ICD-10 Coming On October 1, 2015

- ICD-10-CM, coming to an IRF-PAI near you on 10/1/2015

- After multiple delays, CMS is moving forward with the transition to ICD-10 on 10/1/2015.

- For the IRF-PAI, discharges starting 10/1/2015 must be coded using ICD-10. No ICD-9 codes will be accepted.

- ICD-9 codes currently influence reimbursement (by assigning tiers), and 60% rule presumptive compliance.

- ICD-10 codes will also assign tiers and 60% rule presumptive compliance, but in some cases this will incorporate combinations of codes.
**ICD-10 Coding Specificity**

**ICD-10 Code Specificity and Combinations**

- ICD-10 codes are more numerous and offer more specificity than ICD-9 (~68,000 ICD-10 codes to ~14,000 ICD-9)

- Because of greater specificity, it may take multiple ICD-10 codes to represent the same condition as a single ICD-9

- The FY2015 IRF-PAI got 15 additional comorbidity fields to prepare for this specificity of coding

- The FY2016 IRF-PAI gets 2 additional fields for etiologic dx codes to accommodate this specificity
• Presumptively Compliant ICD-10 Codes

- CMS has two lists of presumptively compliant ICD-10 codes
- One list corresponds to the current compliant ICD-9 codes
- The other list corresponds to the pared-down list of ICD-9 codes effective for compliance review periods starting on or after 10/1/2015
- eRehabData will continue to calculate presumptive compliance based on both lists until October 2016 when all facilities will be subject to the shorter list of codes
• **Top 60% Rule Compliant Diagnosis and Comorbidity Codes, Mapped:**

- The PDF shows commonly used presumptively compliant ICD-9 codes and their mapped ICD-10 equivalents.
- Some of these conditions are comorbidities that you indicated should count for conditional compliance because the comorbidity was such a significant factor in the treatment of the patient that they would require inpatient rehab for the care of that condition in the absence of the admitting condition.
- Others are the etiologic diagnosis used on the IRF-PAI where the diagnosis was paired with a non-compliant IGC.
- Assessments with compliant IGCs were not included when generating this list.
• **Top 60% Rule Compliant Diagnosis and Comorbidity Codes, Mapped:**

  - As expected, some of the ICD-9 codes map to multiple ICD-10 codes and others map to a single ICD-10 code.
  - Some of the ICD-9 codes map to several ICD-10 codes that are on the list of presumptively compliant ICD-10s and some that are not. For example, “907.0 Late effects of intracranial injury”. Whether or not the condition is compliant seems to be related to the amount of time the patient was unconscious.
  - Be sure to review this with your physicians so they become accustomed to including loss of consciousness in their documentation.
  - Review the polyneuropathy and myopathy codes. These are additional areas where mapping suggests your coding could result in a compliant or a non-compliant ICD-10 code.
• **ICD-10 Code Combinations: Tiers and 60% Presumptive Compliance**

  - In some cases, individual ICD-10 codes may assign a tier or compliance but multiple codes are required in order to accurately represent the condition described in the documentation.
• **ICD-10 Code Combinations for Presumptive Compliance**

  - Example:

    - ICD-9 806.26 “T7-T12 FX-CL/COM CRD LES” is presumptively compliant
ICD-10 Code Combinations for Presumptive Compliance

For presumptive compliance in ICD-10, if the injury is to T11-12 you would code:

- S24.114A “Complete lesion at T11-T12 level of thoracic spinal cord, initial encounter” (presumptively compliant code)

AND

- S22.089A “Unspecified fracture of T11-T12 vertebra, initial encounter for closed fracture” (not a compliant code)
• ICD-10 Code Combinations for Presumptive Compliance

  - In a few (rare) cases, presumptive compliance can only be assigned with a combination of two or three ICD-10 codes because no single ICD-10 code representing the condition is compliant by itself
• ICD-10 Code Combinations for Presumptive Compliance

  - Two code combination example:

  - ICD-9 806.10 “C1-C4 FX-OP/CORD INJ NOS” is currently presumptively compliant
ICD-10 Code Combinations for Presumptive Compliance

- For presumptive compliance in ICD-10, if the injury is to C4 you must code:
  - S14.104A “Unspecified injury at C4 level of cervical spinal cord, initial encounter”
  - S12.300B “Unspecified displaced fracture of fourth cervical vertebra, initial encounter for open fracture” OR
  - S12.301B “Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for open fracture”
• ICD-10 Code Combinations for Presumptive Compliance

  - Another two code combination example:
    - ICD-9 819.0 “FX ARMS W RIB/STERNUM-CL” is presumptively compliant
ICD-10 Code Combinations for Presumptive Compliance

For presumptive compliance in ICD-10 you must code:

- S42.91XA “Fracture of right shoulder girdle, part unspecified, initial encounter for closed fracture”
  OR
- S52.91XA “Unspecified fracture of right forearm, initial encounter for closed fracture”

AND

- S42.92XA “Fracture of left shoulder girdle, part unspecified, initial encounter for closed fracture”
  OR
- S52.92XA “Unspecified fracture of left forearm, initial encounter for closed fracture”
ICD-10 Code Combinations for Presumptive Compliance

Three code combination example:

- ICD-9 819.0 “FX ARMS W RIB/STERNUM-CL” is presumptively compliant
• ICD-10 Code Combinations for Presumptive Compliance

  For presumptive compliance in ICD-10 you must code:

  • S42.90XA “Fracture of unspecified shoulder girdle, part unspecified, initial encounter for closed fracture” OR
  • S52.90XA “Unspecified fracture of unspecified forearm, initial encounter for closed fracture”

  AND

  • S22.20XA “Unspecified fracture of sternum, initial encounter for closed fracture”

  AND

  • S22.49XA “Multiple fractures of ribs, unspecified side, initial encounter for closed fracture”
• ICD-10 Code Combinations for Presumptive Compliance

- The PDF of presumptively compliant codes has a column indicating conditions that require a combination code in order to trigger presumptive compliance in the assessment.
• **Top Tiering Comorbidities, Mapped:**

- There is a matching ICD-10 code for all of the tier 1 and 2 conditions.
- All but one tier 3 conditions have an ICD-10 equivalent:
  - 517.3 Acute chest condition was not included on the ICD-10 list.
  - This code was used in 5 assessments in the past 365 days.
- In some cases there is one code now and one choice in ICD-10, but most cases are more specific and one ICD-9 code has multiple options under ICD-10.
- Lists are provided for current tiering conditions and their ICD-10 equivalents. Both ICD-9 to ICD-10 and ICD-10 to ICD-9 mapping were used to create a comprehensive list.
• **ICD-10 Code Combinations for Tier Assignment**

  - Two code combination example for tier assignment:
    - ICD-9 250.92 “DMII UNSPF UNCNTRLD” assigns Tier 3
ICD-10 Code Combinations for Tier Assignment

For Tier 3 assignment in ICD-10 you would code:

- E11.8 “Type 2 diabetes mellitus with unspecified complications” (not a tier-assigning code)
  AND
- E11.65 “Type 2 diabetes mellitus with hyperglycemia” (assigns Tier 3)
ICD-10 Code Combinations, Tiers

ICD-10 Code Combinations and RIC Exclusions

- Some tier-assigning codes have different RIC exclusions depending on the combination.

- Example: ICD-10 code B39.5 “Histoplasmosis duboisii” assigns tier 3.

- When combined with I32. “Pericarditis in diseases classified elsewhere”, the tier assignment is excluded if the assessment falls under RIC 14 – Cardiac.

- When combined with J17. “Pneumonia in diseases classified elsewhere” (also a tier 3 code), the tier assignment is excluded if the assessment falls under RIC 15 – Pulmonary.
Presumptively Compliant and Tier-Assigning ICD-10 Codes

Available from the “Data Files” section of the CMS website:

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/Data-Files.html
ICD-10 Transition In eRehabData

Concurrent Coding in eRehabData Starting in September

- eRehabData will accept both ICD-9 and ICD-10 codes on assessments starting in September

- No ICD-10 codes can be sent to CMS for discharges before 10/1/2015. No ICD-9 codes can be sent to CMS for discharges on or after 10/1/2015.

- Corrections to records with discharge dates before 10/1/2015 that are transmitted to CMS on or after 10/1 must still contain ICD-9 codes. The new specification only applies to discharge dates starting 10/1.
ICD-10 Transition In eRehabData

• **Concurrent Coding in eRehabData Starting in September**

  - The IRF-PAI completion check in eRehabData will use the discharge date to determine if any invalid codes (ICD-9 or ICD-10) are present, and you will need to remove any invalid codes.