

# “ICD-10: Use It or Lose It”


NAEC Webinar

*June 25, 2015*

Jeffrey Buchhalter MD, PhD, FAAN  
Alberta Children’s Hospital  
University of Calgary  
Alberta, Canada

# Disclosures

- | Member, AAN Medical Economics and Management Committee, Coding Subcommittee
- | Speaker: AAN, AES re: ICD 9 and 10
- | Consultant: Eisai, Ltd; Lundbeck, Inc; Upsher-Smith, Inc.
- | Clinical (pediatric) epileptologist
  - | University
  - | Large non-profit academic medical center
  - | Community children's hospital
  - | Canadian university community children's hospital



**This presentation is done in  
collaboration with the AAN Medical  
Economics & Management Committee  
efforts for ICD-10-CM education**

Many of the materials have been presented in past  
AAN webinars and courses



# Objectives

- What is ICD?
- What are the differences between ICD 9 and 10?
- How to code seizures & epilepsy in ICD 10
  - Seizures vs epilepsy
  - Intractability
  - Status epilepticus
- Documentation
- Operational & Cognitive Dissonance
- Context- future

# Key Concepts

- Assume ICD-10-CM will occur October 1, 2015 and inaccurate coding will result in lack of reimbursement
- Neurologists should be paid for what we do
  - Understand the “rules”
  - Use the appropriate diagnoses (codes)
  - Code to the greatest specificity (granularity)
  - Document the diagnoses
- Understand the realities of health care changes
  - Away from fee-for-service
  - Towards “quality”
  - Weighted towards severity
  - Coding doesn’t always match current or future advances
- ICD-10-CM is easy compared to what we do everyday & the other changes in the future, but size matters

# “ICD”- What Is It?

- Currently- International Statistical Classification of Diseases and Related Health Problems
- 1893: Bertillion Classification of Causes of Death
- 1948: W.H.O. adopts *Manual of International Statistical Classification of Diseases, Injuries and Causes of Death (ICD-6)* morbidity
- 1979: ICD-9-Clinical Modification (**CM**) specific for USA
- 1990: ICD-9-CM codes required for completing CMS 1500 claim form to show “medical necessity”
- Evolved from keeping track of death to diseases to dollars

# The Importance of ICD

- The ICD codes provide the basis for public health policies around the world
- The ICD codes are used for case ascertainment for retrospective research
- Patients deserve correct coding for communications
- Diagnosis codes required for appropriate reimbursement



# ICD-9-CM Components

- Volume 1: Tabular Index
  - Numerical list of codes for diseases & symptoms
- Volume 2: Alphabetical Index
  - Disease & symptoms listed alphabetically
- Volume 3: Procedures
  - Surgical & non-surgical

# ICD-9-CM Structure

- Core classification - 3 digit codes

**Epilepsies 345.xx**

- Fourth digit: .0 - .7 - more specific than core terms

- .8 - other
- .9 – unspecified

**Epilepsy, generalized  
345.1x**

- Fifth digit
  - .X1- intractability

**Epilepsy, generalized,  
intractable  
345.11**

# Disadvantages of ICD 9

<i>Disadvantages of ICD-9</i>
Limited ability to add new codes
Lack of precision for performing biosurveillance to detect threats of bioterrorism in an automated fashion
Lack of precision for performing pay for performance determinations
Lack of precision for combining appropriate diagnoses in diagnosis-related-groups (DRGs)
Lacks specificity and detail
Does not have codes for new technologies or preventative services
Has limited capacity for new procedure codes



# ICD-10-CM

# ICD-10-CM

- Released by WHO in 1994
- Implemented in U.S. for reporting on death certificates on January 1, 1999
- Used in 138 countries for mortality reporting
- Clinical modification (CM) to be used in the U.S.

# Advantages of ICD-10-CM

## *Advantages of ICD-10*

Supports consumer value-based purchasing and promotes anti-fraud measures by accurately defining services, specific diagnoses and treatment information

Supports comprehensive reporting of coding data

Ensure more accurate payments of new procedures, fewer rejected claims, improved disease management, and harmonization of disease monitoring and reporting world-wide

Allow the United States to participate in international disease tracking & treatment outcomes

# ICD-10-CM

## Similarities:

- Alphabetical and tabular volumes (Volumes 1 & 2)
- Volume 3 (procedures)
- Chapter structure
  - One full chapter of codes for neurology
  - Most Cerebrovascular codes remain in the Cardiology chapter (TIA's are in Neurology Chapter)
  - Neurobehavioral codes still in with Psychiatry codes (we did not have a choice in this!)
- Order within chapters very similar
- Most of the rules are the same

# ICD-10-CM Components

## Differences:

- Codes have 3–7 characters (ICD-9-CM was 3–5 digits)
- The first character is alpha
  - (Neurology “G”, Cerebrovascular “I”, Symptoms “R”)*
- Characters 2 & 3 can be either alpha or numeric
  - Indicates a condition or category
- Characters 4, 5, 6 can be alpha or numeric
  - Indicates etiology, anatomy, **severity**
- Characters 7 can be alpha or numeric
  - Indicates the circumstances
- X can be used as a placeholder



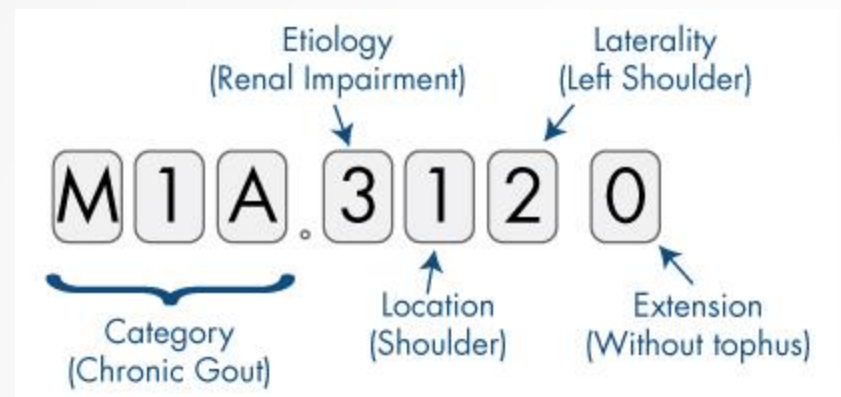
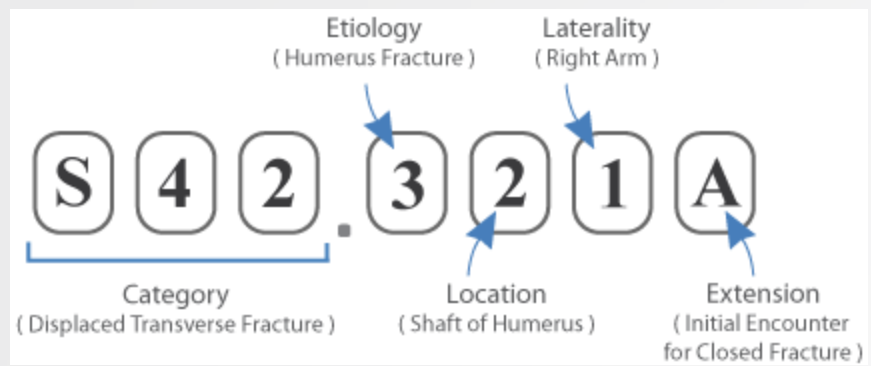
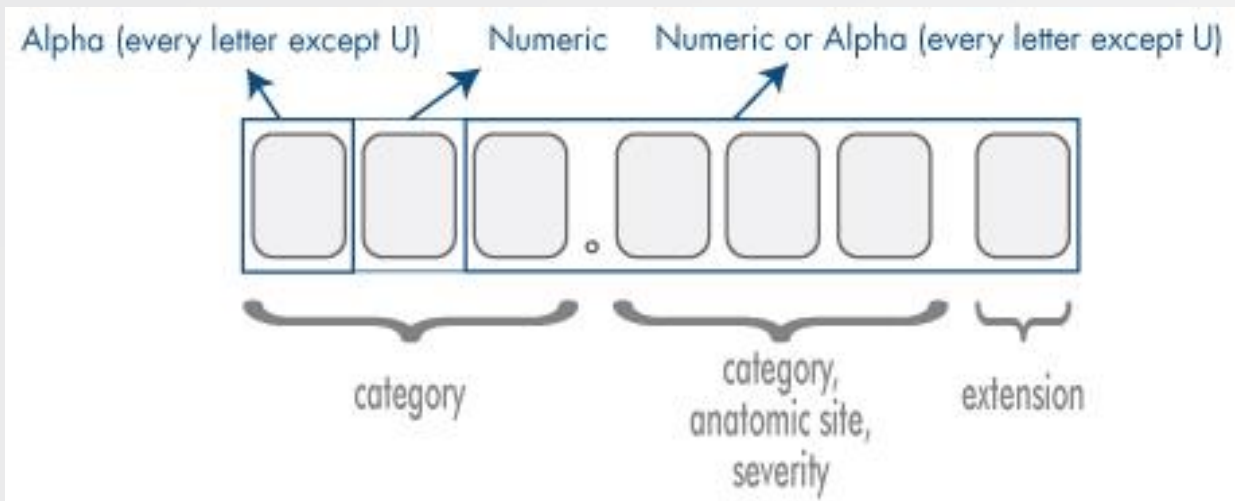
# ICD 10-CM Codes by chapter

## 2011 ICD-10-CM Codes

- [A00-B99](#) Certain infectious and parasitic diseases
- [C00-D49](#) Neoplasms
- [D50-D89](#) Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
- [E00-E89](#) Endocrine, nutritional and metabolic diseases
- [F01-F99](#) Mental and behavioral disorders
- [G00-G99](#) Diseases of the nervous system
- [H00-H59](#) Diseases of the eye and adnexa
- [H60-H95](#) Diseases of the ear and mastoid process
- [I00-I99](#) Diseases of the circulatory system
- [J00-J99](#) Diseases of the respiratory system
- [K00-K94](#) Diseases of the digestive system
- [L00-L99](#) Diseases of the skin and subcutaneous tissue
- [M00-M99](#) Diseases of the musculoskeletal system and connective tissue
- [N00-N99](#) Diseases of the genitourinary system
- [O00-O99](#) Pregnancy, childbirth and the puerperium (O00-O99)
- [P00-P96](#) Certain conditions originating in the perinatal period
- [Q00-Q99](#) Congenital malformations, deformations and chromosomal abnormalities
- [R00-R99](#) Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
- [S00-T88](#) Injury, poisoning and certain other consequences of external causes
- [V00-Y99](#) External causes of morbidity
- [Z00-Z99](#) Factors influencing health status and contact with health services

G codes

R codes



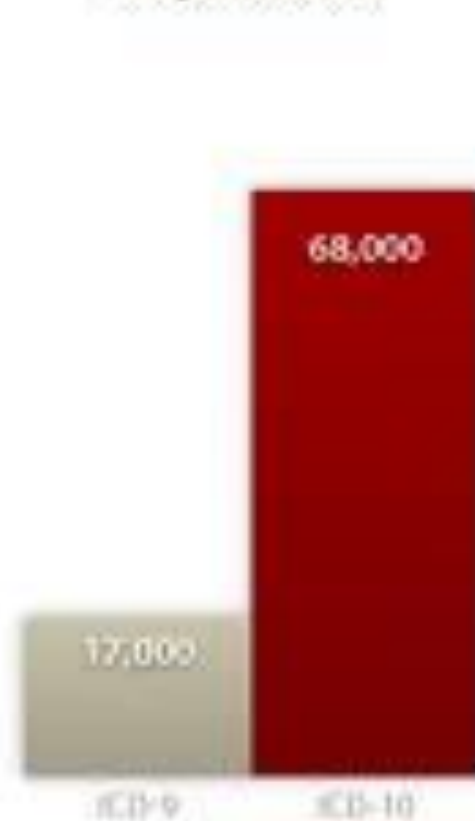
# ICD-10-CM Components

## Differences:

- The total number of codes is much greater (the Neurology chapter is not as expanded as others; epilepsy not so much)
- Laterality is included in many more codes, as is status of encounter and/or disease process.

## Scale of Change from ICD-9 to ICD-10

Diagnosis Codes



Procedure Codes



# Differences between ICD-9 and ICD-10

## Examples

# Epilepsy (not much change)

## ICD-9-CM

345.50 Localization-related (focal) (partial) epilepsy and epileptic syndromes with simple partial seizures, without mention of intractable epilepsy

## ICD-10-CM

G40.109 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus

# Stroke (significant changes)

## ICD-9-CM

433.11 Occlusion and stenosis of precerebral arteries,  
Carotid artery, with cerebral infarction

## ICD-10-CM

163.031 Cerebral infarction due to thrombosis of right carotid  
artery

163.032 Cerebral infarction due to thrombosis of left carotid  
artery

163.039 Cerebral infarction due to thrombosis of unspecified  
carotid artery

**How Do We Go From “Here”  
(ICD-9-CM)  
to  
“There” (ICD-10-CM)?**



# The Ideal Crosswalk



# Reality



# ICD-10-CM

## There is a “crosswalk”:

- Termed “General Equivalence Mapping (GEM)”
- Still a work in progress
- Currently just a list of code numbers
- Filled with descriptors to facilitate the crosswalk
- Found at:

<http://www.cdc.gov/nchs/icd/icd10cm.htm#10update>

- Medicare**
- Medicaid/CHIP
- Medicare-Medicaid Coordination
- Private Insurance
- Innovation Center
- Regulations & Guidance
- Research, Statistics, Data & Systems
- Outreach & Education

[Home](#) > [Medicare](#) > [ICD-10](#) > [ICD-10](#)

## ICD-10

[Latest News](#)

[CMS ICD-10 Industry Email](#)

[Updates](#)

[CMS Implementation Planning](#)

[Provider Resources](#)

[Medicare Fee-For-Service Provider Resources](#)

[Medicaid Resources](#)

[Payer Resources](#)

[Vendor Resources](#)

[Statute and Regulations](#)

[2016 ICD-10 PCS and GEMs](#)

[2016 ICD-10-CM and GEMs](#)

[2015 ICD-10-CM and GEMs](#)

[2015 ICD-10 PCS and GEMs](#)

[2014 ICD-10-CM and GEMs](#)

## ICD-10



DAYS HOURS MINS SECS

99



### About ICD-10

The transition to ICD-10 is required for everyone covered by the [Health Insurance Portability Accountability Act \(HIPAA\)](#). Please note, the change to ICD-10 does not affect CPT coding for outpatient procedures and physician services.

[2016 ICD-10-CM and GEMs](#)

[2015 ICD-10-CM and GEMs](#)

[2015 ICD-10 PCS and GEMs](#)

[2014 ICD-10-CM and GEMs](#)

[2014 ICD-10 PCS and GEMs](#)

[ICD-9-CM Coordination and  
Maintenance Committee Meetings](#)

[ICD-10 MS-DRG Conversion  
Project](#)

[CMS Sponsored ICD-10  
Teleconferences](#)

## About ICD-10

The transition to ICD-10 is required for everyone covered by the [Health Insurance Portability and Accountability Act \(HIPAA\)](#). Please note, the change to ICD-10 does not affect CPT coding for outpatient services.

## Road to 10: CMS Online Tool for Small Practices

Jumpstart your ICD-10 transition with [Road to 10](#), an online resource built with input from providers in small practices.

"Road to 10" includes specialty references and helps providers build ICD-10 action plans tailored for their practice needs.

## Stay up to date on ICD-10!

Sign up for [CMS ICD-10 Industry Email Updates](#) and follow us on [Twitter](#).

## Logos

This official CMS ICD-10 logo (displayed on the top of this page) signifies that these materials were developed by CMS, and are intended for general industry use.

CMS materials intended solely for providers in the Medicare Fee-for-Service program feature the Medicare Learning Network logo.



Page last Modified: 06/19/2015 7:29 PM

[Help with File Formats and Plug-Ins](#)

CMS Online Tool for Small Practices

# How ICD 10-CM Codes Compare to ICD 9-CM Codes

## Approximate Match:

Diagnosis has a direct 1 to 1 mapping, but the diagnosis text has changed slightly

## Exact Match:

Diagnosis has a direct 1 to 1 mapping, but the diagnosis text remains the same

## Match with Multiple Choices:

Diagnosis maps to a set of diagnoses, from which one should be chosen

## No Mapping:

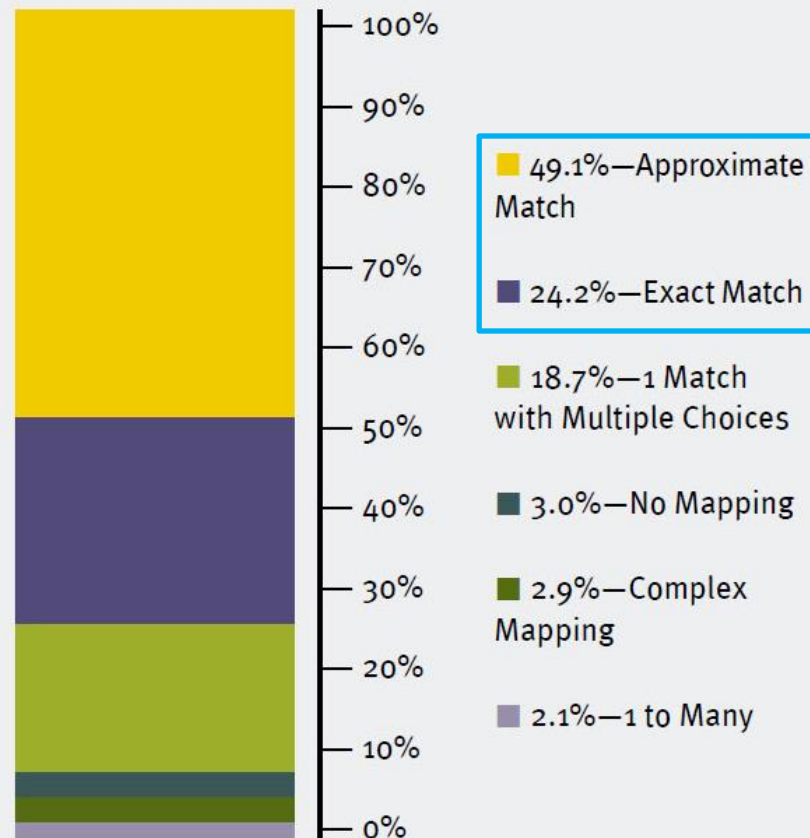
Diagnosis does not exist in the ICD code set

## Complex Mapping:

Diagnosis matches to multiple sets of ICD diagnoses

## 1 To Many:

1 diagnosis code maps to 2 or more ICD codes



SOURCE: Centers for Medicare & Medicaid Services (CMS) General Equivalence Mapping (GEMs). Based on 2011 GEMs mapping.

# Neurology Specific Crosswalks



## ICD-9 to ICD-10 Conversion Commonly Used Neurologic Diagnosis

ICD-9 Code and Description	ICD-10 Code General Equivalency	Other ICD-10 Code Options	Coding Guidelines
346.00 Migraine with aura, without mention of intractable migraine without mention of status migrainosus	G43.109 Migraine with aura, not intractable, without status migrainosus	G43.119 Migraine with aura, intractable, without status migrainosus	Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5) when reporting codes from category G43  Code also any associated seizure (G40.-, R56.9) when reporting codes from subcategory G43.1
346.01 Migraine with aura, with intractable migraine, so stated, without mention of status migrainosus	G43.119 Migraine with aura, intractable, without status migrainosus	No additional codes	Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5) when reporting codes from category G43  Code also any associated seizure (G40.-, R56.9) when reporting codes from subcategory G43.1

# Neurology Specific Crosswalks



ICD-9 Code and Description	ICD-10 Code General Equivalency	Other ICD-10 Code Options	Coding Tips and Guidelines
359.3    Periodic paralysis	G72.3    Periodic paralysis	No additional codes	
359.4    Toxic myopathy	G72.2    Myopathy due to other toxic agents	No additional codes	Code first (T51-T65) to identify toxic agent when reporting code G72.2
359.89    Other myopathies	G72.89    Other specified myopathies	G71.3    Mitochondrial myopathy, not elsewhere classified G72.0    Drug-induced myopathy G72.1    Alcoholic myopathy G72.2    Myopathy due to other toxic agents G72.3    Periodic paralysis G72.41    Inclusion body myositis (IBM) G72.49    Other inflammatory and immune myopathies, not elsewhere classified G72.81    Critical illness myopathy	Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5) when reporting codes from category G72  Use additional code to identify alcoholism (F10.-) when reporting code G72.1  Code first (T51-T65) to identify toxic agent when reporting code G72.2



# Choosing the Appropriate Diagnostic Code

*How to do it step by step from the  
code volumes*

*This is an example to illustrate  
how a coder works*

# Coding Scenario

- You evaluate a 22 year old female with a 6 month history of 6 “shaking episodes”
  - Left upper extremity jerking
  - Duration 30-60 secs
  - Staring precedes the shaking
  - She continues to have events despite 2 AEDs
- Medical evaluation including imaging, blood and urine testing reveals no etiology.
- What is her diagnosis and how would you code her?

# Possible terms to describe the events

- Seizure
- Convulsion
- Epilepsy

# Important coding principle: code to the highest degree of specificity/severity

- In order of increasing specificity
  - Seizure/Convulsion/Transient impairment of consciousness (**Symptom** code)
  
  - Epilepsy (**Disease** code)
    - ✓ Epilepsy NOS
    - ✓ Epilepsy: focal or generalized
    - ✓ Epilepsy: focal/generalized, with or without intractability
    - ✓ Epilepsy: focal/generalized, with or without intractability, with or without status epilepticus

# *The Basics*

First  
Alphabetical index (Vol 2)  
Then  
Tabular (numerical) index (Vol 1)

<http://www.cdc.gov/nchs/icd/icd10cm.htm#icd2014>

# ICD 10-CM Codes- Vol 2- alpha

## 2011 ICD-10-CM Alpha Index

['A' terms](#) (696)

['B' terms](#) (394)

['C' terms](#) (716)

['D' terms](#) (406)

['E' terms](#) (346)

['F' terms](#) (261)

['G' terms](#) (264)

['H' terms](#) (558)

['I' terms](#) (206)

['J' terms](#) (32)

['K' terms](#) (104)

['L' terms](#) (330)

['M' terms](#) (589)

['N' terms](#) (202)

['O' terms](#) (246)

['P' terms](#) (851)

['Q' terms](#) (14)

['R' terms](#) (251)

['S' terms](#) (682)

['T' terms](#) (367)

['U' terms](#) (109)

['V' terms](#) (148)

['W' terms](#) (107)

['X' terms](#) (18)

['Y' terms](#) (7)

['Z' terms](#) (12)

→ Convulsions

→ Epilepsy

→ Seizures

## ICD-10-CM INDEX TO DISEASES and INJURIES

### A

**Aarskog's syndrome** Q87.1

**Abandonment** - see Maltreatment, abandonment

**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

- - coronary Q24.5

- - digestive system Q27.8

**Seizure(s)** (see also Convulsions) R56.9

- akinetic - see Epilepsy, generalized, idiopathic
- atonic - see Epilepsy, generalized, idiopathic
- autonomic (hysterical) F44.5
- convulsive - see Convulsions
- cortical (focal) (motor) - see Epilepsy, localization-related, symptomatic, with simple partial seizures
- disorder (see also Epilepsy) G40.909

- due to stroke - see Sequelae (of), disease, cerebrovascular, by type, specified NEC
- epileptic - see Epilepsy
- febrile (simple) R56.00
  - - with status epilepticus G40.901
  - - complex (atypical) (complicated) R56.01
    - - - with status epilepticus G40.901
- grand mal G40.309



**Convulsions** (idiopathic) (see also Seizure(s)) R56.9

- apoplectiform (cerebral ischemia) I67.8
- benign neonatal (familial) - see Epilepsy, generalized, idiopathic
- dissociative F44.5
- epileptic - see Epilepsy
- epileptiform, epileptoid - see Seizure, epileptiform
- ether (anesthetic) - see Table of drugs and chemicals, by drug
- febrile R56.00
  - - with status epilepticus G40.901
  - - complex R56.01
    - - - with status epilepticus G40.901
    - - simple R56.00
- hysterical F44.5
- infantile P90

**Epilepsy, epileptic, epilepsia** (attack) (cerebral) (convulsion) (fit) (seizure) G40.909

- Note: the following terms are to be considered equivalent to intractable: pharmaco-resistant (pharmacologically resistant), treatment resistant, refractory (medically) and poorly controlled

- with

- - complex partial seizures —see Epilepsy, localization-related, symptomatic, with complex partial seizures
- - grand mal seizures on awakening —see Epilepsy, generalized, specified NEC
- - myoclonic absences —see Epilepsy, generalized, specified NEC
- - myoclonic-astatic seizures —see Epilepsy, generalized, specified NEC
- - simple partial seizures —see Epilepsy, localization-related, symptomatic, with simple partial seizures
- - akinetic —see Epilepsy, generalized, specified NEC
- - benign childhood with centrotemporal EEG spikes —see Epilepsy, localization-related, idiopathic
- - benign myoclonic in infancy G40.80-
- - Bravais-jacksonian —see Epilepsy, localization-related, symptomatic, with simple partial seizures
- - childhood
- - with occipital EEG paroxysms —see Epilepsy, localization-related, idiopathic
- - absence G40.A09

# *The Basics*

First

Alphabetical (Vol 2)

Then

Tabular(numerical) Vol 1

<http://www.cdc.gov/nchs/icd/icd10cm.htm#icd2014>

## **R56 Convulsions, not elsewhere classified**

Excludes1:dissociative convulsions and seizures (F44.5)  
epileptic convulsions and seizures (G40.-)  
newborn convulsions and seizures (P90)

### **R56.0 Febrile convulsions**

### **R56.9 Unspecified convulsions**

**Convulsion disorder**

Fit NOS

Recurrent convulsions

**Seizure(s) (convulsive) NOS**

# ICD 10-CM Codes- Vol 1- tabular

## Episodic and paroxysmal disorders (G40-G47)

### G40 Epilepsy and recurrent seizures

**Note:** the following terms are to be considered equivalent to intractable: pharmacoresistant (pharmacologically resistant), treatment resistant, refractory (medically) and poorly controlled

**Excludes1:** conversion disorder with seizures (F44.5)

- convulsions NOS (R56.9)
- hippocampal sclerosis (G93.81)
- mesial temporal sclerosis (G93.81)
- post traumatic seizures (R56.1)
- seizure (convulsive) NOS (R56.9)
- seizure of newborn (P90)
- temporal sclerosis (G93.81)
- Todd's paralysis (G83.8)

# ICD 10-CM Codes- Vol 1- tabular

## **G40.0 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset**

Benign childhood epilepsy with centrotemporal EEG spikes

Childhood epilepsy with occipital EEG paroxysms

**Excludes1:** adult onset localization-related epilepsy (G40.1-, G40.2-)

### **G40.00 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable**

Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset without intractability

**G40.001 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus**

**G40.009 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus**

Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset NOS

### **G40.01 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable**

**G40.011 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus**

**G40.019 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus**

# ICD 10-CM Codes- Vol 1- tabular

## **G40.2 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures**

Attacks with alteration of consciousness, often with automatisms

Complex partial seizures developing into secondarily generalized seizures

### **G40.20 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable**

Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures without intractability

**G40.201 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus**

**G40.209 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus**

Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures NOS

### **G40.21 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable**

**G40.211 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus**

**G40.219 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus**

**2 = localization-related focal symptomatic with CPS 1 = intractable 9 = no status epil**



# BEYOND CODING:

How ICD-10 Will Transform Clinical Documentation

Charles L. Fred  
Heather A. Haugen, Ph.D  
Louann K. Reilly



“How ICD-10 Will Transform Clinical Documentation”



# Documentation

**IMPRESSION:** The patient is a 22 year old female with a 6 month history of intermittent shaking of the left arm, associated with impairment of consciousness. These events have not been eliminated with AED treatment. Based upon the description of the event, and interictal spikes during sleep on the EEG and normal MRI, the most likely diagnosis is complex partial seizures and intractable symptomatic localization-related epilepsy. Of note there is no history of status epilepticus.

**PLAN:** Try a third AED

Pregnancy counseling performed

Refer to a comprehensive epilepsy centre

<http://www.icd10data.com/ICD10CM/Codes/G00-G99/G40-G47/G40->

## Poll Question - Is it reasonable to expect this level of detail in a note to take care of this person?

- Yes, my notes would indicate these elements, in one form or another
- No, there is too much detail, the lab results are in the Lab Section of EHR
- No, the history has already been given in the History of the Present Illness (HPI)
- No, not enough detail

# Documentation

IMPRESSION: The patient is a 22 year old female with a 6 month history of intermittent shaking of the left arm, associated with impairment of consciousness. These events have not been eliminated with AED treatment. Based upon the description of the event, and interictal spikes during sleep on the EEG and normal MRI, the most likely diagnosis is complex partial seizures and intractable symptomatic localization-related epilepsy. Of note there is no history of status epilepticus.

PLAN: Try a third AED

Pregnancy counseling performed

Refer to a comprehensive epilepsy centre

<http://www.icd10data.com/ICD10CM/Codes/G00-G99/G40-G47/G40->

# What this note accomplishes

- **Appropriate diagnosis & management of the patient**
- Adequate documentation for you or a coder (or a CMS audit) to make the ICD diagnosis of G40.219
- Established **severity** via intractability code
- Adequate documentation to meet **Quality** Measures for epilepsy
  - Seizure frequency
  - Epilepsy syndrome
  - **Counseling pregnant females**
  - Referral to epilepsy center

# How to you indicate an ICD code for billing? (size of practice matters)

- Superbill paper
- Superbill computer-based
- Search on computer-based application
- Coder does it for me

Courtesy of Laura Powers, MD

# **Technology to the Rescue!**

**ICD 10-CM code searches built into many EHRs!**

**And on-line search engines**

# Coding in ambulatory SCM (ICD 9 & 10-CM)

Health Issue Manager | Add - Givens, Rebecca

9PED-9021A female 10y (21-Dec-2003)  
Allergy - No Known Allergies

Health Issues: Currently showing - Health Issue Types (All); Status (Active Only); Entered By (All) 2 Health Issue(s) shown

Health Issue	Code	ICD-9	ICD-10	SNOMED CT	Type	Onset	POA	Rela	Copy To	Status	Entered
<b>Admitting (1)</b>											
Acute otitis media	H66.90	382.9	H66.90	3110003	Admitting					Active	16-Jan-2014 00...
<b>Chronic (1)</b>											
Acute Asthma	493.90	493.90			Chronic	30-Dec-2012				Active	15-Jan-2014 19:20

Add New Health Issue

Select a Type:  Favorites  Browse  Full Catalog Search

seizure  Search Code Only (382 Results)

Health Issues	Code	ICD-9	ICD-10	SNOMED CT	Coding Scheme
Refractory clonic seizure	G40.319	780.39	G40.319	6208003	ICD10
Refractory clonic seizure	G40.319	780.39	G40.319	431741000124101	ICD10
Sleep deprivation seizure	R56.9	780.39	R56.9	91175000	ICD10
Tacrolimus-induced seizure	T45.1X1A	780.39	T45.1X1A	91175000	ICD10
Convulsive generalized seizure disorder	G40.309	345.10	G40.309	65120008	ICD10
Deja vu seizure disorder	G40.209	345.40	G40.209	29963001	ICD10
Generalized onset seizure disorder	G40.909	345.90	G40.909	4619009	ICD10
Grand mal status	G40.301	345.3	G40.301	13973009	ICD10

Sheth, Mehul (MD) 01/16/2014 00:05 SCMD01

Courtesy of Mehul Sheth

# Coding in ambulatory SCM

The screenshot shows a 'Select Clinical Qualifiers' dialog box in a medical software application. The dialog is titled 'Select Clinical Qualifiers' and displays search results for 'Tacrolimus-induced seizure (3 results)'. Below the title, there is a section 'Add New Health Issue>Narrow with Lists' with a 'Need Help?' link. The dialog is divided into two main sections: 'ENCOUNTER TYPE' and a table of 'Health Issues'.

**ENCOUNTER TYPE**

- initial encounter (highlighted)
- sequela
- subsequent encounter

**Health Issues**

	Health Issues	ICD-9	ICD-10	SNOMED CT
Add	Tacrolimus-induced seizure, initial encounter	780.39	T45.1X1A	91175000
Add	Tacrolimus-induced seizure, sequela	780.39	T45.1X1S	91175000
Add	Tacrolimus-induced seizure, subsequent encounter	780.39	T45.1X1D	91175000

The background interface shows a patient chart for 'Givens, Rebecca H' with various tabs like 'Admitting (1)', 'Chronic (1)', and 'LOC'. The status bar at the bottom indicates the user is 'Sheth, Mehul (MD)' and the date is '01/16/2014 00:05'.

Courtesy of Mehul Sheth



# On-line and commercial searches



## CMS ICD 10 CM Lookup

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

# JB SUGGESTIONS

TRAIN USING CROSSWALKS  
THEN GO STRAIGHT TO ICD 10 CM CODES  
IN PRACTICE

Use available electronic resources, then check the  
results

# Operational & Cognitive Dissonance

- ICD 10 CM vs ILAE
- PQRS Quality measure vs AAN

# **ILAE Commission... Revision of terminology & concepts of seizures & epilepsy. *Epilepsia* 2010;51:676-685**

## **SPECIAL REPORT**

### **Revised terminology and concepts for organization of seizures and epilepsies: Report of the ILAE Commission on Classification and Terminology, 2005–2009**

**\*†Anne T. Berg, ‡Samuel F. Berkovic, §Martin J. Brodie, ¶Jeffrey Buchhalter, #\*\*J. Helen Cross, ††Walter van Emde Boas, ‡‡Jerome Engel, §§Jacqueline French, ¶¶Tracy A. Glauser, ##Gary W. Mathern, \*\*\*Solomon L. Moshé, †Douglas Nordli, †††Perrine Plouin, and ‡Ingrid E. Scheffer**

# Quality improvement in neurology

## Epilepsy Update Quality Measurement Set



Nathan B. Fountain, MD  
Paul C. Van Ness, MD

Epilepsy is a common, debilitating, and costly disease. It is estimated that 2.2 million people in the United

The AAN, which has designed and coordinated several quality measurement sets, including for Par-

## 2014 Updated Epilepsy Measures

- 1A. Seizure Frequency (Paired Measure) **(2009 measure revised)**
- 1B. Seizure Intervention (Paired Measure) **(2009 measure revised)**
2. Etiology, Seizure Type, or Epilepsy Syndrome **(2009 measure revised)**
3. Querying and Intervention for Side Effects of Anti-seizure Therapy **(2009 measure revised)**
4. Personalized Epilepsy Safety Issue and Education Provided **(2009 measure revised)**
5. Screening for Psychiatric or Behavioral Health Disorders
6. Counseling for Women of Childbearing Potential with Epilepsy **(2009 measure with updated specifications)**
7. Referral to Comprehensive Epilepsy Center

### Existing Quality Improvement (QI) Initiative or Collaborative for Measure Implementation

Three out of the eight epilepsy measures created in 2009 were adopted by the Centers for Medicaid and Medicare Services (CMS) into the Physician Quality Reporting System (PQRS) pay for reporting program. Once published, the updated measure set will be reviewed for possible adoption by CMS and National Quality Forum (NQF) endorsement for accountability programs.



# ICD-10

**Senate Approves SGR Bill. No Delay for ICD-10**

[Read More](#)

The Senate burned the midnight oil yesterday, approving legislation to repeal the Medicare Sustainable Growth Rate (SGR) formula. The bill passed 92-8 and without reference to an ICD-10 delay, giving further momentum towards the Oct. 1, 2015 implementation deadline and creating increased urgency for those still preparing for the new medical code set, with all major hurdles now cleared.

Last year, House leadership slipped a last minute rider into SGR legislation, delaying ICD-10 for another 12 months. The postponement was the third in six years, blindsiding the healthcare community and discouraging ICD-10 proponents who were left wondering if the code set would ever see the light of day. With the passing of this bill and omission of any further ICD-10 delay legislation, those concerns now appear behind us...

[Read More & Comment](#)



Online  
\$395 | 16 CEUs



Boot Camps  
\$495 | 16 CEUs

**ICD-10-CM**  
**General Code Set Training**

[Find Your Location](#)

# MACRA

Medicare Access and CHIP Reauthorization Act: H.R. 2

Guide to the major components of the "Doc Fix" Bill

1. **SGR**  
Sustainable Growth Rate Repealed

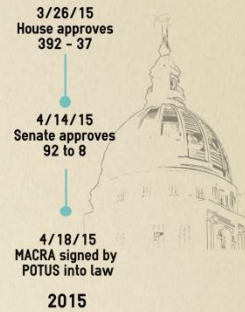
2. **CHIP**  
Children's Health Insurance Program extended

3. **Volume to Value**  
**FFS P4P**  
Medicare shifts from fee for service to pay for performance

CMS estimates savings of \$39.5 billion over 10 years

**CHOOSE PAYMENT SYSTEM**

Medicare targets % payments to value:  
30% by 2016  
50% by 2018



MIPS Pay Table	2019	2020	2021	2022*
Max negative	-4%	-5%	-7%	-9%
Max positive (up to 3x)	4%	5%	7%	9%

\*Annual payment adjustments range from the max penalty to max bonus in a linear fashion based on the composite score also known as the performance threshold (PT)

## MIPS

Merit-based Incentive Payment System

Current System:  
3 separate systems

New System:  
4 categories, single composite score & report

## APM

Alternate Payment Models

Value-based payment models that incentivize providers on quality, outcomes, and cost containment

Value Based Modifiers

**PQRS**  
Physician Quality Reporting System

**Meaningful Use**  
Electronic Health Record (EHR)

Resource Use

Quality

**Meaningful Use**  
Electronic Health Record (EHR)

Clinical Practice Improvement

**ACOs**  
Accountable Care Organizations

**Bundles**  
Bundled payment models

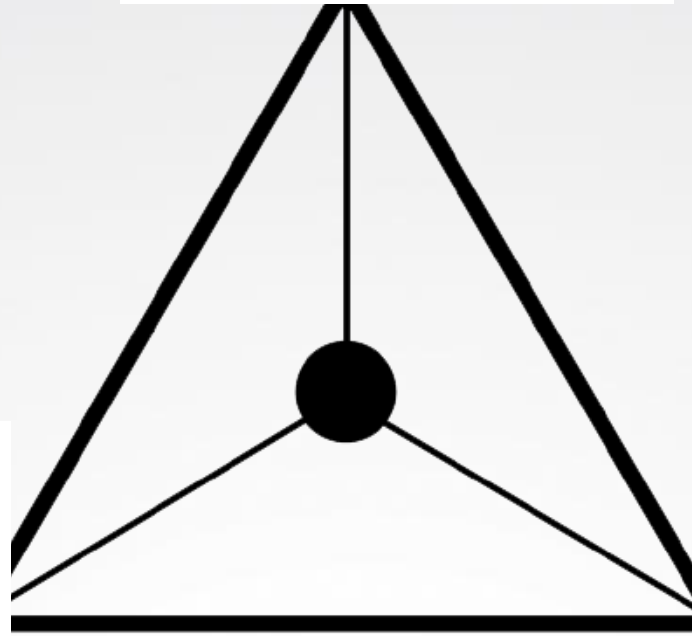
Medical Homes

PATIENT CARE

Practice  
Survival

Neurology  
as a  
Profession  
Survival

The *Triple Aim*





# Additional ICD-10 Resources

- **American Health Information Management Association (AHIMA):** <http://www.ahima.org/icd10/about.aspx>
- **American Association of Professional Coders (AAPC):** <http://www.aapc.com/ICD-10/resources.aspx>
- **Medical Group Management Association (MGMA):** <http://www.mgma.com/coding/>
- **Health Information and Management Systems Society:** <http://www.himss.org/icd10>
- **Centers for Medicare & Medicaid Services (CMS):** <http://www.cms.gov/Medicare/Coding/ICD10>

# AAN & NAEC ICD-10 Resources

- **The American Academy of Neurology**  
<http://www.aan.com/go/practice/coding/ICD-10>
- **NAEC & AAN ICD-10-CM Pocket Guide**



**Thank you for your attention**

**Time for questions**