ICD-10 FOR NEUROSURGERY

NERVES- Part II

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ICD-10: ARE YOU READY?

Medicare states that the reasons to prepare for ICD-10 can be broken down into four categories:

- Clinical
- Operational
- Professional
- Financial
**CLINICAL**

- Informs better clinical decisions as better data is documented, collected, and evaluated
- Provides new insights into patients and clinical care due to greater specificity, laterality, and more detailed documentation of patient diseases
- Enables patient segmentation to improve care for higher acuity patients
- Improves design of protocols and clinical pathways for various health conditions
- Improves tracking of illnesses and severity over time
- Improves public health reporting and helps to track and evaluate the risk of adverse public health events
- Drives greater opportunity for research, clinical trials, and epidemiological studies
OPERATIONAL

Enhances the definition of patient conditions, providing improved matching of professional resources and care teams and increasing communications between providers

Affords more targeted capital investment to meet practice needs through better specificity of patient conditions

Supports practice transition to risk-sharing models with more precise data for patients and populations
PROFESSIONAL

Provides clear objective data for credentialing and privileges
Captures more specific and objective data to support professional Maintenance of Certification reporting across specialties
Improves specificity of measures for quality and efficiency reporting
Aids in the prevention and detection of healthcare fraud and abuse
Provides more specific data to support physician advocacy of health and public health policy
FINANCIAL

Allows better documentation of patient complexity and level of care, supporting reimbursement for care provided

Provides objective data for peer comparison and utilization benchmarking

May reduce audit risk exposure by encouraging the use of diagnosis codes with a greater degree of specificity as supported by the clinical documentation
NEUROSURGERY FOR ICD-10

Transition NOW!!

Look at budgets and scheduling for training

Run an ICD-9 frequency report for each surgeon and provider for at least the last 12 months.

Focus on the top 25-30 diagnosis codes

Run a CPT frequency report of the top 15-20 CPT procedures per provider

Compare the CPT and ICD-9 frequency reports for common areas for documentation—this is an internal GAP analysis. Compare what was documented on the ICD-9 diagnoses; then decide what new or more specific documentation will be required for ICD-10
Neurosurgery for ICD-10

Consider an outside GAP analysis to ensure proper coding and that you are following the latest ICD-10 Coding Clinic guidelines. The GAP analysis is a valuable tool for showing how provider documentation improvement will positively effect reimbursement.

ICD-10 is very specific to laterality, late effects, injuries and sequelae.

Understand what new and/or additional documentation is required for proper coding, billing and reimbursement.

Your administrator should check with your EMR vendor to see what upgrades and when the seamless installation of ICD-10 templates and new codes will be installed.

Choose a recognized Coding vendor for your provider and coder training who can support all facets of Neurosurgery.

Check what your software vendor and clearing house have to offer and exactly what they are doing for ICD-10 preparation.
NEUROSURGERY FOR ICD-10

Reach out to your major private insurance carriers regarding their preparation and readiness for accepting ICD-10 codes

After ICD-10 training has been completed, adopt the new CMS 1500 billing form which allows up to 12 Diagnoses

When Medicare, Medicaid and the private carriers are ready to accept ICD-10 codes, submit parallel coded claims (ICD-9 and ICD-10)

Continue to re-evaluate your documentation improvement and coding choices

Experts say that provider income and reimbursement will drop significantly, cash flow will trickle in slowly and the most common reason will be poor documentation and incorrect ICD-10 coding.

The carriers have already warned providers that unspecified diagnoses will not be tolerated
CODING AND DOCUMENTATION FOR ICD-10
ICD-9 VS. ICD-10

ICD-9

724.02 Spinal stenosis
Lumbar region, without neurogenic claudication

ICD-10

M48.06 Spinal stenosis, lumbar region
M48.07 Spinal stenosis, lumbosacral region
M99.23 Subluxation stenosis of neural canal of lumbar region
M99.33 Osseous stenosis of neural canal of lumbar region
M99.43 Connective tissue stenosis of neural canal of lumbar region
M99.53 Intervertebral disc stenosis of neural canal of lumbar region
M99.63 Osseous and subluxation stenosis of intervertebral foramina of lumbar region
M99.73 Connective tissue and disc stenosis of intervertebral foramina of lumbar region
ICD-9 VS. ICD-10

ICD-9

724.3 Sciatica

ICD-10

M54.30 Sciatica, unspecified side
(psychogenic dorsalgia (F45.41)
lesion of sciatic nerve (G57.0)
sciatica due to intervertebral
disc disorder (M51.1)
sciatica with lumbago (M54.4))

M54.31 Sciatica, right side

M54.32 Sciatica, left side

M54.40 Lumbago with sciatica,
unspecified side (lumbago with
sciatica due to intervertebral
disc disorder (M51.1)
psychogenic dorsalgia (F45.41)

M54.41 Lumbago with sciatica, right side

M54.42 Lumbago with sciatica, left side
<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>354.0 Carpal Tunnel</td>
<td>G56.00 Carpal tunnel syndrome, unspecified</td>
</tr>
<tr>
<td>syndrome</td>
<td>upper limb (current traumatic nerve disorder</td>
</tr>
<tr>
<td></td>
<td>- see nerve injury by body region)</td>
</tr>
<tr>
<td></td>
<td>G56.01 Carpal tunnel syndrome, right upper</td>
</tr>
<tr>
<td></td>
<td>limb</td>
</tr>
<tr>
<td></td>
<td>G56.02 Carpal tunnel syndrome, left upper</td>
</tr>
<tr>
<td></td>
<td>limb</td>
</tr>
</tbody>
</table>
53 y/o male with anaplastic glioma

- 191.8 Malignant neoplasm of overlapping sites of brain

C71.8 Malignant neoplasm of overlapping sites of brain

- Not meningioma, not cerebellopontine angle tumor and not midline tumor at skull base
<table>
<thead>
<tr>
<th>Condition</th>
<th>Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstructive Hydrocephalus</td>
<td>G91.1 obstructive hydrocephalus (make sure that it’s not post-traumatic, other, or unspecified.</td>
</tr>
<tr>
<td></td>
<td>T85.79XA Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, initial encounter</td>
</tr>
<tr>
<td>Infected VP shunt</td>
<td>A41.02 Sepsis due to Methicillin resistant Staphylococcus aureus</td>
</tr>
<tr>
<td>MRSA sepsis</td>
<td>Code first T81.4 post procedural infection</td>
</tr>
</tbody>
</table>

CPT 62256-REMOVAL VP SHUNT SYSTEM

- **Obstructive Hydrocephalus**
  - 331.4

- **Infected VP shunt**
  - 996.63

- **MRSA sepsis**
  - 038.12
20 Y/O MALE MOTORCYCLE CRASH WITH NONDISPLACED C3-4 FRACTURE AND CHI

806.04 Closed fracture of C1-C4 level with other specified spinal cord injury

854.06 Intracranial injury of other and unspecified nature, without mention of open intracranial wound, loss of consciousness of unspecified duration

14 possible choices
S12.000A – S14.154A

A fracture not indicated as displaced or nondisplaced should be coded to displaced.
A fracture not indicated as open or closed should be coded to closed.
fracture of cervical neural arch
fracture of cervical spine
fracture of cervical spinous process
fracture of cervical transverse process
fracture of cervical vertebral arch
fracture of neck

Code first any associated cervical spinal cord injury (S14.0, S14.1-)
The appropriate 7th character is to be added to all codes from subcategories S12.0-S12.6.

A initial encounter for closed fracture
B initial encounter for open fracture
D subsequent encounter for fracture with routine healing
G subsequent encounter for fracture with delayed healing
K subsequent encounter for fracture with nonunion
S sequel
20 Y/O MALE MOTORCYCLE CRASH WITH NONDISPLACED C3-4 FRACTURE AND CHI

854.06 Intracranial injury of other and unspecified nature, without mention of open intracranial wound, loss of consciousness of unspecified duration

7 possible choices
S06.2X9A - S06.9X0A

- Diffuse traumatic brain injury NOS
  - Diffuse axonal brain injury traumatic brain injury
  - Code also any associated: traumatic diffuse cerebral edema (S06.1X-)
  - open wound of head (S01.-)
  - skull fracture (S02.-)
  - head injury NOS (S09.90)

The appropriate 7th character is to be added to each code from category S06.
A initial encounter
D subsequent encounter
S sequela
ICD-9

852.02 Subarachnoid hemorrhage following injury, without mention of open intracranial wound, brief (less than 1 hour) loss of consciousness

ICD-10

S06.6X1A Traumatic subarachnoid hemorrhage with loss of consciousness of 30 minutes or less, initial encounter (traumatic brain injury)
Code also any associated:
- open wound of head (S01.-)
- skull fracture (S02.-)
- head injury NOS (S09.90)
The appropriate 7th character is to be added to each code from category S06.
A initial encounter
D subsequent encounter
S sequela)
ICD-9 VS. ICD-10

ICD-9

742.0 Encephalocele

ICD-10

5 code choices depending on anatomic site

Range:

Q01.0 – Q01.9

Examples:

Q01.0 Frontal encephalocele (Arnold-Chiari syndrome, type III)
encephalocystocele
encephalomyelocele
hydroencephalocele
hydromeningocele, cranial
meningocele, cerebral
meningoencephalocele
Meckel-Gruber syndrome (Q61.9)

Q01.2 Occipital encephalocele (Arnold-Chiari syndrome, type III)
encephalocystocele
encephalomyelocele
hydroencephalocele
hydromeningocele, cranial
meningocele, cerebral
meningoencephalocele
Meckel-Gruber syndrome (Q61.9)
354.2 Lesion of ulnar nerve
- Tardy ulnar nerve palsy

3 choices
G56.20 Lesion of ulnar nerve, unspecified upper limb
G56.21 Lesion of ulnar nerve, right upper limb
G56.22 Lesion of ulnar nerve, left upper limb

Current traumatic nerve disorder - see nerve injury by body region

68 Y/O FEMALE WITH CUBITAL TUNNEL SYNDROME, GETTING WORSE
## ICD-9 VS. ICD-10

### MALIGNANT NEOPLASM OF BRAIN

<table>
<thead>
<tr>
<th>ICD-9</th>
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<tbody>
<tr>
<td><strong>191.0 Cerebrum, except lobes and ventricles</strong></td>
<td><strong>C71.0 Malignant neoplasm of cerebrum, except lobes and ventricles (Malignant neoplasm of supratentorial NOS. Excludes malignant neoplasm of cranial nerves (C72.2-C72.5), retrobulbar malignant neoplasm (C69.6-)</strong></td>
</tr>
<tr>
<td>- Basal ganglia</td>
<td></td>
</tr>
<tr>
<td>- Cerebral cortex</td>
<td></td>
</tr>
<tr>
<td>- Corpus striatum</td>
<td></td>
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<tr>
<td>- Globus pallidus</td>
<td></td>
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<tr>
<td>- Hypothalamus</td>
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<tr>
<td>- Thalamus</td>
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</tr>
</tbody>
</table>
ICD-9 VS. ICD-10
MALIGNANT NEOPLASM OF BRAIN

ICD-9

191.5 Ventriles
- Choroid plexus
- Floor of ventricle

ICD-10

C71.5 Malignant neoplasm of cerebral ventricle.
Excludes malignant neoplasm of cranial nerves (C72.2-C72.5) malignant neoplasm of fourth cerebral ventricle (C71.7) retrobulbar malignant neoplasm (C69.6-)
ICD-9 VS. ICD-10

ICD-9

996.2 Mechanical complication of nervous system device, implant, and graft
- Mechanical complication involving:
  - dorsal column stimulator
  - electrodes implanted in brain (brain pacemaker)
  - peripheral nerve graft
  - ventricular communicating shunt

ICD-10

17 potential codes based on specific documentation of the complication**
Range: T85.01XA – T85.698A
Examples:
- T85.01XA Breakdown (mechanical) of ventricular intracranial (communicating) shunt, initial encounter
- T85.112A Breakdown (mechanical) of implanted electronic neurostimulator (electrode) of spinal cord, initial encounter
- T85.190A Other mechanical complication of implanted electronic neurostimulator (electrode) of brain, initial encounter
ICD-9 VS. ICD-10

4 choices based on level of involvement

M50.30 Other cervical disc degeneration, unspecified cervical region (Code to the most superior level of disorder cervicothoracic disc disorders cervicothoracic disc disorders with cervicalgia)

M50.31 Other cervical disc degeneration, high cervical region (Other C2-C3 cervical disc degeneration, Code to the most superior level of disorder Other C3-C4 cervical disc degeneration cervicothoracic disc disorders cervicothoracic disc disorders with cervicalgia)

M50.32 Other cervical disc degeneration, mid-cervical region (Other C4-C5 cervical disc degeneration. Code to the most superior level of disorder. Other C5-C6 cervical disc degeneration cervicothoracic disc disorders Other C6-C7 cervical disc degeneration cervicothoracic disc disorders with cervicalgia)

M50.33 Other cervical disc degeneration, cervicothoracic region (Other C7-T1 cervical disc degeneration. Code to the most superior level of disorder cervicothoracic disc disorders cervicothoracic disc disorders with cervicalgia)
ICD-9 VS. ICD-10

ICD-9

737.30 Scoliosis (and Kyphoscoliosis), idiopathic

ICD-10

21 code choices based on level of involvement***

Range: M41.112 – M41.27

Examples:

M41.113 Juvenile idiopathic scoliosis, cervicothoracic region (kyphoscoliosis
congenital scoliosis due to bony malformation (Q76.3)
Excludes congenital scoliosis NOS (Q67.5)
kyphoscoliotic heart disease (I27.1)
postprocedural scoliosis (M96.-)
postural congenital scoliosis (Q67.5)

M41.127 Adolescent idiopathic scoliosis, lumbosacral region (kyphoscoliosis
congenital scoliosis due to bony malformation (Q76.3)
Excludes congenital scoliosis NOS (Q67.5)
kyphoscoliotic heart disease (I27.1)
postprocedural scoliosis (M96.-)
postural congenital scoliosis (Q67.5)

M41.25 Other idiopathic scoliosis, thoracolumbar region (kyphoscoliosis
congenital scoliosis due to bony malformation (Q76.3)
Excludes congenital scoliosis NOS (Q67.5)
kyphoscoliotic heart disease (I27.1)
postprocedural scoliosis (M96.-)
postural congenital scoliosis (Q67.5)
Final words of wisdom

Stay focused, don’t panic, follow all our recommendations, do your GAP analysis, get excellent training and learn the specifics of correct documentation.

Remember that insurance carriers may have different coding requirements

Your reimbursement is predicated on your successful preparation and implementation of ICD-10
Questions?