**ICD-10 Physician Education Document**

**Background:** This document serves to summarize common diagnoses that Advocate Order Managers have observed as requiring additional specificity or laterality in order to pass Medical Necessity with ICD-10. One of the most important transition items from ICD-9 to ICD-10 codes is that there is no simple mapping or translation from ICD-9 to ICD-10 for some codes. There are some one-to-one correspondences, but often there are one-to-many, many-to-one, many-to-many, or no correspondence at all.

*Note: A compliant diagnosis is a narrative diagnosis description.* Physicians do not need to provide a diagnosis code; only a narrative is required. Any resource material referencing ICD-10 coding is for physician and office staff use only and not a requirement on Advocate hospital orders.

*Note: The below links to the policies may not be the most current version of the LCD/NCD policy, as the policies are continually being updated. When linked to a policy, there is a section towards the bottom of the CMS page titled, “Associated Documents,” that lists all public versions of the policy and when they were last updated. This is the best way to ensure the policy being referenced is the most recent version.

### Common Diagnoses for Physician Review

- Advocate hospital Order Managers have identified the following common diagnoses that require additional specificity or laterality in order to pass Medical Necessity with ICD-10 even though they previously passed without the additional information using ICD-9:
  1. **Narrative Diagnosis = Transient Ischemic Attack (TIA)**
     - The site (vessel) is required since an unspecified site no longer meets Medical Necessity. Any specified descriptors would make it more likely to be covered. Some of these options are on the LCD policy and some are not. If the diagnosis includes an artery, the side will need to be documented (left/right) because an unspecified side will typically not be covered.
     - LCD Policy Link: [Magnetic Resonance Angiography (MRA) (L33633)]
  2. **Narrative Diagnosis = Carotid Stenosis, Arterial Doppler (vascular exams)**
     - Laterality is needed – left, right, or bilateral
     - Venous Doppler 93970 is the exception – localized edema or generalized edema
     - LCD Policy Link: [Non-Invasive Vascular Studies (L33627)]
  3. **Narrative Diagnosis = Breast Cancer**
     - Laterality is needed – left, right, or bilateral and the quadrant is needed – for example, upper left quadrant
     - LCD Policy Link: [Breast Imaging: Breast Echography (Sonography)/Breast MRI/Ductography (L33585)]
  4. **Narrative Diagnosis = Cardiac Catheterization**
     - CPT codes will determine which groups to review for the appropriate diagnosis
     - Left Heart Cath CPT 93458
     - Right Heart Cath CPT 93451
       - 93453: Group 1 and Group 2
       - 93456 and 93457: Group 1 and Group 3
       - 93458 and 93459: Group 2 and Group 3
       - 93460 and 93461: Group 3, plus Group 1 or 2
       - 93451 is Group 1
     - LCD Policy Link: [Cardiac Catheterization and Coronary Angiography (L33557)]

### Helpful Websites with ICD-10 Information & Tools

- **APP Physician Partners**
  - APP Pro Website: [https://app.advocatehealth.com/New%20APP%20Login](https://app.advocatehealth.com/New%20APP%20Login)
- **Non-Aligned Physician Partners**
  - CMS Website: [http://www.cms.gov/Medicare/Coding/ICD10](http://www.cms.gov/Medicare/Coding/ICD10)