# ICD-10 and General Surgery



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For at least the past twenty (20) + years, we have learned and used ICD-9-CM when coding for our providers . As someone once said, just when we learned the answers, they changed the questions. Also, for years, there has been rumor that ICD-10 would be replacing ICD-9, and now this will soon be a reality.

According to the Code of Federal Regulations, specifically, 45 CFR Parts 160 and 162, Titled HIPAA Administrative Simplification: Modification to Medical Data Code Set Standards To Adopt ICD–10–CM and ICD–10–PCS; Proposed Rule, dated August 22, 2008:

"We propose October 1, 2011 as the compliance date for ICD-10-CM and ICD-10-PCS code sets for all covered entities. It is important to note that the compliance date must occur on October 1 in order to coincide with the effective date of annual Medicare inpatient PPS updates."

There is an old saying in coding, "If it isn't documented, it doesn't exist or it didn't happen." When ICD-10 becomes effective, it's success is dependent on the provider's documentation. If the documentation shows, "OM", many of us know this means Otitis Media. Under ICD-9-CM, you have the following codes for OM:

ICD-10 will require more work on the provider to document the exact type of diagnosis found with the patient. ICD-10 opens more with the anatomical area affected and allows for coding of chronic modalities.

Lets look at some of the most used codes in the General Surgery

ICD-9-CM

550.90 (Malignant neoplasm of other and ill-defined sites, Abdomen)

**ICD-10** 

C76.2 Malignant neoplasm of abdomen (Needs more info on anatomical body within abdomen affected with neoplasm)

### ICD-9-CM

**188.9** (Inguinal hernia, without mention of obstruction or gangrene, unspecified) Inguinal hernia NOS

#### **Icd-10**

### Needs to be more specific:

# K40 Inguinal hernia

Includes:

bubonocele direct inguinal hernia double inguinal hernia indirect inguinal hernia inguinal hernia NOS oblique inguinal hernia scrotal hernia

K40.90 Unilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent Inguinal hernia NOS Unilateral inguinal hernia NOS

ICD-9-CM

**447.1** (Stricture of artery)

**ICD-10** 

**I77.1** Stricture of artery.

**153.9** Malignant neoplasm of colon)

Needs to be more specific

C18 Malignant neoplasm of colon

C18.0 Malignant neoplasm of cecum

C18.2 Malignant neoplasm of ascending colon

C18.4 Malignant neoplasm of transverse colon

C18.6 Malignant neoplasm of descending colon

C18.7 Malignant neoplasm of sigmoid colon

**174.9** (Malignant neoplasm of female breast, Breast (female), unspecified)

**ICD-10** Needs to be more specific

C43.52 Malignant melanoma of skin of breast

C50 Malignant neoplasm of breast

Includes:

connective tissue of breast

Paget's disease of breast

Paget's disease of nipple

Use additional code to identify estrogen receptor status (Z17.0, Z17.1)

Excludes1: skin of breast (C43.5, C44.5)

C50.0 Malignant neoplasm of nipple and areola

C50.01 Malignant neoplasm of nipple and areola, female

C50.011 Malignant neoplasm of nipple and areola, right female breast

C50.012 Malignant neoplasm of nipple and areola, left female breast

C50.019 Malignant neoplasm of nipple and areola, unspecified female breast

C50.11 Malignant neoplasm of central portion of breast, female

C50.111 Malignant neoplasm of central portion of right female breast

C50.112 Malignant neoplasm of central portion of left female breast

C50.119 Malignant neoplasm of central portion of unspecified female breast

C50.21 Malignant neoplasm of upper-inner quadrant of breast, female

C50.211 Malignant neoplasm of upper-inner quadrant of right female breast

C50.212 Malignant neoplasm of upper-inner quadrant of left female breast

C50.219 Malignant neoplasm of upper-inner quadrant of unspecified female breast

C50.31 Malignant neoplasm of lower-inner quadrant of breast, female

C50.311 Malignant neoplasm of lower-inner quadrant of right female breast

C50.312 Malignant neoplasm of lower-inner quadrant of left female breast

C50.319 Malignant neoplasm of lower-inner quadrant of unspecified female breast

C50.41 Malignant neoplasm of upper-outer quadrant of breast, female

C50.411 Malignant neoplasm of upper-outer quadrant of right female breast

C50.412 Malignant neoplasm of upper-outer quadrant of left female breast

C50.419 Malignant neoplasm of upper-outer quadrant of unspecified female breast

C50.51 Malignant neoplasm of lower-outer quadrant of breast, female C50.511 Malignant neoplasm of lower-outer quadrant of right female breast

C50.512 Malignant neoplasm of lower-outer quadrant of left female breast

C50.519 Malignant neoplasm of lower-outer quadrant of unspecified female breast

C50.61 Malignant neoplasm of axillary tail of breast, female

C50.611 Malignant neoplasm of axillary tail of right female breast

C50.612 Malignant neoplasm of axillary tail of left female breast

C50.619 Malignant neoplasm of axillary tail of unspecified female breast

C50.81 Malignant neoplasm of overlapping sites of breast, female C50.811 Malignant neoplasm of overlapping sites of right female breast

C50.812 Malignant neoplasm of overlapping sites of left female breast C50.819 Malignant neoplasm of overlapping

C50.91 Malignant neoplasm of breast of unspecified site, female C50.911 Malignant neoplasm of unspecified site of right female breast C50.912 Malignant neoplasm of unspecified site of left female breast C50.919 Malignant neoplasm of unspecified site of unspecified female breast

**540.0** (Acute appendicitis, With generalized peritonitis)

# K35.0 Acute appendicitis with generalized peritonitis

Appendicitis (acute) with perforation

Appendicitis (acute) with peritonitis (generalized) (localized) following rupture or perforation Appendicitis (acute) with peritonitis with peritoneal abscess Appendicitis (acute) with rupture Acute appendicitis

**540.9** (Acute appendicitis, Without mention of peritonitis)

# K35.9 Acute appendicitis, unspecified

Acute appendicitis NOS Acute appendicitis with peritonitis, localized without rupture or NOS Acute appendicitis without generalized peritonitis

Acute appendicitis without perforation

Acute appendicitis without peritoneal abscess

Acute appendicitis without rupture

**233.0** (Carcinoma in situ of breast and genitourinary system, Breast)

### D05 Carcinoma in situ of breast

Excludes1: carcinoma in situ of skin of breast (D04.5) melanoma in situ of breast (skin) (D03.5) Paget's disease of breast or nipple (C50.-)

D05.0 Lobular carcinoma in situ of breast

D05.01 Lobular carcinoma in situ of right breast

D05.02 Lobular carcinoma in situ of left breast

D05.09 Lobular carcinoma in situ of unspecified breast

D05.1 Intraductal carcinoma in situ of breast

D05.11 Intraductal carcinoma in situ of right breast

D05.12 Intraductal carcinoma in situ of left breast

D05.19 Intraductal carcinoma in situ of unspecified breast

D05.7 Other carcinoma in situ of breast

D05.71 Other carcinoma in situ of right breast

D05.72 Other carcinoma in situ of left breast

D05.79 Other carcinoma in situ of unspecified breast

D05.9 Unspecified carcinoma in situ of breast

D05.91 Unspecified carcinoma in situ of right breast

D05.92 Unspecified carcinoma in situ of left breast

D05.99 Unspecified carcinoma in situ ofunspecified breast

C56 Malignant neoplasm of ovary

Use additional code to identify any functional activity

C56.0 Malignant neoplasm of right ovary

C56.1 Malignant neoplasm of left ovary

C56.9 Malignant neoplasm of ovary, unspecified side

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217 (217)Benign neoplasm of breast
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Breast (male) (female): connective tissue glandular tissue soft parts

Excludes: adenofibrosis (610.2)

benign cyst of breast (610.0)

fibrocystic disease (610.1)

skin of breast (216.5)

# D24 Benign neoplasm of breast

Includes: benign neoplasm of connective tissue of breast

benign neoplasm of soft parts of breast

fibroadenoma of breast

Excludes2: adenofibrosis of breast (N60.2)

benign cyst of breast (N60.-)

benign mammary dysplasia (N60.-)

benign neoplasm of skin of breast (D22.5, D23.5)

fibrocystic disease of breast (N60.-)

D24.0 Benign neoplasm of female breast

D24.00 Benign neoplasm of female breast, unspecified side

D24.01 Benign neoplasm of right female breast

D24.02 Benign neoplasm of left female breast

D24.1 Benign neoplasm of male breast

D24.10 Benign neoplasm of male breast, unspecified side

D24.11 Benign neoplasm of right male breast

D24.12 Benign neoplasm of left male breast

**574.10** (Calculus of gallbladder with other cholecystitis, without mention of obstruction) Any condition listed in K80.2 with acute cholecystitis

# K80.00 Calculus of gallbladder with acute cholecystitis without obstruction

**575.11** (Chronic cholecystitis)

### **K81.1** Chronic cholecystitis

Coding for ICD-10 appears to be no different than that of ICD-9, but documentation will be the success or failure of ICD-10. Improper or lack of documentation will only delay claims processing and will decrease practice revenue.

# **Under ICD-9-CM**, you have the following:

**Chapter 1: Infectious and Parasitic Diseases (001-139)** 

Chapter 2: Neoplasms (140-239)

Chapter 3: Endocrine, Nutritional, and Metabolic Diseases and

**Immunity Disorders (240-279)** 

**Chapter 4: Diseases of Blood and Blood Forming Organs (280-289)** 

**Chapter 5: Mental Disorders (290-319)** 

**Chapter 6: Diseases of Nervous System and Sense Organs (320-389)** 

**Chapter 7: Diseases of Circulatory System (390-459)** 

**Chapter 8: Diseases of Respiratory System (460-519)** 

Chapter 9: Diseases of Digestive System (520-57

**Chapter 10: Diseases of Genitourinary System (580-629)** 

Chapter 11: Complications of Pregnancy, Childbirth, and the

**Puerperium** (**630-677**)

Chapter 12: Diseases Skin and Subcutaneous Tissue (680-709)

Chapter 13: Diseases of Musculoskeletal and Connective Tissue (710-739)

**Chapter 14: Congenital Anomalies (740-759)** 

**Chapter 15: Newborn (Perinatal) Guidelines (760-779)** 

**Chapter 16: Signs, Symptoms and Ill-Defined Conditions (780-799)** 

**Chapter 17: Injury and Poisoning (800-999)** 

Chapter 18: Classification of Factors Influencing Health Status and

Contact with Health Service (Supplemental V01-V84) and

Supplemental Classification of External Causes of Injury and Poisoning (E-codes, E800-E999)

Under ICD-10, you have the following:

**Chapter 1: Certain infectious and parasitic diseases (A00-B99)** 

Chapter 2: Neoplasms (C00-D48)

Chapter 3: Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)

Chapter 4: Endocrine, nutritional and metabolic diseases (E00-E90)

Chapter 5: Mental and behavioral disorders (F01-F99)

Chapter 6: Diseases of the nervous system (G00-G99)

Chapter 7: Diseases of the eye and adnexa (H00-H59)

Chapter 8: Diseases of the ear and mastoid process (H60-H95)

**Chapter 9: Diseases of the circulatory system (I00-I99)** 

**Chapter 10: Acute upper respiratory infections (J00-J06)** 

Chapter 11: Diseases of oral cavity and salivary glands (K00-K14)

Chapter 12: Diseases of the skin and subcutaneous tissue (L00-L99)

Chapter 13: Diseases of the musculoskeletal system and connective tissue (M00-M99)

Chapter 14: Diseases of the genitourinary system (N00-N99)

**Chapter 15: Pregnancy, childbirth and the puerperium (O00-O99)** 

Chapter 16: Certain conditions originating in the perinatal period (P00-P96)

Chapter 17 Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)

Chapter 18: Symptoms and signs involving the circulatory and respiratory systems (R00-R09)

Chapter 19: Injury, poisoning and certain other consequences of external causes (S00-T98)

Chapter 20: External causes of morbidity (V01-Y98)

Factors influencing health status and contact with health services (Z00-Z99)

E Codes are now V-Y Codes

V Codes are now Z Codes.

The Table of Drugs and Biologicals that were 900 series codes and E Codes are now T Codes.

The proposed effective date for ICD-10 is October 2, 2011. That gives us thre years to get ready.

So, what do we have to do?

### Retraining

Staff Coders need to be retrained to code using ICD-10 codes. Providers need training to be more detailed with health record documentation.

Bilers will need to have knowledge of ICD-10 o ensure claims go out with the appropriate ICD-10 codes and to fight coding denials.

### New Manuals

ICD-10 Manuals will need to be obtained and used.

# • Updated Software

Medical Billing software needs to be updated to include both ICD-9-CM and ICD-10. This is because with an October 1, 2011 proposed effective date, Claims for September 30<sup>th</sup> will still use ICD-9 Codes.

### Certified Staff Coders

The Certifying Organizations are working to ensure coders are certified in ICD-10, and by upgrading their test

# Updated Carrier Policies and Procedures

Providers who are contracted and have agreed to carrier coding policies should be reviewing these policies and to make sure the contracted carrier is ready to accept the new codes. You should find out if there are going to be any claims payment delays due to the changeover to ICD-10 as this may affect contract payment timeframes.

# • **Updated Compliance Plans**

Practices and Billing Companies should update their compliance plans regarding ICD-10 coding. Extra attention should be directed to performing internal audits of charts and claims

- Updated Coding Denial Appeals
  If the billing company is using a cookie cutter appeal, then the appeals should be reviewed an updated to conform to ICD-10 standards.
- Updated Superbills
  If the practice is using a superbill that contains ICD-9 codes, these should be replaced with the appropriate ICD-10 code(s).
- Continue to fight fraud, abuse and any up/downcoding issues.

  As with any changes there is always the fear that using something new is better resolved by downcoding a claim to remain under the "radar" Finding more codes available could lead to temptation to upcode or to submit a false claim to increase practice revenue.

If we use the time we have been given for preparation, the transition from ICD-9 to ICD-10 can be very seamless.

The key to the successful use and transition to ICD-10 is going to ensure our Providers are aware of their responsibility towards better documentation of the patient's medical condition(s).

As a wise ED provider used to say all the time, "Document your charts as if you were going to court." I would then add, "and as if your paycheck depended on it."

**Use the following formula: PPD = Lawsuits and LOR (Loss of Revenue).**