


# American Association of Clinical Endocrinologists

## Preparing for ICD-10-CM: The Endocrinology Way

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All medical coding must be supported with documentation and medical necessity.

**\*\*While this department represents our best efforts to provide accurate information and useful advice, we cannot guarantee that third-party payers will recognize and accept the coding and documentation recommendations. As CPT®, ICD-9-CM and HCPCS codes change annually, you should reference the current CPT®, ICD-9-CM and HCPCS manuals and follow the "Documentation Guidelines for Evaluation and Management Services" for the most detailed and up-to-date information.**

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## Overall Goals and Objectives


**I**dentify concepts for correct coding through

**C**lear, concise, and consistent

**D**ocumentation by remembering

**10** Rules:


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## ICD-10-CM Rules

10. Letters and numbers will tell your story (CPT®, ICD10, HCPCS, modifiers)
9. Each encounter stands alone
8. Reimbursement for professional coding is NOT based on a diagnosis.
7. Signs & symptoms are coded if there is no definitive diagnosis for physician coding


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## ICD-10-CM Rules

6. Treat the patient 1<sup>st</sup>, document what was done (services, procedures, instructions) 2<sup>nd</sup>, & code what was documented 3<sup>rd</sup>
5. Always code what was documented - do NOT document to code!
4. Code to the highest level of specificity in the documentation.


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## ICD-10-CM Rules

3. Just because there is NOT a code to report does not mean you won't get paid
2. Just because there is a code to report does not mean you will get paid
1. Not documented- not done! No assumptions!


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# Diagnosis Coding Concepts



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## Medical Necessity

- ✦ Must be supported by documentation in the medical record (can NOT code based on protocols)
- ✦ May or may not be supported by clinical guidelines
- ✦ Meet standards of good medical practice
- ✦ Proper and needed for the diagnosis or treatment of the patient's medical condition
- ✦ Furnished for the diagnosis, direct care, and treatment of the patient's medical condition
- ✦ Not mainly for the convenience of the patient, provider or supplier

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Basic-Medicare-Information-for-Providers-and-Suppliers-Guide-ICN005933.pdf>




## Complete, Clear, and Consistent Documentation

- ◆ Legal document
- ◆ Help minimize or prevent malpractice suits
- ◆ Communication
- ◆ Statistics
- ◆ Billing/Medical Necessity for services performed




= Reimbursement

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## ICD-10-CM Effective October 1, 2015

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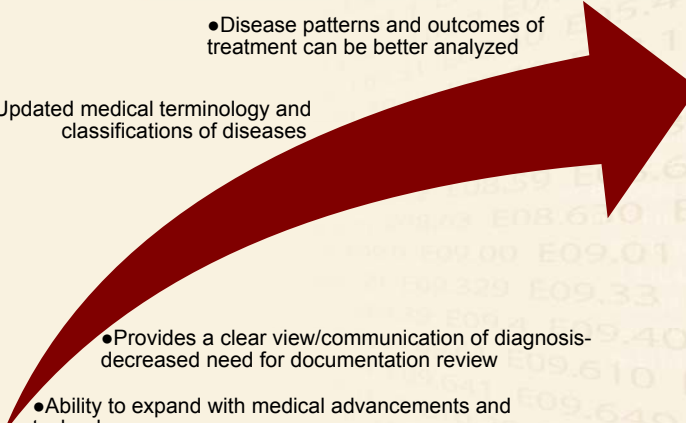


## Why is ICD-10-CM better?


- Updated medical terminology and classifications of diseases
- Disease patterns and outcomes of treatment can be better analyzed
- Provides a clear view/communication of diagnosis- decreased need for documentation review
- Ability to expand with medical advancements and technology

**Better Data:**

- ✦ Measuring care and healthcare reform
- ✦ To design payment systems
- ✦ Making clinical decisions
- ✦ Identifying fraud and abuse
- ✦ Conducting research



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## ICD-10-CM Code Expansion

- ✦ 50% of all ICD-10 codes are related to musculoskeletal system
- ✦ 25% of all ICD-10 codes are related to fractures
- ✦ 46% of all ICD-10 codes distinguish laterality (left, right, unilateral, bilateral)
- ✦ 25% of the code increase is related to type of encounter (initial, subsequent, trimester)

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**It's bigger than the patient!**




**It's bigger than reimbursement!**




5/4/2015

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## General ICD-10-CM Benefits for Endocrinologists (1)

- ✦ Can capture hypoglycemia or hyperglycemia without using DM codes
- ✦ Uncontrolled = hyperglycemia
- ✦ Expanded codes (ex: postop complications)
- ✦ Can specify if condition is due to a procedure/other cause



## General ICD-10-CM Benefits for Endocrinologists (2)

- ✦ Combination codes for conditions & common symptoms or manifestations
- ✦ Identify when patients are taking less medication than prescribed (underdosing)
- ✦ Inclusion of trimesters
- ✦ Added laterality (left, right) and added 7<sup>th</sup> character for episode of care (initial, subsequent)




## ICD-10-CM Code Format

Alpha (except U)	Numeric	3 -7 Alpha or Numeric				
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Category			Etiology, anatomic site, manifestation, laterality			Added coded extensions

Valid codes may be from 3 to 7 characters long


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## ICD-10-CM 7<sup>th</sup> Character


- ✦ Required on ICD-10-CM codes
- ✦ Indicates ...
  - ✦ Type of visit (initial, subsequent, sequelae) for injuries and external causes (see M80.XXXX and M81.XXXX)
  - ✦ Number of gestations, fetuses (see O32)
  - ✦ Stage of disease e.g. Glaucoma (see H40.6)



## ICD-10-CM Chapter IV Endocrine, Nutritional & Metabolic Diseases Sections E00 – E89


- [E00-E07](#) Disorders of thyroid gland
- [E10-E14](#) Diabetes mellitus
- [E15-E16](#) Other disorders of glucose regulation & pancreatic internal secretion
- [E20-E35](#) Disorders of other endocrine glands
- [E36](#) Intra-operative Complications of endocrine system
- [E40-E46](#) Malnutrition
- [E50-E64](#) Other nutritional deficiencies
- [E65-E68](#) Obesity and other hyper alimentation
- [E70-E88](#) Metabolic disorders
- [E89](#) Post procedural endocrine and metabolic complications and disorders, not elsewhere classified

<http://apps.who.int/classifications/apps/icd/icd10online/>

 **ICD-10-CM Section I.C.4 provides instructions on ...**

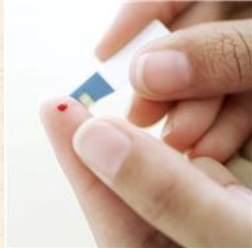
- Types of DM
- Types of DM not documented
- DM and the use of insulin
- DM in pregnancy and gestational DM
- Complications due to insulin pump malfunction
- Secondary Diabetes

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 **Diabetes Mellitus**

5 Categories for DM for greater specificity:

- E08 - DM due to underlying condition
- E09 - Drug or chemical induced DM
- E10 - Type 1 DM
- E11 - Type 2 DM
- E13 - Other specified DM



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## Diabetes Mellitus Now Classified by

- ✦ Type
- ✦ Hyperglycemia or hypoglycemia
- ✦ With or without coma

**Common Examples**

E11.641 Type 2 DM with hypoglycemia with coma


E11.649 Type 2 DM with hypoglycemia without coma

E11.65 Type 2 DM with hyperglycemia

E11.9 Type 2 DM without complications

E10.9 Type 1 DM without complications

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## Coding Guidelines for DM

- ✦ Type of diabetes mellitus not documented
  - ✦ Default is category E11 – Type 2 diabetes mellitus
- ✦ Diabetes mellitus and insulin use
  - ✦ If type of DM not documented but record indicates insulin use, default is still category E11 – Type 2 DM
  - ✦ Additional code used = Z79.4 – long-term (current) use of insulin
- ✦ Diagnosis of Diabetic Ketoacidosis (DKA) defaults to category E10 – Type 1 DM

**Note: It is very important to document the type of diabetes to ensure the proper code(s) are reported.**

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## Diabetes Mellitus Coding

- ✦ Use as many codes in a category to describe all complications of the disease
- ✦ 4<sup>th</sup> character identifies presence of complication

.0 hyperosmolarity	.5 circulatory complications
.1 ketoacidosis	.6 other specified complications
.2 kidney complications	.8 unspecified complications
.3 ophthalmic complications	.9 without complications
.4 neurological complications	

- ✦ 5<sup>th</sup> and 6<sup>th</sup> characters provide further specificity regarding the complication


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## Gestational (Pregnancy-induced) Hyperglycemic States

- ✦ For gestational Diabetes Mellitus, code from subcategory O24.4XX
  - ✦ Diet controlled
  - ✦ Insulin controlled
  - ✦ Patient treated with both diet and insulin, code for insulin-controlled
- ✦ For abnormal glucose tolerance, code from subcategory O99.81X

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## Pre-existing Pregnancy Codes


- ✦ Pre-existing diabetes mellitus, type 1 (O24.01X) or type 2 (O24.11X)
- ✦ Pre-existing obesity in pregnancy (O99.21X)
- ✦ Other endocrine, nutritional & metabolic diseases complicating pregnancy, childbirth and the puerperium (O99.28X)

X=

**0 – unspecified trimester    1 – first trimester    2 – second trimester**  
**3 – third trimester        4 – childbirth        5 – puerperium**

*Note: Requires more detailed documentation in the medical record*


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## Secondary Diabetes Mellitus Coding Guidelines

- ✦ Always caused by another condition or event
  - ✦ Example – cystic fibrosis, pancreatectomy, adverse effect of drug, or poisoning
- ✦ Code complications/manifestations associated with secondary diabetes mellitus
  - ✦ E08 – Diabetes mellitus due to underlying condition
  - ✦ E09 – Drug or chemical induced diabetes mellitus
  - ✦ E13 – Other specified DM


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## Osteoporosis Coding

- ✦ By ICD-10 definition, pathologic fracture = fragility fracture, due to osteoporosis  
(not typical endocrine thought process)
- ✦ “Current” fracture = M80.XXXX
  - ✦ Must then identify site of fracture (5<sup>th</sup> character) , laterality (6<sup>th</sup> character) , type of visit (7<sup>th</sup> character)
- ✦ If not “current” fracture = M81.X
- ✦ Use personal history of (healed) osteoporotic fracture (Z87.310) to document prior fracture


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## Common Endocrine Diagnoses

ICD-9	ICD-10
■ 244.9 Unspecified acquired hypothyroidism	■ E03.9 Hypothyroidism, unspecified
■ 241.1 Nontoxic multinodular goiter	■ E042 Nontoxic multinodular goiter
■ 241.0 Nontoxic uninodular goiter	■ E04.1 Nontoxic single thyroid nodule
■ 245.2 Chronic lymphocytic thyroiditis	■ E06.3 Autoimmune thyroiditis
■ 242.90 Thyrotoxicosis without goiter or other cause, without thyrotoxic crisis/storm	■ E05.90 Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
■ 257.2 Testicular hypofunction	■ E29.1 Testicular hypofunction

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## Personal History

Past medical condition no longer exists and patient is not receiving treatment – but has potential for recurrence and may require continued monitoring

- ✦ Z85.85 Personal history of malignant neoplasm of endocrine glands
- ✦ Z86.31 Personal history of diabetic foot ulcer
- ✦ Z86.32 Personal history of gestational diabetes
- ✦ Z86.39 Personal history of other endocrine, nutritional and metabolic diseases
- ✦ Z87.890 Personal history of sex reassignment
- ✦ Z87.891 Personal history of nicotine dependence
- ✦ Z92.23 Personal history of estrogen therapy

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## Family History

Codes are used when a patient's family member(s) has a disease that causes the patient to be at a higher risk for contracting the disease.

- ✦ Z82.62 Family history of osteoporosis
- ✦ Z83.3 Family history of DM
- ✦ Z83.41 Family history of multiple endocrine neoplasia
- ✦ Z83.49 Family history of endocrine, nutritional and metabolic diseases

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## Screening

Testing for disease in seemingly well person so early detection and treatment can be provided.

Testing to rule out or confirm a suspected diagnosis b/c patient has a sign or symptom is a **DIAGNOSTIC EXAM- NOT a screening.**

- ✦ Z12.89 Screening for malignant neoplasm of other sites
- ✦ Z13.1 Encounter for screening for DM
- ✦ Z13.21 Encounter for screening for nutritional disorder
- ✦ Z13.220 Encounter for screening for lipoid disorder
- ✦ Z13.820 Encounter for screening for osteoporosis
- ✦ Z13.29 Encounter for screening for other suspected endocrine disorder


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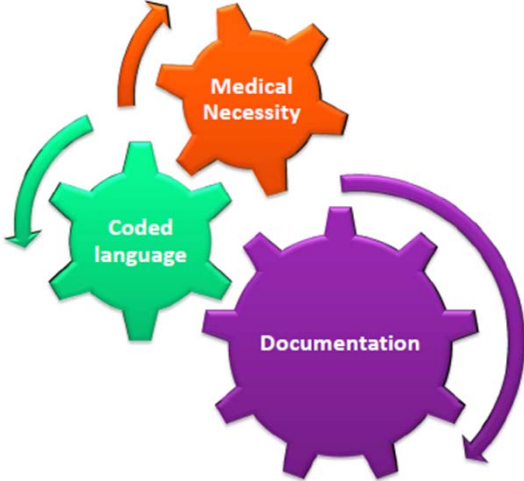
# Clinical Documentation Improvements

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## Clinical Documentation Improvements



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## Clinical Documentation Improvements

Specific information needed to accurately code **Diabetes Mellitus**

- ✦ Type of diabetes (Type 1 or 2)
  - ✦ If type 2 diabetes, long-term insulin use
- ✦ Body system affected (ex. Renal)
- ✦ Complication or manifestation (ex. CKD)
- ✦ Controlled or Uncontrolled (hyperglycemic or NOT)

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## Clinical Documentation Improvements: Examples (1)

**Gestational DM**

- ◆ Diet controlled
- ◆ Insulin controlled


**Acanthosis**

- ◆ Acquired
- ◆ Nigricans
- ◆ Benign
- ◆ Congenital
- ◆ Seborrhic
  - ◆ Inflamed

**Obesity**

- ◆ Drug induced
- ◆ Excess calories
- ◆ Morbid/severe

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## Clinical Documentation Improvements: Examples (2)

**Thyroiditis**

- Acute
- Autoimmune
- Chronic
- de Quervain's
- Drug induced
- Hashimoto's
- Iatrogenic

**Hypothyroidism**

- Congenital or due to ?
- With or without goiter
- Iodine-deficiency
- Post procedural
- Post infectious


**Hyperthyroidism**

- Due to ...
- With (Goiter, Storm)

**Thyroid nodule**

- With or without thyrotoxicosis
- With thyroid storm
- Toxic or with hyperthyroidism

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## Clinical Documentation Improvements: Examples (3)

**Osteoporosis**

- With or without current pathological fracture
- Age related
- Drug induced
- Postmenopausal

**Cushing's Syndrome**

- Pituitary dependent
- Nelson's syndrome
- Drug induced
- Ectopic ACTH syndrome
- Alcohol-induced pseudo

**Hypoparathyroidism**

- Idiopathic
- Pseudohypoparathyroidism


**Hyperparathyroidism**

- Primary
- Secondary
  - Non-renal
  - Renal
- Tertiary

**Benign Neoplasm of Adrenal Gland**

- Right adrenal gland
- Left adrenal gland

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## Clinical Documentation Improvements: Examples (4)

**Hypogonadism:**

- Female/male
- Hypogonadotropic
- Ovarian (primary)
- Pituitary
- Testicular (primary)

**Menopause**

- Asymptomatic
- Symptomatic
- Premature
- Post surgical

**Amenorrhea**


- Hyper hormonal
- Primary
- Secondary

**Precocious Puberty**

- Central
- Due to
  - ovarian hyperfunction
    - estrogen
  - testicular hyperfunction
- Premature due to
  - adrenal cortical hyperfunction
  - pineal tumor
  - pituitary (anterior) hyperfunction

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## Clinical Documentation Improvements: Case 1

Mr. X is here today for diabetes follow-up visit. He has polyneuropathy and cataracts. He has chronic kidney disease.

- E11.9 Type 2 DM without complications
- G62.9 Polyneuropathy unspecified (neuropathy NOS)
- H26.9 Cataract unspecified
- N18.9 Chronic kidney disease unspecified

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## Clinical Documentation Improvements: Case 1

Mr. X is here today for uncontrolled DM2 follow up visit. He has diabetic peripheral polyneuropathy in both feet and a diabetic cataract in the right eye. He has end stage renal disease due to his DM and is undergoing dialysis.

- E11.65 Type 2 DM with hyperglycemia
- E11.42 Type 2 DM with diabetic polyneuropathy
- E11.36 Type 2 DM with diabetic cataract
- E11.22 Type 2 DM with diabetic chronic kidney disease
- N18.6 ESRD requiring chronic dialysis
- Z99.2 Dependence on renal dialysis

More specific!

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## Clinical Documentation Improvements: Case 2

Mrs. Y is a 24-year old female presenting for follow-up regarding an abnormal lab result from a thyroid panel. She has a family history of thyroid cancer. She has one ovary and PCOS.

R94.6 Abnormal results of thyroid function studies  
 Z80.8 Family history of malignant neoplasm of other organs or systems (conditions classifiable to C00-C14, C40-49, C69-C79 [primary thyroid cancer C73])  
 E28.2 Polycystic ovarian syndrome

Query if congenital or acquired absence of ovary?

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## Clinical Documentation Improvements: Case 2

Mrs. Y is a 24-year old female presenting for follow-up regarding an abnormal lab result from a thyroid panel. She has a family history of papillary thyroid cancer. She has one ovary (prior oophorectomy) and PCOS.

R94.6 Abnormal results of thyroid function studies  
 Z80.8 Family history of malignant neoplasm of other organs or systems (conditions classifiable to C00-C14, C40-49, C69-C79 [primary thyroid cancer C73])  
**Z90.721 Acquired absence of ovaries, unilateral**  
 E28.2 Polycystic ovarian syndrome

More specific!

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## How Do I Prepare for ICD-10-CM?

**CMS offers these basic tips:**

- ✦ Identify your current systems & work processes that use ICD-9-CM
- ✦ Talk with your practice management system vendor/EHR vendor about accommodations for **BOTH** HIPAA Version 5010 and ICD-10 codes
- ✦ Discuss implementation plans with all your clearinghouses, billing services, and payers
- ✦ Talk with your payers about how ICD-10 might affect your contracts
- ✦ Identify potential changes to work flow and business flow
- ✦ Assess staff training needs (Both Clinical and non-clinical staff)
- ✦ Budget for time and costs related to implementation, including expenses for system changes, resource materials, and training
- ✦ Conduct test transactions using Version 5010/ICD-10 codes with your payers and clearinghouses

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## ICD-10-CM Preparation Begins Today

CMS offers checklists, implementation guides, etc. here  
<http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>


Keep Up to Date on ICD-10  
 Please visit [www.cms.gov/ICD10](http://www.cms.gov/ICD10) for the latest news and resources to help you prepare!

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## Things to Remember ...

- ◆ Current systems must have the capability to handle both ICD-9 and ICD-10
- ◆ Span of dates
  - ◆ Must split claims that span dates prior to and after October 1, 2015
  - ◆ ICD-9 and ICD-10 cannot be billed on same claim
  - ◆ Medicare contractors will return claim as unprocessable



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## Consequences of Poor Preparation

- ◆ Increased claim rejections
- ◆ Denials
- ◆ Increased delays in processing authorizations
- ◆ Improper claims payments
- ◆ Coding backlogs
- ◆ Compliance issues
- ◆ Incorrect decisions that are based on diagnosis data

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## Upcoming Live Coding Courses Designed for Members & Their Staff!

- ◆ Portland, Maine June 19-20
- ◆ Niagara Falls, NY June 29-30
- ◆ San Francisco, CA July 13-14
- ◆ Salt Lake City, UT July 31- August 1
- ◆ Texas- Location TBA
- ◆ Charlotte, NC October 19 -20

**Limited Seating!**

For more information or to register:  
[www.aace.com/advocacy/socioeconomics/courses/icd10-emdoc](http://www.aace.com/advocacy/socioeconomics/courses/icd10-emdoc)



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**Questions?**

Thank you for your  
time and attention!

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