ICD-10
WHAT YOU NEED TO KNOW
International Classification of Diseases, Clinical Module-10
BY
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International Classification of Diseases, Clinical Module-10
ICD-10-CM

History

Developed almost 30 years ago, ICD-9 is now widely viewed as outdated because of its limited ability to accommodate new procedures and diagnoses.

ICD-9 contains only 17,000 codes and is expected to start running out of available codes next year. By contrast, the ICD-10 code sets contain more than 155,000 codes and accommodate a host of new diagnoses and procedures.

The additional codes will help to enable the implementation of electronic health records because they will provide more detail in the electronic transactions.

The change to ICD-10 will help to improve efficiencies by helping to identify specific health conditions such as Methicillin-Resistant Staphylococcus aureus (MRSA) and other conditions.

Current Codes

- ICD-9-CM Codes go from 001 to 999, not to mention V Codes and E-Codes. E Codes were never designed to be used as a primary diagnosis code.
- ICD-10 goes from a-Z and adds 00-99, thus adding more codes which are sorely needed.

It is estimated that ICD-9 will be at its maximum growth by next year with no new codes being able to be put into use.

What does this mean for you??

- New Coding Books (ICD-10-CM or for hospitals, ICD-10-PCS
- Updated Training
- Updating Billing Software
- Test Claims
- Updating Superbills
- Keeping an eye on claims denials or claims review
- Keeping your provider’s AR to keep it down
- Staying in close contact with the insurance companies
- Possible updating of provider contracts to include clauses to prevent coding problems.
- More Out of Pocket Expenses to get ready
What does this mean for the industry?

- Updating training manuals
- Updating certification classes
- Updating certification tests
- Insurance company in house training
- Insurance Company software updating
- Insurance Company policy changes or updates
- Delays in claims processing and payment
- An increase in claims review
- An increase in appeals review

What is the Mystery behind ICD-10?

None.

Trained coders may find ICD-10 to be easy to understand.

It is the self taught or untrained who may find ICD-10 to be confusing

ICD-10

Coding under ICD-10 is no different than coding for ICD-9.

- You still follow coding conventions
- You still look up a code in the index
- You continue to the tabular section to read more information on the code(s) themselves
- You select the code at the highest specificity

ICD-10 Chapters

In ICD-9 there are 18 chapters but in ICD-10 there will be 20 plus

- Chapter 1: Certain infectious and parasitic diseases (A00-B99)
- Chapter 2: Neoplasms (C00-D48)
- Chapter 3: Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
- Chapter 4: Endocrine, nutritional and metabolic diseases (E00-E90)
- Chapter 5: Mental and behavioral disorders (F01-F99)
- Chapter 6: Diseases of the nervous system (G00-G99)
- Chapter 7: Diseases of the eye and adnexa (H00-H59)
- Chapter 8: Diseases of the ear and mastoid process (H60-H95)
- Chapter 9: Diseases of the circulatory system (I00-I99)
- Chapter 10: Acute upper respiratory infections (J00-J06)
- Chapter 11: Diseases of oral cavity and salivary glands (K00-K14)
ICD-10 Tabular Instructions

Code First/Use Additional Code notes (etiology/manifestation paired codes)

- Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology.
- For such conditions the ICD-10-CM has a coding convention that requires the underlying condition be sequenced first followed by the manifestation.
- Wherever such a combination exists there is a "use additional code" note at the etiology code, and a "code first" note at the manifestation code.

These instructional notes indicate the proper sequencing order of the codes, etiology followed by manifestation.

In most cases the manifestation codes will have in the code title, "in diseases classified elsewhere." Codes with this title are a component of the etiology/manifestation convention.

The code title indicates that it is a manifestation code. "In diseases classified elsewhere" codes are never permitted to be used as first listed or principle diagnosis codes. They must be used in conjunction with an underlying condition code and they must be listed following the underlying condition.

Code Also:

A code also note instructs that 2 codes may be required to fully describe a condition but the sequencing of the two codes is discretionary, depending on the severity of the conditions and the reason for the encounter.

Table of Drugs and Biologicals

Naturally, this table will change due to the additions of ICD-10 codes and No more E-Codes Instead of a 900 series code and an E Code, you have a 7 digit T Code.
### ICD-9 Table of Drugs and Biologicals

<table>
<thead>
<tr>
<th>Substance</th>
<th>Poisoning</th>
<th>Accident</th>
<th>Therapeutic Use</th>
<th>Suicide Attempt</th>
<th>Assault</th>
<th>Undetermined</th>
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<tr>
<td>1-propanol</td>
<td>980.3</td>
<td>E860.4</td>
<td>-</td>
<td>E950.9</td>
<td>E962.1</td>
<td>E980.9</td>
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<td>E860.3</td>
<td>-</td>
<td>E950.9</td>
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<td>2, 4-D (dichlorophenoxyacetic acid)</td>
<td>989.4</td>
<td>E863.5</td>
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<td>E864.0</td>
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<td>E857</td>
<td>E931.7</td>
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<td>E980.9</td>
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### ICD-10 Table of Drugs and Biologicals

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<th>Poisoning</th>
<th>Poisoning</th>
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<th>Underdosing</th>
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<td>Unintentional</td>
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<td>T51.0x3</td>
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</table>

- Under ICD-9, Accidental poisoning by Absinthe would be 980.0.
- Under ICD-10, this code would be T51.0x1.
- When looking at T51.0, you find this:
  - **T51.0 Toxic effect of ethanol**
    - Toxic effect of ethyl alcohol **Excludes 2**: acute alcohol intoxication or "hangover" effects drunkenness pathological alcohol intoxication
  - **T51.0x Toxic effect of ethanol**
  - **T51.0x1 Toxic effect of ethanol, accidental (unintentional)**
  - Toxic effect of ethanol NOS
External causes of morbidity (V01-Y98)

This chapter permits the classification of environmental events and circumstances as the cause of injury, and other adverse effects.

Where a code from this section is applicable, it is intended that it shall be used secondary to a code from another chapter of the Classification indicating the nature of the condition.

Most often, the condition will be classifiable to Chapter 19, Injury, poisoning and certain other consequences of external causes (S00-T98).

Other conditions that may be stated to be due to external causes are classified in Chapters I to XVIII. For these conditions, codes from Chapter 20 should be used to provide additional information as to the cause of the condition.

EXAMPLE: External causes of morbidity (V01-Y98) ICD-9

Lets look at an auto accident involving a bike rider under ICD-9. E826 Pedal cycle accident [0-9]

Requires fourth digit. See beginning of section E800-E845 for codes and definitions. **Includes:** breakage of any part of pedal cycle collision between pedal cycle and: animal (being ridden) (herded) (unattended) another pedal cycle non-motor road vehicle, any Pedestrian other object, fixed, movable, or moving, not set in motion by motor vehicle, railway train, or aircraft entanglement in wheel of pedal cycle fall from pedal cycle hit by object falling or thrown on the pedal cycle pedal cycle accident NOS pedal cycle overturned

EXAMPLE: External causes of morbidity (V01-Y98) ICD-10

Lets look at an auto accident involving a bike rider under ICD-10.

V13.0 Pedal cycle driver injured in collision with car, pick-up truck or van in nontraffic accident
V13.1 Pedal cycle passenger injured in collision with car, pick-up truck or van in nontraffic accident
V13.2 Unspecified pedal cyclist injured in collision with car, pick-up truck or van in nontraffic accident
V13.3 Person boarding or alighting a pedal cycle injured in collision with car, pick-up truck or van
V13.4 Pedal cycle driver injured in collision with car, pick-up truck or van in traffic accident
V13.5 Pedal cycle passenger injured in collision with car, pick-up truck or van in traffic accident
V13.9 Unspecified pedal cyclist injured in collision with car, pick-up truck or van in traffic accident

YOU move from an E826 code to a V13 code,
Documentation

ICD-10 is going to require the provider to be more definitive in the documentation of the diagnosis.

Instead of writing COPD, NEC which is ICD-9  496

Under ICD-10, COPD becomes J44 Other chronic obstructive pulmonary disease
Includes: asthma with chronic obstructive pulmonary disease chronic asthmatic (obstructive) bronchitis chronic bronchitis with airways obstruction chronic bronchitis with emphysema chronic emphysematous bronchitis chronic obstructive asthma chronic obstructive bronchitis chronic obstructive tracheobronchitis

Code also type of asthma, if applicable (J45.-):
Use additional code to identify: exposure to environmental tobacco smoke (Z58.7) history of tobacco use (Z87.82) occupational exposure to environmental tobacco smoke (Z57.31) tobacco use (Z72.0)

Excludes1: bronchiectasis (J47.-) chronic bronchitis NOS (J42) chronic simple and mucopurulent bronchitis (J41.-) chronic tracheitis (J42) chronic tracheobronchitis (J42) emphysema without chronic bronchitis (J43.-) lung diseases due to external agents (J60-J70) J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection Use additional code to identify the infection J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation Decompensated COPD Decompensated COPD with (acute) exacerbation

Excludes2: chronic obstructive pulmonary disease [COPD] with acute bronchitis (J44.0) J44.9 Chronic obstructive pulmonary disease, unspecified Chronic obstructive airway disease NOS Chronic obstructive lung disease NOS

Conversion from ICD-9-CM to ICD-10-CM

It is advisable that providers that use a Superbill that contains ICD-9 codes convert them to ICD-10. This may not be an easy task because converting from one ICD-9 code may result in many ICD-10 codes.

For example,
J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection Use additional code to identify the infection J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation Decompensated COPD Decompensated COPD with (acute) exacerbation Excludes2: chronic obstructive pulmonary disease [COPD] with acute bronchitis (J44.0) J44.9 Chronic obstructive pulmonary disease, unspecified Chronic obstructive airway disease NOS Chronic obstructive lung disease NOS
Converting to ICD-10-CM

Not all ICD-9 codes will be able to convert easily to ICD-10 and some ICD-9 codes may convert to many ICD-10 codes such as with Diabetes mellitus or with Neoplasm codes.

A simple Herpes Zoster ICD-9 (053.9) will result in at least 16 different ICD-10 codes.

Converting to ICD-10

For pediatricians, a child with chicken pox (vericella) ICD-9: 052.9 is now

- **B01.0 Varicella meningitis**
- **B01.1 Varicella encephalitis, myelitis and encephalomyelitis**
  - Post chickenpox encephalitis, myelitis and encephalomyelitis
- **B01.11 Varicella encephalitis and encephalomyelitis**
  - Post chickenpox encephalitis and encephalomyelitis
- **B01.12 Varicella myelitis**
  - Post chickenpox myelitis
- **B01.2 Varicella pneumonia**
- **B01.8 Varicella with other complications B01.81 Varicella keratitis B01.89 Other varicella complications**
- **B01.9 Varicella without complication**
- **Varicella NOS**

Converting to ICD-10

In Cardiac and Emergency Care, the patient with unspecified chest pain (786.50) is now

**R07.9 Chest pain, unspecified**

Your unspecified abdominal pain (789.00) is now R10.9 Unspecified abdominal pain, however, there are 23 other specified codes for abdominal pain that can be better chosen with improved documentation.

DIABETES MELLITUS

Under ICD-9, you are in the 250.00 series of codes. You had to know if the diabetes was adult or juvenile onset and whether the patient is insulin dependent or not (Type I or Type II diabetes).

**Diabetes Mellitus Under ICD-10, you have**

**Diabetes mellitus (E08-E13)**

**YOU have a minimum of 42 Diabetes Codes under ICD-10.**

- **E08 Diabetes mellitus due to underlying condition**
- **Code first the underlying condition, such as: Congenital rubella (P35.0) Cushing’s syndrome (E24.-) Cystic fibrosis (E84.-) Malignant neoplasm (C00-C96) Malnutrition (E40-E46) Pancreatitis and other diseases of the pancreas (K85-K86.-)**
- **Use additional code to identify any insulin use (Z79.4)**

**Excludes1:** drug or chemical induced diabetes mellitus (E09.-) gestational diabetes (O24.4-) type 1 diabetes mellitus (E10.-) type 2 diabetes mellitus (E11.-)
Diabetes

Under ICD-10, you have diabetes mellitus due to underlying condition (E08.-) drug or chemical induced diabetes mellitus (E09.-) gestational diabetes (O24.4-) type 1 diabetes mellitus (E10.-) Use additional code to identify any insulin use (Z79.4)

Type I Diabetes

E10 Type 1 diabetes mellitus Includes: brittle diabetes (mellitus) diabetes (mellitus) due to autoimmune process diabetes (mellitus) due to immune mediated pancreatic islet beta-cell destruction idiopathic diabetes (mellitus) juvenile onset diabetes (mellitus) ketosis-prone diabetes (mellitus)

Excludes1: diabetes mellitus due to underlying condition (E08.-) drug or chemical induced diabetes mellitus (E09.-) gestational diabetes (O24.4-) hyperglycemia NOS (R73.9) type 2 diabetes mellitus (E11.-)

Type II Diabetes

E11 Type 2 diabetes mellitus Includes: diabetes (mellitus) due to insulin secretory defect diabetes NOS insulin resistant diabetes (mellitus) Use additional code to identify any insulin use (Z79.4) Excludes1: diabetes mellitus due to underlying condition (E08.-) drug or chemical induced diabetes mellitus (E09.-) gestational diabetes (O24.4-) type 1 diabetes mellitus (E10.-)

Diabetes Z79.4 Persons with potential health hazards related to family and personal history and certain conditions influencing health status (Z79-Z99)

Z79.4 Long term (current) use of insulin

Documentation

ICD-10 takes a disease down to the Nth degree, due to the availability of more codes to select. Therefore, the provider must be exact with the medical condition of the patient. Not being as detailed as possible with the documentation can delay the coding of the claim as well as the possible selection of an incomplete or incorrect code.

Chapter 21
Factors influencing health status and contact with health services (Z00-Z99) Note: Z codes represent reasons for encounters. A corresponding procedure code must accompany a Z code if a procedure is performed. 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:

(a) When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate
an organ or tissue, to receive prophylactic vaccination (immunization), or to discuss a problem which is in itself not a disease or injury.

(b) When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury.

These codes are your former V Codes

**Former V Codes**
One of the most popular V Codes was the Well baby Check which used V20.2Routine infant or child health check.

Under ICD-10, this has been changed to
Z00.1 Encounter for routine child health examination Encounter for development testing of infant or child Excludes1: health supervision of foundling or other healthy infant or child (Z76.1-Z76.2)
Z00.10 Encounter for routine child health examination without abnormal findings Encounter for routine child health examination NOS
Z00.11 Encounter for routine child health examination with abnormal findings Use additional code to identify abnormal findings

**More Z Codes**
With the availability of more codes in ICD-10, you have the following codes to use when someone is coming in for BP checkups

Z01.3 Encounter for examination of blood pressure
Z01.30 Encounter for examination of blood pressure without abnormal findings
Encounter for examination of blood pressure NOS
Z01.31 Encounter for examination of blood pressure with abnormal findings
Use additional code to identify abnormal findings

Have everything you need to code and bill without delay
Make sure you have the following:
Retraining
New Manuals
Updated Software
Certified Staff Coders
Updated Carrier Policies and Procedures
Updated Compliance Plans
Updated Coding Denial Appeals
Updated Superbills
Continue to fight fraud, abuse and any up/downcoding issues.

**Start Your Personnel Training Early**
You don't want to wait until the last minute to train your staff on the new changes.
Be cautious of “fly-by-night” offers to provide your staff with ICD-10 training. Obtain your training guidance from a reputable organization.
The certifying agencies are working now to update their certification tests to change from ICD-9-CM to ICD-10-CM.
New Manuals
You will be left in the dust and not using current coding manuals could be very costly to your business, the provider and the patient.
There are some websites that currently allow you to look up ICD-9-C codes for free. Whether these sites are changed or will be open is unknown at this time.

DO NOT Rely on any association or coding forum to do your coding for you. Your coders should be highly trained, Certified and ready to use the new codes the minute they are effective.

Contact Your Billing Software Vendor
Your billing software may have to be upgraded to hold both ICD-9 and ICD-10 if the change is permanent as of October 1, 2013 because the claims you submit on September 30, 2013 will need the ICD-9 Codes for all claims prior to October 1, 2013. You can expect and plan on delays in payments while insurance companies work out the bugs with their systems as they too will need to keep the ICD-9 codes in their system for all pre October 1, 2013 claims. You may have to perform claims testing with your upgraded software so that it does not send claims after October 1, 2013 with ICD-9-CM codes.

Contact the Insurance Companies
Find out their coding policies as it relates to ICD-10 and benefit restrictions based on diagnoses.
Double check your current provider contracts regarding coding requirements. If your provider agreed to the carrier coding policies, you want to ensure that the carrier and your provider are on the same sheet of music.
Check with them to see when they are ready to accept claims using the ICD-10. Find out what delays may be expected with claims and payment. This could have an affect on your current provider contract with detailed payment timeframes.

Update your Compliance Plans
Many Compliance Plans address ICD-9 coding issues. Make sure yours is changed to reflect the ICD-10 and any problems that may come with it. What will you do if 90% of the charts contain insufficient information to select the proper code out of 25 different codes for the condition. How will you resolve these problems? How often will you conduct internal coding audits? How many claims are being denied for coding issues and how will you address this? These should be part of your compliance plan.

Update your appeals
Go through your appeals that relate to any coding issues, specifically diagnosis coding. Make sure they are changed to reflect the new ICD-10-CM codes.
Proofread any appeals you send to make sure the appeal does not reference ICD-9-CM if an ICD-10 code was used.

Updated Superbills
Some superbills may contain a checklist of ICD-9 codes. Make sure you convert the ICD-9 code to the appropriate ICD-10 code(s).
This may be a project that may take many days to accomplish. Once completed, have the superbill proof read by a trained certified coding staff member who has been trained in ICD-10. Don’t forget to include the provider and staff in your updated training.
Fight Fraud and Abuse
Just because there is a huge change coming in the future, you should be on your toes to watch out for intentional or unintentional upcoding or downcoding using the new ICD-10 codes. You do not want to be the subject of an audit by Medicare, Medicaid, the OIG or any other insurance audit. If you do what is right, you aren't afraid of any audits.

Final Words

ICD-10 is not as scary as it looks. A trained coder should have no problem sliding into the new codes. The major problem will be insufficient or incomplete documentation to select the correct codes for the visit. We have about 3 years to get ready, so there should be no excuse for not being ready to go on October 1, 2013.