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
  – 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

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3-5 characters</strong></td>
<td><strong>3-7 characters</strong></td>
</tr>
<tr>
<td><strong>1&lt;sup&gt;st&lt;/sup&gt; character numeric or alpha (E or V)</strong></td>
<td><strong>1&lt;sup&gt;st&lt;/sup&gt; character is always alpha (no ‘U’)</strong></td>
</tr>
<tr>
<td><strong>Characters 2-5 are numeric</strong></td>
<td>Character 2 always numeric; Characters 3-7 can be alpha or numeric</td>
</tr>
<tr>
<td><strong>Decimal after first 3 characters; Alpha characters not case sensitive</strong></td>
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</tr>
<tr>
<td><strong>377.75 – Cortical blindness</strong></td>
<td><strong>H47.611 – Cortical blindness, right side of brain</strong></td>
</tr>
<tr>
<td><strong>V54.25 – Aftercare for healing pathologic fracture of upper leg</strong></td>
<td><strong>M84.452D – Pathological fracture, left femur, subsequent encounter for fracture with routine healing</strong></td>
</tr>
<tr>
<td><strong>14,000 codes – not much specificity</strong></td>
<td><strong>70,000 codes – greater specificity</strong></td>
</tr>
</tbody>
</table>
## Format Structure of ICD-10-CM

<table>
<thead>
<tr>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha</td>
</tr>
<tr>
<td>Category</td>
</tr>
</tbody>
</table>

- 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 **limited** 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
    ▪ 0 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
    - 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

**Excludes**: 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
• Dummy Placeholders are necessary to ensure the accuracy of certain codes

• Dummy Placeholders are always 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
ICD 9/10 Crosswalk

Welcome to the latest version of the crosswalk connecting the old ICD-9 codes to the new ICD-10 codes. Remember, there often isn’t a one-to-one connection, with some old codes being replaced by dozens to better match the diagnosis. This crosswalk only serves as a preliminary guide. Try it out. See how your codes compare.

The Division of Medical Assistance will be adding ICD-10 codes to clinical policies just before ICD-10 implementation on October 1. Some existing codes may change, so you will want to check back. We will keep you updated.

Click to send your ICD-10 Questions and Comments

Note: Enter code without the decimal point. Example for 797.19 enter 79719

Select Code type: 

Enter ICD-9 code: 31532

Search

There was a bad request.
ICD 9/10 Crosswalk

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Note: Enter code without the decimal point. Example for 787.10 enter 78710

Select Code type:  Enter ICD-9 code:  Search

Found 4 results for 31532

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>31532</td>
<td>MIXED RECEPITIVE-EXPRESSIVE LANGUAGE DISORDER</td>
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</tbody>
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Related ICD-10 Code(s)

<table>
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<tr>
<td>F801</td>
<td>EXPRESSIVE LANGUAGE DISORDER</td>
</tr>
<tr>
<td>F802</td>
<td>MIXED RECEPITIVE-EXPRESSIVE LANGUAGE DISORDER</td>
</tr>
<tr>
<td>F804</td>
<td>SPEECH AND LANGUAGE DEVELOPMENT DELAY DUE TO HEARING LOSS</td>
</tr>
<tr>
<td>H9325</td>
<td>CENTRAL AUDITORY PROCESSING DISORDER</td>
</tr>
</tbody>
</table>
1. The World Health Organization (WHO) version of ICD-10 has not been implemented in the United States
2. The 2\textsuperscript{nd} and 3\textsuperscript{rd} characters of a code are always numeric
3. 315.8 is a valid code in ICD-10-CM
4. Code extensions are always the 7\textsuperscript{th} 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

Submit Questions to:
Qiudi.Wang@dhhs.nc.gov

Information for CEUs
http://publichealth.nc.gov/lhd/icd10/training.htm