Basic Introduction to ICD-10-CM

Pat Brooks, RHIA

Senior Technical Advisor

Hospital and Ambulatory Policy Group (HAPG)

Center for Medicare Management (CMM)

Centers for Medicare & Medicaid Services (CMS)

Patricia.brooks2@cms.hhs.gov

ICD-10 Final Rule CMS-0013-F

- Published January 16, 2009

- October 1, 2013 – Compliance date for implementation of ICD-10-Clinical Modification (CM) and ICD-10-Procedure Coding System (PCS)

  http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf

ICD-10 Implementation

- Single implementation date for all users
  - Date of service for ambulatory and physician reporting
  - Date of discharge for inpatient settings
- ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013
- ICD-9-CM claims for services prior to implementation date will continue to flow through systems for a period of time
- No grace period

Sue Bowman, RHIA, CCS

Director, Coding Policy and Compliance

American Health Information Management Association (AHIMA)

Sue.bowman@ahima.org

Benefits of ICD-10-CM

- Up-to-date classification systems will provide much better data for:
  - Measuring the quality, safety, and efficacy of care
  - Designing payment systems and processing claims for reimbursement
  - Conducting research, epidemiological studies, and clinical trials
  - Setting health policy
  - Operational and strategic planning and designing healthcare delivery systems
  - Monitoring resource utilization
  - Improving clinical, financial, and administrative performance
  - Preventing and detecting healthcare fraud and abuse
  - Tracking public health and risks

ICD-10-CM Structure

ICD-9-CM

- 3 - 5 characters
- First character is numeric or alpha (E or V)
- Characters 2- 5 are numeric
- Always at least 3 characters
- Use of decimal after 3 characters

ICD-10-CM

- 3 - 7 characters
- Character 1 is alpha (all letters except U are used)
- Character 2 is numeric
- Characters 3 - 7 are alpha or numeric
- Use of decimal after 3 characters
- Use of dummy placeholder "x"
- Alpha characters are <u>not</u> case-sensitive

ICD-9-CM Structure – Format

3 - 5 Characters

496

414 .00

V 55.3

- Codes longer than 3 characters always have decimal point after first 3 characters
- 1st character: alpha or numeric
- 2nd through 5th characters: numeric

ICD-10-CM Structure – Format

3 - 7 Characters

P09

S32.010A

O9A.211

M1A.0111

- Codes longer than 3 characters always have decimal point after first 3 characters
- 1st character: alpha
- 2nd through 7th characters: alpha or numeric
- 7th character used in certain chapters (obstetrics, musculoskeletal, injuries, and external causes of injury)

ICD-10-CM: Similarities to ICD-9-CM

- Format
  - Tabular List and Index
    - Chapters in Tabular structured similarly to ICD-9-CM, with minor exceptions
      - A few chapters have been restructured
      - Sense organs (eye and ear) separated from Nervous System chapter and moved to their own chapters
    - Index structured the same as ICD-9-CM
      - Alphabetic Index of Diseases and Injuries
      - Alphabetic Index of External Causes
      - Table of Neoplasms
      - Table of Drugs and Chemicals

ICD-10-CM: Similarities to ICD-9-CM

- Divided into Alphabetic Index and Tabular List
  - Structure and format are the same
  - Index is alphabetical list of terms and their corresponding codes
    - Alphabetic Index lists main terms in alphabetical order with indented subterms under main terms
    - Index is divided into 2 parts: Index to Diseases and Injuries and Index to External Causes

ICD-10-CM: Similarities to ICD-9-CM

- Tabular List is a chronological list of codes divided into chapters based on body system or condition

- Tabular List is presented in code number order

- Same hierarchical structure

- Codes are invalid if they are missing an applicable character

- Codes are looked up the same way
  - Look up diagnostic terms in Alphabetic Index
  - Then verify code number in Tabular List

ICD-10-CM: Similarities to ICD-9-CM

- Many conventions have same meaning
  - Abbreviations, punctuation, symbols, notes such as "code first" and "use additional code"
- Nonspecific codes ("unspecified" or "not otherwise specified") are available to use when detailed documentation to support more specific code is not available

ICD-10-CM: Similarities to ICD-9-CM

- *ICD-10-CM Official Guidelines for Coding and Reporting* accompany and complement ICD-10-CM conventions and instructions

- Adherence to the official coding guidelines in all healthcare settings is required under the Health Insurance Portability and Accountability Act

ICD-10-CM: Differences from ICD-9-CM

- All codes are alphanumeric
  - 1st character is always alpha and alpha characters may appear elsewhere in the code as well
- Codes can be up to 7 characters in length
- Codes are more specific
- Code titles are more complete (no need to refer back to a category, subcategory, or subclassification level to determine complete meaning of code)

ICD-10-CM: Differences from ICD-9-CM

- Laterality (side of the body affected) has been added to relevant codes

- Expanded use of combination codes
  - Certain conditions and associated common symptoms or manifestations
  - Poisonings and associated external cause

- Injuries grouped by anatomical site rather than type of injury

- Codes reflect modern medicine and updated medical terminology

Combination Codes – Examples

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

- E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema

- K71.51 Toxic liver disease with chronic active hepatitis with ascites

- K50.012 Crohn's disease of small intestine with intestinal obstruction

- N41.01 Acute prostatitis with hematuria

ICD-10-CM Injury Changes

- ICD-9-CM
  - Fractures (800-829)
  - Dislocations (830-839)
  - Sprains and strains(840-848)
- ICD-10-CM
  - Injuries to the head (S00-S09)
  - Injuries to the neck (S10-S19)
  - Injuries to the thorax (S20-S29)

ICD-10-CM: Differences from ICD-9-CM

- Addition of 7th character

  - Used in certain chapters to provide information about the characteristic of the encounter

  - Must always be used in the 7th character position

  - If a code has an applicable 7th character, the code must be reported with an appropriate 7th character value in order to be valid

ICD-10-CM
7th Character Injuries – & External Causes

A Initial encounter

D Subsequent encounter

S Sequela

Note: For aftercare of an injury, assign acute injury code with 7th character "D"

ICD-10-CM
7th Character – Fractures

A Initial encounter for closed fracture

B Initial encounter for open fracture

D Subsequent encounter for fracture with routine
     healing

G Subsequent encounter for fracture with delayed
     healing

K Subsequent encounter for fracture with nonunion

P Subsequent encounter for fracture with malunion

S Sequela

ICD-10-CM: Placeholder "X"

- Addition of dummy placeholder "X" is used in certain codes to:
  - Allow for future expansion
  - Fill out empty characters when a code contains fewer than 6 characters and a 7th character applies
- When placeholder character applies, it must be used in order for the code to be considered valid

ICD-10-CM: Excludes Notes

- Excludes1 note
  - Indicates that code identified in the note and code where the note appears cannot be reported together because the 2 conditions cannot occur together

  Example:

  E10 Type 1 Diabetes mellitus

  Excludes1: diabetes mellitus due to underlying condition (E08.-)

  drug or chemical induced diabetes mellitus (E09.-)

  gestational diabetes (O24.4-)
  hyperglycemia NOS (R73.9)

  neonatal diabetes mellitus (P70.2)

  type 2 diabetes mellitus (E11.-)

ICD-10-CM: Excludes Notes

- Excludes1 note
  - Additional example:

    M21 Other acquired deformities of limbs

    Excludes1: acquired absence of limb (Z89.-)

    congenital absence of limbs (Q71-Q73)

ICD-10-CM: Excludes Notes

- Excludes2 note
  - Indicates that condition identified in the note is not part of the condition represented by the code where the note appears, so both codes may be reported together if the patient has both conditions

    Example:

    L89 Pressure ulcer

    Excludes2: diabetic ulcers (E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622)

    non-pressure chronic ulcer of skin (L97.-)

    skin infections (L00-L08)

    varicose ulcer (I83.0, I83.2)

ICD-10-CM: Excludes Notes

- Excludes2 note
  - Additional example:

    I70.2 Atherosclerosis of native arteries of the extremities

    Excludes2: atherosclerosis of bypass graft of extremities (I70.30-I70.79)

ICD-10-CM Specificity Examples

- Increased specificity
  - S72.044G Nondisplaced fracture of base of neck of right femur, subsequent encounter for closed fracture with delayed healing
  - I69.351 Sequelae of cerebral infarction, Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
  - Z47.81 Encounter for orthopedic aftercare following surgical amputation
  - Z48.21 Encounter for aftercare following heart transplant

ICD-10-CM Laterality Examples

- Laterality
  - C50.511 Malignant neoplasm of lower-outer quadrant of right female breast
  - C50.512 Malignant neoplasm of lower-outer quadrant of left female breast
  - C50.519 Malignant neoplasm of lower-outer quadrant of unspecified female breast

ICD-10-CM Coding Examples

Hypertension

Step 1

Look up term in Alphabetic Index:

Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic) I10

ICD-10-CM Coding Examples

Hypertension (con't)
Step 2
Verify code in Tabular:

I10 Essential (primary) hypertension

      Includes: high blood pressure

              hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic)

     Excludes1: hypertensive disease complicating pregnancy, childbirth and the puerperium (O10-O11, O13-O16)

     Excludes2: essential (primary) hypertension involving vessels of brain (I60-I69)

           essential (primary) hypertension involving vessels of eye (H35.0)

ICD-10-CM Coding Examples

Type I diabetes mellitus with diabetic nephropathy

Step 1

Look up term in Alphabetic Index:

Diabetes, diabetic (mellitus) (sugar) E11.9

  type 1 E10.9

    with

      nephropathy E10.21

ICD-10-CM Coding Examples

Type I diabetes mellitus with diabetic nephropathy (con't)

Step 2

Verify code in Tabular:

E10 Type 1 diabetes mellitus

    E10.2 Type 1 diabetes mellitus with kidney complications

        E10.21 Type 1 diabetes mellitus with diabetic nephropathy

            Type 1 diabetes mellitus with intercapillary glomerulosclerosis

            Type 1 diabetes mellitus with intracapillary glomerulonephrosis

            Type 1 diabetes mellitus with Kimmelstiel-Wilson disease

ICD-10-CM Coding Examples

Stage III decubitus ulcer of coccyx

Step 1

Look up term in Alphabetic Index:

Ulcer, ulcerated, ulcerating, ulceration, ulcerative decubitus -

  see Ulcer, pressure, by site

  pressure (pressure area) L89.9-

   coccyx L89.15-

OR

   stage III (healing) (full thickness skin loss involving damage or necrosis of subcutaneous tissue)

    coccyx L89.15-

ICD-10-CM Coding Examples

Stage III decubitus ulcer of coccyx (con't)
Step 2
Verify code in Tabular:

L89 Pressure ulcer
    Includes: bed sore
             decubitus ulcer
    L89.15 Pressure ulcer of sacral region
             Pressure ulcer of coccyx
             Pressure ulcer of tailbone
             L89.153 Pressure ulcer of sacral region, stage III
                  Healing pressure ulcer of sacral region, stage III
                  Pressure ulcer with full thickness skin loss
                    involving damage or necrosis of subcutaneous
                    tissue, sacral region

ICD-10-CM Coding Examples

Postmenopausal osteoporosis with current pathological fracture, vertebra, initial encounter for fracture

Step 1

Look up term in Alphabetic Index:

Osteoporosis (female) (male) M81.0

  postmenopausal M81.0

    vertebra M80.08

ICD-10-CM Coding Examples

Postmenopausal osteoporosis with current pathological fracture, vertebra, initial encounter for fracture (con't)

Step 2

Verify code in Tabular:

M80 Osteoporosis with current pathological fracture

 The appropriate 7th character is to be added to each code from category M80:

  A initial encounter for fracture

  D subsequent encounter for fracture with routine healing

  G subsequent encounter for fracture with delayed healing

  K subsequent encounter for fracture with nonunion

  P subsequent encounter for fracture with malunion

  S sequela

M80.08 Age-related osteoporosis with current pathological fracture, vertebra(e)

Report code M80.08xA because code is only 5 characters long and it requires a 7th character, so the placeholder "x" is needed in 6th character position

ICD-10-CM Coding Examples

Dislocation, jaw, subsequent encounter

Step 1

Look up term in Alphabetic Index:

Dislocation (articular)

  jaw (cartilage) (meniscus) S03.0

ICD-10-CM Coding Examples

Dislocation, jaw, subsequent encounter (con't)

Step 2

Verify code in Tabular:

S03 Dislocation and sprain of joints and ligaments of head

    The appropriate 7th character is to be added to each code from category S03:

        A initial encounter

        D subsequent encounter

        S sequela

    S03.0 Dislocation of jaw

        Dislocation of jaw (cartilage) (meniscus)

        Dislocation of mandible

        Dislocation of temporomandibular (joint)

Report code S03.0xxD because code is only 4 characters long and it requires a 7th character, so the placeholder "x" is needed in the 5th and 6th character positions

ICD-10-CM Coding Examples

Late effect of stroke with facial droop

Step 1

Look up term in Alphabetic Index:

Late effect(s) - see Sequelae

Sequelae (of) - see also condition

   stroke NOS I69.30

      facial droop I69.392

ICD-10-CM Coding Examples

Late effect of stroke with facial droop (con't)

Step 2

Verify code in Tabular:

I69 Sequelae of cerebrovascular disease

  I69.3 Sequelae of cerebral infarction

      Sequelae of stroke NOS

   I69.392 Facial weakness following cerebral infarction

      Facial droop following cerebral infarction

ICD-10-CM Coding Examples

Aftercare following hip replacement (not for fracture)

Step 1

Look up term in Alphabetic Index:

Aftercare (see also Care) Z51.89

  following surgery (for) (on)

    joint replacement Z47.1

ICD-10-CM Coding Examples

Aftercare following hip replacement (not for fracture) (con't)

Step 2

Verify code in Tabular:

Z47 Orthopedic aftercare

      Excludes1: aftercare for healing fracture-code to fracture with

       7th character D

      Z47.1 Aftercare following joint replacement surgery

           Use additional code to identify the joint (Z96.6-)

ICD-10 Facts vs. Myths

- Myth: There will be no hard-copy ICD-10-CM code books and all coding will need to be performed electronically.

  Fact: ICD-10-CM code books are already available and are a manageable size. The use of ICD-10-CM is not predicated on the use of electronic hardware and software.

ICD-10 Facts vs. Myths

- Myth: Unnecessarily detailed medical record documentation will be required.

- *Fact: As with ICD-9-CM, ICD-10-CM codes should be based on medical record documentation. While documentation supporting accurate and specific codes will result in higher-quality data, nonspecific codes are still available for use when documentation doesn't support a higher level of specificity. As demonstrated by the American Hospital Association/AHIMA field testing study, much of the detail contained in ICD-10-CM is already in medical record documentation but is not currently needed for ICD-9-CM coding.*

ICD-10 Facts vs. Myths

- Myth: The increased number of codes will make ICD-10-CM impossible to use.

- *Fact: Just as the size of a dictionary doesn't make it more difficult to use, a higher number of codes doesn't necessarily increase the complexity of the coding system – in fact, it makes it easier to find the right code.*

- *Fact: Greater specificity and clinical accuracy make ICD-10-CM easier to use than ICD-9-CM.*

- *Fact: Because ICD-10-CM is much more specific, is more clinically accurate, and uses a more logical structure, it is much easier to use than ICD-9-CM.*

ICD-10 Facts vs. Myths

- Myth: The increased number of codes will make ICD-10-CM impossible to use (con't).

- *Fact: Just as it isn't necessary to search the entire list of ICD-9-CM codes for the proper code, it is also not necessary to conduct searches of the entire list of ICD-10-CM codes.*

- *Fact: The Alphabetic Index and electronic coding tools will continue to facilitate proper code selection.*

- *Fact: It is anticipated that the improved structure and specificity of ICD-10-CM will facilitate the development of increasingly sophisticated electronic coding tools that will assist in faster code selection.*

ICD-10-CM: Impact on Coding and Documentation

- Increased detail in new coding systems will allow improved coding specificity
- Improvements in ICD-10-CM facilitate coding process (more complete and specific code titles, updated medical terminology, expanded and clearer instructional notes)
- While detailed medical record documentation would result in higher coding specificity and higher data quality, non-specific codes are still available when detailed documentation is unavailable

ICD-10-CM Implementation Planning

- Identify medical record documentation improvement opportunities
  - ICD-10-CM does not require improvements in documentation, but high-quality documentation would increase the benefits of a new coding system and is increasingly being demanded by other initiatives

- Start by reviewing medical record documentation on the most frequently-coded conditions

ICD-10-CM: Training Needs for Coding Personnel

- Intensive coder training should not be provided until 6 - 9 months prior to implementation

- 16 hours of ICD-10-CM training will likely be adequate for most coders, and very proficient ICD-9-CM coders may not need that much

- Additional training may be needed to refresh or expand knowledge in the biomedical sciences (anatomy, physiology, pathophysiology, pharmacology, and medical terminology)

ICD-10-CM: Training Needs for Coding Personnel

- What should coders be doing now to prepare?
  - Learn about the structure, organization, and unique features of ICD-10-CM
  - Use assessment tools to identify areas of strength/weakness in the biomedical sciences
  - Review and refresh knowledge of biomedical concepts as needed based on the assessment results

AHIMA Resources

- Practical guidance
  - *Putting the ICD-10-CM/ PCS GEMs into Practice* (free)
  - *ICD-10 Preparation Checklist* (free)
  - Role-based implementation model (free)
- Books
  - *Pocket Guide of ICD-10-CM and ICD-10-PCS*
  - *ICD-10-CM and ICD-10-PCS Preview*

- Online courses
  - *ICD-10-CM Overview: Deciphering the Code*
- E-newsletter (free)
- Proficiency assessments
- Academy for ICD-10-CM Trainers
  - April 24 - 25 (Scottsdale, AZ)
  - November 8 - 9 (Chicago, IL)
- Articles
- Webinars/Conferences

CMS Resources

CMS Resources

- MS-DRG Conversion Report http://www.cms.hhs.gov/ICD10/Downloads/MsdrgConversion.pdf

- ICD-10 General Information

  http://www.cms.hhs.gov/ICD10

Additional Resources

- The following organizations offer providers and others ICD-10 resources
  - WEDI (Workgroup for Electronic Data Interchange)

    http://www.wedi.org
  - HIMSS (Health Information and Management Systems Society)

    http://www.himss.org/icd10

ICD-9 Notice

The International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) is published by the United States Government. A CD-ROM, which may be purchased through the Government Printing Office, is the only official Federal government version of the ICD-9-CM. ICD-9-CM is an official Health Insurance Portability and Accountability Act standard.