CHANGE is Coming: Coding & ICD-10!

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MORE 2015 Government Changes

- Medicare Legislative & Payment Changes
- Medicare Updates for 2015
- PQRS changes
- Value Based Payment Modifier
- Electronic Health Record MU Incentive Program
- Merit Based Incentive Program
- OIG Workplan changes
- RAC Updates
- ICD-10 conversion

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MORE 2015 Government Changes

- Protecting Access to Medicare Act (PAMA) 2014
  - RVU changes occurred Jan. 1, 2015
    - 1-4% reduction across most codes
  - Sequestration continues through 2023 with 2% reduction in Medicare payments
- Medicare Access & CHIP Reauthorization Act 2015
  - Repeals the SGR, preventing 21% cuts in MPFS
  - Provides 5 years of 0.5% positive updates in MPFS
  - Conversion factor increases 0.5% 2016-2019
  - Conversion factor increases 0% in 2020-2025

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MORE 2015 Government Changes

- Medicare Access & CHIP Reauthorization Act of 2015
  - Consolidation of existing quality programs into new program called Merit Based Incentive Payment System (MIPS) in 2019
    - PQRS, EHR Meaningful Use, and Value Based Payment Modifier
  - Penalties linked to current quality programs sun-set after 2018
  - Prevents CMS from proceeding with policy of transitioning global periods from 10 & 90 days to 0 days

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Evolution of Payment Models

- Category 1 – fee for service with no link of payment to quality
- Category 2 – fee for service with link of payment to quality
- Category 3 – alternative payment models built on fee for service architecture
- Category 4 – population based payment
- Goals are 85% of Medicare FFS payments in Category 2-4 by 2016; 90% of Medicare FFS payments in Category 2-4 by 2018

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Evolution of Payment Models in HCR

- Principles of Health Care Reform are intended to improve health care quality, engage patients, improve communication between entities, and reduce costs
- Meaningful Use Stage 1 = get hooked up with computers
- Meaningful Use Stage 2 = communication between providers and patients
- Meaningful Stage 3 = Demonstrate improved quality
- Goal is to reward value & care coordination not volume & care duplication

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CMS Incentive Programs

- Physician Quality Reporting System (PQRS)
- Health Information Technology (HIT/EHR)
- Value-Based Payment Modifiers (VM)
  - Aoa.org/vbm-fact-sheet
- Merit-Based Incentive Payment System (MIPS)
  - Starting in 2019, MIPS will combine VBM, PQRS, & EHR/MU
  - Begin rating doctors based on a 100 point scale reflecting performance on quality, resource use, clinical practice improvement activities & MU of EHR

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Physician Value-Based Payment Modifier

- CMS will adjust payment to some physicians based on quality & resource use beginning in 2015 and all physicians by 2017
  - Now applies only to groups of 100 or more (originally 25)
  - Smaller groups (2-99) remain unaffected until 2017
- 3% payment penalty to hospitals began in 2012 for re-admission rates higher than national average
  - Heart failure
  - Pneumonia
  - Myocardial infarction

Reduction in Diagnostic Testing

- CMS will decrease payment by 20% of technical component of second and subsequent diagnostic tests furnished by same physician (or physicians in same group) to same patient on same day
  - Originally set at 25%
  - A diagnostic service refers to any diagnostic test that has a technical & professional component
- CMS indicated they will closely monitor practice changes to bypass multiple payment reductions

Reduction in Diagnostic Testing

76510	92060	92228	92285
76511	92081	92235	92286
76512	92082	92240	
76513	92083	92250	
76514	92132	92270	
76516	92133	92275	
76519	92134	92283	
92125	92136	92284	

Distinct Procedural Service (-59)

- Documentation should support a different session, different procedure or surgery, different site or organ, separate lesion, separate injury
- Use only when another modifier is not available
- HCPCS Modifiers for selective identification of **subsets** of Distinct procedural service (-59)
  - XE – Separate encounter
  - XS – Separate structure
  - XP – Separate practitioner
  - XU – Unusual non overlapping service

Distinct Procedural Service (-59)

- CMS – most widely used modifier
- Correct usage is when a procedure or service includes 2 or more CPT codes that are bundled under MC's CCI edits, yet circumstance support separate charges. This is not common in eyecare.
  - Contiguous structures within same organ is not considered different anatomic site
- Documentation should support a different session, different procedure or surgery, different site or organ, separate lesion, separate injury
- Use only when another modifier is not available

Distinct Procedural Service (-59)

- HCPCS Modifiers for selective identification of **subsets** of Distinct procedural service (-59)
  - XE – Separate encounter
  - XS – Separate structure
  - XP – Separate practitioner
  - XU – Unusual non overlapping service
- On MC claims these four modifiers should be used instead of modifier -59
- Ex: exam and extended ophthalmoscopy on patient w RD in office in morning, then RD repair at hospital later same day. RD repair & 92225 bundled so append –XE (or -59) to claim for 92225

CPT Category III Changes for 2015

- 0356T – Insertion of drug eluting implant into canaliculus, each
- 0378T – VF assessment, concurrent real-time data analysis, w Pt initiated data transmitted to remote surveillance center, up to 30 days, review & I/R
- 0379T – Technical support & Pt instructions, surveillance, analysis, transmission of daily data
- 0380T – Computer aided animation & Analysis of time series retinal images for monitoring of disease progression, uni or bilateral, w I&R

PQRS Incentive Program Update

- CMS incentive payments end in 2014
- Must report on at least 9 measures via claims or registry covering at least 3 National Quality Strategy Domains
  - Patient Safety / Communication & Care Coordination / Patient/Family experience / Efficiency / Clinical Process & Effectiveness / Community & Population health
- Report 1 measure form Cross Cutting measure (NEW)
- Report each measure for at least 50% of MC part B
- Not participating in PQRS 2015 will reduce Medicare payments by 1.5%, 2% in 2016 and beyond

PQRS Cross Cutting Measures 2015

- Measure #130 – Documentation of current medications in medical record
  - Domain – Patient safety
  - Report via claims, registry, EHR
- Measure #110 – Influenza immunization
  - Domain – Community & population health
  - Report via claims, registry, EHR
- Measure #111 – Pneumococcal vaccination status in >65yo
  - Domain – Community & population health
  - Report via claims, registry, EHR

PQRS Cross Cutting Measures 2015

- Measure #226 Tobacco Use:screening & cessation intervention
  - Domain – Community & population health
  - Report via claims, registry, EHR, CMG
- Measure #236 – Controlling HTN
  - Domain – Effective clinical care
  - Report via claims, registry, EHR
- Measure #374 – Closing the Referral Loop
  - Domain – Communication & Care coordination
  - Report via HER

PQRS Cross Cutting Measures 2015

- Measure #402 Tobacco Use & help w Quitting among Adolescents
  - Domain – Community & population health
  - Report via HER
- Tips – must use 99xxx E/M codes for cross cutting measures!

PQRS Measures for 2014

- Measure #110 – Preventative care & screening: Influenza immunization
- Measure #226 – Patient screened for tobacco use and received cessation counseling if identified as user
- Measure #130 – Current medications with name, dose, frequency, and route documented

PQRS 2014

- In 2015 a 1.5% PQRS payment penalty will be applied, in 2016 this increases to 2.0%
  - 2013 PQRS participation used to determine cuts in 2015
  - Participation means attempting to report at least one PQRS measure between Jan 1 –Dec 31 2013
- Glaucoma staging codes removed
- Measure 124: Health Information Technology eliminated
- CMS dramatically increases threshold to meet requirements – report 9 measures for incentive ‘14

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Measure 12: POAG Optic N. Evaluation

- CPT category II Code: 2027F
- Diagnosis codes
  - 365.10 Open angle glaucoma
  - 365.11 Open angle glaucoma
  - 365.12 Low tension glaucoma
  - 365.15 Residual stage of open angle glaucoma
- Documentation tips – ON can be documented with a drawing, description, photograph or scan
- Modifiers -1P, -8P
- Reporting – Claims, registry, EHR (Effective clin care)

Measure 141: POAG Reduction of IOP by 15% or Documentation of Plan of Care

- IOP reduced by 15% from pre-intervention
  - CPT category II Code: 3284F
- IOP reduced less than 15% from pre-intervention
  - CPT category II Code: 3285F plus
  - CPT category II Code: 0517F to document plan of care
    - Recheck IOP, Rx change, additional testing, referral, plan to recheck
- Once per reporting period
- CPT Codes: 92002, 92004, 92014, 92012, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337

Measure 141: POAG Reduction of IOP by 15% or Documentation of Plan of Care

- Diagnosis codes
  - 365.10 Open angle glaucoma
  - 365.11 Open angle glaucoma
  - 365.12 Low tension glaucoma
  - 365.15 Residual stage of open angle glaucoma
  - 365.7-365.74 Glaucoma Stage codes
- Modifiers -8P

Measure 14: AMD Dilated Exam

- CPT category II Code: 2019F
- Pts 50yrs+ with diagnosis AMD having DFE with documentation of presence or absence of macular thickening or hemorrhage AND level of severity (mild, moderate, severe) of AMD during one or more office visits w/in 12 mos, minimum of once per reporting period
- Diagnosis codes
  - 362.50 Macular degeneration, unspecified
  - 362.51 Non exudative senile macular degeneration (dry)
  - 362.52 Exudative senile macular degeneration (wet)
- Modifiers -1P, -2P, -8P

Measure 140: AMD Counseling on Antioxidant Supplement

- Patients aged 50 and older with a diagnosis of AMD and/or their caregiver(s) who were counseled within 12 months on the benefits and/or risks of the AREDS formulation for preventing progression of AMD
- CPT category II Code: 4177F
- Diagnosis codes
  - 362.50 Macular degeneration, unspecified
  - 362.51 Non exudative senile macular degeneration (dry)
  - 362.52 Exudative senile macular degeneration (wet)
- Modifiers -8P
- Note: If already receiving AREDS supplements, assumption is counseling has already been performed

Measure 140: AMD Counseling on Antioxidant Supplement

- CPT Codes: 92002, 92004, 92014, 92012, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337

Measure 117: Diabetes Mellitus Dilated Exam

- CPT category II Code:
  - 2022F: dilated retinal exam by OD/OMD with interpretation documented and reviewed
  - 2024F: 7 standard field stereophotos with interpretation documented and reviewed
  - 2026F: eye imaging validated to match diagnosis from 7 standard field stereophotos with results documented and reviewed
  - 3072F: low risk for retinopathy (no evidence of retinopathy in prior year)
- Modifiers -8P

Measure 117: Diabetes Mellitus Dilated Exam

- Diagnosis Codes
  - 250.00 DM w/o ophthal manif, type II, not uncontrolled
  - 250.01 DM w/o complication, type I, not uncontrolled
  - 250.02 DM w ophthal complications, type II, uncontrolled
  - 250.03 DM w/o complication, type I, uncontrolled
  - 250.10 DM w ketoacidosis, type II not uncontrolled
  - 250.11 DM w ketoacidosis, type I, not uncontrolled
  - 250.12 DM w ketoacidosis, type II, uncontrolled
  - 250.13 DM w ketoacidosis, type I, uncontrolled

Measure 117: Diabetes Mellitus Dilated Exam

- Diagnosis Codes
  - 250.20 DM w hyperosmolarity, type II, not uncontrolled
  - 250.21 DM w hyperosmolarity, type I, not uncontrolled
  - 250.22 DM w hyperosmolarity, type II, uncontrolled
  - 250.23 DM w hyperosmolarity, type I, uncontrolled
  - 250.30 DM w coma, type II, not uncontrolled
  - 250.31 DM w coma, type I, not uncontrolled
  - 250.32 DM w coma, type II, uncontrolled
  - 250.33 DM w coma, type I, uncontrolled

Measure 117: Diabetes Mellitus Dilated Exam

- Diagnosis Codes
  - 250.40 DM w renal complic, type II, not uncontrolled
  - 250.41 DM w renal complic, type I, not uncontrolled
  - 250.42 DM w renal complic, type II, uncontrolled
  - 250.43 DM w renal complic, type I, uncontrolled
  - 250.50 DM w ophthal manif, type II, not uncontrolled
  - 250.51 DM w ophthal manif, type I, not uncontrolled
  - 250.52 DM w ophthal manif, type II, uncontrolled
  - 250.53 DM w ophthal manif, type I, uncontrolled

Measure 117: Diabetes Mellitus Dilated Exam

- Diagnosis Codes
  - 250.60 DM w neurol manif, type II, not uncontrolled
  - 250.61 DM w neurol manif, type I, not uncontrolled
  - 250.62 DM w neurol manif, type II, uncontrolled
  - 250.63 DM w neurol manif, type I, uncontrolled
  - 250.70 DM w periph circ disord, type II, not incontrolled
  - 250.71 DM w periph circ disord, type I, not uncontrolled
  - 250.72 DM w periph circ disord, type II, uncontrolled
  - 250.73 DM w periph circ disord, type I, uncontrolled

Measure 117: Diabetes Mellitus Dilated Exam

- Diagnosis Codes
  - 250.80 DM w other manif, type II, not uncontrolled
  - 250.81 DM w other manif, type I, not uncontrolled
  - 250.82 DM w other manif, type II, uncontrolled
  - 250.83 DM w other manif, type I, uncontrolled
  - 250.90 DM w unspec complic, type II, not uncontrolled
  - 250.91 DM w unspec complic, type I, not uncontrolled
  - 250.92 DM w unspec complic, type II, uncontrolled
  - 250.93 DM w unspec complic, type I, uncontrolled

Measure 117: Diabetes Mellitus Dilated Exam

- Diagnosis Codes
  - 357.2 polyneuropathy in DM
  - 362.01 background diabetic retinopathy
  - 362.02 proliferative diabetic retinopathy
  - 362.03 nonproliferative dibetic retinopathy
  - 362.04 mild nonproliferative retinopathy
  - 362.05 moderate nonproliferative retinopathy
  - 362.06 sever nonproliferative diabetic retinoipathy
  - 362.07 diabetic macular edema
  - 566.41 diabetic cataract

Measure 117: Diabetes Mellitus Dilated Exam

- Diagnosis Codes
  - 648.00 DM unspecified as to episode or care or not applicable
  - 648.01 DM delivered, w or w/o mention of antipartum condition
  - 648.02 DM antepartum condition or complication
  - 648.04 DM postpartum condition or complication

Measure 18: DM Documentation of Presence of ME & Level of Severity of Retinopathy

- CPT category II Code: 2021F
- Pts 18yrs+ with diagnosis of Diabetic Retinopathy with DFE
- Documentation must include
  - Level of severity of retinopathy (background, non-proliferative (mild, moderate, severe etc), proliferative)
  - If macular edema is present or absent
- Diagnosis codes
  - 362.01 Background diabetic retinopathy
  - 362.02 Proliferative diabetic retinopathy
  - 362.03 Nonproliferative retinopathy, NOS
  - 362.04 Mild nonproliferative diabetic retinopathy
  - 362.05 Moderate nonproliferative diabetic retinopathy
  - 362.06 Severe nonproliferative diabetic retinopathy
- Modifiers -1P, -2P, -8P

Measure 19: Diabetic Retinopathy Communication with Physician Managing Diabetes Care

- CPT category II Code: 5010F (Findings of exam communicated) & G8397 (DFE performed documenting presence or absence of macular edema & level of severity of retinopathy) both required
  - G8398 dilated macular exam not performed
- Patients 18 years+ diagnosed w DR and DFE, at least once per reporting period, documented verbally or by letter
- Diagnosis codes
  - 362.01 Background diabetic retinopathy
  - 362.02 Proliferative diabetic retinopathy
  - 362.03 Nonproliferative retinopathy, NOS
  - 362.04 Mild nonproliferative diabetic retinopathy
  - 362.05 Moderate nonproliferative diabetic retinopathy
  - 362.06 Severe nonproliferative diabetic retinopathy
- Modifiers - -1P added for 2011, all others fine

HHS Announces HIPAA Audits

- The Office of Civil Rights will begin assessments of compliance with HIPAA Privacy & Security rules
  - Focus on providers and business associates
- Updated HIPAA Rules took effect September 23, 2013 for privacy & security
- Ensure patients receive *electronic* copy of PHI, on request
- Limit use or disclosure of PHI for marketing or fundraising, and advanced authorization required
- Prohibit sale of PHI for marketing w/o permission

HHS Announces HIPAA Audits

- Give patients who pay out of pocket for services the right to instruct doctors not to share information about treatment with insurance company
- Practitioners must have updated new business associates agreements documenting associates with access to PHI
  - Billing firms, clearinghouses, IT, data storage companies
- Security changes focus on increased lockdowns of electronic PHI, securing servers
- Implementation of new Notice of Privacy Practices

New Notice of Privacy Practices (NPP)

- Add statement about opt out option for fundraising
- Add statement about HCP right to restrict PHI in cash pay patients
- Add individual right to be notified of breach within 60 days, notification of HHS, individual and media
- Delete statement about reminders, health benefits etc
- Post new NPP prominently in office
- Paper copies of new NPP available for established patients to review
- New NPP given to each new patient

New Business Associates Agreements

- New Business associates (BA) definitions and new business associates agreements (BAA) established
- Liabilities and responsibilities substantially increased
- HCP not required to have BAA with subcontractors of BA
- Adds the word "maintains" PHI definition of BA
  - Substantial focus on data storage companies
- Requires ALL existing agreements be revised

Civil Monetary Penalties (CMPs)

Unknowing violation	$100-$50K	$1.5M
Reasonable cause	$1000-$50K	$1.5M
Willful neglect, corrected	$10K-$50K	$1.5M
Willful neglect, uncorrected	$50K	$1.5M

- Adoption of higher civil monetary penalties for violations of privacy or security
- MU Attestation does not exempt you from complying with HIPAA regulations; paper practices are still required to be HIPAA compliant (involves PHI)

Lack of proof that a security risk analysis has been performed that outlines risks and shows effective action has been taken to address risks is the number one reason for EHR Stimulus Funding to be recouped during a Meaningful Use Audit.

- BBRA (Balanced Budget Refinement Act of 1999)
- BIPA (Benefits Improvement and Protection Act of 2000)
- MMA (Medicare Prescription Drug Improvement and Modernization Act of 2003)
- DRA (Deficit Reduction Act of 2005)
- MMSEA (Medicare, Medicaid, and SCHIP Extension Act of 2007)
- MIPPA (Medicare Improvement for Patients and Providers Act of 2008)
- MPPRA (Medicare Physician Payment Reform Act of 2009
- HITECH 2010 from ARRA 2008 (Health Information Technology for Economic & Clinical Health from American Recovery and Reinvestment Act 2009)
- PPACA 2010 (Patient Protection and Affordable Care Act)

The Laws are not new – but "Obamacare" has put teeth into the laws by funding audit activity. The education phase is over! We have entered the enforcement phase!

OIG Audits / Work Plan

- Ophthalmological services – 92xxx codes
  - Reviewing claims during 2012
  - Focus on 92004/92014, other 92- included
- E/M Services: OIG report 5/29/14
  - Improper payments for E/M codes cost Medicare 6.7 billion in 2010; 42% of claims incorrectly coded
  - Modifiers -25
    - Significant, separately identifiable service above & beyond pre & post operative work of the procedure
    - July 1 2013 policy statement warning not to use -25 for same day surgery, exception being NEW patients
    - Bilateral intravitreal injections

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OIG Work Plan

Rank	CPT	Services
5	66984	Cat-IOL
12	92014	Comp eye exam, est pt
26	92012	Interm eye exam, est pt
31	92135	Scanning laser
52	92004	Comp eye exam, new pt
63	66984	Cat-IOL, complicated
67	00142	Anesthesia for proc, eye, lens
73	92083	Visual field, full
103	92250	Fundus photography
141	67228	Treatment of exten or prog retinopathy
148	15823	Blepharoplasty
178	92136	Ophthalmic biometry w IOL power calc

OIG Audits of HIT/EHR Bonus

- OIG Audits – assess if provider met certain measures
  - Computerized order entry
  - Protecting electronic PHI, demonstrated by risk assessment
  - Menu items like medication reconcociliation, patient reminders, and transition of care summaries
- Figliozzi Audits – review ALL measures for compliance
- Audits of multiple years at once now permitted
  - Possible recoupment of many more dollars
  - Possible to be audited by BOTH!

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OIG Audits of HIT/EHR Bonus

- Joe White, CFO of Shelby Medical Center sentenced to 23 months in federal prison & ordered to pay $4.5 million in restitution. He oversaw the hospital's implementation of HER and was responsible for MU attestation. Shelby Medical Center has permanently closed.
- Message – falsely attesting or failure to meet requirements could result in civil penalties, refund of incentive money and possibly criminal charges
- HHS – 70% of healthcare industry is not HIPAA compliant
- CMS – 79% of MU audits have resulted in failure

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Recovery Audit Contractors RAC

- Completed 3 year demonstration project in 2012
- Congress will mandate a nationwide implementation of a permanent RAC program for Medicare part A & B
- Mandates by Tax Relief & Health Care Act 2006 and Affordable Care Act
- CMS negotiating new contracts for RACs
- Program changes are eminent
- Name changes to Recovery Auditors (RA)

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DRAMATICALLY INCREASED AUDITs

- Operation Restore Trust returned $23 for each $1 invested.
- All "Payers" are expanding auditing contracts and personnel due to the proven financial benefit!
- $4.1 billion in 2010, over $6 billion in 2011 and over $15 billion in 2012 returned to CMS.
- Medicare, which was going bankrupt by 2014, is now funded beyond 2017 due in part to aggressive audit activity.

Comparative Billing Report

Audited due to 85% of 99211-99215 codes being billed as 99214. Compared clinic's usage with 2,149 other clinics (PTANs) in Peer Group of the specialty 41 Optometry. Compared usage over 12 months within the J5 MAC jurisdiction (4 states). ***Information from WPS Medicare Administrative Contractor***

Clinic			Comparison		
CPT	Usage	Percent	CPT	Usage	Percent
99211	0	0%	99211	2,218	1%
99212	4	1%	99212	46,432	21%
99213	87	13%	99213	113,712	46%
99214	592	85%	99214	75,661	31%
99215	13	1%	99215	2,105	1%

2015 Medicare Fee Schedule

99201	$ 43.03	99211	$ 19.93
99202	$ 73.21	99212	$ 43.03
99203	$ 106.51	99213	$ 71.76
99204	$ 162.50	99214	$ 105.16
99205	$ 201.26	99215	$ 140.81
92002	$ 81.34	92012	$ 85.66
92004	$ 148.59	92014	$123.76

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Meaningful Use – Stage 1 Changes 2014

- HHS requires all EHR systems to meet both stage 1 and stage 2 MU in order to be certified for use in government incentive programs, even if attempting to meet stage 1
  - System updates will be required!
- Stage 1 MU objectives now require participants to provide patients with timely access to their health information *online*
- Stage 1 now *requires* blood pressure & height / weight
- *Stage 2 MU provides functionality to make PHI available securely online, engages patients, increases exchange of PHI between providers*

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Meaningful Use – Stage 2

- Must use computerized Physician order entry (CPOE)
- Must use online clinical decision support
- Must use adverse drug interaction warnings on specified number of patients
- Must use e-prescribing
- Must provide patient access to PHI via secure websites and email
- Must conduct follow up electronically and answer patient questions electronically
- EHRs must have secure interconnectivity meeting Nationwide Health Information Network standard
  - Direct Access Technology

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Meaningful Use – Stage 3

- CMS delays 3rd stage of MU requirements for implementation of EHR system
- Under new guidelines, Stage 2 MU extended through 2016
- Stage 3 requirements begin in 2017 for providers that complete Stage 2 requirements in 2015 and 2016
- Until now providers who began MU program by 2012 had until 2014 to meet MU stage 2
- Practitioners entering the program in 2014 can still earn a total of $6,000

2012 New ICD-9 Glaucoma Coding

- Given great variability of cost of care & resource utilization among glaucoma patients, glaucoma care has been targeted for use of potential value-based modifiers in the future
  - ICD-9 and ICD-10 codes reflect this and will allow stratification of a patient population
- Developed by the American Glaucoma Society (AGS) workgroup, including Drs. Fellman & Mattox
  - Then enlisted comprehensive ophthalmologists, optometrists, and a few glaucoma specialists to evaluate and test for accuracy using real cases from Dr. J. Stein at University of Michigan

2012 New ICD-9 Codes – Glaucoma Stages

- When coding glaucoma subcategories 365.1-365.6 assign an additional code to identify specific stage of glaucoma (365.7)
  - 365.70 Glaucoma stage, unspecified
  - 365.71 Mild stage glaucoma
  - 365.72 Moderate stage glaucoma
  - 365.73 Severe stage glaucoma
  - 365.74 Indeterminate stage glaucoma
- Includes sequencing instructions to code first the glaucoma, by type
  - Report new V19.11 history codes where appropriate

Step One: Code by Type

- Only the codes listed here require add-on staging codes
  - 365.10 Open angle glaucoma, unspecified
  - 365.11 Primary open angle glaucoma
  - 356.12 Low tension glaucoma
  - 365.13 Pigmentary glaucoma
  - 365.20 primary angle closure glaucoma, unspecified
  - 365.23 Chronic or primary angle closure glaucoma, unsp
  - 365.31 Steroid induced glaucoma
  - 365.52 Pseudoexfoliation glaucoma
  - 365.62 Glaucoma associated with ocular inflammations
  - 365.63 Glaucoma associated with vascular disorders
  - 365.65 Glaucoma associated with ocular trauma

Step Two: Add Stage

- Determine severity of glaucoma in ***worse eye***
  - 365.71 Mild (disc abnormalities consistent w glaucoma but no VFD on SAP or Short wave-length doubling perimetry)
  - 365.72 Moderate stage (Disc abnormalities consistent w glaucoma and VFD in 1 hemifield, not w/in 5 degrees of fix)
  - 365.73 Severe stage (Disc abnormalities consistent w glaucoma VFDs in both hemifields, and/or loss w/in 5 degrees of fix in at least 1 hemifield)
  - 365.74 Indeterminate (VFs not performed yet, or patient incapable of VF testing or unreliable or uninterpretable VFs)
  - 365.70 Unspecified, stage not recorded in chart
- Compliance requires documentation of stage in medical record

Additional Glaucoma Code Changes

- 365.01 Open angle suspect, ***Low Risk*** (1-2 risk factors)
- 365.05 Open angle suspect, ***High Risk*** (3+ risk factors)
  - Risk factors – family history, race, elevated IOP, disc appearance and thin central corneal thickness
- 365.02 Primary angle closure suspect (anatomical suspect, narrow angle)
- 365.06 Primary angle closure without glaucoma damage (defined as angle damage such as synechia or high IOP, but w/o optic nerve damage)
- 365.23 Chronic angle closure glaucoma (angle damage plus optic nerve damage)

Introducing ICD-10-CM

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Understanding the Basics & Getting Ready

- Differences between ICD-9 & ICD-10
- How the ICD-10CM is laid out
- How to Use the Alphabetic Index
- How to Use the Tabular List
- How to Use the Index of injuries
- How to Use the Table of Drugs & Chemicals
- How to Understand new Abbreviations
- How to Use Placeholders
- How to Use Code Extensions
- Understand laterality

The Lilliputians Take Control of the Healthcare Giant

- ICD-9 has 13,000 codes
- ICD-10 has 140,000
- Effective date – October 1, 2014
- Transition will be difficult as there is little in common with our current coding paradigms
- Requires doctors, not staff to do the specific coding
- Every artery and nerve has been issued a number
- Number of physicians = 800,000/ 35% own their own practice (Source Accenture with data from Medical Group management Assoc and AMA)

Why Convert to ICD-10-CM?

- Clinical modification of WHO's ICD-10
  - Clinical emphasizes the intent to serve as a tool in classification of morbidity data for indexing, medical records care review, medical & ambulatory care programs, health statistics
    - Better understand complications
    - Better design robust algorithms
    - Track outcomes
  - To describe the "clinical" picture the codes must be more precise
  - Far exceeds ICD-9 in number of concepts and codes
  - Disease classification expanded to include health related conditions and provides greater specificity

Improvements Over ICD-9

- Index MUCH longer
  - Ex 28 pterygium, 69 conjunctivitis, 12 astigmatism codes
- Adds information relevant to ambulatory & MC encounters
- Expanded injury codes
- Combination diagnosis/symptom codes
- Addition of 6th & 7th characters
- Incorporates common 4th & 5th digit subclassification
- Laterality
- Allows further expansion

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Organization of ICD-10-CM

- Alphabetical Index
  - Alphabetical list of terms and corresponding codes
  - Index of Diseases & Injury
  - Table of Neoplasm
  - Table of Drugs & Chemicals
  - Index of External causes of injury
- Tabular List
  - Chronological list of codes
  - Divided into chapters
  - Based on body systems

Organization of ICD-10-CM

- Alphabetical Index
  - Define terms
  - Provide directions
  - Provides coding instructions
- Tabular List
  - Categories – 3 characters from Chapter 7 Disorders of Eye
    - H00-H59
  - Subcategories
    - 4th character further defines site, etiology, manifestation or state of disease or condition
    - 5th & 6th character increases specificity

Tabular List Detail

- Chapter 1 Infectious and parasitic diseases (A00-B99)
- Chapter 2 Neoplasms (C00-D49)
- Chapter 3 Diseases of Blood and blood forms (D50-D89)
- Chapter 4 Endocrine, nutritional, metabolic (E00-E90)
- Chapter 5 Mental & behavioral (F01-F99)
- Chapter 6 Nervous system (G00-G99)
- ***Chapter 7 Eye & adnexa (H00-H59)***
- Chapter 8 Ear and mastoid (H60-H95)
- Chapter 9 Circulatory system (I00-I99)
- Chapter 10 Respiratory system (J00-J99)
- Chapter 11 Digestive system (K00-K94)

Tabular List Detail

- Chapter 12 Skin & subcutaneous (L00-L99)
- Chapter 13 Musculoskeletal (M00-M99)
- Chapter 14 Genitourinary (N00-N99)
- Chapter 15 Pregnancy & childbirth (O00-O99)
- Chapter 16 Conditions of perinatal period (P00-P96)
- Chapter 17 Congenital / Malformations (Q00-Q99)
- Chapter 18 Signs/Symptoms/abnormal clinical laboratory findings (R00-R99)
- Chapter 19 Injury, Poisoning, consequences of external causes (S00-T88)
- Chapter 20 External causes of morbidity (V01-Y99)z
- Chapter 21 Factors influencing health status & contact with health services (Z00-Z99)

Chapter 7: Diseases of Eye/Adnexa Detail

- H00-H05 Eyelid, lacrimal, orbit
- H10-11 Conjunctiva
- H15-H22 Sclera, cornea, iris, ciliary body
- H25-H28 Lens
- H30-H36 Choroid/retina
- H40-H42 Glaucoma
- H43-H44 Vitreous & globe
- H46-H47 Optic nerve & pathways
- H49-H52 Ocular muscles, accommodation, refraction
- H53-H54 Disorders of refraction, Visual disturbances, blindness
- H55-H57 Other disorders eye & adnexa
- H59 Intra-operative & post-procedural complications

Format & Structure

- Tabular list contains categories, subcategories & codes
- Characters may be letter or numbers
- Categories are 3 characters
  - Character 1 is alpha
    - All letter used except U
  - Character 2 is numeric
  - Character 3-7 are alpha or numeric
  - Use decimal after 3 characters
- Subcategories are 4 or 5 characters
- Codes may be 3, 4, 5, 6 or 7 characters
- Laterality specific

Placeholder Characters

- Character “X” used as a placeholder
  - Allows for future expansion
  - Where it exists it must be used to be valid
  - Ex S05.8x1A

Placeholder Characters

- Code extensions (seventh character) have been added for injuries and consequences of external causes (S00-T88), to identify the encounter
  - "A" Initial encounter – receiving active treatment
  - "D" Subsequent encounter-use after Pt received active treamt
  - "S" Sequelae-used for complications/conditions arise as result of injury
    - S only added to injury code, not sequela code
    - Sequela code first, followed by injury code
  - Ex: S30 superficial injury of abdomen
    - S30.810, code requires extension to indicate ***episode*** of care
    - S30.810A

7th Character

- Certain ICD-10-CM categories have 7th digit characters
- Applicable 7th character is required within the category
- If code requires 7th character and there is not 6 characters, a placeholder "X" must be used to fill empty character
- Ex: S05 Injury of eye and orbit, subsequent visit
  - S05.00
    - Looking it up you find "x7th" meaning no 6th character exists but there is a 7th character mandatory
  - S05.00xD

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7th Character Extension

- Glaucoma staging by 7th character for severity
- 1 = mild stage
- 2 = moderate stage
- 3 = severe stage
- 4 = indeterminate
- 0 = unspecified
- Ex: low tension glaucoma
  - Glaucoma/low tension glaucoma/moderate R, severe left
  - H40.-/ H40.12 / H40.1212 / H40.1223

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7th Character Extension

- Corneal Abrasion
  - Category - Chapter 19: Injury, Poisoning and other causes of external
    - S05.- Injury of eye and orbit
  - Subcategory – Check 5th SO5.0 Injury of conjunctiva and corneal abrasion w/o FB
  - Specificity – Check "x", 7th, SO5.01 Injury of conjunctiva and corneal abrasion w/o FB, right eye
  - Code – SO5.01xA Injury on conjunctiva and corneal abrasion w/o FB, right eye, initial encounter

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Laterality

- For bilateral sites, final character of code indicates laterality (-1 = R, -2 = L, -3 bilat, -0 or -9 nonspec)
- Unspecified side codes if side not identified in medical record
- If no bilateral code provided and condition is bilateral
  - Assign separate codes for both left and right
- Ex:
  - H43.811 Vitreous degeneration, ***right*** side
  - H43.812 Vitreous degeneration, ***left*** side
  - H43.813 Vitreous degeneration, ***bilateral***
  - H43.819 Vitreous degeneration, ***unspecified***

Laterality

- Exceptions are when eyelid coding
- Ex:
  - H02.011 Cicatricial entropion, ***right*** upper lid
  - H02.012 Cicatricial entropion, right lower lid
  - H02.013 Cicatricial entropion, right unspecified lid
  - H02.014 Cicatricial entropion, ***left*** upper
  - H02.015 Cicatricial entropion, ***left lower***
  - H02.016 Cicatricial entropion, left ***unspecified lid***
  - ***H02.019 Cicatricial entropion, unspecified eye, unspecified lid***

Combination Coding

- Single code used to describe 2 diagnoses
- Diagnosis with a manifestation (systemic/non ocular)
  - Ex: Severe sepsis (I-9 = 995.92) & Septic shock (I-9 = 785.52)
  - Ex: Severe sepsis with septic shock (I-10 = R65.21)
- Diagnosis with a manifestation
  - Ex: E11.321 – Type 2 DM with mild non-proliferative retinopathy with macular edema
- Diagnosis with associated complication
  - Ex: H59.032 CME following cataract surgery, left eye

Diabetic Retinopathy Coding Details

- NPDR – nonproliferative diabetic retinopathy
- Mild NPDR – microaneurisms only
- Moderate NPDR – more than mild but less than severe
- Severe NPDR – no PDR and 2 or more of the following: severe intraretinal hemorrhages and microaneurisms in each of four quadrants, definite venous bleeding in two or more quadrants, and moderate intraretinal microvascular abnormalities in one or more quadrants
- PDR – proliferative diabetic retinopathy
- ME – macular edema

Abbreviations

- NEC “not elsewhere classifiable”
- NOS “not otherwise specified”
- “and” represents and / or
- “code also” instructs two codes may be required
- [ ] Brackets identify manifestation codes
- ( ) parenthesis terms are non essential modifiers
- : Colon incomplete term needing more modifiers

Excludes Codes

- Excludes 1 – pure excludes notes
  - Means "NOT CODED HERE"
  - Indicated code exclude should never be used same time as code above it
    - Ex congenital vs acquired condition
- Exclude 2
  - "Not included here"
  - Condition excluded is not part of the condition represented by the code

Etiology / Manifestation Convention

- Some conditions have underlying etiology and multiple body system manifestations due to the etiology
- Coding convention requires underlying condition be sequenced first, followed by manifestation
  - "use additional code" note exists at etiology codes
  - "code first" note at the manifestation code
- Ex; Dementia in Parkinson's disease
  - Code G20 represents etiology
  - [F02.80 or F02.81] represents manifestation of dementia
    - With behavioral or without behavioral disturbances

General Coding Guidelines

- Locating a code in ICD-10-CM
  - Locate term in Alphabetic Index
  - Then verify code in the Tabular List
  - Read and be guided by instructional notations appearing in both
  - Essential to use BOTH
    - Alphabetic index doesn't always provide FULL code
    - Need Tabular List to assign laterality and 7th character

Chapter 18: Sign & Symptoms

- Codes that describe symptoms and signs, as opposed to diagnosis
- Are accepted when a definitive diagnosis has not been established
- Expected to document behavioral and psychiatric issues
  - R46.0 Low level of personal hygiene
  - R19.6 Halitosis
  - R14.3 Flatulence
  - R45.84 Worries

Chapter 19: Injury, Poisonings, etc

- Injuries to Head (S00.- S09.)
  - Includes eye injuries
    - Injury of eye & orbit (S05.)
    - Injury of eyelid & periocular area (S00.)
  - Ex: Injury of conjunctiva & corneal abrasion w/o FB
    - S05.01 (x, 7th) Right eye
    - S05.02 (x, 7th) Left eye
  - Ex: FB external eye, FB conjunctiva
    - T15.11 (x, 7th) Right eye
    - T15.12 (x, 7th) Left eye

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Chapter 19: Injury, Poisonings, etc

- Injuries to Head (S00.- S09.)
  - Ex: FB external eye, FB cornea
    - T15.01 (x, 7th) Right eye
    - T15.02 (x, 7th) Left eye
  - Ex: Burns/corrosions of eye & adnexa
    - T26-T28

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Acute & Chronic Conditions

- Acute & Chronic
  - Code acute or chronic
  - If condition is both, code both with acute first
- Late Effects (Sequela)
  - Residual effect after acute phase of illness or injury has terminated
  - No time limit
  - Coding requires 2 codes sequenced in order
    - Condition first
    - Late effect code second

Chapter 20: External Cause Codes

- Use full range of external cause codes to completely describe:
  - the cause,
  - the intent,
  - the place of occurrence,
  - and if applicable the activity of the patient at the time of the event and
  - the patient's status for all injuries and other health conditions due to an external cause
- Now it may be acceptable to code Chpt 19 eye trauma code without defining detail in Chpt 20

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External Cause Codes

- Chapter 20 favorites ☺
  - Pedestrian on skateboard injured in collision with pedal cycle, unspecified association with traffic accident (V01.92)
  - Drowning or submersion from falling or jumping from burning water skis (V90.27)
  - Spacecraft accident injuring occupant (V95.4, seven possibilities)
  - Struck by an orca (W56.22, 4 possibilities)
  - Milking animal (V93.K2)
  - Assault by letter bomb (X96.2)
  - Pilates (Y93.K2)

Chapter 4: Endocrine, etc

- Diabetes mellitus
  - Combination codes that include
    - Type of Diabetes / Body system affected
    - Complications affecting body system
  - Sequencing depends on reason for the encounter
- 5 Categories
  - E08. Diabetes mellitus due to underlying condition
  - E09. Drug or chemical induced diabetes mellitus
  - E10. Type 1 diabetes mellitus
  - E11. Type 2 diabetes mellitus
  - E13. Other specified diabetes mellitus

Chapter 4: Endocrine, etc

- E11.9 Type 2 DM without complications/retinopathy
- E10.9 Type 1 DM without compliactions/retinopathy
- E10.339 Type 1 DM with moderate NPDR without macular edema
- E11.321 Type 2 DM with mild NPDR with macular edema, AND JUST MAYBE…
- Z79.4 Long term (current) Use of Insulin (if documented)
  - All Categories except E10 (Type 1 DM) require use of additional code to identify use of insulin

Disorders of Refraction

- Hypermetropia
  - H52.00 / -.01 (R) / -.02 (L) / -.03 (B)
- Myopia
  - H52.10 / -.11 (R) / -.12 (L) / -.13 (B)
- Astigmatism
  - Unspecified H52.201 (R) / -.202 (L) / -.203 (B) / -.209 unsp
  - Irregular H52.211 (R) / -.212 (L) / -.213 (B) / -.219 unsp
  - Regular H52.221 (R) / -.222 (L) / -.223 (B) / -.229 unsp
- Presbyopia
  - H52.4

Disorders of Lens

- Age related nuclear cataract (NS)
  - H25.11 (R) / -.12 (L) / -.13 (B)
- Age related corticle cataract (CX)
  - H25.011 (R) / -.012 (L) / -.013 (B)
- Age related posterior subcapsular cataract (PSC)
  - H25.041 (R) / -.042 (L) / -.043 (B)
- Age related cataract combined form (Mixed)
  - H25.811 (R) / -.812 (L) / -.813 (B)
- Posterior capsular opacification (PCO)
  - H26.491 (R) / -.492 (L) / -0.493 (B)

Coding for Glaucomas

- Determine type of glaucoma
- Determine severity of glaucoma
- ***Assign 7th character to stage disease***
  - 1 - Mild
  - 2 - Moderate
  - 3 - Severe
  - 4 - Indeterminate
- Ex: pigmentary glaucoma, bilateral / moderate stage
  - H40.133 / H40.1332
- Ex: primary open angle glaucoma, bilateral / mild stage
  - H40.11 / H40.11x1

Additional Glaucoma Code Changes

- Open angle suspect, ***Low Risk*** (1-2 risk factors)
  - H40.011 / -.012 / -.013 / -.019
- Open angle suspect, ***High Risk*** (3+ risk factors)
  - Risk factors – family history, race, elevated IOP, disc appearance and thin central corneal thickness
  - H40.021 /-.022 / -.023 / -.029
- Primary angle closure suspect (anatomical suspect, narrow angle)
  - H40.031 / -.032 / -.033 / -.039
- Ocular Hypertension
  - H40.051 / -.052 / -.053 / -.059

ICD-10 Planning

- It is not about IT!
  - Clinical & business relationships need to be converted
- EHR Vendor relationships need to be managed
  - Find out if hardware upgrades are needed!
- Staff education is critical
- Prepare for spotty payer readiness and decrease in coding productivity with resultant increase in AR cycle
  - Canadian experience – drop of 40% "boogey man of ICD-10"
- Consider establishing credit lines at bank early
- Boost coding productivity by EHR, computer assisted coding tools, staff training, doctor training

ICD-10 Planning

- Start staff meetings with doctor team
- Team delegation & Recruitment of champions
- Education/training
- Impact Assessment
- Vendor, payer, consultant communication
- Create distraction free work areas
- Offer multiple computer screens or tablets
- Complete charts in timely manner
- Make remote coding possible
- Improve clinical documentation (CDI) and specificity

General Equivalence Mapping

- No direct cross walk exist from version 9 to 10
- Mapping will greatly assist translation from version 9
- Eye code translation is fairly easy
- EMR / PMS are creating bridges currently
  - ICD -9 to ICD-10
  - ICD-10 to ICD-9
- No decimal points in GEM files
- Single entry – in GEM file for which code in source system is linked to one code option in target system

GEM Flags – 3 Important Columns

- Approximate Flag – attribute in a GEM file that when "turned on" ("0" changes to "1") indicates entry is not equivalent
- No Map Flag – attribute in a GEM file that when "turned on" indicates that a code in source system is not linked to a code in target system
- Combination Flag – attribute in a GEM file that when "turned on" indicates that more than one code in target system is required
- Forward Mapping – from old code set to new code set

General Equivalence Mapping Example

ICD9	ICD10	Flags	
36610	H259	00000	
36611	H2589	10000	"1' in first flag = approx
36612	H25099	10000	
36613	H25039	10000	
36614	H25049	10000	
36615	H25019	10000	
36616	H2510	10000	
36617	H2589	10000	
36618	H2520	10000	

Steroid Responder Visit Scenario – Old Way

- 57 YOM with BRVO, s/p focal laser, IVDex, elevated IOP, OS
- CPT 99214
- ICD: 365.04

Steroid Responder Visit Scenario – New Way

- 57 YOM with BRVO, s/p focal laser, IVDex, elevated IOP, OS
- CPT 99204
- ICD: T38.0x5
  - T38.0x1 = accident
  - T38.0x2 = self harm
  - T38.0x3 = assault
  - T38.0x4 = undetermined
  - T38.0x5 = adverse effect
  - T38.0x6 = under-dosing
- ICD: H40.62 Glaucoma secondary to drugs, left eye
  - Note states ***"code first"*** T36-T50 to identify drug

Ocular Trauma Visit Scenario – Old Way

- 52 YOM hit with golf ball, OS while driving golf cart on 8th hole, with mild hyphema
- CPT 99215
- ICD: 365.65

Ocular Trauma Visit Scenario – New Way

- 52 YOM with hyphema from golf ball, OS
- CPT 99205
- ICD:
  - S05.12xA Contusion of eyeball & orbital tissue, left eye, initial en
  - V86.59xA Driver of golf cart injured in non-traffic accident
  - W21.04xA Stuck by golfball
  - Y92.39 Golf course as place of occurrence
  - Y93.53 Activity, golf
- Hints
  - Chapter 19 = injury, poisonings etc (S00-T88)
  - Chapter 20 = external causes of morbidity (V01-Y99)

ICD-10 Date Firm; Some Coding Leeway

- Concession comes 3 months before Oct.1, 2015 deadline
- Offers physicians a chance to gain greater experience with greater specificity of ICD-10 amid first year of implementation
- CMS "will not deny claims based soley on the specificity of the ICD-10 diagnosis code as long as practitioner used a valid code from the right family. However a valid ICD-10 code will be required on all claims starting on Oct. 1, 2015"

References for ICD Translation Help

- www.aapc.com/icd-10/Codes/index.aspx for AAPC Code Translator
- www.icd10data.com for free online translator
- STAT ICD 10 free online translator for iphones
- ICD 10 On The Go Medical Codes (VLR Software)
- CODX10.com
- App store for Apple or Android for ICD-10 translators
- ICD-10 CM 2016 book

THANK YOU!

- Primary Eyecare Network
  - 1.800.444.9230 www.primaryeye.net
  - ***Medicare Compliance Kit***
    - Health History Questionnaire
    - Examination Forms
    - E/M Worksheets
    - ICD-10 Codes
    - Interpretation/Report form
  - ***Medicare A-Z Manual***
  - ***CSI's HIPAA Compliance Manual***
  - ***PQRS Card***
  - ***ICD-10 Common Diagnosis Card***

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Thank you

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