William M. Rogoway, O. D.

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

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

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

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 and Technology 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

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, juvenile 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 Posterior vitreous 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
• 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 Cataract associated with other disorders
• 366.31 Glaucomatous flecks (subcapsular)
• 366.32 Cataract in inflammatory ocular disorders
• 366.33 Cataract with neovascularization
• 366.34 Cataract in degenerative ocular disorders
• 366.35 Cataract associated with other disorders
• 366.36 Cataract associated with other syndromes
• 366.37 Cataract associated with radiation and other physical influences
• 366.4 Cataract associated with other disorders
• 366.40 Diabetic cataract
• 366.41 Tetanic cataract
• 366.42 Myotonic cataract
• 366.44 Cataract associated with other syndromes
• 366.45 Toxic cataract
• 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

More ICD-9 Cataracts

• 366.00 Nonsenile cataract
• 366.01 Anterior subcapsular polar cataract
• 366.02 Posterior subcapsular polar cataract
• 366.03 Cortical, juvenile 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 Posterior vitreous 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
• 366.20 … unspecified
• 366.21 Localized traumatic opacities
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• 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

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, unspeye

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

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

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

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

| H40.11X0 | Primary open-angle glaucoma, stage unspecified |
| H40.11X1 | Primary open-angle glaucoma, mild stage |
| H40.11X2 | Primary open-angle glaucoma, moderate stage |
| H40.11X3 | Primary open-angle glaucoma, severe stage |
| H40.11X4 | 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 40.12 Low-tension glaucoma

- H40.121 Low-tension glaucoma, right eye
  - H40.1210 .... stage unspecified
  - H40.1211 .... mild stage
  - H40.1212 .... moderate stage
  - H40.1213 .... severe stage
  - H40.1214 .... indeterminate stage
- H40.122 Low-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
- Download a GEMs mapping tool or Crosswalk From Medicare

H 40.12 Low-tension glaucoma Cont.

- H40.123 Low-tension glaucoma, bilateral
  - H40.1230 .... stage unspecified
  - H40.1231 .... mild stage
  - H40.1232 .... moderate stage
  - H40.1233 .... severe stage
  - H40.1234 .... indeterminate stage
- H40.129 Low-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

- H40.221 Chronic angle-closure glaucoma, right eye
  - H40.2210 …… stage unspecified
  - H40.2211 …… mild stage
  - H40.2212 …… moderate stage
  - H40.2213 …… severe stage
  - H40.2214 …… indeterminate stage
- H40.222 Chronic 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
- H40.223 Chronic angle-closure glaucoma, bilateral
  - H40.2230 …… stage unspecified
  - H40.2231 …… mild stage
  - H40.2232 …… moderate stage
  - H40.2233 …… severe stage
  - H40.2234 …… indeterminate stage
- H40.229 Chronic 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
    - 250.50 Diabetes 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 vendors
- Other Data bases
- A comprehensive list of the ICD-10 codes
- Private vendor billing guides
- Subscriptions to vendors that supply coding tips
Resource Websites

- Free CMS GEMs mapping and Crosswalk
- Free web based Crosswalk
  - [http://www.icd10data.com/](http://www.icd10data.com/)
- From the AOA
  - [Codes for Optometry](http://www.icd10data.com/)
  - Numerous other useful items

#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!

#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

#4 Check with your EHR provider and Billing Clearinghouse

- Contact your vendors 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?

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.

#5 The Superbill

- 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 itself well to EMR
- EMR vendors should supply a comprehensive list of both the ICD-9 and ICD-10 codes.
- Some vendors may provide their own version of a Crosswalk
  - Depending on the vendor's programming, the conversion codes may not exactly match those produced by a GEMs mapping

#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 upgrades, new coding guides, Superbills, and staff training

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

#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 6 months
- Impact assessment involves looking at every system in your office to see if ICD-10 ready

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

Start doing pinprick testing for Diabetic Suspects
- Be mindful of the protocol for working with blood in an office situation.
  - COA will have an 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.