



Medical Coding Presentation



ALLIED HEALTH SOLUTIONS

ICD - 9





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Allied Health Solutions is a locally owned and operated Healthcare Management Solutions Company that specializes in all aspects of Medical Management and Administration. We have over 50 years of combined experience in Healthcare, Medical Human Resource Solutions and all aspects of Medical Administration.

Disclaimer: I Wendi Moore Reynolds , have a financial interest and affiliation with Allied Health Solutions that could be perceived as a conflict of interest in the context of the subject of this presentation.

Overview



- Learning Objectives
- Background
- Using ICD-9-CM Coder
- Examples
- Supplemental Codes

- BREAK – 5 minutes

- Coding Exercise
- Claims and Referral Forms
- Summary

Learning Objectives



- Define coding principals
- Utilize the ICD-9-CM coding manual correctly
- Identify and apply coding guidelines
- Improve expertise
- Accurate use of ICD-9-CM codes
- Completing claims and referrals

Background



In 1989, physicians were required by law to submit diagnosis codes for Medicare reimbursement of outpatient procedures for Medicare.

ICD-9-CM is the Acronym for International Classification of Diseases, Ninth Revision Clinical Modification The official system used in the U.S. to classify and assign codes to health conditions.

Physicians, medical examiners, and coroners have used a diagnosis coding system since the early 1900s.

Background



Over the course of years, there have been multiple revisions to the ICD-9-CM in addition to the yearly updating of the codes that involves addition, deletion, and changes to the code set. It is not a static code set.

The U.S. Department of Health & Human Services and the Centers for Medicare and Medicaid Services created ICD-9-CM as an extension of the Ninth Revision, International Classification of Diseases which the World Health Organization (WHO) established to track mortality statistics across the world.

Background Cont'd



Today, the codes are used to determine Fatal and Non Fatal disease Information by converting to diagnosis and procedure codes used to describe the medical necessity of procedures and, in doing so, provide the following:

- **Facilitation of payment of health-care services**
- **Evaluation of patients' use of health-care facilities**
- **A way to study health-care costs**
- **Research on the quality of health care**
- **Prediction of healthcare trends**
- **Planning for future healthcare needs**

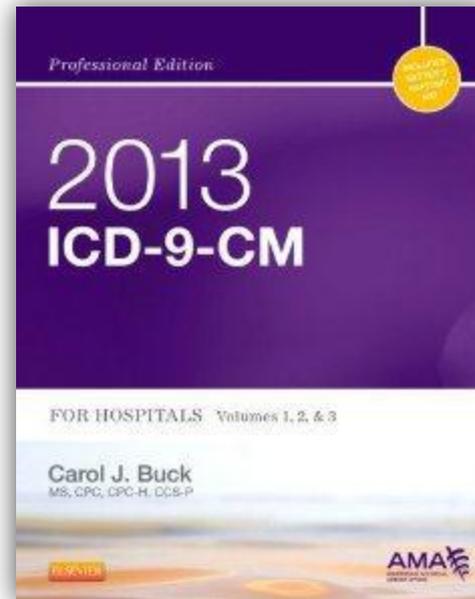


How to use the ICD-9-CM Code Book



Step 1:

Identify and look up the main illness or disease in the Alpha Index volume 2 section of your current ICD-9 coder





How to use the ICD-9-CM Code Book



When coding, it is important to know the difference between *illness* and *disease*. Just as you may be ill but not be suffering from a disease, you may be suffering from a disease but not feel ill.

Example: A patient may have influenza, an illness, but that doesn't mean they are suffering from a disease. Conversely, a patient may have Type 2 diabetes, a disease, but may not feel bad or be experiencing obvious symptoms.



How to use the ICD-9-CM Code Book



Step 2:

Use both the Alpha Index and the Tabular List when locating and assigning a code

Step 3:

Refer to any subterms indented under the main illness and follow any cross-reference instructions.

Step 4:

Refer to any notes in the Alphabetic Index then verify the code selected in the Tabular List

Note - Reliance on only the Alpha Index or the Tabular List can lead to errors in choosing the correct code



How to use the ICD-9-CM code book



Step 5:

Read and be guided by any instructional terms in the
Tabular List

Step 6:

Assign codes to their highest level of specificity

Step 7:

Does the code choice make sense?



How to use the ICD-9-CM code book



Example:

- Diagnosis: Hodgkin's Disease
- Index: Hodgkin's (main term)
 disease (subterm) 201.9
- Tabular: 201 Hodgkin's disease
 (category code)
- Code: 201.9 Hodgkin's disease,
 unspecified



How to use the ICD-9-CM Code Book



ICD-9-CM diagnosis codes are codes with 3, 4 or 5 digits. Codes with 3 digits would be the heading of a category of codes that may be further subdivided by the use of 4th and or 5th digits, which provides greater detail.



How to use the ICD-9-CM Code Book



- **Example:**
- **Diagnosis:** Cellulitis of the upper right leg
- **Index:** Cellulitis, leg
- **Tabular:** 682 Other cellulites an abscess
682.6 Leg, except foot
- **Code:** 682.6 Cellulitis of the upper right leg



How to Use the ICD-9-CM Code Book



The level of specificity or detail used when coding is important as it will maximize prompt reimbursement for services and provide the insurer with “Clean Claims”.

Guidelines for ICD-9 Coding



- Code to the highest degree of specificity.
- Link the diagnosis code (ICD-9) to the service code (CPT) on the insurance claim form to identify reasons service was rendered, thereby establishing medical necessity.
- “Ruled out,” “suspected,” and “probable” diagnoses cannot be coded.
- Code the primary diagnosis first, followed by the secondary, tertiary, etc., diagnoses. The primary diagnosis is the main reason for the patient visit.
- Code coexisting conditions that affect the patient's treatment in that visit. Code chronic conditions when they apply to the patient's treatment.

Guidelines for ICD-9 Coding



- **Example:** You see a patient for follow-up of benign essential hypertension. The proper code would be 401.1 The fourth digit identifies the disease as benign and thus is the most specific description of your patient's condition. If, however, the patient also had benign hypertensive heart disease, then you would include a fifth digit: The proper code would be 402.10 or 402.11 depending on the absence or presence, respectively, of congestive heart failure.



Guidelines for ICD-9 Coding



- The point is that you must always code to the highest number of digits that best describe your patient's condition. To be certain you're using the correct number of digits, review the codes in a given category and choose the highest-level code that most specifically describes your patient's condition. Insurers, will deny or delay claim payments if you fail to do so.



Guidelines for ICD-9 Coding



Remember coding is like solving a mystery, there will always be some codes that you will find very quickly, there are others that take time and intellect to determine if you are actually doing the right thing.



ICD-9 Coding Challenges



Evaluate your coding skills by choosing the correct ICD-9 code(s) for the following two patient visits. The answers and explanations appear on the next slides



ICD-9 Coding Challenges Case 1



A patient complains of epigastric pain. You suspect reflux esophagitis and order an upper GI series. What ICD-9 code(s) would you submit for this visit?



Answer:

789.06 for “Abdominal pain, epigastric.” Although you may suspect reflux esophagitis (530.11), you can't make a definitive diagnosis until you receive the test results. Therefore, you must code only the symptoms. (Remember: Code only what you *know*.) Since proper coding requires use of the highest number of digits that best describe your patient's condition, you must use five digits here. The fifth digit describes the location of the pain.



ICD-9 Coding Challenges Case 2



A 52-year-old patient calls the surgeon's office and requests a screening colonoscopy. The patient has never had a screening colonoscopy. The patient has no history of polyps and none of the patient's siblings, parents or children has a history of polyps or colon cancer. The patient is eligible for a screening colonoscopy.



Answer:

V76.51 Special Screening for Malignant neoplasm of the colon.



Supplemental Classifications and Tables:



Included in Volumes I and II are supplemental classifications and special tables that provide additional guidance in determining the most accurate code:

- **V codes** are a section of ICD-9-CM diagnosis codes that are used to describe those circumstances or reasons for an encounter other than for disease or injury.
- **E Codes** are a supplemental classification included in ICD-9-CM used for reporting external causes of injuries and poisonings.
- **Neoplasm Table** located in the Alphabetic Index (see Neoplasm) lists all cancer codes by site and nature of disease malignant, primary or secondary, benign or unspecified behavior.
- **Table of Drugs and Chemicals** is located at the end of the Alphabetic Index. It lists drug classifications as well as specific names of drugs, identifies the code for poisoning by that drug, and the associated E code to specify if the poisoning was accidental, suicide attempt, assault or undetermined.

Supplemental Classifications and Tables:



Throughout the ICD-9-CM there are notes and cross references to assist the coder in choosing the most accurate code. Examples include:

- **Use additional code note:** Informs more than one code is needed to fully describe the condition.
- **Not otherwise specified (NOS):** This is a term that is often used in the ICD-9-CM, it basically means “unspecified”. There is not enough information in the documentation to assign a more specific code.



Supplemental Classifications and Tables:



- **Not elsewhere classified (NEC)** is used when the medical record documents a condition to a level of specificity that is not identified by a specific ICD-9-CM code.

Mental, Behavioral Neurodevelopment Disorders



Chapter 5 (Code Range 290–319)

- This chapter contains mental disorders, including psychotic, personality, neurotic, and non psychotic disorders. Chemical dependencies, such as alcoholism and drug dependence, are contained in this chapter, as well as mental retardation and developmental disorders. This chapter also contains psychopathic symptoms that are not part of an organic illness.
- Volume 1 of your ICD-9-CM book, chapter 5. here you will find the code listings for mental disorders. Reference the following codes to familiarize yourself with this chapter.

Examples include but not limited to the following:

- 290.11 Presenile dementia with delirium
- 291.0 Alcohol withdrawal delirium
- 298.3 Acute paranoid reaction
- 301.3 Explosive personality disorder
- 317 Mild mental retardation



Coding Exercises



Code the Following using your ICD-9-CM Alpha Index and Tabular

- 1. Osteoporosis _____
- 2. Gonorrhea _____
- 3. Retinal detachment _____
- 4. Acute bronchitis _____
- 5. Dementia _____
- 6. Cholesterol deposit in retina _____
- 7. Lipping of vertebra _____
- 8. Cyst in the lung _____
- 9. Allergic asthma _____



Coding Exercises Answers



- 1. Osteoporosis 733.0
- 2. Gonorrhea 098.0
- 3. Retinal detachment 361.9
- 4. Acute bronchitis 466.0
- 5. Dementia 294.8
-
- 6. Cholesterol deposit in retina 362.8
- 7. Lipping of vertebra 721.9
- 8. Cyst in the lung 518.89
- 9. Allergic asthma 493.9



Coding Exercises



Code the following illness and disease:

- 1. Tonsillitis _____
- 2. Hemoptysis _____
- 3. Esophagitis _____
- 4. Mitral stenosis with aortic valve disease _____
- 5. Milk drinker's syndrome _____
- 6. Tay-Sachs disease _____
- 7. Extrinsic asthma due to detergent _____
- 8. Open-angle glaucoma, congenital _____



Coding Exercises Answers



- 1. Tonsillitis 463
- 2. Hemoptysis 786.3
- 3. Esophagitis 530.10
- 4. Mitral stenosis with aortic valve disease 396.1
- 5. Milk drinker's syndrome 275.42
- 6. Tay-Sachs disease 330.1
- 7. Extrinsic asthma due to detergent 507.8
- 8. Open-angle glaucoma, congenital 365.11



Coding Exercises



Code the following illness and disease:

- 9. Essential hypertension _____
- 10. Bronchial asthma _____
- 11. Deviated nasal septum _____
- 12. Congestive cardiac failure _____
- 13. German measles _____
- 14. Miscarriage _____
- 15. Left bundle branch block _____
- 16. Orthopnea



Coding Exercises Answers



Code the following illness and disease:

- 9. Essential hypertension 401.9
- 10. Bronchial asthma 493.90
- 11. Deviated nasal septum 470
- 12. Congestive cardiac failure 428.0
- 13. German measles 056.9
- 14. Miscarriage 634.9
- 15. Left bundle branch block 426.3
- 16. Orthopnea 786.02



Transitioning from ICD-9- CM to ICD-10



“ICD-10” is the abbreviated way to refer to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS).

The ICD-9 code set is over 30 years old and has become outdated. It is no longer considered usable for today’s treatment, reporting, and payment processes. It does not reflect advances in medical technology and knowledge. In addition, the format limits the ability to expand the code set and add new codes.



Transitioning from ICD-9- CM to ICD-10



The ICD-10 code set reflects advances in medicine and uses current medical terminology. Flexible for expansion and including new technologies.

- The code format is expanded
- Includes greater detail within the code.
- Provides more specific information about the diagnosis.



Transitioning from ICD-9- CM to ICD-10



- The following is an example using ICD-10-CM codes, coded to the highest degree of specificity. The examples show how the new codes contain both alpha and numeric characteristics.

SAMPLE ICD-10-CM CODES

- A78 Q fever
- A69.21 Meningitis due to Lyme disease
- O9A.311 Physical abuse complicating pregnancy, first trimester
- L89.022 Pressure ulcer of left elbow, stage II
- S52.131A Displaced fracture of neck of right radius, initial encounter for closed fracture
- I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina



Summary ICD-9, ICD-10 and CPT



- To differentiate between these coding systems, think of it this way, CPT codes describe what you do, and ICD-9 codes and ICD-10 codes describe why you do it.
- Reimbursement of claims actually require the use of two coding systems, one that identifies the patient's disease or physical state the **ICD-9-CM codes and ICD-10-CM codes** and another that describes the procedures, services or supplies you provide to your patients.
 - The **Current Procedural Terminology, or CPT codes**, in tandem with the **Ingenix Customized Fee Analyzer**, provides the total units for each procedure, this determines the amount reimbursed.



QUESTIONS



Thank you

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