An Administrator’s Guide to ICD-10 Mapping

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Disclosures

• Everything here is strictly my opinion only and does not reflect the opinion of Via Christi Clinic or the VA.

• Dr. Qaum and spouse own T&S Publishing Co, which publishes an ICD-10 coding form.

Objectives

• Learn about a common ICD-10 mapping myth.

• Learn three key principles to ensuring a successful transition to ICD-10.

• Learn six steps to map your way to ICD-10.
Are You Destined for Success or Failure?

- Defined a timeline.
- Created a budget.
- Assigned a project manager.
- Communicated with your billing service and EHR vendor.
- Communicated with your staff and your physicians.
- Did you forget something?

A Common ICD-10 Mapping Myth

- Myth: Each ICD-9 diagnosis easily maps one-to-one to an ICD-10 diagnosis.
- Fact: Failure to appreciate the complexity of the coding and the need for careful mapping will seriously impede your workflow.

Three Key Principles to Ensuring a Successful Transition to ICD-10

1. Accept that you must convert to ICD-10.
   - The compliance date is currently 10/1/15.
   - CMS has indicated that ICD-10 will not be further delayed.

2. Start early (ideally as soon as possible).
   - Your practice will be far more productive in October 2015 if it has already adapted to small changes along the way.
Three Key Principles to Ensuring a Successful Transition to ICD-10

3. Do not slow down the physician.
   - Avoid the pitfall to have the physician code ICD-10 in the EMR, even if they currently code ICD-9 in the EMR.
   - For most, your practice will be more productive if the physician codes ICD-10 on paper which is subsequently entered by a coder.
   - The only exception is if your EMR automatically captures the ICD-10 codes during documentation that the physician has to perform anyway.

Six Steps to Map Your Way to ICD-10

• Step 1: Generate an ICD-9 “frequency-weighted” diagnosis list.

• Step 2: Update your current ICD-9 encounter form.

• Step 3: Start using your newly-updated ICD-9 encounter form.

• Step 4: Map every diagnosis from your ICD-9 encounter form to ICD-10.

• Step 5: Create an ICD-10 encounter form.

• Step 6: Re-update your ICD-9 encounter form with your abbreviations.
Step 1: Generate an ICD-9 “Frequency-Weighted” Diagnosis List

How?
• Query your practice management software.

• Generate a physician-specific listing of every single diagnosis on every single encounter that has been performed over the past three years.

Pointers:
• Limit the time frame to three years because practices do change over time.

• The query should be per physician, not per subspecialty or for the entire practice.

• Count every diagnosis, not just the primary diagnosis.

• Do this query per encounter, not per patient, since every diagnosis is not created equally. Contrast glaucoma patients (seen quite often) vs. choroidal nevus patients (seen much less frequently.)

Step 2: Update Your Current ICD-9 Encounter Form

• Include your most common “frequency-weighted” diagnoses.

• You should be able to fit 100–120 diagnoses on an encounter form with three columns: one for CPT and two for ICD-9.

• Why approximately 100 diagnoses? They account for about 97% of your practice.
Step 3: Start Using Your Newly-Updated ICD-9 Encounter Form

• Your physicians, technicians, and billing staff will appreciate an accurate “frequency-weighted” diagnosis list.

• Making this change early means there will be one less new thing to do once your practice goes live with ICD-10 on 10/1/15.

Step 4: Map Every Diagnosis from Your ICD-9 Encounter Form to ICD-10

• This is somewhat tedious and should involve your ophthalmologist.

• Why?
  – Of all the steps that can potentially impede workflow, mapping is the most important.
  – The end product of this step is where the physician will be interfacing with ICD-10 on a daily basis.

• Notice that ICD-10 codes most often have laterality: right eye, left eye, bilateral, or unspecified:
  – H04.121 Dry eye syndrome of right lacrimal gland
  – H04.122 Dry eye syndrome of left lacrimal gland
  – H04.123 Dry eye syndrome of bilateral lacrimal glands
  – H04.129 Dry eye syndrome of unspecified lacrimal gland

• For eyelid-specific conditions, ICD-10 codes distinguish eyelids: right upper, right lower, left upper, left lower, and unspecified:
  – H01.021 Squamous blepharitis right upper eyelid
  – H01.022 Squamous blepharitis right lower eyelid
  – H01.023 Squamous blepharitis right eye, unspecified eyelid
  – H01.024 Squamous blepharitis left upper eyelid
  – H01.025 Squamous blepharitis left lower eyelid
  – H01.026 Squamous blepharitis left eye, unspecified eyelid
  – H01.029 Squamous blepharitis unspecified eye, unspecified eyelid
Step 4: Map Every Diagnosis from Your ICD-9 Encounter Form to ICD-10

- Avoid highly unspecified codes such as:
  - H01.029 Squamous blepharitis unspecified eye, unspecified eyelid

- Some payers will simply not pay for these unspecified codes because a more specific code is available.

Pay special attention to three key areas:

1) Glaucoma, where both laterality and staging are required,
   - H40.121? Low-tension glaucoma, right eye
   - H40.122? Low-tension glaucoma, left eye
   - H40.123? Low-tension glaucoma, bilateral

   One of the following 7th characters is to be assigned to each code to designate the stage of glaucoma.
   - 0 – stage unspecified
   - 1 – mild stage
   - 2 – moderate stage
   - 3 – severe stage
   - 4 – indeterminate stage

2) Diabetes, where type of diabetes (1 or 2), stage of retinopathy, and presence/absence of macular edema are required, and

3) S and T codes which may require a 7th character, often an A, D, or an S.
Step 4: Map Every Diagnosis from Your ICD-9 Encounter Form to ICD-10

Pay special attention to diabetes, where type of diabetes (1 or 2), stage of retinopathy, and presence/absence of macular edema are required:

- E10.321 Type 1 w/ mild NPDR with macular edema
- E10.329 Type 1 w/ mild NPDR w/o macular edema
- E10.331 Type 1 w/ moderate NPDR with macular edema
- E10.339 Type 1 w/ moderate NPDR w/o macular edema
- E10.341 Type 1 w/ severe NPDR with macular edema
- E10.349 Type 1 w/ severe NPDR w/o macular edema
- E10.351 Type 1 w/ PDR with macular edema
- E10.359 Type 1 w/ PDR without macular edema
- E10.9 Type 1 DM without complications

Pay special attention to S and T codes, which may require a seventh character, often an A, D, or S:

- S05.01X? Corneal abrasion, right eye
- S05.02X? Corneal abrasion, left eye

The appropriate 7th character is to be added to each code.
- A – initial encounter
- D – subsequent encounter
- S – sequela

You will need to look at other sections besides Section H:

- B (Infectious Diseases)
  - B00.52 HSV Keratitis/Keratoconjunctivitis
- D (Neoplasms)
  - D44.3 Pituitary Tumor, Uncertain Behavior
- E (Endocrinological Diseases)
  - E10.9 Diabetes 1 w/o Retinopathy
- G (Nervous System Diseases)
  - G35 Multiple Sclerosis
Step 4: Map Every Diagnosis from Your ICD-9 Encounter Form to ICD-10

You will need to look at other sections besides Section H:

- **L (Skin Diseases)**
  - L71.9 Rosacea, Unspecified
- **M (Connective Tissue Diseases)**
  - M31.6 Temporal (Giant Cell) Arteritis, Other
- **R (Symptoms Not Elsewhere Classified)**
  - R51 Headaches
- **Z (Factors Influencing Health Status)**
  - Z96.1 Pseudophakia

Step 5: Create an ICD-10 Encounter Form

You will need to make many abbreviations so that your diagnoses fit.

Examples:
- “Central Retinal Vein Occlusion” becomes “CRVO.”
- “Posterior Capsule Opacification” becomes “PCO.”

Step 5: Create an ICD-10 Encounter Form

Get creative to make your diagnoses fit.

- H04.12* Dry Eye Syndrome R(1) L(2) B(3)
- H02.83* Dermatochalasis RU(1) RL(2) LU(4) LL(5)
- H40.12** Gl Lo R(1) L(2) B(3); Uni(0) Mil(1) Mod(2) Sev(3) Ind(4)
- E10.3*9 Diabetes 1 w/o Edema Mild(2) Mod(3) Severe(4) PDR(5)
- S05.0*** Corneal Abrasion R(1XA 1XD 1XS) L(2XA 2XD 2XS)
Step 5: Create an ICD-10 Encounter Form

• You may want to reduce your specificity.

• Example, you might use one code: superficial keratitis, instead of four codes:
  – macular keratitis
  – filamentary keratitis
  – photokeratitis
  – punctate keratitis

Step 6: Re-update Your ICD-9 Encounter Form with Your Abbreviations/Code Changes

• Your physicians, technicians, and billing staff will appreciate the extra time to get accustomed to your abbreviations.

• Your physicians, technicians, and billing staff will appreciate the extra time to get accustomed to a few less specific codes.

• Making this change early means there will be one less new thing to do once your practice goes live with ICD-10 on 10/1/15.

End Product

Up-to-date ICD-9 and ICD-10 encounter forms:
  – with a frequency-weighted listing of about 100–120 diagnoses.

  – Should work well for about 97% of your practice.

  – Should have a handy reference for the remaining 3%.
Final Thoughts

• If started early and done properly, you can take steps now to minimize the impact and the difficulty of transitioning to ICD-10.