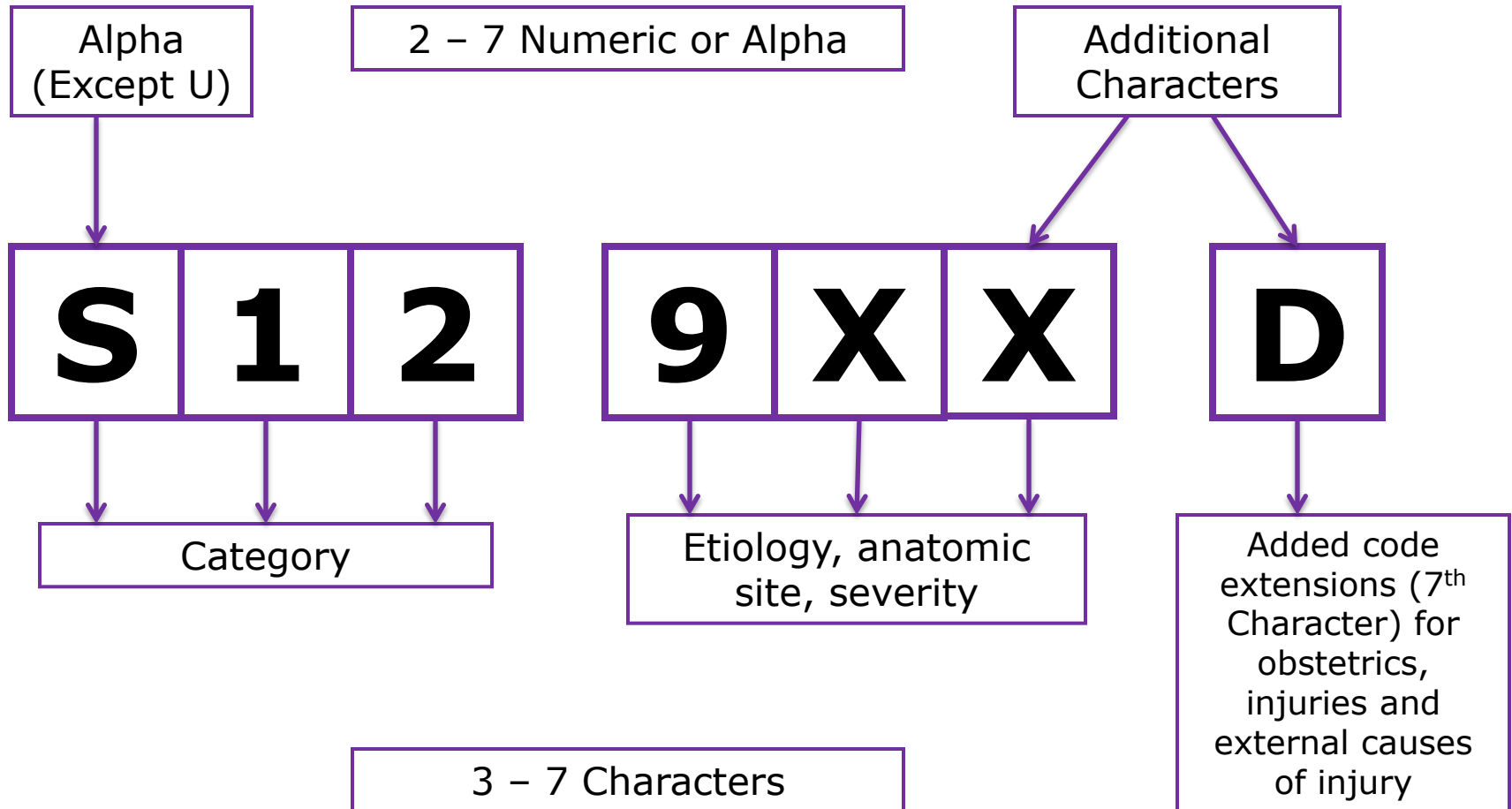
**Raise Your
ICD-10 IQ**

Ready, Set, Dual Code!
ICD9.5
Getting Ready for ICD10

This session will provide post-acute care providers tips and tricks to audit the current diagnosis lists for residents in order to prepare for ICD10. Information will include; primary diagnosis, additional diagnoses, sequencing, late effects, rehab diagnoses, aftercare codes, and many more!

- January 2015 – Familiarize
- February 2015 – Transition plan
- March 2015 – Train
- April 2015 – Prepare record #1
- May 2015 – Clean up diagnoses
- June 2015 – Begin dual coding
- July 2015 – Prepare record #2
- August 2015 – Enter codes into software
- September 2015 – Finish coding - STR

Description	ICD-10	ICD-9
Certain Infectious and parasitic diseases	A00-B99	001-139
Neoplasms	C00-D49	140-239
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	D50-D89	280-289
Endocrine, nutritional, and metabolic diseases	E00-E89	240-279
Mental, behavioral and neurodevelopmental disorders	F01-F99	290-319
Diseases of the nervous system	G00-G99	320-359
Diseases of the eye and adnexa	H00-H59	360-379
Diseases of the ear and mastoid process	H60-H95	380-389
Diseases of the circulatory system	I00-I99	390-459
Diseases of the respiratory system	J00-J99	460-519
Diseases of the digestive system	K00-K99	520-579
Diseases of the skin and subcutaneous tissue	L00-L99	680-709
Diseases of the musculoskeletal system and connective tissue	M00-M99	710-739
Diseases of the genitourinary system	N00-N99	580-629
Pregnancy, childbirth, and the puerperium	O00-O9A	630-679
Certain conditions originating in the perinatal period	P00-P96	760-779
Congenital Malformations, deformations, and chromosomal abnormalities	Q00-Q99	740-759
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	780-799
Injury, poisoning and certain other consequences of external causes	S00-T88	800-999
External causes of morbidity	V00-Y99	E Codes
Factors influencing health status and contact with health services	Z00-Z99	V Codes



- S52 – Fracture of forearm
- S52.5 – Fracture lower end of radius
- S52.52 – Torus fracture of lower end of radius
- S52.521 – Torus fracture of lower end of R radius
- S52.521D – Torus fracture of lower end of R radius, subsequent care

- **Step 1:** Locate the diagnosis in the Index to Diseases and Injuries
 - Alphabetical Index
 - Neoplasm Table
 - Table of Drugs and Chemicals
 - Alphabetical Index of External Causes
- Certain conditions may be listed under more than one main term
- Begin by looking up general condition
- Look for “main term”

- Fracture
- Attention to
- Failure
- Aftercare
- Neoplasm
- Ulcer
- Hypertension
- Arteriosclerosis
- Dependence
- Adverse Affect
- Diabetes
- Poisoning
- Sequelae
- Syndrome
- History of
- Anemia
- Complication
- Disease

- **Step 2:** Verify the code by looking it up in the Tabular List of Diseases (the numeric list)
 - Confirm the code selection in the tabular list
 - Compare to the diagnostic statement with modifiers taken into consideration
 - When verifying the code, look for any additional characters needed (up to the 7th character)

- **Step 3:** Follow the instructional guidelines under the main term or category heading
 - The main term is the three digit part of the code before the decimal point
 - Watch for inclusion notes, exclusion notes, code first, use additional code, needing 5th 6th or 7th characters
 - Instructional information may be located one or more pages before where the category begins

- **Step 4:** Assign the code based on the information you have and any modifiers or indented sub-terms
 - Select codes at their highest level of specificity
 - Assign the three character code only if a four character code is not available, same with fifth, sixth, and seventh
 - If a seventh character is required the placeholder “X” is needed to maintain the integrity of the 5th and 6th character at times

- Interpret “and” in a code as “and/or”
- Terms “with” “with mention of” and “associated with” in a title mean that both parts of the title must be present in the diagnostic statement in order for the code to be assigned
- Use “residual” codes (final digits of 8 and 9) only if no more specific code assignment can be made

- **Section I:** Structure and conventions of the classification and general guidelines that apply to the entire classification, and chapter-specific guidelines that correspond to the chapters as they are arranged in the classifications
 - Inpatient: hospitals, LTAC, IRF, psychiatric hospitals
 - Non-Outpatient: Nursing Homes
 - Outpatient: Clinics

- **Section II:** Includes guidelines for selection of principle diagnosis for non-outpatient settings
 - The principle diagnosis is defined as, “the condition established after study to be chiefly responsible for occasioning the patient to the hospital for care”
 - Chest pain (admitting) after tests, MI is diagnosed (principle)

- **Section III:** Includes guidelines for reporting additional diagnoses in non-outpatient settings
- **RAI Manual** – Section I of the MDS
 - Active versus current
 - Two steps – physician documented in last 60 days (physician orders)
 - Active in the 7 day look back period
 - Only exception is UTI

- **Section IV**: For outpatient coding and reporting
- This section is only for outpatient, long term care is excluded from this

Two Ways to use GEMS

1. Translating lists of coded data or converting a system or application of certain ICD-9 codes forward and backward
2. Creating a “one-to-one” applied mapping (aka crosswalk) between code sets that will be used ongoing to translate records or other coded data

<http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html>

- A. Short list of ICD-9 codes with code description
- B. You have access to the clinical record
- C. You have access to other forms of clinical information such as text descriptions or clinical terms from surveys, research, or clinical software applications

- Utilizing the care conference schedule, choose the annual assessments for next week
 - 6 annuals due
 - Fred Moore
 - Amy Jones
 - Mike Anderson
 - Joseph Kline
 - Mary Johnson
 - Nick Peterson

- Fred Moore's care conference is Tuesday at 1pm
 - IDT invites HIM or whomever codes to each care conference for the first 10 minutes
 - Thin the record utilizing the organization thinning guidelines
- (Review and Revise your chart thinning guidelines if needed)

- Put the record in proper order according to organization chart order guidelines
- (Review and Revise the policy for chart order if needed)

- Review the diagnosis listing as an IDT and determine the following:
 - What is the current primary diagnosis?
 - » Review Section II of the Official Coding guidelines
 - » Reason for continued stay
 - » Can be different than admitting

- What are the current secondary diagnoses?
 - Review Section III of the Official Coding guidelines
 - Review RAI Manual – Section I of the MDS
 - » Current med or treatment
 - » Monitoring
 - » Drives plan of care
 - » Risk of death

- Can any diagnoses be resolved?
- Should any diagnoses be changed to history of or status of?
- Are their acute care codes in the records which need to be discontinued?
 - 436 – Acute but ill defined cerebral vascular disease (acute care code) (I63.9)
 - Use 438 codes for neurological deficits (I69.-)
 - If no neurological deficits use V12.59 (Z86.73)

- Are there discrepancies with late effects versus current diagnoses?
 - 342.- for hemiplegia not related to late effect of stroke versus 438.-
- Are there encounter codes instead of status codes on the record?
 - Encounter for fitting and adjustment of vascular catheter (V58.81) this is a hospital code
 - We would use V45.11 for port/shunt status

- Coder makes the changes in the record and sends out physician orders the next month to update the record and diagnoses
- Review with MD or physician extender if possible

- Check medication and treatment records for diagnoses versus indications for use
- Audit corrected chart monthly until October 1 to make sure record remains current and up to date
- At next care conference (90 days later) review record to ensure record was kept up to date

- Re-code diagnoses in ICD-10 by printing out the diagnosis list and recoding the record on paper
- Keep the recoded list and update as needed until your software is ready to accept ICD10 codes

Type	Code	Description	Issue / Type of Code	Comments
Admission	719.7	Difficulty in walking	Sign/Symptom	Signs/Symptoms cannot be primary so Admit needs a diagnosis code
Primary	V66.9	Convalescence	Status	Should not be primary, reason for continued stay should be primary
Other	276.1	Hyponatremia	Diagnosis	From 7/14/14, consider resolving
Other	297.9	Paranoia	Diagnosis	Is there a more specific diagnosis now?
Other	372.53	Conjunctival Xerosis	Diagnosis	Review record and use 375.15 for dry eye if appropriate
Other	569.42	Anal or rectal pain	Diagnosis	Resolve if appropriate
Other	780.4	Dizziness	Sign/Symptom	Symptom of Meniere's Disease
Other	780.97	Altered mental status	Sign/Symptom	Resolve if appropriate

Type	Code	Description	Issue / Type of Code	Comments
Admission	263.9	Protein calorie malnutrition	Diagnosis	Why did the patient have malnutrition? Look for medical diagnosis
Primary	263.9	Protein calorie malnutrition	Diagnosis	Why did the patient have malnutrition? Look for medical diagnosis
Other	275.2	Hypomagnesemia	Diagnosis	Resolve when appropriate
Other	276.51	Dehydration	Diagnosis	Resolve when appropriate
Other	276.8	Hypokalemia	Diagnosis	Resolve when appropriate
Other	478.19	Dry Nose	Diagnosis	Inherent in allergic rhinitis
Other	599.0	UTI	Diagnosis	Resolve when appropriate
Other	599.70	Hematuria	Diagnosis	Inherent in UTI
Other	707.03 & 707.05	Pressure Ulcer	Diagnosis	Are both Stage IV? They are one year apart
Other	787.02	Nausea	Sign/Symptom	Resolve when appropriate
Other	787.60	Fecal Incontinence	Sign/Symptom	Is this the diarrhea?
Other	789.00	Abdominal pain	Sign/Symptom	Is this pain due to diarrhea?
Other	V58.81	Fitting Adj of vascular catheter	Status	If dialysis status use V45.11

Type	Code	Description	Issue / Type of Code	Comments
Other	008.45	C-Diff	Infection	From 7/9/14, consider history of code
Other	112.9	Candidiasis	Infection	From 7/9/14, consider resolving
Other	276.8	Hypokalemia	Diagnosis	Consider resolving
Other	707.22	Pressure ulcer stage II	Diagnosis	Needs site
Other	719.41, 719.46, 719.47, 728.85	Pain and muscle spasms	Sign/Symptoms	Ask for specific diagnosis, resolve if appropriate
Other	787.02	Nausea	Sign/Symptom	Resolve if appropriate
Other	V46.2	Oxygen dependent	Status	Not required to code

Type	Code	Description	Issue / Type of Code	Comments
Principal	V45.81	Post-surgical aortocoronary bypass	Status Code	Should not be principal
Other #3	410.70	Acute MI subendocardial	Diagnosis	Sequence Other #2 after rehab codes
Other #4	250.02	Diabetes uncontrolled	Diagnosis	Check to see if actually “uncontrolled”

Comments: Consider a rehab code if MC such as V57.89 for multiple therapies and then V58.73 for aftercare following surgery on the circulatory system

Type	Code	Description	Issue / Type of Code	Comments
Principal	V43.65	Knee joint replacement	Status Code	This should not be primary
Comments: V43.65 only signifies that the patient has the status of a knee joint, use rehab code such as V57.89 for multiple therapies as principal, V54.81 is aftercare following joint replacement				

Type	Code	Description	Issue / Type of Code	Comments
Principal	719.41	Pain in joint, shoulder region	Sign / symptom code	Should not be primary
Other #3	338.4	Chronic pain syndrome	Psych code	Can only be coded if the word “syndrome” is in diagnostic statement
Other #5	V57.9	Unspecified rehab procedure	Rehab code	Check for more specific code such as PT, OT, or multiple therapies

- Be cautious of the software's ability to convert an ICD9 code to an ICD10 code as many of the software companies are only giving one option when they convert the code and many times it is the most generic code in the category without laterality, type of injury, or specified code designation which could lead to rejected claims

- Start preparing your records
- Clean up your records – you could resolve as many as 30% of your diagnoses and make dual coding far less work
- Consider EHR versus paper records – will impact how you transition on 10/1/15
- Review chart order and thinning guidelines
- Dual code at least three months ahead
- Wait for short term records

- Dept of Health & Human Services
- CMS
- AHIMA
- CDC
- AMA
- NCHS
- HIMSS
- AAPC
- WHO
- AHA

Thank You!

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