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ICD10: FUNDAMENTALS AND APPROPRIATE USE IN **AN AUDIOLOGY PRACTICE**

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DISCLOSURES

- Financial
 - Audiology Resources, Inc. (ownership)
 - Northwestern University (adjunct faculty)
 - Academy of Doctors of Audiology (consulting)
 - Michigan Audiology Coalition (consulting)
 - AudiologyOnline (consulting)

- · Non-Financial
 - Illinois Academy of Audiology (board member)
 - Illinois Board of Speech Pathology and Audiology (vicechair)
 - Audiology Quality Consortium (interim chair)
 - American Speech Language Hearing Association Audiology Group (member)
 - · Academy of Doctors of Audiology (committee member)

LEARNING OUTCOMES

- As a result of this Continuing Education Activity, participants will be able to:
 - List the new ICD 10 coding changes effective October 1, 2017.
 - Describe numerous ICD 10 Coding Scenarios
 - Explain how to implement ICD 10 with local coverage determinations



OCTOBER 1, 2017 ICD 10 CHANGES?

• There are no changes that impact audiology in 2017.



ICD-10-CM

- ICD-10-CM is an acronym for the International Classification of Diseases, 10th Revision.
- ICD-10s are a listing of codes designed to classify diagnoses and symptoms.
- Created by the World Health Organization and Centers for Disease Control.
- These codes typically consist of up to seven characters.
- Many of the codes that pertain to audiology begin with the letter "H".
- · Changed on October 1 of each year.

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FUNDAMENTALS OF ICD10

- Code what the patient, their family and/or their physician report in your case history.
 - Case histories need to focus on the whole patient, not just the auditory system.
 - Eight warning signs of ear disease.
 - Tinnitus
- · Code co-morbidities that support medical necessity.
 - i.e. cancer, vascular disorders, autoimmune diseases, diabetes, MS
- Code what you, the audiologist, measure.
 - i.e. hearing loss, eustachian tube dysfunction.
- Code what you, the audiologist, personally visualize.
 - i.e. exotoses, cauliflower ear, cerumen
- · Do not code merely for coverage.
 - This could be VERY important with the repeal of ACA.



IMPORTANCE OF DOCUMENTATION

 Documentation of comprehensive case history, test results, and plan of care is key to successful ICD 10 coding, especially if working with certified coder at your facility and they are coding for you.

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MEANING OF "UNRESTRICTED" AND "RESTRICTED" IN ICD 10

- Unrestricted means "normal" in ICD 10.
- Restricted means "abnormal" in ICD 10.

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WHAT THE NUMBERS MEAN

- A "3" as the last number means bilateral.
- A "2" as the last number means left ear.
- A "1" as the last number means right ear.



LOCAL COVERAGE DETERMINATIONS

 A Local Coverage Determination (LCD) is a decision by a Medicare Administrative Contractor (MAC) whether to cover a particular service on a MACwide, basis.



LOCAL COVERAGE DETERMINATIONS

- Vestibular and Auditory
 Cochlear Implants Testing
 - Novitas
- Evoked Potentials
 - Cahaba
 - Noridian
 - Novitas
- Cerumen Removal
 - CGS
- Intraoperative Monitoring
 - Novitas
 - First Coast

- - Palmetto
- Tympanometry
 - First Coast
- Vestibular Testing Only
 - First Coast
- Vestibular Testing
 - Also affects 92557
 - Palmetto

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LOCAL COVERAGE DETERMINATION **EXAMPLE** # 8 🛜 🖫 Mon Sep 11 6:48 PM Q 👨 🖃 Local Coverage Determination × Group 10 Codes: Show entries: 100 \$ ICD-10 CODE

- H93.293 Abnormal auditory perception, bilateral
- H93.292 Abnormal auditory perception, left ear
- H93.291 Abnormal auditory perception, right ear
- H93.3X3 Acoustic nerve disorder, bilateral
- H93.3X2 Acoustic nerve disorder, left ear
- H93.3X1 Acoustic nerve disorder, right ear
- H61.303 Acquired stenosis of external ear canal, bilateral
- H61.302 Acquired stenosis of external ear canal, left ear
- H61.301 Acquired stenosis of external ear canal, right ear

ICD-10 EXAMPLES

- H93.213 Auditory recruitment, bilateral
- H93.212 Auditory recruitment, left ear
- H93.211 Auditory recruitment, right ear
- Q16.1 Aural atresia
- G51.0 Bell's Palsy
- D33.3 Benign neoplasm of cranial nerves
- H81.13 Benign paroxysmal vertigo, bilateral
- H81.12 Benign paroxysmal vertigo, left ear
- H81.11 Benign paroxysmal vertigo, right ear
- M95.12 Cauliflower ear, left ear
- M95.11 Cauliflower ear, right ear
- H93.25 Central auditory processing disorder

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- H90.0 Conductive hearing loss, bilateral
- H90.12 Conductive hearing loss, left ear, unrestricted hearing in right ear
- H90.11 Conductive hearing loss, right ear, unrestricted hearing in the left ear
- H90.A11: Conductive hearing loss, unilateral, right ear, with restricted hearing loss on the contralateral side
- H90.A12: Conductive hearing loss, unilateral, left ear, with restricted hearing loss on the contralateral side
- R62.0 Delayed milestone in childhood
- F81.89 Developmental disorder of scholastic skills, other
- H93.223 Diplacusis, bilateral
- H93.222 Diplacusis, left ear
- · H93.221 Diplacusis, right ear
- R42 Dizziness
 - This is a symptom, not a diagnosis.
- Z51.11 Encounter for antineoplastic chemotherapy



- H69.81 Eustachian tube disorders, other specified, right ear
- H69.82 Eustachian tube disorders, other specified, left ear
- H69.83 Eustachian tube disorders, other specified, bilateral
- H61.813 Exostosis, bilateral
- H61.812 Exostosis, left ear
- H61.811 Exostosis, right ear
- Z82.2 Family history of hearing loss
- T16.2XXA Foreign body in left ear, initial encounter
- T16.2XXD Foreign body in left ear, subsequent encounter
- T16.1XXA Foreign body in right ear, initial encounter
- T16.1XXD Foreign body in right ear, subsequent encounter



- Z01.12 Hearing conservation and treatment
- Z01.110 Hearing examination following failed hearing screening
- Z01.10 Hearing/vestibular examination without abnormal findings
- Z01.118 Hearing examination with other abnormal findings
- H61.123 Hematoma of pinna, bilateral
- H61.122 Hematoma of pinna, left ear
- H61.121 Hematoma of pinna, right ear
- Z91.81 History of falling
- H93.233 Hyperacusis, bilateral
- H93.232 Hyperacusis, left ear
- H93.231 Hyperacusis, right ear
- H61.23 Impacted cerumen, bilateral
- H61.22 Impacted cerumen, left ear
- H61.21 Impacted cerumen, right ear



ICD-10 EXAMPLES

- F70 Intellectual disabilities, mild
- F71 Intellectual disabilities, moderate
- F72 Intellectual disabilities, severe
- F73 Intellectual disabilities, profound
- F78 Intellectual disabilities, other
- F79 Intellectual disabilities, unspecified

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- H83.13 Labyrinthine fistula, bilateral
- H83.12 Labyrinthine fistula, left ear
- H83.11 Labyrinthine fistula, right ear
- Z79.2 Long term (current) use of antibiotics
- Z79.82 Long-term use of aspirin
- Z76.5 Malingering
- H81.03 Meniere's disease, bilateral
- H81.02 Meniere's disease, left ear
- H81.01 Meniere's disease, right ear



- H90.6 Mixed hearing loss, bilateral
- H90.72 Mixed hearing loss, left ear, unrestricted hearing in right ear
- H90.71 Mixed hearing loss, right ear, unrestricted hearing in left ear
- H90.A31: Mixed conductive and sensorineural hearing loss, unilateral, right ear, with restricted hearing loss on the contralateral side
- H90.A32: Mixed conductive and sensorineural hearing loss, unilateral, left ear, with restricted hearing loss on the contralateral side
- Z96.22 Myringotomy tube(s) status
- H83.3X3 Noise effects on inner ear, bilateral
- H83.3X2 Noise effects on inner ear, left ear
- H83.3X1 Noise effects on inner ear, right ear



- H55.00 Nystagmus
- Z0.58 Observation and evaluation of newborn for other specified suspected condition ruled out
 - UNHS.
- H92.03 Otalgia, bilateral
- H92.02 Otalgia, left ear
- H92.01 Otalgia, right ear
 - Can represent pressure and fullness as well.
- H92.13 Otorrhea, bilateral
- H92.12 Otorrhea, left ear
- H92.11 Otorrhea, right ear



- H91.03 Ototoxic hearing loss, bilateral**
- H91.02 Ototoxic hearing loss, left ear**
- H91.01 Ototoxic hearing loss, right ear**
 - ** Code poisoning or adverse effect
- T36.5X5A Poisoning, adverse effect, aminoglycosides, initial encounter
- T36.5X5S Poisoning, adverse effect, aminoglycosides, long term follow-up
- T36.5X5D Poisoning, adverse effect, aminoglycosides, subsequent encounter
- T39.015A Poisoning, adverse effect, aspirin, initial encounter
- T39.015S Poisoning, adverse effect, aspirin, long term follow-up
- T39.015D Poisoning, adverse effect, aspirin, subsequent encounter



- T50.1X5A Poisoning, adverse effect, loop diuretic, initial encounter
- T50.1X5S Poisoning, adverse effect, loop diuretic, long term follow-up
- T50.1X5D Poisoning, adverse effect, loop diuretic, subsequent encounter
- T36.3X5A Poisoning, adverse effect, macolides, initial encounter
- T36.3X5S Poisoning, adverse effect, macolides, long term follow-up
- T36.3X5D Poisoning, adverse effect, macolides, subsequent encounter
- T46.7X5A Poisoning, adverse effect, vasodilators, initial encounter
- T46.7X5S Poisoning, adverse effect, vasodilators, long term follow-up
- T46.7X5D Poisoning, adverse effect, vasodilators, subsequent encounter

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- H93.A1 Pulsatile tinnitus, right ear
- H93.A2 Pulsatile tinnitus, left ear
- H93.A3 Pulsatile tinnitus, bilateral
- H93.A9 Pulsatile tinnitus, unspecified ear
- H90.3 Sensorineural hearing loss, bilateral
- H90.42 Sensorineural hearing loss, left ear, unrestricted hearing in right ear
- H90.41 Sensorineural hearing loss, right ear, unrestricted hearing in left ear
- H90.A21: Sensorineural hearing loss, unilateral, right ear, with restricted hearing loss on the contralateral side
- H90.A22: Sensorineural hearing loss, unilateral, left ear, with restricted hearing loss on the contralateral side



- F80.4 Speech and language delay due to hearing loss
- F80.1 Speech-language disorder, expressive
- F80.2 Speech-language disorder, expressive/receptive
- F80.89 Speech-language developmental disorder, other
- F80.0 Speech-language disorder, phonological
- H91.23 Sudden idiopathic hearing loss, bilateral
- H91.22 Sudden idiopathic hearing loss, left ear
- H91.21 Sudden idiopathic hearing loss, right ear
- H93.13 Tinnitus, bilateral
- H93.12 Tinnitus, left ear
- H93.11 Tinnitus, right ear



- H93.013 Transient ischemic deafness, bilateral
- H93.012 Transient ischemic deafness, left ear
- H93.011 Transient ischemic deafness, right ear
- H82.3 Vertiginous disorder of vestibular function, bilateral*
- H82.2 Vertiginous disorder of vestibular function, left ear*
- H82.1 Vertiginous disorder of vestibular function, right ear*
 - *Code first underlying disease
- H81.313 Vertigo, aural, bilateral
- H81.312 Vertigo, aural, left ear
- H81.311 Vertigo, aural, right ear



- H81.43 Vertigo, central, bilateral
- H81.42 Vertigo, central, left ear
- H81.41 Vertigo, central, right ear
- H81.393 Vertigo, peripheral, other, bilateral
- H81.392 Vertigo, peripheral, other, left ear
- H81.391 Vertigo, peripheral, other, right ear
- H81.8X3 Vestibular function disorder, other, bilateral
- H81.8X2 Vestibular function disorder, other, left ear
- H81.8X1 Vestibular function disorder, other, right ear



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DIFFERENT HEARING LOSSES IN DIFFERENT EARS

- H90.A11: Conductive hearing loss, unilateral, right ear, with restricted hearing loss on the contralateral side
- H90.A12: Conductive hearing loss, unilateral, left ear, with restricted hearing loss on the contralateral side
- H90.A21: Sensorineural hearing loss, unilateral, right ear, with restricted hearing loss on the contralateral side
- H90.A22: Sensorineural hearing loss, unilateral, left ear, with restricted hearing loss on the contralateral side
- H90.A31: Mixed conductive and sensorineural hearing loss, unilateral, right ear, with restricted hearing loss on the contralateral side
- H90.A32: Mixed conductive and sensorineural hearing loss, unilateral, left ear, with restricted hearing loss on the contralateral side
 - You would need to select two of the above codes to reflect different hearing losses in different ears.

TOXICITY FROM VIAGRA

- H91.02 Ototoxic hearing loss, left ear
- T46.7X5A Poisoning, adverse effect, vasodilators, initial encounter
 - First date you diagnose an ototoxic loss.



"ROUTINE" HEARING TEST

- There is no CPT or HCPCS code for a "routine" hearing test.
 - Some payers see the hearing screening (92551 or V5008) as the "routine" test.
- The best option is ICD 10 code Z0.110 or Z01.118.
- Sometimes, again, it is the patient's responsibility to fight for coverage.



NORMAL HEARING WITH NO OTHER SYMPTOMS OR CO-MORBIDITIES

- Z01.10 Hearing/vestibular examination without abnormal findings
- or
- H93.2 - Abnormal auditory perception
 - If they report communication difficulties.

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NORMAL VESTIBULAR

• Z91.81 History of Falling

or

• R42 Dizziness

or

Comorbidities that drove medical necessity.

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NEWBORN HEARING SCREENING FOLLOW-UP

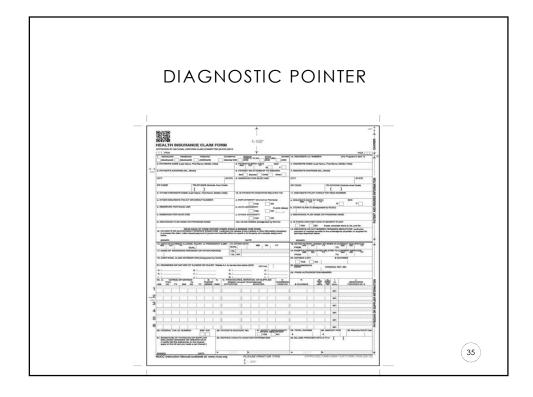
- Code pre and post natal conditions or symptoms.
- Code any co-morbidities.
- Code anything you see or measure.
- If they previously failed a hearing screening, code Z01.110.
- Add the -33 modifier to all of the procedures.
- Consider Z0.58 (Observation and evaluation of newborn for other specified suspected condition ruled out).



ICD 10 TIPS

- Consider state defined scope of practice.
- We code what we learn and find, not for coverage.
 - You could be giving someone a pre-existing condition.
- Do not use rule out diagnoses once you know they do not exist.
 - http://www.cgsmedicare.com/partb/pubs/news/2013/0113/cope21072.html
- Can code up to 12 diagnoses per claim.
- Can link diagnosis to procedure (diagnosis pointer; 24e).
 - Field can accommodate up to four pointers.
- Use the most specific code possible whenever possible.
 - Can be denied over lack of specificity.
- Use of Z codes can drive denials.
 - As a result, use other codes whenever possible.
 - Avoid these codes being a primary or only diagnosis.





ICD 10 RESOURCES

- Online Look-up (free options):
 - www.icd10data.com
 - https://www.aapc.com/icd-10/codes/
 - https://www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx
- Manuals/Software
 - https://commerce.ama-assn.org/store/catalog/subCategoryDetail.jsp?categoryid=cat1150010&navAction=push
 - https://www.optumcoding.com/Category/100091/100276/
 - https://www.aapc.com/medical-coding-books/icd-10books.aspx

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