

Payment and Practice Management Memo
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Tense About ICD-10?

There are many ways to relieve stress and tension. When I entered “tension relief” into the Google search engine, I got 31,800,000 results in 0.34 seconds. To relieve stress and tension over ICD-10, you need to learn more about it.

The transition to ICD-10-CMS/PCS was originally to take place on October 1, 2013. We have seen two delays since that announcement with the most recent coming as part of the Protecting Access to Medicare Act of 2014. Per a provision within that legislation, transition cannot take place before October 1, 2015. We know that the Centers for Medicare and Medicaid Services (CMS) will soon issue an interim final rule that will set the date at October 1, 2015 and will clarify that all covered entities under the Health Insurance Portability and Accountability Act (HIPAA) should continue to use ICD-9-CM until that date.

Much has been made about the similarities and the differences between the ICD-9-CM diagnosis codes and the ICD-10-CM codes. It is important to take advantage of the additional year to become familiar with the rules of the road of ICD-10-CM. There are some conventions within that code set that are not part of ICD-9-CM. In this memo, we will cover three of them.

Excludes Notes:

In ICD-9-CM, if a code entry has an Excludes Note, the excluded condition is not part of the condition described and you need to use a different code to report it. For example, pain is described by ICD-9-CM codes in the 338.- - series. As you review that series looking for the code most specific to the condition you want to report, you will see that there are several conditions related to pain that are not to be reported by a 338.- - code.

- 338.1 Acute pain
 - 338.11 Acute pain due to trauma
 - 338.12 Acute post-thoracotomy pain
 - Post-thoracotomy pain NOS
 - 338.18 Other acute postoperative pain
 - Postoperative pain, NOS
 - 338.19 Other acute pain
 - Excludes** *neoplasm related acute pain (338.3)*

- 338.2 Chronic pain
 - Excludes** *causalgia (355.9)*
 - lower limb (355.71)*
 - upper limb (354.4)*
 - chronic pain syndrome (338.4)*
 - myofascial pain syndrome (729.1)*
 - neoplasm related chronic pain (338.3)*
 - reflex sympathetic dystrophy (337.20 – 337.29)*
- 338.21 Chronic pain due to trauma
- 338.22 Chronic post-thoracotomy pain
- 338.28 Other chronic postoperative pain
- 338.29 Other chronic pain

ICD-10-CM includes Excludes 1 notes and Excludes 2 notes. An Excludes 1 note is used when the conditions would not occur together and the codes should not both be reported in the same encounter.

- G89.1 Acute pain, not elsewhere classified
 - G89.11 Acute pain due to trauma
 - G89.12 Acute post-thoracotomy pain
 - Post thoracotomy pain, NOS
 - G89.18 Other acute postprocedural pain
 - Postoperative pain NOS
 - Postprocedural pain NOS
- G89.2 Chronic pain, not elsewhere classified
 - Excludes 1** *causalgia, lower limb (G57.7-)*
 - causalgia, upper limb (G56.4-)*
 - central pain syndrome (G89.0)*
 - chronic pain syndrome (G89.4)*
 - complex regional pain syndrome II, lower limb (G57.7-)*
 - complex regional pain syndrome II, upper limb (G56.4-)*
 - neoplasm related chronic pain (G89.3)*
 - reflex sympathetic dystrophy (G90.5-)*

An Excludes 2 note indicates two separately coded conditions; a patient could have both conditions during the same encounter.

Placeholders:

ICD-10-CM codes can extend out to seven characters. In some instances, you may need to include information via the seventh character when there is no element pertinent to the fourth, fifth and/or sixth character. In such cases, the code will use an “X” to fill the empty position(s). *{The example below provides an additional example of an Excludes 2 note.}*

S57 Crushing injury of elbow and forearm
 Use additional code(s) for all associated injuries
 Excludes 2 *crushing injury of wrist and hand (S67.-)*

S57.0 Crushing injury of elbow
 S57.01XA Crushing injury of right elbow, initial encounter
 S57.01XD Crushing injury of right elbow, subsequent encounter
 S57.01XS Crushing injury of right elbow, sequela

Initial Encounter/Subsequent Encounter/Sequela:

As demonstrated in the example above, some ICD-10-CM codes use the 7th digit to convey information about the encounter rather than the condition. An “A” denotes initial encounter, a “D” denotes a subsequent encounter and an “S” indicates sequela.

Initial Encounter: While you might think that this means it is the first time the patient is being seen for treatment of the condition, it actually means that the patient is still undergoing active treatment. A surgical encounter is active treatment so when reporting a diagnosis for anesthesia care, an anesthesiologist would classify the case as an initial encounter and use the character “A” for the 7th character when that information is required.

Subsequent Encounter: The patient is being seen for routine care and is in the recovery phase. Examples include cast removal, medication adjustment or other aftercare.

Sequela: Sequela is a complication of the condition.

One the best ways to learn the specifics of ICD-9-CM coding is to read the guidelines printed in the code books, and that is also the case for ICD-10-CM. In addition to general information, there are sections with information specific to each chapter so you can hone in on the conditions that are relevant to the patients you see. CMS recently hosted a National Provider Call that covered ICD-10-CM basics. That presentation along with a lot of other good information is available on the CMS website at <http://www.cms.gov/Medicare/Coding/ICD10/index.html>

Learn about ICD-10-CM and reduce your tension:

ICD-9-CM 799.21 Nervousness
 Nervous
ICD-10-CM R45.0 Nervousness
 Nervous tension