ICD-10 Post Implementation Focus on Echocardiography

Nicole Knight LPN, CPC, CCS-P
Director of Revenue Cycle Solutions, MedAxiom Consulting

Attendee Control Panel

- **Grab Tab** – Click arrow to open/close Control Panel.
- **Audio pane** – Select audio format. Select Telephone or Mic & Speakers devices.
- **Questions pane** – If turned on by an organizer, attendees can submit questions and review answers. Broadcast messages to attendees will also show here.
- Type your question and click **Send** to submit it to the organizer.
- **Handouts** – when available, you are now able to download handout materials from this pane.
- **Chat** – Additional information is sometimes provided in the chat pane.
Announcements

• No CEUs for this co-sponsored event

Objectives

• Review top ICD-10 diagnosis codes to support echocardiography.
• Discuss the importance of documentation and the challenges we face with ICD-10 implementation.
• Review CMS coverage determination policies and examples of local coverage policies.
• Post Implementation Updates, Resources, etc.
CLINICAL DOCUMENTATION MATTERS

Increasing Demand for High-Quality Documentation

- High-quality documentation provides more accurate clinical picture of quality of care provided
- Better clinical documentation promotes better patient care and more accurate capture of acuity, severity, and risk of mortality
  - Quality and performance reporting
  - Reimbursement
  - Severity-level profiles
  - Risk adjustment profiles
  - Provider profiles
  - Present on admission reporting
  - Hospital-acquired conditions
Diagnosis Coding and Documentation
What are we looking for?

*Increased specificity of ICD-10 codes requires more detailed clinical documentation*

- **Specificity** - Documentation supports a more specific diagnosis code.
- **Unspecified Codes** should only be used when no other more specific diagnosis is known or should be known.
- **Incorrect Dx** – Documentation does not support the assigned diagnosis and the incorrect diagnosis was billed on the claim form.
- **Secondary conditions** addressed in the documentation of the assessment and plan for the date of the visit should be captured to support decision making, medical necessity and the highest level of specificity.
- **Sequencing** – The diagnosis was documented and captured on the billed claim form, however the diagnosis was not sequenced appropriately, specifically related to primary diagnosis. Primary diagnosis should reflect the primary reason for that visit on that day, any acute problem being addressed and treated should be the primary reason for visit.
- **Signs/Symptoms** – Codes that describe s/s, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider. S/S that are associated routinely with a disease process should generally not be assigned as additional codes.

**KEY DOCUMENTATION POINTS**
What should be included to support my diagnostic report?

- Indications
- Type of echocardiography performed
- Whether or not contrast was used
- Specific areas of heart that were imaged
- Doppler Color Flow
- If this test was performed on a pediatric heart, then this should be documented

I-10 Cardiovascular Disease Categories (Chapter 9) Family of Codes

- CAD/Angina
- Acute Myocardial Infarction (AMI)
- Arrhythmias
- Valvular Heart Disease + “itis”
- Vessel - Embolism, Thrombosis, Aneurysm,
- Dissection
- PAD/PVD
- Hypertension
**CAD/Angina**

- CAD only – NO Angina
  - Native Cors, Bypass Grafts or Both
- Angina – stand-alone vs. with CAD of native cors/bypass grafts
  - Unstable/Spasm/Anginal Equivalent/Just Angina
- ICD-10-CM assumes Angina pectoris is due to atherosclerosis unless otherwise documented

**ICD-10-CM Examples – CAD+Angina**

- I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris
- I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
- I25.111 Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
- I25.118 Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
- I25.119* Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
- I25.2 Old myocardial infarction
**Chest Pain (ICD-9-CM 411.1, 413.1, 413.9, 786.50 to 786.59 Range)**

- I07.0 Unstable angina
- I07.1 Angina pectoris with documented spasm
- I07.8 Other forms of angina pectoris
- I07.9 Angina pectoris, unspecified
- R07.1 Chest pain on breathing
- R07.2 Precordial pain
- R07.81 Pleurodynia
- R07.82 Intercostal pain
- R07.89 Other chest pain
- R07.9* Chest pain, unspecified
Acute Myocardial Infarction (AMI)

• STEMI vs. Non-STEMI
• STEMI
  – Need Wall specified
  – Need Vessel specified
  – Need Timing – when did infarct occur? Initial tx?
• Complications (within 28d)
• Incidental Old MI – no current symptoms

*****Acute phase of myocardial infarction has changed from eight weeks to four weeks

Heart Failure Details

• Left/Right/Both
• Systolic/Diastolic/Both
• Acute/chronic/acute on chronic
• Note if due to hypertension/HTN with chronic kidney disease
• Note if associated with obstetric procedures or complication of pregnancy/ectopic-abortion
Arrhythmia

• Increased Specificity

• When documenting arrhythmias, include the following:
  – Location - Atrial, ventricular, supraventricular, etc.
  – Rhythm name - Flutter, fibrillation, type 1 atrial flutter, long QT syndrome, sick sinus syndrome, etc.
  – Acuity - Acute, chronic, etc.
  – Cause - Hyperkalemia, hypertension, alcohol consumption, digoxin, amiodarone, verapamil HCl
**Cardiomyopathy Details**

**Increased Specificity**

When documenting cardiomyopathy, include the following, where appropriate:

1. **Type**
   - e.g. Dilated congestive, obstructive or nonobstructive hypertrophic, etc.
2. **Location**
   - e.g. Endocarditis, right ventricle, etc.
3. **Cause**
   - e.g. Congenital, alcohol, etc.

List cardiomyopathy seen in other diseases such as gout, amyloidosis, etc.

**ICD-10 Code Examples**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I42.0</td>
<td>Dilated cardiomyopathy</td>
</tr>
<tr>
<td>I42.1</td>
<td>Obstructive hypertrophic cardiomyopathy</td>
</tr>
<tr>
<td>I42.3</td>
<td>Endomyocardial (eosinophilic) disease</td>
</tr>
</tbody>
</table>

***Ischemic Cardiomyopathy located in Ischemic Heart Disease family of codes***
Valvular Heart Disease

- Rheumatic valve diseases - (I05 – I08)
- Nonrheumatic valve diseases (I34 – I38)
- Need to know:
  - Non versus rheumatic
  - Which valve
  - Stenosis, insufficiency, and obstruction

**WARNING!!!** Unspecified and multiple valve diseases take you to Rheumatic valve codes in some cases.

---

### Valve Disorders

<table>
<thead>
<tr>
<th>Type</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aortic - Non Rheumatic</td>
<td>424.1</td>
<td>115.0 Nonrheumatic aortic (valve) stenosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>115.1 Nonrheumatic aortic (valve) insufficiency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>115.2 Nonrheumatic aortic (valve) stenosis with insufficiency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>115.8 Other nonrheumatic aortic valve disorders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>115.9 Nonrheumatic aortic valve disorder, unspecified</td>
</tr>
<tr>
<td>Aortic - Rheumatic</td>
<td>395.0-395.9</td>
<td>106.0 Rheumatic aortic stenosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>106.1 Rheumatic aortic insufficiency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>106.2 Rheumatic aortic stenosis with insufficiency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>106.8 Other rheumatic aortic valve diseases</td>
</tr>
<tr>
<td></td>
<td></td>
<td>106.9 Rheumatic aortic valve disease, unspecified</td>
</tr>
<tr>
<td>Mitral - Non Rheumatic</td>
<td>424</td>
<td>134.0 Nonrheumatic mitral (valve) insufficiency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>134.1 Nonrheumatic mitral (valve) prolapse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>134.2 Nonrheumatic mitral (valve) stenosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>134.8 Other nonrheumatic mitral valve disorders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>134.9 Nonrheumatic mitral valve disorder, unspecified</td>
</tr>
<tr>
<td>Mitral - Rheumatic</td>
<td>394.0-394.6</td>
<td>105.0 Rheumatic mitral stenosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>105.1 Rheumatic mitral insufficiency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>105.2 Rheumatic mitral stenosis with insufficiency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>105.8 Other rheumatic mitral valve diseases</td>
</tr>
<tr>
<td>Tricuspid - Non Rheumatic</td>
<td>424.2</td>
<td>136.0 Nonrheumatic tricuspid (valve) stenosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>136.1 Nonrheumatic tricuspid (valve) insufficiency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>136.2 Nonrheumatic tricuspid (valve) stenosis with insufficiency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>136.8 Other nonrheumatic tricuspid valve disorders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>136.9 Nonrheumatic tricuspid valve disorder, unspecified</td>
</tr>
</tbody>
</table>

Source: ASE ICD-10 Coding Toolkit
Itis

- Rheumatic (I01 - , I09 - ) versus non-rheumatic (I30 – I33, I38 – I41)
  - Pericarditis
  - Endocarditis
  - Myocarditis
- Acute versus chronic
- Acute non-rheumatic specifies infective, adhesive, restrictive, etc.
  - Infective Pericarditis – identify infectious agent if known.

Hypertension

- ICD-10-CM assumes causal relationship between CKD/HTN
- ICD-10-CM requires causal relationship between HTN/heart disease to be stated
- Specify if hypertensive heart disease +/- heart failure
- Specify Stage of Chronic Kidney Disease (CKD)
## Coding Hypertensive Diseases Under ICD-10

### Codes for Primary Hypertension

<table>
<thead>
<tr>
<th>Hypertension</th>
<th>Heart Disease</th>
<th>Heart Failure*</th>
<th>Kidney Disease**</th>
<th>ICD-10 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>110.0</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>111.0</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>111.0</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes**</td>
<td>112.0</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>112.0</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes**</td>
<td>112.0</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes**</td>
<td>113.0</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes**</td>
<td>Yes**</td>
<td>113.0</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes**</td>
<td>Yes**</td>
<td>113.0</td>
</tr>
</tbody>
</table>

*Also requires type of heart failure, see codes below.
**Also requires stage of kidney disease, see codes below.
Congenital malformations of the Circulatory System (Q20 – Q28)

- Cardiac chambers and connections (Q20-)
- Cardiac septa (Q21-)
- Pulmonary and Tricuspid valves (Q22-)
- Aortic and Mitral valves (Q23-)
- Heart (Q24-)
- Great arteries (Q25-)
- Great veins (Q26-)
- Peripheral Vascular system (Q27-)
- Circulatory System (Q28-)

Source: ASE ICD-10 Coding Toolkit
ICD-10-CM Additional Chapters that impact Cardiovascular Services

Chapter 18 - Symptoms, Signs and Abnormal Clinical and Laboratory Findings

R00 – R99
Chapter 18 – Official Coding Guidelines

• Use of symptom codes
  – Codes that describe S/S are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider.

• Use of a symptom code with a definitive diagnosis code
  – Codes for signs and symptoms may be reported in addition to a related definitive diagnosis when the sign or symptom is not routinely associated with that diagnosis, such as the various signs and symptoms associated with complex syndromes.
  – The definitive diagnosis code should be sequenced before the symptom code.
  – Signs or symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification.

Abnormalities of heartbeat, breathing, and blood pressure

• Heartbeat (R00 -)
• Murmurs (R01 -)
• Blood Pressure (R03 -)
• Cough (R05 -)
• Breathing (R06 -)
• Chest Pain (R07 -)
• Other (R09 -)
Abnormal Imaging and Cardiovascular Function Studies

- Blood (R70 -)
  - Other specified abnormal findings of blood chemistry – R79.89
  - Elevated CRP – R79.82

- Imaging (R93 -)
  - Abnormal findings on diagnostic imaging of heart and coronary circulation (echo) – R93.1

- Function (R94 -)
  - Unspecified CV Function Study – R94.30
  - Abnormal EKG – R94.31
  - Other CV Function Study – R94.39
Chapter 19: Injury, poisoning, and certain other consequences of external causes

- Poisoning by adverse effect of and underdosing of drugs
  - Adverse effects if correct substance properly administered
  - Poisoning by overdose of substance
  - Poisoning by wrong substance given or taken in error
  - Underdosing by (inadvertently, deliberately) taking less substance than prescribed or instructed
- Poisoning by, adverse effect of and underdosing of anticoagulants
- Antithrombotic drugs (T45.5-)
- Lasix (T50.1-)
- Toxic Effects (T51-)
- Complications of surgical and medical care (T80-)
- Complications of cardiac and vascular prosthetic devices, implants and grafts (T82-)
- Complications of heart transplant (T86-)

Chapter 20: External Causes of Morbidity (V00-Y99)

- Never listed 1st
- Medical devices associated with adverse incidents in diagnostic and therapeutic use (Y70-Y82)
- Includes:
  - Breakdown or malfunction of medical devices during use, after implantation
  - Cardiovascular devices associated with adverse incidents (Y71-)
Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)

- Z01.810 – Encounter for preprocedureal CV exam
- Z45.0- Encounter for adjustment and management of cardiac device
- Z82.4 – Family hx of ischemic heart disease and other diseases of the circulatory system
- Z86.7 – Personal hx of diseases of the circulatory system
- Z87.74 – Personal hx of congenital malformations of the heart
### Echo converted LCD - WPS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>251.11</td>
<td>Encounter for antineoplastic chemotherapy</td>
</tr>
<tr>
<td>251.12</td>
<td>Encounter for antineoplastic immunotherapy</td>
</tr>
<tr>
<td>251.91</td>
<td>Encounter for therapeutic drug level monitoring</td>
</tr>
<tr>
<td>252.89</td>
<td>Donor of other specified organs or tissues</td>
</tr>
<tr>
<td>279.3</td>
<td>Long term (current) use of hormonal contraceptives</td>
</tr>
<tr>
<td>279.991</td>
<td>Long term (current) use of opiate analgesic</td>
</tr>
<tr>
<td>279.999</td>
<td>Other long term (current) drug therapy</td>
</tr>
<tr>
<td>294.1</td>
<td>Heart transplant status</td>
</tr>
<tr>
<td>294.2</td>
<td>Lung transplant status</td>
</tr>
<tr>
<td>294.3</td>
<td>Heart and lung transplant status</td>
</tr>
<tr>
<td>294.5</td>
<td>Skin transplant status</td>
</tr>
<tr>
<td>295.0</td>
<td>Presence of cardiac pacemaker</td>
</tr>
<tr>
<td>295.2</td>
<td>Presence of prosthetic heart valve</td>
</tr>
<tr>
<td>295.3</td>
<td>Presence of xenograftic heart valve</td>
</tr>
<tr>
<td>295.4</td>
<td>Presence of other heart-valve replacement</td>
</tr>
<tr>
<td>295.810</td>
<td>Presence of automatic (implantable) cardiac defibrillator</td>
</tr>
<tr>
<td>295.911</td>
<td>Presence of heart assist device</td>
</tr>
<tr>
<td>295.918</td>
<td>Presence of other cardiac implants and grafts</td>
</tr>
<tr>
<td>295.89</td>
<td>Other specified postprocedural states</td>
</tr>
</tbody>
</table>

### CMS Support

[Full slide image]
Date of Service is Key Driver

- Determination of which code set to use is driven by date of service, **not** billing date
  - Date of service for outpatient and physician reporting
  - Date of discharge for inpatient facility reporting
- Claims for dates of service **on and after** October 1, 2015 **must be coded in ICD-10**
- Claims for dates of service **prior to** October 1, 2015 **must be coded in ICD-9**

Transition Flexibility

- For 12 months after ICD-10 implementation, if a valid ICD-10 code from the **right family** is submitted, Medicare will process and not audit valid ICD-10 codes.
  - In certain circumstances, a claim may be denied because the ICD-10 code is not consistent with an applicable policy, such as Local Coverage Determinations or National Coverage Determinations.
- For all quality reporting completed for program year 2015, Medicare will not subject physicians or other Eligible Professionals (EP) to the Physician Quality Reporting System (PQRS), Value Based Modifier (VBM), or Meaningful Use (MU) penalties during primary source verification or auditing related to the additional specificity of the ICD-10 diagnosis code, as long as the physician/EP used a code from the correct family of codes.
  - An EP will not be subjected to a penalty if CMS experiences difficulty calculating the quality scores for PQRS, VBM, or MU due to the transition to ICD-10 codes.
- These flexibilities are for physicians and other practitioners whose claims are billed under the part B physician fee schedule.
Clarifying Questions and Answers 7/27/2015

• What is meant by a family of codes?
  • “Family of codes” is the same as the ICD-10 three-character category.
  • Codes within a category are clinically related and provide differences in capturing specific information on the type of condition.
  • One must report a valid code and not a category number. In many instances, the code will require more than 3 characters in order to be valid.

Clarifying Questions and Answers 7/27/2015

• National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) often indicate specific diagnosis codes are required.
  • Does the recent Guidance mean the published NCDs and LCDs will be changed to include families of codes rather than specific codes?
    • No.
    • The recent Guidance does not change the coding specificity required by the NCDs and LCDs. Coverage policies that currently require a specific diagnosis under ICD-9 will continue to require a specific diagnosis under ICD-10.
Clarifying Questions and Answers 7/27/2015

- State Medicaid programs are required to process submitted claims that include ICD-10 codes for services furnished on or after October 1 in a timely manner.

- Will the commercial payers observe the one-year period of claims payment review leniency for ICD-10 codes that are from the appropriate family of codes?
  - The official Guidance only applies to Medicare fee-for-service claims from physician or other practitioner claims billed under the Medicare Fee-for-Service Part B physician fee schedule.
  - Each commercial payer will have to determine whether it will offer similar audit flexibilities.

POST IMPLEMENTATION
Tips on Selecting Diagnosis Codes

• Describe the condition(s) that prompted the visit
• Code conditions to the highest degree of specificity
• Can be based on signs/symptoms if unable to make definitive diagnosis during the visit.
• Cannot be coded for conditions documented as “rule out… probable… possible…questionable…”.
• Include secondary conditions affecting treatment during the current visit.

Areas of Concern

• Increased claims rejections and denials
• Increased delays in processing authorizations and reimbursement for claims
• Improper claims payment
• Coding backlogs
• Compliance issues
• Decisions based on inaccurate data
Key Financial Metrics
Tracking across the transition

• Denial and Rejection Rates
  – What is your current baseline rate for claims denials and rejections?
  – Does this vary by individual provider or business area?
  – Is this rate changing across the transition and where are the changes occurring?
  – Are denials appeals successful?

• Ratio of billed to paid
  – Has there been a change in the ratio of what you were paid before as it relates to what you billed?

Take Aways

- Specificity Drives Severity
- ICD-10 affects all aspects of the Revenue Cycle
- Data needs to be accurate, timely and complete
- Bottom line – coding, billing and workload is as good as the documentation it is based upon
ASE Resources

- To help our members, and all users of cardiovascular ultrasound, ASE has developed an echo toolkit with resources to assist in the implementation of ICD-10 specific to echocardiography.
  - Documents include a conversion chart of select ICD-9 codes/categories to ICD-10; lists of common ICD-10 diagnosis codes for TEE, TTE and stress echo; and contact information for CMS and private payers.
  - [http://asecho.org/icd-10-resources/](http://asecho.org/icd-10-resources/)
- ASE also provides complimentary access to a coding reimbursement expert for ASE members. Contact ASE’s coding expert through our website.

Resources

- [2015 ICD-10-available at](http://www.cdc.gov/nchs/icd/icd10cm.htm)
- [http://www.cms.hhs.gov/ICD10](http://www.cms.hhs.gov/ICD10)
- [www.ahima.org](http://www.ahima.org)
- [www.medaxiom.com](http://www.medaxiom.com)
Questions?

Nicole Knight
nknight@medaxiom.com
904-866-8859