



ICD 10
ORGANIZATIONAL AND
STRUCTURAL CHANGES

2013

OBJECTIVES

- ▶ Participants will be aware of new features of ICD 10 CM
- ▶ Participants will be aware of code structure of ICD 10 CM
- ▶ Participants will be aware of the alphabetic index use of ICD 10
- ▶ Participants will be aware of tabular list use of ICD 10

ORGANIZATIONAL & STRUCTURAL CHANGES IN ICD 10 CM

- ▶ The ICD-10-CM represents a significant improvement over ICD-9-CM. ICD-10-CM continues to have the same hierarchical structure as ICD-9-CM where the first three characters are the category of the code and all codes within the same category have similar traits. Although the hierarchical structure is the same, differences are seen in the organization of ICD-10-CM

ORGANIZATIONAL & STRUCTURAL CHANGES IN ICD 10 CM

- ▶ ICD-10-CM consists of 21 chapters compared to 17 chapters in ICD-9-CM.
- ▶ ICD-9-CM's V and E codes are supplemental classifications; in ICD-10-CM, they are incorporated into the main classification.
- ▶ Diseases/conditions of the sense organs (eyes and ears) have been separated from the nervous system diseases/conditions and have their own chapters in ICD-10-CM.

ORGANIZATIONAL & STRUCTURAL CHANGES IN ICD 10 CM

- ▶ To reflect current medical knowledge, certain diseases have been reclassified (or reassigned) to a more appropriate chapter in ICD-10-CM.
- ▶ For example, gout has been reclassified from the endocrine chapter in ICD-9-CM to the musculoskeletal chapter in ICD-10-CM.

ORGANIZATIONAL & STRUCTURAL CHANGES IN ICD 10 CM

- ▶ In contrast to ICD-9-CM, which classifies injuries by type, ICD-10-CM groups injuries first by specific site (head, arm, leg, etc) and then by type of injury (fracture, open wound, etc).

ORGANIZATIONAL & STRUCTURAL CHANGES IN ICD 10 CM

- ▶ Postoperative complications have been moved to procedure-specific body system chapters.

ORGANIZATIONAL & STRUCTURAL CHANGES IN ICD 10 CM

- ▶ ICD-10-CM codes are alphanumeric and can be up to seven characters in length; ICD-9-CM codes are only three to five characters in length.

ORGANIZATIONAL & STRUCTURAL CHANGES IN ICD 10 CM

- ▶ ICD-10-CM includes full code titles for all codes (no reference back to common fourth and fifth digits).

ORGANIZATIONAL & STRUCTURAL CHANGES IN ICD 10 CM

- ▶ ICD-10-CM added a sixth character in some chapters to add additional detail.
- ▶ ICD-10-CM added seventh characters for some chapters (obstetrics, injuries, and external causes of injuries).
- ▶ ICD-10-CM added a placeholder ("X").

NEW FEATURES IN ICD 10 CM

- ▶ The numerous new features in ICD-10-CM allow for a greater level of specificity and clinical detail
- ▶ Combination codes for conditions and common symptoms or manifestations
- ▶ Combination codes for poisonings and external causes
- ▶ Added laterality
- ▶ Added 7th characters for episode of care

NEW FEATURES IN ICD 10 CM

- ▶ Expanded codes (injuries, DM, alcohol/substance abuse, postoperative complications)
- ▶ Inclusion of trimesters in OB codes

ICD 10 CM CODE STRUCTURE

- ▶ The first character of an ICD-10-CM code is an alphabetic letter. All the letters of the alphabet are utilized with the exception of the letter "U" which has been reserved by WHO for the provisional assignment of new diseases of uncertain etiology (U00-U49) and for bacterial agents resistant to antibiotics (U80-U89). Some conditions in ICD-10-CM are not limited to the use of a single letter. For instance, neoplasm codes may begin with the letter "C" or "D." The table below compares characteristics of ICD-10-CM and ICD-9-CM.

COMPARING ICD 9 AND ICD 10

- ▶ ICD-10-CM differs from ICD-9-CM in organization and structure, code composition, and level of detail.
- ▶ **ICD-9-CM**
- ▶ Consists of three to five characters
- ▶ First character is numeric or alpha (E or V)
- ▶ Second, third, fourth, and fifth digits are numeric
- ▶ Always at least three digits
- ▶ Decimal placed after the first three digits
- ▶ Alpha characters are not case sensitive

COMPARING ICD 9 and ICD 10

- ▶ **ICD-10-CM**
- ▶ Consists of three to seven characters
- ▶ First character is alpha
- ▶ All letters used except U
- ▶ Second character is always numeric
- ▶ Third through seventh characters can be alpha or numeric
- ▶ Decimal placed after the first three characters
- ▶ Alpha characters are not case sensitive

ALPHABETIC INDEX

- ▶ ICD-10-CM is divided into the Alphabetic Index, an alphabetical list of terms and their corresponding codes, and the Tabular List, a chronological list of codes divided into chapters based on the body system or condition. The Alphabetic Index and Tabular List for ICD-10-CM are similar to those in ICD-9-CM.
- ▶ The **Alphabetic Index** is divided into two parts, the *Index to Diseases and Injury* and the *Index to External Causes of Injury*. Similar to ICD-9-CM, within the *Index of Diseases and Injury* there is a Neoplasm Table and a Table of Drugs and Chemicals; however, there is no Hypertension Table in ICD-10-CM.

ALPHABETIC INDEX

- ▶ The **Alphabetic Index in ICD-10-CM** is formatted the same way as the Index in ICD-9-CM. Main terms set in boldface are listed in alphabetic order. Then, indented beneath the main term, any applicable subterm or essential modifier will be shown in its own alphabetic list. The indented subterm is always read in combination with the main term. Nonessential modifiers appear in parentheses and do not affect the code number assigned. The "-" at the end of an index entry indicates that additional characters are required.

TABULAR LIST

- ▶ The *ICD-10-CM Tabular List* is divided into 21 chapters. For some chapters, the **body or organ system** is the axis of the classification. Other chapters, such as Chapter 1, Certain infectious and parasitic diseases, group together conditions by **etiology or nature of the disease process**.

TABULAR LIST

- ▶ There are some striking differences between the Tabular List for ICD-9-CM and the one for ICD-10-CM. For example:
- ▶ ICD-9-CM has a single chapter for **Diseases of the Nervous System and Sense Organs** whereas ICD-10-CM places these conditions into three separate chapters.

TABULAR LIST

- ▶ ICD-10-CM does not separate out the ICD-9-CM codes that explain the **External Causes of Injury and Poisonings (E codes)** and the **Factors Influencing Health Status and Contact with Health Services (V codes)** from the core classification.
- ▶ The order of some of the ICD-10-CM chapters differs a bit from ICD-9-CM.
- ▶ Within a number of ICD-10-CM chapters, category restructuring and code reorganization has occurred, resulting in the classification of certain diseases and disorders different from what is currently seen in ICD-9-CM.

QUESTIONS

- ▶ True or false? V and E codes are supplemental classifications in ICD-10-CM.
- ▶ True or false? In ICD-10-CM, injuries are grouped by anatomical site rather than injury category.
- ▶ How are obstetric cases classified in ICD-10-CM?
- ▶ What is the maximum number of characters in ICD-10-CM?
- ▶ How many chapters does ICD-10-CM contain?

ICD 10 CONVENTIONS AND CODING GUIDELINES

PLACEHOLDER CHARACTER

- ▶ ICD-10-CM utilizes a placeholder, which is always the letter "X," and it has two uses:
- ▶ As the fifth character for certain six character codes. The "X" provides for future expansion without disturbing the sixth character structure.
- ▶ T37.0X1A

PLACEHOLDER CHARACTER

- ▶ When a code has less than six characters and a seventh character is required. The "X" is assigned for all characters less than six in order to meet the requirement of coding to the highest level of specificity.
- ▶ S17.0XXA

PLACEHOLDER CHARACTER

- ▶ Some ICD-10-CM categories require a seventh character to provide further specificity about the condition being coded. This seventh character may be a number or letter and must always be in the seventh character location.
- ▶ 065.0XX1

ABBREVIATIONS

- ▶ **Not Elsewhere Classified (NEC)**—ICD-10-CM, like its predecessors, contains codes to classify any and all conditions. A residual category, subdivision or subclassification provides a location for "other" types of specified conditions that have not been classified anywhere else in the code set. These residual codes may also contain the term "NEC" as part of their descriptor. The Alphabetic Index uses NEC for a code description that will direct the coder to the Tabular List showing an "other specified" code description.
- ▶ **Not Otherwise Specified (NOS)**—The unspecified or not otherwise specified codes are available for use when the documentation of the condition identified by the provider is insufficient to assign a more specific code

PUNCTUATION

- ▶ Similar to ICD-9-CM, punctuation is used in both the Alphabetic Index and the Tabular List. The types of punctuation included in ICD-10-CM are parentheses, brackets, and colons.
- ▶ **() Parentheses**—Parentheses are used in both the Alphabetic Index and the Tabular List to enclose supplementary words that may be present or absent in the statement of a disease without affecting the code number to which it is assigned. The terms within the parentheses are referred to as nonessential modifiers.
- ▶ **[] Brackets**—The Tabular List uses square brackets to enclose synonyms, alternative wordings, or explanatory phrases. Brackets are used in the Alphabetic Index to identify manifestation codes.
- ▶ **: Colon**—Colons are used in the Tabular List after an incomplete term that needs one or more of the modifiers following the colon to make it assignable to a given category. The colon is used with both includes and excludes notes in which the words that precede the colon are not considered complete terms and therefore must be appended by one of the modifiers indented under the statement before the condition can be assigned the correct code.

USE OF DASHES

- ▶ Dashes are used in both the *ICD-10-CM Alphabetic Index* and the *Tabular List*.
- ▶ The indexes utilize the **dash at the end of a code** number to indicate the code is incomplete. To determine the additional character(s), locate the code in the Tabular List, review the options and assign the appropriate code.
- ▶ In the Tabular List the **dash preceded by a decimal point (.-)** indicates an incomplete code. To determine the additional character(s), locate the referenced category or subcategory elsewhere in the Tabular List, review the options and assign the appropriate code.

INSTRUCTIONAL NOTES

- ▶ A variety of notes appear in both the *ICD-10-CM Alphabetic Index* and *Tabular List*. The various types of notes are: inclusion and exclusion notes, "code first" notes, "use additional code" notes, and cross reference notes. Click the buttons below to see examples of each type of note.

INSTRUCTIONAL NOTES

- ▶ **Inclusion Notes**—Includes notes are used as conventions in the ICD-10-CM Tabular List to clarify which conditions are included within a particular chapter, section, category, subcategory, or code. It is important to remember that the list of inclusions terms is not exhaustive and may include diagnoses not listed in the inclusion note. When these notes appear **at the beginning of a chapter, section or category**, they start with the word **Includes**

INSTRUCTIONAL NOTES

- ▶ **Exclusion Notes**—In ICD-10-CM there are two types of "excludes" notes: "Excludes1" and "Excludes2." Either or both may appear under a category, subcategory, or code.
- ▶ The **Excludes1** note is a pure excludes note. It means "NOT CODED HERE!" This note indicates the code excluded should never be used with the code above. Excludes1 is used when two conditions cannot occur together (e.g., a congenital form versus an acquired form of the same condition).

INSTRUCTIONAL NOTES

- ▶ **"Code First" and "Use Additional Code" Notes**—Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology. For such conditions, ICD-10-CM has a coding convention that requires the underlying condition be sequenced first followed by the manifestation. The **Use additional** code note appears at the etiology code and a **Code first** note at the manifestation code.

INSTRUCTIONAL NOTES

- ▶ **Cross Reference Notes**—Cross reference notes are used in the *ICD-10-CM Alphabetic Index* to advise the coding professional to look elsewhere before assigning a code. The three cross reference notes (**see**, **see also**, and **see condition**) are the same as those found in ICD-9- CM.

RELATIONAL TERMS

- ▶ **"And"**—The term "and" means "and/or" when it is in a code title within the *ICD-10-CM Tabular List*.
- ▶ In the example below, the code is appropriate for a patient who has one or both of these conditions.

RELATIONAL TERMS

- ▶ **"With"**—When "with" appears (in a code title, in the *Alphabetic Index*, or as an instructional note in the *Tabular List*), it means "associated with" or "due to." The term "with" in the *Alphabetic Index* is sequenced immediately following the main term; it is NOT in alpha order.

CODING GUIDELINES

- ▶ The guidelines are organized into four sections.
- ▶ **Section I** includes the structure and conventions of the classification and general guidelines that apply to the entire classification in addition to chapter-specific guidelines that correspond to the chapters as they are arranged in the classification.
- ▶ **Section II** includes guidelines for selection of principal diagnosis for non-outpatient settings.
- ▶ **Section III** includes guidelines for reporting additional diagnoses in non-outpatient settings.
- ▶ **Section IV** is for outpatient coding and reporting.

CODING GUIDELINES

- ▶ The **general coding guidelines for ICD-10-CM** are similar to their ICD-9-CM counterparts with a few exceptions:
- ▶ The guideline **Laterality (I. B.13.)** states:

"Some ICD-10-CM codes indicate laterality, specifying whether the condition occurs on the left, right or is bilateral. If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side. If the side is not identified in the medical record, assign the code for the unspecified side."

CODING GUIDELINES

- ▶ The **general coding guidelines for ICD-10-CM** are similar to their ICD-9-CM counterparts with a few exceptions:
- ▶ The guideline **Documentation of Complications of Care (I. B.16.)** states that:

"Code assignment is based on the provider's documentation of the relationship between the condition and the care or procedure. The guideline extends to any complications of care, regardless of the chapter the code is located in. It is important to note that not all conditions that occur during or following medical care or surgery are classified as complications. There must be a cause-and-effect relationship between the care provided and the condition along with an indication in the documentation that it is a complication. Query the provider for clarification, if the complication is not clearly documented."



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