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# Understanding Clinical Documentation Requirements for ICD-10

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# CME Disclosure

The Department of Continuing Education and Certification (DCEC) of the Massachusetts Medical Society has determined that none of the individuals in control of the content of the following CME activities, including faculty speakers, planners, and reviewers have any relevant financial relationships to disclose.

# Presenter Bio



**Jane Tuttle, CPC, CPC-H, CPC-I, CCS-P** is a certified coding and compliance educator and consultant with more than 27 years experience in health care administration including the areas of, chart-auditing, corporate compliance, HIPAA regulations, practice management, billing, coding and reimbursement. In 2005, Ms. Tuttle formed, *CODING EDUCATION ENDEAVORS* to serve consulting clients and teach coding students throughout the New England area. She has been a professional coding instructor for 15 years and is a certified ICD-10CM instructor.

# Today's Agenda

- ICD-10 Update
- Education and Training Strategies
- Examples by Specialty of Changes in Documentation Required for Supporting ICD-10CM Code Selection
- References and Resources

# ICD-10 Updates - Partial Freeze

- The last regular, annual updates to both ICD-9-CM and ICD-10 code sets were made on October 1, 2011.
- On October 1, 2012, October 1, 2013, and October 1, 2014 there were only limited code updates to both the ICD-9-CM and ICD-10 code sets to capture new technologies and diseases.
- On October 1, 2015, there will be only limited code updates to ICD-10 code sets to capture new technologies and diagnoses. There will be no updates to ICD-9-CM, as it will no longer be used for reporting.
- On October 1, 2016 (one year after implementation of ICD-10), regular updates to ICD-10 will begin.

# AHIMA with AMA

## “Physician Model for Implementing ICD-10”

- Develop a general understanding of the ICD-10-CM final rule and its implications to the documentation process.
- Learn the fundamentals of ICD-10-CM system and identify the differences between ICD-9-CM and ICD-10-CM.
- Review code structure, coding conventions for ICD-10-CM.
- Review the ICD-10-CM coding guidelines and identify the differences with the ICD-9-CM coding guidelines.
- Become aware of the general equivalence mappings (GEMs) between ICD-9-CM and ICD-10-CM.

[http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1\\_049471.hcsp?dDocName=bok1\\_049471](http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_049471.hcsp?dDocName=bok1_049471)

# GEM

## General Equivalency Mappings

- When mapping ICD-9-CM to ICD-10-CM codes, approximately 78 percent of the ICD-9 codes map “one-to-one” with an ICD-10-CM code. These one-to-one matches may be exact or *approximate*, with “approximate” meaning that it is the best match and carries the same intent.
- The remaining 22 percent of ICD-9-CM codes have a “one-to-many” match and will be more complicated for identifying an appropriate ICD-10-CM code.
- CMS - 2015 ICD-10-CM and GEMs  
<http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html>

# Training Plan - Best Practices

- Begin with General Code Set Training
- Target “High Impact” areas, by specialty. List top 10-20 frequently reported ICD-9 codes, map to ICD-10 showing mapping options.
- Highlight areas where more specificity is needed and create documentation guidance and tips.
  - AHIMA ICD-10 CM/PCS Documentation Tips
    - <http://bok.ahima.org/PdfView?oid=300621>
- Perform targeted documentation reviews.
- Give feedback on documentation reviews to providers.
- Review denial trends based on diagnosis coding errors.

# Poll Question

- *What is your primary medical specialty?*
  - A. Primary Care (Adult and Pediatric)
  - B. Medical Specialty
  - C. Surgical Specialty
  - D. Radiology, Pathology/Lab, Anesthesia
  - E. Emergency Medicine, Hospitalist, Critical Care
  - F. Other / Multi-specialty

# Examples by Specialty

- Internal Medicine
  - Acute Respiratory Infection
  - Back and Neck Pain
  - Diabetes Mellitus
- Pediatrics
  - Asthma
  - Otitis Media
  - Feeding Problems, Newborn
- OB /GYN
  - Supervision of Pregnancy
  - Complication of Pregnancy
- Orthopedics
  - Fractures
  - Injuries

# Internal Medicine – Acute Resp. Inf.

## ICD-9

- 460 Acute Nasopharyngitis (common cold) →
- 462 Acute Pharyngitis, NOS →
- 465.9 Acute Upper Resp. Inf., NOS →
- 466.0 Acute Bronchitis →

## ICD-10

- J00 Acute Nasopharyngitis (common cold)
- J02.9 Acute Pharyngitis, unspecified
- J02.8 Acute pharyngitis due to other specified organisms
- **Use additional code (B95–B97) to identify infectious agent**
- J02.0 Streptococcal Pharyngitis
- J06.9 Acute upper respiratory infection, unspecified
- J20.- Acute bronchitis due to...  
4<sup>th</sup> digit (0-8) for infectious agent required
- J20.9 Acute bronchitis, unspecified

# Internal Medicine – Acute Resp. Inf.

## Documentation Tips:

- Causal organisms should be specified where possible.
- OK to report unspecified code when organism is not know
- Influenza Guidelines: Assign code categories J09.-- and J10.-- for identified influenza virus, only in confirmed cases, based on provider's diagnostic statement. If provider documents "suspected H1N1 flu" assign code category J11.-- for unidentified influenza virus.

# Internal Medicine – Back/Neck Pain

## ICD-9

- 723.1 Cervicalgia →
- 724.1 Pain in thoracic spine →
- 724.2 Low back pain →
  
- 724.5 Sciatica →

## ICD-10

- M54.2 Cervicalgia
- M54.6 Pain in thoracic spine
- M54.5 Low back pain
- M54.40 Lumbago w/sciatica, **unspec.** side
- M54.41 Lumbago w/sciatica, **right** side
- M54.42 Lumbago w/sciatica, **left** side

# Internal Medicine – Back/Neck Pain

## Documentation Tips:

- Back pain - location is required.
- Sciatica – laterality should be specified when possible. If both sides, report two codes (no bilateral option).
- ICD-9 to ICD-10 mapping may direct you to the unspecified code, without indicating there are more specific options available. Check to see if more granular code exists before final code is chosen.
- It is always recommended to report the highest degree of specificity possible.

# Internal Medicine – Diabetes

## ICD-9

- Category 250.-- for DM
- 4<sup>th</sup> digit represents with or without complication
- Manifestation is coded separately
- 5<sup>th</sup> digit for Type/Status (controlled/uncontrolled)

## ICD-10

- Category E10.--- for DM type 1
- Category E11.--- for DM Type 2
- 4<sup>th</sup> digit “9” represents “without complications
- Other 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> digits represent various complications in each system with greater specificity

# Internal Medicine – Diabetes

## Documentation Tips:

- “Controlled” and “uncontrolled” no longer a factor
- Report as many codes for complications as are present
- Watch for “use additional code” instructional notes
  - Use additional code to identify any Insulin use (Z79.4)
  - Use additional code to identify stage of chronic kidney disease (N18.1-N18.6)
- Example: Type 2 DM, insulin dependent with peripheral neuropathy (both feet)  
**ICD-9:** 250.60, 337.1, V58.67  
**ICD-10:** E11.42 (combination code-DM w/polyneuropathy), Z79.4

# Pediatrics – Abdominal Pain

## ICD-9

- 789.0- Abdominal pain
- 5<sup>th</sup> digit (0-9) for more specific abdominal location
- Additional 4<sup>th</sup> digit categories for other abdominal and pelvic symptoms.

## ICD-10

- **R10.--Abdominal and pelvic pain**
  - R10.0 Acute abdomen
- **4<sup>th</sup> and 5<sup>th</sup> digits for location**
  - 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

# Pediatrics – Abdominal Pain

## Documentation Tips:

- Document specified anatomical location(s) when available
- **Examples:**
  - Lower Abdominal Pain, bilateral (two codes needed)
    - ICD-9: 789.03, 789.04      ICD-10: R10.31, R10.32
  - Generalized Abdominal Pain
    - ICD-9: 789.07      ICD-10: R10.84
  - Abdominal Pain (unspecified)
    - ICD-9: 789.00      ICD-10: R10.9
  - Abdominal Tenderness (site unspecified)
    - ICD-9: 789.60      ICD-10: R10.819

# Pediatrics - Asthma

## ICD-9

- 493.-- Asthma
  - 4<sup>th</sup> digit for type
    - 0 -Extrinsic
    - 1 – Intrinsic
    - 2 – Chronic obstructive
    - 8 – Other forms
    - 9 – Unspecified

### Examples:

- 493.81 Exercise induced asthma
- 493.82 Cough variant asthma
  - 5<sup>th</sup> digit for complication
    - 0 – unspecified
    - 1 – w/status asthmaticus
    - 2 – w/acute exacerbation

## ICD-10

- J45.--
  - 4<sup>th</sup> digit for **severity**
    - J45.2- Mild Intermittent
    - J45.3- Mild Persistent
    - J45.4 - Moderate Persistent
    - J45.5 - Severe Persistent
    - J45.9- Unspecified
    - J45.99 - Other
  - 5<sup>th</sup> digit for **complication**
    - 0 – uncomplicated
    - 1 – acute exacerbation
    - 2 – status asthmaticus

# Pediatrics – Asthma

## Documentation Tips:

- Must document both severity and complication
- **Examples:**
  - Asthma, well controlled (intermittent)
    - ICD- 9: 493.90      ICD-10: J45.20
  - Asthma, rescue inhaler used 3-4 times per week (mild persistent), wheezing controlled after nebulizer in office (acute exacerbation)
    - ICD-9: 493.92      ICD-10: J45.31
- For determining severity, refer to graph designed by the National Heart Lung and Blood Institute
  - <http://www.nhlbi.nih.gov/>
- Use additional code to identify exposure to tobacco

# Pediatrics – Otitis Media

Coding is much more granular in ICD-10.

When documenting otitis media, include the following:

- **Type** - e.g., Serous, sanguinous, suppurative, allergic, mucoid
- **Infectious agent** – if known, e.g., Strep, Staph, Scarlett Fever, Influenza, Measles, Mumps
- **Temporal factors** Acute, subacute, chronic, recurrent
- **Side** e.g. Left, right or both ears
- **Tympanic membrane rupture** Note whether this is present, may need additional code in some cases
- **Secondary causes** - use additional code to identify, e.g. Tobacco smoke, etc.

# Pediatrics – OM, Acute, Serous

## ICD-9

- 381.01 Acute serous otitis media

- 381.10, 381.19  
Chronic serous otitis media

## ICD-10

- H65.00 Acute serous otitis media, unspecified ear
- H65.01 right ear
- H65.02 left ear
- H65.03 bilateral
- H65.04 recurrent, right ear
- H65.05 recurrent, left ear
- H65.06 recurrent, bilateral
- H65.07 recurrent, unspecified ear
  
- H65.20 Chronic serous otitis media, unspecified ear
- H65.21 right ear
- H65.22 left ear
- H65.23 bilateral

# Pediatrics – OM, Nonsuppurative, Allergic

## ICD-9

- 381.02 - 381.06

Acute Allergic Nonsuppurative Otitis Media



## ICD-10

- H65.111 Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous) right ear
- H65.112 left ear
- H65.113 bilateral
- H65.119 unspecified ear
- H65.114 recurrent, right ear
- H65.115 recurrent, left ear
- H65.116 recurrent, bilateral
- H65.117 recurrent, unspecified ear

- 381.3 Other Chronic Nonsuppurative Otitis Media



- H65.411 Chronic allergic otitis media, right ear
- H65.412 left ear
- H65.413 bilateral
- H65.419 unspecified ear

# Pediatrics – Feeding Problems, Newborn

## ICD-9

- 779.31 Feeding problems in newborn

## ICD-10

- P92.1 Regurgitation and rumination of newborn
- P92.2 Slow feeding of newborn
- P92.3 Underfeeding of newborn
- P92.4 Overfeeding of newborn
- P92.5 Neonatal difficulty in feeding at breast

- 779.34 Failure to thrive in newborn

- P92.6 Failure to thrive in newborn

# Pediatrics – Feeding Problems, Newborn

## Documentation Tips:

- In ICD-10-CM, newborn remains defined as the first 28 days of life.
- Document type of feeding problem of the newborn. More specific ICD-10 diagnoses now available for:
  - Difficulty feeding at breast
  - Slow feeding
  - Underfeeding
  - Overfeeding
  - Regurgitation and rumination

# OB / GYN - Pregnancy

## ICD-9

- V22.0 Supervision of normal first pregnancy
- V22.1 Supervision of other normal pregnancy

## ICD-10

- Z34.00 Encounter for supervision of normal first pregnancy, unspecified trimester
- Z34.01 first trimester
- Z34.02 second trimester
- Z34.03 third trimester
- Z34.80 Encounter other normal pregnancy, unspecified trimester
- Z34.81 first trimester
- Z34.82 second trimester
- Z34.83 third trimester
- Z34.90 Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
- Z34.91 first trimester
- Z34.92 second trimester
- Z34.93 third trimester

# OB / GYN - Pregnancy

## Documentation Tips:

- Specify if first pregnancy or other than first pregnancy
- Specify trimester
  - First (less than 14 weeks, 0 days)
  - Second (14 weeks, 0 days to less than 28 weeks, 0 days)
  - Third (28 weeks until delivery)
- Specify week of gestation
  - Additional code from Z3A.– category
- Specify outcome of delivery (mother's record). Document liveborn, stillborn and single or multiple birth(s).
  - Z37.-- category
- Specify liveborn infant status (newborn record). Document born in hospital or outside hospital and delivered vaginally or cesarean
  - Z38.-- category

# OB / GYN – Complications of Pregnancy

## ICD-9

- 648.23 Anemia, antepartum →
- 642.33 Transient, hypertension, antepartum →
- 648.03 Diabetes mellitus, antepartum →
- 648.83 Gestational diabetes, antepartum →

## ICD-10

- O99.011 Anemia complicating pregnancy, first trimester
- O13.2 Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
- O24.012 Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester
- O24.414 Gestational diabetes, in pregnancy, insulin controlled

# OB / GYN – Complications of Pregnancy

## Documentation Tips:

- Conditions classifiable to the mother
- Gestational Diabetes needs documentation of onset and specification of diet controlled or insulin controlled
- For complications of labor and delivery specify affected fetus(es) in multiple gestation cases.
- Coders: Assign 7<sup>th</sup> digit classification for affected fetus. Placeholders (x, xx) may be needed for 5<sup>th</sup> or 6<sup>th</sup> digits in some cases.

# Orthopedics - Fractures

## Documentation Tips:

- Site and laterality required
- Type, e.g. open, closed, pathological, neoplastic disease, stress
- Pattern, e.g. comminuted, oblique, segmental, spiral, transverse
- Etiology (to support external cause codes)
- Encounter of care, e.g. initial, subsequent, sequelae (to the provider/group)
- Healing status, if subsequent encounter, e.g. normal healing, delayed healing, nonunion, malunion

# Orthopedics - Fractures

## Documentation Tips (continued):

- Further localization, e.g. shaft, head, neck, distal, proximal, styloid
- Displacement, e.g. displaced, non displaced
- Classification, e.g. Gustilo grade for open fractures, Salter-Harris
- Any complications, whether acute or delayed, e.g. direct result of trauma sustained
- Depending on the circumstances, it may be necessary to document intra-articular or extra-articular involvement. For certain conditions, the bone may be affected at the proximal or distal end. Though the portion of the bone affected may be at the joint at either end, the site designation will be the bone, not the joint.

# Orthopedics – Fractures, Examples

## ICD-9

- 813.45 Torus fracture of radius →
- V54.12 Aftercare traumatic fracture of lower arm →
- 733.82 Nonunion of fracture →

## ICD-10

- S52.521A Torus fracture of lower end of right radius, initial encounter for closed fracture
- S52.521D Torus fracture of lower end of right radius, subsequent encounter for fracture with routine healing
- S42.021K Displaced fracture of the shaft of right clavicle, subsequent for fracture with nonunion

# Orthopedics – Fractures, Examples

## Clinical Example:

On October 31st, Kelly was seen in the ER for shoulder pain and X-rays indicated there was a fracture of the right clavicle, shaft. She returns today, three months later, with complaints of continuing pain. X-rays indicate a nonunion.

- *ICD-9: 733.82 – Nonunion of fracture*
- *ICD-10: S42.021K - Displaced fracture of the shaft of right clavicle, subsequent for fracture with nonunion.*

# Orthopedics - Injuries

## Documentation Tips:

- ICD-9 used separate “E codes” to record external causes of injury. ICD-10 better incorporates these codes and expands sections on poisonings and toxins. See “V”, “W”, “X” and “Y” codes.
- When documenting injuries, include the following:
- **Injury site** Be as specific as possible
- **Episode of Care** e.g. Initial, subsequent, sequelae
- **Etiology/Activity, e.g.** How was the injury sustained (e.g. sports, motor vehicle crash, pedestrian, slip and fall, environmental exposure, etc.)?
- **Place of Occurrence** e.g. School, work, etc.
- Initial encounters may also require, where appropriate:
  - **Intent** e.g. Unintentional or accidental, self-harm, etc.
  - **Status** e.g. Civilian, military, etc.

# Orthopedics - Injuries

## Example:

A left knee strain injury that occurred on a private recreational playground when a child landed incorrectly from a trampoline:

- **Injury:** S86.812A, Strain of other muscle(s) and tendon(s) at lower leg level, left leg, initial encounter
- **External cause:** W09.8xxA, Fall on or from other playground equipment, initial encounter
- **Place of occurrence:** Y92.838, Other recreation area as the place of occurrence of the external cause
- **Activity:** Y93.44, Activities involving rhythmic movement, trampoline jumping

# Poll Question

What stage of ICD-10 Implementation are you in?

- A. Planning / Impact Assessment
- B. Training – General Code Set / Specialty Specific
- C. Testing – Vendors, Billing Service, Clearinghouse, Payers
- D. CDI Reviews and Feedback / Dual Coding

# Reference/ Resources Section

# ”Road to 10” - CMS Online Resource

- CMS has released “Road to 10” an online resource built with the help of providers in small to medium sized practices. This tool is designed to help small medical practices jumpstart their ICD-10 transition.
  - <http://www.roadto10.org/>
- “Road to 10” includes specialty references and gives providers the capability to build ICD-10 action plans tailored for their practice needs.
- CMS - 2015 ICD-10-CM and GEMs
  - <http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html>

# AHIMA and AAPC

- AHIMA ICD-10 CM/PCS Documentation Tips
  - <http://bok.ahima.org/PdfView?oid=300621>
- AHIMA Physician Model for Implementing ICD-10
  - [http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1\\_049471.hcsp?dDocName=bok1\\_049471](http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_049471.hcsp?dDocName=bok1_049471)
- AHIMA ICD-10-CM Field Testing Project
  - [http://www.ahima.org/~media/AHIMA/Files/HIM-Trends/FinalStudy\\_000.ashx?la=en](http://www.ahima.org/~media/AHIMA/Files/HIM-Trends/FinalStudy_000.ashx?la=en)
- AAPC ICD-10 Free Reference Guides
  - <https://www.aapc.com/icd-10/icd-10-reference-guides.aspx>
- AAPC ICD-10 Crosswalks by Specialty (for purchase)
  - <https://www.aapc.com/icd-10/crosswalks/>

# Medicare Learning Network® Products

- [ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets](#) Educational Tool
- [ICD-10-CM/PCS Myths and Facts](#) Fact Sheet
- [ICD-10-CM/PCS The Next Generation of Coding](#) Fact Sheet
- [ICD-10-CM Classification Enhancements](#) Fact Sheet
- [ICD-10-CM/PCS Billing and Payment Frequently Asked Questions](#) Fact Sheet
- [General Equivalence Mappings Frequently Asked Questions](#) Booklet
- You can order hard copy versions of these products from the MLN Product Ordering Page by scrolling to “CMS Resources” and selecting “MLN Product Ordering Page.”

# CMS - Medscape Resources

- CMS has released three Medscape Education modules to help providers prepare for ICD-10. Modules are available on the Provider Resources page.
- Continuing medical education (CME) and nursing continuing education (CE) credits are available to health care professionals who complete the learning modules, but anyone can take them and receive a certificate of completion.
- If you are a first-time visitor to Medscape, you will need to create a free account to access the resources.
  - Video: [ICD-10: Getting From Here to There -- Navigating the Road Ahead](#)
  - Video: [ICD-10 and Clinical Documentation](#)
  - Expert Column: [Preparing for ICD-10: Now Is the Time](#)

# CMS eHealth University

- [CMS eHealth University](#), a resource to help providers understand, implement, and successfully participate in ICD-10 and other [CMS eHealth programs](#), features a full curriculum of materials and information, all in one location. The education modules are organized by level, from beginner to advanced, and simplify complex information in a variety of formats, including fact sheets, guides, videos, checklists, webinar recordings, and more.
- Visit [eHealth University website](#) to find resources to help you prepare for the compliance date.

# CMS/WEDI Implementation Success Initiative

- The Workgroup for Electronic Data Interchange (WEDI) is partnering with CMS and other public and private organizations to develop the ICD-10 Implementation Success Initiative. The first phase of the Initiative, a [searchable database of ICD-10 issues](#), is open to the public to submit questions. WEDI, CMS, and industry partners will update the database with information and resources to help health care organizations who submit issues understand how the new codes and standards will affect reporting of diagnoses and inpatient procedures.
- The goal of this initiative is to ensure a successful ICD-10 transition for all stakeholders, including health care providers, payers, clearinghouses, and vendors.

# Question and Answers



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# Next Steps

- After 48 hours you will receive a link to the online evaluation
- Please complete the evaluation and provide your feedback
- After completing the evaluation, you will be directed to the MMS CME Certificate portal where physicians can claim CME credit (others receive a certificate of attendance)

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