ICD 10 Conversion
Why Change?

• ICD 9
  • 14,000 codes
  • No laterality
  • Limited severity parameters
  • No placeholders
  • 3-5 digits

• ICD 10
  • 69,000+ codes
  • Indicates Rt or Lt
  • Extensive severity parameters
  • “X” is a placeholder
  • 3-7 digits
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

- 001-139 Infectious And Parasitic Diseases
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- O00-O9A Pregnancy, childbirth and the puerperium
- P00-P96 Certain conditions originating in the perinatal period
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- 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
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

• “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
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 *etiologic* 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](http://www.icd10data.com)  
  Free website that will convert codes and allows easy code look up

  - 2016 Code Descriptions in Tabular Order [ZIP, 2MB]  
  - 2016 Code Tables and Index [ZIP, 16MB]  
  - 2016 ICD-10-CM Guidelines [PDF, 1MB]