The Impact of ICD-10: Examining Emerging Practice Patterns

January 5, 2016
Lisa Werner, MBA, MS, SLP

What Did We Learn

• ICD-10 Coding 3-Months Later
  ▪ Coding is taking more time
  ▪ Average IRF-PAI submission dates are later
  ▪ We are still around and we are mostly intact
Let’s look at trends

- Tiering comorbidities in Q4 2015
  - Tier 1: 6.30%
  - Tier 2: 9.92%
  - Tier 3: 36.50%
  - Tier 0: 47.27%

- Tiering comorbidities in Q4 2014
  - Tier 1: 5.87%
  - Tier 2: 9.32%
  - Tier 3: 32.44%
  - Tier 0: 52.37%

Top 10 Tier 3 Conditions Q4 2015

<table>
<thead>
<tr>
<th>ICD Code</th>
<th>ICD Description</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>N17.9</td>
<td>Acute kidney failure, unspecified</td>
<td>21.75%</td>
</tr>
<tr>
<td>E66.01</td>
<td>Morbid (severe) obesity due to excess calories</td>
<td>19.89%</td>
</tr>
<tr>
<td>E11.65</td>
<td>Type 2 diabetes mellitus with hyperglycemia</td>
<td>14.09%</td>
</tr>
<tr>
<td>E11.40</td>
<td>Type 2 diabetes mellitus with diabetic neuropathy, unspecified</td>
<td>10.56%</td>
</tr>
<tr>
<td>J18.9</td>
<td>Pneumonia, unspecified organism</td>
<td>7.03%</td>
</tr>
<tr>
<td>E11.42</td>
<td>Type 2 diabetes mellitus with diabetic polyneuropathy</td>
<td>6.00%</td>
</tr>
<tr>
<td>I50.32</td>
<td>Chronic diastolic (congestive) heart failure</td>
<td>5.20%</td>
</tr>
<tr>
<td>G81.94</td>
<td>Hemiplegia, unspecified affecting left nondominant side</td>
<td>4.53%</td>
</tr>
<tr>
<td>G81.91</td>
<td>Hemiplegia, unspecified affecting right dominant side</td>
<td>4.11%</td>
</tr>
<tr>
<td>J90</td>
<td>Pleural effusion, not elsewhere classified</td>
<td>4.06%</td>
</tr>
<tr>
<td>ICD Code</td>
<td>ICD Description</td>
<td>%</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>I50.22</td>
<td>Chronic systolic (congestive) heart failure</td>
<td>3.97%</td>
</tr>
<tr>
<td>I50.30</td>
<td>Unspecified diastolic (congestive) heart failure</td>
<td>3.51%</td>
</tr>
<tr>
<td>E11.21</td>
<td>Type 2 diabetes mellitus with diabetic nephropathy</td>
<td>2.89%</td>
</tr>
<tr>
<td>E11.649</td>
<td>Type 2 diabetes mellitus with hypoglycemia without coma</td>
<td>2.73%</td>
</tr>
<tr>
<td>I26.99</td>
<td>Other pulmonary embolism without acute cor pulmonale</td>
<td>2.38%</td>
</tr>
<tr>
<td>L03.116</td>
<td>Cellulitis of left lower limb</td>
<td>2.34%</td>
</tr>
<tr>
<td>L03.115</td>
<td>Cellulitis of right lower limb</td>
<td>2.21%</td>
</tr>
<tr>
<td>A41.9</td>
<td>Sepsis, unspecified organism</td>
<td>2.19%</td>
</tr>
<tr>
<td>J69.0</td>
<td>Pneumonitis due to inhalation of food and vomit</td>
<td>1.99%</td>
</tr>
<tr>
<td>I50.20</td>
<td>Unspecified systolic (congestive) heart failure</td>
<td>1.93%</td>
</tr>
</tbody>
</table>

**Differences:**
- Diabetes mellitus II with hyperglycemia is new and now in #3
- Diabetes mellitus II with diabetic polyneuropathy is new, but patients were likely included in ICD-9 code 357.2
- Chronic diastolic and systolic heart failure were previously not in the top 20
- Plural effusion is now included and is #8
**Comorbidities – Tier 1**

- **Eight Tier 1 Conditions:**
  - J38.01 Paralysis of vocal cords and larynx, unilateral
  - J38.01 Paralysis of vocal cords and larynx, unilateral
  - J38.02 Paralysis of vocal cords and larynx, bilateral
  - J38.02 Paralysis of vocal cords and larynx, bilateral
  - J38.4 Edema of larynx
  - Z43.0 Encounter for attention to tracheostomy
  - Z93.0 Tracheostomy status
  - Z99.2 Dependence on renal dialysis

**Comorbidities – Tier 2**

- **Sixteen Tier 2 Comorbidities:**
  - A04.7 Enterocolitis due to Clostridium difficile
  - A04.8 Other specified bacterial intestinal infections
  - B96.5 Pseudomonas (aeruginosa) (mallei) (pseudomallei) as the cause of diseases classified elsewhere
  - I69.091 Dysphagia following nontraumatic subarachnoid hemorrhage
  - I69.291 Dysphagia following other nontraumatic intracranial hemorrhage
  - I69.391 Dysphagia following cerebral infarction
  - I69.891 Dysphagia following other cerebrovascular disease
  - I69.991 Dysphagia following unspecified cerebrovascular disease
  - K91.2 Postsurgical malabsorption, not elsewhere classified
**Comorbidities – Tier 2**

- **Sixteen Tier 2 Comorbidities:**
  - R13.0 Aphaia
  - R13.10 Dysphagia, unspecified
  - R13.11 Dysphagia, oral phase
  - R13.12 Dysphagia, oropharyngeal phase
  - R13.13 Dysphagia, pharyngeal phase
  - R13.14 Dysphagia, pharyngoesophageal phase
  - R13.19 Other dysphagia

**Comorbidities – Tier 3 (Top 30)**

- **Tier 3 (Top 30 GEMs):**
  - E66.01 Morbid (severe) obesity due to excess calories
  - N17.9 Acute kidney failure, unspecified
  - E08.40 Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
  - E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified
  - J18.8 Other pneumonia, unspecified organism
  - J18.9 Pneumonia, unspecified organism
  - L02.415 Cutaneous abscess of right lower limb
  - L02.416 Cutaneous abscess of left lower limb
  - G81.90 Hemiplegia, unspecified affecting unspecified side
  - I50.30 Unspecified diastolic (congestive) heart failure
  - E11.21 Type 2 diabetes mellitus with diabetic nephropathy
  - E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease
  - E11.29 Type 2 diabetes mellitus with other diabetic kidney complication
Comorbidities – Tier 3 (Top 30)

- **Tier 3 (Top 30 GEMs)**
  - I50.32 Chronic diastolic (congestive) heart failure
  - I26.09 Other pulmonary embolism with acute cor pulmonale
  - J69.0 Pneumonitis due to inhalation of food and vomit
  - A02.1 Salmonella sepsis
  - I50.20 Unspecified systolic (congestive) heart failure
  - J84.10 Pulmonary fibrosis, unspecified
  - D61.810 Antineoplastic chemotherapy induced pancytopenia
  - D61.811 Other drug-induced pancytopenia
  - E11.51 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
  - E13.311 Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
  - R50.82 Postprocedural fever
  - G81.91 Hemiplegia, unspecified affecting right dominant side
  - G81.92 Hemiplegia, unspecified affecting left dominant side
  - G81.93 Hemiplegia, unspecified affecting right nondominant side
  - G81.94 Hemiplegia, unspecified affecting left nondominant side
  - A41.9 Sepsis, unspecified organism
  - T81.31XA Disruption of external operation (surgical) wound, not elsewhere classified, initial encounter
  - L02.411 Cutaneous abscess of right axilla
  - L02.412 Cutaneous abscess of left axilla
  - L02.413 Cutaneous abscess of right upper limb
  - L02.414 Cutaneous abscess of left upper limb
  - E11.65 Type 2 diabetes mellitus with hyperglycemia
  - N17.0 Acute kidney failure with tubular necrosis

Better outcomes for everyone.
Let’s look at trends

- **60% Rule Compliance Q4 2015**
  - Conditional: 64.06%
  - Conditional Conservative: 60.34%
  - Pre-FY2016 Presumptive: 79.87%
  - FY2016 Presumptive: 66.36%

- **60% Rule Compliance Q4 2014**
  - Conditional: 66.42%
  - Pre-FY2016 Presumptive: 76.28%
  - FY2016 Presumptive: 63.58%

Lost 3% compliance in each area

- Conservative compliance is related to excluded diagnostic pairs like:
  - Traumatic brain injury in patients without loss of consciousness or loss of consciousness of unspecified duration
  - Hip fractures with unspecified neck of femur code
  - Stroke or non-traumatic brain injury with intracranial hemorrhage
Common Problems

- ICD-9-CM – V57.89 Care involving multiple therapies
- ICD-10-CM - No comparable code to report admission for multiple rehabilitation therapies
  - Some insurance companies are rejecting claims because there is no procedure code listed on the UB-04
  - Contact the insurance company to determine what they are looking for

Common Problems

- ICD-10-CM does not have separate diagnosis codes for physical, occupational or speech therapy or a code specific for admission for rehabilitation therapies
  - Report a code for the condition that required the therapy
  - Work with coders to determine where the documentation can be found to assign the correct procedure codes
**Common Problems**

- **DRG definitions manual shows the principal diagnosis as**
  - ICD-9 CM DRGs 945 and 946 assigned based on code V57.89.
  - ICD-10 –CM/PCS DRG v30.0 Definitions Manual

- **Principal Diagnosis**
  - Z448 Encounter for fitting and adjustment of other external prosthetic devices
  - Z449 Encounter for fitting and adjustment of unspecified external prosthetic device

- **ICD-10-CM Rehabilitation Procedures**

---

**Common Problems**

- **Principal Diagnosis: The condition that required the IRF admission**
  - Code that represents the impairment (hemiparesis, cognitive deficit, ataxia)
  - Code that represents the condition treated (multiple sclerosis, rheumatoid arthritis)
Common Problems

- Example: Admission to IRF for non-dominant left sided weakness due to cerebral infarction

- **Principal Diagnosis**
  - I69.354, Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side.

---

Common Problems

- Report each unique ICD-10-cm diagnosis code only once
- Do not report the same code twice when:
  - Codes do not identify bilateral or multiple sites
  - Code for different conditions are reported with the same ICD-10-CM diagnosis code

*2015 ICD-10-CM Official Guidelines for Coding and Reporting, Section I, B, 12*
Common Problems

- Certain ICD-10-CM codes include laterality to indicate if condition occurs on the
  - Right
  - Left
  - Bilateral
- If no bilateral code, assign separate codes for both the left and right side
- If side not identified, assign code for unspecified

Common Problems

- Single code to classify
  - Two diagnoses
  - Diagnosis with manifestation
  - Diagnosis with associated complication
- Assign only the combination code when all elements documented are identified by the code
- If combination code does not describe the specificity necessary to describe the manifestation or complication, assign an additional code
Common Problems

• **New Guidelines for ICD-10-CM**
  - When unilateral weakness is clearly documented as being associated with a stroke, it is considered synonymous with hemiparesis/hemiplegia
  - Unilateral weakness outside of the association with stroke cannot be assumed as hemiparesis/hemiplegia, unless it is associated with some other brain disorder or injury

• A 7th character extension is reported with injury codes
  - “A” Active care (initial encounter)
  - “D” Subsequent care
  - “S” Sequela

• Aftercare “Z” codes are not used for injuries when 7th character is available to report subsequent care
• **7th Character for codes for fractures**
  - A - initial encounter for closed fracture
  - B - initial encounter for open fracture type I or II; initial encounter for open fracture NOS
  - C - initial encounter for open fracture type IIIA, III, or IIIC
  - D - subsequent encounter for closed fracture with routine healing
  - E - subsequent encounter for open fracture type I or II; with routine healing
  - F - subsequent encounter for open fracture type IIIA, IIIIB, or IIIIC with routine healing
  - G - subsequent encounter for closed fracture with delayed healing
  - H - subsequent encounter for open fracture type I or II; with delayed healing
  - J - subsequent encounter for open fracture type IIIA, IIIIB, or IIIIC with delayed healing
  - K - subsequent encounter for closed fracture with nonunion
  - M - subsequent encounter for open fracture type I or II; with nonunion
  - N - subsequent encounter for open fracture type IIIA, IIIIB, or IIIIC with nonunion
  - P - subsequent encounter for closed fracture with malunion
  - Q - subsequent encounter for open fracture type I or II; with malunion
  - R - subsequent encounter for open fracture type IIIA, IIIIB, or IIIIC with malunion
  - S - sequela

• **“A” - Initial Encounter (active treatment)**
  - 7th character is not based on whether provider is seeing patient for the first time
  - Based on whether patient is receiving active or subsequent treatment
  - Active treatment
    - Emergency Department Encounter
    - Surgery
    - Evaluation and continuing treatment by the same or new physician
Common Problems

• “A” - Initial Encounter (active treatment)

IRF PAI
- Used for the etiology, Item #22, to report the acute condition responsible for the impairment reported by IRF PAI item #21.
- Report the code for the acute condition and add the 7th character “A” for initial encounter

Example: Patient admitted for rehabilitation following traumatic subdural hematoma right hemiparesis
- Etiology: S06.5X0A traumatic subdural hemorrhage without loss of consciousness, initial encounter.

Common Problems

• “D” - Subsequent Encounter

- Active treatment has been completed
- Routine care during healing or recovery phase
  - 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 injury treatment (rehabilitation therapies)
- Assign the acute injury code with 7th character “D”
Common Problems

• “D” - Subsequent Encounter
  - Example: Patient admitted with unspecified intracranial injury with loss of consciousness of 2 hours. Patient also had fracture of the distal left femur.

• IRF PAI
  - IGC: 02.22 Traumatic closed brain injury
  - Etiology: S06.9X3A Unspecified intracranial injury with loss of consciousness of 1 hour to 5 hours, initial encounter
  - Comorbid: S72.402D Unspecified fracture of lower end of left femur, subsequent encounter

Common Problems

• “S” Sequela
  - Complications or conditions that arise as a direct result of a condition
  - Use both the injury code that precipitated sequela and code for sequela
  - “S” added only to injury code, not sequela
  - “S” identifies injury responsible for sequela
  - Specific type of sequela (e.g., dysphagia, ataxia) sequenced first, followed by injury code

  - Assign a code for the sequela and add a code for the injury responsible for the sequela with the 7th character “S”.
Common Problems

• “D” Subsequent
  - Example: Paraplegia, complete following traumatic fracture of second lumbar vertebrae with injury to lumbar spinal cord

• UB Codes
  - Principal Diagnosis: G82.21 Paraplegia (lower), complete
  - Additional Diagnosis: S32.029D Unspecified fracture of second lumbar vertebra, subsequent care

• IRF-PAI Codes
  - IGC: 04.212 Traumatic SCI with paraplegia, complete
  - Etiology: S34.109A Unspecified lesion of unspecified level of lumbar spinal cord, initial encounter
    S32.029A Unspecified fracture of second lumbar vertebra, initial encounter

Common Problems

• Sequelae (Late Effects)
  - The condition present after acute phase of illness
  - No time limit
• **Glasgow Coma Scale**
  - Assesses the degree of consciousness
  - Score determined by 3 factors
    - Amount of eye opening
    - Verbal responsiveness
    - Motor responsiveness
  - One code from each of the 3 categories is needed to complete the scale
  - 7th character indicates when the scale was recorded, should match for all 3 codes

• Assign a code from R40.24– when only the total score is documented
  - R40.241 Glasgow Coma Scale score 13-15
  - R40.242 Glasgow Coma Scale score 9-12
  - R40.243 Glasgow Coma Scale score 3-8

• Assign code R40.244, other coma, when GCS not documented or only partial score reported
  - When individual scores are documented report a code from R40.21– through R40.23–
    - R40.21- Coma scale, eyes open
    - R40.22- Coma scale, best verbal response
    - R40.23- Coma scale, best motor response

• Coma scale scores should be sequenced after the diagnosis codes
**Glasgow Coma Scale**

- **Using the scale:**
  - Determine if the Glasgow Coma Scale indicates loss of consciousness
  - Can this be used when coding the brain injury to yield an ICD-10 code that indicates loss of consciousness or duration of loss of consciousness

**ICD-10: Beyond Implementation**

- **Don’t let your reimbursement drop!**
- **Watch these areas for change:**
  - CMI
  - Tiering percentages
  - Presumptive compliance
  - Top comorbidities report by tier
- **Utilize the GEMs to assist with correct capture of tiers and presumptive compliance.**
ICD-10: Beyond Implementation

**Review the 60% rule report details:**
- Filter the report for assessments that are conditional, not conditional conservative
- This list of patients are those that will no longer be compliant during your next compliance review period
- Determine where specificity in documentation will preserve compliance
- Educate doctors
- Work on coding queries to remind physicians to be as specific as possible

Questions?

Next call: February 2 @ 1:00 EST
Topic: Using the PAS Tool

Better outcomes for everyone.