ICD-10: INTERNATIONAL CLASSIFICATION OF DISEASES

10TH REVISION
International Classification of Diseases System

History

- During 1975, WHO adopted the ICD-9th revisions with additional detail at the level of 4-digit subcategories and optional 5-digit categories.
- Even before the 9th revision, WHO was preparing for the 10th revision realizing the need to improve the structure that should not require fundamental revision for many years.
- The 10th revision was delayed until 1989 and completed in 1992. With most countries implementing the new system by 1999.
ICD-10 Compliance
Who and When

- Affects all diagnosis and inpatient procedure coding for everyone covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

- **Effective October 1, 2015**
  - Bills for services provided on or after compliance date should be submitted with ICD-10 diagnosis code
  - Bills for services provided prior to the compliance date should be submitted with ICD-9 diagnosis codes.
  - For inpatient claims, ICD-10 codes are required for all stays with **discharge dates** on or after October 1, 2015.

- The change to ICD-10 **does not** affect CPT or HCPCS coding for office and outpatient procedures, including physician visits to inpatients.

- No “bill” can contain both ICD-9 and ICD-10 codes
ICD-10
What is the value?

- Higher quality information for measuring healthcare service quality, safety, and efficiency
- Greater coding accuracy and specificity
- Improved ability to determine disease severity for risk and severity adjustment
- Improved ability to track and respond to public health threats
- Reduced opportunities for fraud and improved fraud detection capabilities
- Development of expanded computer-assisted coding technologies that will facilitate more accurate and efficient coding and alleviate the coder shortage
- Space to accommodate future code expansion
ICD-10-CM Index and Tabular List

A comprehensive listing of the 2015 diagnosis codes can be found in the ICD-10-CM Index of Diseases and Injuries ((Alphabetical list of terms and their corresponding code))


ICD-10-CM Tabular List of Diseases and Injuries (a structured list of codes divided into chapters based on body system or condition):

Enhancements
ICD-10-CM

- **69,000 diagnosis codes** to better capture specificity (ICD-9 had 14,000 codes)
- **Importance of Anatomy**: Injuries are grouped by anatomical site rather than by type of injury
- **Incorporation of E and V codes**: Codes corresponding to ICD-9-CM V codes (Factors Influencing Health Status and Contact with Health Services) and E codes (External causes of Injury and Poisoning) are incorporated into the main classification rather than separated into supplementary classifications.
# ICD-10-CM: Structure

**ICD-9-CM**

- 3-5 characters
- 1\(^{st}\) character is numeric or alpha (E or V)
- Characters 2-5 are numeric
- Always at least 3 characters
- Use of decimal after 3 characters

**ICD-10-CM**

- 3-7 characters
- 1\(^{st}\) character is alpha (all letters except U)
- 2\(^{nd}\) and 3\(^{rd}\) characters are numeric
- Characters 4-7 are alpha and numeric
- Alpha characters are not case sensitive

## ICD-10-CM and ICD-10-PCS Code Structures

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Codes</th>
<th>ICD-10-CM Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>First digit may be alpha (E or V) or numeric. Digits 2-5 are numeric. 3-5 characters in length. Lacks laterality. Approximately 14,025 codes. Lack detail. Number of chapters = 17. Difficult to analyze data due to non-specific codes. Limited space for adding new codes. Does not support interoperability – it is no longer used by other countries.</td>
<td>First digit is alpha, 2 and 3 are numeric, Digits 4-7 are alpha or numeric. 3-7 characters in length. Has laterality (Right vs. left). Approximately 68,069 available codes. Very specific. Number of chapters = 21. Richness of data for analysis. Specificity improves coding accuracy. Flexible for adding new codes. Supports interoperability and the exchange of health data between other countries and the U.S.</td>
</tr>
</tbody>
</table>

## Etiology
- (Humerus Fracture)

## Laterality
- (Right Arm)

## Category
- (Displaced Transverse Fracture)

## Location
- (Shaft of Humerus)

## Extension
- (Initial Encounter for Closed Fracture)
Differences from ICD9-CM

- Expanded detail and specificity
- Codes reflect modern medicine and updated medical terminology
- Laterality (side of body affected) has been added to relevant codes
- Expanded use of combination codes
  - Certain conditions and associated common symptoms or manifestations
  - Poisonings and associated external cause
Differences from ICD9-CM

- In Tabular, injuries grouped by anatomical site rather than type of injury
  - ICD-9-CM
    - Fractures (800-829)
    - Dislocations (800-839)
    - Sprains and strains (840-848)
  - ICD-10-CM
    - Injuries to the head (S00-S09)
    - Injuries to neck (S10-S19)
    - Injuries to the thorax (S20-S29)
Addition of the 7th Character

- 7th character used in certain chapters to document the episode of care
  - E.g., Musculoskeletal, Obstetrics, Injuries, External causes
- Different meaning depending on section where it is being used
- Must always be used in the 7th character position
- When 7th character applies, codes missing 7th character are invalid
**7th Character Describing Encounter**

S72 Fracture Femur – Use appropriate 7th character for all codes from category S72

- **Initial encounter**: As long as patient is receiving active treatment for the condition.
  - Examples of active treatment are: surgical treatment, emergency department treatment, and evaluation and treatment by a new physician.

- **Subsequent encounter**: After patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase.
  - Examples: cast change or removal, removal of external or internal fixation device, medication adjustment; other FU visits following treatment of injury or condition.

- **Sequela**: Complications or conditions that arise as direct result of a condition (e.g., scar formation after a burn).

  *Note: For after care of injury, assign acute injury code 7th character for subsequent encounter*
Placeholder “X”

- Addition of dummy placeholder “X” (or “x”) is used in certain codes to:
  - Allow for future expansion
  - Fill in empty characters when a code contains fewer than 6 characters and a 7th character applies
  - “X” is not case-sensitive
    - W23.0xxD or W23.0XXD Caught, crushed, jammed, or pinched between moving objects subsequent to encounter
    - V03.10xA or V03.10XA Pedestrian, on foot, injured in collision with car, pick-up truck, or van in traffic accident, Initial encounter
  - *When the placeholder character applies, it must be used in order for the code to be valid*
ICD-10 Coding Examples

Complex medial meniscal tear, left knee Initial encounter

- **Step 1: Look up term in Alpha Index**
  - Tear, meniscus
  - Meniscus (knee) (current injury) S83.209
  - Medial
  - Complex S83.23

- **Step 2: Verify code in Tabular list**
  S83.23 Complex tear medial meniscus, current injury
  - The appropriate 7\textsuperscript{th} character should be added to each code from category S83:
    - A - initial encounter
    - D - subsequent encounter
    - S - sequela
Complex medial meniscal tear, left knee Initial encounter:

S83.23 Complex tear of medial meniscus, current injury.

- S83.231 Complex tear of medical meniscus, current injury, right knee
- S83.232 Complex tear of medical meniscus, current injury, left knee
- S83.239 Complex tear of medical meniscus, current injury, unspecified knee

*Code Assignment: S83.232A*

*ICD-9 equivalent: 836.0*
ICD-10 Coding Examples

Fracture (traumatic) of proximal third of scaphoid bone, left wrist, Initial encounter

- **Step 1: Look up term in Alpha Index**
  - Fracture, traumatic
  - Scaphoid (hand) - see also Fracture, carpal, navicular
  - Carpal bone(s) S62.10
  - Navicular S62.00
  - Proximal third (displaced) S62.03
  - Non-displaced S62.03

- **Step 2: Verify code in Tabular list**

  S62 Fracture at wrist and hand level
  - Note: A fracture not indicated as displaced or non-displaced should be coded as displaced.
  - Note: A fracture not indicated as open or closed should be coded as closed.
  - The appropriate 7th character should be added to each code from category S62:
    - A = Initial encounter for closed FX
    - B = Initial encounter for open FX
    - D = Subsequent encounter for FX with routine healing
    - G = Subsequent encounter for FX with delayed healing
    - K = Subsequent encounter for FX with non-union
    - P = Subsequent encounter for FX with mal-union
    - S = Sequela
Coding Examples
Fracture cont’d

Fracture (traumatic) of proximal third of scaphoid bone, left wrist, Initial encounter:

S62.03 Fracture of proximal third of navicular (scaphoid) bone of wrist.
- S62.031 Displaced fracture of proximal 3rd navicular (scaphoid) bone of rt wrist
- S62.032 Displaced fracture of proximal 3rd navicular (scaphoid) bone left wrist
- S62.033 Displaced fracture of proximal 3rd navicular (scaphoid) bone unspecified wrist
- S62.034 Non-displaced fracture proximal 3rd navicular (scaphoid) bone right wrist
- S62.035 Non-displaced fracture proximal 3rd navicular (scaphoid) bone left wrist
- S62.036 Non-displaced fracture proximal 3rd navicular (scaphoid) bone unspecified wrist

Code Assignment: S62.032A

ICD-9 equivalent: 814.01
CNN Article on ICD 10
Provider Impact


- Excerpts:
  
  "The last time codes changed, he said, it took so much additional time to record the data it impacted his productivity. Rather than see six patients an hour, even after they got the hang of the new system, he could only see five.

  Marks has told doctors they may want to put up signs in their offices letting patients know that due to these billing changes things may go a little slower around their offices, at least at first.

  He has advised them they may want to take out a line of credit just in case too many of the claims get rejected due to coding errors.

  Even offices that think they are prepared may not be.

  A large orthopedic practice group Marks knew tested the new system they had and found that 80% of the new codes came up incorrect in their system."
“In order to maintain consistency with the Commission’s CMS based medical billing and compensation practices, the S.C. Workers’ Compensation Commission will adopt the 2015 ICD-10 conversion effective 10/1/2015.”
Central Resource
Centers for Medicare & Medicaid Services Website

- www.cms.gov.icd10
  - Fact Sheets
  - FAQs
  - Guides
- CMS ICD-10- Code Look up
CMS SECTION 111 OF MMSEA

SECTION 111 NON-GROUP HEALTH PLAN (NGHP)
Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA)
Section 111 Non-Group Health Plan (NGHP)

- Mandatory Insurer Reporting for Non-Group Health Plans (NGHP)
- Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) added mandatory reporting requirements with respect to Medicare beneficiaries who have coverage under group health plan (GHP) arrangements as well as for Medicare beneficiaries who receive settlements, judgments, awards or other payment from liability insurance (including self-insurance), no-fault insurance, or workers’ compensation, collectively referred to as Non-Group Health Plan (NGHP) or NGHP insurance.
The provisions for Liability Insurance, No-Fault Insurance, and Workers’ Compensation found at 42 U.S.C. 1395y(b)(8):

- Added reporting rules, but did not eliminate any previously existing Medicare Secondary Payer (MSP) statutory provisions or regulations
- Did not change existing processes for MSP recovery and self-reporting other insurance to CMS
- Include penalties for noncompliance
- Define who must report, a responsible reporting entity (RRE), as “an applicable plan”: "...[T]he term 'applicable plan' means the following laws, plans, or other arrangements, including the fiduciary or administrator for such law, plan, or arrangement: (i) Liability insurance (including self-insurance). (ii) No fault insurance. (iii) Workers' compensation laws or plans."
- Include what must be reported
- Specify the form and manner of reporting
Effective October 1, 2015, Responsible Reporting Entities (RRE) and their agents will be required to report ICD-10-CM diagnosis codes on claim reports with a CMS Date of Incident (DOI) on or after October 1, 2015.

Refer to the MMSEA Section 111 NGHP User Guide Technical Information Chapter IV, Section 6.2.25 – ICD-9 and ICD-10 Codes.

Changes were minimal and did not add new information

The changes simply incorporated recent Alerts
CMS Section 111
ICD-9 to ICD-10 Transition Technical Changes

- Each add or update record must include either all ICD-9 codes or all ICD-10 codes, but not a mixture of each.
- If a combination of codes is submitted, the record will reject.
- If the record includes all ICD-10 diagnosis codes, the ICD Indicator field (position 168 of the revised Claim Input File Detail Record) must be set to ‘0’ (zero).
- If a value of space or ‘9’ is submitted, the submitted diagnosis codes must all be ICD-9 codes.
The conversion from the 9th to the 10th Edition of ICD diagnosis codes requires changes to Section 111 reporting.

- In order to accommodate these changes, the Claim Input File Detail Record has been modified.
  - ICD-9 Diagnosis Fields have been updated from 5 to 7 bytes to accommodate ICD-10
  - A new one-byte ICD Indicator field has been added to identify the submitted diagnosis codes as all ICD-9 or all ICD-10
CMS Section 111
ICD-9 to ICD-10 Transition – Add Records

ICD-9 Diagnosis Code Submissions
- Will be accepted on claim reports with a CMS DOI prior to October 1, 2015
- Will not be accepted with a DOI on or after October 1, 2015
- Must have the ICD-Indicator field set to ‘9’ or space

ICD-10 Diagnosis Code Submissions
- Will be accepted on claim reports starting October 1, 2015
- Will not be accepted on production files submitted prior to October 1, 2015
- Are required on claim reports with a CMS Date of Incident of October 1, 2015 and subsequent
- Must have the ICD-Indicator field set to ‘0’ (zero)
CMS Section 111
ICD-9 to ICD-10 Transition – Update Records

- May be submitted with all previously submitted ICD Diagnosis Codes that still apply, along with any new codes
- Must include either all ICD-9 codes or all ICD-10 codes
- Will be accepted with ICD-9 codes, if the previously accepted claim report was submitted with ICD-9 diagnosis codes
Valid ICD-10 Codes
For Section 111 Reporting

- RREs may download text and excel files containing the list of valid ICD-10 diagnosis codes used for validating Section 111 files from the Section 111 Coordination of Benefits Secure Web site (COBSW) at http://www.section111.cms.hhs.gov
  - Click on the link found under the Reference Materials menu option
  - The files are updated each January.
- Once an ICD-10 diagnosis code is accepted for Section 111 reporting, it will not be removed from the list of valid codes.
- It may continue to be submitted on subsequent update transactions (unless presently unforeseen updates are made to the list of excluded codes).
Valid ICD-9 Codes
For Section 111 Reporting

- With the implementation of ICD-10, **ICD-9 diagnosis codes will not be accepted on any Claim Input File Detail record with a CMS DOI of 10/1/2015 and subsequent.**

- CMS has published a list of valid ICD-9 diagnosis codes once per year at the following link:  
  [http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html](http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html)

- A “valid” ICD-9 diagnosis code” for Section 111 reporting is
  - One that **exactly matches the first 5 positions** on any entry of any of the ICD-9 (DX) text files currently being used by the BCRC to validate ICD-9 diagnosis codes **and is not on the list of Excluded codes** in NGHP User Guide Appendices Chapter (Appendix I) **and is not a V code**.

- If an invalid ICD-9 diagnosis code is submitted, the record will be rejected with an error associated to the field in which the code was submitted, even if valid codes are supplied in one or more of the remaining ICD Diagnosis Code fields.
Do not provide enough information related to the cause and nature of the illness, incident or injury

Found in NGHP User Guide, Appendix I

Excel and text files containing a list of Excluded ICD-9 and ICD-10 Diagnosis Codes may be downloaded from the Section 111 COBSW at https://www.cob.cms.hhs.gov/Section111/ by clicking on the link found under the Reference Materials menu option of the Login page
Excluded ICD-9 and ICD-10 Diagnosis Codes
NGHP User Guide, Appendix I

- This list contains ICD-9 and ICD-10 diagnosis codes that are considered invalid by CMS for Section 111 reporting and are to be excluded from all claim report records.

- None of these codes may be submitted in Field 15 Alleged Cause of Injury, Incident, or Illness or the ICD Diagnosis Code 1-19 (Fields 18-36) on the Claim Input File Detail Record.

- If an ICD-9 diagnosis code is submitted in Field 15, it must be a code starting with the letter “E” **not** on this list.

- If an ICD-10 diagnosis code is submitted in Field 15, it must be a code starting with the letter “V,” “W,” “X,” or “Y” **not** on this list.

- If an ICD-9 diagnosis code is submitted in the ICD Diagnosis Codes 1-19, it cannot start with the letter ‘E’, cannot start with the letter “V,” and cannot be a code on this list.

- If an ICD-10 diagnosis code is submitted in the ICD Diagnosis Codes 1-19, it cannot start with the letter “V,” “W,” “X,” or “Y” and cannot be a code on this list.
Excluded ICD-9 and ICD-10 Diagnosis Codes
NGHP User Guide, Appendix I

- All ICD-9 Diagnosis Codes beginning with the letter ‘V’ are considered invalid for Section 111 reporting and should be excluded.
- As of January 1, 2011, on add and update record submissions, ICD Diagnosis Codes submitted in Fields 18-36 must be valid, that is, the submitted ICD Diagnosis Code MUST:
  - Exactly match an ICD-9 or ICD-10 diagnosis code that CMS has deemed to be valid;
  - Be left justified and any remaining unused bytes filled with spaces to the right;
  - Include any leading and trailing zeros only if they appear that way on the list of valid ICD diagnosis codes;
  - Not include a decimal;
  - Cannot be one of the diagnosis codes found on the ExcludedICD-9/ICD-10 Codes list.
Excluded ICD-9 and ICD-10 Diagnosis Codes
NGHP User Guide, Appendix J

- Certain codes are not valid for No-Fault insurance types (Plan Insurance Type is “D” in field 51), because they are not related to the accident, and may result in inaccurately denied claims.

- See NGHP User Guide Appendices Chapter (Appendix J) for a list of No-Fault Excluded Diagnosis Codes.
How to Find Codes Related to a Specific Injury
Billing Records

- Billing Records from medical providers post 10/1/15 should include ICD-10 codes
- Look for Health Insurance Claim Forms
- Make sure any codes identified are valid codes as a billing statement can have BOTH diagnosis and procedure codes
- Example – As a result of lifting a machine at work, claimant sustained a lumbar sprain for which he underwent a lumbar fusion. Codes which may be found on a bill:
  - ICD-10 Injury Code: W24.0XXA Contact with lifting devices, not elsewhere classified, initial encounter
  - ICD-10 Diagnosis Code: S33.5XXA Sprain of ligaments of lumbar spine, initial encounter
  - ICD-10 Procedure Code: M43.26 Fusion of Spine, lumbar region
  - CPT/HCPCS Procedure, Services or Supplies Codes
How to Find Codes Related to a Specific Injury
No Billing Records

- If no billing records are available, you will need to obtain and translate other sources of information into a diagnosis code.

- Sources to consider:
  - Medical records, interrogatories/depositions, FROI, complaints, other case documents.

- Example – As a result of lifting a machine at work, claimant sustained a lumbar sprain for which he underwent a lumbar fusion.
  - FROI: provides mechanism of injury.
  - Medical treatment records: provide diagnosis.
  - Use of CMS list of valid codes, online databases to query for injury and diagnosis codes.
References

- Center for Medical and Medicaid Services - http://www.roadto10.org/icd-10-basics/
- Medicare Learning Network: ICD-10 Basics
- www.CMS.Gov/ICD10
- http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html
References

- http://www.Section111.cms.hhs.gov
- ExamWorks Clinical Solutions presentation on ICD-9 to ICD-10 Transition delivered via Web-ex on September 24, 2015