

# 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

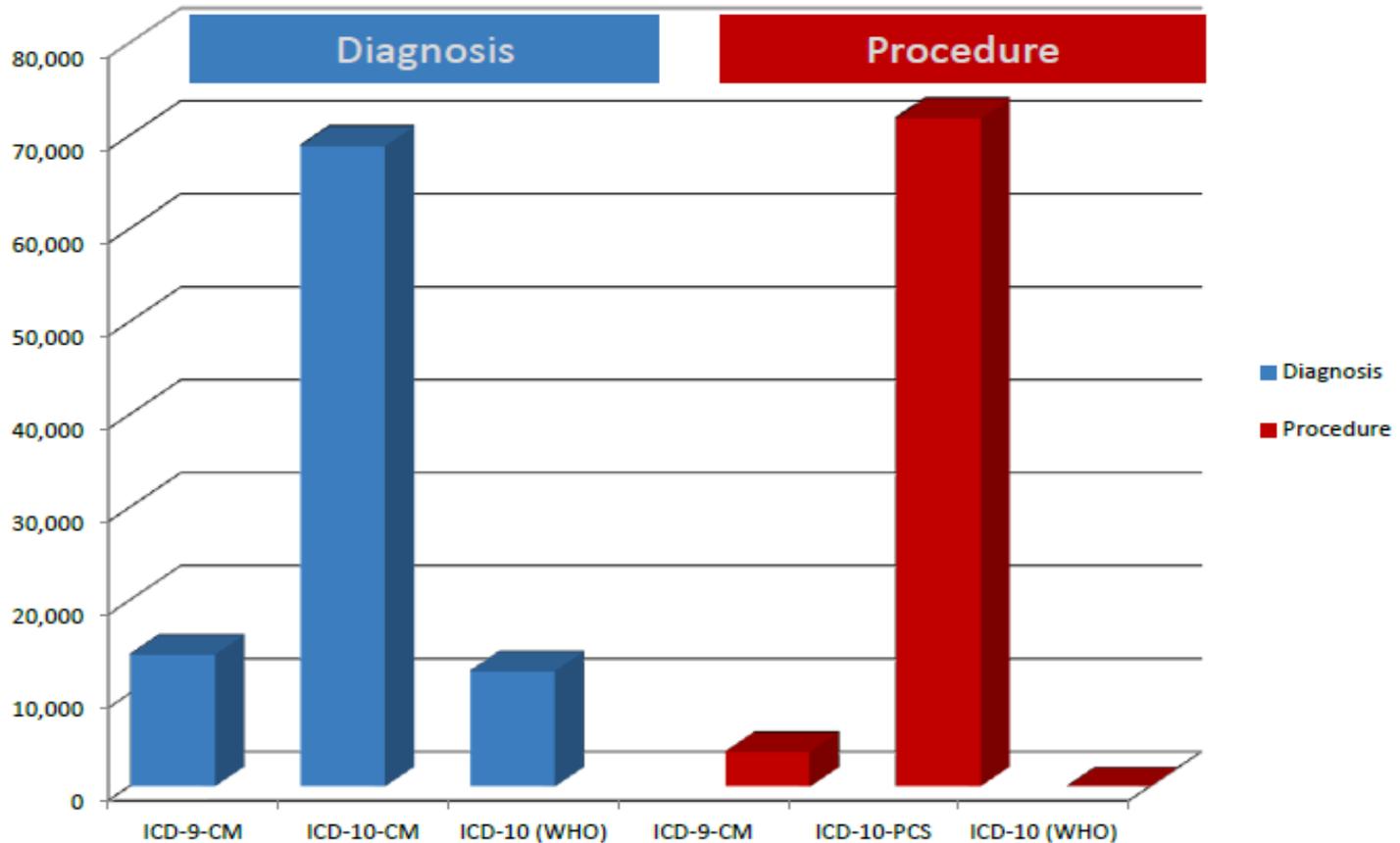
# Who is Affected?

- 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

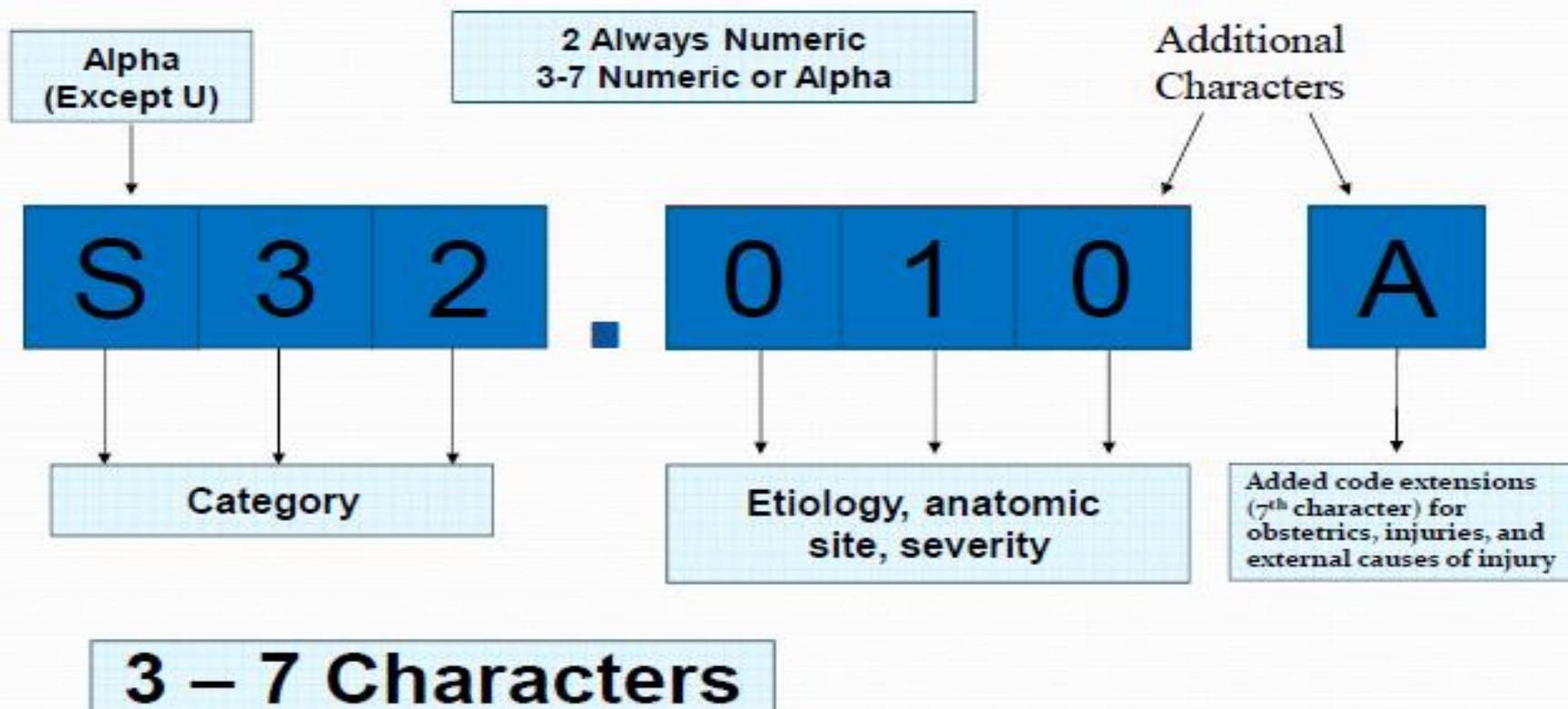
## ICD-9 CM

- 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 <b>AND</b> 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