ICD 10 Frequently Asked Questions

What do I need to do on 10-01-2015 to switch over to ICD 10?

If you have an ICD 10 version of Amazing Charts you do not need to take action to support the change. The system codes according to date of encounter. All encounters after 10-01-2015 will be supported by ICD 10.

Do I need any hardware changes?

No need to upgrade hardware.

Do Pre 10-01-2015 problems convert automatically to ICD 10?

Yes.

What should I do after 10-01-2015 if I have to sign an encounter that occurred before 10-01-2015?

The date of encounter is the important fact. If an encounter occurred prior to 10-01-2015 it will be coded in ICD 9. If you signed an encounter after the transition date just make sure the date of encounter did not change.

What if the problems I documented prior to 10-01-2015 convert to a non –billable ICD 10 code?

A problem coded in ICD 9 may convert to a non -billable code in ICD or it may convert to a problem description which is less than accurate. Instead of choosing your diagnosis from the problem list with a converted ICD 10 code assigned, Amazing Charts staff suggest you type the problem in the search box thereby ensuring the diagnosis accurately reflects your diagnosis / choice.

If I have customized my CDS with an ICD 9 code selection, will the codes automatically convert to ICD 10 codes?

No. Custom codes are in your domain. We recommend you choose the appropriate ICD 10 codes to supplement those ICD 9 codes that you used to customized your CDS

How did AC determine the vocabulary to be used in the Clinical problem Search?

Amazing Charts has a proprietary Vocabulary COSTAR which was implemented with ICD 9. COSTAR terms are simpler and more clinically relevant than ICD 10 descriptions. We have had very positive feedback to that implementation. This terminology maps ICD 9, ICD 10 and SNOMED together under the clinically relevant COSTAR description. In addition to the Costar terms AC has included ICD 10 descriptions that were not adequately captured by COSTAR.

Why does my description in the problem list match to an ICD 10 code but not to the ICD 10 description?

Ex: I searched for diabetes with nephropathy without luck and had to revise.

- The Search engine in AC searches one vocabulary list which is primarily COSTAR with added ICD 10 descriptions. This may take some time to navigate initially but could quickly become habit
  - COSTAR terms are simpler and more clinically relevant than ICD 10 descriptions
  EX: You want to document the problem as diabetic nephropathy.
ICD 10 Frequently Asked Questions

- ICD 10 term is "Type 2 diabetes mellitus with diabetic nephropathy" with ICD 10 code E11.21 assigned
- COSTAR term is Diabetic nephropathy with ICD 10 code E11.21 assigned
- Within our vocabulary the more relevant COSTAR description is mapped to ICD 10 and SNOMED prevails.
  - All ICD 10 codes are available within the chart however, they may not be available in the clinical search and may not be paired with the ICD 10 description.

What do I do if I can't find the code I want in the Clinical Problem Search?

- If you input a term and are brought to similar codes (within the family/category) but cannot find the specific code you want to use, then;
- Note the first 3 digits of the code, enter in the search box and select LOOKUP
- If the Clinical Problem Search is missing an ICD 10 code please let us know so that we may correct.
  - If you need an ICD 10 code now and it is not in the problem search terminology you may wish to
    - Enter the Category which is the first 3 digits of a code (Ex: I70) and choose an approximate description with code
    - Then refine the description and code on the billing sheet.

How do I search for an ICD 10 on the billing sheet?

You can refine codes on the billing sheet.

- Select the dropdown
- Select the ICD code
- Code should appear on the right in the Alternate Codes section
- You can choose one of these codes or
- Select MORE... and search the entire ICD 10 database to refine further in the Search Billing Codes box

Then search using the code ...
ICD 10 Frequently Asked Questions

What if I can’t find or I am not sure of the exact code?

CMS will provide a 12-month “grace period” after implementation in which Medicare will not deny claims if the ICD-10 code is incorrect, as long as a valid code is used from the correct family. (See bulleted excerpt from CMS)

- Will the commercial payers observe the one-year period of claims payment review leniency for ICD-10 codes that are from the appropriate family of codes?
- Answer 13: The official Guidance only applies to Medicare fee-for-service claims from physician or other practitioner claims billed under the Medicare Fee-for-Service Part B physician fee schedule. Each commercial payer will have to determine whether it will offer similar audit flexibility.

“Family of codes” is the same as the ICD-10 three-character category. Codes within a category are clinically related and provide differences in capturing specific information on the type of condition.

Ex: E11 is the correct family of E11.9 as well as E11.610
ICD 10 Frequently Asked Questions

Is it appropriate to use Non-specific codes?

In both ICD-9-CM and ICD-10-CM, sign/symptom and unspecified codes have acceptable, even necessary, uses.


According to CMS

Specific codes reflecting the most appropriate level of certainty known for an encounter should be evaluated first:

- Specific diagnosis codes should be reported when they are supported by the available medical record documentation and clinical knowledge of the patient’s health condition.
- If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis.
- When sufficient clinical information is not known or available about a particular health condition to assign a more specific code, coding should comply with the payer guidelines for the use of unspecified codes.

There are several good resources to review. The source for the information and definition below is...

Health Data Consulting.

“Coding that does not fully define important parameters of the patient condition that could otherwise be defined given information available to the observer (clinician) and the coder.”

Sometimes unspecified makes sense...

- The patient may be early in the course of evaluation
- The claim may be coming from a provider who is not directly related to diagnosis of the patients condition
- The clinician seeing the patient may be more of a generalist and not able to define the condition at a level of detail expected by a specialist

When to be Specific? If there is sufficient information available to more accurately define the condition

- For basic concepts such as:
  - Laterality (Right, Left, Bilateral, Unilateral)
ICD 10 Frequently Asked Questions

✓ Anatomical locations
✓ Trimester
✓ Type of diabetes
✓ Known complications or comorbidities
✓ Description of severity, acute or chronic or other known parameters...

• Where care is implemented that demands a more specific level of detail
• At specialty level that should be able to define the detail required

EX:

Coding specificity, as we mentioned, may be very unspecified for a very good reason. Sometimes we will see the patient early in the course of the treatment. They say, "Doc, I have abdominal pain, I don’t know why it is there." You examine the patient. There is nothing specific that you can identify. The patient cannot relate what caused this or when it came on and it is very, very vague. We see this all the time. The proper code to use might be abdominal pain, unspecified.

According to CMS  https://www.youtube.com/watch?v=kCV6aFlA-Sc&feature=youtu.be

If the only information you know about Pneumonia is that it is Pneumonia the unspecified code is the correct code. See slide below

Pneumonia

Step 1
Look up term in Alphabetic Index:
Pneumonia (acute) (double) (migratory) (purulent) (septic) (unresolved) J18.9

Step 2
Verify code in Tabular:
J18 Pneumonia, unspecified organism
   Code first associated influenza, if applicable (J09.X1, J10.0-, J11.0-)
   J18.9 Pneumonia, unspecified organism

Code Assignment: J18.9

To RECAP
Sometimes you designate COSTAR descriptions that do not contain the term “Unspecified”. I wish you would let me know the associated codes are unspecified codes.

We are examining this process. At this time there are some tips that may help while we look for solutions.

AVOID

- Consider laterality where appropriate
  - *An unspecified side* is either a character 0 or 9 depending on whether it is a fifth or sixth character. In this case you want to question the use of unspecified – do you know which side is involved?

RECOGNIZE

- In ICD 10, codes using the term “Unspecified” usually includes the digit “9”. Whenever you see the “9” as a 4th or 5th or 6th digit, think about the description. Is it lacking more specific information that you actually have? If not then the designation “Unspecified” may be appropriate.
  - hematuria, unspecified R31.9
  - Vomiting , unspecified R11.10

How (and why) should I make a cheat sheet or a template?
ICD 10 Frequently Asked Questions

Providers don’t need to know all 68,000 codes. Most practices deal with a “most frequently seen” group. A Cheat sheet will give you a jumpstart. BUT this will take some work up front to determine your choice of codes.

There are recurring patterns among the different codes which when identified take the mystery out of coding. For instance the new concept of laterality when applied to a single code will return the choice of 3 or 4 codes (right (1), left (2), unspecified (9) and sometimes bilateral (3)).

The episode of care is another dynamic feature of codes. You need to document whether the particular visit is an initial encounter for injury, a subsequent visit for aftercare, or a visit to treat a late effect of the injury (and if it is a fracture there are more characters to describe stage of healing.

A Template will help you document concepts that are initially hard to remember For instance those necessary to document fractures or sprained ankles.

Amazing Charts Templates are easy to use, you may wish to create a few for the more difficult or frequently occurring diagnoses. To assist you while you capture new concepts. If you are not familiar with using them See "Adding a Template from the Admin Screen" or you can also find the Help Topic on Creating Template from Add/Edit Templates Screen.
ICD 10 Frequently Asked Questions

A PDF of the ICD-10-CM codebook is available free for download from the CDC website. Read (skim) the Guide first.


Look for the stuff you see day in and day out. Make sure you read the conventions to get at the valid code.

Create a template for complicated scenarios that occur frequently such as sprained ankle.
ICD 10 Frequently Asked Questions

Why is the terminology in AC not official terminology?

Example code” H66.90” appears as a green code. Green means Billable in AC. But ” H66.90” is an unspecified code in the ICD10 book. Shouldn’t it be yellow?

Amazing Charts does not determine Billable status we reflect what CMS has determined. H66.9 is not billable according to CMS it is not in AC either. H66.90 appears as Green billable in AC because it is considered Billable by CMS. However it is referring to an "unspecified ear".

H66.90 is billable but may cause problems with reimbursement because the user should indicate laterality such as Right, Left, or bilateral.

We need AC to guide providers to acceptable code level via initial and refined searches. Providers will not be aware they are selecting an unspecified code or a code that needs a “code also” given current terminology in AC.


We have become aware of you concerns regarding “Unspecified” codes and are looking at options to address this issue.

Do you have any resources you recommend?

CMS’ free help includes the “Road to 10” aimed specifically at smaller physician practices with primers for clinical documentation, clinical scenarios, and other specialty-specific resources to help with implementation. CMS has also released provider training videos that offer helpful ICD-10 implementation tips.

The Tabular list (URL below) is a resource that we recommend if you would like to look at the codes in context.


Visit the following web pages to find information and resources that will assist you in submitting correct ICD-10 codes to Medicare:
ICD 10 Frequently Asked Questions


https://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-for-Service-Provider-Resources.html