

ICD – 10 CM

Overview

11/10/15

What is Changing?

- Medical diagnosis and inpatient procedure code sets:
 - ICD-9 CM Vol 1 & 2 → ICD-10 CM
 - ICD-9 CM Vol 3 → ICD-10 PCS

CM = Clinical Modifications

PCS = Procedural coding system

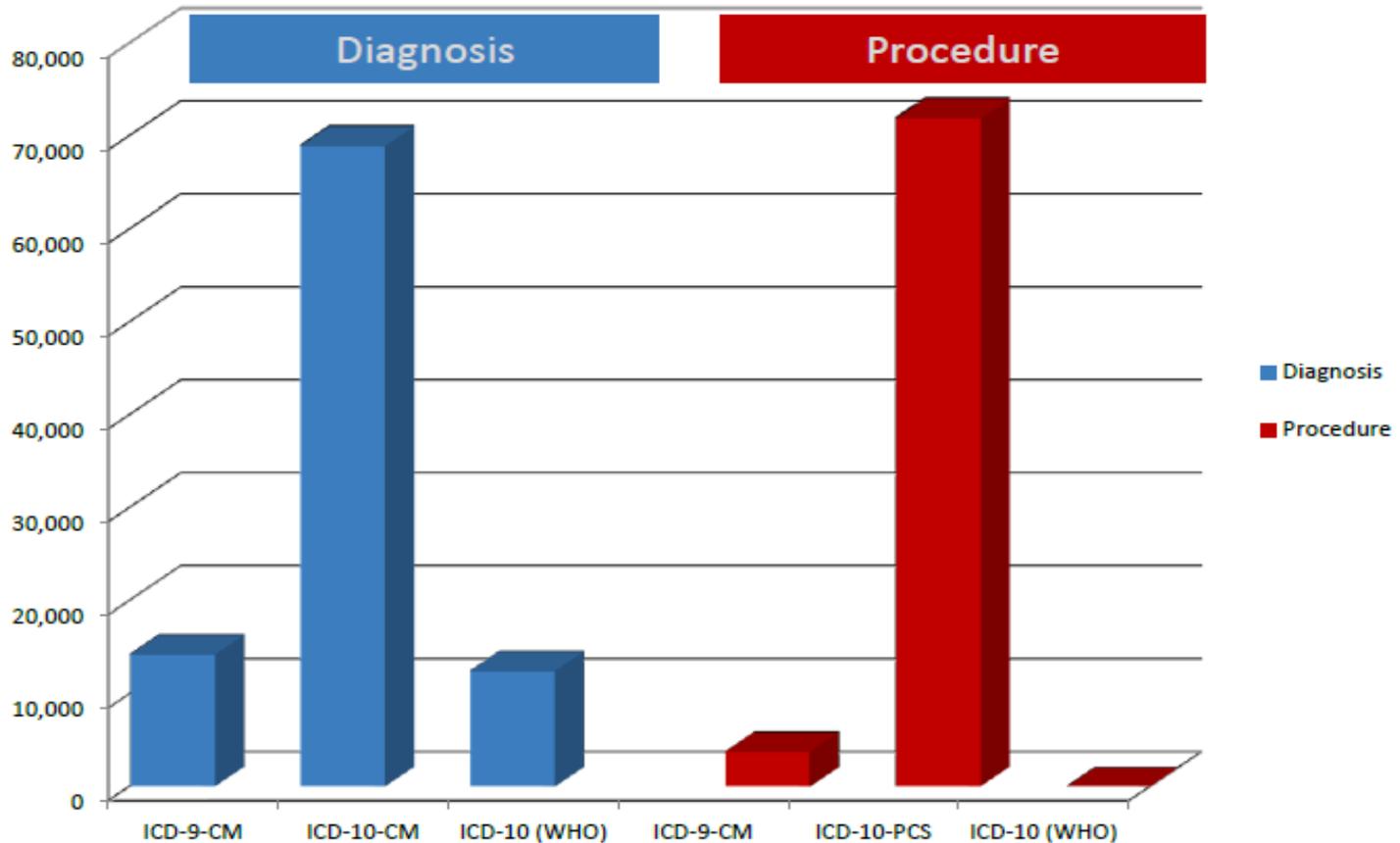
Who is Affected?

- Anyone who is covered by HIPAA:
 - Health care providers who conduct electronic transactions
 - Payers including Medicaid and Medicare
 - Clearinghouses
- Some non-HIPAA covered entities that use ICD-9 codes:
 - Vendors and business associates of covered entities
 - Worker's compensation programs
 - Life insurance companies

ICD-10 Changes

- From 14,000 ICD-9 codes to approximately 69,000 ICD-10 codes.
- All codes have full descriptions for both ICD-10-CM and ICD-10-PCS

ICD-10-CM/PCS Growth of Codes



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ICD-10

- Refers to the diagnosis and procedure code sets
- Replaces ICD-9 code sets and includes updated medical terminology and classification of diseases
- More logically organized, more detailed and specific, and more clinically accurate

Why the Change?

- ICD-10 CM, with its alphanumeric structure, will provide:
 - more specific information,
 - expand injury coding, and
 - provide a more descriptive clinical picture of the patient

Why the Change? Cont.

- ICD-10 provides more specific data than ICD-9
 - Better reflects current medical practice
 - Structure accommodates addition of new codes
 - The current coding system is running out of capacity and cannot accommodate future state of health care
 - Expanded data capture
 - Quality measurement
 - Reduce coding errors
 - Better analysis of disease patterns
 - Track and respond to public health outbreaks
 - Make claim submission more efficient
 - Identify fraud and abuse

ICD-10

- ICD-10 CM/PCS consists of two parts:
 - ICD-10-CM for **diagnosis coding** in all health care settings
 - Describes left vs. right, initial vs. subsequent encounter, routine vs. delayed healing, and nonunion vs. malunion
 - ICD-10-PCS for **inpatient procedure** coding in hospital settings
 - Provides detailed information on procedures and distinct codes for all types of devices

Will ICD-10 affect CPT & HCPCS?

- CPT & HCPCS coding for outpatient and office procedures is not affected by the ICD-10 transition

ICD-9 versus ICD-10

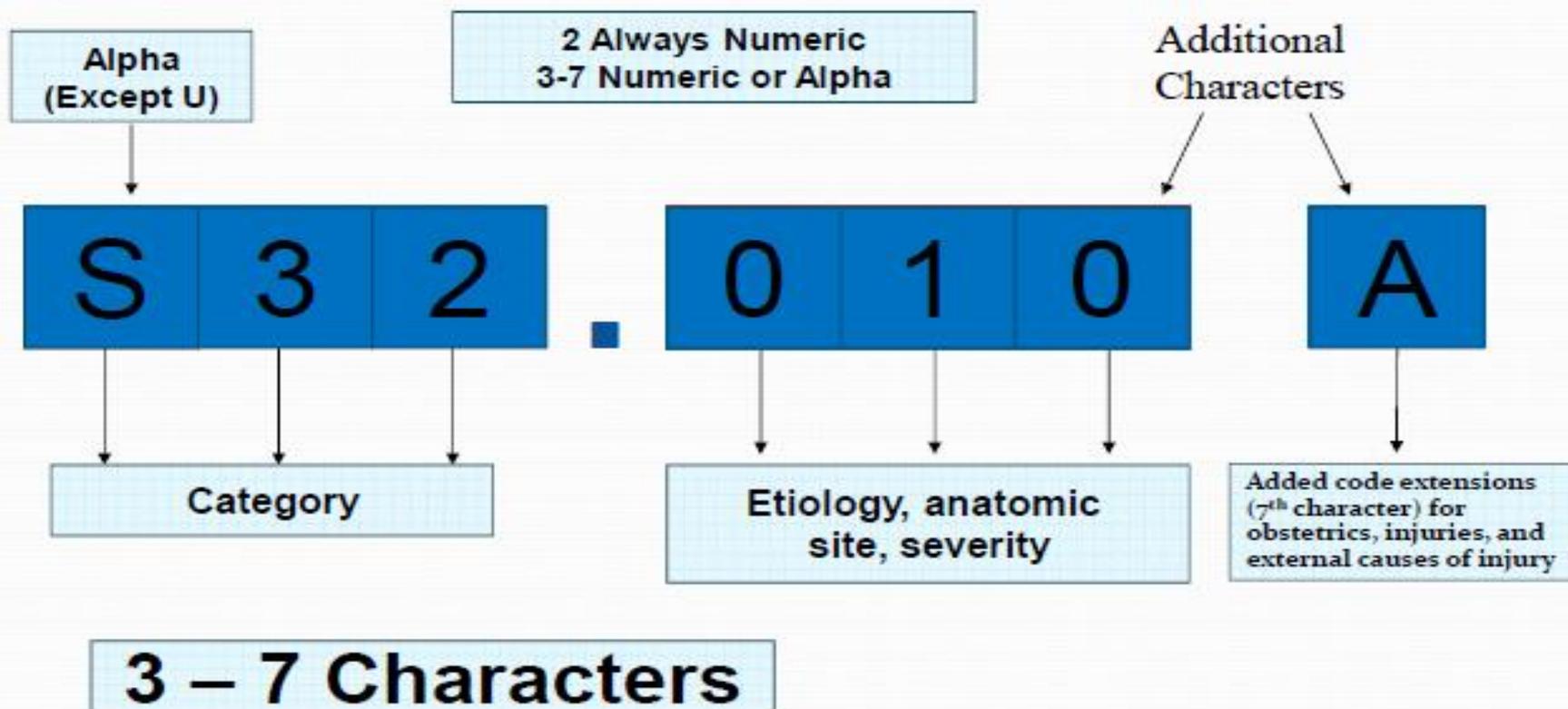
ICD-9 CM

- ICD-9 CM codes:
- 3-5 digits, plus V & E codes
- First digit is numeric or alpha (V or E)
- Digits 2-5 are numeric
- Decimal used after third character
- Examples:
 - 486 - Pneumonia, organism unspecified
 - 250.02 - Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled
 - V25.2 - Sterilization

ICD-10 CM

- ICD-10 CM codes:
- 3-7 alphanumeric codes
- First digit is alpha
- Second digit is numeric
- Digits 3-7 are alpha or numeric
- Decimal used after third character
- Examples:
 - R50.82 - Post procedural fever
 - M84.671 - Pathological fracture in other disease, right ankle
 - T15.02xD - Foreign body in cornea, left eye, subsequent encounter

ICD-10-CM Structure – Format



General Equivalence Mappings (GEMs)

- GEMs are a diagnosis code reference mapping between ICD-9 CM and ICD-10 CM.
- Reference mapping system to assist in navigating the difficulty of translating the meaning of one code set to another.
- Mapping is an attempt to find the corresponding diagnosis and the correlation between the two code sets.

General Equivalence Mappings (GEMs) Cont.

- There is no simple map from ICD-9 CM to ICD-10 CM in the GEMs files.
- When a code is being mapped from ICD-9 CM to ICD-10 CM, there may be more than one code in the ICD-10 CM that maps to ICD-9 CM.
- Mapping from ICD-9 CM to ICD-10 CM is known as “forward mapping.”
- Mapping from ICD-10 CM to ICD-9 CM is known as “backward mapping.”

General Equivalence Mappings (GEMs) Cont.

I-9 to I-10 GEM:

Single type entry for ICD-9-CM code 599.72

ICD-9-CM Source	to	ICD-10-CM Target
599.72 Microscopic hematuria	≈	R31.1 Benign essential microscopic hematuria
599.72 Microscopic hematuria	≈	R31.2 Other microscopic hematuria

I-10 to I-9 GEM:

Combination type entry for ICD-10-CM code R65.21

ICD-10-CM Source	to	ICD-9-CM Target
R65.21 Severe sepsis with septic shock	≈	995.92 Severe sepsis AND 785.52 Septic shock

Placeholder “X”

- Addition of dummy placeholder “X” (or “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
- T46.1x5A or T46.1X5A– Adverse effect of calcium-channel blockers, initial encounter
- T15.02xD or T15.02XD– Foreign body in cornea, left eye, subsequent encounter

Coding Transitions Example

Diabetes mellitus

- Significant Change to Diabetes Mellitus
- There are six (6) Diabetes Mellitus categories in the ICD-10-CM. They are:
 - E08 Diabetes Mellitus due to an underlying condition
 - E09 Drug or chemical induced diabetes mellitus
 - E10 Type 1 diabetes mellitus
 - E11 Type 2 diabetes mellitus
 - E13 Other specified diabetes mellitus
 - E14 Unspecified diabetes mellitus

Coding Transitions Example Cont.

Diabetes Mellitus

- Diabetes mellitus codes expanded to include the classification of the diabetes and the manifestation.
- Category for diabetes mellitus has been updated to reflect the current clinical classification of diabetes
- No longer classified as controlled/uncontrolled:
 - E08.22, Diabetes mellitus due to an underlying condition with diabetic chronic kidney disease
 - E09.52, Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
 - E10.11, Type 1 diabetes mellitus with ketoacidosis with coma
 - E11.41, Type 2 diabetes mellitus with diabetic mononeuropathy

ICD-9 versus ICD-10

ICD-9 CM

- Multiple Sclerosis 340
- Cerebral Palsy 343.9
- Malignant Neoplasm of Cerebrum 191.0
- Brain Injury 854.00
- Anoxic Brain Injury 348.1

ICD-10 CM

- Multiple Sclerosis G35
- Cerebral Palsy G80.9
- Malignant Neoplasm of Cerebrum C71.9
- Brain Injury S06.890A
- Anoxic Brain Injury G93.1

ICWP

Crosswalk of frequent
diagnosis codes used.
ICD-9 CM to ICD-10 CM

ICD-9 versus ICD-10

ICD-9 CM

- Spina Bifida 741.90
- Parkinson 332.0

ICD-10 CM

- Spina Bifida
 - Sacral spina bifida without hydrocephalus Q05.8
 - Spina bifida, unspecified Q05.9
 - Arnold-Chiari syndrome with spina bifida Q07.01
 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q07.03
- Parkinson
 - Parkinson's disease G20
 - Vascular parkinsonism G21.4

ICD-9 versus ICD-10

ICD-9 CM

- Muscular dystrophy 359.0
- Frederick's ataxia - 334
- Spinal Atrophy – 335.10
- Amytrophic Lateral Sclerosis (ALS) – 335.20

ICD-10 CM

- Muscular dystrophy
 - Congenital myopathies G71.2
 - Muscular dystrophy G71.0
- Frederick's ataxia G11.1
- Spinal Atrophy G12.9
- Amytrophic Lateral Sclerosis (ALS) G12.21

ICD-9 versus ICD-10

ICD-9 CM

- CVA, acute 436
- CVA, old 438

ICD-10 CM

- CVA, acute I67.89
- CVA, old
 - Cognitive deficits following nontraumatic subarachnoid hemorrhage I69.01
 - Cognitive deficits following nontraumatic intracerebral hemorrhage I69.11
 - Cognitive deficits following other nontraumatic intracranial hemorrhage I69.21
 - Cognitive deficits following cerebral infarction I69.31
 - Cognitive deficits following other cerebrovascular disease I69.81
 - Cognitive deficits following unspecified cerebrovascular disease I69.91

ICD-9 versus ICD-10

ICD-9 CM

- Quadriplegia 344.00
- Paraplegia 344.1

ICD-10 CM

- Quadriplegia G82.50
- Paraplegia:
 - Tropical spastic paraplegia G04.1
 - Paraplegia, unspecified G82.20
 - Paraplegia, complete G82.21
 - Paraplegia, incomplete G82.22

ICD-9 versus ICD-10

ICD-9 CM

- Below the knee Amputee – 897.0

ICD-10 CM

- Below the knee Amputee
 - Complete traumatic amputation at level between knee and ankle, right lower leg; initial encounter S88.111A
 - Complete traumatic amputation at level between knee and ankle, left lower leg; initial encounter S88.112A
 - Complete traumatic amputation at level between knee and ankle, unspecified lower leg; initial encounter S88.119A
 - Partial traumatic amputation at level between knee and ankle, right lower leg; initial encounter S88.121A
 - Partial traumatic amputation at level between knee and ankle, left lower leg; initial encounter S88.122A
 - Partial traumatic amputation at level between knee and ankle, unspecified lower leg; initial encounter S88.129A

ICD-9 versus ICD-10

ICD-9 CM

- Above the knee Amputee –
897.2

ICD-10 CM

- Above the knee Amputee
 - Complete traumatic amputation at right hip joint; initial encounter S78.011A
 - Complete traumatic amputation at left hip joint; initial encounter S78.012A
 - Complete traumatic amputation at unspecified hip joint; initial encounter S78.019A
 - Partial traumatic amputation at right hip joint; initial encounter S78.021A
 - Partial traumatic amputation at left hip joint; initial encounter S78.022A
 - Partial traumatic amputation at unspecified hip joint; initial encounter S78.029A
 - Complete traumatic amputation at level between right hip and knee; initial encounter S78.111A
 - Complete traumatic amputation at level between left hip and knee; initial encounter S78.112A

ICD-9 versus ICD-10

ICD-9 CM

- Above the knee Amputee –
897.2
(Continued)

ICD-10 CM

- Above the knee Amputee (Continued)
 - Complete traumatic amputation at level between unspecified hip and knee; initial encounter S78.119A
 - Partial traumatic amputation at level between right hip and knee; initial encounter S78.121A
 - Partial traumatic amputation at level between left hip and knee; initial encounter S78.122A
 - Partial traumatic amputation at level between unspecified hip and knee; initial encounter S78.129A
 - Complete traumatic amputation of right hip and thigh, level unspecified; initial encounter S78.911A
 - Complete traumatic amputation of left hip and thigh, level unspecified; initial encounter S78.912A
 - Complete traumatic amputation of unspecified hip and thigh, level unspecified; initial encounter S78.919A
 - Partial traumatic amputation of right hip and thigh, level unspecified; initial encounter S78.921A

ICD-9 versus ICD-10

ICD-9 CM

- Above the knee Amputee –
897.2

(Continued)

ICD-10 CM

- Above the knee Amputee (Continued)
 - Complete traumatic amputation at knee level, right lower leg; initial encounter S88.011A
 - Complete traumatic amputation at knee level, left lower leg; initial encounter S88.012A
 - Complete traumatic amputation at knee level, unspecified lower leg; initial encounter S88.019A
 - Partial traumatic amputation at knee level, right lower leg; initial encounter S88.021A
 - Partial traumatic amputation at knee level, left lower leg; initial encounter S88.022A
 - Partial traumatic amputation at knee level, unspecified lower leg; initial encounter S88.022A



Questions