

Intro to ICD 10...the fundamentals and beyond

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Agenda

- I. An overview of the change from ICD 9 to ICD 10 - number of codes, format of codes and need to run parallel process**
 - II. A detailed look at how the new codes are structured in terms of data sets, clinical structure - with 5 codes dissected**
 - III. A look to how the current documentation methods for diagnoses need to be modified so that the transition to new ICD 10 can be accomplished**
 - IV. A discussion of chart preparation for this transition process**
 - V. A review of what tools your staff will need to master in this process**
 - VI Q&A**
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An overview of the change from ICD 9 to ICD 10

- ❑ This requirement has been ongoing since the mid 1990s!
 - ❑ 14,000 to 70,000 ICD codes
 - ❑ Clinical in nature and structure to represent not only the status of the patient but the entire picture of care needs, co-morbid components and clinical relevance
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Why the change

- ❑ To provide better quality, safety and efficacy of care
 - ❑ Reduce the need for attachments to defined patient care
 - ❑ Design payment systems to meet patient care needs
 - ❑ Conduct research, epidemiology studies and clinical trials with more data
 - ❑ Set health policy
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- ❑ Support operational and strategic planning
 - ❑ Design better health care delivery system
 - ❑ Monitor resource utilization
 - ❑ Improve clinical, financial and administrative performance
 - ❑ Prevent and detect health care fraud and abuse
 - ❑ Track public health risk
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The structure (just like ICD 9)

The Alphabetic Index and Tabular List

- The ICD-10-CM is divided into the **Alphabetic Index**, an alphabetical list of terms and their corresponding code, and the Tabular List, a chronological list of codes divided into chapters based on body system or condition. **The Alphabetic Index consists of the following parts: the Index of Diseases and Injury, the Index of External Causes of Injury, the Table of Neoplasms and the Table of Drugs and Chemicals**
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Format of codes... much like ICD 9

The ICD-10-CM Tabular List contains categories, subcategories and codes. Characters for categories, subcategories and codes may be either a letter or a number. All categories are 3 characters. A three-character category that has no further subdivision is equivalent to a code. Subcategories are either 4 or 5 characters. Codes may be **3**, 4, 5, 6 or 7 characters. That is, each level of subdivision after a category is a subcategory. The final level of subdivision is a code. Codes that have applicable 7th characters are still referred to as codes, not subcategories. A code that has an applicable 7th character is considered invalid without the 7th character.

The 21 chapters....Table of Contents

- 1 Certain infectious and parasitic diseases (A00-B99)
 - 2 Neoplasms (C00-D49)
 - 3 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
 - 4 Endocrine, nutritional and metabolic diseases (E00-E89)
 - 5 Mental and behavioral disorders (F01-F99)
 - 6 Diseases of the nervous system (G00-G99)
 - 7 Diseases of the eye and adnexa (H00-H59)
 - 8 Diseases of the ear and mastoid process (H60-H95)
 - 9 Diseases of the circulatory system (I00-I99)
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- 10 Diseases of the respiratory system (J00-J99)
 - 11 Diseases of the digestive system (K00-K94)
 - 12 Diseases of the skin and subcutaneous tissue (L00-L99)
 - 13 Diseases of the musculoskeletal system and connective tissue (M00-M99)
 - 14 Diseases of the genitourinary system (N00-N99)
 - 15 Pregnancy, childbirth and the puerperium (O00-O99)
 - 16 Certain conditions originating in the perinatal period (P00-P96)
 - 17 Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
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- 18 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
 - 19 Injury, poisoning and certain other consequences of external causes (S00-T88)
 - 20 External causes of morbidity (V00-Y99)
 - 21 Factors influencing health status and contact with health services (Z00-Z99)
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The use of "x"

Placeholder character

- ❑ The ICD-10-CM utilizes a placeholder character "X". The "X" is used as a placeholder at certain codes to allow for future expansion.
 - ❑ Where a placeholder exists, the X must be used in order for the code to be considered a valid code.
 - ❑ This is used when there is a 6th or 7th extender but other characters are not needed
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The codes can be 3,4,5,6 or 7

7th Characters

- ❑ Certain ICD-10-CM categories have applicable 7th characters. The applicable 7th character is required for all codes within the category, or as the notes in the Tabular List instruct. The 7th character must always be the 7th character in the data field. If a code that requires a 7th character is not 6 characters, a placeholder X must be used to fill in the empty characters
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The pieces parts

- NOS and NEC have the same process
 - [], (), ; mean the same things with clear identification of the same process as ICD 9
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Rank order of coding..

- ❑ Is based on code definition and reflection within each set of conditions, diseases and process
 - ❑ Additional codes and code options are specific to the disease or condition
 - ❑ May identify clear “includes” and “excludes” as part of definition
 - ❑ Symptoms are not add when part of an identified diagnostic code
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Symptoms...

- ❑ Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider. Chapter 18 of ICD-10-CM, Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (codes R00.0 - R99) contains many, but not all codes for symptoms.
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Symptom coding issues

- ❑ Signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification
 - ❑ Additional signs and symptoms that may not be associated routinely with a disease process should be coded when present.
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Default codes

- ❑ **Alphabetic Index** is referred to as a default code. The default code represents that condition that is most commonly associated with the main term, or is the unspecified code for the condition. If a condition is documented in a medical record (for example, appendicitis) without any additional information, such as acute or chronic, the default code should be assigned
 - ❑ These codes may result in monitoring
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“Rank order rules...”

- ❑ Codes for symptoms, signs, and ill-defined conditions from Chapter 18 are not to be used as principal diagnosis when a related definitive diagnosis has been established
 - ❑ When there are two or more interrelated conditions (such as diseases in the same ICD-10-CM chapter or manifestations characteristically associated with a certain disease) potentially meeting the definition of principal diagnosis, either condition may be sequenced first, unless the circumstances of the admission, the therapy provided, the Tabular List, or the Alphabetic Index indicate otherwise.
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“The unknown...”

- If the diagnosis documented at the time of discharge is qualified as “probable”, “suspected”, “likely”, “questionable”, “possible”, or “still to be ruled out”, or other similar terms indicating uncertainty, code the condition as if it existed or was established. The bases for these guidelines are the diagnostic workup, arrangements for further workup or observation, and initial therapeutic approach that correspond most closely with the established diagnosis.
 - **Note:** This guideline is applicable only to inpatient admissions to short-term, acute, long-term care and psychiatric hospitals
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A detailed look at how the new codes are structured...

- ❑ Alpha and numeric components of all ICD codes
 - ❑ 3,4,5,6,or 7 components
 - ❑ "x" is a place holder for future clarification
 - ❑ Always code to the highest level in all cases
 - ❑ No codes start with "U" (yet!)
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Case 1 – a little HTN

- 401.9 Unspecified essential hypertension

Patient presents to the office today for hypertension recheck, the BP today is 125/80, taking medications with no complications or side effects identified. No co-morbid conditions identified

In ICD 10 CM

Category of Hypertensive diseases
(110-115)

Excludes: complicating pregnancy,
childbirth and the puerperium ([O10-](#)
[O11](#) , [O13-O16](#))
involving coronary vessels ([I20-I25](#))
neonatal hypertension ([P29.2](#))
pulmonary hypertension ([I27.0](#))

Instructions...

- ❑ ***Excludes:*** certain conditions originating in the perinatal period ([P00-P96](#))
certain infectious and parasitic diseases ([A00-B99](#))
complications of pregnancy, childbirth and the puerperium ([O00-O99](#))
congenital malformations, deformations and chromosomal abnormalities ([Q00-Q99](#))
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- endocrine, nutritional and metabolic diseases ([E00-E90](#))
injury, poisoning and certain other consequences of external causes ([S00-T98](#))
neoplasms ([C00-D48](#))
symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified ([R00-R99](#))
systemic connective tissue disorders (M30-M36)
transient cerebral ischaemic attacks and related syndromes ([G45.-](#))
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I 10 Essential (primary)

hypertension High blood pressure

Hypertension

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

Excludes: involving vessels of:

- brain ([I60-I69](#))
 - eye ([H35.0](#))
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But if part of heart disease

I 11 Hypertensive heart disease

Includes: any condition in I50.-, I51.4-I51.9 due to hypertension

I 11.0 Hypertensive heart disease with (congestive) heart failure

Hypertensive heart failure (use additional code for type of heart failure I50-)

I 11.9 Hypertensive heart disease without (congestive) heart failure

~~Hypertensive heart disease NOS~~

If the note had identified

HTN with renal failure and CHF components
the ICD 10 CM would have become...

**I 13.2 Hypertensive heart and renal
disease with both (congestive) heart
failure and renal failure**

And the documentation would need to
reflect this combination of conditions and
additional ICD 10 codes for both
conditions added

What do we need to focus on...

- ❑ "cause" of condition
 - ❑ "second" condition that is considered part of the main component and coding the service with one ICD 10 CM not HNT and CHF or renal failure
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Case 2 – “Jock itch”

This is a case of a simple direct coding link from old to new

ICD 9 = 110.3 Dermatophytosis of groin and perianal area

ICD 10 = B35.6 Tinea cruris Dhobi itch
Groin ringworm
Jock itch

Documentation concerns...

- Location
 - Detail of findings of the condition
 - Would other symptoms be indicated in a case such as this? And why or why not
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In ICD 10 CM...

- ❑ Include coding components for the disease as well as some additional components and factors..
 - ❑ Specific to the ICD 10 CM – and the gastritis may quality ...
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F54 Psychological and behavioural factors associated with disorders or diseases classified elsewhere

- This category should be used to record the presence of psychological or behavioural influences thought to have played a major part in the etiology of physical disorders which can be classified to other chapters. Any resulting mental disturbances are usually mild, and often prolonged (such as worry, emotional conflict, apprehension) and do not of themselves justify the use of any of the categories in this chapter. Psychological factors affecting physical conditions

And coding of the condition first then the F54 code

Examples of the use of this category are:

- asthma F54 and J45.-
- dermatitis F54 and L23-L25
- gastric ulcer F54 and K25.-
- mucous colitis F54 and K58.-
- ulcerative colitis F54 and K51.-
- urticaria F54 and L50.-

Use additional code, if desired, to identify the associated physical disorder.

Excludes: tension-type headache (G44.2)

When might this be pertinent?

- Adjustment to a disease process
 - Compliance
 - Understanding implications of behavior or outcomes
 - Counseling needs?
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Would the “smoking” codes be added?

- **Chapter XXI**
Factors influencing health status and contact with health services (Z00-Z99)

Note: This chapter should not be used for international comparison or for primary mortality coding.

Categories Z00-Z99 are provided for occasions--

when circumstances other than a disease, injury or external cause classifiable to categories A00-Y89 are recorded as "diagnoses" or "problems". This can arise in two main ways:

Exposure or use?

□ **Z58.7 Exposure to tobacco smoke**

Includes: Passive smoking

Excludes: mental and behavioural disorders due to the use of tobacco

([F17.-](#))

personal history of psychoactive substance abuse ([Z86.4](#))

tobacco use ([Z72.0-](#))

Code options...

❑ **Z00.0 General medical examination**

Health check-up NOS

Periodic examination (annual)(physical)

Excludes: general health check-up of:

- defined subpopulations ([Z10.-](#))
- infant or child ([Z00.1](#))

Z00.1 Routine child health examination

Development testing of infant or child

Excludes: health supervision of foundling or other healthy infant or child ([Z76.1-](#)

[Z76.2](#))

Z00.2 Examination for period of rapid growth in childhood

Z00.3 Examination for adolescent development state Puberty development state

Z00.4 General psychiatric examination, not elsewhere classified *Excludes:* examination requested for medicolegal reasons (Z04.6

Z00.5 Examination of potential donor of organ and tissue

And then...

- ❑ The additional diagnoses codes for other components of administration and other needs as part of a general medical exam or combined with other services

 - ❑ Much of the same concept as ICD 9
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A look to how the current documentation methods...

- ❑ Current methods of documentation list a condition or disease without status, complication, or other details
 - ❑ ICD 10 CM will require status, location and secondary conditions as part of the process
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Chart preparation for this transition process

- ❑ Begin review of current patients who will be with the practice come 10/1/2013 (a 99 year may not need transition planning)
 - ❑ Assess information within the problem list for coding potential
 - ❑ Identify gaps for both general coding and specific patient record process
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- Review the process of how codes are assigned and revisit the process for both the E&M levels and procedures, testing, and therapeutic modalities
 - Who “makes the ICD” decision?
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Tools your staff will need to master in this process

- ❑ Knowledge of medical terminology that impact the entire spectrum of medical care and services – not just their specialty as coding overlaps
 - ❑ Knowledge of basic anatomy and physiology to understand why a code would be considered primary or secondary in sequence
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Use of the “mapping”

- The mapping guidelines are that – a guideline but because of the many notes, exclusions and secondary diagnoses issues, as well as the required sequencing this alone is not to be used!
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The Road to ICD 10 begins...

- ❑ A review of practice systems for facility, office, testing and treatment coding
 - ❑ A review of staff skill sets and knowledge base
 - ❑ A review of chart make up – paper or electronic
 - ❑ A discussion of physician involvement in the process
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Preparing today...

- ❑ Begin to understand the structure of the new codes
 - ❑ Assess current documentation within the medical record to identify how the current notes will be converted to ICD 10
 - ❑ Beginning with assigning cross walk codes as a place to start – for both learning the options and selecting appropriate codes
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Interfaces...

- What services do we provide that have interface with...
 - Other providers – clinical in nature
 - Other systems – both clinical and administrative
 - Insurance and third party payment
 - Labs – low to high level...
 - Facilities – SNF, IDTF, infusion...
 - Home Health and Hospice
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Other changes...

- Order forms, templates and order sets in EMR (dual coded)
 - Referral forms and process
 - Prior authorization forms and process
 - Budgets will need to identify cost to handle the change demands for staffing, system and "paper" (if still used)
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Impact on finances..

- Link with state Medicaid process
 - Issues with Medicare – ABN, LCD, NCD and just plan coding
 - And what of the “insured patients” and claims process issues with commercial carriers
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A few final thoughts...

- "Actual training" time tables
 - Chart preparation and conversions
 - Staff education
 - Questions and Answers.....
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