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Coping with Coding: The ICD-10's are Coming

Implementation Date

- October 1, 2014 for Medicare
- A date to remember
- Most other insurances will follow some sooner than later.

Why Coding Necessary?

- Report to Payers what was done for the patient in the office for reimbursement.
- Tracking Diseases and Conditions
- To Develop Statistics in order to monitor Treatment outcomes
- Forecast Health care trends

- Account for the practitioners time

Who Wants the Change

- HIPAA
- **Goal is streamlining electronic data transfer**

- Medicare
- **Goal are to**

    Accurately measure report and track specific disease information
- **Obtain data for quality, safety, and effectiveness of patient care and treatment outcomes**

Practical Reasons for Coding

- Practitioners should view coding as

- The conduit that turns what you do in the exam room into money.

Why change from ICD-9 to ICD-10

- Icd-9 is 30 years old andTechnology has Changed
  - They Ran out of codes in some categories
  - Not Descriptive enough

- ICD-9 is a 5 digit coding system that holds
       13,500   diagnostic codes

- ICD-10 is a 7 digit coding system that holds
       69,000 diagnostic codes

What Will the ICD-10 Codes Accomplish?

- The ICD- 10 Codes go into greater Descriptive Detail
- Account for Severity and Laterality
- Allow for Growth to include newly discovered disease processes.

ICD-10 Mind Set Change

- Important to understand that the ICD-10 coding change is much more than obtaining a new code list with some new code training.
- ICD-10 is a very big deal.

- Practitioner will need to change what is done in the exam room.
  – More detail to prove the diagnosis

What ICD-10 Replaces

- ICD-10-CM will replace ICD-9-CM Diagnoses, which is used by all types of providers
- ICD-10-PCS will replace ICD-9-CM Procedures, which is used only by inpatient hospitals
- CPT and HCPCS, which are used for all ambulatory and physician procedure reporting, are not being replaced by ICD-10

Like a Worthy Newspaper Reporter

- Your patient encounters forms will need to include information such as What, Where, When, Why, and How when exploring the patient's reason for visit or anything else found.
- The How question really needs to be emphasized
  – How long has it been there?
  – How much pain (discharge)?
  – How have you been managing up until now?

Optometry is affected mostly by the Diagnostic Codes

- Procedure codes for us are basically unchanged
- There are thousands and thousands of inpatient and hospital procedure codes that will added or changed, but those won't affect most Optometrists.

Documentation is the key to ICD-10 Coding

- Documentation will establish diagnosis and medical necessity, which leads to other testing, which establishes medical decision making, that sets the level of coding, that determines the reimbursement.

ICD-10 codes relevant to Eyecare

- C69.*** Malignant neoplasm
- D31.*** Benign neoplasms
- H01.***: Conditions of the eyelid
- H02.***: Entropions
- H04.***: Conditions of the lacrimal system
- H05.***: Conditions of the orbit
- H10.***: Conjunctival conditions
- H15.***: Conditions of the sclera
- H16.***: Keratoconjunctivitis
- H17.***: Conditions of the cornea

- H55.***: Nystagmus
- H57.***: Pupillary Disorders and ocular pain
- H59.***: Disorders following Surgery
- R**.***: Sign and symptom codes (headache, weakness, malaise, fever, shock)
- R00.***: Symptoms, signs and abnormal clinical and laboratory findings
- S**.***x: S Codes – injury, poisoning and certain other consequences of external causes
- T**.***x: T Codes – FB in cornea
- T74.***: adult and child abuse, neglect and maltreatment
- T36 -T50: Poisoning codes
- X00.***: Injury and Accident codes (initial, subsequent and sequela)
- Y92.***: Place of occurrence (replace E Codes)
- Y93.***: Activity codes (replace E codes)
- V01 – V099: External causes of Morbidity
- Z00-Z99: Replace V codes for screenings and histories

- H18.***: Keratopathies
- H20.***: Conditions of the iris
- H21.***: Disorders of iris and ciliary body
- H25.***: Cataracts
- H26.***: Cataracts, other
- H27.**: Conditions of the lens
- H30.**: Chorioretinal conditions
- H31.***: Conditions of the Choroid
- H33.**: Conditions of the retina
- H34.***: Retinal occlusions

ICD-9 for Cataracts Contains 40 Codes

- 366.0 Infantile juvenile and presenile cataract
  - 366.00 Nonsenile cataract, unspecified
  - 366.01 Anterior subcapsular polar cataract
  - 366.02 Posterior subcapsular polar cataract
  - 366.03 Cortical, lamellar cataract
  - 366.09 Other and combined forms of nonsenile cataract
  - 366.1 Senile cataract
  - 366.10 … unspecified
  - 366.11 Pseudoexfoliation of lens capsule
  - 366.12 Incipient senile cataract
  - 366.13 Anterior subcapsular polar senile cataract
  - 366.14 Posterior subcapsular polar senile cataract
  - 366.15 Cortical senile cataract
  - 366.16 Senile nuclear sclerosis
  - 366.17 Total or mature cataract
  - 366.18 Hypermature cataract
  - 366.19 Other and combined forms of senile cataract
  - 366.2 Traumatic cataract

- H35.***: Retinal changes
- H40.***: Glaucoma
- H43.***: Vitreous codes
- H44.***: Disorders of vitreous body and globe
- H44.6**: Unspecified retained (old) intraocular foreign bodies
- H47.***: Neuropathies
- H51.***: Convergence disorders
- H52.***: Refraction Disorders
- H53.***: Amblyopia/visual field defects
- H54.***: Blindness

More ICD-9 Cataracts

- 366.20 … unspecified
- 366.21 Localized traumatic opacities
- 366.22 Total traumatic cataract
- 366.23 Partially resolved traumatic cataract
- 366.3 Cataract secondary to ocular disorders
- 366.30 Cataracta complicata, unspecified
- 366.31 Glaucomatous flecks (subcapsular)
- 366.32 Cataract in inflammatory ocular disorders
- 366.33 Cataract with neovascularization
- 366.34 Cataract in degenerative ocular disorders
- 366.4 Cataract associated with other disorders
- 366.41 Diabetic cataract
- 366.42 Tetanic cataract
- 366.43 Myotonic cataract
- 366.44 Cataract associated with other syndromes
- 366.45 Toxic cataract
- 366.46 Cataract associated with radiation and other physical influences
- 366.5 After-cataract
- 366.50 … unspecified
- 366.51 Soemmering's ring
- 366.52 Other after-cataract, not obscuring vision
- 366.53 … obscuring vision
- 366.8 Other cataract
- 366.9 Unspecified cataract

ICD-10 Cataract Codes

- Eventually the 10 Codes will be Categorized Every Way Imaginable
- Codes will be referenced according to
  - Appearance of the Cataract
  - Are broken down by Age of the patient
  - Secondary to other Disease
  - Results of Medications
  - Results of injury and trauma
  - Environmental causes

ICD-9 vs ICD-10 Cataract Comparison

- ICD-9   Senile Nuclear Sclerotic Cataract
      366.16
- ICD- 10   Senile Nuclear Sclerotic Cataract
  - H25.10 Age related nuclear cataract, unspecified eye
  - H25.11 Age related nuclear cataract, right eye
  - H25.12 Age related nuclear cataract, left eye
  - H25.13 Age related nuclear cataract, both eyes

The ICD-10 Cataracts Codes Now Contain over a 180 codes

- Main H codes Categories
- H25 Adult Cataracts
  - H25.031Anterior subcapsular polar age-related cataract, right eye
  - H25.032Anterior subcapsular polar age-related cataract, left eye
  - H25.033Anterior subcapsular polar age-related cataract, bilateral
  - H25.039Anterior subcapsular polar age-related cataract, unsp eye

ICD-9 Glaucoma Codes

- primary open-angle glaucoma   365.11
- Unable to tell the difference between patients

- In 2011 the came out with "staged" based on visual fields.
- Implementation date: October 1, 2013

H26 Cataracts Under 17 Years

- H26.011Infantile and juv cortical/lamellar/zonular cataract, r eye
- H26.012Infantile and juv cortical/lamellar/zonular cataract, l eye
- H26.013Infantile and juv cortical/lamellar/zonular cataract, bi
- H26.019Infantile & juv cortical/lamellar/zonular cataract, unsp eye

ICD-9 Staged Glaucoma Codes

- Primary Open Angle Glaucoma 365.11 now turned into

- **365.71** Mild glaucoma
  365.72 Moderate glaucoma
  365.73 Severe glaucoma
  365.74 Indeterminate
  365.70 Unspecified

ICD-9 vs ICD-10 Glaucoma Comparison
Primary Open Angle Glaucoma 366.11

H4Ø.11XØ	Primary open-angle glaucoma, stage unspecified
H4Ø.11X1	Primary open-angle glaucoma, mild stage
H4Ø.11X2	Primary open-angle glaucoma, moderate stage
H4Ø.11X3	Primary open-angle glaucoma, severe stage
H4Ø.11X4	Primary open-angle glaucoma, indeterminate stage

Tips When Using ICD-10 Diagnostic Codes

- Use the most specific code possible for each eye
- Use unspecified only when there is no other choice (could be red flag)
- If glaucoma in one eye and diabetic cataract in both eyes, code all separately.

H 40.12Low-tension glaucoma

- H40.121Low-tension glaucoma, right eye
  - H40.1210…… stage unspecified
  - H40.1211…… mild stage
  - H40.1212…… moderate stage
  - H40.1213…… severe stage
  - H40.1214…… indeterminate stage
- H40.122Low-tension glaucoma, left eye
  - H40.1220…… stage unspecified
  - H40.1221…… mild stage
  - H40.1222…… moderate stage
  - H40.1223…… severe stage
  - H40.1224…… indeterminate stage

1 First Things First

- Buy the ICD-Code books for 2014
  - ***Codes for Optometry***
- Down Load a GEMs mapping tool or Crosswalk From Medicare

H 40.12Low-tension glaucoma Cont.

- **H40.123Low-tension glaucoma, bilateral**
  - H40.1230…… stage unspecified
  - H40.1231…… mild stage
  - H40.1232…… moderate stage
  - H40.1233…… severe stage
  - H40.1234…… indeterminate stage
- H40.129Low-tension glaucoma, unspecified eye
  - H40.1290…… stage unspecified
  - H40.1291…… mild stage
  - H40.1292…… moderate stage
  - H40.1293…… severe stage
  - H40.1294…… indeterminate stage

GEMs or General Equivalence Mappings

- GEMs is not designed for coding
- They are intended to translate and convert the ICD-9 to the ICD-10 codes
  - connect and analyze data,
  - develop the mindset for the new codes.
- Find and replace" codes or lists of codes

Other GEMs Functions

- A bi-directional code translator and Dictionary
  - GEMs are indexed with tabular instructions
- the Crosswalk enable the practitioner to track quality of treatments and outcomes
  - monitor reimbursements
  - assist in other research applications

GEMs can also assist the Optometrist in a "Superbill" makeover.

- 1-page Supperbill commonly in use for the ICD-9s will yield an unmanageable 5-page document with the ICD-10 codes.

ICD-9-CM code **365.23** maps **approximately** to ICD-10-CM

- H40.221Chronic angle-closure glaucoma, right Eye eye
- H40.2210...... stage unspecified
- H40.2211...... mild stage
- H40.2212...... moderate stage
- H40.2213...... severe stage
- H40.2214...... indeterminate stage

- H40.222Chronic angle-closure glaucoma, left eye
- H40.2220...... stage unspecified
- H40.2221...... mild stage
- H40.2222...... moderate stage
- H40.2223...... severe stage
- H40.2224...... indeterminate stage

- H40.223Chronic angle-closure glaucoma, bilateral
- H40.2230...... stage unspecified
- H40.2231...... mild stage
- H40.2232...... moderate stage
- H40.2233...... severe stage
- H40.2234...... indeterminate stage

- H40.229Chronic angle-closure glaucoma, unspecified eye
- H40.2290...... stage unspecified
- H40.2291...... mild stage
- H40.2292...... moderate stage
- H40.2293...... severe stage
- H40.2294...... indeterminate stage

Redesign the Supperbill

- Using GEMs, map out your 10 most commonly used diagnostic codes.
- Then 10 more, Then 10 more after that
- Two important functions is accomplished:
  1. O.D. will start to become familiar with GEMs and the ICD Coding system.
  2. The O.D. will have a the start of a data base compiled for future use.

GEMs also helps in unraveling "cluster Codes"

- A Cluster Code is 1 ICD-10 Diagnosis Code represented by multiple ICD-9 codes
  - For reimbursement purposes during the transition, it might be necessary to find out the code's true meaning in the ICD-9
- E11341 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
- In ICD-9 terms that translates to
  - 250.50Diabetes with ophthalmic manifestations, type II or specified type, not stated as uncontrolled
  - 362.06 Severe nonproliferative diabetic retinopathy
  - 362.07 Diabetic macular edema

Other ICD-10 Tools Needed

- As a practical matter, These will be necessary for using the new codes.
- Support from the O.D.s EHR and billing venders
- Other Data bases
- A comprehensive list of the ICD-10 codes
- Private vender billing guides
- Subscriptions to venders that supply coding tips

Resource Websites

- Free CMS GEMs mapping and Crosswalk
  - http://www.cms.gov/Medicare/Coding/ICD10/downloads/GEMs-CrosswalksBasicFAQ.pdf
- Free web based Crosswalk
  - http://www.icd10data.com/
- From the AOA
  - *Codes for Optometry*,
  - Numerous other useful items

#4   Check with your EHR provider and Billing Clearinghouse

- Contact your venders to verify they are on track with the code conversion and ask:

  - When will their software be ready?
  - What will they be providing?
  - Any special training necessary?
  - Will the software support both codes concurrently**?**
  - When will their programs be ready for a trial run?

#2   Get Trained

- O.D. should take 12 hours of seminars, webinars, and classes for basic proficiency.
- Classes for office billers
- Training for all office employees

- None one escapes!

Billing Services , Clearinghouse

  - Be proactive, don't wait

  - Discuss implementation plans with all your clearinghouses, billing services, and payers to ensure a smooth transition.

  - Contact organizations you conduct business with such as your payers, clearinghouse, or billing service. Ask about their plans for ICD-10 compliance and when they will be ready to test their systems for the transition.

3   Designate an Office ICD-10 Coordinator

- Responsibility is to:
- Act as an ICD-10 Clearinghouse for the office
- Make sure that everyone in the office is trained
- Keep an on going file or binder with relevant information
- Share information within the office

#5   The Supperbill

- Purpose of a Superbill is a document for the clinician so they can quickly complete and submit the procedure(s) and diagnosis(s) for a patient visit for reimbursement.

- Weather using a preprinted Superbill or EHR Supplemental reference data bases pages will be necessary for coding.

EMR Superbills

- Coding Lends it self well to EMR
- EMR venders should supply a comprehensive list of both the ICD-9 and ICD-10 codes.
- Some venders may provide their own version of a Crosswalk
  - Depending in the venders programing, the conversion codes may not exactly match those produced by a GEMs mapping

#7   Review Your Plans

- If you are not ready to submit your bills by October 1, 2014, you will not get paid.
- Reassess your Master Plan. Establish where you are and where you want to be in 6months
- Impact assessment involves looking at every system in your office to see if it ICD-10 ready

6   Funding

- Direct and indirect costs associated with implementing the ICD-10 codes will run an average office about $28,000.
- Direct costs
    updates to practice management systems, Computer up grades, new coding guides, Superbills, and staff training

Clia Waived Tests

- State Board says we can do pinprick diabetic testing
- Can't draw blood
- Medicare is presently not paying for this test as they are unaware the testing is Standard of Care for Optometry

Indirect Costs with Implementing ICD-10

- Every delay has a cost.   Time = $
- Ineptness of the office in using the new codes cause a loss in productivity
- Claims issues like Dropped claims, Late filings,
  - and Claim redo's.
- A 15% increased encounter time to deal with the increased information required in ICD-10

Start doing pinprick testing for Diabetic Suspects

- Be mindful of the protocol for working with blood in an office situation.
  - COA will have article on the subject for your review
- Bill with Code 38037 with a QW Modifier

You Are Never Alone

- The COA is always here to Help you with your coding issues.