

ICD-10's and Ambulance Services

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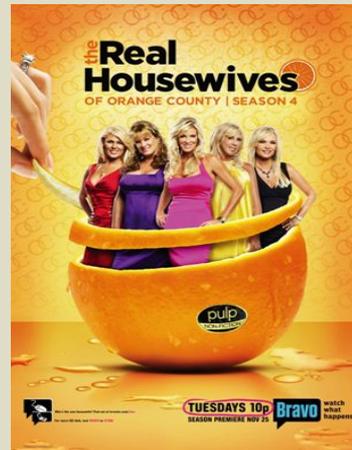
Overview

- The International Statistical Classification of Disease and Related Health Problems, 10th Revision (ICD-10), is a medical classification system for coding of...
 - Diseases
 - Injuries Symptoms
 - Procedures and more
- This is the first major change in U.S. coding in more than 30 years.
- Some call it healthcare's version of Y2K
- Expands diagnosis code selections to 69,000+ compared to 14,000 ICD-9 selections.



Why the Change?

- More information per code.
- Better support for care management, quality measures, and analytics.
- Improved ability to understand risk and severity.
- Current system (ICD-9) is archaic compared to other countries.



Compliance Date

- On August 24, 2012, the Department of Health and Human Services (HHS) issued a [Final Rule](#) that delays the compliance date for the new ICD-10 diagnosis and procedure codes until October 1, 2014.
- The previous compliance deadline had been Oct. 1, 2014, but that was shot down by Congress in a law signed by [President Barack Obama](#) on April 1 that ordered HHS to not set a ICD-10 compliance date any sooner than Oct. 1, 2015.
- The U.S. Department of Health and Human Services (HHS) has issued in September 2014, a rule finalizing **Oct. 1, 2015** as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10.
- Any provider covered by the Health Portability and Accountability Act (HIPAA) must make the transition to ICD-10's (MLN Matters Number SE1239).

345 Days and Counting!

Ambulance Providers ICD-10 CM Planning and Preparation

- WPS Medicare continues to hear that ICD-10 CM does not impact the Medicare ambulance community. In reality, ICD-10 CM does affect the ambulance community. All electronic claims, including ambulance, are required to have a diagnosis in order to be accepted by the MAC under the Health Insurance Portability and Accountability Act (HIPAA). The implementation of ICD-10 CM on October 1, 2015, will not change this requirement. The absence of said diagnosis code will cause a claim rejection.
- While personnel aboard the ambulance are unable to diagnosis a patient's condition, they are required to record the sign/symptoms/complaints of the patient. The sign/symptoms/complaints are then used to add a diagnosis to the claim for submission purposes. Specificity and detail are greatly expanded with the implementation of ICD-10 CM diagnosis codes including signs and symptoms, trauma and laterality. Ambulance crews, coders, and/or billers may need to be retrained for ICD-10 CM diagnosis implementation and necessities of detailed health record documentation.

Current Ambulance Coding

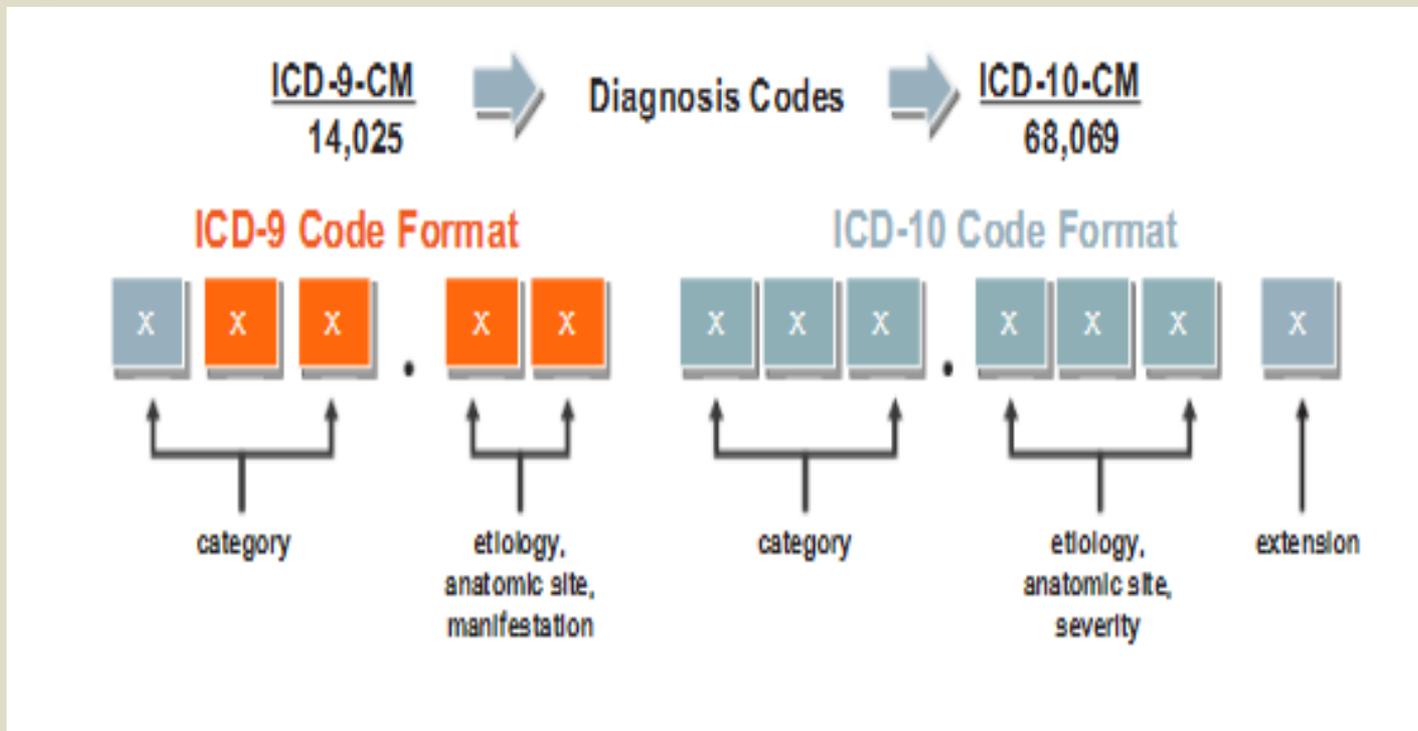
- Effective January 1, 2012, ICD-9's were required to be submitted on electronic ambulance claims to represent a patients condition. The determination of what is submitted is based on the Medicare Carriers.
- **Option 1:** Suppliers may choose codes from the [Medical Conditions List](#) provided by the Centers for Medicare & Medicaid Services (CMS) that corresponds to the condition of the beneficiary at the time of pickup and report the codes in the diagnosis field on the claim. The codes in the Medical Conditions List are taken from the ICD-9-CM diagnosis code set.
- **Option 2:** Suppliers may report an ICD-9-CM (or ICD-10-CM when appropriate) diagnosis code that is provided to them by the treating physician or other practitioner.
- **Option 3:** Suppliers may report ICD-9-CM diagnosis code 799.9 *Unspecified illness*.
- Some ambulance services submit ICD-9 codes based on their carrier's local coverage determination policy (LCD).

Use of Medical Condition Codes on Ambulance Claims Per WPS

- Ambulance suppliers may voluntarily submit medical condition codes on claims; therefore, submission of medical condition code (s) alone on a claim will not determine reimbursement for the ambulance service. The detailed transport information submitted on the claim, as well as any documentation on the ambulance transport report, will determine whether the ambulance transport meets Medicare coverage guidelines.
- Emergency Medical Technicians (EMT) cannot diagnose, but they can code what they observed based on the Medical Condition Code List. The medical condition codes included on the Medical Condition Code listing may be used. Suppliers must use these codes accurately. Place them in Box 19 of the CMS 1500 claim form or the electronic equivalent. In addition to using these codes, the supplier is still required to completely document all services provided for each trip on every claim. There are also transportation indicators that may be used to indicate the reason for the transport. These must be placed in Item 19 of the CMS 1500 claim form or in the narrative field of the electronic equivalent. Please see the Ambulance Medical Fee Schedule-Medical Conditions List and Instructions found in the [CMS Internet Only Manual \(IOM\), Publication 100-04](#), Chapter 15, Section 40.
- Incorrect use of the Medical Condition Codes can result in claim denials.
- If you choose to use Medical Condition codes, be sure to:
 - Submit medical conditions codes exactly as they are on the list, i.e. do not submit an invalid or truncated code.
 - Always include the details of the trip including patient's medical condition and all services provided. Submit them in Item 19 of the claim form.
 - The transportation indicators must also be submitted in item 19.

ICD 9 to ICD-10: Differences

- A move from a 5 Digit Code to a 7 Digit Code with different logic.
- Approximately 8X's more ICD-10 codes than ICD-9 codes.
- No E or V codes, they are incorporated into the main classification system.



What will Change?

- Clinical Documentation
 - How the Paramedics and EMT's document may need to be more precise. Some documentation issues will require them to capture new information; others involve updated, modified, and otherwise expanded documentation needs.
 - Are ICD-9 codes being utilized in your ePCR? If so, they will have to be updated.



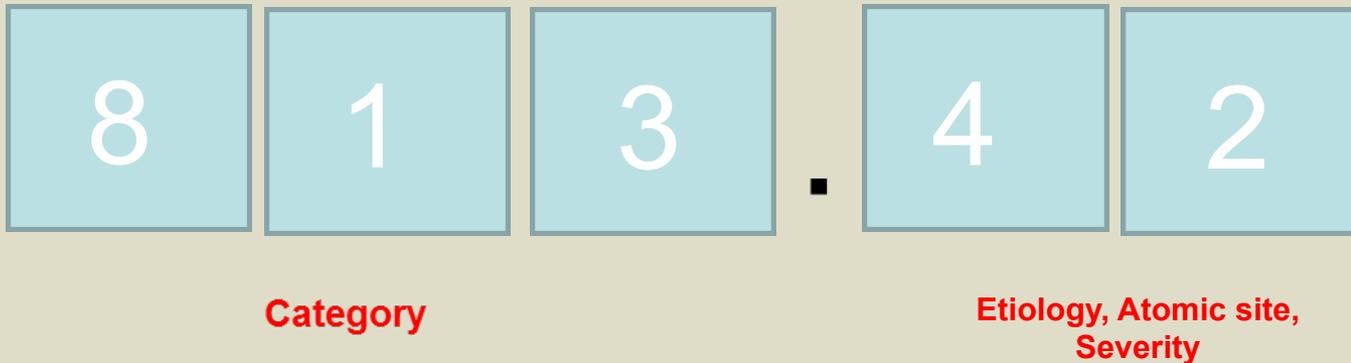
What Will Change



- Billing System Changes
 - Accommodating both ICD-9 for past claims and ICD-10 for future claims.
 - To ensure the system is upgraded and ready to go October 1, 2014.
- Potential of Payors requesting different diagnoses to be utilized based on their clinical guidelines.
- Clearinghouse implementation compliance.
- What information is released to the State.
- Updating Policies, Procedures and Compliance Plans.

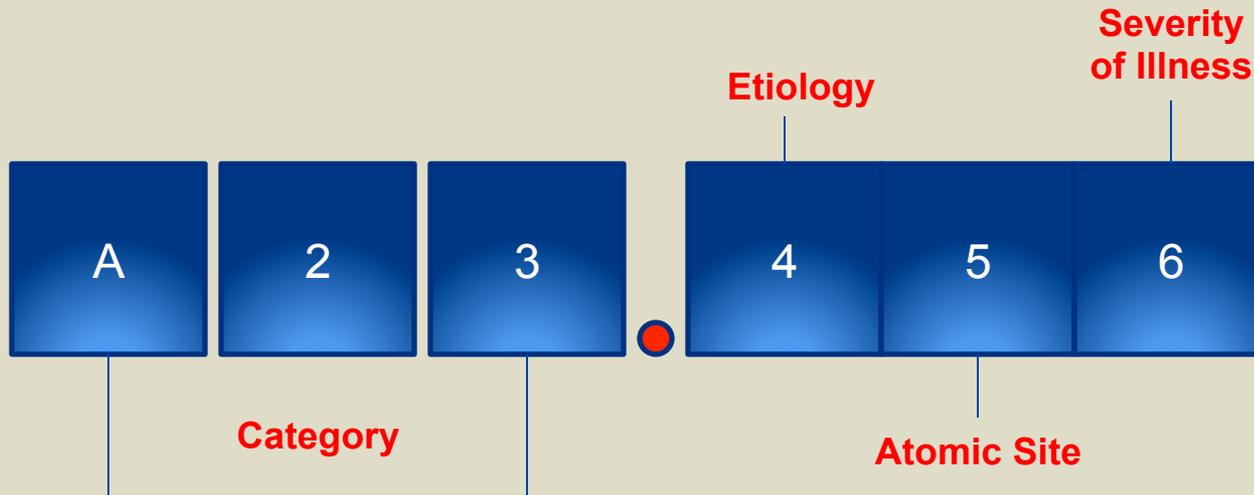
ICD-9-CM

- 3-5 Digits
- The first digit is alpha or numeric
- Digits 2-5 are numeric; and
- A decimal is used after the third character.



- The first 3 digits are the category, and if there are a 4th or 5th digit they are the etiology, atomic site and severity of the patient.

An ICD-10 Code for Non-Injuries



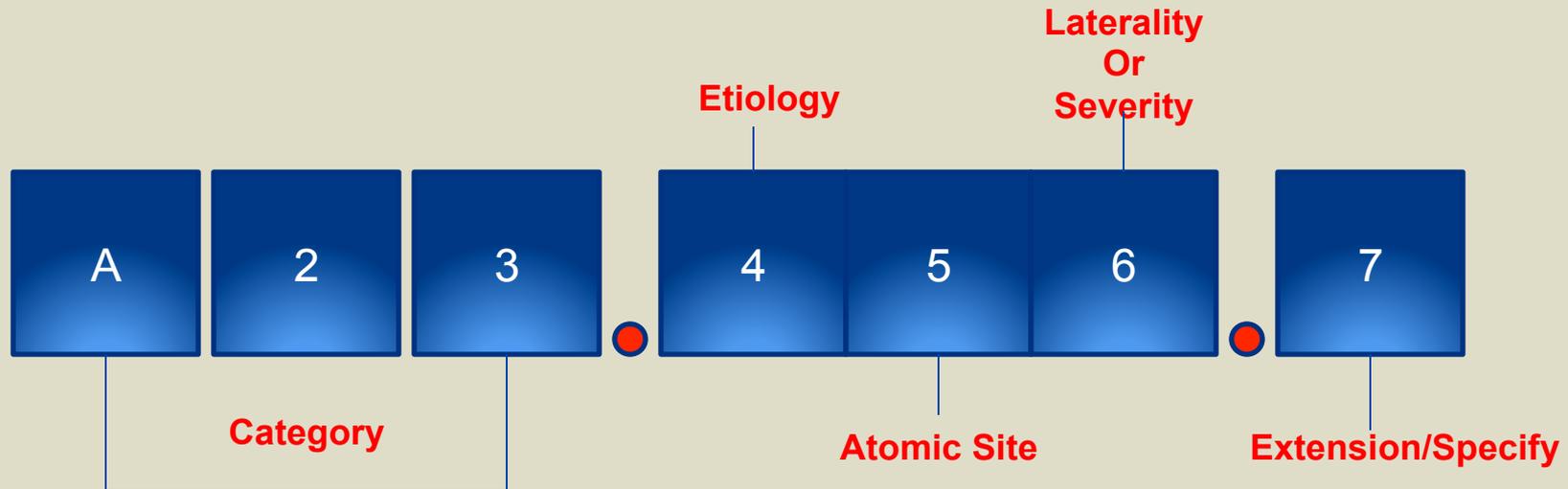
Category: All diagnoses will have 3 digits beginning with an alpha character, defining the type of disease/injury/problem.

Etiology: The fourth digit, is defining the origination of the disease/injury/problem.

Anatomic Site: The fifth digit, defines the body part that is affected.

Severity of Illness: The sixth digit, how significant is the disease process.

An ICD-10 Code for Injuries



Category: All diagnoses will have 3 digits beginning with an alpha character, defining the type of disease/injury/problem.

Etiology: The fourth digit, is defining the origination of the disease/injury/problem.

Anatomic Site: The fifth digit, defines the body part that is affected.

Laterality: Which side of the body is affected

Extension: Place holder for an extension of a code to increase specificity.

Coding Changes for EMS

Injuries

Features an expanded category for injuries. Injuries are grouped by anatomical site rather than by injury. Most are seven digits.

A seventh character extension identifies the encounter type, with:

- A- Initial encounter for closed fracture
- B- Initial encounter for open fracture
- D- Subsequent encounter for fracture with routine healing
- G- Subsequent encounter for fracture with delayed healing
- K- Subsequent encounter for fracture with nonunion
- P- Subsequent encounter for fracture with malunion
- S- Sequela

Laterality

- ICD-10-CM code descriptions include right or left designation.
 - Right side-Character 1
 - Left side-Character 2
 - Bilateral-Character 3
 - Unspecified side is either a character 0 or 9, depending on whether it is a fifth or sixth character.



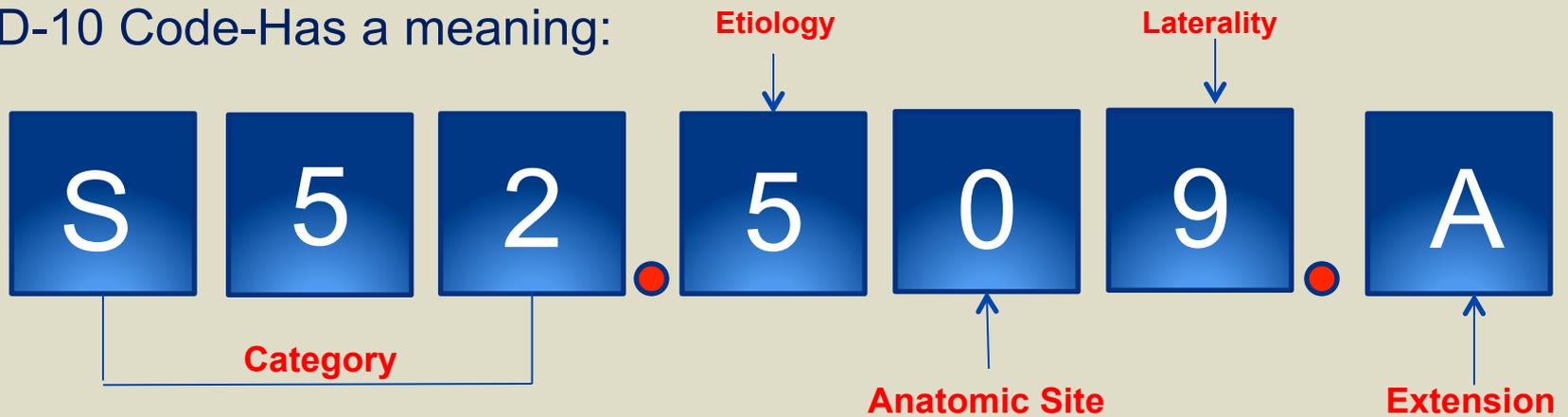
With ICD-9 this was diagnosis code 474.02, but now? Who knows?

ICD-10's

ICD-9-CM

813.42 Other closed fractures of distal end of radius (alone)

ICD-10 Code-Has a meaning:



Category:	Fracture of Forearm
Etiology:	Lower End of Radius
Anatomic Site:	Unspecified
Laterality:	Unspecified
Extension:	Initial Encounter for Closed Fracture

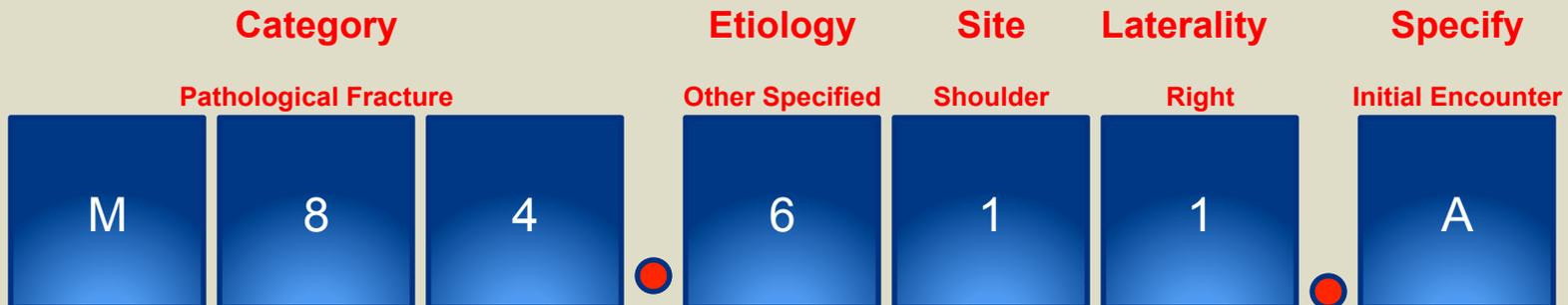
S52.509.A

Unspecified fracture of the lower end of unspecified radius, initial encounter for closed fracture.

Coding Changes for EMS

Pathologic (non-traumatic) Fracture

- Exact location of fracture
 - *site ; and*
 - *laterality*
- Etiology of the fracture
 - *osteoporosis*,
 - *neoplastic disease*,
 - *other specified*
- Encounter type
 - *initial encounter*,
 - *subsequent encounter with routine healing*,
 - *subsequent encounter with delayed healing*,
 - *malunion*,
 - *nonunion*, or
 - *Sequela*



Coding Changes in EMS

Open Wounds

- ICD-10-CM provides a laterality distinction to be made and the type of open wound including:
 - Laceration, with or without foreign body
 - Puncture wound with or without foreign body
 - Open bite
 - Unspecified open wound



Coding Changes in EMS

Cerebral Infarctions

- Late effects of stroke are differentiated by type of stroke.

Acute Myocardial Infarction (AMI)

- Age definition for AMI has changed to four weeks rather than eight weeks.
- New categories for subsequent AMI and for complications within 28 days of an AMI.
- Different terminology is used and laterality is included.



Respiratory/Vents

- Some codes require time frames attached to them, such as the respiratory/ventilator codes, which note if a patient has been on a ventilator for less than 24 consecutive hours, 24-96 consecutive hours, or greater than 96 hours.

Coding Changes for EMS

Alcohol Abuse

- ICD-9-CM subcategory 305.0, alcohol abuse, provides information on whether the pattern of alcohol use by the patient is continuous, episodic, in remission, or unspecified. The classification of continuous or episodic alcohol abuse or dependence is not found in ICD-10-CM.

Cardiac Arrest (427.5) Goes from 1 Code to 1 of 7 Codes.

- **Cardiac arrest due to underlying cardiac condition**
- **Cardiac arrest due to other underlying condition**
- **Cardiac arrest, cause unspecified**
- Postprocedural cardiac arrest following cardiac surgery
- Postprocedural cardiac arrest following other surgery
- Intraoperative cardiac arrest during cardiac surgery
- Intraoperative cardiac arrest during other surgery



Coding Changes for EMS

Diabetes Mellitus

- Significant Change to Diabetes Mellitus
- There are five (5) Diabetes Mellitus categories in the ICD-10-CM. They are:
 - E08 Diabetes Mellitus due to an underlying condition
 - E09 Drug or chemical induced diabetes mellitus
 - E10 Type I diabetes mellitus
 - E11 Type 2 diabetes mellitus
 - E13 Other specified diabetes mellitus
- Diabetes mellitus codes expanded to include the classification of the diabetes and the manifestation.
- No longer classified as controlled/uncontrolled:



Somnolence, Stupor and Coma

Eyes Open

R40.21

Verbal Response

R40.22

Motor Response

R40.23

<ul style="list-style-type: none"> • Never (1) • To Pain (2) • To Sound (3) • Spontaneous (4) 	<ul style="list-style-type: none"> • None (1) • Incomprehensible (2) • Inappropriate (3) • Confused (4) • Oriented (5) 	<ul style="list-style-type: none"> • None (1) • Extension (2) • Abnormal (3) • Flexion Withdrawal(4) • Localized Pain (5) • Obeys Commands (6)
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R40.211

R40.225

R40.236

A seventh character to denote when the scale was recorded (i.e., unspecified time (0), **in the field [EMT or ambulance] (1)**, upon arrival at the ED (2), at hospital admission (3), or 24 hours or more after admission (4).

R40.2111

R40.2251

R40.2361

A patient who has Type 1 diabetes mellitus is treated for a second-degree burn on her left knee which radiated down to her ankle. The patient was burned when a hot skillet fell and hit her left knee causing the burn. She was in her kitchen when the injury occurred.

How Many Codes?

The Burn

Since the patient was injured by a skillet which fell on her knee while she was cooking in the kitchen at home, the following needs to also be reported.

- What injury occurred
- Place of Occurrence
- Activity
- Status

Correct diagnosis code sequence and reporting:

Condition

L24.222: Second degree burn of left knee

How

X15.3XXA: Contact with hot saucepan or skillet

2nd Condition

E10.69: Type1 diabetes mellitus with other specified complication

Place of Occurrence

Y92.010: Kitchen of single-family (private) house as the place of occurrence of the external cause

Activity

Y93.g3: Activity involving cooking and baking

External Cause

Y98.8: Other external cause status

A patient was bitten by a dog while taking a walk on the sidewalk in her neighborhood. The dog bit the patient on the arm which is now red and swollen.

Condition

Swelling Arm: M79.89

Dog Bite

W54.0xxA

Place of Occurrence

Sidewalk - Y92.480

Activity

Walking - Y93.01

External Status

Y99.8 (Other external cause status)

- Other changes
 - Certain diseases are reclassified to different chapters or sections versus the ICD-9's.
 - The codes corresponding to the ICD-9-CM V codes and E codes are incorporated into the main classification system.



Good News

- Unspecified codes do exist.
- ICD-10 and the Z-codes will hopefully help to get claims paid faster with fewer errors, fewer requests for medical records and fewer requests for chart reviews.
- Some conditions do cross walk 1 to 1.
Chest Pain, Unspecified  Chest Pain, Unspecified
- You do have **345 days** to prepare, but don't wait until the last minute.

Comparison

76 Y Female

Chief Complaint: Respiratory Distress

Working Diagnosis: SHOB

Complaints of nausea, vomiting, abdominal pain, painful urinary, fever, SHOB and non-productive cough.

HR: 112

RR: 30

SPO2: 90%

ETCOT: 58

Rhythm shows Sinus Tachycardia.



ICD-9-2014

786.50

Dyspnea and
Respiratory
Abnormalities.

ICD-10-2015

786.50



R06.00-Dyspnea Unspecified
R06.09-Other forms of Dyspnea
R06.3-Periodic Breathing
R06.89-Other Abnormalities of
Breathing.

Comparison

66 Y Female

Chief Complaint: Trauma

Working Diagnosis: Back Pain Secondary to MVA

Complaints of back and chest pain, history of HTN and IDDM. Back Pain Tender at T2, denies painful respirations, SHOB, dizziness, headache, or any other symptoms.

12 Lead Shows Tachycardia

HR: 120

RR: 20

BP: 190/130

BS: 229



ICD-9-2014

959.9

Unspecified Injury,
Unspecified Site.

ICD-10-2015

959.9



R14.8-Other injury of
unspecified body region.
R14.90-Injury, Unspecified.

Comparison

71 Y Female

Chief Complaint- AMS/hypoglycemia

Pt has a history of IDDM. Upon arrival, Pt had FSBS of 23. After medication intervention, it took a long time for the Pt to wake up to answer questions, Pt never regained full alertness.

GCS: 3

ICD-9-2014

780.09

Unconscious,
Semicoma, Stupor

250.83

Diabetes Mellitus
IDDM, Uncontrolled
with Other
Manifestations.

ICD-10-2015

780.09 

R40.0 Somnolence-Drowsiness.

R40.1 Stupor-Catatonic Stupor,
Semicoma.

250.83 

E10.65 Type 1 Diabetes Mellitus
with Hyperglycemia or

E10.69 Type 1 Diabetes Mellitus
with Other Specified
Complication.

Comparison

43 Y Male

Chief Complaint: Multiple Trauma

Pt is being transferred for a higher level of care. Pt fell off a ladder and has been diagnosed with a Left scapular fx, and an intracranial hemorrhage.



ICD-9-2014

811.00

Fracture Scapula
NOS-closed

423.9

Intracranial
hemorrhage NOS

ICD-10-2015

811.00  **S42.1Ø9A** Fracture of unspecified part of scapula, unspecified shoulder, initial encounter for closed fracture.

423.9  **I62.9** Nontraumatic intracranial hemorrhage, unspecified.

There's a Code for That!

- W22.02XD – Walked into lamppost
 - Masks and face paint can be known to impair trick-or-treaters' vision at night
- Z62.891 Sibling Rivalry
 - Fighting over the candy
- K03.81 Cracked Tooth
 - Side effects of eating candy
- W49.01XA – Hair causing external constriction
 - Wigs can be an essential addition to many costumes, but sometimes at the expense of comfort.

What Do We Do Now?

- Continue using ICD-9 codes.
- Preparing/think about transitioning to ICD-10 codes now:
 - Vendor readiness. Talk with your ePCR, Billing Software, and Clearinghouse Vendor or Billing Company on how they are going to implement the ICD-10's and when.
 - Clinical and Billing Staff will need additional training.
- Monitor your WPS and Medicaid for guidance on the ICD-10 codes to utilize for billing Ambulance claims.



Condition Code List

History, Objectives and Rationale for Ambulance Condition Codes

Goal

To implement a standardized set of condition codes that describe the Medicare beneficiary's apparent medical condition, including a description of the nature of the beneficiary's symptoms or injury. These codes will be used as indicators that ambulance transportation is medically necessary. Documentation of the patient's condition should be included with information received in the ambulance dispatch center which determines the level of resource required to adequately meet the patient's needs based upon the service's medical protocols; the patient care record completed by the medics during the actual patient encounter and other medical record information from the patient's physician or treating medical facility that can help support the need for ambulance treatment and transportation.



The Condition Code List

Prepared by the Medicare Regulatory Work Group for the AAA

EMERGENCY NON-TRAUMATIC CONDITION CODES							
Condition-General	Existing ICD-9 Primary Code	Proposed ICD-10 Code	ICD-10 Condition-General	Specific Condition	Level of Service	Comments	HCPCS
Severe abdominal	535.50	R10.0	Acute Abdominal Pain	With other signs or symptoms.	ALS	Nausea, vomiting, fainting, pulsatile mass, distention, rigid, tenderness on exam, guarding.	A0427/A0433
Abdominal pain	789.00	R10.9	Unspecified Abdominal Pain	Without other signs or symptoms.	BLS		A0429
Abnormal cardiac	427.9	I49.9	Cardiac Arrhythmia, Unspecified	Potentially life threatening.	ALS	Bradycardia, junctional and ventricular blocks, non-sinus tachycardia, PVC's >6, bi and trigeminy, ventricular tachycardia, ventricular fibrillation, atrial flutter, pEA, asystole, AICD/AED fired.	A0427/A0433
Abnormal skin signs	780.8	R23.8	Other Skin Changes		ALS	Disphorhesis, cyanosis, delayed cap refill, poor turgor, mottled. Poor turgor, mottled.	A0427/A0433
Allergic Reaction	995.0	T78.2XXA	Anaphylatic shock, unspecified, initial encounter	Potentially life threatening.	ALS	Other emergency conditions, rapid progression of symptoms, prior history of anaphylaxis, wheezing difficulty swallowing, or symptoms.	A0427/A0433
Allergic Reaction	692.9	T78.40XA	Allergy, unspecified, initial encounter	Other	BLS	Hives, itching, rash, slow onset, local swelling, redness, erythema.	A0429
Blood glucose	790.21	R73.09	Other abnormal glucose	Abnormal <80 or >250 with symptoms.	ALS	Altered mental status, vomiting, signs of dehydration.	A0427/A0433
Abnormal Vital signs (includes abnormal pulse)	796.4	R68.89	Other general symptoms and signs	With or without symptoms	ALS		A0427/A0433
Respiratory Arrest	799.1	R09.2	Respiratory Arrest		ALS	Apnea, hypoventilation requiring ventilatory assistance and airway management.	A0427/A0433
Difficulty breathing	786.05	R06.02	Shortness of Breath		ALS		A0427/A0433
Cardiac arrest-resuscitation in progress	427.5	I46.9	Cardiac arrest, cause unspecified		ALS		A0427/A0433
Chest pain [non-traumatic]	786.50	R07.9	Chest pain, unspecified		ALS	Dull, severe, crushing, substernal, epigastric, left sided chest pain associated with pain of the jaw, left arm, neck, back and nausea, vomiting, palpitations, pallor, diaphoresis, decreased LOC.	A0427/A0433
Choking episode	784.99	R09.89	Other specified symptoms and signs involving the circulatory and respiratory systems	Airway obstructed or partially obstructed.	ALS		A0427/A0433
Cold exposure	991.6	T68.XXXA	Hypothermia, initial encounter	Potentially life or limb threatening.	ALS	Temperature of 95°F, deep frost bite, and other emergency conditions.	A0427/A0433
Cold exposure	991.9	T69.9XXA	Effect of reduced temperature, unspecified intinal encounter	With symptoms.	BLS	Shivering, superficial frost bite, and other emergency conditions.	A0429
Altered level of consciousness (nontraumatic)	780.97	R41.82	Altered mental status, unspecified		ALS	Acute condition with Glascow Coma Scale < 15.	A0427/A0433

Resources

- www.aapc.com/ICD-10/resources.aspx
- www.cms.hhs.gov/ICD10
- <http://www.ahima.org/icd10>