



Presented by:
Montero Therapy Services
www.RehabResourceForLTC.com

Montero Therapy Services ~ Rehab Resources for Long Term Care

A little bit about us...

Montero Therapy Services is an online practice that provides resources to physical, occupational and speech therapists, managers, MDS Coordinators and administrators working in short-term rehab and long-term care settings nationwide with the goal of ensuring that professionals have the tools and support they need to comply with the ever-changing regulations while continuing to provide top-notch care to the residents they serve.

Montero Therapy Services is dedicated to providing Members with the services and information needed for success. Our goal is to make your work-life easier so you can focus on your residents. We provide up to date information, tools for your facility, and educational materials necessary to stay current with: Medicare/Medicaid rules and requirements, practice management, documentation, coding, billing, MDS 3.0 and much MORE... We are a member-based practice, dedicated to serving our members!

- When you have a chance, check out this 60 second video clip that explains our services.
<http://www.monerotherapyservices.com/what-we-do>
- Introductions:
 - Presenter: Dolores Montero, PT, DPT, GCS, RAC-CT
 - Panelist for Q&A: Sharon Vyce, PT, RAC-CT

Objectives

- Review the What, When, Where, Why behind the October 1st transition to ICD-10
- Analyze the differences between ICD-9 and ICD-10 in relation to code structure and code organization
- Explore new coding requirements and concepts
- Differentiate how coding will change for the therapist in the skilled nursing facility setting
- Understand the basics of ICD-10 coding process by mapping the most common PT, OT and SLP codes
- Define the impact on Part A, Part B and MDS billing
- Provide resources for support and further self-study

The Transition to ICD-10

- Coding classification system transitioning from ICD-9 to ICD-10 for all dates of service on or after October 1, 2015
- International classification of Diseases, 10th Revision (ICD-10)
 - Authorized by World Health Organization (WHO)
 - Published and implemented in 1999
 - Used in other countries for years
- USA has used ICD-9-CM Volume 1,2 and 3 versions since 1979
- USA has developed ICD-10 from the WHO system as follows:
 - ICD-10-CM or **Clinical Modification**, is for medical diagnoses
 - This replaces ICD-9-CM Volume 1 and 2
 - ICD-10-PCS or **Procedure Coding System**, is for hospital inpatient coding procedures
 - This replaces ICD-9-CM, Volume 3

Coding History

- ICD-9 codes are used to classify disease, injury and procedures in health care settings
- Federal and State government public health officials rely on the data to conduct studies and monitor trends
 - Track information from cancer to birth defects to adverse events
 - Morbidity and mortality data
 - Statistical purposes vs Policy change
 - I.e.: CDC
- Department of Health and Human Services has mandated the transition from ICD-9 to ICD-10 on October 1, 2015
 - Has been delayed for 2 years
 - AMA resistance

HIPAA Covered Entities

- Transition is for all HIPAA –covered entities
 - CMS strongly encouraging all non-HIPAA entities to transition
 - ICD-9 database will not be kept up after October 1st
 - Result: Billing claims could get tricky for residents with dual coverage
- Does not include payors such as Worker's Comp, No Fault, Life Insurance
 - No Fault coverage for a short term rehab admission with Medicare as a Secondary Payer
 - Will have to wait and see

Why the Change?

- ICD-9-CM is outdated in terms of diagnoses and procedures that have evolved over the years
- Codes lack range and specificity – unable to compare with those using ICD-10 data
- Goals of change:
 - Greater specificity in coding injury, disease and procedures
 - Improvement in overall healthcare delivery and monitoring
 - Improvement in data capture, tracking and research
 - Usage of information for reimbursement tracking, claims processing, fraud and abuse identification

Transition Summary

- **What:** The transition from ICD-9 to ICD-10, the International Classification of Disease, Clinical Modification, 10th Edition, ICD-10-CM
- **When:** Starts for dates of service on or after October 1, 2015. The US mandated the replacement of ICD-9 to ICD-10 with a start date of 10/1/13; however, implementation has been delayed for 2 years.
- **Where:** In the USA for all HIPAA-covered entities. We may see the non-HIPAA entities lagging, which is going to make our billing challenging in certain scenarios.
- **Why:** Greater specificity in coding is needed with the goal of improvement in healthcare delivery and policy decisions. The change will allow for improved data capture, quality reporting, data analysis and research.

ICD-10 Code Differences

Number of actual codes

	ICD-9	ICD-10
Diagnosis Codes	14,025 (Vol .1,2)	69,823
Procedure Codes	3,824 9 (Vol .3)	71,924 (Hospital Inpatient Setting)

ICD-10 Code Differences

Code Structure and Make-Up Diagnosis Codes (CM)

	ICD-9-CM	ICD-10-CM
Diagnosis Codes	3-5 Characters 1 st is letter <u>or</u> # 2-5 are #'s	3-7 Characters 1 st is <u>always</u> letter 2 nd is always number 3-7 letter or #

These CM codes are the ones we will be assigning in the SNF setting (Part A and B)

ICD-10 Code Differences

Code Structure and Make-Up Procedure Codes (PCS)

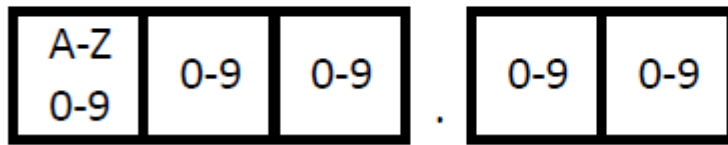
	ICD-9-CM	ICD-10-PCS*
Procedure Codes	3-4 Characters All #'s Minimum of 3 #'s	7 Characters All will be # 0-9 or letters A-H, J-N, P-Z

*PCS title is new with ICD-10: These are procedure codes for inpatient hospital use. Our patients will come with these codes.

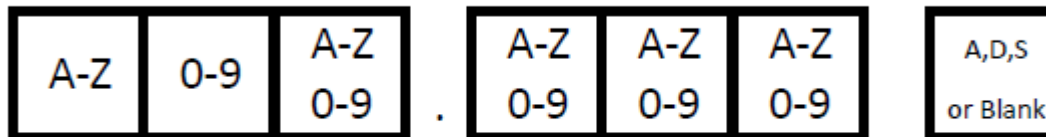
ICD-10-CM Code - Example

- **ICD-10-CM went from 14,00 to 69,823 codes**
- Focus on this code set as we will be using primarily in the SNF setting

ICD-9



ICD-10



CMS Resources and Info

CMS provides a full listing of all codes in multiple formats for facility use

- Same information provided in 2 main ways for cross-reference

1. Tabular List of Diseases and Injuries

- Organized into 21 Chapters
- Each Chapter is for a specific category of injury or disease
- Each Chapter is characterized by a set of letters
 - Ie: Chapter 1 = A and B; Chapter 2 = C and D; Chapter 3= D

2. Index to Disease in Injuries

- Alphabetical listing of all with corresponding marker in Tabular List
 - Ie: Gait Abnormality R26.9 directs you to that Tabular section for more detail

ICD-10-CM TABULAR LIST of DISEASES and INJURIES

Table of Contents

- 1 [Certain infectious and parasitic diseases \(A00-B99\)](#)
- 2 [Neoplasms \(C00-D49\)](#)
- 3 [Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism \(D50-D89\)](#)
- 4 [Endocrine, nutritional and metabolic diseases \(E00-E89\)](#)
- 5 [Mental, Behavioral and Neurodevelopmental disorders \(F01-F99\)](#)
- 6 [Diseases of the nervous system \(G00-G99\)](#)
- 7 [Diseases of the eye and adnexa \(H00-H59\)](#)
- 8 [Diseases of the ear and mastoid process \(H60-H95\)](#)
- 9 [Diseases of the circulatory system \(I00-I99\)](#)
- 10 [Diseases of the respiratory system \(J00-J99\)](#)
- 11 [Diseases of the digestive system \(K00-K95\)](#)
- 12 [Diseases of the skin and subcutaneous tissue \(L00-L99\)](#)
- 13 [Diseases of the musculoskeletal system and connective tissue \(M00-M99\)](#)
- 14 [Diseases of the genitourinary system \(N00-N99\)](#)
- 15 [Pregnancy, childbirth and the puerperium \(O00-O9A\)](#)
- 16 [Certain conditions originating in the perinatal period \(P00-P96\)](#)
- 17 [Congenital malformations, deformations and chromosomal abnormalities \(Q00-Q99\)](#)
- 18 [Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified \(R00-R99\)](#)
- 19 [Injury, poisoning and certain other consequences of external causes \(S00-T88\)](#)
- 20 [External causes of morbidity \(V00-Y99\)](#)
- 21 [Factors influencing health status and contact with health services \(Z00-Z99\)](#)

<http://www.monterotherapyservices.com/wp-content/uploads/2015/09/2016-ICD-10-CM-Tabular-List-of-Diseases-and-Injuries.pdf>

Common SNF Therapy Chapters

Common chapters for therapy will be:

- **Chapter 6** – Diseases of the nervous system (**G00-G99**)
- **Chapter 10** - Diseases of the respiratory system (**J00-J99**)
- **Chapter 13** – Diseases of the musculoskeletal system and connective tissue (**M00-M99**)
- **Chapter 19** – Injury, poisoning and certain other consequences of external causes (**S00-T88**)
- **Chapter 20** – External causes of morbidity (**V00-Y99**)

Tabular Additional Instructions

- **Includes:** The word 'Includes' appears immediately under certain categories to further define, or give examples of, the content of the category.
- **Excludes Notes** The ICD-10-CM has two types of excludes notes. Each note has a different definition for use but they are both similar in that they indicate that codes excluded from each other are independent of each other
 - ***Excludes1:*** A type 1 Excludes note is a pure excludes. It means 'NOT CODED HERE!' An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.
 - ***Excludes2:*** A type 2 excludes note represents 'Not included here'. An excludes2 note indicates that the condition excluded is not part of the condition it is excluded from but a patient may have both conditions at the same time. When an Excludes2 note appears under a code it is acceptable to use both the code and the excluded code together. (ie: Skin infection and open area)

Tabular Additional Instructions

Code First/Use Additional Code notes :

- Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology. For such conditions the ICD-10-CM has a coding convention that requires the underlying condition be sequenced first followed by the manifestation. Wherever such a combination exists there is a 'use additional code' note at the etiology code, and a 'code first' note at the manifestation code. These instructional notes indicate the proper sequencing order of the codes, etiology followed by manifestation. In most cases the manifestation codes will have in the code title, 'in diseases classified elsewhere.'
- 'In diseases classified elsewhere' codes are never permitted to be used as first listed or principal diagnosis codes. They must be used in conjunction with an underlying condition code and they must be listed following the underlying condition.

ICD-10-CM INDEX TO DISEASES and INJURIES

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#)

A

Aarskog's syndrome Q87.1

Abandonment —see Maltreatment

Abasia (-astasia) (hysterical) F44.4

Abderhalden-Kaufmann-Lignac syndrome (cystinosis) E72.04

Abdomen, abdominal —see *also* condition

- acute R10.0

- angina K55.1

- muscle deficiency syndrome Q79.4

Abdominalgia —see Pain, abdominal

Abduction contracture, hip or other joint —see Contraction, joint

Aberrant (congenital) —see *also* Malposition, congenital

- adrenal gland Q89.1

- artery (peripheral) Q27.8

- - basilar NEC Q28.1

- - cerebral Q28.3

<http://www.monterotherapyservices.com/wp-content/uploads/2015/09/2016-ICD-10-CM-Index-to-Diseases-and-Injuries.pdf>

The 7th Character

- The Tabular section will instruct you if a 7th character is required
- The 7th character is commonly required for Chapter 19 – Injury Codes
- Only use a 7th Character if it is required. Otherwise, leave the 7th space blank or the code will be invalid
- Placeholder X
 - For codes less than 6 characters that require a 7th character a placeholder X should be assigned for all characters less than 6. The 7th character must always be the 7th character of a code
- For example, S47.1 is the code for “Crushing injury of right shoulder and upper arm.” It is only 4 characters, but requires a 7th character. In this case, the code would look like this: **S47.1 x x A.**

3 Most Common 7th Characters

The 3 most common related to the episode of care are listed here and each have a specific definition:

- “A” designates the **Initial Encounter** and describes the period of active treatment for the injury .The key to assignment of initial encounter is whether the patient is still receiving active treatment for that condition (May be multiple visits)
- “D” designates the **Subsequent Encounter** and describes the period of routine care for healing and recovery, after active treatment is
- “S” designates a **Sequela** and indicates a complication and/or condition that arises later (ie: late effects). Can occur after initial phase or years later

Therapists and the 7th Character

- A patient may be admitted with a code designating “A” as the initial phase, and the therapist may need to modify that diagnosis code to reflect a 7th character of “D,” indicating a new phase of the injury recovery process, or “S” for a later exacerbation
- In the SNF, the physician will not likely take the initiative to make this change – thus making it the responsibility of the therapist.
- It is not expected that a resident will progress through the levels of A, D and S – Could have an initial evaluation using “Sequela” for deficits related to late effects of a fracture or CVA
- Choose the best one for your resident at the time of treatment. Currently no penalty for incorrect choice.

External Cause Codes-Chapter 20

From Tabular List: Chapter 20 (V00-Y99)

- “External Causes of Morbidity”
- Classify environmental events and circumstances as the cause of injury, and other adverse effects (how and where)
- Where a code from this section is applicable, it is intended that it shall be used **secondary to a code from another chapter**
- Most often, the condition will be classifiable to Chapter 19, Injury (S00-T88).
- Codes from Chapter 20 should be used to provide additional information as to the cause of the condition. Not mandatory and can't be used alone
- Answers questions regarding how the injury happened, the location of where it happened and if it was an accident or not

What Has CMS Done to Help?

- Creation of **GEMS** – General Equivalence Mappings
- Process of linking ICD-9 with ICD-10 as a starting point of transition
- ***GEMs are not crosswalks.*** They are reference mappings, to help the user navigate the complexity of translating meaning from one code set to the other.
- They are tools to help the user understand, analyze, and make distinctions that manage the complexity, and to derive their own applied mappings if that is the goal
- There is no simple “crosswalk from I-9 to I-10” in the GEM files. A mapping that forces a translation from a simple code set to a details set defeats the purpose of upgrading to I-10

GEMS

- Most apps use the GEMS provided by CMS for the ICD-9 to 10 mapping
- Code results, when multiple, need to be evaluated and selected by the clinician due to resident specific content
- CMS has a Code Lookup on CMS.gov that can be used as a helpful starting point:

<https://www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx>

Medical vs Treatment Dx

- With ICD-10, we may have multiple Medical and Treatment Diagnosis codes for each patient
- Medical: Therapist should select a medical dx code that supports the therapy encounter
 - Example: Dx such as HTN, CA, UTI, Pneumonia are not supportive of therapy – no direct link – and should be avoided
- Treatment: Code or codes that paint a picture of the reasons for treatment
 - Codes in ICD-10 may now come from multiple categories

Coding Details

- Therapists may need to change or add codes to support medical necessity from what is received in the paperwork from home/hospital/chart
- New codes should be presented on documentation for physician to sign off acknowledging the codes
- Billing should be aware of which codes should go on the claims
- Code as specifically as possible
- SNF Physicians will likely not code neuro or musculo-skeletal problems and will rely on the therapist
- The codes will justify medical necessity for treatment

New Coding 101

Using Tabular List, Index and CMS Code Lookup, translate the following ICD-9 Codes to ICD-10:

- Muscle Weakness: 728.87
- Lack of Coordination: 781.3
- Gait Dysfunction: 781.2
- Dysphagia, oral phase: 787.21
- Decreased Functional Activity: 780.99
 - Explore the “R’s”

SNF Common Therapy Codes

See 2 Attachments

ICD-9 to ICD-10 Conversion Sample for Physical, Occupational and Speech Therapy - SNF Setting			
ICD-9 Code	ICD-9 Description	New ICD-10	New ICD-10 Description
250.07	DM with Neuropathy	E11.21	Type 2 diabetes mellitus with diabetic nephropathy
	DM w/neuropathy, unspecified	E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
278.01	Obesity	E66.01	Morbid (severe) obesity due to excess calories
		E66.01	Morbid (severe) obesity due to excess calories
		E66.09	Other obesity due to excess calories
		E66.2	Morbid (severe) obesity with alveolar hypoventilation
		E66.8	Other obesity
		E66.9	Obesity, unspecified
290.0	Dementia	F03.90	Unspecified Dementia w/o behavioral disturbance
		F01.50	Vascular dementia without behavioral disturbance
		F01.51	Vascular dementia with behavioral disturbance
		F02.80	Dementia in other diseases classified elsewhere without behavioral disturbance
		F02.81	Dementia in other diseases classified elsewhere with behavioral disturbance
		F03.91	Unspecified dementia with behavioral disturbance
		G31.09	Other frontotemporal dementia
		G31.83	Dementia with Lewy bodies
294.9	Cognitive disorder NOS; Organic Brain	F06.8	Other specified mental disorders due to known physiological condition
		G93.9	Disorder of brain, unspecified
331.0	Alzheimer's	G30.9	Alzheimer's disease, unspecified
		G30.0	Alzheimer's disease with early onset
		G30.1	Alzheimer's disease with late onset
		G30.8	Other Alzheimer's disease
		G20	Parkinson's disease
332.0	Parkinsons	G21.11	Neuroleptic induced parkinsonism
		G21.19	Other drug induced secondary parkinsonism
		G21.2	Secondary parkinsonism due to other external agents
		G21.3	Postencephalitic parkinsonism
		G21.4	Vascular parkinsonism
		G21.8	Other secondary parkinsonism
		G21.9	Secondary parkinsonism, unspecified

Case Examples

s/p Total Knee Replacement for Rehab

- Z47.1 Aftercare following joint replacement
- M25.562 Left knee pain
- M25.462 Left knee effusion
- M25.662 Left knee stiffness
- M62.81 Muscle weakness
- R26.81 Unsteady on feet
- R26.9 Unspecified abnormalities of gait and mobility
- R26.2 Difficulty walking, not elsewhere classified

Case Examples

Parkinson's, s/p fall in SNF

- G20 Parkinson's Disease
- R26.0 Ataxic Gait
- R27.8 Other lack of coordination
- R29.6 Falls
- R54 Age related physical disability
- M62.81 Muscle weakness
- R26.81 Unsteady on feet
- R26.9 Unspecified abnormalities of gait and mobility

Case Examples

Decline in R UE ROM and ADL Function (Late effects of Hemi)

- R53.81 Chronic debility
- M62.50 Muscle wasting and atrophy – disuse
- M79.601 Pain in right arm
- G81.93 Hemiplegia, unspecified affecting R non-dom side
- I69.398 Other sequelae of cerebral infarction
- R54 Age related physical disability
- M62.81 Muscle weakness

Case Examples

New Onset of Difficulty Swallowing – Dementia

- J69.0 Pneumonitis due to inhalation of food/vomit (aspiration)
- R13.11 Dysphagia, oral phase
- R54 Age related physical disability
- M62.81 Muscle weakness
- F03.90 Unspecified Dementia w/o behavioral disturbance

Impact on Documentation

- Codes should be chosen with corresponding supporting documentation
- Now both documentation and codes will be used to support medical necessity
- Good News!
 - No impact of Part B Progress Report cycle, visit number and G-Codes
 - No impact of use of CPT coding
 - No impact on Therapy Cap
 - No impact of KX Modifier Use

Impact on Billing

- Claims with September dates of service must have ICD-9 codes
- Claims with October 1 and later dates of services must have ICD-10 codes (and no longer have ICD-9)
- Split claims if you are not a monthly billing facility
- Part A and Part B UB-04 will need to have ICD-10 codes
- MDS 3.0 Assessment Reference Dates of 10/1 and later need to have ICD-10 codes in Section I (active dx codes only)
 - The ARD will serve as the date of service even though the ARD may pay for days in September and October

CMS Grace Period

- CMS issued a letter outlining a “grace period” in which claims would not be denied solely due to lack of specificity
- Period of 1 year
- Requirement is for code to be from correct “ 3 digit family”
- Link to CMS letter to Medicare Providers
- <https://www.cms.gov/Medicare/Coding/ICD10/Clarifying-Questions-and-Answers-Related-to-the-July-6-2015-CMS-AMA-Joint-Announcement.pdf> (Letter 9/22/15)

Recommendation Summary

- Save the CMS Tabular, CMS Index, and CMS code look-up links to your desktop for easy reference (links provided)
- Don't solely rely on Apps for the conversion
- Convert all ICD-9 codes (medical and treatment diagnosis) to ICD-10 using the most specificity possible
- Select additional ICD-10 codes to support your therapy treatment diagnosis as needed
- Ensure the ICD-10 codes have the 7th digit or place holders if required, as instructed in the Tabular List
- Communicate with your billing department and MDS Coordinator to ensure a smooth transition for Part A and Part B claims with October 1st dates of service
- Start with a “go-to” list of codes and build upon it as you acquire new patients over the next few months

There's a Code for That!

X95.02XA

Assault by paintball gun discharge, initial encounter

W22.01XA

Walked into wall, initial encounter

W22.01XD

Walked into wall, subsequent encounter

W22.01XS

Walked into wall, sequela

V04.01XS

Pedestrian on roller-skates injured in collision with heavy transport vehicle or bus in nontraffic accident, sequela

W55.42XA

Struck by pig, initial encounter

W55.42XD

Struck by pig, subsequent encounter

W55.42XS

Struck by pig, sequela

Questions ?

Can't think of a question now?

Send us your questions any time using our
JustAsk! Q&A Forum

Or browse the list of questions and answers
already there – we may have answered the
question already

References and Live Links

- <http://www.roadto10.org/quick-references/>
- <https://www.cms.gov/Medicare/Coding/ICD10/Clarifying-Questions-and-Answers-Related-to-the-July-6-2015-CMS-AMA-Joint-Announcement.pdf>
- <http://cdn.roadto10.org/wp-uploads/2015/09/2016-ICD-10-CM-Tabular-List-of-Diseases-and-Injuries.pdf>
- <https://www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx?KeyWord=gait&bc=AAAAAAAAAAACAA%3d%3d&>
- <https://www.cms.gov/medicare/coding/icd10/2015-icd-10-cm-and-gems.html>
- <https://www12.pointclickcare.com/pccwebsite/Resourcecenter/pdfs/se1522.pdf>

References and Live Links

- https://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10/11b15_2012_ICD10PCS.asp
- http://www.cdc.gov/nchs/icd/icd10cm_pcs_background.htm
- <http://www.monrotherapyservices.com/clinical-information/icd-10-what-every-snf-therapist-needs-to-know>
- <http://www.monrotherapyservices.com/wp-content/uploads/2015/09/2016-ICD-10-CM-Tabular-List-of-Diseases-and-Injuries.pdf>
- <http://www.monrotherapyservices.com/wp-content/uploads/2015/09/2016-ICD-10-CM-Index-to-Diseases-and-Injuries.pdf>
- <https://www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx>
- American Academy of Professional Coders <http://www.aapc.com/>

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