

Prepping for the ICD-10 Transition

October 1, 2013, will be a milestone in the world of health care administration. That is the day that the International Classification of Disease (ICD)-9, which has been used to code health diagnoses for more than 20 years, will be retired and replaced by a new version, ICD-10. The ICD coding system, the first version of which was introduced in 1893, is used to report and diagnose inpatient hospital procedures on health care transactions.

The Department of Health and Human Services (HHS) expects ICD-10 to have a host of positive effects, including providing more specific diagnosis and treatment information and supporting the comprehensive reporting of quality data and value-based purchasing. The agency also expects the system will ensure more accurate payments for new procedures and fewer rejected claims. As one of the few developed nations not already using ICD-10, the transition will allow the U.S. to track the incidence and spread of disease and treatment outcomes with that of other nations.

The new ICD-10 system includes 68,000 codes — up from 13,000 in ICD-9. Each code includes a letter followed by two digits, a decimal point, and then as many as three numbers. For example, angina pectoris, unspecified, is represented by I20.9 in the ICD-10 system. ICD-9 codes are formatted differently; they consist of at least 3 digits followed by a decimal point and two numbers in some cases.

ICD-10 Transition

The transition to ICD-10 will not be without difficulty. Practices are expected to face some level of administrative difficulty given the large number of new codes, the different code structure and the fact that these codes are used on a daily basis. The practice management and electronic health

Use additional code to identify presence of hypertension (I10-I15)

I20 Angina pectoris

Use additional code to identify:

exposure to environmental tobacco smoke (Z58.7)

history of tobacco use (Z87.82)

occupational exposure to environmental tobacco smoke (Z57.31)

tobacco dependence (F17.-)

tobacco use (Z72.0)

Excludes1: angina pectoris with atherosclerotic heart disease of native coronary arteries (I25.1-)

atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris (I25.7-)

postinfarction angina (I23.7)

I20.0 Unstable angina

I20.1 Angina pectoris with documented spasm

I20.8 Other forms of angina pectoris

I20.9 Angina pectoris, unspecified

I21 ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction

Includes: cardiac infarction

record systems used today will have to be upgraded or potentially replaced. In some cases, an upgrade to ICD-10 may be provided as part of a normal software upgrade, while in other cases, there may be considerable expense to upgrade or replace older software that cannot be made ICD-10 compliant.

Another aspect of the ICD-10 transition that practices must consider is how many documents in a physician practice include ICD-9 codes. For example, the superbills or charge slips used in practices generally include a list of common ICD-9 codes, as do orders for imaging or laboratory services. All of these will need to change in order for physicians to realize the benefits of transitioning to ICD-10.

Getting Started

While implementation is still four years away, practices should begin to take steps now to prepare for the transition. Practices should inquire with their vendors about ICD-10 compliance so that they can make budget accordingly for the coming years. Physicians should also begin familiarizing themselves with the codes. A preliminary version of the U.S. version of the codes is available at www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm. Although this version is likely to change substantially before it is implemented in 2013, it provides a window into the degrees of precision that are available under this new system.

While it seems clear that the implementation of ICD-10 is going to be a significant challenge for physician practices, preparing early and becoming familiar with the codes before they are required will help to ease that transition. For more information, visit the ICD-10 section of the Centers for Medicare and Medicaid Services Web site: www.cms.hhs.gov/ICD10.

CLARIFICATION: Correct Billing for Echo “Add-On” Codes

To clarify previous reports, although the National Correct Coding Initiative (NCCI) removed its restriction on billing the echocardiography “add-on” codes (CPT 93320 and 93325) together, it should be noted that 93307 should not be reported with 93320 and 93325. Instead, 93306 should be used, since it includes both add-on codes (93320 and 93325). The add-on codes should not be billed separately.

This correction became effective Jan. 1.

93307 Transthoracic (2D) echocardiography without spectral or color Doppler

93306 Transthoracic (2D) echocardiography with spectral Doppler and color flow Doppler

+ 93320 Doppler echocardiography, pulsed wave and/or continuous wave with spectral

display (List separately in addition to code for echocardiographic imaging); complete

+ 93325 Doppler echocardiography color flow velocity mapping (List separately in addition to code for echocardiographic imaging)

The ACC advises its members and office practices to resubmit any claims on or after Jan. 1 denied for using CPT 93320

and 93325 together. For more information about coding changes for 2009, see the ACC 2009 Guide to Cardiology Coding and Payment Changes at www.acc.org under “Advocacy.” In addition, the “Cardiovascular Coding 2009: Practical Reporting of Cardiovascular Services and Procedures” guide is now available for purchase. Go to www.acc.org for more information.