

CDSA ICD~10~CM Training

Unit 1 General Overview





Training Objectives

- 1. Understand why the transition to ICD-10-CM is necessary
- 2. Understand the timeline for the transition
- 3. Understand the differences between ICD~9~CM and ICD~ 10~CM codes
- 4. Awareness of available translation tools



Training Essentials

- The CDSA ICD~10~CM training is broken down into units
 - Staff should review the Training Objectives for each unit to determine the extent of training needed to perform their job functions
 - Staff that want to utilize all of the training should complete the units in sequential order (e.g., Unit 1 then Unit 2)
- ICD-10-CM Coding Training Workbook for CDSAs
 - http://www.ncpublichealth.com/lhd/icd10/training.htm
 - See "CDSA Training Materials"
- Webinar basics
 - Pause/Play
 - Back/Forward



Key Points

- ICD~10 will affect everyone covered by HIPAA
- In the United States, ICD-10 consists of two parts:
 - ICD-10-CM diagnosis coding used in all U.S. health care settings
 - ICD~10~PCS procedure coding system used in hospitals
- The change to ICD~10 does not affect CPT coding for outpatient procedures



Key Points

- ICD-9 code sets will be replaced by ICD-10 on October 1, 2015
- Outpatient claims
 - Outpatient claims for date of service on or after 10/1/15 must be submitted with ICD-10-CM diagnosis codes
 - Claims for services provided prior to 10/1/15 must be submitted with ICD-9-CM diagnosis codes

• Prior Authorizations

- Prior authorizations with a begin date prior to 10/1/15 that span 10/1/15 will use ICD-9-CM diagnosis codes and do not have to be split
- Prior authorization with a begin date on or after 10/1/15 must use ICD-10-CM diagnosis codes



Key Points

- ICD~10 was developed by the World Health Organization (WHO)
 - On Jan 1, 1999, the US changed from ICD-9 to ICD-10 for the coding and classification of mortality data from death certificates
- The ICD~10~CM classification system was developed by the National Center for Health Statistics as a clinical modification to ICD~10
 - ICD~10~CM is a unique system for use in the US for morbidity and mortality reporting
 - WHO authorized the US to develop a clinical modification but modifications to ICD-10 must conform to WHO conventions for ICD-10
- Any revisions to ICD-10-CM are made via an established update process



What's Changing With ICD~10~CM

ICD~9~CM	ICD~10~CM			
3~5 characters	3~7 characters			
1st character numeric or alpha (E or V)	1st character is always alpha (no 'U')			
Characters 2~5 are numeric	Character 2 always numeric; Characters 3~7 can be alpha or numeric			
Decimal after first 3 characters; Alpha characters not case sensitive	Decimal after first 3 characters; Alpha characters not case sensitive			
377.75 – Cortical blindness	H47.611 – Cortical blindness, <u>right</u> side of brain			
V54.25 – Aftercare for healing pathologic fracture of upper leg	M84.452D – Pathological fracture, <u>left</u> femur, <u>subsequent encounter</u> for fracture with routine healing			
14,000 codes – not much specificity	70,000 codes – greater specificity			



Format Structure of ICD~10~CM

ICD~10~CM								
Alpha	#	Alpha or #	•	Alpha or#	Alpha or #	Alpha or#	Alpha or #	
Category				Etiology, Anatomic site, Severity (possibly dummy placeholder)			Extension	

F82 – Specific developmental disorder of motor function

Q03.0 – Malformations of aqueduct of Sylvius

Q66.82 – Congenital vertical talus deformity, left foot

H47.611 – Cortical blindness, right side of brain

O36.0131 – Maternal care for anti-D(Rh) antibodies, third trimester, fetus 1

T74.4xxS – Shaken infant syndrome, sequela



Extensions

- Code extensions (7th character) have been added to specify:
 - Episode of care for injuries and external causes of injuries
 - S94.11xA Injury of medial plantar nerve, right leg, initial encounter
 - Fetus number in obstetrics
 - O36.0131 Maternal care for anti-D(Rh) antibodies, third trimester, fetus 1
- Below are a few <u>limited</u> examples:
 - to identify the encounter type
 - A Initial Encounter
 - D Subsequent Encounter
 - S Sequelae
 - to provide further specificity about the condition being coded
 - A Initial Encounter for closed fracture
 - K Subsequent encounter for fracture with nonunion
 - for single and multiple gestations, to identify the fetus
 - O Not applicable (single gestation) or unspecified
 - 1 fetus 1
 - 9 Other fetus
- The extension may be a number or letter and must always be the 7th character



Extensions

Abuse

- adult -see Maltreatment, adult
- child -see Maltreatment, child

Maltreatment

- adult
- child
- - abandonment
- - confirmed T74.02
- - suspected T76.02
- - confirmed T74.92
- - history of -see History, personal (of), abuse
- - neglect
- - confirmed T74.02
- - history of -see History, personal (of), abuse
- - suspected T76.02
- - physical abuse
- - confirmed T74.12
- - history of -see History, personal (of), abuse
- - suspected T76.12

T76 Adult and child abuse, neglect and other maltreatment, suspected

Use additional code, if applicable, to identify any associated current injury

Excludes1: adult and child maltreatment, confirmed (T74.-)

suspected abuse and maltreatment in pregnancy (O9A.3-, O9A.4-, O9A.5-)

suspected adult physical abuse, ruled out (Z04.71)

suspected adult sexual abuse, ruled out (Z04.41)

suspected child physical abuse, ruled out (Z04.72)

suspected child sexual abuse, ruled out (Z04.42)

The appropriate 7th character is to be added to each code from category T76

- A initial encounter
- D subsequent encounter
- S sequela

T76.0 Neglect or abandonment, suspected

T76.01 Adult neglect or abandonment, suspected

T76.02 Child neglect or abandonment, suspected

T76.1 Physical abuse, suspected

T76.11 Adult physical abuse, suspected

T76.12 Child physical abuse, suspected



Placeholders

- Dummy Placeholders are necessary to ensure the accuracy of certain codes
- Dummy Placeholders are <u>always</u> the letter 'x' or 'X'
 - Can be upper or lower case
- Dummy Placeholders have 2 uses
 - When a code has less than 6 characters and a 7th character extension is required ~ the 'x' is assigned for all characters less than 6
 - T76.12xA Child physical abuse, suspected, initial encounter
 - 5th character for certain 6 character codes thus providing for future expansion
 - M53.2x7 Spinal instabilities, lumbosacral region



Added Features to ICD~10~CM

- ICD-10-CM reflects updated terminology and modern medicine
- ICD~10~CM includes codes for laterality in chapters where laterality is deemed important
 - If a bilateral code is not provided and the condition is bilateral, code both left and right side
 - H50.411 Cyclotropia, right eye
 - H50.412 Cyclotropia, left eye
 - There is no code for bilateral
 - When laterality is not **documented**, there is always an unspecified code
 - H47.619 Cortical blindness, unspecified side of brain
 - When a condition is bilateral but there are no distinct codes identifying laterality,
 use the valid code only once
 - N28.1 Cyst of kidney, acquired



Added Features to ICD~10~CM

ICD-10-CM codes are more specific

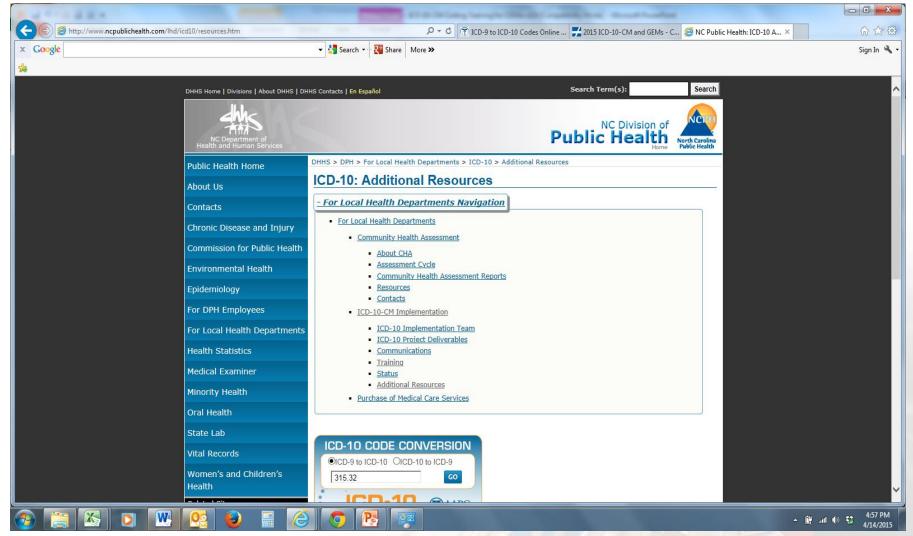
- Manifestations of diseases may be included in a single code
 - ICD-9-CM: 250.63 Diabetes with neurological manifestations, juvenile type, uncontrolled; 536.3 Gastroparesis
 - ICD-10-CM: E10.43 Type 1 diabetes mellitus with diabetic gastroparesis
- Greater specificity will provide
 - Better statistical data for nosologists, epidemiologists and researchers to track and study disease in the US
 - Claim rejections should be reduced
- Clinical documentation will need to improve in order to code to the highest level of specificity
 - Q90.9 Down syndrome, unspecified
 - Q90.0 Trisomy 21, mosaicism (mitotic nondisjunction)
- Greater flexibility for expansion when new codes are needed



Added Features to ICD~10~CM (GEMs)

- National Center for Health Statistics has developed Diagnosis Code Set General Equivalence Mappings (GEMs)
 - Bi-directional mappings are available (i.e., 9 to 10 and 10 to 9)
 - http://www.cdc.gov/nchs/icd/icd10cm.htm
 - Automated tool developed by AAPC (access available on DPH ICD~10 website under "Additional Resources")
 - Not a "1 to 1" crosswalk
- Appropriate uses of GEMS
 - When conversion of diagnostic data is going to be done
 - When translating lists of codes for non-clinical purposes
 - For research purposes when trend analysis is needed
- Inappropriate uses of GEMS
 - Never use GEMs to crosswalk a diagnosis included in clinical documentation from ICD-9-CM to ICD-10-CM

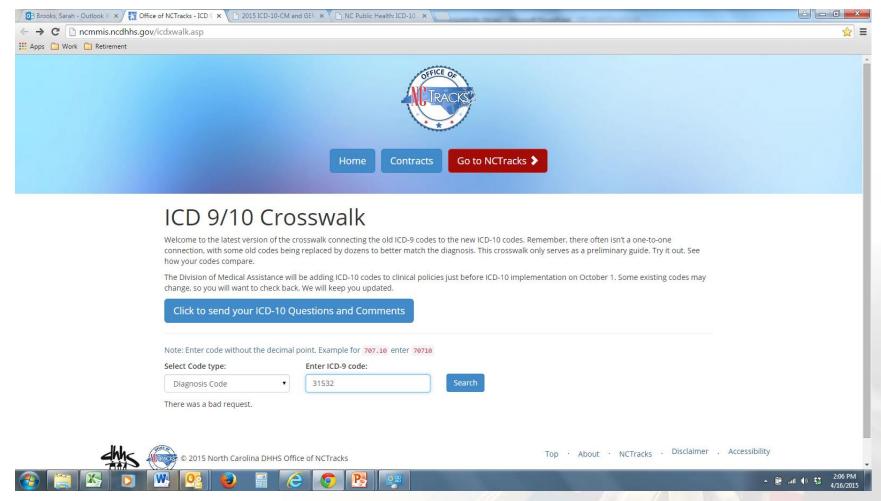




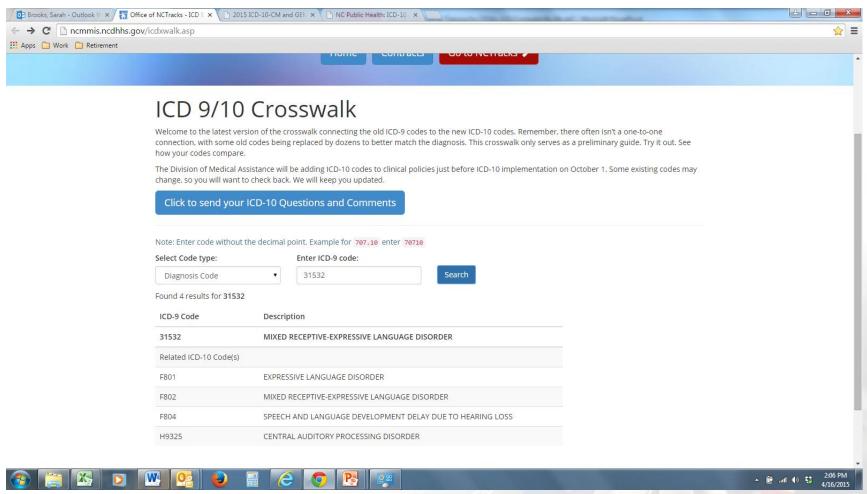














Unit 1 – Review Questions True/False

- 1. The World Health Organization (WHO) version of ICD-10 has not been implemented in the United States
- 2. The 2nd and 3rd characters of a code are always numeric
- 3. 315.8 is a valid code in ICD~10~CM
- 4. Code extensions are always the 7th character
- 5. Dummy placeholders are used when you have no clue what character to use
- 6. All codes in ICD-10-CM include full code titles
- 7. ICD~10~PCS codes will replace CPT coding
- 8. Outpatient claims submitted after October 1, 2015 must contain ICD~10~CM codes
- 9. GEMs are a crosswalk between ICD-9-CM/ICD-10-CM



Questions/CEU Information

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Submit Questions to:

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Information for CEUs

http://publichealth.nc.gov/lhd/icd10/training.htm