ICD-10-CM

SESSION 3: Implementation
Getting under the hood of ICD-10, how it is similar and how it is different from ICD-9, how to use it.

Questions??

ICD-9 vs. ICD-10-CM

ICD-9-CM (e.g. 847.0)
- 3-5 characters
- First character is numeric or alpha (i.e. E or V)
- Characters 2-5 are numeric
- Always at least 3 characters
- Use of decimal after 3 characters

ICD-10-CM (S13.4xxA)
- 3-7 characters
- Character 1 is alpha
- All letters except U
- Characters 2-7 are alpha or numeric
- Always at least 3 characters
- Use of decimal after 3 characters
ICD-9 vs. ICD-10-CM

• For example, ICD-9 code of 739.1 will have about 56 options in ICD-10-CM
• From S13.100A to S13.181S
• The new codes will provide information about the specific spinal level, whether it is a subluxation or dislocation, and whether the encounter is the initial or a follow-up visit

ICD-10-CM Organization

• Vol. 1: Tabular list
• Vol. 2: Descriptions, guidelines, rules
• Vol. 3: Alphabetical index
ICD-10-CM Organization

• Conventions and Guidelines
• Alphabetic Index
• Neoplasm, Drug and Chemical Tables
• Index to External Causes (of injuries)
• Tabular List

Section I:
Conventions and Guidelines

• Conventions are the general rules for use of the classification
• General coding guidelines
• Chapter-specific coding guidelines
  – These are guidelines for specific diagnoses and, unless otherwise noted, apply to all health care settings
N.B. Sections II & III apply to inpatient only

Section I

• The Alphabetic Index, an alphabetical list of terms and their corresponding code.
  – The Alphabetic Index consists of the following parts: the Index of Diseases and Injury, the Index of External Causes of Injury
• Tabular List, a numerical list of codes divided into chapters based on body system or condition.
Format and Structure: 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.

General Coding Guidelines

• Locating a code in the ICD-10-CM
• Level of Detail in Coding
• Code or codes from A00.0 through T88.9, Z00-Z99
• Signs and symptoms
• Acute and Chronic Conditions
• Laterality
• Chapter-Specific Coding Guidelines

Locating a code in the ICD-10-CM

• First locate the diagnostic term in the Alphabetic Index,
• Then verify the code in the Tabular List.
• Read and be guided by instructional notations that appear in both the Alphabetic Index and the Tabular List.
Locating a code in the ICD-10-CM

- The Alphabetic Index does not always provide the full code.
- Selection of the full code, including laterality and any applicable 7th character can only be done in the Tabular List.

Level of Detail in Coding

- Diagnosis codes are to be used at their highest number of characters available.
- A code is invalid if it has not been coded to the full number of characters required for that code.

Signs and symptoms

- Especially for CAM providers who cannot diagnose (e.g. LAc, LMT)
- Codes that describe symptoms and signs are acceptable for reporting purposes when a related definitive diagnosis has not been established by the provider.
- Chapter 18 of ICD-10-CM contains many, but not all codes for symptoms.
Acute and Chronic Conditions

• If the same condition is described as both acute (subacute) and chronic, and separate subentries exist in the Alphabetic Index at the same indentation level, code both and sequence the acute (subacute) code first.

Late Effects

• The residual effect after the acute phase has ended.
• No time limit on when a late effect code can be used.
• The residual may be apparent early or it may occur months or years later, such as that due to a previous injury.
• Coding of late effects generally requires two codes sequenced in the following order:
  – The condition or nature of the late effect is sequenced first.
  – The late effect code is sequenced second.

Laterality

• For bilateral sites, the final character of the codes in the ICD-10-CM indicates laterality.
• An unspecified side code is also provided should the side not be identified in the medical record.
• If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side.
Questions??

Using ICD-10

• Organization
• Guidelines for Coding and Reporting
  — Section I: General conventions and guidelines
  — Section IV: Guidelines for Outpatient Services
• Chapter-specific guidelines
• Steps to correct coding

General coding guidelines

• Use of codes for reporting purposes: For reporting purposes only codes are permissible, not categories or subcategories

• Placeholder character: “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.

• 7th Characters Certain 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.
Categories, Subcategories and Codes

543 Dislocation and sprain of joints and ligaments of shoulder girdle
The appropriate 7th character is to be added to each code from category 543
A initial encounter
D subsequent encounter
S sequela

543.0 Subluxation and dislocation of shoulder joint
Dislocation of glenohumeral joint
Subluxation of glenohumeral joint
Dislocation of humerus NOS
Subluxation of humerus NOS
543.00 Unspecified subluxation and dislocation of shoulder joint
543.01 Unspecified subluxation of left shoulder joint
543.02 Unspecified dislocation of left shoulder joint
543.03 Unspecified subluxation of right shoulder joint
543.04 Unspecified dislocation of right shoulder joint
543.001 Unspecified subluxation of right shoulder joint initial encounter

Section IV: Diagnostic Coding and Reporting Guidelines for Outpatient Services

- Use for provider-based office visits
- "Encounter" = "Visit"
- "Principle diagnosis" and "inconclusive diagnosis" do not apply to outpatients
- In the outpatient setting it is the "First-listed" diagnosis
  - the main condition treated or investigated during the relevant episode of outpatient (ambulatory) health care. Where there is no definitive diagnosis, the main symptom or sign, abnormal findings, or problem is reported as the first-listed diagnosis. The first-listed diagnosis is reported by physician offices, ambulatory care centers, outpatient hospital settings, and so on.

http://wiki.answers.com/Q/What_is_the_difference_between_primary_diagnosis_and_principal_diagnosis
ICD-10 Chapter XIII
Diseases of the musculoskeletal system and connective tissue
(M00-M99)-Sample

M54.2 Cervicalgia Excludes: cervicalgia due to intervertebral cervical disc disorder [M50.2]
M54.3 Sciatica Excludes: lesion of sciatic nerve [G57.0]; sciatica:
- due to intervertebral disc disorder [M51.1]
M54.4 Lumbago with Sciatica Excludes: that due to intervertebral disc disorder [M51.3]
M54.5 Low back pain with pain: Low back strain
Lumbago NOS
Excludes: lumbago:
- due to intervertebral disc displacement (M51.2)
- with sciatica (M54.5)
M54.6 Pain in thoracic spine Excludes: pain due to intervertebral disc disorder [M54.5]
M54.8 Other dorsalgia M54.9 Dorsalgia, unspecified Backache NOS

ICD-10: How to do it

- You CAN do it
- ICD-10-CM Official Guidelines for Coding and Reporting 2011 Free from CMS
- It’s not rocket science

General Coding Guidelines

- Locating a code in the ICD-10-CM
- Level of Detail in Coding
- Code or codes from A00.0 through T88.9, Z00-Z99
- Signs and symptoms
- Acute and Chronic Conditions
- Laterality, ordinality
- Chapter-Specific Coding Guidelines
Locating a code in the ICD-10-CM

• First locate the diagnostic term in the Alphabetic Index,
• Then verify the code in the Tabular List.
• Read and be guided by instructional notations that appear in both the Alphabetic Index and the Tabular List.

Locating a code in the ICD-10-CM

• The Alphabetic Index does not always provide the full code.
• Selection of the full code, including laterality and any applicable 7th character can only be done in the Tabular List.

Level of Detail in Coding

• Diagnosis codes are to be used at their highest number of characters available.
• A code is invalid if it has not been coded to the full number of characters required for that code.
Signs and symptoms

• Especially for CAM providers who cannot diagnose (e.g. LAc, LMT)
• Codes that describe symptoms and signs are acceptable for reporting purposes when a related definitive diagnosis has not been established by the provider.
• Chapter 18 of ICD-10-CM contains many, but not all codes for symptoms.

Acute and Chronic Conditions

• If the same condition is described as both acute (subacute) and chronic, and separate subentries exist in the Alphabetic Index at the same indentation level, code both and sequence the acute (subacute) code first.

Late Effects

• the residual effect after the acute phase has ended.
• No time limit on when a late effect code can be used.
• The residual may be apparent early or it may occur months or years later, such as that due to a previous injury.
• Coding of late effects generally requires two codes sequenced in the following order:
  – The condition or nature of the late effect is sequenced first.
  – The late effect code is sequenced second.
Laterality

- For bilateral sites, the final character of the codes in the ICD-10-CM indicates laterality.
- An unspecified side code is also provided should the side not be identified in the medical record.
- If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side.

Chapter-Specific Coding Guidelines

- There are guidelines for specific diagnoses and/or conditions in the classification.
- Unless otherwise indicated, these guidelines apply to all health care settings.
- Please refer to Section II for guidelines on the selection of principal diagnosis.

Chapter-Specific Coding Guidelines
Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)

- Site and laterality: Most of the codes in Chapter 13 have site and laterality designations.
- The site represents the bone, joint or the muscle involved.
Acute traumatic versus chronic or recurrent musculoskeletal conditions

- Many musculoskeletal conditions are a result of previous injury or trauma to a site, or are recurrent conditions.
- Bone, joint or muscle conditions that are the result of a healed injury are usually found in chapter 13. Recurrent bone, joint or muscle conditions are also usually found in chapter 13. Any current, acute injury should be coded to the appropriate injury code from chapter 19. Chronic or recurrent conditions should generally be coded with a code from chapter 13. If it is difficult to determine from the documentation in the record which code is best to describe a condition, query the provider.

Chiropractic ICD-10-CM

Because of their area of practice, most chiropractors will use only a few sections of the ICD-10 codes.

Chapter 13 – Block M

"Diseases of the Musculoskeletal System and Connective Tissue"

- Chapter 13 has six main sections, four of which are relevant to chiropractors.
- Blocks M00 to M25, titled "Arthropathies," concern diseases of the joints.
- M40 to M54, entitled "Dorsopathies," concern diseases of the spine.
- M80 to M94, titled "Osteopathies and Chondropathies" deal with bone and cartilage disease.
- The last section is titled "Other Disorders of the Musculoskeletal System and Connective Tissue," for those not covered elsewhere.
Chapter 17 - Block Q
Congenital Malformations, Deformations and Chromosomal Abnormalities

- Deals with birth defects.
- DC’s will mostly be concerned with blocks Q65 to Q79 entitled "Congenital malformations and deformations of the musculoskeletal system."
- These sections deal with limbs that were malformed or missing since birth.

Chapter 19 - Blocks S and T
Injury, Poisoning and Certain Other Consequences of External Causes

- Deal mainly with trauma related injuries.
- DC’s will mostly be concerned with a few of the subsections in sections 2 to 12, or blocks S00 to T14.
- These blocks deal with sprains, fractures and dislocations of all the bones from the neck down to the feet.

Chapter 20 - Blocks V, W, X and Y
External causes of morbidity and mortality

- DC’s will mostly be concerned with block V, which deals with transportation accidents.
  - This means being in a motor accident or injured by a moving vehicle. This does not cover being injured while working on a vehicle, injuries such as crushing a finger in a car door or purposely being hit by a car.
- Sections W00 to W64 cover other accidents, such as falling or sports injuries.
- Blocks X60 to Y09 deal with self-inflicted harm and harm caused by assault.
- Sections Y96 and Y98 concern general work and lifestyle-related conditions.
LS Strain/Sprain-Tabular List

“Segmental and Somatic Dysfunction”

ChiroCode

- Comprehensive list of relevant ICD-10-CM codes for Chiropractic
- Tools to help you convert from ICD-9-CM to ICD-10-CM
- Complete guide to understanding ICD-10-CM coding
- Other aids you need for a painless transition.
### ICD-9-CM Code | ICD-10-CM Equivalent Codes
--- | ---
Sprains and Strains of Sacroiliac Region
- 846.0 Lumbosacral (joint) (ligament) | S33.8xx Sprain of other parts of lumbar spine and pelvis
- 846.1 Sacroiliac ligament | S33.6xx Sprain of sacroiliac joint
- 846.2 Sacrospinatus (ligament) | S33.8xx Sprain of other parts of lumbar spine and pelvis
- 846.3 Sacrotuberous (ligament) | S33.8xx Sprain of other parts of lumbar spine and pelvis
- 846.8 Other specified sites of sacroiliac region | S33.8xx Sprain of other parts of lumbar spine and pelvis
- 846.9 Unspecified site of sacroiliac region | S33.9xx Sprain of unspecified parts of lumbar spine and pelvis

### ICD-9-CM Code | ICD-10-CM Equivalent Codes
--- | ---
Nonallopathic Lesions, Not Elsewhere Classified
- 739.0 Head region | M99.00 Segmental and somatic dysfunction of head region
- 739.1 Cervical region | M99.01 Segmental and somatic dysfunction of cervical region
- 739.2 Thoracic region | M99.02 Segmental and somatic dysfunction of thoracic region
- 739.3 Lumbar region | M99.03 Segmental and somatic dysfunction of lumbar region
- 739.4 Sacral region | M99.04 Segmental and somatic dysfunction of sacral region
- 739.5 Pelvic region | M99.05 Segmental and somatic dysfunction of pelvic region
- 739.6 Lower extremities | M99.06 Segmental and somatic dysfunction of lower extremity

---

There's a code for that

http://online.wsj.com/article/SB10001424053111904103404576560742746021106.html

- W22.02XA, "walked into lamppost, initial encounter"
- W22.02XD, "walked into lamppost, subsequent encounter"
- V91.07XA "burn due to water-skis on fire"
### Resource/Reference List

- CMS
- ICD-10-CM, free from CMS
  - Includes guidelines, instructions for use
- Commercial ICD-10-CM publications (Ingenix, others)

---

### Resource/Reference List

- CHP Group
  - Give us your email for ICD-10 Updates
- National Center for Health Statistics – CDC ICD-10-CM
  - [www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm](http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm)
- ICD-10 and HIPAA Federal Register Notices
  - [www.access.gpo.gov/su_docs/fedreg/a090116c.html](http://www.access.gpo.gov/su_docs/fedreg/a090116c.html)
- CMS HIPAA Website
  - [www.cms.hhs.gov/HIPAAGeninfo](http://www.cms.hhs.gov/HIPAAGeninfo)
- AHIMA
  - [www.ahima.org/icd10](http://www.ahima.org/icd10)

---

### Resource/Reference List

- CMS
- ICD-10-CM, free from CMS
  - Includes guidelines, instructions for use
- Commercial ICD-10-CM publications (Ingenix, others)
Resource/Reference List

- Alaska Chiropractic Society
  - Give us your email for ICD-10 Updates
- National Center for Health Statistics – CDC ICD-10-CM
  - www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm
- ICD-10 and HIPAA Federal Register Notices
  - www.access.gpo.gov/su_docs/fedreg/a090116c.html
- CMS HIPAA Website
  - www.cms.hhs.gov/HIPAAGenInfo
- AHIMA
  - www.ahima.org/icd10

Questions??

Thank you!!