ICD-10: Wrapping Up Post-October 1 Issues

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Disclaimer

Harry Goldsmith is solely responsible for the content and delivery of his portion of the presentation so don’t complain to or blame PICA for any demonstrated insensitivity, poor judgment, unfunny jokes, puns that aren’t punny, or a general lack of good taste.

Also, regarding the APMA Coding Resource Center… I have no apologies for promoting it…it’s the best thing out there.
So, How Did You Do Post-Oct 1?

Issues and Questions
The #1 Issue: Claims Not Paid

Payers not including all crosswalked or incorrectly crosswalked codes into their software edit programs.

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

Group 1 Codes:

<table>
<thead>
<tr>
<th>ICD-10 CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A30.0</td>
<td>Indeterminate leprosy</td>
</tr>
<tr>
<td>A30.1</td>
<td>Tuberculoid leprosy</td>
</tr>
<tr>
<td>A30.2</td>
<td>Borderline tuberculoid leprosy</td>
</tr>
<tr>
<td>A30.3</td>
<td>Borderline leprosy</td>
</tr>
<tr>
<td>A30.4</td>
<td>Borderline lepromatous leprosy</td>
</tr>
<tr>
<td>A30.5</td>
<td>Lepromatous leprosy</td>
</tr>
<tr>
<td>A30.8</td>
<td>Other forms of leprosy</td>
</tr>
<tr>
<td>A50.41</td>
<td>Late congenital syphilitic meningitis</td>
</tr>
<tr>
<td>A50.42</td>
<td>Late congenital syphilitic encephalitis</td>
</tr>
<tr>
<td>A50.43</td>
<td>Late congenital syphilitic polyneuropathy</td>
</tr>
<tr>
<td>A50.45</td>
<td>Juvenile general panasis</td>
</tr>
<tr>
<td>A52.11</td>
<td>Tabc es dorsalis</td>
</tr>
<tr>
<td>A52.13</td>
<td>Late syphilitic meningitis</td>
</tr>
<tr>
<td>A52.14</td>
<td>Late syphilitic encephalitis</td>
</tr>
<tr>
<td>A52.15</td>
<td>Late syphilitic neuropathy</td>
</tr>
<tr>
<td>A52.16</td>
<td>Charcot's arthropathy (tabetic)</td>
</tr>
<tr>
<td>A52.17</td>
<td>General panasis</td>
</tr>
<tr>
<td>A52.19</td>
<td>Other symptomatic neurosyphilis</td>
</tr>
<tr>
<td>B53.1</td>
<td>Tinea unguium</td>
</tr>
<tr>
<td>D51.0</td>
<td>Vitamin B12 deficiency anemia due to intrinsic factor deficiency</td>
</tr>
<tr>
<td>D81.818</td>
<td>Other b12-dependent carboxylase deficiency</td>
</tr>
</tbody>
</table>
Confusion over what the CMS/AMA announced “grace period” includes and does not include.
The #2 Question: Grace Period?

For a one year period starting October 1, Medicare claims will not be denied solely on the specificity of the ICD-10 diagnosis codes provided, as long as the physician submitted an ICD-10 code from an appropriate family of codes. In addition, Medicare claims will not be audited based on the specificity of the diagnosis codes as long as they are from the appropriate family of codes. This policy will be followed by Medicare Administrative Contractors and Recovery Audit Contractors.
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The #3 Issue: Productivity
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- Are you seeing the same number of patients a day?
- Is your staff size unchanged?
- Who is doing your coding?
- Are you spending more time coding and charting?
- If not, what’s your secret?
THEN A MIRACLE OCCURS...
The #4 Question: CPT Modifiers

ICD-9

CODING with MODIFIERS
The #5 Question: Place of Occurrence, Activities

Y93

Injury due to activity, knitting

W61.62XD-
Struck by duck, subsequent encounter.
The #5 Question: Place of Occurrence, Activities

I DON'T ALWAYS GET SUCKED INTO A JET ENGINE

BUT WHEN I DO, I USE ICD-10 CODE: V97.33XD
The #5 Question: Place of Occurrence, Activities

- Workers’ Comp
- If there is a question of the entity responsible for payment
- If the payer has a written policy requiring you include those codes
The #6 Question: 7th Character
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Found in

- Chapter 13 – Diseases of the Musculoskeletal System and Connective Tissue
- Chapter 19 – Injury, Poisoning, and Certain Other Consequences of External Causes
- Chapter 20 – External Causes of Morbidity
The #6 Question: 7th Character

- Can represent different meanings
- Typically an alpha character, but can be numeric
- Can vary in number of choice options from 2 to 16
The #6 Question: 7th Character

Chapter 19 – Injury, Poisoning, and Certain Other Consequences of External Causes

- The 7th character choice is based on whether the patient is undergoing active treatment.
Active treatment: Surgical treatment, emergency department encounter; evaluation and continued treatment by the same or a different physician
“D” – Subsequent Encounter

S90.512D

The appropriate 7th character is to be added to each code from category S90
A  initial encounter
D  subsequent encounter
S  sequela
Examples: cast change or removal, an x-ray to check healing status of fracture, removal of external or internal fixation device, medication adjustment, other aftercare and follow-up visits following treatment of the injury.
“D” – Subsequent Encounter

“Used after the patient has received active treatment for the condition during the healing or recovery phase”.

Follow-up care to the active treatment.
If you treat a patient in the ED for the first time, the “7th” character would be A

You are on call and go to the hospital for a consultation on a patient with closed displaced fracture; order x-rays; and schedule the patient for surgery, the “7th” character would be A
If the patient is discharged from the hospital and your partner see them in the office for follow-up, the “7th” character would be **D**.

If you reappoint the patient and see him for follow-up care two weeks later, the “7th” character would be **D**.
If a patient calls your office and tells you they just twisted their ankle. You tell the patient to come to your office and you see them for the 1\textsuperscript{st} time for that condition, the “7\textsuperscript{th}” character would be \textbf{A}.

When a patient returns for follow-up care, the “7\textsuperscript{th}” character would be \textbf{D}.
If a patient had been treated for a fracture and placed in a cast, but needed the cast wedged to obtain better position two weeks later, would that encounter’s 7th character ICD-10 code be an “A” or “D”?

D (or one of the other subsequent fracture encounter characters)
If, in the office, you remove an exposed K-wire from a patient's foot, is it an “A” or “D”?

D (follow-up to the active treatment)

If you take a patient back to the operating room to remove a plate and screws, is it an “A” or “D”?

D (follow-up to the active treatment)
A - Active treatment of an injury or illness

D - Follow-up of active treatment of an injury or illness
The #7 Question: Sequela

Let's Talk Sequela
The #7 Question: Sequela

Sequela – a “late effect” – a residual condition (unplanned; complication) that remains or occurs after the acute phase of an injury or illness.
The #7 Question: Sequela

Examples

- Keloid post laceration
- Joint contracture post fracture near joint
- Scarring post burn
- Traumatic arthritis due to old fracture
The #7 Question: Sequela

The appropriate 7th character is to be added to each code from category S90
A  initial encounter
D  subsequent encounter
S  sequela

Surgical complications are not sequela
How Do You Code a Sequela?

You need 2 codes in a specific order:

1. Code the problem the patient is now presenting that resulted from an old injury or illness and
2. Code the old injury or illness with the addition of an “S” as the 7th character
Sequela: Fracture, Lateral Malleolus, Right

Late Effect – Current Problem

M19.171 (post-traumatic osteoarthritis, right ankle) **would be coded first**

“The Cause”

S82.64xS (non-displaced fracture, lateral malleolus, right fibula) **would be coded second**
The #8 Question: Coding Everything

Do we have to code every foot and ankle condition/pathology the patient has, or only the ones we are treating?
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Do we have to code every foot and ankle condition/pathology the patient has, or only the ones we are treating?
The #9 Question: Diabetic Ulcers

“I believe that all ulcers on the bottom of the foot are pressure ulcers.

Why should I code a diabetic’s sub5th metatarsal ulcer using L97- (non-pressure chronic ulcer) and a diabetes code when I can just bill L89- (pressure ulcer)?”
A diabetic foot ulcer is coded

1. Type 1 E10.621 or Type 2 E11.621 along with

2. L97.4- or L97.5- (depending on location and severity)
ICD-10 Ulcer Coding

L97- (chronic ulcer)

Includes:
- chronic ulcer of skin of lower limb NOS
- non-healing ulcer of skin
- non-infected sinus of skin
- trophic ulcer NOS
- tropical ulcer NOS
  - ulcer of skin of lower limb NOS

Excludes2:
- pressure ulcer (pressure area) (L89.-)
Pressure Ulcer

A pressure or decubitus ulcer is coded

1. L89-

   Expanded characters represent location and staging of the decubitus ulcers
Diabetic Ulcer vs. Pressure Ulcer

A diabetic foot ulcer is the result of both loss of protective sensation and pressure (albeit, intermittent microtrauma)

A pressure (decubitus) ulcer is the result of immobility and constant pressure (typically from being immobile.)
I have a patient who needs fungal nail care on both feet. The LCDs for "Mycotic Nail" qualifications typically require you indicate a pain diagnosis in the specifically affected toe(s).

If the pain is generally in more than one toe, both feet, do you need to use M79.674 (pain in toes right) and M79.675 (pain in toes left) or just M79.676 (pain in toes "unspecified") along with B35.1 (onychomycosis)?
The #11 Question: ICD-10 Order

Does it make a difference what order you place the ICD-10 codes when submitting a claim?

Do you have to place the systemic condition as the first/primary (i.e., the "A" diagnosis claim position) code, followed by any other codes, in order of their priority?
The #11 Question: Porokeratosis

What would be the most appropriate diagnosis code for a porokeratosis?

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D23.7</td>
<td>Porokeratosis</td>
</tr>
<tr>
<td>L85.8</td>
<td>Porokeratosis, acquired</td>
</tr>
<tr>
<td>L74.8</td>
<td>Porokeratosis, secondary to eccrine sweat disorder, other</td>
</tr>
</tbody>
</table>

**ICD-10-CM**
That's all Folks!