

ICD-10 Review

Jan Blanchard, CPC, CPEDC
PCC Users' Conference
2016

We did it!
We all
survived the
ICD-10
cutover!!



Reports and Quality Tools

- How well is your practice using this new codeset?
- How do your carriers respond to ICD-10?
- Did your collection rates change?
- Are you getting paid as much and as quickly as with ICD-9?

Code Quality

How well is your practice is using

The ICD-10 codeset?

preptags/tagssplit Bad Claims

1. **Run** `ecsreports` and press F8 for List By Type
2. **Select** `preptags/tagssplit Bad Claims` and press F1
3. Press F5 for Search All and use “Diagnosis” in “Pattern to search for:

Diagnosis Errors

Search Pattern: Diagnosis Search on whole words: No
Procedure Code: 99213 **Diagnosis** code: W45.8XXD Amount: \$ 150.00
The primary **diagnosis** cannot be an External Cause **diagnosis** code
Diagnosis: Oth foreign body or object entering through skin, subs

The claims listed are in error and will NOT be submitted.

ALL ERRORS MUST BE CORRECTED AND CLAIMS REBATCHED!

External causes of morbidity (V00-Y99)

“Note: This chapter permits the classification of environmental events and circumstances as the cause of injury , and other adverse effects. Where a code from this section is applicable, it is intended that it shall be used *secondary* to a code from another chapter of the Classification indicating the nature of the condition.”

O Codes

- Letter O; NOT zero
- “Note: CODES FROM THIS CHAPTER ARE FOR USE ONLY ON MATERNAL RECORDS, NEVER ON NEWBORN RECORDS”

Chapter 16 - P Codes

- “Note: Codes from this chapter are for use on newborn records only, never on maternal records”
- Includes: conditions that *have their origin* in the fetal or perinatal period (before birth through the first 28 days after birth) *even if morbidity occurs later*

Signs and Symptoms

“The conditions and signs or symptoms included in categories R00-R94 consist of:

- (a) cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated;
- (b) signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined;
- (c) provisional diagnosis in a patient who failed to return for further investigation or care;
- (d) cases referred elsewhere for investigation or treatment before the diagnosis was made;
- (e) cases in which a more precise diagnosis was not available for any other reason;
- (f) certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right.”

Code First

- Intellectual Disabilities (F70-F79)
 - Code first any associated physical or developmental disorders
- G93.7 Reye's syndrome
 - Code first (T39.0-), if salicylates-induced
- H72 Perforation of tympanic membrane
 - Code first any associated otitis media (H65.-, H66.1-, H66.2-, H66.3-, H66.4-, H66.9-, H67.-)

Carrier Response

- How do your carriers respond to ICD-10?
 - Payment for With vs. without abnormal findings
 - Rejections based upon “improper” usage
 - Beware their definition of improper

IRA - Insurance Reimbursement Analysis

- Date range: 10/01/15-t
- Include: Only Paid Charges
- All diagnoses? No
- Subtotal Data By: Diagnosis
- F2 - Detail Report

INSURANCE COMPANY REIMBURSEMENT REPORT: Detail Report

From: 10/01/15 To: 07/21/16

Generated On: 7/21/2016

Primary Diagnosis	# Chgs	Tot Charged	Ins Pd	Pers Pd	Tot Adj
		% Collected	% Ins Pd	% Pers Pd	% Tot Adj
		Avg Charged	Avg Ins Pd	Avg Pers Pd	Avg Tot Adj
Z00.129 Encntr for	142902	\$10760261.13	\$4913616.69	\$154108.49	\$5692535.95
		100.00%	45.66%	1.43%	52.90%
		\$ 75.30	\$ 34.38	\$ 1.08	\$ 39.84
Z00.121 Encounter f	15663	\$1236060.98	\$556743.42	\$ 14982.23	\$664335.33
		100.00%	45.04%	1.21%	53.75%
		\$ 78.92	\$ 35.55	\$ 0.96	\$ 42.41

ERA/EOB

1. Run `ecsreports` and press F8 for List By Type
2. Select ERA/EOB and press F1
3. Select a handful and press F6 for Search Selected
4. Use “Diagnosis” in “Pattern to search for:”
5. Select the hits and press F1 to View Selected

Carrier Response

“11 - The diagnosis is inconsistent with the procedure”

- Example: 92587-59 (OAE) with Z00.129 (Well w/o abnormal findings) (!?!?)

Payments

Are you getting paid as much and as quickly
as with ICD-9?

Rates

Did your collection rates change?

- `ira` to identify
- Gross Collection by Diagnosis (`srs`) spreadsheet for analysis

Diagnosis Payment Selections

- Captures all or primary diagnosis?
 - `ira` - All
 - `srs` - Primary or your selection
- All charges or only paid charges?
 - `ira` - Paid only
 - `srs` - Date selection

ira

IRA

Date range: from to

Include:

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

Subtotal Data By:

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

Sort Subtotals By:

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

Output Destination Selection:

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

Summary Report Detail Report Per Chg Report

ira

From: 01/01/15 To: 07/24/16

Generated On: 7/24/2016

Primary Diagnosis	# Chgs	Tot Charged
V20.2 Well Infant/Child	168792	\$12920430.83
Z00.129 Encntr for routine child health exam w/o	144025	\$10844891.13
Z23 Encounter for immunization	26451	\$1689845.56
Z00.121 Encounter for routine child health exam w	15750	\$1243275.98
V70.0 Well Child Over 18 Years	11975	\$983134.00
462 Pharyngitis	11103	\$802232.00
J02.9 Acute pharyngitis, unspecified	9406	\$663291.00

Gross Collection Ratio - Yearly Diagnosis

Report Generation - Step 2

Select information that should appear in the body of the report.

<input checked="" type="checkbox"/>	1) CHARGE Transaction Year
<input type="checkbox"/>	2) CHARGE Primary Diagnosis
<input type="checkbox"/>	3) CHARGE Responsible Party at Time of Service
<input type="checkbox"/>	4) CHARGE Avg Paid by Insurance
<input type="checkbox"/>	5) CHARGE Amount Insurance Paid
<input type="checkbox"/>	6)

Report Generation - Step 3

Select sort and subtotal options.

Sort Data By:	Include a Subtotal?	Sort Direction
<input checked="" type="checkbox"/> CHARGE Transaction Year	Yes	Ascending
<input type="checkbox"/> CHARGE Primary Diagnosis	Yes	Ascending
<input type="checkbox"/> CHARGE Responsible Party at Time of Serv	Yes	Ascending
<input type="checkbox"/>	No	Ascending
<input type="checkbox"/>	No	Ascending
<input type="checkbox"/>	No	Ascending

Show only subtotal lines? Yes

Sorted Data

1	Title: Gross Collection Ratio - Yearly Diagnosis					
2	Trans Year	Diagnosis Code	Ins at TOS Name	Avg Paid by Insurance	Ins Pmt	Units
121	2015	V20.2	Cigna 10 (HealthNow)	\$50.04	\$1,401.07	28
122	2015	Z00.129	Cigna 10 (HealthNow)	\$44.66	\$803.88	18
123	2016	Z00.129	Cigna 10 (HealthNow)	\$31.14	\$311.35	10
124	2015	V20.2	Cigna 20 (Healthgram)	\$58.01	\$464.05	8
125	2015	Z00.129	Cigna 20 (Healthgram)	\$43.86	\$526.30	12
126	2015	V20.2	Cigna 20(Samba Federal Health Plan)	\$54.96	\$2,418.29	44
127	2015	Z00.129	Cigna 20(Samba Federal Health Plan)	\$50.14	\$701.94	14
128	2015	V20.2	Cigna Choice Fund 00	\$44.37	\$62,380.09	1406
129	2016	Z00.129	Cigna Choice Fund 00	\$48.49	\$20,414.64	421
130	2015	Z00.129	Cigna Choice Fund 00	\$42.65	\$25,544.71	599
131	2015	V20.2	Cigna Choice Fund 25	\$34.70	\$555.14	16
132	2016	Z00.129	Cigna Choice Fund 25	\$33.70	\$269.61	8
133	2015	V20.2	Cigna HMO 05 Chat 182223	\$41.37	\$1,820.37	44
134	2016	Z00.129	Cigna HMO 05 Chat 182223	\$50.62	\$354.32	7
135	2015	Z00.129	Cigna HMO 05 Chat 182223	\$34.35	\$240.48	7
136	2015	V20.2	Cigna HMO 15 Chat 182223	\$0.00	\$0.00	1
137	2016	Z00.129	Cigna HMO 15 Chat 182223	\$46.99	\$751.86	16

Massaged Data

	A	B	C	D	E	F
1	Title: Gross Collection Ratio - Yearly Diagnosis					
2	Year	Diagnosis Code	Ins at TOS Name	Avg Paid (Ins)	Ins Pmt	Units
3	2015	V20.2	Aetna \$2 El Paso 981106	\$1.39	\$4.18	3
4	2015	Z00.129	Aetna \$2 El Paso 981106	\$15.78	\$78.90	5
5						
6	2015	V20.2	AmeriHealth PPO 20 41574	\$79.11	\$395.54	5
7	2016	Z00.129	AmeriHealth PPO 20 41574	\$55.54	\$333.26	6
8						
9	2015	V20.2	BCBS \$0	\$4.42	\$92.76	21
10	2016	Z00.129	BCBS \$0	\$26.31	\$394.69	15
11	2015	Z00.129	BCBS \$0	\$21.20	\$233.17	11
12						
13	2015	V20.2	Great West/Cigna 05 Kennett 1000	\$74.26	\$519.82	7
14	2016	Z00.129	Great West/Cigna 05 Kennett 1000	\$70.30	\$421.77	6
15						
16	2015	V20.2	Health Partners 25 (Cigna)	\$71.83	\$359.17	5
17	2015	Z00.129	Health Partners 25 (Cigna)	\$37.60	\$376.04	10
18						
19	2015	V20.2	No Insurance (VFC)	\$5.48	\$4,522.07	825
20	2015	Z00.129	No Insurance (VFC)	\$5.43	\$1,249.92	230
21	2016	Z00.129	No Insurance (VFC)	\$1.24	\$228.98	184
22						
23	2015	V20.2	Tricare Standart 870140	\$48.57	\$9,858.84	203
24	2015	Z00.129	Tricare Standart 870140	\$71.58	\$1,145.22	16
25	2016	Z00.129	Tricare Standart 870140	\$44.36	\$1,419.64	32
26						
27	2015	V20.2	UnitedHealthcare 10 Salt 30555	\$33.34	\$566.70	17
28	2016	Z00.129	UnitedHealthcare 10 Salt 30555	\$71.90	\$503.31	7
29	2015	Z00.129	UnitedHealthcare 10 Salt 30555	\$36.16	\$614.73	17

Reports Questions?

2017 ICD-10s

1943 New codes

422 Revised codes

305 deleted

Highlights

F42	Delete		Obsessive-compulsive disorder
F422		Add	Mixed obsessional thoughts and acts
F424		Add	Excoriation (skin-picking) disorder
F428		Add	Other obsessive compulsive disorder
F429		Add	Obsessive-compulsive disorder, unspecified

H53041	Add		Amblyopia suspect, right eye
H53042	Add		Amblyopia suspect, left eye
H53043	Add		Amblyopia suspect, bilateral
H53049	Add		Amblyopia suspect, unspecified eye

Revisions

P032 Revise from Newborn (suspected to be) affected by forceps delivery

Revise to Newborn affected by forceps delivery

P033 Revise from Newborn (suspected to be) affected by delivery by vacuum extractor
[ventouse]

Revise to Newborn affected by delivery by vacuum extractor [ventouse]

P034 Revise from Newborn (suspected to be) affected by Cesarean delivery

Revise to Newborn affected by Cesarean delivery

P035 Revise from Newborn (suspected to be) affected by precipitate delivery

Revise to Newborn affected by precipitate delivery

P036 Revise from Newborn (suspected to be) affected by abnormal uterine contractions

Revise to Newborn affected by abnormal uterine contractions

What Questions
Do You Have?

Jan Blanchard, CPC, CPEDC
Pediatric Solutions Consultant

PCC
Control Your Future.

jan@pcc.com
www.pcc.com