

## Eli's Rehab Report

### Coding Corner: Discover a Whole New World of Detail in ICD-10 Coding

**New character extensions indicate laterality, spectrum of care, and more.**

**It's a fact:** ICD-9 coding will be history as of Oct. 1, 2014. Starting then you must, by law, be live with ICD-10 coding. But once you understand the basics, you'll unveil layers of detail nonexistent in ICD-9. That means fewer questions from your payer about the patient □ which could lead to fewer denials in the long run.

"Our coders are actually looking forward to the specificity and detail the new coding will allow," says **Ron Barbato, PT**, administrative director of rehabilitation services and program director of cancer support services for **Ephraim McDowell Health** in Danville, KY.

Lose Your Separation Anxiety Over V57

You may have noticed that ICD-10 does not have an equivalent to V57 (Care involving use of rehabilitation procedures). Don't be alarmed. "With ICD-10, [inpatient] rehab will be coding the condition they're treating as the principal or primary diagnosis (e.g. difficulty walking, gait disturbance, etc.)," says **Kathy DeVault, RHIA, CCS, CCS-P**, director of HIM Solutions for **AHIMA**. For example, if a patient has hemiparesis after a stroke, you would code for that.

**Perk:** "With this new coding principle coming to inpatient rehab, we have some great opportunities to collect data on your rehab unit's patient population," DeVault says. On that note, you'll need to ensure you provide the data for the correct code. That means producing stellar documentation, as always.

Get Comfortable With More Character Extensions

The injuries and poisonings chapter experienced the biggest growth in number of codes between ICD-9 and ICD-10, DeVault points out. "A lot of that growth is related to laterality and specificity."

**Example:** In ICD-9, the coder would have only eight choices to code for a fractured finger. In ICD-10, however, there are about 64 code choices, which allow the coder to get so specific that one code can describe a "displaced fracture of medial phalanx of the left index finger" (S62.621).

"ICD-10 also has more specificity related to CVA sequelae," DeVault says. For instance, you can identify dominant and non-dominant side if you're coding for a hemiparesis.

That's still only the tip of the specificity iceberg. ICD-10 has additional character extensions to report initial visits, subsequent visits, and late effects (i.e. "sequelae" in ICD10)," says **Joanne Byron, LPN, BSNH, CPC, PCS, CHA, ICDCT-CM, ICDCT-PCS**, a certified ICD-10 Training Instructor with the **American Institute of Healthcare Compliance** (AIHC), based in Medina, OH.

**Example:** In the injuries chapter, there is a 7th character in this chapter to indicate where the patient is in the spectrum of their care, DeVault points out.

"Character extensions, such as A, D, G, K, P and S, are often required to complete a rehab condition code," Byron says. For example, A represents "initial encounter," and D represents routine follow-up."

"The extension of "S" is for treatment of a sequelae," Byron adds. "'Late effects' is not a term of reference in ICD10 as it is in ICD9."