

ICD-9-CM Coding Persistency

What is ICD-9-CM (diagnosis) coding persistency?

Persistency in coding refers to the ongoing identification of members with chronic medical or behavioral health conditions on a CMS-1500 form through the use of coding from one year to the next. The "persistence rate" is the percentage of members coded with the chronic condition in year 1, who are also coded for the chronic condition in year 2.

Who does persistency of correct ICD-9-CM coding affect and how?

Provider

- Accurate diagnosis in the chart accomplishes quality and continuity of care goals.
- Improved quality of care standards.
- Improved risk stratification of patients – higher risk scores for members with more comorbidities.
- Avoids office interruptions for clarification of claims information.
- Improves office administrative efficiencies by decreasing unnecessary payer requests for additional information during the prior authorization or clarification of claims information.

Patient

- Better and earlier identification of patients with chronic conditions allow us to employ quality targeted interventions and education with the patient.
- Funding from the State and Federal governments is dependent upon documented morbidity of the population. Persistency in risk scores from year to year potentially results in more dollars being available to purchase services for Medicaid patients.

Why is it important to code the care that is documented?

- Specificity in diagnosis documentation results in accurate ICD-9-CM coding.
- Documentation that supports the diagnosis has always been important from a quality of care perspective.
- Accurate ICD-9-CM coding achieves accuracy in the diagnosis portion of the claim.

ICD-9-CM Coding Facts

- Diagnosis codes submitted on claim forms establish the necessity for services performed.
- The codes submitted on the claims are used by outside agencies and organizations to forecast health care trends and needs.
- The provider of services is the only person who has authority to formulate and determine a diagnosis. Non-clinical staff should not choose a diagnosis for a patient, but may accurately convert a narrative description to a diagnosis code, ideally after they've been trained on the proper use of the ICD-9-CM Manual.
- Proper diagnosis coding requires using the ICD-9-CM Volumes I and II to choose appropriate codes.

Where are ICD-9-CM codes entered on the CMS-1500 form?

- Paper Claim – Box 21
- Electronic Claim – Loop 2300, Segment HI01-2; HI02-2; HI03-2; HI04-2

When will Delaware Physicians Care outreach providers to identify gaps in diagnosis coding persistency from year to year?

- Collaborative outreach from Providers Relations, Medical Management & Quality Management to provider offices will occur in Q3 and Q4 2010 to discuss best practices for specific chronic conditions, i.e., chronic renal failure, asthma, GERD and certain behavioral health and substance abuse diagnoses, and gain input and feedback from providers on needed education, resources, and/or potential challenges to coding persistency.

Superbill Example
Illustrative Purpose Only

Date of service:				Waiver? yes / no		****Alert****			
Patient name:				Insurance:		Always review/code chronic diagnoses			
Address:				Subscriber name:					
				Group #:		Previous balance:			
				Account #:		Today's charges:			
Phone:				Copay:		Today's payment:			
DOB:		Age:		Sex:		Physician name:		Balance due:	
RANK	Office visit	New	Est	RANK	Office procedures			RANK	Laboratory
	Minimal		99211		Anoscopy	46600		Venipuncture	36415
	Problem focused	99201	99212		Audiometry	92551		Blood glucose, monitoring device	82962
	Exp problem focused	99202	99213		Cerumen removal	69210		Blood glucose, visual dipstick	82948
	Detailed	99203	99214		Colposcopy	57452		CBC, w/ auto differential	85025
	Comp	99204	99215		Colposcopy w/biopsy	57455		CBC, w/o auto differential	85027
	Comp (new patient)	99205			ECG, w/interpretation	93000		Cholesterol	82465
	Significant, sep serv	-25	-25		ECG, rhythm strip	93040		Hemoccult, guaiac	82270
	Well visit	New	Est		Endometrial biopsy	58100		Hemoccult, immunoassay	82274
	< 1 y	99381	99391		Flexible sigmoidoscopy	45330		Hemoglobin A1C	85018
	1-4 y	99382	99392		Flexible sigmoidoscopy w/biopsy	45331		Lipid panel	80061
	5-11 y	99383	99393		Fracture care, cast/splint	29__		Strep culture	87081
	12-17 y	99384	99394		Site: _____			Strep A	87880
	18-39 y	99385	99395		Nebulizer	94640		TB	86580
	40-64 y	99386	99396		Nebulizer demo	94664		UA, complete, non-automated	81000
	65 y +	99387	99397		Spirometry	94010		UA, w/o micro, non-automated	81002
					Spirometry, pre and post	94060		UA, w/ micro, non-automated	81003
	Consultation/preop clearance				Tympanometry	92567		Urine colony count	87086
	Exp problem focused		99242		Vasectomy	55250		Urine culture, presumptive	87088
	Detailed		99243		Skin procedures		Units	Wet mount/KOH	87210
	Comp/mod complex		99244		Burn care, initial	16000		Vaccines	
	Comp/high complex		99245		Foreign body, skin, s	10120		DT, <7 y	90702
	Immunizations & Injections			Units	Foreign body, skin, c	10121		DTP	90701
	Allergen, one	95115			I&D, abscess	10060		DtaP, <7 y	90700
	Allergen, multiple	95117			I&D, hematoma/serd	10140		Flu, 6-35 months	90657
	Imm admin, one	90471			Laceration repair, sif	120__		Flu, 3 y +	90658
	Imm admin, each ad	90472			Site: _____ Size: _____			Hep A, adult	90632
	Imm admin, intranas	90473			Laceration repair, la	120__		Hep A, ped/adol, 2 dose	90633
	Imm admin, intranas	90474			Site: _____ Size: _____			Hep B, adult	90746
	Injection, joint, smal	20600			Lesion, biopsy, one	11100		Hep B, ped/adol 3 dose	90744
	Injection, joint, inter	20605			Lesion, biopsy, each	11101		Hep B-Hib	90748
					Lesion, destruct., be	17110		Hib, 4 dose	90645
Diagnoses								HPV	90649
Alert: Review & code chronic condition diagnoses								IPV	90713
	1							MMR	90707
	2				Miscellaneous services			Pneumonia, >2 y	90732
	3							Pneumonia conjugate, <5 y	90669
	4							Td, >7 y	90718
Next office visit					Supplies				
Recheck • Prev • PRN		___ D W M Y						Varicella	90716
Instructions:					**Always review & code chronic condition diagnoses as appropriate** (examples below)				
Referral					Respiratory System		Digestive System		
To:					493.90	Asthma, unspec.	530.81	GERD, no esophagitis	
Instructions:					496	COPD, NOS			
Physician signature					Genitourinary System		Mental Disorders		
X _____					593.9	Renal insufficiency, acute	311	Depressive disorder, NOS	
					Endocrine, Nutritional & Metabolic Disorders				
					250.01	Diabetes I, uncomplicated			
					250.91	Diabetes I, w/ unspec. complications			
					250.00	Diabetes II, uncomplicated			
					250.90	Diabetes II, w/ unspec. complications			

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Examples of common chronic conditions most often overlooked during the coding process are shown above.