ICD-10 Update*
Neurology
2014

Blue Cross Blue Shield of Michigan
Medical Affairs Liaison Meeting

*NOTE: The information in this document is not intended to impart legal advice. This overview is intended as an educational tool only and should not be relied upon as legal or compliance advice.
Agenda

- ICD-10 overview
  - The mandate
  - The differences
- What’s different for neurology
- Neurology Diagnostic Codes of interest (handout)
- Great information…but so what?
- Next steps
- BCBSM readiness
- It’s all about the coding
- Appendix – A chapter by chapter look at the ICD-10-CM code set
ICD-10 overview
The ICD-10 Mandate

• The ICD-10 implementation is scheduled for Oct. 1, 2015. On claims with that date of service, all HIPAA-covered health care entities must begin using ICD-10 codes in place of the ICD-9 codes

• Claims with non-compliant codes will be rejected

• Delivered in two parts – ICD-10-CM (for all providers in all health care settings) and ICD-10-PCS (for hospital claims and inpatient hospital procedures)

• Does not affect CPT or HCPCS codes and usage
The differences between ICD-9 and 10

- Differences between the code sets make ICD-10 look like an entirely different coding language
- Main differences include:
  - Volume
  - Structure
  - New features
Volume differences

• About **150,000** ICD-10 codes will replace **17,000** ICD-9 codes
• The greater level of detail in ICD-10 causes the increased volume
Structural differences – ICD-9-CM

3 – 5 Characters
Structural differences – ICD-10-CM

- **Alpha (Except U)**
- **2 Always Numeric 3-7 Numeric or Alpha**
- **Additional Characters**

- **S 3 2**
  - Category

- **0 1 0**
  - Etiology, anatomic site, severity

- **A**
  - Added code extensions (7th character) for obstetrics, injuries, and external causes of injury

**3 – 7 Characters**
ICD-10-CM New Features

• Combination codes for some conditions and associated symptoms
• Laterality
• Expansion of some codes
  – Injuries
  – Diabetes
  – Alcohol and substance abuse
  – Post-op complications
• Injuries grouped by anatomical site instead of by category
There are other differences

• Code titles are more complete

• Specificity and detail significantly expanded

• Certain diseases reclassified to reflect current medical knowledge

• The letter “O” should be stated as “O” and not 0 (zero)
A quick ICD-10-PCS informational overview

- PCS - Procedure Coding System
- Completely different from ICD-9-CM procedure codes
- Codes are built one digit at a time, each digit represents a different piece of information
- Codes are each 7 characters long (no decimal points)
  - Each character can be alpha or numeric except I and O so as not to be confused with 1 and 0
- Each codes is built specifically for the procedure performed so that the coding system is flexible and allows for new procedures to be easily incorporated into the coding system
What’s different for Neurology?

Focus on Key ICD-10-CM Chapters
ICD-10-CM Chapter 2
Neoplasms

• Key updates to the Neoplasm chapter include:
  – Classification improvements
  – Code expansions
  – Significant expansions or revisions related to:
    • Identifying laterality for some of the neoplasm sites
    • Expansion of malignant neoplasm of male breast codes
ICD-10-CM Chapter 6
Diseases of the Nervous System

Key updates to the Nervous System chapter include:

• ICD-10-CM devotes chapter 6 to diseases of the nervous system. The sense organs (eye/adnexa and ear/mastoid processes) have their own chapters.
• Classification improvements (significant changes to sleep disorders)
• Code expansions (Alzheimer’s, headaches)
• Updates to medical terminology (epilepsy, seizures)
• Codes for TIA are now included in the nervous system chapter in ICD-10-CM.
Examples Combination Codes

• E09.41 – Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy

• E11.41 – Type 2 diabetes mellitus with diabetic mononeuropathy
Examples of Codes with Laterality

- M79.601 – Pain in right arm
- M79.602 – Pain in left arm

- M25.561 – Pain in right knee
- M25.562 – Pain in left knee

- Note: Wherever there are codes for laterality, there is always a code for unspecified – M79.603 – Pain in arm, unspecified and M25.569 – Pain in unspecified knee
Neurology Code Mappings

• The ICD-9 to ICD-10 mappings for top neurology codes using the CMS General Equivalency Mappings (GEMs) are found under coding tipsheets on the BCBSM ICD-10 web page.
Real-world examples – Many to one

• Just because there is a significant increase in detail, it doesn’t mean that all codes have expanded

• In some cases, the number of codes have been reduced
  – Hypertension changed from malignant, benign, or unspecified in I-9 to essential hypertension in I-10
Great information…but so what?
Everyone has different views of ICD-10

- **Clinician Perspective:** ICD-10 is understanding the increased level of detail needed in the medical record documentation.

- **Coder Perspective:** Training is required to understand the additional detail in the codes.

- **Payer Perspective:** Make sure that our systems can take the submitted codes and pay claims/apply benefits appropriately.

*The best way to understand the impact of the ICD-10 code set is to see it in action...*
BCBSM’s lessons learned about the ICD-10-CM code set

• Some chapters of codes included significant changes to the axis of classification (or other factors) which increased our review time

• These include:
  – OB chapter: Change from episode of care to trimester
  – Injury/Poisoning and Other Consequences of External Causes: Addition of 7\textsuperscript{th} character to identify type of fracture (open, closed, etc.) and episode of care (initial, subsequent or for sequela)

• See the appendix for more information about each chapter and the changes
Important points from an industry perspective

• ICD-10 most likely will increase the need for certified coders
  – This is due to the increased detail in the code set, especially during the initial months of the transition

• Entities must take into consideration external factors (such as impacts of Health Care Reform and requirements of Medicare and Medicaid) when planning for ICD-10

• A maintenance process must be in place as part of a long-term solution to enable processing of codes
  – How do you update the codes today?
  – With increased volume, that process will likely have to change
Medical records – A call for detail

Because of ICD-10 specificity, provider documentation must change to meet the new level of detail. For example…

Diagnosis:
• Obesity must be specified in ICD-10 if due to excess calories or if drug induced.
• Angina Pectoris is further classified as unstable angina, angina pectoris with documented spasm or other forms of angina pectoris.
• Asthma is specified as mild intermittent, mild persistent, moderate persistent and severe persistent.
• Tobacco dependence in ICD-9 becomes Nicotine dependence in ICD-10.
• The type of nicotine dependence must be documented for coding purposes.

Procedures:
• Transfusion of Packed Red Blood Cells need to specify if red blood cells are fresh or frozen.
• Hernia repairs require the device (graft/implant) to be coded to autologous tissue substitute, synthetic substitute or nonautologous tissue substitute.
• Radiological procedures (aortogram, arteriography performed under fluoroscopy) need to specify contrast material used (High Osmolar, Low Osmolar or other contrast).
Why you should care about the ICD-10 transition

If we receive non-compliant codes (problem in the provider space) OR incorrectly associate ICD-10 diagnosis codes in our systems (problem in the payer space)…. then there is major disruption…and if there’s disruption…

Provider has to call the payer

Payer answers questions, requests other information

Claims are delayed

Disruption in cash flows

No one is happy

It is in everyone’s best interest to work toward a seamless transition
Next steps
What can others do? 
Next steps to prepare for ICD-10*

**Determine Impact**
- Learn about the ICD-10 code set
- Identify all places within your organization that use ICD-9 codes and understand the impact of the transition
- Determine strengths and weaknesses in medical record documentation

**Identify training needs**
- Staff review and refresh medical terminology
- Plan for coder training (6-9 months prior to implementation)

**Reach out to others**
- Talk to business partners about ICD-10 readiness (payers, vendors, billing services, etc.)
- Be sure to discuss testing capabilities

*Information from CMS’ MLN Matters, SE1019
ICD-10 readiness tactics

• Start recoding the superbill and determine the documentation required to code accurately
  – Diabetes: Type 1 or 2, due to underlying condition, drug/chemical induced
  – Manifestations now included in chapter, but some will need an additional code
  – Do you need to expand the superbill based on physician activities?

• Start with the CMS GEMs
  – They will get you in the ball park
  – The GEMs list all possible code combinations

• Where else do ICD-9 codes exist in your office?

• Talk to your specialty societies and ask if there is a plan to provide you with a list of conversion codes

• Training: coding classes, refresher on medical terminology (many terms have been updated in I-10), and anatomy and physiology
ICD-10 Implementation Resources

• CMS.gov provider resources link:
  ➢ [http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html](http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html)

• CMS.gov provider implementation timelines and checklists link:

• CMS.gov ICD-10 basics for medical practices link:

• American Hospital Association - AHA.org website link:

• Specialized training resources (extra cost): American Health Information Association – AHIMA.org and American Association Professional Coders – AAPC.com links:

• Coding Tipsheets - AHIMA.org and Californiahia.org links:
  ➢ [http://www.californiahia.org/icd-10-cmpcs](http://www.californiahia.org/icd-10-cmpcs)

• American Medical Association – AMA.org website links:

• BCBSM website – BCBSM.com and provider readiness mailbox links:
  ➢ [icd-10providerreadiness@bcbsm.com](mailto:icd-10providerreadiness@bcbsm.com)

• Check with your professional and medical associations about ICD-10 readiness.
ICD-10 Implementation Resources

Professional Resources

• If you’re having trouble getting started with your ICD-10 implementation, the American Association of Professional Coders (AAPC) has a great, free way to start you on your way.

• By accessing the AAPC ICD-10 coding crosswalk, you can start your practice off on the right foot to having the information you need.

• A free .pdf copy is available by going to this website link: http://www.aapc.com/ICD-10/crosswalks/pdf-documents.aspx and providing some basic contact information.

  – Once you submit your information, a list of specialties will be displayed and you will be able to download the free .pdf for any of the specialties you choose. The Crosswalk contains the top 50 ICD-9 codes and the corresponding ICD-10 codes and is especially useful for the most commonly defined diagnosis codes.
BCBSM readiness
Upcoming major activities

2009 to 10
Strategy, planning and mapping methodology

2011
Technical changes, mapping the codes and financial neutrality

2012-2013
Technical coding, neutrality, testing provider readiness, business readiness

2014-2015
External testing and implementation
Steps we are taking to minimize the risk of disruption

- Choose a solution that allows us to transition and positions us for possible contingencies
  - Extension of ICD-10 deadline
  - Request to accept both ICD-9 and ICD-10 codes for a time period

- Extensive testing plan

- Outreach and communications

- Internal training of staff
It’s all about the coding
ICD-10 and appropriate coding

• When you think about it – ICD-10 is another example of appropriate coding
• This is **not** up-coding
• Rather it’s about following national coding guidelines and making sure to accurately describe a patient’s condition
• Here are some important notes about appropriate coding
  – Valid signatures are needed in medical records
  – Specificity in medical record notes, especially for ICD-10-CM, is essential
  – It’s important to code claims with accurate level of specificity
Documentation Tips

For all documented diagnoses, consider the acronym: **M.E.A.T.**

Include details on how you either:

- **M**anage/**M**onitor the condition
- **E**valuate the condition
- **A**ssess the condition
- **T**reat the condition
Why appropriate coding is so important to you

- Ensuring appropriate benefit application and/or payment (if applicable)
- Helps to reduce the possibility of requests for medical records
- Could help reduce the instances of medical record reviews
- Proper coding now will help your practice or facility deal with the increased detail needed for:
  - quality measures
  - government programs (such as risk adjustment)
  - incentive programs and ACOs
For example

- Accurate documentation and coding impacts several programs:
  - Stars
  - HEDIS
  - PQRI (CMS’ Physician Quality Reporting Initiative)
  - PCMH
BCBSM’s testing process - Professional

• Professional - Health care providers will have access to an online tool that will enable them to choose ICD-10 codes for their specialty
• The tool will provide reports on results:
  – How your answers compared with your peers
  – How your selections may have impacted benefit application
  – Other valuable information
• This testing will be open for all professional providers as of Oct. 1, 2013.
• To register go to:
  http://bcbsmicd10providerregistry.highpointsolutions.com
Questions
Appendix -
A chapter by chapter look at the ICD-10-CM code set
Chapter 1 - Certain infectious and parasitic diseases

• Includes diseases generally recognized as communicable or transmissible.

• Updates to Chapter 1 of ICD-10-CM include:
  – Terminology changes
    • Sepsis (ICD-10-CM) has replaced Septicemia (ICD-9-CM)
    • Urosepsis is a nonspecific term and is not coded in ICD-10-CM. Should a provider use this term, he/she must be queried for clarification
    • “Late Effects” of Infectious and Parasitic Diseases (ICD-9-CM) is now “Sequela” of infectious and Parasitic Diseases in ICD-10-CM
  – Coding guideline changes
    • Infections resistant to antibiotics requires the use of an additional code for any associated drug resistance only if the infection code does not identify drug resistance (Z16 category, resistance to antimicrobial drugs)
  – Expansion of the codes to reflect manifestations of the disease.

• Many of the codes are combined conditions and common symptoms
Chapter 2 - Neoplasms

Key updates to the Neoplasm chapter include

- Classification improvements

- Code expansions
  - Significant expansion in the malignant neoplasm of male breast codes

- Revisions to identify laterality for some of the neoplasm sites
Chapter 3 - Diseases of the blood and blood-forming involving organs and certain disorders the immune mechanism

- Anemia is the most common condition included in this chapter. The use of specific terminology is important in applying codes for this condition.

- Updates include
  - Classification improvements
  - Code expansions
  - Updates to medical terminology
Chapter 4 - Endocrine, nutritional and metabolic diseases

• Considerable changes were made to the organization, code expansions and updates to medical terminology in Chapter 4

• The largest change noted is to the Diabetes Mellitus classification
  – ICD-10-CM Diabetes mellitus codes are now combination codes that include the type of diabetes (1 or 2), the body system affected and complications affecting the body system (Retionopathy, Neuropathy, Arthropathy, Peripheral angiopathy with gangrene, etc.)
  – As many codes within a particular category as are necessary to describe all of the complications of the disease may be used.
Other diabetes changes

• Diabetes Mellitus (E08-E13) is no longer classified as controlled or uncontrolled in ICD-10-CM. Therefore this is no longer a factor in the ICD-10-CM code selection.

• ICD-10-CM classifies inadequately controlled, out of control, and poorly controlled diabetes mellitus to diabetes, by type with hyperglycemia.

• Secondary diabetes is always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm of pancreas, pancreatectomy, adverse effect of drug, or poisoning).
Overweight and obesity codes

• The classification for overweight and obesity has been expanded in ICD-10-CM to include:
  – Obesity due to excess calories
  – Morbid (severe) obesity due to excess calories
  – Other obesity due to excess calories
  – Drug induced obesity
  – Morbid (severe) obesity due to alveolar hypoventilation
  – Overweight
  – Other obesity
  – Obesity unspecified

• An additional code (Z68-) is used to identify the body mass index (BMI), if known.
Chapter 5 - Mental, behavioral and neurodevelopmental disorders

Updates to Chapter 5 include:

- Classification improvements (different categories)
- Code expansions
  - Most notably, Other Isolated or Specific Phobias
- Updates to medical terminology
  - Bipolar I disorder, single manic episode will change to Manic episode
  - Undersocialized conduct disorders, aggressive will become Conduct disorder childhood-onset type
- Other significant changes
  - Nicotine dependence updated to identify specific tobacco products (cigarettes, chewing tobacco, other tobacco)
  - Alcohol abuse and dependence codes no longer identify continuous or episodic use
Chapter 6 - Diseases of the nervous system

• ICD-10-CM devotes Chapter 6 to Diseases of the Nervous System. The sense organs (eye/adnexa and ear/mastoid processes) have their own chapters in ICD-10-CM.

• Updates to Chapter 6 include
  – Classification improvements (significant changes to sleep disorders)
  – Code expansions (e.g. Alzheimer’s, headaches)
  – Updates to medical terminology (epilepsy, seizures)
Chapter 7 - Diseases of the eye and adnexa

- Diseases of the Eye and Adnexa is a new chapter in ICD-10-CM.
- Key updates to this chapter include
  - Terminology improvements (bringing terms up to date)
  - Revisions to identify laterality
    - ICD-10-CM contains codes for right side, left side and in some instances bilateral sides for diseases of the eye and adnexa.
    - An unspecified site is also provided should the site not be identified in the medical record.
    - If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side.
Chapter 8 - Diseases of the ear and mastoid process

• This is a new chapter in ICD-10, which has been separated from the Nervous System and Sense Organs chapter included in ICD-9-CM.

• Codes are grouped to make it easier to identify the types of conditions

• There is also a greater specificity and detail in the codes

• Many codes have laterality designation.
Chapter 9 - Diseases of the circulatory system

- Similar structure to ICD-9-CM, but there are classification changes to be aware of.

- Terminology used to describe several cardiovascular conditions has been revised to reflect more current medical practice.

- A major change is the classification of hypertension, which in ICD-9-CM was classified by type: benign, malignant or unspecified. That classification is not required in ICD-10-CM. The code for hypertension has been updated to one code for essential (primary) hypertension.
Chapter 10 - Diseases of the respiratory system

- Modifications have been made to specific categories that bring the terminology up-to-date with current medical practice.
  - Emphysema now contains codes with panlobular and centrilobular in their titles
  - Asthma is now classified as mild intermittent, mild persistent, moderate persistent and severe persistent.
- Specificity increased for diseases like influenza, acute bronchitis
- Coding guidelines updates to require the coder to include information about tobacco use/dependence, where applicable.
Chapter 11 - Diseases of the digestive system

• A number of new subchapters have been added to this chapter (including liver diseases)

• Some terminology changes and revisions to the classification of specific digestive conditions:
  – The term hemorrhage is used when referring to ulcers
  – The term bleeding is used when classifying gastritis, duodenitis, diverticulosis and diverticulitis

• There is new specificity to conditions like Crohn’s disease, which have been expanded to specify site, if a complication is present, and what the complication is.
Chapter 12 - Diseases of the skin and subcutaneous tissue

- This chapter has been completely restructured to bring together groups of diseases that are related to one another in some way.
- Greater specificity has been added to many of the codes at the 4th, 5th or 6th character level.
- It has 9 subchapters (compared to 3 in ICD-9-CM)
- There are many changes to the ulcers section-pressure ulcer codes are combination codes that identify site and stage of the ulcer.
- Procedural complications of the skin and subcutaneous tissue are included.
Chapter 13 - Diseases of the musculoskeletal system and connective tissue

- Most of the codes within this chapter have site and laterality designations.
- ICD-10-CM identifies three different causes for pathological fractures: neoplastic disease, osteoporosis, and other specified disease.
- ICD-10-CM introduces the 7th character that describes type of encounter or the state of the fracture’s healing and any sequela. Some of the codes in this chapter have a 7th character applied.
Chapter 14 - Diseases of the genitourinary system

• Procedural complications affecting the genitourinary system are included in chapter 14.

• Laterality is used to identify conditions under N60 category, benign mammary dysplasia.

• In some of the categories, specificity is based on the gender of the patient.
Chapter 15 - Pregnancy, childbirth and the puerperium

• Trimester is now the axis of classification rather than the current episode of care, i.e. delivered, antepartum, postpartum
  – The majority of codes in this chapter have a final character for trimester of pregnancy (see chart).

<table>
<thead>
<tr>
<th>Trimesters</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1\textsuperscript{st}</td>
<td>Less than 14 weeks 0 days</td>
</tr>
<tr>
<td>2\textsuperscript{nd}</td>
<td>14 weeks 0 days to less than 28 weeks 0 days</td>
</tr>
<tr>
<td>3\textsuperscript{rd}</td>
<td>28 weeks 0 days until delivery</td>
</tr>
</tbody>
</table>
Chapter 16 - Certain conditions originating in the perinatal period

• Codes from this chapter are for use on newborn records only, never on maternal records and include conditions that have their origin in the fetal or perinatal period (before birth through the first 28 days after birth) even if morbidity occurs later.

• Different codes are used for “light for gestational age” and “small for gestational age”.

• Codes for assigning birth trauma have been expanded to include more specificity.
Chapter 17 - Congenital malformations, deformations and chromosomal abnormalities

• Modifications have been made to specific categories that bring the terminology up-to-date with current medical practice.

• Other enhancements to Chapter 17 include classification changes that provide greater specificity than found in ICD-9-CM.
Chapter 18 - Symptoms, signs and abnormal clinical and laboratory findings

• Chapter 18 includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded.

• Practically all categories in Chapter 18 could be designated as:
  • Not otherwise specified
  • Unknown etiology or
  • Transient

• There are codes to identify a patient’s coma scale.

• ICD-10-CM contains a number of combination codes that identify both the definitive diagnosis and common symptoms of that diagnosis.
Chapter 19 - Injury, poisoning, and certain other consequences of external causes

- Injuries grouped by body part rather than category of injury in ICD-9
- ICD-10-CM introduces a 7\textsuperscript{th} character requirement that describes the type of encounter. Most categories in this chapter use the 7\textsuperscript{th} character requirement. Many categories in this chapter have three 7\textsuperscript{th} character values of:
  - A – Initial encounter
  - D – Subsequent encounter
  - S – Sequela
- For traumatic fractures, there are additional 7\textsuperscript{th} character requirements depending upon the type of fracture and complication. Some of these character descriptions are based on the Gustilo open fracture classification.
- Code for underdosing are new in ICD-10-CM. Underdosing refers to taking less of a medication than is prescribed by a provider or less than the manufacturer’s instructions.
Chapter 20 - External causes of morbidity

- External cause codes are intended to provide data for injury research and evaluation of injury prevention strategies.
- These codes capture how the injury or health condition was caused, the intent, the place where the event occurred, the activity of the patient at the time of the event, and the person’s status.
- These codes are secondary codes for use in any health care setting and can never be a principal (first listed) diagnosis.
Chapter 21 - Factors influencing health status and contact with health services

• These codes are used in any healthcare setting. Z codes may be used as either a first listed (principal diagnosis code in the inpatient setting), or secondary code, depending upon the circumstances of the encounter. Certain Z codes may only be used as first listed or principal diagnosis in certain conditions—refer to official coding guidelines for details.

• Categories include, contact/exposure, vaccinations, status code, screening, aftercare

• Aftercare note - In ICD-10-CM Aftercare Z codes should not be used for aftercare of fractures.

• For aftercare of a fracture, assign the acute fracture code with the 7th character extension of D for subsequent encounter
If you would like BCBSM to present ICD-10 to your organization please send a request to our mailbox at:

icd-10providerreadiness@bcbsm.com

Questions?