

ICD 10 Conversion

Why Change?

- ICD 9

- 14, 000 codes
- No laterality
- Limited severity parameters
- No placeholders
- 3-5 digits



alpha or
numeric

<-----numeric----->

- ICD 10

- 69,000+ codes
- Indicates Rt or Lt
- Extensive severity parameters
- “X” is a placeholder
- 3-7 digits



alpha numeric

<-----alpha or numeric----->

ICD 10

- Two Parts
- ICD 10 CM
 - Diagnostic codes
- ICD 10 PCS
 - Inpatient codes



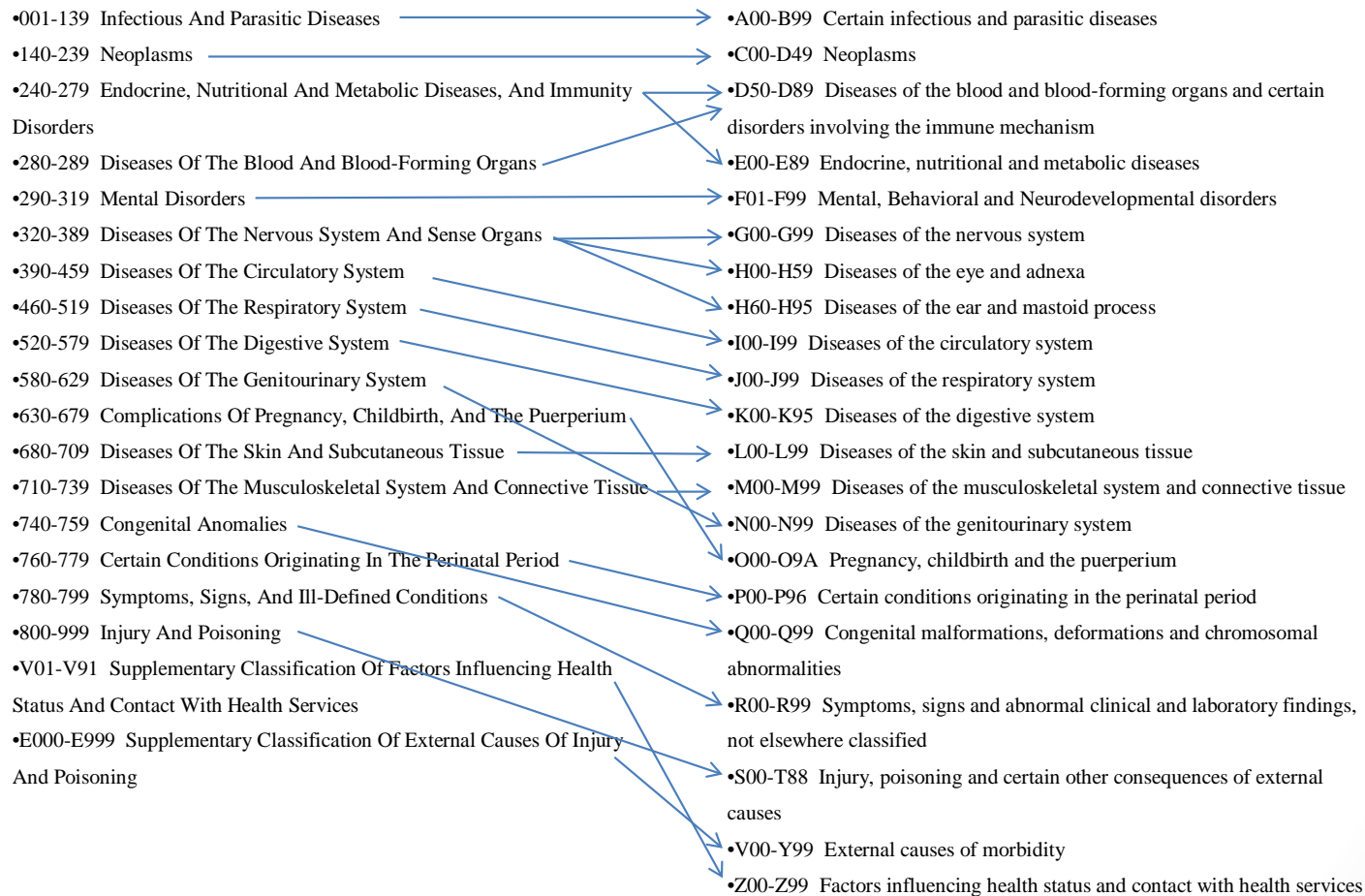
ICD 9 Categories

- 001-139 Infectious And Parasitic Diseases
- 140-239 Neoplasms
- 240-279 Endocrine, Nutritional And Metabolic Diseases, And Immunity Disorders
- 280-289 Diseases Of The Blood And Blood-Forming Organs
- 290-319 Mental Disorders
- 320-389 Diseases Of The Nervous System And Sense Organs
- 390-459 Diseases Of The Circulatory System
- 460-519 Diseases Of The Respiratory System
- 520-579 Diseases Of The Digestive System
- 580-629 Diseases Of The Genitourinary System
- 630-679 Complications Of Pregnancy, Childbirth, And The Puerperium
- 680-709 Diseases Of The Skin And Subcutaneous Tissue
- 710-739 Diseases Of The Musculoskeletal System And Connective Tissue
- 740-759 Congenital Anomalies
- 760-779 Certain Conditions Originating In The Perinatal Period
- 780-799 Symptoms, Signs, And Ill-Defined Conditions
- 800-999 Injury And Poisoning
- V01-V91 Supplementary Classification Of Factors Influencing services
- E000-E999 Supplementary Classification Of External Causes Of Injury And Poisoning

ICD 10 Categories

- A00-B99 Certain infectious and parasitic diseases
- C00-D49 Neoplasms
- D50-D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune system
- E00-E89 Endocrine, nutritional and metabolic diseases
- F01-F99 Mental, Behavioral and Neurodevelopmental disorders
- G00-G99 Diseases of the nervous system
- H00-H59 Diseases of the eye and adnexa
- H60-H95 Diseases of the ear and mastoid process
- I00-I99 Diseases of the circulatory system
- J00-J99 Diseases of the respiratory system
- K00-K95 Diseases of the digestive system
- L00-L99 Diseases of the skin and subcutaneous tissue
- M00-M99 Diseases of the musculoskeletal system and connective tissue
- N00-N99 Diseases of the genitourinary system
- O00-O9A Pregnancy, childbirth and the puerperium
- P00-P96 Certain conditions originating in the perinatal period
- Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities
- R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
- S00-T88 Injury, poisoning and certain other consequences of external causes
- V00-Y99 External causes of morbidity
- Z00-Z99 Factors influencing health status and contact with health services

Reclassification of Codes



Code Structure

- Category
 - This is made up of the first three characters
- Subcategory
 - This is made up of the 4th and/or 5th characters



- Code
 - A code is anything that has no further subdivision
 - ie, a category or subcategory can be a code if not further subdivided

ICD 10- What does it tell you?

- First 3 positions give the heading within a category
- Next 3 specify etiology/site/severity/etc
- 7th position can note which encounter for certain condition or information on fracture or injury

S 4 2 . 2 6 5 A

- “S42” - indicates fracture of shoulder or upper arm
- “.2” - indicates it is the upper end of the humerus
- “6” – indicates lesser tuberosity of the humerus
- “5”- indicates it is nondisplaced and the left humerus
- “A” indicates this is the initial encounter for care of this diagnosis
- The comparable ICD 9 code is 812.09 – other closed fracture upper end of humerus

The Placeholder “X”

- A code that requires a 7th character, but does not have 6 characters, will use “X”s as placeholders for those characters.
- Remember the 7th character’s place denotes certain information (not all codes require a 7th character)
 - Initial or subsequent encounter, sequela
 - Type of fracture, healing status, union or malunion, etc.

The Placeholder “X”

- EX: The 7th character denotes what type of encounter (initial or subsequent) or fracture information
 - T33.02 is the code for Superficial frostbite of the nose.
 - However it requires a 7th character to identify initial or subsequent encounter
 - Therefore the “X” is used as a placeholder
 - T33.02XA Superficial frostbite of the nose, initial encounter

What does this all mean for us?

- There are many more codes for each diagnosis than before.
- More specific information will be needed to find the correct, most specific code available
- Some codes will require additional codes to fully describe the condition

Abbreviations

- NEC
 - Not Elsewhere Classified
 - If all listed classifications do not fit

- NOS
 - Not Otherwise Specified
 - If you are unable to describe as much as other codes require



"I hate cats! I want a dog scan."

Definitions

- “And”- should be interpreted as and/or when in a code title
- “With”- should be interpreted as “associated with” or “due to” when in a code title
- “Code also” – instructs that there may be two codes required to fully describe a condition



Punctuation Used

- An ICD 10 code that has dashes within it represents a code that is not complete.
 - Often used to represent all codes with the common characters listed (no matter what characters would be in the dashes).
 - EX: **G80.-** would be a way to indicate **all** the following codes: **G80.1, G80.2, G80.3, G80.4, G80.8, and G80.9**
 - In other words, all the codes within ICD 10 that begin with **G80**.

Instruction Notes

- Various notes that give the coder additional information or clues that other information is needed
 - Includes
 - Excludes
 - Code first...
 - Use additional code



Instruction Notes

- These notes can appear anywhere in the structured code list
 - Category
 - Subcategory
 - Code



Excludes

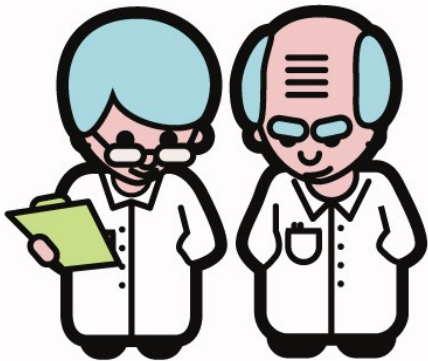
- Excludes 1- this means the conditions listed are excluded in that code
 - In other words the two conditions cannot exist together
 - ie, the congenital and acquired form of a disease
 - EX: **Q79.5 Other congenital malformations of the abdominal wall**
 - Excludes 1: **umbilical hernia (K42.-)**

Excludes

- Excludes 2- this means the conditions are not part of the condition represented by the code
 - The patient may have both conditions at once
- EX: **J37.1 Chronic Laryngotracheitis**
 - Excludes 2
 - **Acute laryngotracheitis (J04.2)**
 - **Acute tracheitis (J04.1)**

Etiology/Manifestation Codes

- There are several codes in ICD 10 that describe the manifestation of an underlying disease, not the disease itself. Therefore, they are not used as a principal diagnosis and must be listed secondary to the code for the disease itself.



Etiology/Manifestation Codes

- Manifestation codes will generally end with “...in diseases classified elsewhere”
- Those codes that don’t end this way, will be flagged with a “**code first...**” notation, indicating an etiology needs coded first
 - Some etiology categories may be listed as suggestions to “**code first..**”

Etiology/Manifestation Codes

- Ex: **G63 Polyneuropathy in diseases classified elsewhere**
 - This code will be flagged as a **manifestation** and not billable as a primary diagnosis
 - An appropriate primary diagnosis might be:
 - **E77.9 Disorders in glycoprotein metabolism**
 - This would be the **etiology** of the polyneuropathy, and would be coded first

Etiology/Manifestation Codes

- Ex: **F02.81 Dementia is diseases classified elsewhere, without behavioral disturbance**
 - This code will be flagged as a **manifestation** and not billable as a primary diagnosis
 - An appropriate primary diagnosis might be:
 - **G20 Parkinson's disease**
 - This would be the **etiology** of the dementia, and would be coded first

Multiple Coding for Single Condition

- There are also single conditions that require more than one code (outside of the etiology/manifestation codes).
- These will be noted by a **“use additional code”** or **“code also”** notation. This signals that another code is needed and should be secondary.



Multiple Coding for Single Condition

- There may also be **“code first...”** or **“code, if applicable, any causal condition first”**
- These notations may also appear under certain codes that are not specifically manifestation codes, but that may be due to an underlying cause.
 - These codes can be used as primary diagnosis if there is no known underlying cause;
 - If there is such a condition or cause, that condition should be listed as primary

Multiple Coding for Single Condition

- **Ex: J13 Pneumonia due to streptococcus pneumoniae**
 - **“Code first”** - if associated with influenza
 - **J09.X1 Influenza due to identified novel influenza A virus with pneumonia**
 - **J10.0- Influenza due to other identified influenza virus**
 - **J11.0- Influenza due to unidentified influenza virus**
 - **“Code also”** - If abscess is associated
 - **J85.1 Abscess of lung with pneumonia**

Multiple Coding for Single Condition

- **I60-I69 Cerebral Vascular Diseases**
 - **“Use additional code to identify the presence of...”**
 - alcohol abuse and dependence (F10.-)
 - exposure to environmental tobacco smoke (Z77.22)
 - history of tobacco use (Z87.891)
 - hypertension (I10-I15)
 - occupational exposure to environmental tobacco smoke (Z57.31)
 - tobacco dependence (F17.-)
 - tobacco use (Z72.0)

Other examples...

- Cardiovascular codes often have a “**code first...**” for coding of risk factors or contributing conditions
- When coding an infection where the causative agent is a drug resistant bacteria- need to code the infection and the resistance status
- Respiratory diagnosis ask for additional code regarding smoke exposure
- Some injury codes will have “**code also...**” to help identify extent of damage done by injury

ICD 10 “R codes”

- Symptoms, signs , and abnormal clinical and laboratory findings, NEC
 - Use these codes if definitive diagnosis is not known



ICD 9 “V codes”

- ICD 9 “V codes” are codes considered “supplementary information of factors influencing health status and contact with health services”
 - Pre participation exams, school physicals, pre-employment physicals, health maintenance exams, well child exams, etc.
 - Other historical information or screenings
 - Personal medical history, family history of, etc.

IDC 10 “Z codes”

- These “V codes” are now “Z codes” in ICD 10
- Includes prior “V code” information
- There is greater specificity
- Many more codes for health system encounters
 - Well visits, illness exposure, screening tests, chemo and radiation, etc.
- Can be used for follow-up and monitoring visits for conditions which have resolved.
 - Cancers, surgical status, certain health status, etc.

ICD 9 “E codes”

- ICD 9 “E codes” are codes that denote the external cause of injury or death.
- The corresponding ICD 10 codes are the “V, W, X, and Y” codes
- We do not report these codes, so just be aware and avoid use.

However, they are entertaining

- W58.13 Crushed by crocodile
- X05 Melting of pajamas due to fire
- V93.83 Carbon monoxide poisoning from jet skis
- W88.1 Radiation exposure to gamma rays
- X73.2 Suicide attempt by machine gun
- X35 Victim of volcanic eruption
- Y92.59 Injury occurred at television station
- Y65.51 Wrong operation performed on correct patient
- Y65.53 Correct procedure performed on wrong side of body
- Y65.62 Operation performed on patient not scheduled for surgery

Looking up codes

- It is recommended to use the alphabetical index to look up the code term first
- Use additional cross references if needed to locate correct diagnosis
- Then use code to look up in tabular index to see if there are any coding instructions associated with the code
- Code to the most characters possible (the most specific code)

Resources

- www.icd10data.com
 - Free website that will convert codes and allows easy code look up
- <https://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-CM-and-GEMs.html>
 - 2016 Code Descriptions in Tabular Order [ZIP, 2MB]
 - 2016 Code Tables and Index [ZIP, 16MB]
 - 2016 ICD-10-CM Guidelines [PDF, 1MB]