

DPH ICD-10 Project Update October 7, 2014

Countdown: 358 days until 10/1/15 Transition

NCTracks Provider/Trading Partner End-to-End (E2E) Testing

A big thank you to those agencies that have expressed a willingness to participate in the NCTracks Provider/Trading Partner testing! An announcement about the agencies selected for testing is forthcoming. The timetable for the NCTracks testing has not been finalized. Testing will occur during the Spring/Summer 2015 but the official begin date is still under consideration. More to come!!

September 2014 Coding Training for Local Health Departments and Rural Health Agencies:

The coding training offered in September is complete. Many participants have submitted their evaluations and the comments have been reviewed. Changes to the training materials are in process based upon evaluation recommendations and training outcomes. Any participants who have recommendations related to the training are encouraged to submit these to Sarah.Brooks@dhhs.nc.gov no later than November 5th. Participants who have requested copies of the coding workbooks with answer keys can expect to receive those around mid-November.

For staff who have not yet attended training or staff who want a refresher closer to the October 1, 2015 transition date, extensive ICD-10-CM coding training will be offered in 2015 for DPH, child development service agencies (CDSAs), local health departments and rural health agencies. It is anticipated that course offerings will be conducted between May – September 2015.

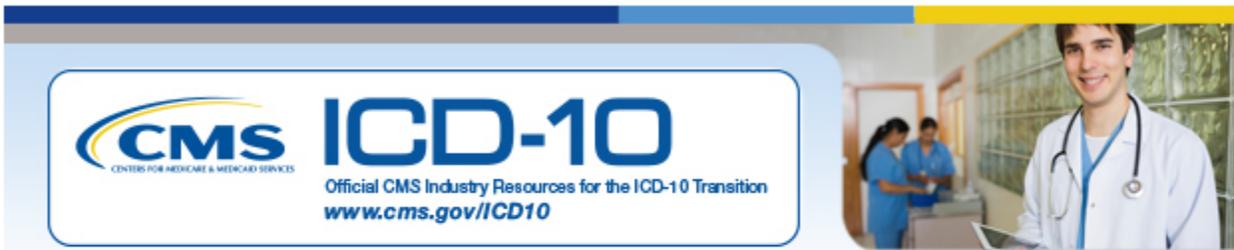
CMS schedules ICD-10 National Provider Call for Nov. 5: The Centers for Medicare and Medicaid Services (CMS) have a National Provider Call scheduled for November 5th to answer questions about ICD-10 implementation.

CMS plans to cover:

- Final rule and national implementation
- Medicare Fee-For-Service testing
- Medicare Severity Diagnosis Related Grouper (MS-DRG) Conversion Project
- Partial code freeze and annual code updates
- Plans for National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
- Home health conversions Claims that span the implementation date

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COMPLIANCE DATE OCTOBER 1, 2015

News Updates October 3, 2014

ICD-10 Coding Basics MLN Connects™ National Provider Call

Wednesday, November 5; 1:30-3pm ET

To Register: Visit [MLN Connects™ Upcoming Calls](#). Space may be limited, register early.

The Department of Health & Human Services (HHS) has issued a [rule](#) finalizing October 1, 2015, as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10.

During the MLN Connects™ National Provider Call, Centers for Medicare & Medicaid Services (CMS) subject matter experts will discuss ICD-10 implementation issues, opportunities for testing, and resources. A question and answer session will follow the presentations.

Agenda:

- Final rule and national implementation
- Medicare Fee-For-Service testing
- Medicare Severity Diagnosis Related Grouper (MS-DRG) Conversion Project
- Partial code freeze and annual code updates
- Plans for National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
- Home health conversions
- Claims that span the implementation date

Target Audience: Medical coders, physicians, physician office staff, nurses and other non-physician practitioners, provider billing staff, health records staff, vendors, educators, system maintainers, laboratories, and all Medicare providers

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) web page to learn more.

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Coding Exercises: Here is the answer for the scenario from the last communication.

Scenario: A 65-year old female was seen as an outpatient by her internist for monitoring of her hypertension and type II diabetes mellitus. During the course of the visit, the patient told her physician that she had been feeling sad and depressed as of late. After discussion, the patient agreed to a trial of antidepressant medication therapy. Prescription renewals for enalapril and metformin along with a new prescription for the antidepressant were sent to the patient's pharmacy electronically. The diagnoses for the visit were hypertension, Type II diabetes mellitus and depression.

Answer: I10 Essential (primary) hypertension; E11.9 Type 2 diabetes mellitus without complications; F32.9 Major depressive disorder, single episode, unspecified

Discussion: Hypertension is no longer classified as benign, malignant or unspecified in ICD-10. Hypertension with no target organ disease is assigned to code I10. In ICD-10, diabetes mellitus type 1 and type 2 each have their own category (E10 for Type 1 and E11 for Type 2); in ICD-9 they shared category 250. In fact, there are five categories for diabetes in ICD-10. In addition to E10 and E11, the other categories are: E08 for diabetes mellitus due to underlying condition, E09 for drug or chemical induced diabetes mellitus, and E13 for other specified diabetes mellitus.

In this scenario, depression is classified as a major depressive disorder and is located in the mood disorders section in ICD-10. In ICD-9, this same diagnosis as documented would be assigned to code 311, Depressive disorder not elsewhere classified, located in the section entitled Neurotic Disorders, Personality Disorders, and Other Nonpsychotic Mental Disorders. The classification of unspecified depression is vastly different between the two coding systems. It is important to educate physicians about the need to document depression as specifically as possible so the code that most accurately portrays the patient's condition is assigned. Otherwise, a lot of patients will be classified as having a major depressive disorder when that is not the case.

New Scenario: A two-year old was brought to the Emergency Department by his parents with a chief complaint of wheezing. The parents stated that the child developed what appeared to be a cold the day before admission with symptoms of a runny nose and slight cough. On the morning of admission, the child started wheezing and appeared to have difficulty breathing. The child was examined and lab tests were performed. The patient was admitted to the Pediatric unit for respiratory support and treatment with an admitting diagnosis of bronchiolitis. Laboratory testing isolated and identified enterovirus D68 (EV-D68). The patient's respiratory symptoms stabilized then abated and patient was discharged home after four days with a diagnosis of acute bronchiolitis with bronchospasm due to EV-D68.

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Assign ICD-10-CM diagnosis codes for this scenario. Answer will appear in the next communication.

ICD-10: A Common Language for Monitoring Ebola and Other Global Health Threats

Posted on September 10, 2014 by Ann Frischkorn Chenoweth

As the fourth American Ebola patient, a physician serving in West Africa, was flown to the U.S. for emergency care this week, I was reminded that public health also wins from the implementation of ICD-10. According to World Health Organization (WHO), the latest Ebola outbreak has killed almost 2,300 people in five West African countries. Medical workers have been hit hard by the Ebola epidemic. As of late August, more than 240 healthcare workers had developed Ebola and more than 120 had died.

How do U.S. public health organizations at the local and national levels currently capture the data needed for research, reporting and surveillance on this deadly Ebola virus? The answer: not very easily. When looking at ICD-9 today, Ebola is often classified to 078.89, Other specified diseases due to viruses, but I have also seen Ebola classified to 065.8, Other specified arthropod-borne hemorrhagic fever. This lack of specificity in the ICD-9 code description makes it extremely difficult, if not impossible, to clearly identify Ebola patients in the data. In turn, the ability for our public health organizations to quickly and proactively identify emerging epidemics can be severely compromised. Ebola is just one of countless examples where the lack of specificity in ICD-9 codes negatively impacts effective monitoring and tracking of diseases from a public health perspective.

ICD-10, however, provides one specific code for the Ebola virus – A98.4. This illustrates the positive impact the additional specificity of ICD-10 can have on the ability to capture public health diseases, perform research, measure outcomes, and evaluate the efficacy of treatments. ICD-10 will also facilitate the sharing of data internationally. Because the U.S. is the only industrialized nation still using ICD-9, sharing data with countries using ICD-10 is difficult to accomplish.

As the world works together to combat the Ebola outbreak, lets reflect on the value ICD-10 can bring to better understanding this disease, various treatments, and outcomes – in addition to improving the lives of populations around the world for decades to come.

Learn more about the public health implications of using ICD-9 vs. ICD-10 in a new infographic (<https://coalitionforicd10.files.wordpress.com/2014/09/coalition-for-icd-10-infographic-public-health-ebola4.jpg>) published by the Coalition for ICD-10.

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When good vaccines lead to bad reactions: With flu season just around the corner, Melissa took her 4-year-old son Andrew to Dr. Spock, the pediatrician, for his flu shot Wednesday. With a minimum of fuss, Andrew took his shot and headed home with Melissa.

How would we code this visit in ICD-10-CM? From a diagnosis coding standpoint, it's pretty easy. If you look up Vaccination in the ICD-10-CM Alphabetic Index, you're directed to code Z23 (encounter for immunization).

We do need to pay attention to two notes with this code. First, ICD-10-CM instructs us to code for any routine childhood examination. In Andrew's case, he was just visiting for a flu shot, so no routine exam. If he had gone in for a yearly physical or another problem and just happened to get his flu shot at the same time, we would code the vaccination as an additional diagnosis. The other thing to note is Z23 is a very general diagnosis code. We don't have codes for the specific vaccination. Instead, we need to report the vaccine using a HCPCS code for the drug and a CPT® code (in the outpatient setting) for the actual administration. ICD-10-CM includes a note in the Tabular List stating, "Procedure codes are required to identify the types of immunizations given."

Andrew weathered his vaccine administration fine, but when it comes to the actual vaccine, things didn't go as well. When Melissa was getting Andrew ready for preschool Friday, she noticed the injection site was red, inflamed, and hot to the touch. Andrew also reported it was a little itchy. Back to Dr. Spock they go. Dr. Spock allayed Melissa's fears of cellulitis and diagnosed an adverse reaction to the vaccine.

What would we code for this visit? Instead of heading to the Alphabetic Index (although we could do that if we wanted to), we're going to the Table of Drugs and Chemicals. The table is located in the front of the *ICD-10-CM Manual*, just like it is in the *ICD-9-CM Manual* and the tables work pretty much the same way.

In the ICD-10-CM Table of Drugs, we find the following headings:

- Poisoning, accidental (unintentional)
- Poisoning, intentional self-harm
- Poisoning, assault
- Poisoning, undetermined
- Adverse effect
- Underdosing

The headers in ICD-10-CM differ from those in ICD-9-CM. For example, in ICD-9-CM, any poisoning that was intentional is classified as a suicide attempt. In ICD-10-CM, that category becomes poisoning, intentional, self-harm, which is a little more generic. Some people may

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intentionally poison themselves with a specific drug, but they are not attempting suicide. You'll also notice that the codes now start with T. Underdosing is a new concept in ICD-10-CM, but it doesn't really relate to Andrew's vaccine reaction.

In ICD-9-CM, we don't have a specific heading for an adverse effect. We use the therapeutic use column, which is a little ambiguous. However, we know that Andrew suffered an adverse effect from the vaccine, so we would use a code from that column. But which code?

We can find it two ways. First, you can look up "influenza vaccine" and lo and behold, there's the code. Or you can look up "vaccine," then scroll through the list to find influenza. Either way you still end up with ICD-10-CM code T50.B95 (adverse effect of other viral vaccines).

Because we know not to code from the Alphabetic Index alone, we check the Tabular List to make sure we have all of the characters we need and that the code actually matches the diagnosis. We have the correct code, but if you flip all the way back to the start of the T50 series of codes, you'll see a notation that a seventh character is required for all of the T50 codes. Since this is Andrew's first visit for his adverse reaction to the flu vaccine, we would use seventh character A. The correct code is T50.B95A.

Without the A, the code is invalid and you won't get paid. However, we're not done coding just yet. If you look at the very beginning of the Poisoning by, adverse effects of and underdosing of drugs, medicaments and biological substances (T36-T50) category, you'll see several more notes, including:

Code first, for adverse effects, the nature of the adverse effect, such as:

- Adverse effect NOS (T88.7)
- Aspirin gastritis (K29.-)
- Blood disorders (D56-D76)
- Contact dermatitis (L23-L25)
- Dermatitis due to substances taken internally (L27.-)
- Nephropathy (N14.0-N14.2)

What adverse effects did Andrew suffer? We know he had a rash and pain. If we look up rash, we find a code for rash following immunization: T88.1, other complications following immunization, not elsewhere classified (Includes Generalized vaccinia; Rash following immunization). Again we need our seventh character for the encounter, but we also need two placeholder Xs. Our final code is T88.1XXA. The itch is a symptom that rolls into the rash code, so we don't need to code it separately.

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ICD-10-CM Official Guidelines for Coding and Reporting – 2015 updates now available:

Even though we are still living under a code freeze as we await ICD-10 implementation, the four Cooperating Parties (American Hospital Association, American Health Information Management Association, Centers for Medicare and Medicaid Services, National Center for Health Statistics) are still tweaking the ICD-10-CM guidelines. New ICD-10-CM guidelines for 2015 are now available at <http://www.cms.gov/Medicare/Coding/ICD10/Downloads/icd10cm-guidelines-2015.pdf>

New for 2015 are these specific examples of sequelae:

- Scar formation resulting from a burn
- Deviated septum due to a nasal fracture
- Infertility due to tubal occlusion from old tuberculosis

ICD-10-CM now includes additional information on the seventh character for pathologic fractures. The seventh character denotes the episode of care.

- Use seventh character A when the patient is undergoing active treatment, which now includes evaluation and continuing treatment by the same or a different physician.
- The guidelines further state: While the patient may be seen by a new or different provider over the course of treatment for a pathological fracture, assignment of the 7th character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time.
- You'll find the same information under the guidelines for chapter 19, Injury, poisoning, and certain other consequences of external causes.
- You'll also see some additional information on complications: For complication codes, active treatment refers to treatment for the condition described by the code, even though it may be related to an earlier precipitating problem.
- The guidelines further clarify that seventh character D is used when the patient has an x-ray to check the healing status of a fracture.
- When it comes to external cause codes, the guidelines now specify that the seventh character for external cause should be the same as the one for the code assigned for the associated injury or condition for the encounter.

The Cooperating Parties also updated the guidelines for sepsis, specifically the guideline for postprocedural infection and postprocedural septic shock. When the patient develops a postprocedural infection and severe sepsis, first report the code for the precipitating complication, such as code T81.4 (infection following a procedure). You should also report R65.20 (severe sepsis without septic shock) and a code for the systemic infection. If the postprocedural infection leads to septic shock, you still code the precipitating complication

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first, but now report code T81.12- (postprocedural septic shock) and a code for the systemic infection.

NCTracks Family Planning Program: The following communication was distributed by the NCTracks Team. It is repeated here for information purposes.



Communications and Updates

September 29, 2014

"Be Smart" Family Planning Program begins October 1

An amendment to the Medicaid State Plan was approved by the Centers for Medicare & Medicaid Services (CMS) to convert the "Be Smart" Family Planning Waiver - to the "Be Smart" Family Planning Program, effective October 1, 2014.

The name is being changed to reflect that the program is no longer a waiver (demonstration), but the "Be Smart" designation will be maintained to minimize confusion.

Under the "Be Smart" program, eligible recipients receive basic family planning services and supplies: annual exams and physicals, most FDA-approved birth control, screenings and treatment for sexually transmitted infections, and screening for HIV and sterilizations for both women and men.

Changes to the "Be Smart" program associated with the State Plan Amendment include:

- Expanded coverage to include the same family planning services and supplies that general (full-coverage) Medicaid recipients receive. The program will continue to cover one annual exam or physical per year and up to six inter-periodic visits per year.
- Removal of eligibility restrictions based on age. It will cover family planning services and supplies to all individuals who meet the state's income and other eligibility guidelines.
- Expanded coverage, screening and treatment for sexually transmitted infections (STI) and screening for HIV, which can occur at any of the six inter-periodic family planning visits per year. Under the Waiver, screening and treatment for STIs and screening for HIV was limited to one visit and one course of treatment per year, all of which were required to be performed in conjunction with, or pursuant to, the annual exam.
- Coverage of non-emergency medical transportation to and from family planning appointments. This service was not previously covered under the Waiver.

Examples of services not covered under the new program are:

- Emergency room visits
- Ambulance services
- Inpatient hospital services

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- Treatment for complicated women's health care problems, such as endometriosis
- Non-family planning services, including psychological and psychiatric services, infertility services, hysterectomies, abortions, AIDS and cancer treatment, dental and optical services, chiropractic services, or services required to manage or treat a medical condition, such as diabetes or hypertension, and,
- Other health care problems discovered during a screening, such as breast lumps.

Eligible recipients of the new family planning program will have an income of no greater than 195% of the federal poverty level. There are no co-payments for the "Be Smart" program.

More information about the "Be Smart" Family Planning Program can be found on DMA's Family Planning web page at www.ncdhhs.gov/dma/services/familyplanning.htm.

Thank you,

The NCTracks Team

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