ICD-10 Coding for Audiology

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Objectives

✓ Understand the history of ICD-10 implementation
✓ Understand the difference between ICD-9 and ICD-10 coding
✓ Locate online tools to identify appropriate ICD-10 codes
✓ List common ICD-10 codes used in audiology
✓ Assess implementation of ICD-10 in your practice and identify areas for improvement
ICD: Where are you?
Coding (Same)

• Procedure (What did you do?)
  – Services
      – Owned by American Medical Association (AMA)

  – Therapeutic Intervention, Supplies
    Equipment and Devices
    • Healthcare Common Procedure Coding System
      Medicare’s National Level II Codes (HCPCS)
    • Developed by CMS to describe items not listed in the CPT manual
Coding (Change)

• Diagnosis (What did you find?)
  – ICD-9 transition to ICD-10 codes
International Classification of Diseases (ICD): The Basics

- World Health Organization (WHO)
- Common language to report and monitor diseases
- Translated into 43 languages
- 117 countries report mortality data, a primary indicator of health status
- [http://www.who.int/classifications/icd/en/](http://www.who.int/classifications/icd/en/)
Timeline: ICD in U.S.

1979
• Latest version of ICD-9 implemented in U.S.

1990
• May: ICD-10 was endorsed by 43rd World Health assembly

1994
• ICD-10 began use in WHO member states

2015
• October: ICD-10 Implemented in U.S.

2018
• Proposed release of ICD-11
ICD-9 to ICD-10
Not Just an IT Change
ICD-9 to ICD-10
Not Just an IT Change

• Training
• Review of current diagnosis codes for patients
• Become familiar with most common codes
• Review documentation
  – Complete
  – Accurate
  – Supports coding
ICD-9 to ICD-10
Not Just an IT Change
Benefits of the ICD-10 Coding System from CMS Perspective*

The new, up-to-date classification system will provide much better data needed to:

• Measure the quality, safety, and efficacy of care

• Reduce the need for attachments to explain the patient’s condition

• Design payment systems and process claims for reimbursement

• Conduct research, epidemiological studies, and clinical trials

• Set health policy

*MLN Matters® Number: SE1239 Revised (Medicare Learning Network)
Benefits of the ICD-10 Coding System from CMS Perspective*

• Support operational and strategic planning

• Design health care delivery systems

• Monitor resource utilization

• Improve clinical, financial, and administrative performance

• Prevent and detect health care fraud and abuse

• Track public health and risks

*MLN Matters® Number: SE1239 Revised (Medicare Learning Network)
ICD-10: Two Parts

ICD-10-CM
(Clinical Modification)

• diagnosis coding
• for use in all U.S. health care settings

ICD-10-PCS
(Procedure Coding System)

• inpatient procedure coding
• for use in U.S. hospital settings
ICD-10 Impact

Affect diagnosis and inpatient procedure coding for everyone covered by the Health Insurance Portability Accountability Act (HIPAA).

Not just those who submit Medicare or Medicaid claims.

A Covered Entity is one of the following:

A Health Care Provider
This includes providers such as:
- Doctors
- Clinics
- Psychologists
- Dentists
- Chiropractors
- Nursing Homes
- Pharmacies

...but only if they transmit any information in an electronic form in connection with a transaction for which HHS has adopted a standard.

A Health Plan
This includes:
- Health insurance companies
- HMOs
- Company health plans
- Government programs that pay for health care, such as Medicare, Medicaid, and the military and veterans health care programs

A Health Care Clearinghouse
This includes entities that process nonstandard health information they receive from another entity into a standard (i.e., standard electronic format or data content), or vice versa.

http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/index.html
Training

• American Academy of Professional Coders
• Learning curve
• Increased time to code appropriately
• ICD-10 proficiency testing
Compliance Date

Claims for services provided on or after 10/01/2015 should be submitted with ICD-10 diagnosis codes.

Claims for services provided prior to the 10/01/2015 should be submitted with ICD-9 diagnosis codes.

Do not bill ICD-9 and ICD-10 codes on one claim form.
What about orders?

Answer to CMS FAQ12625

- “CMS is not requiring the ordering provider to rewrite the original order with the appropriate ICD-10 code for lab, radiology services, or any other services after ICD-10 implementation on October 1, 2015, including Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS).

- Products and services that require a diagnosis code on the order will use ICD-9-CM codes if written prior to October 1, 2015. If the order is for a repetitive service that will continue to be delivered and billed after October 1, 2015, providers have the option to use the General Equivalence Mappings (GEMs) posted on the [2016 ICD-10-CM and GEMs](https://questions.cms.gov/faq.php?id=5005&faqId=12625) web page to translate the ICD-9-CM codes on the original order into ICD-10-CM diagnosis codes.”
ICD-10-CM Official Guidelines for Coding and Reporting
FY 2016

Coding and reporting guidelines by the following two departments within the U.S. Federal Government’s Department of Health and Human Services (DHHS):

• Centers for Medicare and Medicaid Services (CMS)
• National Center for Health Statistics (NCHS)

http://www.cdc.gov/nchs/icd/icd10cm.htm
Codes with *three characters* are included in ICD-10-CM as the *heading of a category of codes* that may be further subdivided by the use of any or all of the 4th, 5th, and 6th characters. Digits 4-6 provide greater *detail of etiology, anatomical site, and severity*. A code using only the first three digits is to be used only if it is not further subdivided.
ICD-10-CM

Alphabetic Index
  • Alphabetic list of terms and associated codes

Tabular List
  • Chapters based on body system and condition
ICD-10-CM

• ICD-10-CM: In tabular list - Ch. 8 Diseases of the ear and mastoid process (H60-H95)
• Most audiology codes are 3-5 digits
• No code for normal hearing.
• Use unilateral hearing loss codes and description of other ear as “with unrestricted hearing on the contralateral side”
• No changes in 2016
ICD-10 List
Tabular List of Diseases and Injuries

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

H60-H62: Diseases of external ear

H65-H75: Diseases of middle ear and mastoid

H80-H83: Diseases of inner ear

H90-H94: Other disorders of ear

H95: Intraoperative and postprocedural complications and disorders of ear and mastoid process, not elsewhere classified
ICD-10 List
H90-H94: Other disorders of ear

3 Character Headings

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

H90-H94: Other disorders of ear

H90 Conductive and sensorineural hearing loss
H91 Other and unspecified hearing loss
H92 Otalgia and effusion of ear
H93 Other disorders of ear, not elsewhere classified
H94 Other disorders of ear in diseases classified elsewhere
H90.0 Conductive hearing loss, bilateral
**H90.1 Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side**
H90.2 Conductive hearing loss, unspecified
H90.3 Sensorineural hearing loss, bilateral
H90.4 Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side
H90.5 Unspecified sensorineural hearing loss
H90.6 Mixed conductive and sensorineural hearing loss, bilateral
H90.7 Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side
H90.8 Mixed conductive and sensorineural hearing loss, unspecified
ICD-10 List
H90 Conductive and SNHL

H90.1 Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side

H90.11 Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.12 Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
ICD-10 List

H91.8 Other specified hearing loss
H91.8X Other specified hearing loss
H91.8X1 Other specified hearing loss, right ear
H91.8X2 Other specified hearing loss, left ear
H91.8X3 Other specified hearing loss, bilateral
H91.8X9 Other specified hearing loss, unspecified ear

In general, last digit in hearing codes indicates:
1 = right ear
2 = left ear
3 = bilateral
0 and 9 = unspecified
There are a few exceptions.
Exceptions

- H90.0 Conductive hearing loss, bilateral
- H90.6 Mixed conductive and sensorineural hearing loss, bilateral
ICD-10
Excludes1

- Excludes1: A type 1 Excludes means NOT CODED HERE. Indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used when **two conditions cannot occur together**, such as a congenital form versus an acquired form of the same condition.

H90  Conductive and sensorineural hearing loss

**Excludes1:** deaf nonspeaking NEC (H91.3)
deafness NOS (H91.9-)
hearing loss NOS (H91.9-)
noise-induced hearing loss (H83.3-)
ototoxic hearing loss (H91.0-)
sudden (idiopathic) hearing loss (H91.2-)
ICD-10 Excludes2

- Excludes2: A type 2 Excludes note represents NOT INCLUDED HERE. Indicates that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time. When an Excludes2 note appears under a code, it is acceptable to use both the code and the excluded code together, when appropriate.

H93.2 Other abnormal auditory perceptions

Excludes2: auditory hallucinations (R44.0)
ICD-10 Coding

• Must code the full number of characters required.
• Not all ICD-10 codes must have 7 characters.
7th Character

- Examples of where the 7th character can be used include injuries and fractures, as illustrated in the following tables:

<table>
<thead>
<tr>
<th>Injuries and External Causes</th>
<th>Fractures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>Description</td>
</tr>
<tr>
<td>A</td>
<td>Initial encounter</td>
</tr>
<tr>
<td>D</td>
<td>Subsequent encounter</td>
</tr>
<tr>
<td>S</td>
<td>Sequela</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What is “X”?

• This is a dummy placeholder.
• Allow for future expansion and/or to fill out empty characters when a code contains fewer than 6 characters and a 7th character applies.
• Do not leave it off, if it’s use is appropriate. The code will not be valid.
## ICD-9 versus ICD-10

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Codes</th>
<th>ICD-10-CM Diagnosis Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No Laterality</strong></td>
<td>Laterality – Right or Left account for &gt;40% of codes</td>
</tr>
<tr>
<td><strong>3-5 digits</strong></td>
<td><strong>7 digits</strong></td>
</tr>
<tr>
<td>• First digit is alpha (E or V) or numeric</td>
<td>• Digit 1 is alpha; Digit 2 is numeric</td>
</tr>
<tr>
<td>• Digits 2-5 are numeric</td>
<td>• Digits 3-7 are alpha or numeric</td>
</tr>
<tr>
<td>• Decimal is placed after the third character</td>
<td>• Decimal is placed after the third character</td>
</tr>
<tr>
<td><strong>No placeholder characters</strong></td>
<td>“X” placeholders</td>
</tr>
<tr>
<td><strong>14,000 codes</strong></td>
<td><strong>69,000 codes to better capture specificity</strong></td>
</tr>
<tr>
<td><strong>Limited Severity Parameters</strong></td>
<td><strong>Extensive Severity Parameters</strong></td>
</tr>
<tr>
<td><strong>Limited Combination Codes</strong></td>
<td><strong>Extensive Combination Codes to better capture complexity</strong></td>
</tr>
<tr>
<td><strong>1 type of Excludes Notes</strong></td>
<td><strong>2 types of Excludes Notes</strong></td>
</tr>
</tbody>
</table>
Selecting ICD-10 Codes

• Native Coding
  – Assign an ICD-10 diagnosis code directly based on clinical documentation

• Use of a Crosswalk
  – Use a tool to convert ICD-9 to ICD-10 and ICD-10 to ICD-9 (GEMs)
    • Forward mapping: ICD-9-CM to ICD-10-CM
    • Backward mapping: ICD-10-CM to ICD-9-CM
Coding Guidelines

• Report specific diagnosis codes when they are supported by the available medical record documentation and clinical knowledge of the patient’s health condition.

• Code each health care encounter to the level of certainty known for that encounter.

• If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis.

• When sufficient clinical information is not known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate unspecified code.

• You should report unspecified codes when such codes most accurately reflect what is known about the patient’s condition at the time of that particular encounter.

• It is inappropriate to select a specific code that is not supported by the medical record documentation or to conduct medically unnecessary diagnostic testing to determine a more specific code.
Primary and Secondary Diagnosis

• Primary: Diagnosis you are evaluating and treating

• Secondary: Medical or supporting diagnosis codes
Unspecified Hearing Loss

H91.9 Unspecified hearing loss
  Deafness NOS
  High frequency deafness
  Low frequency deafness
H91.90 Unspecified hearing loss, unspecified ear
H91.91 Unspecified hearing loss, right ear
H91.92 Unspecified hearing loss, left ear
H91.93 Unspecified hearing loss, bilateral

Limit use of “unspecified” hearing loss to cases where hearing loss has not yet been determined.
NEC versus NOS

• NEC = Not elsewhere classifiable, Code not available.

• NOS = Not otherwise specified is unspecified. Information is insufficient to assign a specific code.

EXAMPLES:

dead nonspeaking NEC (H91.3)

deadness NOS (H91.9-)

hearing loss NOS (H91.9-)
Uncertain

- Do not code diagnoses documented as “probable”, “suspected,” “questionable,” “rule out,” or “working diagnosis” or other similar terms indicating uncertainty. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reason for the visit.
Code First/Use Additional Codes

Condition with underlying etiology and manifestations on multiple systems.

Direction on sequencing of codes:

- **Code first** = manifestation code, underlying condition coded first
- Use additional code – next to etiology code

H91.0 Ototoxic hearing loss
- **Code first** poisoning due to drug or toxin, if applicable (T36-T65 with fifth or sixth character 1-4 or 6)
- **Use additional** code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)

  - H91.01 Ototoxic hearing loss, right ear
  - H91.02 Ototoxic hearing loss, left ear
  - H91.03 Ototoxic hearing loss, bilateral
  - H91.09 Ototoxic hearing loss, unspecified ear
General Equivalency Mappings (GEMs)

- Developed by Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) with input from American Hospital Association (AHA) and American Health Information Management Association (AHIMA).
- Comprehensive translation dictionary for converting ICD-9 to ICD-10
- In many cases there are not exact matches between ICD-9 and ICD-10
- Maintained for at least 3 years past 10/01/2015
General Equivalency Mappings (GEMs)

- ASHA resource for mappings: http://www.asha.org/Practice/reimbursement/coding/ICD-10/
**General Equivalency Mappings (GEMs)**

**Example**

**ICD-9:** 389.15 Sensorineural hearing loss, unilateral

**ICD-10:** H90.41 Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side, H90.42 Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side

**Approximate:** When turned on indicates that the entry is not considered equivalent

**No Map:** when turned on indicates that a code in the source system is not linked to any code in the target system

**Combination:** when turned on indicates that more than one code in the target system is required to satisfy the full equivalent meaning of a code in the source system

**Scenario:** in a combination entry, a collection of codes from the target system containing the necessary codes that when combined as directed will satisfy the equivalent meaning of a code in the source system

**Choice List:** in a combination entry, a list of one or more codes in the target system from which one code must be chosen to satisfy the equivalent meaning of a code in the source system
Reimbursement Mapping

• Developed by CMS
• Non-Medicare industry requests for a standard one-to-one reimbursement crosswalk
• Temporary mechanism for mapping ICD-10 to reimbursement equivalent ICD-9-CM codes.
• All ICD-10 codes are in the “ICD-10 Reimbursement Mappings”
• All ICD-9-CM codes are not included.
• CMS is not using the “ICD-10 Reimbursement Mappings” for any purpose.
NCD and LCD

• National Coverage Determination (NCD):
  – A document developed by CMS to describe the circumstances for which Medicare will cover specific services, procedures, or technologies on a national basis. Often, NCD’s are clarified by the creation of an LCD

• Local Coverage Determination (LCD) policies:
  – A document published by Medicare Contractors that details which conditions or DIAGNOSIS codes support medical necessity for a service or procedure.
  – They specify under what clinical circumstances a service is considered to be reasonable and necessary.
NCD and LCD

• According to CMS, conversion of ICD-9 codes to ICD-10 codes in NCDs and LCDs has taken place.
Same Hearing Loss in Both Ears

• Use bilateral code
  – H90.0 Conductive hearing loss, bilateral
  – H90.3 Sensorineural hearing loss, bilateral
  – H90.6 Mixed conductive and sensorineural hearing loss, bilateral
Different Hearing Loss in Both Ears

- Unilateral hearing loss is accommodated by ICD-10, not bilateral
ICD-10 List

H90 Conductive and SNHL

H90.1 Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side

H90.11 Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.12 Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
Different Hearing Loss in Both Ears

- Use unspecified code – one for each ear
  - H90.5 Unspecified sensorineural hearing loss
  - H90.8 Mixed conductive and sensorineural hearing loss, unspecified
  - H90.2 Conductive hearing loss, unspecified


ICD-10-CM Coding FAQs for Audiologists and SLPs. ASHA Website: [http://www.asha.org/Practice/reimbursement/coding/ICD-10-CM-Coding-FAQs-for-Audiologists-and-SLPs/](http://www.asha.org/Practice/reimbursement/coding/ICD-10-CM-Coding-FAQs-for-Audiologists-and-SLPs/)
Normal Hearing

• If results of testing are normal, code the chief complaint or the sign(s) or symptom(s) that prompted evaluation.
Examples of Signs and Symptoms

<table>
<thead>
<tr>
<th>Complaint</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noise exposure</td>
<td>H83.3X9 Noise effects on inner ear, unspecified ear</td>
</tr>
<tr>
<td>Tinnitus</td>
<td>H93.19 tinnitus, unspecified ear</td>
</tr>
<tr>
<td>Hearing loss</td>
<td>H91.90 Unspecified hearing loss, unspecified ear</td>
</tr>
<tr>
<td>Dizziness</td>
<td>R42 Dizziness and giddiness, light headedness, vertigo NOS</td>
</tr>
</tbody>
</table>
Documentation

- Establishes medical necessity
- Supports services ordered
- Supports diagnosis and services billing
- History, testing, results, support recommendations
- Accurate and timely
Post-Implementation

• Resources and training for staff (new and current)
• Plan to update staff on changes
• Communicate with vendors on problems
• Evaluate and follow up on denials with health plans
• Talk to referral sources about appropriate codes
ICD: Where are you now?
Resources

• Centers for Disease Control and Prevention (CDC): http://www.cdc.gov/nchs/icd/icd10cm.htm
• World Health Organization (WHO): http://www.who.int/classifications/icd/en/
• ASHA: http://www.asha.org/Practice/reimbursement/coding/ICD-10/