

# ICD-10 and Public Health



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Note: ICD-9-CM and ICD-10 are owned and copyrighted by the World Health Organization. The codes in this guide were obtained from the US Department of Health and Human Services, NCHS website. This guide does not contain ANY legal advice. This guide shows what specific codes will change to when ICD-9-CM becomes ICD-10-CM

For the past thirty-one (31) 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.

***ICD-10 will replace ICD-9-CM as of October 1, 2013. This can be found at [https://www.cms.gov/ICD10/11b\\_2011\\_ICD10PCS.asp](https://www.cms.gov/ICD10/11b_2011_ICD10PCS.asp). As of May 4, 2011, you have 29 months to be ready for ICD-10-CM***

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:

**382.9** - Unspecified otitis media, Otitis media: NOS, acute NOS, chronic NOS

**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.**

**Under ICD-10-CM, you have the following codes for Otitis Media:**

H66.9 **Otitis media**, unspecified

H66.90**Otitis media**, unspecified, unspecified ear

H66.91**Otitis media**, unspecified. right ear

H66.92**Otitis media**, unspecified, left ear

H66.93**Otitis media**, unspecified, bilateral

**As you can see, under ICD-9-CM, you have one code you can select if the documentation is not specific. The patient may have been a child with ear pain in both ears, but all the doctor wrote is "OM" and nothing more. ICD-9-CM was very forgiving to the documentationally challenged provider and coder. Under ICD-10-CM, you have a possibility of five (5) codes and you do need more anatomical information to select the best possible code. Using a pure unspecified code such as H66.9 could cause your claim to be pended or placed under review, which could cause a significant revenue loss for the practice. One of my favorite doctor is a certified expert witness. He is called by lawyers for the doctor and malpractice insurance company. He reviews the documentation of the visit to make a recommend to proceed to trial or to settle out of court. Most of the depositions I've reviewed, this doctor's recommendation, most of the time, is to settle because the documentation is not sufficient to fight a lawsuit. His recommendation to doctors, medical school students, interns and residents is "Document the visit as if you had to**

**appear in court to defend your actions. " I usually add, "Document the visit as if your paycheck and career is on the line." I spend a lot of my time returning medical records for additional information because the documentation is insufficient to code the visit with 100% truth, accuracy and correctness. I code to protect the doctor, the patient, and MY paycheck. I only code what is documented. I never code a visit just to get paid. Again, if it isn't documented, I don't code it because it doesn't exist. With 30 years of clinical medicine, I can say I know what should have been done during the visit, but I cant code based on that. Ive seen doctors in court that have said, "I did this procedure." The lawyers say, "Show Me!"**

**Lets say you take your car to a mechanic to have your oil changed. You pick up your car and you are charged \$3,000 for a new engine. You want to know why a \$25 oil change cost \$3,000. You are told the engine was replaced. You are entitled to see the old parts that were replaced. This happened to me one time and I asked to see the old part. I was told it was thrown away. I looked at the engine and couldn't see the new part. All I saw was the old parts. I went to the dumpster and no part in the trash. The repair shop had no proof that they replaced the part. They dropped the charge for the replaced part.**

**The medical record is proof of the old part, unless the doctor, doctors the medical record and if so, then something more serious is taking place.**

**I just received a medical bill for care I received in 2007. There were charges I know didn't take place. I demanded the medical record copy. The doctor refused. I did obtain the record copy which was maintained by the hospital. The doctor documented he saw me in my room on the ward. It was well documented to support a level 5 inpatient visit. The problem, I was in surgery having my heart operated on. It was impossible for the doctor to see me in my room while I was in surgery for 10 hours. The doctor is now being investigated for fraud because he trolled hospital wards, took medical records, documented extensive visits and waited for 4 years before sending a bill. It is very possible that this doctor will lose his medical license, not to mention patient lawsuits. I mention all of this to stress the importance of medical record documentation and to be 100% true, accurate, and correct with your documentation and coding.**

**Lets look at some of the most used codes in Public Medicine. Please understand that this guide does NOT contain all codes used. This guide does not take the place of coding or published coding manuals.**

### **NUMERICAL ORDER BY ICD-9-CM**

#### **ICD-9-CM**

**038.9 Unspecified septicemia, Septicemia NOS**

#### **ICD-10-CM**

**A41.9 - Sepsis, unspecified**

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**ICD-9-CM**  
**276.51 Dehydration**

**ICD-10-CM**  
**E86.0 – Dehydration**

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**ICD-9-CM**  
**414.01 (Coronary atherosclerosis; of native coronary artery  
Stricture of artery)**

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

**I25 Chronic ischemic heart disease**

**I25.1 Atherosclerotic heart disease of native coronary artery**

**I25.10 Atherosclerotic heart disease of native coronary artery  
without angina pectoris**

**I25.11 Atherosclerotic heart disease of native coronary artery  
with angina pectoris**

**I25.110 Atherosclerotic heart disease of native coronary artery  
with unstable angina pectoris**

**I25.111 Atherosclerotic heart disease of native coronary artery  
with angina pectoris with documented spasm**

**I25.118 Atherosclerotic heart disease of native coronary artery  
with other forms of angina pectoris**

**I25.119 Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris**

**I25.2 Old myocardial infarction**

**I25.3 Aneurysm of heart**

**I25.4 Coronary artery aneurysm and dissection**

**I25.41 Coronary artery aneurysm**

**I25.42 Coronary artery dissection**

**I25.5 Ischemic cardiomyopathy**

**I25.6 Silent myocardial ischemia**

**I25.7 Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris**

**I25.70 Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris**

**I25.700 Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris**

**I25.701 Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm**

**I25.708 Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris**

**I25.709 Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris**

**I25.71 Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris**

**I25.710 Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris**

**I25.711 Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm**

**I25.718 Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris**

**I25.719 Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris**

**I25.72 Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris**

**I25.720 Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris**

**I25.721 Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm**

**I25.728 Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris**

**I25.729 Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris**



**I25.73 Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris**

**I25.730 Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris**

**I25.731 Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm**

**I25.738 Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris**

**I25.739 Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris**

**I25.75 Atherosclerosis of native coronary artery of transplanted heart with angina pectoris**

**I25.750 Atherosclerosis of native coronary artery of transplanted heart with unstable angina**

**I25.751 Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm**

**I25.758 Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris**

**I25.759 Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris**

**I25.76 Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris**

**I25.760 Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina**

**I25.761 Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm**

**I25.768 Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris**

**I25.769 Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris**

**I25.79 Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris**

**I25.790 Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris**

**I25.791 Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm**

**I25.798 Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris**

**I25.799 Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris**

**I25.8 Other forms of chronic ischemic heart disease**

**I25.81 Atherosclerosis of other coronary vessels without angina pectoris**

**I25.810 Atherosclerosis of coronary artery bypass graft(s) without angina pectoris**

**I25.811 Atherosclerosis of native coronary artery of transplanted heart without angina pectoris**

**I25.812 Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris**

**I25.82 Chronic total occlusion of coronary artery**

**I25.83 Coronary atherosclerosis due to lipid rich plaque**

**I25.89 Other forms of chronic ischemic heart disease**

**I25.9 Chronic ischemic heart disease, unspecified**

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**ICD-9-CM**

**427.31 (Atrial fibrillation)**

**ICD-10-CM**

**I48.0 - Atrial fibrillation**

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**ICD-9-CM**

**428.0 (Congestive heart failure, unspecified, Congestive heart disease, Right heart failure secondary to left heart failure),**

**ICD-10-CM**

**Needs to be more specific:**

I50 **Heart** failure

I50.1 Left ventricular failure

I50.2 Systolic (**congestive**) **heart** failure

I50.20 **Unspecified** systolic (**congestive**) **heart** failure

I50.21 Acute systolic (**congestive**) **heart** failure

I50.22 Chronic systolic (**congestive**) **heart** failure

I50.23 Acute on chronic systolic (**congestive**) **heart** failure

I50.3 Diastolic (**congestive**) **heart** failure

I50.30 **Unspecified** diastolic (**congestive**) **heart** failure

I50.31 Acute diastolic (**congestive**) **heart** failure

I50.32 Chronic diastolic (**congestive**) **heart** failure

I50.33 Acute on chronic diastolic (**congestive**) **heart** failure

I50.4 Combined systolic (**congestive**) and diastolic (**congestive**) **heart** failure

I50.40 **Unspecified** combined systolic (**congestive**) and diastolic (**congestive**) **heart** failure

I50.41 Acute combined systolic (**congestive**) and diastolic (**congestive**) **heart** failure

I50.42 Chronic combined systolic (**congestive**) and diastolic (**congestive**) **heart** failure

I50.43 Acute on chronic combined systolic (**congestive**) and diastolic (**congestive**) **heart** failure

I50.9 **Heart failure, unspecified**

I51 Complications and ill-defined descriptions of **heart** disease

I51.0 Cardiac septal defect, acquired

I51.1 Rupture of chordae tendineae, not elsewhere classified

I51.2 Rupture of papillary muscle, not elsewhere classified

I51.3 Intracardiac thrombosis, not elsewhere classified

I51.4 Myocarditis, **unspecified**

I51.5 Myocardial degeneration

I51.7 Cardiomegaly

I51.8 Other ill-defined **heart** diseases

I51.81 Takotsubo syndrome

I51.89 Other ill-defined **heart** diseases

I51.9 **Heart** disease, **unspecified**

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**ICD-9-CM**

**466.11 Acute bronchiolitis due to respiratory syncytial virus (RSV)**

**ICD-10-CM**

**J21.0 - Acute bronchiolitis due to respiratory syncytial virus**

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**ICD-9-CM**

**486 Pneumonia, organism unspecified**

**ICD-10-CM**

**J18.9 - Pneumonia, unspecified organism**

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**ICD-9-CM**

**491.21 Obstructive chronic bronchitis; with (acute) exacerbation, Acute exacerbation of chronic obstructive pulmonary disease [COPD], Decompensated chronic obstructive pulmonary disease [COPD]**

**ICD-10-CM**

**J44.1 - Chronic obstructive pulmonary disease with (acute) exacerbation**

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**ICD-9-CM**

**518.81 Acute respiratory failure, Respiratory failure NOS**

**ICD-10-CM**

**J96.00 - Acute respiratory failure, unspecified whether with hypoxia or hypercapnia**

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**ICD-9-CM**

**578.9 Hemorrhage of gastrointestinal tract, unspecified, Gastric hemorrhage, Intestinal hemorrhage**

**ICD-10-CM**

**K92.2 - Gastrointestinal hemorrhage, unspecified**

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**ICD-9-CM**

**584.9 Acute kidney failure, unspecified**

**ICD-10-CM**

**N17.9 - Acute kidney failure, unspecified**

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**ICD-9-CM**

**599.0 Urinary tract infection, site not specified, Pyuria**

**ICD-10-CM**

**N39.0 - Urinary tract infection, site not specified**

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**ICD-9-CM**

**780.6 Fever**

**ICD-10-CM**

**Needs more information**

**R50 Fever of other and unknown origin**

**R50.2 Drug induced fever**

**R50.8 Other specified fever**

**R50.81 Fever presenting with conditions classified elsewhere**

**R50.82 Postprocedural fever**

**R50.83 Postvaccination fever**

**R50.84 Febrile nonhemolytic transfusion reaction**

**R50.9** Fever, unspecified

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**ICD-9-CM**

**786.50** Chest pain, unspecified

**ICD-10-CM**

**R07.9** - Chest pain, unspecified

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**ICD-9-CM**

**789.00** Abdominal pain; unspecified site

**ICD-10-CM**

**R10.9** - Unspecified abdominal pain

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## **Alphabetical Index of Codes by Disease**

**Abdominal pain; unspecified site**

**789.00 (ICD-9-CM)**

**R10.9 (ICD-10-CM)**

**Acute bronchiolitis due to respiratory syncytial virus (RSV)**

**466.11 (ICD-9-CM)**

**R21.0 (ICD-10-CM)**

**Acute kidney failure, unspecified**

**584.9 (ICD-9-CM)**

**N17.9 (ICD-10-CM)**

**Acute respiratory failure, Respiratory failure NOS**

**518.81 (ICD-9-CM)**

**J96.11 (ICD-10-CM)**



**Atrial fibrillation**  
**427.31 (ICD-9-CM)**  
**I48.80 (ICD-10-CM)**

**Chest pain, unspecified**  
**786.50 (ICD-9-CM)**  
**R07.9 (ICD-10-CM)**

**Congestive heart failure, unspecified, Congestive heart disease,  
Right heart failure (secondary to left heart failure)**  
**428.0 (ICD-9-CM)**  
**I50.20 Unspecified systolic (congestive) heart failure**  
**I50.21 Acute systolic (congestive) heart failure**  
**I50.22 Chronic systolic (congestive) heart failure**  
**I50.23 Acute on chronic systolic (congestive) heart failure**

**Coronary atherosclerosis; of native coronary artery**  
**414.01 (ICD-9-CM)**  
**I25.75 Atherosclerosis of native coronary artery of transplanted heart  
with angina pectoris**  
**I25.750 Atherosclerosis of native coronary artery of transplanted  
heart with unstable angina**  
**I25.751 Atherosclerosis of native coronary artery of transplanted  
heart with angina pectoris with documented spasm**  
**I25.758 Atherosclerosis of native coronary artery of transplanted  
heart with other forms of angina pectoris**  
**I25.759 Atherosclerosis of native coronary artery of transplanted  
heart with unspecified angina pectoris**  
**I25.76 Atherosclerosis of bypass graft of coronary artery of  
transplanted heart with angina pectoris**  
**I25.760 Atherosclerosis of bypass graft of coronary artery of  
transplanted heart with unstable angina**  
**I25.761 Atherosclerosis of bypass graft of coronary artery of  
transplanted heart with angina pectoris with documented spasm**

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**I25.811 Atherosclerosis of native coronary artery of transplanted heart without angina pectoris**

**I25.812 Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris**

## **Dehydration**

**276.51 (ICD-9-CM)**

**E86.0 (ICD-10-CM)**

## **Fever**

**780.6 (ICD-9-CM)**

**R50 Fever of other and unknown origin**

**R50.2 Drug induced fever**

**R50.8 Other specified fever**

**R50.81 Fever presenting with conditions classified elsewhere**

**R50.82 Postprocedural fever**

**R50.83 Postvaccination fever**

**R50.84 Febrile nonhemolytic transfusion reaction**

**R50.9 Fever, unspecified**

**Hemorrhage of gastrointestinal tract, unspecified, Gastric hemorrhage, Intestinal hemorrhage**

**578.9 (ICD-9-CM)**

**K92.2 (ICD-10-CM)**

**Obstructive chronic bronchitis; with (acute) exacerbation, Acute exacerbation of chronic obstructive pulmonary disease [COPD], Decompensated chronic obstructive pulmonary disease [COPD]**

**491.21 (ICD-9-CM)**

**J44.1 (ICD-10-CM)**

**Pneumonia, organism unspecified**

**486 (ICD-9-CM)**

**J18.9 (ICD-10-CM)**

**Unspecified septicemia, Septicemia NOS**

**038.9 (ICD-9-CM)**

**A41.9 (ICD-10-CM)**

**Urinary tract infection, site not specified, Pyuria**

**599.0 (ICD-9-CM)**

**N39.0 (ICD-10-CM)**

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 will become V-Y Codes  
V Codes will become 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 1, 2013.

So, what do we have to do?

- **Retraining**

Staff Coders with training and certification need to undergo ICD-10 familiarization training to show coding using ICD-10 codes is not going to be difficult. Untrained staff members in coding positions must undergo training and they should also undergo certification. While certification is not mandated by State or Federal law, Certification assures that the coder can code per established standards. AAPC Coders will need to undergo retesting for certification. PAHCS and POMAA certified coders do not.

Providers need training to be more detailed with health record documentation and the importance of how their documentation improves coding and improves practice revenue.

Billers will need to have knowledge of ICD-10 to ensure claims go out with the appropriate ICD-10 codes and to fight claim denials due to coding issues. Untrained billing staff members should undergo training and certification as a medical biller.

- **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, 2013 proposed effective date, Claims for September 30<sup>th</sup> and before September 30<sup>th</sup> dates of service will still use ICD-9 Codes. You may have a patient who was seen under ICD-9-CM that did not provide insurance information and after 10/1/13, the patient reveals coverage, so the claim must go out using the ICD that was in effect. You also need to contact your clearinghouse, software company and insurance

company regarding ANSI 5010 testing. Medicare requires ANSI 5010 testing to be completed by 12/31/2012.

- **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 and 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).

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

I can always be reached at [steve\\_verno@yahoo.com](mailto:steve_verno@yahoo.com)  
That is steve\_verno.

I wish all much success.

Steven M. Verno