Trends in Coding
By Maureen Baker
RN, CCS, CPC, CPANC, Vice President, Coding, USAP

You recall the lady who sued McDonalds® because she spilled hot coffee in her lap? She had X10.0XXA*.

For you movie buffs, how about Tippi Hedren in The Birds? She was W61.92XA*

If your kids play soccer and are called for an unintentional handball, they were W21.02XA*

And if you watch America’s Funniest Home Videos’ you’ve seen your share of W01.198A*

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International Classification of Disease (ICD)
Within the industry, many of us share humor in the seeming absurdity of detail in the new ‘External Cause’ ICD-10 codes, such as being burned by water skis that are on fire (that really is a code) or getting caught in a jet engine (because, really? Do these things happen so often that a specific code is necessary?). But in all seriousness, this may be the first time in our careers that the public actually knows what ICD codes are.

The United States is required to use the ICD for classification of diseases and injuries under an agreement with the WHO (World Health Organization). Through the ICD, the Unites States collects, processes and presents health care data in a way similar to other countries around the world. This enables comparison of data across countries, and thus, better decisions and planning. Periodically, new revisions are developed to reflect advances in medical science. On Oct. 1, 2015, the 10th revision of the ICD codes became effective, with the grace period expiring in October 2016. The change to ICD-10 added thousands of new codes, providing much greater detailed reporting of diagnosis information.

The implementation of ICD-10 codes by the U.S. Centers for Medicare and Medicaid (CMS) made the news several times over the years as Congress lobbied to delay the use of the complex codes, which are used to accurately bill insurance for services rendered. What made this 10th revision so contentious was its new format. All claims processing and billing systems had to adapt to the additional number of characters, as the code set grew from a maximum of five digits to seven. Also new is that every code starts with a letter, requiring additional programming updates. Similar to Y2K, once the codes were actually put into use, we found there was much ado about nothing. The world did not stop turning, hospitals did not close and claims were paid.

All USAP providers and coders went through months of special training to prepare for the new codes. This was a tremendous endeavor. For seasoned coders, the hundreds of codes that we had
memorized over the years became obsolete. We had to look up the code for every procedure. In Houston, one of the first codes we learned was for high blood pressure—110. That was easy to remember because the interstate running right through the middle of our city is Interstate 10 and it’s always congested, so blood pressure rises. We appreciate that all of the obstetrics & deliveries (OB) codes start with an O, but the challenge comes when codes that start with the letter O also contain the number zero.

Although billing coders experience the biggest learning curves over major ICD code revisions, anesthesia providers are also impacted, as they are required to document their diagnoses in more detail than ever before:

- X10.0XXA = Contact with hot drinks, initial encounter
- W61.92XA = Struck by other birds, initial encounter
- W21.02XA = Struck by soccer ball, initial encounter
- W01.198A = Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, initial encounter

Although this new, highly-detailed coding can be a challenge, and sometimes humorous (we’re not laughing at the injury, just the code), in the end, ICD codes can provide a consistent and uniform method for tracking incidents and disease, which can provide greater insight into the details of our work, and help to ensure accurate care and billing.

Until the next coding update, stay safe and code on.