

Part B Insider (Multispecialty) Coding Alert

ICD-10: 3 Tips Will Get You Closer to ICD-10 Compliance

Hint: You won't always find a simple crosswalk between ICD-9 and ICD-10.

When ICD-9 becomes ICD-10 in 2013, you will not always have a simple crosswalk relationship between old codes and the new ones. Often, you'll have more options that may require tweaking the way you document services and a coder reports it. Check out the following examples of how ICD-10 will change your coding options when the calendar turns to Oct. 1, 2013.

Celebrate Sinusitis Codes' One-to-One Relationship for ICD-10

Right now: When your physician treats a patient for sinusitis, you should report the appropriate sinusitis code for sinus membrane lining inflammation. Use 461.x for acute sinusitis. For chronic sinusitis -- frequent or persistent infections lasting more than three months -- assign 473.x.

For both acute and chronic conditions, you'll choose the fourth digit code based on where the sinusitis occurs. For example, for ethmoidal chronic sinusitis, you should report (473.2, Chronic sinusitis; ethmoidal). Your otolaryngologist will most likely prescribe a decongestant, pain reliever or antibiotics to treat sinusitis.

ICD-10 difference: Good news. These sinusitis options have a one-to-one match with upcoming ICD-10 codes. For acute sinusitis diagnoses, you'll look at the J01.-0 codes. For instance, 461.0 (Acute maxillary sinusitis) translates to J01.00 (Acute maxillary sinusitis, unspecified). Code 461.1 (Acute frontal sinusitis) maps directly to J01.10 (Acute frontal sinusitis). Notice how the definitions are mostly identical. Like ICD-9, the fourth digit changes to specify location.

For chronic sinusitis diagnoses, you'll look to the J32.- codes. For instance, in the example above, 473.2 maps direction to J32.2 (Chronic ethmoidal sinusitis). Again, this is a direct one-to-one ratio with identical definitions. Like ICD-9, the fourth digit changes to specify location.

Physician documentation: Currently, the physician should pinpoint the location of the sinusitis. This won't change in 2013.

Coder tips: You'll scrap the 461.x and 473.x options and turn to J01.-0 and J32.- in your ICD-10 manual. Except for the change in code number and the addition of a letter, you should treat these claims the same as before.

Osteoarthritis Will Require Heightened Documentation in 2013

Suppose your diagnoses osteoarthritis (715.xx-716. xx) in a new patient. These codes specify location, primary, or secondary.

ICD-10 difference: Once Oct. 1, 2013 rolls around, you should look to:

- M15 (Polyosteoarthritis)
- M16 (Osteoarthritis of hip)
- M17 (Osteoarthritis of knee)
- M18 (Osteoarthritis of first carpometacarpal joint)
- M19 (Other and unspecified osteoarthritis).

These codes are broken down into location, primary, and secondary like your ICD-9 codes, but they also sometimes specify unilateral, bilateral, and posttraumatic indications.

Physician documentation: To submit the most detailed diagnosis, the physician will need to maintain osteoarthritis documentation but expand it to unilateral, bilateral, and/or post-traumatic specification. Some key terms are "osteoarthritis," "arthritis," "arthrosis," "DJD," "arthropathy," "post traumatic arthritis," and "traumatic arthritis."

Coder tips: Notice how codes M19.01--M19.93 entail unspecified locations. ICD-10 no longer group unspecified locations alongside the specific locations for each type (as in, the familiar .9 code in most ICD-9 categories). You will find them at the end of the code grouping (M19.90--"M19.93) for each specific type but in an unspecified location.

In addition, traumatic osteoarthritis is now more appropriately indexed and described as post-traumatic osteoarthritis, the true condition.

As the ICD-10 implementation deadline approaches, look to Part B Insider for more tips on how to translate your coding from ICD-9 to ICD-10.