The Practical Guide to ICD-10

Amiel Tokayer MD
CSRO
September 26, 2015

WHO I AM

- Full time practicing rheumatologist
- 25-30 patients a day
- 7 rheumatologists in our practice
- Physician age range: 30-70
- EHR Users
  - 5 YES
  - 2 NO

ICD-10 FACTS

- Used worldwide for 20 years
- Not updated
- Primarily used as a health status indicator
- Not intended to be used as fee for service
- EHR unfriendly
- Billions of dollars already spent

ICD-10 RHEUMATOLOGY

- More than 10,000 applicable diagnostic codes in rheumatology
- Does not affect CPTs (injections and x-rays)
- Does not affect E&M visits

Fee For Service vs Value Based Payment

- Patient Risk Adjustment and Diagnosis
  - Payment ($/yr) allocated to each patient based on how sick they are, rather than what was done (labs, procedures)
  - More specific coding (ICD-10)
  - Coding for comorbid conditions

ICD-10 RHEUMATOLOGY KEY POINTS

- Identity
  - Location/Site
  - Laterality
- Specificity
  - RA
  - With or without RF
- Chronic Gout
  - With or without tophi
- Drug-induced codes must be coupled with a T code (drug name or category)
- Osteoporosis
  - With or without a current fracture
Coding Rules

- Avoid coding for signs or symptoms if you established a diagnosis

- Conditions that are an integral part of a disease process
  Signs and symptoms that are associated medically with a disease process
  Should not be entered as additional codes; unless otherwise instructed by the classification.

- A code should match as closely as possible to the procedure (x-ray or injection)

THE OLD (ICD-9) STORY

- Pain in Hand                 719.44
- X-ray Hand                   CPT 73120
- Osteoarthritis Hand      715.14
- Joint injection                CPT 20600

ICD-10 Rules of Thumb

- Very few bilateral codes
- Code for right and for left
- Do not use unspecified code for bilateral

- There are no codes that indicate disease stability
- Use ‘multiple sites’ codes for 3 or more sites or NO sights flaring.
- Organ system involvement should be coded individually

OTHER vs UNSPECIFIED

Be as specific as possible

- ‘Other specified’ is suggestive of coding a not specific enough

- ‘Unspecified’ suggests to the payer that the doctor is not specific enough
  - Target for non-payment!

- These codes are accepted and for
  - Specific primary diagnoses
  - Common conditions

9. Other and Unspecified codes

a. ‘Other’ codes
  - Codes listed ‘other’ or ‘other specified’ are for use when the information in the medical record provides details for a specific diagnosis or condition. Alphabetical index entries with ICD-10 contain ‘other’ codes in the fifth list. These alphabetical index entries represent specific disease entities for which no specific code exists so the term is included under an ‘other’ code.

b. ‘Unspecified’ codes
  - Codes listed ‘unspecified’ are for use when the information in the medical record is insufficient to assign a more specific code. For these categories for which an unspecified code is not provided, the ‘other specified’ code may represent both other and unspecified.
  - See Section 8.18 Use of Signs/Symptoms/Unspecified Codes

AVOID REPEAT CODING

Say it, don’t code it

Exclusions

- Acute gout’ with ‘chronic gout’
- ‘Hemiated disc causing radiculopathy’ with ‘radiculopathy’
- ‘Osteoporosis and current fracture’ with ‘personal history of OP fracture’ or with ‘vitamin D deficiency’

* These codes are acceptable only for symptoms without a diagnosis or non-primary diagnoses (comorbidities)
THE CODING FAMILY

M05.132

Family Specifics

RHEUMATOID ARTHRITIS, RF+, ILD, LEFT WRIST FLARE

M05.132

RF+ Lung

Wrist

Left

HOW TO DOCUMENT

RA
- Always indicate RF status
- Mention organ system involvement - 'with lung disease'
- CTD (SLE, Sjogren's, SI, vasculitis, Sarcoid)
- Mention each individual organ system involved
- GOUT
- Always indicate if tophi present or not
- LATERALITY - 'OA of the RIGHT knee'

MEDICARE CARRIER Local Coverage Determinates (LCDs) For Infusibles

- Check your Medicare Carrier LCDs for Remicade™, Orencia™, Rituxan®, Prolia®, zoledronic acid, ibandronate

ICD-10 RAPID FIRE

- ICD-10 code book
  - TOO BIG and onerous for exam rooms
- ICD-10 coding app
  - Accurate but time consuming
**PRACTICAL CHEAT SHEET**

- One page
- 90% of rheumatologic diagnostic choices
- Easily select multiple diagnoses
- Compatible with non-EHR users

**IDENTIFY - FIND COMMONALITIES**

<table>
<thead>
<tr>
<th>J O I N T</th>
<th>E X T R E M I T Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulder</td>
<td>Upper Arm</td>
</tr>
<tr>
<td>Elbow</td>
<td>Forearm</td>
</tr>
<tr>
<td>Wrist</td>
<td>Hand</td>
</tr>
<tr>
<td>Hand</td>
<td>Thigh</td>
</tr>
<tr>
<td>Hip</td>
<td>Lower Leg</td>
</tr>
<tr>
<td>Knee</td>
<td>Foot</td>
</tr>
<tr>
<td>Ankle/Foot</td>
<td></td>
</tr>
<tr>
<td>Multiple</td>
<td></td>
</tr>
</tbody>
</table>

**IDENTIFY**

**FIND COMMONALITIES**

<table>
<thead>
<tr>
<th>Laterality</th>
<th>Spine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td>Cervical 2</td>
</tr>
<tr>
<td>Left</td>
<td>Thoracic 4</td>
</tr>
<tr>
<td></td>
<td>Lumbar 6</td>
</tr>
<tr>
<td></td>
<td>Lumbosacral 7</td>
</tr>
</tbody>
</table>

**ICanDo10+ ICD-10**

**CHEAT SHEET**

Second Side

- Alphabetical
- Organ system categories
- Coding Rule Guidance

**Risk Adjustment**

**DOCUMENT ALL ACTIVE® COMORBIDITIES**

- COPD
- CAD
- HTN
- CKD
- DM

*You Do Not Have to Be Managing These Conditions*
1. OA Right Elbow  
   M19.021
2. Elevated CRP  
   R79.82

**The “X” Factor Maintaining Structure**

The ICD-10-CM uses the letter “X” as a placeholder. A placeholder “X” is used as a fifth character placeholder at certain six-character codes to allow for future expansion without disturbing the sixth-character structure. For instance, an initial encounter for accidental poisoning by penicillin is coded to T36.81X. The “X” in the fifth character position is a placeholder, or filler character.

**Coding Case 1**

- 64 yo with Psoriatic Arthritis who has peripheral arthritis and spondylitis. The patient is on MTX.
  - L40.59 (PsA - other)
  - L40.53 (Psoriatic Spondylitis)
  - Z79.899 (Long Term Meds – MTX)

**Coding Case 2**

- Patient A: RF-RA with synovitis in bilateral hands.
  - M05.741 (RF right hand)
  - M05.742 (RF left hand)
  - M05.79 (RF multiple sites)
- Patient B: RF-RA with synovitis in bilateral hands and wrists.
  - M05.741 (RF right hand)
  - M05.742 (RF left hand)
  - M05.79 (RF multiple sites)
Coding Case 3

- Established patient on allopurinol for chronic tophaceous gout multiple sites presents with acute gout in his right great toe.
  - M10.071 (Acute Gout Right Foot)
  - Z79.899 (Long Term Meds - Other)
  - M1A.009x (Chronic Tophaceous Gout Mult Sites)
  - EXCLUDES 1

Coding Case 4

- RF neg RA being managed with TNF inhibitor. Nothing flaring. You order bilateral hand x-rays as annual assessment for joint damage.
  - M06.09 (RF neg RA multiple sites)
  - Z79.899 (long term meds - other)
  - (Bilateral Hand x-rays)
  - M06.041 (RF neg RA right hand)
  - M06.042 (RF neg RA left hand)

Coding Case 5

- 42 yo man diagnosed with lupus nephritis on mycophenolate mofetil and steroids. He is also a detected Lupus anticoagulant but no clinical thrombotic events.
  - M32.14 (SLE - renal disease)
  - D68.62 (LAC)
  - Z79.899 (long term meds - other)
  - Z79.52 (long term meds - steroids)

Coding Case 6

- A patient with amyopathic dermatomyositis is obviously cushingoid from the high doses of steroids.
  - M33.10 (amyopathic dermatomyositis)
  - E24.2 (steroid-induced cushing's)
  - T38.0X5 (systemic steroids)

Coding Case 7

Established osteoporosis patient presents with sudden back pain. On bisphosphonate therapy for 10 years. You diagnose a new spinal compression fracture. Labs last week showed Vitamin D deficiency.

  - M80.08XA (Osteoporosis with Spinal Fracture Initial Encounter)
  - Z79.83 (Long Term Meds - bisphosphonate)
  - EXCLUDES 1

Coding Case 8

- 64 yo F. RF negative Rheumatoid Arthritis, well controlled on a biologic medication, now presents with a diffuse rash and Lupus antibodies. You determine she has Drug-induced Lupus from the biologic. She thinks all her problems started when she quit smoking.

  - M06.09 (RF negative multiple joints)
  - M32.0 (Drug-induced Lupus)
  - T50.905 (Adverse Reaction to Biologics)
  - Z87.891 (Former smoker)
Coding Case 9

- You see a new patient who carries a diagnosis of RA on long term MTX therapy. You do some labs, continue MTX, and order old records.

  - M06.9 (RA unspecified/Unknown RF status)
  - Z79.899 (long term meds - other)

Coding Case 10

- Patient with an unclear diagnosis has a positive ANA and inflammatory polyarthritis. You start him on steroids and order some more labs.

  - M06.4 (Inflammatory polyarthritis)
  - R76.0 (raised antibody titer)
  - Z79.52 (long term meds - steroids)

Coding Case 11

- A patient presents with an unexplained swelling (effusion) in the left ankle. His history is significant for cirrhosis of the liver, and diabetes. Although he is still dependent on morphine for chronic pain, he is happy to report that he is alcohol free for 1,246 days, 7 hours, and 36 minutes (he has an app for that).

  - M25.472 (Effusion LEFT ankle)
  - M25.50 (Pain multiple sites)
  - K74.60 (Cirrhosis, Unspecified)
  - E11.9 (Diabetes, No complications)
  - F11.20 (Opioid dependence, uncomplicated)
  - F10.21 (Alcohol dependence – in remission)

Coding Case 12

- You are consulted by dermatology to evaluate a patient with a morphea skin lesion and a positive SSB antibody. By the end of the visit, you have no definitive diagnosis.

  - L94.0 (CTD skin signs – morphea)
  - R76.0 (Raised antibody titer)

Questions?
Coding Case

- RF positive RA. You note tenderness right hand 2nd-5th MCPs and swelling in the right 2nd and 4th PIPs. Rheumatoid nodule is noted in the plantar aspect of the right foot.
  - M05.741 (RF pos RA right hand)
  - M06.371 (rheumatoid nodule right foot)

- Patient presents with an unstable gait. He has known lumbar spinal stenosis and peripheral neuropathy. You are not sure which of the two is the primary contributor to his gait instability so you decide to do some tests.
  - R26.89 (Gait Instability)
  - M48.06 (Spinal stenosis – Lumbar)
  - G60.8 (Neuropathy)

- You treat an obese patient who has generalized osteoarthritis with an NSAID. BMI calculated to be 35.
  - M15.0 (generalized osteoarthritis)
  - E66.09 (other/non-morbid obesity)
  - Z68.35 (BMI code pairing with obesity)

- A patient with chronic stable Hepatitis C develops cryoglobulinemic vasculitis resulting in stage 3 chronic kidney disease. He also develops anemia secondary to his immune suppressants.
  - D89.1 (Cryoglobulinemic vasculitis)
  - B18.2 (Chronic Hep C)
  - N18.3 (CKD – III)
  - D64.81 (anemia secondary to chemotherapy)

- You diagnose left cervical radiculopathy 1 week ago. Today, you review the MRI report which shows a left paracentral herniated disc at C5-6.
  - M50.12 (C5-6 herniated disc w/ radiculopathy)

- Today you see a patient with fibromyalgia, OSA, and vitamin D deficiency. You refer to psychiatry for anxiety management.
  - M79.7 (Fibromyalgia)
  - G47.33 (OSA)
  - E55.9 (Vitamin D deficiancy)
  - F41.9 (anxiety disorder, unspecified)
Coding Case

- Scleroderma lung and secondary pulmonary hypertension
  - M34.81 (scleroderma lung)
  - I27.2 (pulmonary hypertension - secondary)

Coding Case

- A patient with long-standing osteoporosis, history of vertebral compression fracture, on bisphosphonates for more than 10 years, presents with left thigh pain.
  - M79.652 (pain left thigh)
  - M81.0 (age-related osteoporosis)
  - Z87.310 (history of osteoporotic fracture)
  - Z79.83 (long term meds - bisphosphonates)

Coding Case

- After a ‘successful’ vacation trip to the Caribbean marked by a whopping case of gonorrhea (treated), a young man presents with effusions in his right knee and left ankle. You also note right achilles tendinitis. All attributed, you conclude, to reactive arthritis.
  - M02.861 (reactive arthritis right knee)
  - M02.872 (reactive arthritis left ankle)
  - M76.61 (achilles tendinitis - right)

Coding Case

- A patient with SCLE patient on hydroxychloroquine is seen earlier than scheduled appointment for left De Quervain’s tenosynovitis.
  - M65.4 (De Quervain’s)
  - L93.1 (SCLE)
  - Z79.899 (long term meds - other)

Coding Case

- A patient referred to you for ‘ankylosing spondylitis’ but you determine that they do not have AS but rather DISH of the thoracic and lumbar spine. You agree that the patient has mild case sacroilitis but believe it to be mechanical based.
  - M46.14 (DISH - thoracic)
  - M46.16 (DISH - lumbar)
  - M46.1 (sacroilitis - NEC)