

## Clinical Documentation and Coding

# Preparing for ICD 10: Delayed Again? What do we do now?

2014

As you may have heard, The Centers for Medicare & Medicaid Services (CMS) has delayed the implementation of the ICD-10 Coding System for one year, from October 1, 2014 to October 1, 2015. CMS estimates the new delay in implementing the ICD-10 coding system will cost anywhere from \$1.1 billion to over \$6 billion. What should you do now?

If your organization was right where it needed to be for ICD-10 implementation when the delay was announced, make sure to continue to stay on track. If you were not on track or not ready at all, use this time to better prepare for the transition.

ICD-10-CM is a further development of ICD-9-CM, but with a new, enhanced format and far greater clinical specificity than in the current ICD-9-CM diagnosis coding system. To assign the correct diagnosis codes to properly capture the patient's condition and support the services provided, this higher level of specificity requires an even greater degree of clinical understanding on the part of the coder.

Working with specialties can be a particular challenge for documenting and coding the conditions and services provided. What follows is a sample of how basic coding in the ICD-9-CM system will transition into basic coding in the new ICD-10-CM system. Included is a specialty example from cardiology with a few changes for ICD-10-CM. Remember, one of the best ways to prepare for ICD-10-CM is to make sure you are coding accurately in ICD-9-CM; Then you will only need to transition to the new system.

In addition, the importance of consistent, complete documentation in the medical record cannot be overemphasized.

Here are just a few helpful coding items to consider:

### General Coding: Laterality in ICD-10-CM

- ICD-10-CM will require a provider to indicate laterality, when appropriate and there are options for left, right and bilateral, if appropriate.
- When there is no bilateral option and the condition is present in both the right and left side, two diagnosis codes will be necessary: one for the right side and one for the left side.

- If a bilateral option exists, but the condition is not at the same stage (if applicable) for both sides, each side should be coded separately.
- Laterality will bring a one-to-many relationship when trying to “map” an ICD-9-CM code to an ICD-10-CM code. Providers should be made aware of the laterality requirement and now document accordingly to be ready for when it will be a requirement.

### Excludes Notes

In ICD-9-CM terms following the word “Excludes” are to be excluded from the code are to be coded elsewhere.

- In some circumstances the excluded codes may not be used in conjunction with the code to which it was excluded.
  - **Example:** Congenital condition excluded from an acquired form of the same condition.
- In other cases the excluded terms may be used together with an excluded code.
  - **Example:** Fractures of different bones are coded to different codes and if both fractures are present, then those codes may be used together.

In ICD-10-CM there are two types of excludes notes and each type has a different definition for use. But they are similar in they indicate that codes excluded from each other are independent of one another.

- **Excludes 1:** A type 1 Excludes note is a pure excludes note and means “NOT CODED HERE!” to indicate that the code excluded should never be used at the same time as the code above the Excludes 1 note.
  - **Example:** Congenital condition excluded from an acquired form of the same condition.
- **Excludes 2:** A type 2 Excludes note represents “Not included here” and the condition excluded is not part of the condition represented by the code, but the patient may have both conditions at the same time and it is acceptable to use both the code and the excluded code together, when appropriate.
  - **Example:** Fractures of different bones are coded to different codes and if both fractures are present, then those codes may be used together.

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### When more than one code is needed...

There are many ICD-9-CM codes (and corresponding ICD-10-CM codes) which have a note that indicates:

- **“Use additional code to identify...”** with options such as infections, associated conditions, manifestations, etc. The provider will need to be aware that this situation exists in both coding systems and be able to select codes for these situations. The “Use additional code...” will generate a code set with two or more codes listed in a particular order for correct coding.
- **“Code first underlying disease such as...”** with options for the underlying disease codes listed in the note. In both coding systems these entries are bold and italicized. The provider will need to be aware that this situation exists in both coding systems and the underlying disease code must be the first listed followed by the manifesting condition code (this code can never be first listed or stand-alone). The “Code first underlying disease...” will generate a code set with two or more codes listed in a particular order for correct coding.
- **“Code first, if applicable, any causal condition...”** with options for the condition listed in the note. The provider will need to be aware that this situation exists in both coding systems and be able to select code for the presenting condition and when appropriate, the causal condition. The “Code first, if applicable, any...” will generate a code set with two or more codes listed in a particular order for correct coding.
- **“Code also associated underlying conditions”** exists in both coding systems and will generate more than one code to describe the condition, but sequencing is discretionary. The provider’s determination of severity and reason for the encounter will be used to determine the correct order for that encounter.

### Co-morbidities: Diabetes Mellitus (DM)

There have been some changes with ICD-10-CM to certain conditions that affect code selection. One of these is coding for diabetes mellitus.

- The default DM type, when not documented by the provider, in both coding systems is Type 2.
  - In ICD-9-CM there are only two code categories for DM.
  - In ICD-10-CM there are five code categories for DM.
- ICD-9-CM the type of diabetes is sequenced before the codes for the associated conditions, resulting in a paired code set which follows an etiology/manifestation convention.
- Providers should be made aware that in ICD-10-CM, DM codes are combination codes that include the type of DM, the body system affected and the complication affecting that body system. Use as many codes as necessary in a

particular category to describe all of the complications of the disease. (On certain tabular listings for a code, there will be a note indicating when more than one code is necessary.)

- The use of insulin is tracked (except temporary use) in both coding systems for all types of DM (except Type 1), but regardless of type, providers should ensure insulin use is documented in the medical record.
- Secondary DM in both coding systems is always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm of pancreas, pancreatectomy, adverse effect of drug or poisoning)
  - Sequencing of these codes for categories is found in the Tabular List with instructions under these categories.

### Co-morbidities: Hypertension (HTN)

The hypertension table in ICD-9-CM has been removed in ICD-10-CM.

### Specialties beware: A few examples of changes in cardiology for ICD-10-CM

- ICD-10-CM has combination codes for atherosclerotic heart disease with angina pectoris:
  - A causal relationship can be assumed in a patient with both atherosclerosis and angina pectoris unless the documentation indicates the angina is due to something other than the atherosclerosis with new combination codes in ICD-10-CM.
  - When using one of these combination codes it is not necessary to use an additional code for angina pectoris.
- Ischemic heart disease (I20-I25) has a new note: Use additional code to identify the presence of hypertension (I10-I15).
- Myocardial Infarctions (MI):
  - Acute myocardial infarction (AMI) in ICD-9-CM is coded to acute if the provider states acute or with a duration of 8 weeks or less (410)
  - In ICD-10-CM an AMI is coded to acute if the provider states acute or with a stated duration of 4 weeks (28 days) or less from onset (I21)
  - New code in ICD-10-CM I22 Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction which includes a patient having a new AMI occurring within 4 weeks (28 days) of a previous AMI, regardless of site.
  - A code from category I22 must be used in conjunction with a code from category I21 with sequencing dependent upon the circumstances of the encounter.

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We have discussed just one specialty. But there are significant changes from ICD-9-CM to ICD-10-CM for diagnosis coding in many specialties. It is time to start learning them now.

### Conclusion

With the delay in implementation, there is plenty of time to prepare for the change. Look at your organization, work on education and keep on track for the new implementation date. If you do not have the proper resources to assist you, reach outside your organization. Finding the right consulting firm can save time and money, but more importantly assure that you will be ready for 10/1/2015.

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### Resources:

ICD-10-CM/PCS:

<http://www.cms.gov/Medicare/Coding/ICD10/index.html> on the CMS website

ICD-10-CMS/PCS Implementation Timelines:

<http://www.cms.gov/Medicare/Coding/ICD10/ICD-10ImplementationTimelines.html> on the CMS website



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