The Basics and Beyond... ICD-10-CM for Physician Practice

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Agenda

• Update on ICD-10-CM/PCS Final Rule
• Identify key similarities/differences between ICD-9-CM and ICD-10-CM
• Define structural changes and new features
• Review format of codes
• Review code examples
# What are ICD-10-CM/PCS and the Version 5010?

The Centers for Medicare & Medicaid Services (CMS) is driving the industry to upgrade core HIPAA transactions (5010) as well as diagnosis and procedure coding standards (ICD-10-CM/PCS).

<table>
<thead>
<tr>
<th>What</th>
<th>Change</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Version 5010</strong></td>
<td>Upgrade of formats for transactions between payers and providers (837, 287, etc.)</td>
<td><strong>January 1, 2012</strong> CMS Compliance Date</td>
</tr>
<tr>
<td><strong>ICD-10-CM/PCS</strong></td>
<td>Upgrade of diagnoses and procedures codes</td>
<td><strong>October 1, 2013</strong> CMS Compliance Date</td>
</tr>
</tbody>
</table>
Final Regulations

• Final rule published in the *Federal Register* on January 16, 2009

• Health Insurance Portability and Accountability Act (HIPAA) Electronic Transaction Standards (5010)
  - Compliance date of January 1, 2012

• ICD-10-CM/PCS
  - Compliance date of October 1, 2013
## Compliance Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2010</td>
<td>Payers and providers should begin internal testing of Version 5010 standards for electronic claims</td>
</tr>
<tr>
<td>December 31, 2010</td>
<td>Internal testing of Version 5010 must be complete to achieve Level I Version 5010 compliance</td>
</tr>
<tr>
<td>January 1, 2011</td>
<td>Payers and providers should begin external testing of Version 5010 for electronic claims. CMS begins accepting Version 5010 claims. Version 4010 claims continue to be accepted</td>
</tr>
<tr>
<td>December 31, 2011</td>
<td>External testing of Version 5010 must be complete to achieve Level II compliance</td>
</tr>
<tr>
<td>January 1, 2012</td>
<td>All electronic claims must use Version 5010. Version 4010 claims are no longer accepted</td>
</tr>
<tr>
<td>October 1, 2013</td>
<td>Claims for services provided on or after this date must use ICD-10-CM/PCS codes for medical diagnoses and inpatient procedures</td>
</tr>
</tbody>
</table>
ICD-10-CM/PCS Final Regulation

• ICD-9-CM diagnosis code set will be replaced with ICD-10-CM (including the official coding guidelines) for coding:
  – Diseases
  – Injuries
  – Impairments
  – Other health problems and their manifestations
  – Causes of injury, disease, impairment or other problems

• ICD-10-CM will be used in all healthcare settings
ICD-10-CM/PCS Final Regulation

• ICD-9-CM procedure code set will be replaced with ICD-10-PCS (including the official coding guidelines) for coding:
  – Procedures or other actions taken for diseases, injuries and impairments on hospital inpatients reported by hospitals regarding prevention, diagnosis, treatment and management

• ICD-10-PCS will be used for facility reporting of hospital inpatient services
No Impact on Use of CPT® and HCPCS Level II Codes

- CPT® and HCPCS Level II will continue to be used for:
  - Reporting physician and other professional services
  - Procedures performed in hospital outpatient departments and other outpatient facilities
ICD-10-CM/PCS Final Regulation

- Physician
  - ICD-10-CM
  - CPT / HCPCS

- Behavioral Health
  - ICD-10-CM
  - CPT / HCPCS

- Hospital
  - Inpatient
    - ICD-10-CM
    - ICD-10-PCS
  - Outpatient
    - ICD-10-CM
    - CPT / HCPCS

- All Other
  - ICD-10-CM
  - CPT / HCPCS

- Laboratory
  - ICD-10-CM
  - CPT / HCPCS

- Long Term Healthcare
  - ICD-10-CM
  - CPT / HCPCS
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
What is ICD-10-CM?

• ICD-10-CM
  – US clinical modification of the World Health Organization’s ICD-10
  – Diagnostic coding system (no procedure codes)

• More codes to provide more specificity
• Ability to be easily expanded
ICD-10-CM
Significant Improvements

• Enhanced system flexibility
• Better reflection of current medical terminology
• Expanded detail relevant to ambulatory and managed care encounters
• Incorporation of recommended revisions to ICD-9-CM that could not be accommodated
• HIPAA criteria for code set standards are met
ICD-9-CM Structure – Format

Numeric or Alpha (E or V)

4 1 4

Category

Numeric

0 0

Etiology, anatomic site, manifestation

3 – 5 Characters
ICD-10-CM Structure – Format

- **Alpha (Except U)**
- **2 Always Numeric 3-7 Numeric or Alpha**
- **Additional Characters**

**S 3 2**
- **Category**

**0 1 0**
- **Etiology, anatomic site, severity**

**A**
- **Added code extensions (7th character) for obstetrics, injuries, and external causes of injury**

**3 – 7 Characters**
# 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 not case-sensitive
# Diagnosis Code Comparisons

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Characters – 486</td>
<td>3 Characters – C37</td>
</tr>
<tr>
<td>4 Characters – 428.0</td>
<td>4 Characters – A18.4</td>
</tr>
<tr>
<td>5 Characters – 427.31</td>
<td>5 Characters – B58.81</td>
</tr>
<tr>
<td></td>
<td>6 Characters – I69.042</td>
</tr>
<tr>
<td></td>
<td>7 Characters – S35.411A</td>
</tr>
</tbody>
</table>
ICD-10-CM

Similarities
How is ICD-10-CM Similar 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
How is ICD-10-CM Similar 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
How is ICD-10-CM Similar 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
How is ICD-10-CM Similar 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 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
How is ICD-10-CM Different From ICD-9-CM?

- Alphanumeric (alpha characters are not case-sensitive)
- Codes can be up to 7 characters in length
- Code titles are more complete
- Specificity and detail significantly expanded
- Certain diseases reclassified to reflect current medical knowledge
ICD-10-CM New Features

- Combination codes for conditions and common symptoms or manifestations
- Combination codes for poisonings and external causes
- Added laterality
- Expanded codes (injury, diabetes, alcohol/substance abuse, postoperative complications)
- Injuries grouped by anatomical site rather than injury category
ICD-10-CM - Combination Codes

- I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
- K71.51 Toxic liver disease with chronic active hepatitis with ascites
- K50.814 Crohn’s disease of both small and large intestine with abscess
- N41.01 Acute prostatitis with hematuria
- E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
- K57.21 Diverticulitis of large intestine with perforation and abscess with bleeding
ICD-10-CM - Laterality Examples

• C50.211 Malignant neoplasm of upper-inner quadrant of right female breast
• H02.032 Senile entropion of right lower eyelid
• M05.271 Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot
• S80.261A Insect bite (nonvenomous), right knee, initial encounter
# Diabetes

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
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</thead>
<tbody>
<tr>
<td>• 250.x Diabetes mellitus</td>
<td></td>
</tr>
<tr>
<td>• 5th digit “1” – Type I</td>
<td></td>
</tr>
<tr>
<td>• 5th digit “0” – Type II or unspecified</td>
<td></td>
</tr>
<tr>
<td>• 5th digit “2” &amp; “3” – uncontrolled</td>
<td></td>
</tr>
<tr>
<td>• 249.x Secondary diabetes mellitus</td>
<td></td>
</tr>
<tr>
<td>• 5th digit “0” &amp; “1” – uncontrolled</td>
<td></td>
</tr>
<tr>
<td>• 648.0x – Diabetes mellitus complicating pregnancy, childbirth or puerperium</td>
<td></td>
</tr>
</tbody>
</table>

- Combination codes include type of complication
- Five categories
  - E08 Diabetes mellitus due to underlying condition
  - E09 Drug or chemical induced diabetes mellitus
  - E10 Type 1 diabetes mellitus
  - E11 Type 2 diabetes mellitus
  - E13 Other specified diabetes mellitus

- O24 DM in pregnancy, childbirth, puerperium
ICD-10-CM - Diabetes Mellitus Examples

E09.01  Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
E10.11  Type 1 diabetes mellitus with ketoacidosis with coma
E11.40  Type 2 diabetes mellitus with diabetic nephropathy, unspecified
E13.621 Other specified diabetes mellitus with foot ulcer
# Pressure Ulcers

## ICD-9-CM
- **707.0x** Pressure ulcer by site
- **707.2x** – Pressure ulcer stages
- Code first site of pressure ulcer

## ICD-10-CM
- **L89** Pressure ulcer by site and stage
- Site and stage captured by single code
- Specific codes for pressure ulcer of contiguous site of back, buttock, and hip
- Code first any associated gangrene
Epilepsy, Recurrent Seizures

ICD-9-CM

345.00-345.91 Epilepsy, recurrent seizures
  - Intractable or not
  - Generalized convulsive and nonconvulsive
  - Petit mal status vs. grand mal status
  - Localization-related (focal) (partial) epilepsy and epileptic syndromes with simple or complex partial seizures
  - Infantile spasms
  - Epilepsia partialis continua
Epilepsy, Recurrent Seizures

ICD-10-CM

• G40.001-G40.919 Epilepsy and recurrent seizures
  – Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset
  – Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with simple or complex partial seizures
  – Generalized idiopathic epilepsy and epileptic syndromes
  – Other generalized epilepsy and epileptic syndromes
  – Special epileptic syndromes
  – Other epilepsy and seizures
  – Intractable or not
  – With or without status epilepticus
Asthma

ICD-9-CM

- 493.00-493.92 Asthma
  - Extrinsic vs. intrinsic
  - Chronic obstructive asthma
  - With status asthmaticus
  - With exacerbation
  - Exercise induced bronchospasm
  - Cough variant asthma
Asthma

ICD-10-CM

- J45.20-J45.998 Asthma
  - Mild intermittent
  - Mild persistent
  - Moderate persistent
  - Severe persistent
  - With status asthmaticus
  - With exacerbation
  - Exercise induced bronchospasm
  - Cough variant asthma
  - Excludes chronic obstructive asthma
ICD-10-CM Circulatory System Changes

- Age definition for acute myocardial infarction has changed (4 weeks instead of 8 weeks)
- New category for subsequent acute myocardial infarction
- New category for complications within 28 days of acute myocardial infarction
- Transient ischemic attacks re-classified to nervous system chapter
- Late effects of stroke differentiated by type of stroke
- Combination codes for common etiologies/manifestations
ICD-10-CM Obstetrics

- Addition of trimester
- Deletion of episode of care
  - O15.03 Eclampsia in pregnancy, third trimester
  - O23.12 Infections of bladder in pregnancy, second trimester
  - O22.21 Superficial thrombophlebitis in pregnancy, first trimester
- Documentation of trimester
  - Counted from first day of last menstrual period
  - Document number of weeks
ICD-10-CM Obstetrics

• Obstructed labor codes incorporate reason for obstruction
• Code extensions to identify specific fetus (1-5) affected by obstetric condition
  – O64.1xx2 Obstructed labor due to breech presentation, fetus 2
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 - Fractures

- Displaced vs. non-displaced
- Type of fracture
- Site of fracture
- Laterality
- 7th character indicating:
  - Open vs. closed
  - Routine vs. delayed healing
  - Nonunion, malunion
  - Initial encounter, subsequent encounter, sequela
ICD-10-CM - Injury and External Cause 7th Character

A  Initial encounter
D  Subsequent encounter
S  Sequelae
ICD-10-CM - Fracture Extensions

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  Sequelae
ICD-10-CM – Fracture Extensions (con’t)

A Initial encounter for closed fracture
B Initial encounter for open fracture type I or II (open NOS)
C Initial encounter for open fracture type IIIA, IIIB, or IIIC
D Subsequent encounter for closed fracture with routine healing
E Subsequent encounter for open fracture type I or II with routine healing
F Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
G Subsequent encounter for closed fracture with delayed healing
ICD-10-CM - Fracture Extensions (con’t)

H Subsequent encounter for open fracture type I or II with delayed healing
J Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
K Subsequent encounter for closed fracture with nonunion
M Subsequent encounter for open fracture type I or II with nonunion
N Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion
ICD-10-CM - Fracture Extensions (con’t)

P  Subsequent encounter for closed fracture with malunion
Q  Subsequent encounter for open fracture type I or II with malunion
R  Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion
S  Sequelae

www.ahima.org/events/convention
ICD-10-CM Open Fracture Designations

• 7th characters for open fractures are based on Gustilo classification – requires physician documentation of open fracture type:
  – I – wound less than 1 cm with minimal soft tissue injury
  – II - wound greater than 1 cm with moderate soft tissue injury
  – III – High energy wound greater than 1 cm with extensive soft tissue damage
    • IIIA – adequate soft tissue cover
    • IIIB – inadequate soft tissue cover, requiring regional or free flap
    • IIIC – involves vascular injury requiring repair
ICD-10-CM Coding Examples

Hypertension

Step 1

Look up term in Alphabetic Index:

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

• Begin preparing for the transition to ICD-10-CM/PCS and new HIPAA electronic transactions standards NOW!

• A successful transition depends on careful planning
Role-based Model for ICD-10 Implementation

The transition to the ICD-10 systems in the US presents a real challenge to various sectors within the healthcare industry. This transition is a significant undertaking that involves organizing and planning across multiple departments and teams. One of AHIMA’s goals in supporting the healthcare industry during this transition is to enable successful implementation of ICD-10-CM/PCS. Toward that aim, we have developed this role-based model for implementation.

This model identifies key tasks or milestones that must be completed within specific timeframes by specific organizations and in some cases specific roles within organizations. It is organized first by healthcare entity, then by roles, enabling you to focus on your setting and role and then identify the important milestones and action items to help inform your planning. The model identifies not only what you need to do and by when, but also links to suggested resources to help you accomplish these steps.

To begin walking through the model, select one of the following organizations:

**Healthcare Provider Organization**
- Inpatient Coders
- Outpatient Coders
- Managers of Data

**Academic Institution**
- Educators
- Current Students
- Prospective Students

**Health Plan**
- Tasks for 5010 & ICD-10-CM/PCS Compliance
Using the Role-Based Training Model

Healthcare Providers
- Inpatient coder
- Outpatient coder
- Managers of data

Health Plans
- Tasks for 5010 &
- ICD-10-CM/PCS compliance

Academic
- Educators
- Current students
- Prospective students
Stay tuned!

www.ahima.org/ICD10/role/aspx

Plans to develop Physician model
ICD-10 Facts vs. Myths

Myth: The Oct. 1, 2013 date for implementation should be considered a flexible date.

Fact: All HIPAA covered entities MUST implement the new code sets with dates of service, or date of discharge for inpatients, that occur on or after Oct. 1, 2013.

Myth: Implementation planning should be undertaken with the assumption that HHS will grant an extension.

Fact: HHS has no plans to extend compliance date for implementation of ICD-10-CM/PCS; covered entities should plan to complete steps required to implement on Oct. 1, 2013.
ICD-10 Facts vs. Myths

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

Fact: ICD-10-CM and ICD-10-PCS 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 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 AHA/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/PCS 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 easier to use than ICD-9-CM.

Fact: Because ICD-10-CM/PCS 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/PCS 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 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/PCS will facilitate the development of increasingly sophisticated electronic coding tools that will assist in faster code selection.
ICD-10 Facts vs. Myths

Myth: ICD-10-CM/PCS was developed without clinical input.

Fact: The development of ICD-10-CM/PCS involved significant clinical input. A number of medical specialty societies contributed to the development of the coding systems.
ICD-10 Facts vs. Myths

Myth: ICD-10-CM-based super bills will be too long or too complex to be of much use.

Fact: Practices may continue to create super bills that contain the most common diagnosis codes used in their practice. ICD-10-CM-based super bills will not necessarily be longer or more complex than ICD-9-CM-based super bills. Neither currently-used super bills nor ICD-10-CM-based super bills provide all possible code options for many conditions.
Super bill conversion process

- Conduct review (include removing rarely used codes) AND

Map common codes
- Use ICD-10-CM code book OR
- General Equivalence Mappings (GEMs)
Resource/Reference List

National Center for Health Statistics – CDC - ICD-10-CM
www.cdc.gov/nchs/icd/icd10cm.htm

CMS Medicare Learning Network - ICD-10-CM/PCS Myths & Facts
www.cms.hhs.gov/ICD10

ICD-10 and HIPAA Federal Register Notices
www.access.gpo.gov/su_docs/fedreg/a080822c.html
www.access.gpo.gov/su_docs/fedreg/a090116c.html
Questions