Practice Management

Is Your Practice Ready for ICD-10?

Christopher Y Kim, MD, MBA, FASGE
Kathleen A Mueller, RN, CPC, CGCS, CCS-P, CMSCS, PCS, CCC

November 2013

The current version of diagnosis codes used in the United States since 1979 is formally known as the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Volumes 1 and 2. Volume 3 is also used in Hospitals to record inpatient procedures. The ICD was developed by the World Health Organization (WHO) and is maintained in the US by the National Center for Health and Vital Statistics (NCHS), with the Centers for Disease Prevention and Control (CDC), under the US Department of Health and Human Services (HHS).

The Tenth Revision of ICD, also known as ICD-10-CM, will debut on October 1, 2014. Essentially overnight, the new codes will be required on services from that date going forward, and payers will no longer accept ICD-9 codes. Physician offices have just a little under a year to prepare for the transition to the ICD-10-CM diagnosis code sets. For years, HHS has been pushing to adopt the updated ICD-10 code standard that was endorsed by the WHO in 1990, and whose adoption was relatively swift in most of the world with the notable exception of the United States.

Reasons given by HHS for adopting ICD-10 include:

- ICD-9 is outdated with only a limited ability to accommodate new procedures and diagnoses.
- ICD-9 lacks specificity and detail, uses terminology inconsistently, cannot capture new technology and lacks codes for preventive services; other alleged benefits:
    - ICD-10, with its increased specificity, will accurately label someone with the correct disease, sign/symptoms, or problem, as well as support the level of service provided.
    - ICD-10 will decrease the amount of rejected endoscopy claims since the increased specificity will directly link location of specific diagnoses within multiple endoscopy claims.
    - ICD-10 use will improve disease management with standardization of disease monitoring and reporting internationally.
- ICD-9 will eventually run out of space. Currently there are approximately 17,000 ICD-9 diagnosis codes compared to over 79,000 ICD-10 codes as of July 2013. As of October 1, 2013, the ICD-10 codes increased to over 91,000. For a complete listing of all ICD-10 codes, access:
    - https://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html

Fortunately for gastroenterology and hepatology, the vast majority of the current ICD-9 codes will map cleanly to an ICD-10-CM code.

The first phase to ICD-10 transformation, ASC standard, Version 5010, was put in place July 1, 2012. This involved updating billing software and electronic medical records for physician practices, facilities, and payers. **The next phase is the conversion to ICD-10-CM on October 1, 2014.**

ICD-10-CM: Structure
Currently, 3-7 alphanumeric codes

- Character 1-Alpha
- Character 2-Numeric
- Characters 3-7 Alpha or Numeric

Example ICD-9 vs. ICD-10-CM

- Ulcerative colitis with rectal bleeding
- ICD-9: 556.9, 569.3 (Takes 2 diagnosis codes to allow for chronic condition and symptom)
- ICD-10-CM: K51.911

ICD-10-CM: Case Study #1
A 50-year-old patient presents for his screening colonoscopy. There is no family history of colon cancer or polyps. Colonoscopy was completed to the cecum – bowel prep was good. Patient tolerated the procedure well. The following findings were noted. A descending colon polyp was removed by snare technique and a transverse colon polyp was removed by cold biopsy forceps. Both polyps were tubular adenomas per pathology. Advised follow-up was to repeat colonoscopy in 5 years.

Answer

CPT:	**ICD-10-CM**
45385-33	Z12.11 Encounter for colon screening,
	D12.4 Benign neoplasm, descending colon,
45380-59	D12.3 Benign neoplasm, transverse colon

With ICD-10-CM's increased specificity as to location of benign neoplasms of the colon, this will theoretically reduce denials and/or request for records on multiple endoscopy claims

- D12.0 Benign neoplasm of cecum
- D12.1 Benign neoplasm of appendix
- D12.2 Benign neoplasm of ascending colon
- D12.3 Benign neoplasm of transverse colon
- D12.4 Benign neoplasm of descending colon
- D12.5 Benign neoplasm of sigmoid colon
- D12.6 Benign neoplasm of colon, (polyposis)
- D12.7 Benign neoplasm of rectosigmoid junction
- D12.8 Benign neoplasm of rectum
- D12.9 Benign neoplasm of anus and anal canal

ICD-10-CM Case Study #2
A 54-year-old female comes in for follow-up of irritable bowel syndrome. She states that she has had diarrhea off and on for the past year. She has been under a lot of stress; her husband left her; and she recently lost her job. She denies any bleeding but complains of severe lower abdominal cramping relieved by passing gas.

Impression: Diarrhea, irritable bowel syndrome, generalized lower abdominal pain

ICD-10 Diagnosis Code(s):

- **K58.0 Irritable bowel syndrome with diarrhea**
- **R10.84 Generalized abdominal pain**

ICD-10-CM Descriptor Differences

- Revised descriptors for some codes
- Affects ability to look up codes unless EHR systems are customized in the list of favorites (specialty specific diagnosis lists)

Example:

ICD-9-CM Code:

- **530.3 Stricture and stenosis of esophagus**

ICD-10-CM Code:

- **K22.2 Esophageal obstruction**

Most EHR programs have two files for diagnosis codes, one file with all diagnosis codes listed by the ICD book descriptor, which can't be altered in the EHR software; and a second file in which the ICD-10 code can't be altered but the descriptor can be altered and customized to the user's preferred verbiage. Work with providers will be required to customize the software to facilitate ease of diagnosis look-up.

Example:

K22.2 Esophageal obstruction
K22.2 Esophageal stenosis
K22.2 Esophageal stricture
K22.2 Schatzki ring

ICD-10 Sample conversion

ICD-9 CM	Description	ICD-10 CM
537.83	Angiodysplasia duodenum w/blg	K31.811
789.63	RLQ abdominal tenderness	R10.813
783.41	Failure to thrive, newborn	P92.6
787.20	Dysphagia	R13.11
578.1	Hematochezia	K92.1
280.0	Chronic blood loss anemia	D50.0
280.9	Iron deficiency anemia, unspecified	D50.9
285.21	Anemia in chronic kidney disease	D63.1
285.9	Anemia unspecified	D64.9
284.11	Pancytopenia	D61.81
789.59	Ascites	R18.8
555.1	Regional Enteritis Large Intestine (New description is Crohn's)	K50.10
578.1 & 555.0	Regional Enteritis small and large intestinewith bleeding	K50.811

(ICD-9 requires 2 codes but condenses to one code with combination of chronic conditions with symptoms in ICD-10)

ICD-10-CM Preparation (DO NOT DELAY, DO THIS ASAP)

1. Most carriers have said that they will deny claims with non-specific diagnosis codes. **Average cost per denied claim per MGMA statistics: $40**
    - Run analysis per provider as to how many non-specific ICD-9 diagnosis codes are chosen and compare to documentation in the medical record to see if there was a more specific diagnosis choice.
    - Train each provider based on analysis and encourage more specific documentation.
    - Work with both coders and providers to create a "cheat sheet" or list of favorites in ICD-10-CM format.

2. Provide coders and providers with training, coding software, cheat sheets, etc., to increase efficiency.

3. Expect that there will be a dual system of both ICD-9 and ICD-10 until all payers are compliant.
    - Contact payers as to when they will start accepting ICD-10 codes and create a spreadsheet; start testing claims transmission when the payer can accept either test or live claims.
    - Staff should be informed of those payers not ready for October 1, 2014, deadline and/or those payers that will not accept ICD-10 format. Create a spreadsheet and update frequently.

4. Prepare for delayed claim processing with software glitches.
    - Set aside money for office payroll/expenses to prepare for delayed reimbursement

5. Plan on a shorter office visit schedule for at least the first go-live date to allow time for updating diagnosis codes for both the reasons for that day's encounter, and for other diagnoses in the patient's problem list. Some software will make the latter changes automatically, others will not.

6. Contact your software vendor soon, and often, about status of their own transition to ICD-10.