

OASIS Alert

ICD-10: Get the Latest on External Cause Coding

You won't necessarily face major changes in this ICD-10 area.

Good news: There's no need to ramp up your external cause coding efforts as you prepare for the coming ICD-10 implementation. New guidance from the **Cooperating Parties for ICD-10-CM/PCS and ICD-9-CM Coding** corrects a misunderstanding about how this area of coding will work.

Stay the Course with Adverse Effects

In ICD-9, home health coders have been listing E codes in M1022 for external causes only when a patient has experienced the adverse affect of a drug or chemical □ whether it was used therapeutically or was a poisoning.

But ICD-10 expands the range of external causes of morbidity codes to begin with V, W, X, or Y and describe:

- How the patient was hurt;
- Where he was when he was hurt;
- What activity he was doing when he was hurt; and
- The external cause status.

The Official ICD-10-CM Guidelines advise that coders should list external cause codes for the length of treatment. The guidelines go on to say that coders should "assign the external cause code, with the appropriate 7th character (initial encounter, subsequent encounter or sequela) for each encounter for which the injury or condition is being treated."

Many coders and trainers interpreted this instruction to mean that all providers would need to report the full range of external cause codes once the ICD-10 code set goes into effect.

This would have been a big change for home health and hospice coders.

But a recent clarification from the four Cooperating Parties for ICD-10-CM/PCS and ICD-9-CM Coding, which include the **American Health Information Management Association**, the **American Hospital Association**, the **Centers for Medicare & Medicaid Services**, and the **National Center for Health Statistics**, puts the brakes on any changes in your external cause reporting.

"Just as with ICD-9-CM, there is no national requirement for mandatory ICD-10-CM external cause code reporting," the cooperating parties said in their announcement. "Unless a provider is subject to a state-based external cause code reporting mandate or these codes are required by a particular payer, reporting of ICD-10-CM codes in Chapter 20, External Causes of Morbidity, is not required. If a provider has not been reporting ICD-9-CM external cause codes, the provider will not be required to report ICD-10-CM codes in Chapter 20, unless a new state or payer-based requirement regarding the reporting of these codes is instituted."

"This is good news for most of us because codes such as those to indicate the patient was in a car accident are difficult to find," says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O**, consultant and principal of **Selman-Holman & Associates** and **CoDR □ Coding Done Right** in Denton, Texas.

Know When to Report Signs and Symptoms

The clarification also weighs in on the use of sign and symptom codes and "unspecified" codes. "In both ICD-9-CM and ICD-10-CM, sign/symptom and "unspecified" codes have "acceptable, even necessary, uses," the Cooperating Parties said.

Early on in the ICD-10 transition process, many providers worried that the new code set would require specifics for every diagnosis and no longer allow the use of unspecified codes. That's not the case according to the clarification: "While specific diagnosis codes should be reported when they are supported by the available medical record documentation and clinical knowledge of the patient's health condition, there are instances when signs/symptoms or unspecified codes are the best choices for accurately reflecting the healthcare encounter."

Confusing: "I find it ironic that CMS attempts to clarify the use of symptom codes with information that is confusing for folks that are already having a hard time coding," says **Andrea Manning, BS, RN, HCS-D, COS-C**, of **Manning Healthcare Group** in Talkeetna, Alaska. This clarification makes it sound like it's OK to report symptom codes, but the recent instructions for hospice coders to stop reporting debility and adult failure to thrive as primary diagnoses seems to go against this instruction, she says.

Don't Get Derailed by LCDs

"It seems rather clear cut on one hand □ don't code symptoms if you know the cause," says **Brandi Whitemyer, RN, COS-C, HCS-D, HCS-O**, AHIMA Approved ICD-10 Trainer/Ambassador in Weslaco, Texas. "But then you also have agencies who feel that you need these codes to support therapy, not understanding the coding guidelines and intent/issues with the LCDs."

The Local Coverage Determinations (LCDs) are intended as a guideline for coverage, Whitemyer says. However, many of the codes on the list of LCDs for therapy are symptom codes and the use of symptom codes is prohibited by coding guidelines when the symptom is integral to other conditions coded, she says.