ICD-10 Documentation Guidelines

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ACOG Committee on Coding and Nomenclature
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Disclaimer

• ICD-10 codes included in this presentation are not valid prior to the implementation date
• ICD-10 codes included in this presentation may be revised prior to implementation
• ICD-9 codes should continue to be used until transition date to ICD-10

Learning Objectives

• Upon completion of the presentation, the participants will:
  – Be familiar with the structure of ICD-10 codes and the application of the codes in the health care system
  – Recognize the level of specificity incorporated into ICD-10 codes
  – Understand the link between clinical documentation and code selection including the information necessary to assign appropriate ICD-10 codes
Why The Change

• ICD-9-CM: Out of date- Out of space!
  – ICD-9: 30 years old
• ICD-10: International standard for a number of years
  – U.S. only country in WHO not using ICD-10
• ICD-10: Important to Health Information Technology (HIT)
  – Change needed to fully implement HIT
  – Integral to electronic health records

Why The Change

• Updates current terminology and specificity
  – Improved clinical specificity means improved patient safety
• Improves public health tracking
  – Specifies reasons for patient non-compliance
• Allows international disease surveillance
ICD-10 – Current Status

• Opposition resulted in delay in implementation
• Originally scheduled for October 1, 2011
• Last implementation date October 1, 2013
• Current implementation date: Unknown
  – HHS announced a delay due to number of deadlines/demands facing physician practices
• Practices should continue to prepare

Understanding ICD

• ICD: World Health Organization’s (WHO) system of classification
• ICD-CM (clinical modification) used to track morbidity
  – Diseases or causes of illness
• ICD used to report mortality
  – Causes of death
  – Used in the U.S. since 1999
History of ICD-10

- ICD-10 adopted by WHO in 1990
- First modification in 1998
- U.S. only WHO nation that has not yet implemented ICD-10 or a modification for diagnostic coding (morbidity)
- U.S. first began exploring idea in 1994

Key Differences: ICD-9-CM to ICD-10-CM

- **ICD-10-CM**: 21 chapters
- **ICD-9-CM**: 17 chapters
- Increased specificity resulting in increased number of codes and added documentation requirements
- ICD-10 chapters divided into “blocks” of codes with additional subcategories
- V and E code supplemental classifications part of main classifications
Key Differences: ICD-9-CM to ICD-10-CM

- **ICD-10**: Reclassification of certain diseases to reflect current medical knowledge.

- **ICD-10**: Postoperative complications in procedure specific system chapters (complications of GU surgery in GU chapter).

Key Differences: ICD-9-CM to ICD-10-CM

- **ICD-10-CM**: Alphanumeric codes with up to 7 characters
  - **ICD-9-CM**: 3-5 characters in length (mostly numeric)

- **ICD-10-CM**: Full code titles vs. references to common 4th-5th digits
  - Addition of 6th characters for some
  - Addition of code extensions (7th digit)
  - Addition of dummy placeholder “X”
Key Changes for OB/Gyn

- Inclusion of trimesters in obstetric codes
- Addition of codes to report gestational weeks
- Elimination of episodes of care for obstetric codes
- Changes in timeframes:
  - Abortion vs. Fetal death (20 weeks)
  - Early vs. Late pregnancy (20 weeks)
- Extensions to denote specific fetus
- New GU codes and notes including category title changes

Structure and Format of ICD-10-CM

- First character is always alphabetic letter
  - Chapter 14 Diseases of the GU system (N00-N99)
  - Chapter 15 Pregnancy, Childbirth and Puerperium (O00-O9A)
- Second character is always a number
- Characters 3-7 alpha or numeric
  - O9A.311: Physical abuse complicating pregnancy, first trimester
Structure and Format of ICD-10-CM

- Code Format: XXX.XXX X
  - XXX = Category
  - XXX = Etiology, anatomic site, severity
  - X = Extension
- Placeholder Character X
  - Used with certain codes for potential future expansion
  - When placeholder exists, must use X in that location for valid code

Structure and Format of ICD-10-CM

- Preterm labor third trimester with preterm delivery third trimester, single gestation O60.140
  - O60: Preterm labor
  - 14: Preterm labor third trimester with preterm delivery third trimester
  - 0: Single fetus
- Must document:
  - With or without delivery
  - Preterm or term delivery
  - Trimester of both labor and delivery
  - Fetus affected
Terminology and Classification

• Some classifications and code titles have changed
  – ICD-9: Other disorders of female genital tract
  – ICD-10: Noninflammatory disorders of female genital tract
  – ICD 9: Abnormality of organs and soft tissue of pelvis
  – ICD-10: Maternal care for abnormality of pelvic organs

Terminology and Classification

• Endometrial hyperplasia: ICD-9
  – 621.30 Endometrial hyperplasia, unspecified
  – 621.31 Simple endometrial hyperplasia without atypia
  – 621.32 Complex endometrial hyperplasia without atypia
  – 621.33 Endometrial hyperplasia with atypia
  – 621.34 Benign endometrial hyperplasia
  – 621.35 Endometrial intraepithelial neoplasm [EIN]
Terminology and Classification

• Endometrial hyperplasia: ICD-10
  – N85.00 Endometrial hyperplasia, unspecified
  – N85.01 Benign endometrial hyperplasia
    • Complex, simple without atypia
  – N85.02 Endometrial intraepithelial neoplasm
    [EIN]

• ICD-10 index includes references to both simple and complex hyperplasia and points to N85.01

Increased Specificity

• ICD-9:
  – 620.3 Acquired atrophy of ovary and fallopian tube

• ICD-10:
  – N83.31-N83.33
  – Must document specific anatomic location
Increased Specificity

- N83.3 Acquired atrophy of ovary and fallopian tube
  - N83.31 Acquired atrophy of ovary
  - N83.32 Acquired atrophy of fallopian tube
  - N83.33 Acquired atrophy of ovary and fallopian tube

Increased Specificity

- **ICD-9:**
  - 998.11 Hemorrhage complicating a procedure
  - 998.12 Hematoma complicating a procedure
  - Located in Injury and Poisoning Chapters
- **ICD-10:**
  - N99: 25 codes (GU chapter)
  - Must document:
    - Intraoperative vs. postprocedural
    - Complicating GU procedure vs. Other procedure
## Increased Specificity

### Mesh Erosion vs Mesh Exposure

#### ICD-9:
- 629.31 *Erosion* of implanted vaginal mesh and other prosthetic materials to surrounding organ or tissue

#### ICD-10:
- T83.71 Erosion of implanted mesh and other prosthetic materials to surrounding organ or tissue
  - T83.711A Erosion…, *initial encounter*
  - T83.711D Erosion …, *subsequent encounter*
  - T83.711S Erosion…, *sequela*

### Mesh Erosion vs. Exposure

#### ICD-9:
- 629.32 *Exposure* of implanted vaginal mesh and other prosthetic materials into vagina

#### ICD-10:
- T83.72 Exposure of implanted mesh and other prosthetic materials into surrounding organ or tissue
  - T83.721A Exposure …, *initial encounter*
  - T83.721D Exposure…, *subsequent encounter*
  - T83.721S Exposure…, *sequela*
Increased Specificity

Mesh Erosion vs. Mesh Exposure

• Must Document:
  – Whether erosion or exposure is occurring
  – Whether it is an initial or subsequent encounter or a complication
  – Whether it is vaginal mesh – since there are other codes for other implanted mesh.

Increased Specificity

• ICD-9:
  – 626.0 Absence of menstruation
  – 626.1 Scanty or infrequent menstruation

• ICD-10:
  – N91.0-N91.5
  – Must document primary vs. secondary to select most specific code
  – NOTE: Must have clinical amenorrhea documented to report codes from this series. For positive pregnancy test or exam, report Z32.01.
### Increased Specificity

- N91 Absent, scanty and rare menstruation
- N91.0 Primary amenorrhea
- N91.1 Secondary amenorrhea
- N91.2 Amenorrhea, unspecified
- N91.3 Primary oligomenorrhea
- N91.4 Secondary oligomenorrhea
- N91.5 Oligomenorrhea, unspecified

### Specificity Obstetric Codes

- Trimester identified in which condition occurred in 5<sup>th</sup> or 6<sup>th</sup> character as appropriate
  - Trimester counted from first day of LMP
  - Trimester based on the trimester for current encounter
    - Applies to pre-existing conditions and those that develop during or are due to pregnancy
  - If no trimester designation, then occurs only in specific trimester or concept not applicable
Specificity Obstetric Codes

- Assign “in childbirth” code if available for complication when delivery occurs at same encounter (represents delivery phase)

- Trimester table included at beginning of chapter

Specificity Obstetric Codes

- Certain codes require 7th character to identify multiple gestation affected by condition
  - 0: Not applicable (single gestations) or unspecified
  - 1-5: Fetus number
  - 9: Other fetus

- Multiple gestations include placenta status
  - Monoamniotic/monochorionic
  - Dichorionic/diamniotic, etc.
Specificity Obstetric Codes

• Example: 39 week twin gestation with delivery complicated by nuchal cord compression of fetus 2
  – O30.003: Pregnancy complicated by multiple gestations, twin (unspecified)
  – O69.81x2: Delivery complicated by cord around neck without compression
  – Z3A.39: 39 weeks gestation of pregnancy
  – Z37.2: Outcome of delivery, twins NEC, both liveborn

Specificity Obstetric Codes

• O30.003: Pregnancy complicated by multiple gestations, twin (unspecified)
  – Need placenta status documented to select specific code
• O69.81x2: Delivery complicated by cord around neck without compression
  – Need to document with vs. without compression
  – Need to document specific fetus affected
Specificity Obstetric Codes

• Z3A: Category introduced in ICD-10 in 2012
  – Identifies weeks of gestation
• Z37.2: Outcome of delivery, twins, both liveborn
  – Need to document liveborn vs. stillborn for each fetus
  – ICD-10 also contains outcome codes based on place of birth (Z38…)

Specificity Obstetric Codes

• Example: 26 weeks pregnant with pre-existing hypertension secondary to chronic kidney disease complicating pregnancy
  – O10.212: Pre-existing hypertension chronic kidney disease complicating pregnancy, second trimester
  – Document pre-existing vs. gestational
  – Essential vs. secondary
  – Document other condition (kidney, heart, etc.)
  – Document trimester
Specificity Obstetric Codes

- Example: 28 weeks pregnant patient seen for gestational diabetes controlled by diet
  - O24.410: Gestational diabetes mellitus in pregnancy, diet controlled
    • No gestation requirement
    • Diet vs. insulin
    • Oral meds = unspecified control

Specificity Obstetric Codes

- Example: 20 weeks pregnant patient seen for Type I diabetes
  - O24.012: Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester
    • Document Type 1 vs. Type 2
    • Document trimester vs. in childbirth vs. in puerperium
    • Additional Z code for long term insulin use (Z79.4)
Combination Codes

• Combination codes should be reported when code fully describes condition
  – Combination code is single code that describes:
    • Two diagnoses
    • Diagnosis with an associated secondary process (manifestation)
    • Diagnosis with an associated complication

Combination Codes

• O64: Obstructed labor due to malposition and malpresentation of fetus
  – All codes in block include identification of condition
  – ICD-9 required additional code
  – Documentation must include condition to avoid reporting unspecified code
Combination Codes

• **ICD-10:**
  – O64.2xxx Obstructed labor due to face presentation

• **ICD-9:**
  – 660.0x (obstructed labor) *and*
  – 652.4x (unstable lie)

Combination Codes

• **ICD-10:**
  – N30.00 Acute cystitis without hematuria
  – N30.01 Acute cystitis with hematuria

• **ICD-9:**
  – 595.0 Acute cystitis PLUS
  – 599.7x Hematuria

• Must have documentation of hematuria to avoid reporting unspecified code (N30.9)
Summary

• Observe and note opportunities to improve clinical specificity of current documentation
• Always review any proposed code in tabular section
• Use caution with ICD-9 to ICD-10 cross-walks as may not reflect increased specificity
• Keep list of key differences and use as teaching tool for providers

ICD-10 Resources

• CMS
  – http://www.cms.gov/ICD10
• NCHS (CDC)
• AHIMA
  – http://www.ahima.org/icd10/
• AAPC
  – http://www.aapc.com/icd-10/
Questions

Contact Information

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ACOG Resources

- Use ACOG’s coding reference materials to:
  - Enhance coding knowledge in Ob/Gyn
  - Appeal denied claims
  - Develop internal coding policies
  - Dispute insurance company policies
- Ob/Gyn CPT Coding Manual with CD Rom
- ICD-9-CM “Abridged” Diagnostic Coding in Ob/Gyn
- Frequently Asked Questions in Ob/Gyn Coding
- Essential Guide to Coding in Ob/Gyn
- OB/GYN Quick Reference Guide

Order from: http://www.acog.org/bookstore/Coding_Resources_C56.cfm

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- Please fax the evaluation form and list of participants for CME credit to ACOG at: 202-484-7480. Thank you.
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Thank you for attending…

If you have questions…
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