

ICD-10 Preparation

2014 Weblab Series

Codesets & New Features / February 2014

Physician's Computer Company

Identify Your Top Used Diagnoses

- Run *ira* for one year
 - Good sample size
 - All seasons

ira

jan — ssh — 80x30

IRA

Date range: from to

Include:

<input checked="" type="checkbox"/>	All Charges	All providers of service?	<input type="text" value="Yes"/>
<input type="checkbox"/>	Only Paid Charges	All places of service?	<input type="text" value="Yes"/>
<input type="checkbox"/>	Only Personal Charges	All procedures?	<input type="text" value="Yes"/>
<input type="checkbox"/>	Only Unpaid Charges	All diagnoses?	<input type="text" value="Yes"/>
		All insurance?	<input type="text" value="Yes"/>
		All age ranges?	<input type="text" value="Yes"/>
		All genders?	<input type="text" value="Yes"/>
		All Pat Flags?	<input type="text" value="Yes"/>

Subtotal Data By:

<input type="text" value="Diagnosis"/>
<input type="text" value=""/>
<input type="text" value=""/>
<input type="text" value=""/>

Sort Subtotals By:

<input type="checkbox"/>	Total Dollars Charged
<input checked="" type="checkbox"/>	Total Number of Units
<input type="checkbox"/>	Database/Absolute Order

Output Destination Selection:

<input checked="" type="checkbox"/>	Screen	Show Restrictions?	<input type="text" value="Yes"/>
<input type="checkbox"/>	Mailbox		
<input type="checkbox"/>	Printer:	<input type="text" value=""/>	

Summary Report Detail Report Per Chg Report

Your Top Codes

INSURANCE COMPANY REIMBURSEMENT REPORT: Summary Report

From: 02/18/13 To: 02/17/14 Generated On: 2/17/2014

Primary Diagnosis	# Chgs	Tot Charged
V20.2 Well Child Care	43934	\$2738196.72
V04.81 Influenza Vaccine	13677	\$314390.89
462 Pharyngitis	7078	\$363549.29
477.0 Allergic Rhinitis (p	5573	\$152003.72
V04.89 Rotavirus	5443	\$174183.28
V82.5 Lead Screening	5207	\$ 73195.01
V05.8 HPV	4031	\$326225.02
382.00 Otitis Media W/O Rup	3958	\$403442.61
493.90 Asthma	3941	\$213846.74
V06.1 DTaP Vaccine	3750	\$ 55049.38
V06.8 Pediarix/Other Combi	3649	\$ 56450.25
V03.81 HIB Vaccine	3371	\$ 58725.46
V03.82 Pneumo Vaccine	3253	\$ 41921.44
V78.0 Hemaglobin/Hematocri	3034	\$ 19229.00
465.9 URI	2758	\$264521.71
V05.3 Hep A Vaccine	2538	\$ 63034.35
V77.91 Cholesterol Level Sc	2285	\$ 30183.00
V03.89 Meningitis Vaccine	2050	\$ 93757.11
477.8 Allergic Rhinitis ot	1999	\$ 67232.00
V06.8 MMRV (ProQuad)	1548	\$ 29625.18
V04.0 IPV Vaccine	1385	\$ 33854.16

Done Jump to Jump to Send Search
Top Bottom To... Pattern

Asthma

- This report lists:
 - 493.90 Asthma
- ICD-9 2014 description:
 - Asthma,unspecified type, unspecified

Code Selection in ICD-10

- Same approach in both ICD-9 and ICD-10:
 - 1st **Index** – front of the ICD-9 manual
 - 2nd Then **Tabular List** – back of the ICD-9 manual
 - **Always** Choose MOST SPECIFIC code that applies

ICD-9 - Unspecified

- 493.02 Extrinsic asthma with (acute) exacerbation
- 493.12 Intrinsic asthma with (acute) exacerbation
- 493.22 Chronic obstructive asthma with (acute) exacerbation
- 493.92 Asthma, **unspecified** type, with (acute) exacerbation

Asthma ICD-10 - Index

- Asthma, asthmatic (bronchial) (catarrh) (spasmodic) J45.909
 - With exacerbation (acute) [J45.901](#)

Asthma ICD-10 - Tabular

- J45 Asthma Includes:
 - Allergic (predominantly) asthma
 - Allergic bronchitis
 - Allergic rhinitis with asthma
 - Atopic asthma
 - Extrinsic allergic asthma
 - Hay fever with asthma
 - Idiosyncratic asthma
 - Intrinsic nonallergic asthma
 - Nonallergic asthma

Asthma ICD-10 – Tabular (cont'd)

- J45 Asthma - Use Additional code to identify:
 - Exposure to environmental tobacco smoke (Z77.22)
 - Exposure to tobacco smoke in the perinatal period (P96.81)
 - History of tobacco use (Z87.891)
 - Occupational exposure to environmental tobacco smoke (Z57.31)
 - Tobacco dependence (F17.-)
 - Tobacco use (Z72.0)

Excludes in ICD-10

Excludes 1 – Indicates that the code excluded should never be used with the code where the note is located (do not report both codes).

Excludes 2 - Indicates that the condition excluded is not part of the condition represented by the code but a patient may have both conditions at the same time, in which case both codes may be assigned together (both codes can be reported to capture both conditions).

Asthma ICD-10 – Tabular (cont'd)

- J45 Asthma – Excludes1
 - Detergent asthma (J69.8)
 - Eosinophilic asthma (J82)
 - Lung disease due to external agents (J60-J70)
 - Miner's asthma (J60)
 - Wheezing NOS (R06.2)
 - Wood asthma (J67.8)

Asthma ICD-10 – Tabular (cont'd)

- J45 Asthma – Excludes2
 - Asthma with chronic obstructive pulmonary disease (J44.9)
 - Chronic asthmatic (obstructive bronchitis (J44.9)
 - Chronic obstructive asthma (J44.9)

Asthma ICD-10 – Tabular (cont'd)

- Acute exacerbation
 - J45.21 – Mild intermittent asthma with (acute) exacerbation
 - J45.31 – Mild persistent asthma with (acute) exacerbation
 - J45.41 – Moderate persistent asthma with (acute) exacerbation
 - J45.51 – Severe persistent asthma with (acute) exacerbation
 - J45.901 – Unspecified asthma with (acute) exacerbation

Automatic Code Converter

- Original code reported:
 - ICD-9 493.90
- **AAPC's converter** offers:
 - J45.909 Unspecified asthma, uncomplicated
 - J45.998 Other asthma

New ICD-10 Features

- PCC EHR V6.20 deploys everywhere on Sun 3/2/14
- Partner deploys 3/4-3/6/14

New Partner Features

- Correct Mistakes (oops)
- Reports (many)
- Referral
- Post Charges (chuck)

New Partner Features (cont'd)

- Charge Screen Editor (`csedit`)
- NUCC Version 02/12 HCFA

cseedit

jan — ssh — 80x30

ICD-9 Charge Screen Editor

Charge Screen Name	Uses this Encounter Form
<input checked="" type="checkbox"/> 10Yr	config/encount/encountform
<input type="checkbox"/> 12Mo	config/encount/encountform
<input type="checkbox"/> 12Yr	config/encount/encountform
<input type="checkbox"/> 14Yr	config/encount/encountform
<input type="checkbox"/> 15Mo	config/encount/encountform
<input type="checkbox"/> 15Yr	config/encount/encountform
<input type="checkbox"/> 16 Yr	config/encount/encountform
<input type="checkbox"/> 17 Yr	config/encount/encountform
<input type="checkbox"/> 18 Yr	config/encount/encountform
<input type="checkbox"/> 18Mo	config/encount/encountform
<input type="checkbox"/> 1Mo	config/encount/encountform
<input type="checkbox"/> 2Mo	config/encount/encountform
<input type="checkbox"/> 2Wk	config/encount/encountform
<input type="checkbox"/> 2Yr	config/encount/encountform
<input type="checkbox"/> 3Yr	config/encount/encountform
<input type="checkbox"/> 4Mo	config/encount/encountform

To select a screen, place an X in front of it.
Press F4 to edit the selected screen.

Save and Quit Scroll Backward Scroll Forward Edit Screen ICD-10 cseedit



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA				<input type="checkbox"/> PICA	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>		3. PATIENT'S BIRTH DATE MM DD YY		SEX M <input type="checkbox"/> F <input type="checkbox"/>	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)		8. RESERVED FOR NUCC USE		7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ DATE _____		14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE QUAL _____		15. OTHER DATE MM DD YY 17a. QUAL _____ 17b. NPI _____		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____		22. RESUBMISSION CODE ORIGINAL REF. NO.		20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE		C. EMG	
D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER		F. \$ CHARGES	
G. DAYS Off Units		H. EPSTOT Family Plan		I. ID. QUAL	
J. RENDERING PROVIDER ID. #		23. PRIOR AUTHORIZATION NUMBER		25. FEDERAL TAX I.D. NUMBER SSN EIN	
26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>		28. TOTAL CHARGE \$	
29. AMOUNT PAID \$		30. Rsvd for NUCC Use		31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED _____ DATE _____	
32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. _____		33. BILLING PROVIDER INFO & PH # () a. NPI b. _____			

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

New PCC EHR Features

- SNOMED to ICD-10 work underway

Many Thanks for Attending!

support@pcc.com
PedSource ICD-10 Resources