

ICD-10-CM

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Disclosure

- I have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

Objectives

- ▶ Increase the understanding of the ICD system.
- ▶ Improve the decision process on which code to use.
- ▶ Individualize the pediatrician's superbill.
- ▶ Provide examples of case histories.
- ▶ Answer questions.

Agenda

- ▶ 1. Questions.
- ▶ 2. Discuss the ICD system.
- ▶ 3. Identify how codes are designed and used.
- ▶ 4. Make a superbill of codes.
- ▶ 5. Cases.
- ▶ 6. New Codes
- ▶ 7. References
- ▶ 8. Questions.

Questions

- ▶ Other than what is the code for _____ ?

ICD–10-CM System

- ▶ How is the system set up?
 - It is in the name.
 - International Classification of Diseases,
 - 10th revision
 - Clinical Modifications

ICD-10-CM System

- ▶ Started being used in the US on October 1, 2015 after many delays.
- ▶ The purpose of ICD-10-CM is to collect epidemiologic data of illness and injuries.
- ▶ **Not** as a payment program.
- ▶ It is developed through the WHO and is based on **Clinical Judgment** of the clinician doing the work.

ICD-10-CM System

- ▶ ICD-10-CM codes are three to seven characters long.
- ▶ The first character is always a letter.
- ▶ The second and third are usually numeric
- ▶ Characters 4 through 7 are alpha or numeric
- ▶ Example: X##.##X#

ICD-10-CM System

- ▶ The first three characters signify a category:
 - ▶ A00-B99 Infectious and parasitic diseases
 - ▶ 3 character codes are headings and only used when a code is not further specified.
- ▶ Places four, five, and six are a sub-category which indicates an etiology, severity, or anatomic site.

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- ▶ The seventh place provides details of the encounter, such as it is the initial visit. (Usually used for injury, poisoning, and certain other consequences of external causes section S00-T88; A is for the initial encounter, D is for the subsequent encounter, S is for the sequela.)

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- ▶ An "X" may be used as a placeholder to hold a space in the sequence for future expansion. An example is in the poisoning section, T36-T50 when there is a red box next to the code that indicates a seventh number or letter is required but not yet available, use the "X" to hold the spot. T39.011X Poisoning by aspirin, accidental

ICD-10-CM System

- ▶ The codes are used to describe a clinical condition and have been placed into the format of chapters to identify those conditions.
- ▶ There are 21 chapters and no supplements.

ICD-10-CM System

- ▶ The system is designed to:
 - Improve measurement of health care services
 - Support public health surveillance
 - Reflect advances in medical technology and in medicine as a whole
 - Use current terminology
 - Allow for expansion and flexibility in making new diagnoses

ICD-10-CM System

What are in these chapters?

A00-B99 Infectious and Parasitic diseases
 C00-D49 Neoplasms
 D50-D89 Diseases of blood and blood forming organs
 and disorders involving immune mechanisms
 E00-E89 Endocrine, nutritional and metabolic diseases
 F01-F99 Mental, Behavioral and Neurodevelopmental
 Disorders

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G00-G99 Diseases of the nervous system
 H00-H59 Diseases of the eye and adnexa
 H60-H95 Diseases of the ear and mastoid process
 I00-I99 Diseases of the circulatory system

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J00-J99 Diseases of the respiratory system
K00-K95 Diseases of the digestive system
L00-L99 Diseases of the skin and subQ tissue
M00-M99 Diseases of the musculoskeletal system
and connective tissue

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N00-N99 Diseases of the genitourinary system
O00-O9A Pregnancy, childbirth and the puerperium
P00-P96 Conditions in the perinatal period
Q00-Q99 Congenital malformations, deformations
and chromosomal abnls.
R00-R99 Symptoms, signs and abnormal clinical
and lab findings, not elsewhere classified

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S00-T88 Injury, poisoning and certain other
consequences of external causes
V00-Y99 External causes of morbidity
Z00-Z99 Factors influencing health status and
contact with health services

ICD-10-CM Code Choice

- ▶ Now that we know how codes are alphabetically and numerically set up, what information do we need to know to get to pick one code over another?

ICD-10-CM Code Choice Criteria

- ▶ ICD-10-CM criteria to use when picking a code:
 - Laterality
 - Manifestations of disease
 - Etiology/Causation
 - Detailed anatomic location
 - Degree of functional impairment
 - Complications
 - Comorbidities

ICD-10-CM Code Choice Criteria

ICD-10-CM criteria cont.:

- Biologic and chemical agents involved
- Phase/Stage of illness
- Lymph node involvement
- Localization
- Procedure or implant related
- Age related
- Joint involvement
- Initial or subsequent visit
- Sequelae of disease, condition or injury

ICD-10-CM Code Choice Criteria

- ▶ Once the data is obtained then the code choice should be narrowed down to a group and then a specific code.
- ▶ Sounds easy !!
- ▶ Actual ease of use depends more on frequency of use than difficulty of making a diagnosis.

ICD-10-CM Code Choice Criteria

- ▶ What ???!!!!
- ▶ The diagnoses which you use most often become familiar to you and therefore routine.
- ▶ If you are a subspecialist, you may use a different set of codes than a general pediatrician. Your frame of reference then guides you to use these codes most frequently. You become used to them whereas the general pediatrician uses that set infrequently and has a more difficult time finding the proper code for the same diagnosis.

ICD-10-CM Code Choice Criteria

- ▶ If choosing a diagnosis is still a problem because the symptoms don't fit a specific clinical condition, then use the symptoms as the code.
- ▶ If the diagnosis becomes more clear after time or further data is obtained, then change to a specific diagnosis and change the other bill if desired.
- ▶ You have six months for "timely filing".

Superbill

- ▶ As previously noted, these will be dependent on your practice type and specialty.
- ▶ Develop a bill that has the top 50/75/100 diagnoses that you use in a typical week.
- ▶ For many of us the preventative codes are an integral part of our visits and Z codes are used as the basis for well care.
- ▶ Some of us only handle problem visits, new or follow ups and do lab testing. These bills will have fewer sections on the bill than the average general pediatrician.

Superbill

- ▶ The key to using ICD 10 coding is familiarity and repetition.
- ▶ Once you have reviewed your typical week of patient visits, creating the bill gets much simpler.
- ▶ It is okay to get help from your staff, other physicians, and experienced consultants.
- ▶ The codes that you use infrequently should be available to you through either a reference text, computer/phone app or online source.

Superbill

- ▶ When you have gone through a few seasons of the year, it is best to re-evaluate your bill and consider tailoring it to the diagnoses you see at that time of year.
- ▶ The bill itself should be a tool for you to use efficiently.
- ▶ It can be made to help you think about specific diagnoses which are more prevalent seasonally.
- ▶

Superbill

- ▶ If you are still using the same bill as when you first started on October 1, 2015, either you developed a great one from the start or you have not taken the time to review it.
- ▶ Only you and your staff know for certain.
- ▶ Be aware that this system is designed to change and new codes are introduced at least yearly.
- ▶ If you find yourself getting denials due to the diagnosis, you have waited too long.

Superbill

- ▶ New codes usually help redefine clinical symptoms into diagnoses and clarify new procedures or techniques.
- ▶ The use of some codes may not be immediately clear. In order to clarify their meaning, the "Coding Clinic for ICD-10-CM" may be used as a reference as well.
- ▶ There is a pediatrician on this advisory board who is able to give input about our needs for diagnoses and can educate us about changes as they occur.

Cases

- ▶ 1. Toddler with diarrhea, fever, vomiting.
- ▶ 2. 51 month old for a pre-school PE with a history of asthma.
- ▶ 3. 7 year old with asthma and atopic dermatitis.
- ▶ 4. 8 day old with feeding problems, rash.
- ▶ 5. 10 year old with ADHD.

▶ Chief Complaint

- ▶ Watery diarrhea, fever, and vomiting for 2 days.

▶ History

- ▶ 31 month old female presents as new patient with severe dehydration after 2 days of watery diarrhea, fever and vomiting but no nausea. Child holds onto stomach and is crying but makes no tears. Child noted to have reduced urine output per mother. Symptoms started after a visit to the pool with her cousins. Mother thinks daughter swallowed pool water multiple times. Child unimmunized for all vaccines per mother.

▶ Exam

- ▶ Apparent acute distress. Appears dehydrated. Child is holding her abdomen.
- ▶ Vitals: T 100.1, R 36, P 135 BP 90/55. BS hyperactive times four quadrants. The abdomen is distended and diffusely tender to palpation. No rebound tenderness, masses or organomegaly.
- ▶ Dry mouth and tongue, membranes pale. Skin dry with poor skin turgor.
- ▶ Capillary refill is >3 seconds.

▶ Assessment and Plan

- ▶ Unvaccinated status a concern. Will address with family after this acute episode is over.
- ▶ Infection likely. Order rotavirus with EIA and RT-PCR, bacterial stool cultures, electrolyte panel.
- ▶ Patient requires IV hydration. Send to hospital for IV fluids and observation. Admission orders called in.

► **Clinical Documentation**

- Code the symptoms of diarrhea, fever, dehydration, dry mouth, and vomiting. Clarify if the patient has nausea and document accordingly since there are codes to differentiate nausea and vomiting, and/or if there is the presence of vomiting without nausea.

- Discuss why the patient is not vaccinated and document accordingly. It is important to identify the reason(s) since there are multiple codes available to explain why immunizations haven't been administered. Because this is a significant public health issue, ICD-10-CM has addressed the collection of this information by providing multiple coding explanations as to why a child has not been immunized. In this scenario, Z28.3 Under-immunization status is the most appropriate code as it represents being delinquent in immunizations.

- When do you use the gastroenteritis codes?
- When you can identify the underlying organism, eg., Rotavirus or a bacterial cause, Salmonella.
- The viral intestinal infection codes of A08.x should be reviewed as well as A09 Infectious GE and Colitis, unspecified

▶ **ICD-10-CM Diagnosis Codes**

- ▶ R19.7 Diarrhea, unspecified,
- ▶ R50.9 Fever, unspecified
- ▶ R11.11 Vomiting without nausea
- ▶ E86.0 Dehydration
- ▶ R10.817 Generalized abdominal tenderness
- ▶ Z28.3 Under-immunization status

▶ **Preschool physical**

▶ **History**

- ▶ 51 month old female presenting for preschool physical exam. No acute concerns.
- ▶ History of asthma. She has an albuterol inhaler. Averaging one attack a week, somewhat limiting in terms of physical play.
- ▶ Immunizations are up to date; none are due at this time.

▶ **Exam**

- ▶ Child development normal for age. Vitals are normal. Height and weight in 95th percentile.
- ▶ All other physical exam body sections and organ systems are within normal limits.
- ▶ Asthma is usually well controlled. Parents are able to verbalize common triggers and understand how to limit or avoid common triggers.

▶ **Assessment and Plan**

- ▶ Age-appropriate injury prevention and health promotion issues discussed.
- ▶ Reviewed sports and asthma status. The patient demonstrated correct use of albuterol inhaler. No side effects noted per mother.
- ▶ No immunizations due at this time; will continue to follow immunization schedule.
- ▶ School assessment documentation completed and a copy retained in the medical record.

▶ **Clinical Documentation**

- ▶ There is an administrative requirement for a physical exam pertaining to educational institution admission; there is no complaint, suspected, or reported diagnosis is indicated in this scenario. Also, hearing and vision exams haven't been performed. There are separate ICD-10-CM codes for vision screenings, hearing exams, and identified medical conditions; therefore, it is important to document this information in the patient's record where applicable.

- ▶ ICD-10-CM terminology used to describe asthma has been updated to reflect the current clinical classification system. The terms intrinsic and extrinsic are no longer used. Persistent asthma is now classified as mild, moderate or severe. Specific asthma triggers should be noted (and are described adequately here). Other causes for acute exacerbation or lack of responsiveness to bronchodilators are not documented here, but should be included and would be relevant for coding and billing.

- ▶ Persistence (acute, intermittent, exercise induced, etc.), severity, frequency, and functional attributes should be noted to best reflect patient complexity of care. Since the primary focus of this visit is not asthma the level of documentation provided is sufficient.

- ▶ **ICD-10-CM Diagnosis Codes**
- ▶ Z02.0 Encounter for examination for admission to educational institution
- ▶ J45.20 Mild intermittent asthma uncomplicated

- ▶ **Chief Complaint**
- ▶ Asthma, atopic dermatitis.

▶ **History**

- ▶ 7 year old male, established patient.
- ▶ Mother states son has had an exacerbation of asthma symptoms and observed a recent skin disruption during their family vacation to a dude ranch in Arizona last week. Mom stated that activities and issues associated with vacation may cause the asthma/skin disruption including potential allergens, change in sleep schedule, use of different laundry detergent, and exposure to new animals. She also mentioned there was significant second hand cigarette smoke exposure at the ranch with other guests and ranch employees.

- ▶ According to mother, child has asthma episodes about 2-3 times per month, affecting normal activities, but his condition is usually improved with short acting albuterol inhaler use. Child also has asthma episodes at nighttime occurring about once every three months.
- ▶ Several days prior to leaving the ranch, child began experiencing asthma episodes 2-3 times per day with difficulty in breathing, wheezing, and the feeling of a heavy weight on his chest with progressive worsening. Mother states the albuterol inhaler was last used this morning, about 90 minutes prior to arrival, but seems less effective than usual.

- ▶ The skin disruption manifested three days after arrival to ranch; child's mother describes this as a red, itchy, scaly rash noted on face with patches around mouth, on both hands, and inside both elbows.
- Vaccination status: up to date.
- Family medical history: positive for asthma in mother and father, no eczema, no allergies.

▶ **Exam**

- ▶ Vital signs within normal limits including an oximetry of 93%.
- ▶ Cardiovascular: no murmurs, no rubs, no gallops.
- ▶ Respiratory: Wheezing with nl respiratory rate, no crackles or other abnl sounds.
- ▶ Gastrointestinal: soft, NT, ND, + BS, no organomegaly.
- ▶ Skin: color of lips and fingernails normal; scratching, redness and irritated skin evident on face and both elbows with crusted red nail marks.
- ▶ All other systems normal on exam.

▶ **Assessment and Plan**

- ▶ Intermittent asthma with acute exacerbation; atopic dermatitis. Asthma exacerbation caused by exposure to second-hand smoke.
- ▶ Administered one unit dose albuterol sulfate solution nebulizer treatment and first dose oral prednisolone in office with good response. Improvement noted.
- ▶ Prescribed 3-day course oral prednisolone; continue albuterol inhaler with spacer use as outpatient.

- ▶ Restart emollient cream applied after warm bath, and hydrocortisone cream applied to areas that itch.
- ▶ Discussed asthma action plan with mother, and when to call 911. Also discussed oral hygiene with use of inhaler.
- ▶ Mom instructed to return child in three days for recheck or sooner for worsening of symptoms.

▶ **Clinical Documentation**

- ▶ ICD-10-CM uses the National Heart, Lung, and Blood Institute (NHLBI)'s asthma severity classification in the terminology. This information in the context of the NHLBI guidelines can be accessed at www.nhlbi.nih.gov/guidelines/asthma/asthma_qrg.pdf.
- ▶ Wheezing and acute bronchospasm, if relevant, are integral to the underlying medical condition of asthma, and are thus not coded separately as symptoms.

- ▶ ICD-10-CM has another change in reporting respiratory diagnoses such as asthma and requires an additional code, where applicable, to identify whether the patient had exposure to second-hand smoke, a history of tobacco use, or current use or dependence of tobacco.

- ▶ The assignment of this code for exposure to second hand smoke is dependent upon the physician's documentation. The code should not be assigned as a first-listed diagnosis but may be assigned as an additional code when the physician has stated that second-hand smoke or environmental tobacco smoke is the cause of the patient's condition. The code may not be assigned in the absence of a condition or symptom.

▶ **ICD-10-CM Diagnosis Codes**

- ▶ J45.21 Mild intermittent asthma, with (acute) exacerbation
- ▶ L20.9 Atopic dermatitis, unspecified
- ▶ Z82.5 Family history of asthma and other chronic lower respiratory diseases
- ▶ Z77.22 Contact with and (suspected) exposure to environmental tobacco smoke (acute) (chronic)

▶ **Chief Complaint**

- ▶ Feeding problem, vomiting, rash.

▶ **History**

- ▶ 8 day old female newborn, established patient, last seen in hospital five days ago.
- ▶ Uncomplicated full term pregnancy, vaginal/forceps assisted.
- ▶ Intact family – mother, father, two siblings, all present with patient.

- ▶ Per parents, patient is not feeding well by breast or bottle. Baby does swallow, but feeds slow and only briefly. Dad reports baby never seems to experience pain before or after feedings. No real fussiness at meals.
- ▶ Dad states baby has about 1 milky-colored tablespoon of non-projectile vomiting at end of the feedings and this is sometimes followed with coughing. No vomiting occurs from mouth or nose when burping.

- ▶ Lactation consultant saw the mother in the hospital during the newborn stay. Mother states, "I nursed my other two children until 1 year of age." She has no issues with latching on to breast and has tried feeding more frequently and for a shorter time. Mom feels that her breast milk is in and has tried different angles/positions for breast and bottle feeding. She denies consuming chocolate, coffee, peppermint, fatty foods, citrus fruit; no alcohol, drugs, or OTC medication use. She is drinking 48 ounces of water per day.

- ▶ Parents have started holding baby about 30 minutes in sitting or upright position after being fed. Baby currently feeding every 2 hours for 10 – 15 minutes, alternating breast and bottle with some improvement.
- ▶ Per mom, baby has about 6 – 7 wet diapers a day and usually 2 BMs per day. Stool is yellow and/or green in color and loose but not watery.

- ▶ Parents also notice a red eruption on face about 4 days ago. They described rash as blotchy and looked like flea bites; there are no animals in household. Per parents, the rash shape and size is not consistent and seems to change every few hours.

▶ **Exam**

- ▶ Vital Signs: Weight 6 lbs. 10.5 oz., decrease of 5.5 oz. from birth weight (~5% wt. loss). Length 19.5 inches. HR 148 bpm, T 98.1°F, R 42.
- ▶ General appearance: patient awake and alert, does not appear to be in pain.
- ▶ Head: Normocephalic, fontanelles normal.
- ▶ EENT: PERRL, Ears normal. Nose clear. Palate is complete. Oropharynx is clear with moist mucous membranes, tongue normal.

- ▶ Neurological: Normal suck, grasp, + Babinski, and +Moro.
- ▶ Skin: Noted normal turgor. No jaundice noted. Erythema toxicum neonatorum noted. Several 2 mm macules, papules, pustules. Blotchy areas of erythema. Lesions on the face, trunk; no lesions on palms and soles.
- ▶ Gastrointestinal: Umbilical stump intact/dried, abdomen soft, without guarding & rebound, otherwise normal.

- ▶ Genitalia: Normal.
- ▶ Respiratory: Normal.
- ▶ Cardiovascular: Normal
- ▶ Joints: Negative for Barlow and Ortolani.
- ▶ All other systems within normal limits.

▶ **Assessment and Plan**

- ▶ Difficulty feeding. Discussed additional feeding techniques, recommended adding nutritional supplements to breast milk to increase caloric intake. Supplements will include Vitamin D. Discussed introducing formula supplementation if symptoms continue.
- ▶ Instructed to watch for signs of dehydration.
- ▶ Will monitor for gastroesophageal reflux.

- ▶ Erythema toxicum neonatorum. Informed parents that rash should resolve on its own. Continue to watch.
- ▶ Next appointment in 2 days to recheck infant weight and feeding progress, sooner if symptoms worsen. Reminded parents of answering service/after hour's number.

▶ **Clinical Documentation**

- ▶ ICD-10-CM provides additional code selections to describe newborn feeding conditions. The new alternatives include difficulty feeding at breast, overfeeding, regurgitation and rumination, slow feeding, underfeeding, other feeding problems of newborn, and feeding problem of newborn, unspecified.

- ▶ Newborn is defined as the first 28 days of life. If the condition first presents after 28 days, it is not considered a newborn condition. The newborn codes may be used throughout the life of the patient, if the condition was noted as present during the first 28 days of life, and if the condition remains present after 28 days.

- ▶ **ICD-10-CM Diagnosis Codes**
- ▶ P92.2 Slow feeding newborn
- ▶ P92.8 Other feeding problems of newborn (brief feedings)
- ▶ P92.09 Other vomiting of newborn
- ▶ P83.1 Neonatal erythema toxicum

- ▶ 10 year old male with known ADHD is becoming increasingly aggressive at home and school. A telephone consultation is set up by you to a child and adolescent psychiatrist. You and the consultant discuss the patient's problems for the next 16 minutes with the mother and patient in the room giving input as requested.
- ▶ A new plan is developed to improve his control of the ADHD and agreed to by the mother and patient. This takes an additional 9 minutes.

- No additional PE is done.
- No new labs are ordered.
- No new behavioral forms are filled out.
- No new developmental/intellectual tests are recommended.
- What ICD-10-CM code(s) would one use for this visit assuming all of the issues discussed are related to the ADHD alone?

- F90.1 ADHD, predominantly hyperactive type

- If the new behavior is felt to be caused by more than just the ADHD, then further evaluations may need to be done. These could then lead to other diagnoses such as:
- F91.1 Conduct Disorder, childhood-onset type
- F91.3 Oppositional defiant disorder
- F91.8 Other conduct disorders
- F91.9 Conduct disorder, unspecified
- It is best to try and avoid the X##.9 (unspecified) diagnosis when a more specific diagnosis can be used.

New Codes

- ▶ Z05 Observation and evaluation of a newborn for suspected diseases and conditions that have been ruled out.
- ▶ P00-P04 are newborn codes where the newborn has been affected by maternal factors or complications of pregnancy, labor and delivery. The term "suspected" condition have been removed from these codes. If you prove the baby has been affected by the causative agent that the code describes, then these codes may be used.

New Codes

- ▶ Z29.1 Prophylactic immunotherapy i.e., Synagis or prophylactic antivenin or immune globulin as the reason for the visit.
- ▶ Z29.3 Prophylactic fluoride administration
- ▶ Z51.6 Desensitization to allergens
- ▶ R82.71 Bacteriuria (different than UTI)
- ▶ K55.30-33 Necrotizing enterocolitis outside of the newborn period

New Codes

- ▶ P05.09 Newborns light for gestational age, 2500 grams and over
- ▶ P05.19 Newborns small for gestational age, 2500 grams and over
- ▶ Q25.2 Atresia of the aorta and Q25.4 Other congenital malformations of the aorta have been expanded to include five digit codes specifying greater clinical detail.

New Codes

- ▶ H53.04 Amblyopia risk in refractive, strabismic or eye structural problem patients when amblyopia has not yet been confirmed.
- ▶ Z84.82 Family history of SIDS
- ▶ Z83.42 Family history of familial hypercholesterolemia
- ▶ Y93.85 Activity-Choking Game as a cause of injury
- ▶ N93.1 Prepubertal vaginal bleeding when the cause of the bleeding has not yet been identified.

References

- ▶ AAP Pediatric ICD-10-CM 2017: A Manual for Provider-Based Coding
- ▶ AAP Pediatric Coding Newsletter
- ▶ Principles of Pediatric ICD-10-CM Coding, an AAP guidebook
- ▶ Coding for Pediatric 2017: A Manual for Pediatric Documentation and Payment
- ▶ AAP News; Coding Corner
- ▶ www.icdcoded.com

Questions
