ICD-10-CM - Session 1

Welcome to the New World!

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BC Advantage
Agenda

• What’s new and what’s not
• ICD-10-CM structure and conventions
• Extensions and placeholders
• ICD-10-CM Official Guidelines
• The code look-up process

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Diagnosis Code Users

• Coding and Billing
  – Reimbursement
  – Strategic Planning

• Researchers
  – Summarize episodes of treatment for analysis
  – Benchmarking
  – Quality Assessment

• Insurers
  – Detection of fraud and abuse
What is ICD-10-CM

• ICD-10-CM
  - International Classification of Diseases 10th Edition – Clinical Modification
  - Replacing ICD-9-CM which is over 30 years old
  - Utilized by physicians and hospitals to report patient diagnoses
Why Change?

- ICD-9-CM cannot describe 21st century care
  - Many categories are full
  - No detail on patient medical conditions
  - Has outdated and obsolete terminology
  - Uses outdated codes
  - Procedures inaccurate and limited data
  - Inconsistent with current medical practice
Advantages of ICD-10-CM

- Flexible
- Provides unique codes
  - Improved coding for most sections
- Incorporates new diagnoses
- Reflects advances in medicine & technology
- Captures more detail regarding
  - Socioeconomics
  - Ambulatory care conditions
  - Problems related to lifestyle
  - Results of screening tests

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### Differences

<table>
<thead>
<tr>
<th><strong>ICD-9-CM</strong></th>
<th><strong>ICD-10-CM</strong></th>
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</thead>
<tbody>
<tr>
<td>Codes are 3-5 characters</td>
<td>Codes are 3-7 characters</td>
</tr>
<tr>
<td>Approximately 13,000 codes</td>
<td>Approximately 68,000 codes</td>
</tr>
<tr>
<td>Most codes begin with a number; a few codes begin with the letter V or E</td>
<td>All codes begin with a letter; other characters may be numeric or alpha</td>
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<tr>
<td>Codes don’t distinguish between right-sided and left-sided conditions</td>
<td>There are specific codes for many right-sided and left-sided conditions</td>
</tr>
<tr>
<td>Limited number of combination codes</td>
<td>Many combination codes (underlying condition and manifestation in one code)</td>
</tr>
</tbody>
</table>
Differences

• ICD-10-CM consists of 21 chapters versus 17 in ICD-9-CM

• Diseases and condition of the eyes and ears have been removed from the nervous system section and now have their own chapter

• ICD-10-CM groups injuries first by specific site and then by type of injury
Differences

- Postoperative complications have been moved to procedure-specific body system chapters

- Addition of code extensions (7\textsuperscript{th} character) for OB, injuries, and external causes of injuries

- Addition of dummy placeholder (x)
Differences

• Combination codes for conditions and common symptoms or manifestations
  – E10.51 Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene

• Combination codes for poisoning and external causes
  – T36.8x2- Poisoning by other systemic antibiotics, intentional self harm
Differences

• Laterality
  – M65.061 Abscess of tendon sheath, right lower leg

• 7th character extensions for episode of care
  – S82.041A Displaced comminuted fracture of right patella, initial encounter for closed fracture
Differences

- Expanded codes (injuries, diabetes, alcohol and substance abuse, postoperative complications)
  - E11.331 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema

- Inclusion of trimesters in OB codes (elimination of 5th digits for episodes of care)
  - O23.01 Infections of kidney in pregnancy, first trimester
Differences

- Changes in timeframes specific to certain codes
  - Acute myocardial infarction – time period changed from 8 weeks to 4 weeks

- Added standard definitions for two types of Excludes Notes
Differences

- Reorganization of classifications

- Addition of information relevant to ambulatory and managed care encounters

- Substantial Revisions to:
  - Mental & Behavioral Disorders
  - Injury, Poisoning and Certain Other Consequences of External Causes
  - External Causes of Morbidity and Mortality
GEMs

• General Equivalency Mappings
  – Translate ICD-9-CM to ICD-10-CM
    • May be multiple alternatives for 1 code
  – May be instances with no 1-to-1 map
    • For new ICD-10-CM codes

www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm

GEM Fact Sheet:
GEMs

• Developed over 3 years by:
  – CMS & CDC
  – Input from AHA & AHIMA

• Designed for use by:
  – Physicians
  – Hospitals
  – Payors
  – Other users of coded data
Reimbursement Maps

• Temporary mechanism?
  – Convert records with ICD-10-CM
  – Into ‘reimbursement equivalent’ records with ICD-9-CM

• For processing by legacy systems that only accommodate ICD-9-CM

www.cms.hhs.gov/ICD10
Reimbursement Maps

- GEMS were created for CMS
- Private payors are not required to utilize these GEMS
- Each payor could potentially have their own mapping
ICD-10-CM Structure

1. Certain infectious and Parasitic Diseases
2. Neoplasms
3. Diseases of the Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism
4. Endocrine, Nutritional and Metabolic Diseases
5. Mental and Behavioral Disorders
6. Diseases of the Nervous System
7. Diseases of the Eye and Adnexa
8. Diseases of the Ear and Mastoid Process
9. Diseases of the Circulatory System
10. Diseases of the Respiratory System
11. Diseases of the Digestive System
12. Diseases of the Skin and Subcutaneous Tissue
ICD-10-CM Structure

13. Diseases of the Musculoskeletal System and Connective Tissue
14. Diseases of the Genitourinary System
15. Pregnancy, Childbirth and the Puerperium
16. Certain Conditions Originating in the Perinatal Period
17. Congenital Malformations, Deformations and Chromosomal Abnormalities
18. Symptoms, Signs and Abnormal Clinical and Laboratory Findings, NEC
19. Injury, Poisoning and Certain Other Consequences of External Causes
20. External Causes of Morbidity
21. Factors Influencing Health Status and Contact with Health Services
ICD-10-CM Structure

- Based on a seven character alphanumeric code
  - Digits 0-9
  - All letters of the alphabet except “U”
ICD-10-CM Structure

- Anatomy is the primary axis
- Alphanumeric codes
- Addition of a 6th character
  - Plus a 7th character – alpha extension (modifier)
- Letters “I” and “O” may be used in the first position
ICD-10-CM Conventions

• Abbreviations
  – Not Elsewhere Classified (NEC)
    • Similar to ICD-9
    • Codes to classify any and all conditions
    • May be listed as “other” type or even have NEC in their definition
ICD-10-CM Conventions

• Abbreviations
  – Not Otherwise Specified (NOS)
    • Unspecified or undocumented condition
    • Utilized when documentation is insufficient to assign a more specific code
    • “Unspecified” in definition
ICD-10-CM Conventions

• Punctuation
  – Same as ICD-9-CM
  – Utilized in both the Alphabetic and Tabular lists
  – Parentheses
  – Brackets
  – Colons
ICD-10-CM Conventions

• Parentheses
  – Enclose supplemental words that may be present or absent in the statement of a disease without affecting the code assignment
  – Referred to as nonessential modifiers
  – Diabetes, diabetic (mellitus)(sugar)
ICD-10-CM Conventions

• Brackets
  – Enclose synonyms, alternative wordings or explanatory phrases
  – Also used in the Alphabetic Index to identify manifestation codes
  – Examples:
    • Alphabetic Index
      – Cataract, in endocrine disease E34.9 [H28]
    • Tabular List
      – G71.11 Dystrophia myotonica [Steinert]
ICD-10-CM Conventions

• Colon:
  – Used in the Tabular List after an incomplete term which needs one or more modifiers following the colon to make it assignable to a given category.
  – Used with both includes and excludes notes
  – Example:
    • G63 Polyneuropathy in diseases classified elsewhere
      – Excludes1 polyneuropathy (in):
        » Diabetes mellitus (E09-E13 with .42)
ICD-10-CM Conventions

• Other Punctuation
  – Some symbols from ICD-9-CM are not in ICD-10
    • Lozenge
    • Section mark
    • Braces
  – Dashes are used in both the Alphabetic Index and Tabular List
  – In the Tabular List the dash preceded by a decimal point (.-) indicates an incomplete code.
ICD-10-CM Conventions

• Inclusion Notes
  – “Includes”
  – Appear immediately following a chapter, section, category, subcategory or code to further define or give an example related to that section or code(s)
  – List is not exhaustive
  – The word “includes” is not listed at the code level
ICD-10-CM Conventions

• Exclusion Notes
  – “Excludes1” or “Excludes2”
  – Excludes1 note indicates not coded here. The code being excluded is never used with the code. The two conditions cannot occur together.
  – Example: K92.X Other diseases of digestive system has an Excludes 1 of neonatal gastrointestinal hemorrhage (P54.0-P54.3)
ICD-10-CM Conventions

- Added standard definitions for two types of Excludes Notes
  - Excludes2 note indicates *not included here*. The excluded condition is not part of the condition represented by the code. It is acceptable to use both codes together if the patient has both conditions.
  - Example: I86 Varicose veins of other sites has an Excludes2 for retinal varices (H35.0-)

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• “Code First” and “Use Additional Code”
  – Similar to ICD-9-CM
  – Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology.
  – Underlying condition must be sequenced 1\textsuperscript{st} followed by the manifestation.
  – “Use additional code” note is listed with the etiology code
  – “Code first” is listed at the manifestation code
ICD-10-CM Conventions

• Cross Reference Notes
  – Same as ICD-9-CM
    • see
    • see also
    • see condition
  – Used in the Alphabetic Index to direct the coder to look elsewhere before assigning a code
ICD-10-CM Conventions

- **Relational Terms**
  - “And” is interpreted to mean “and/or” when it appears in a code title within the ICD-10-CM Tabular List
  - “With” in the Alphabetic Index is sequenced immediately following the main term, not in alphabetic order
• Placeholder Character
  – ICD-10-CM utilizes a dummy placeholder which is always the letter “x”
  – Has 2 uses:
    • As the 5th digit for certain 6 character codes – allows for future expansion without disturbing the structure
      – T36.4x5A  Adverse effect of tetracyclines, initial encounter
    • When a code has less than 6 characters and a 7th character extension is required.
      – S30.0xxA  Contusion of lower back and pelvis, initial encounter
Extensions

• Seventh Characters
  – Added in some chapters – primarily in the OB, injury and external causes chapters
  – Provide further specificity about the characteristics of the encounter being coded
  – The meanings of the 7th character vary across chapters and categories
    • Injuries (encounter)
    • Coma
    • Fetuses
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
J  subsequent encounter for fracture with nonunion
Q  sequela (late effect)
Encounters

- Initial encounter – patient is receiving active treatment for the injury
  - Surgical treatment
  - Emergency department encounter
  - Evaluation and treatment by a new physician
Encounters

• Subsequent encounter – patient has received active treatment of the injury and is receiving routine care for the injury during the healing or recovery phase
  – Cast change or removal
  – Removal of external or internal fixation device
  – Medication adjustment
  – Other aftercare
  – Follow-up visits following injury treatment
Encounters

- **Sequela** – Complications or conditions that arise as a direct result of an injury, such as scar formation after a burn.
- It is necessary to use both the injury code that precipitated the sequela and the code for the sequela itself.
- “S” is added only to the injury code, not the sequela code
- “S” identifies the injury responsible for the sequela
- Type of sequela is sequenced first, then injury
Extensions: Fetus

0  not applicable or unspecified
1  fetus 1
2  fetus 2
3  fetus 3
4  fetus 4
5  fetus 5
9  other fetus
Gestations

- The “0” is for single gestations and for multiple gestations where the affected fetus is unspecified.
- 7th characters 1-9 are for cases of multiple gestation to identify the fetus to which the code applies.
- A code from category O30, Multiple gestation must also be assigned when assigning these codes.

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Subcategory R40.2, Coma, incorporates the Glasgow coma scale (R40.21-R40.23).

Glasgow coma scale codes can be used in conjunction with traumatic brain injury or sequelae of cerebrovascular disease.

Primarily for use by trauma registries and research use.

Glasgow coma scale codes are sequenced after the diagnosis code(s).
Extensions: Coma

0  unspecified time
1  in the field (EMT or ambulance)
2  at arrival to emergency department
3  at hospital admission
4  24 hours or more after hospital admission
Extensions: Coma

- At a minimum, report the initial score documented on presentation at the facility
- May be a score from the EMT or in the ER
ICD-10-CM Guidelines

• The coding guidelines remain essentially the same for ICD-10-CM

• The main differences:
  – Need for multiple diagnosis codes to completely report the patient’s medical condition
  – Sequencing rules
ICD-10-CM Guidelines

- ICD-10-CM Official Guidelines for Coding and Reporting approved by the Cooperating Parties for ICD-10-CM
  - American Hospital Association (AHA)
  - American Health Information Management Association (AHIMA)
  - Centers for Medicare & Medicaid Services (CMS)
  - National Center for Health Statistics (NCHS)
ICD-10-CM Guidelines

- **Section I** – Structure, conventions and guidelines
- **Section II** – Guidelines for selection of principal diagnosis for non-outpatient settings
- **Section III** – Guidelines for reporting additional diagnoses in non-outpatient settings
- **Section IV** – Outpatient coding and reporting
The General Coding Guidelines (Part B of Section I) for ICD-10-CM are similar to ICD-9-CM except for laterality.

The Laterality guideline states:

- “For bilateral sites, the final character of the codes in the ICD-10-CM indicates laterality. An unspecified side code is also provided should the side not be identified in the medical record. If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right sides.”
ICD-10-CM Guidelines

• Obtain the complete version of the ICD-10-CM guidelines on the NCHS website
  
  – http://www.cdc.gov/nchs/icd/icd10cm.htm
ICD-10-CM Guidelines

- We will review Chapter specific guidelines in Sessions 2-4 of the audioweb coding series
It is important to use both the Alphabetic Index and Tabular List when assigning diagnosis codes. Relying on only the Index or the Tabular List leads to errors in code assignment and less specificity in code selection.
Code Look-Up Process

• When assigning a diagnosis code, the coder should first look up the patient’s condition, sign or symptom in the Alphabetic Index.

• Remember to check the subterms immediately following the main term
  – For example, “with” or “without”
Code Look-Up Process

- Read any instructional notes in the Index
- Verify the code in the Tabular List
- Read and follow any instructions in the Tabular
  - Excludes notes
  - Instructions to assign additional codes
Code Look-Up Process

- Select the full code in the Tabular, including:
  - Laterality, if applicable
  - 7th digit extension, if required
Resources

• 2011 ICD-10-CM is available at
  – http://www.cdc.gov/nchs/icd/icd10cm.htm
  – OR http://www.hhs.gov/ICD10

• You can also purchase books with the official draft codes from many reputable book sellers.
Resources

• The websites contain:
  – ICD-10-CM Index to Diseases and Injuries
  – ICD-10-CM Tabular List of Disease and Injuries
    • Instructional Notations
  – Official Guidelines for Coding and Reporting
  – Table of Drugs and Chemicals
  – Neoplasm Table
  – Index to External Causes
  – Mapping “ICD-9-CM to ICD-10-CM” and “ICD-10-CM to ICD-9-CM”
Thank you for listening to this course in the ICD-10-CM coding series.