INTERNATIONAL CLASSIFICATION OF DISEASES, 10th EDITION ICD-10

The transition to the ICD-10-CM (diagnoses) coding system is expected to take place October 1, 2015. The new system will bring greater coding accuracy and flexibility to hospitals, health systems, and payers and will present opportunities for detailed record keeping and enhanced documentation to support accurate payment. The new system is owned, copyrighted and published by the World Health Organization (WHO) in 1994. The ICD code set is typically updated every 10 years. The US is the last industrialized nation to adopt ICD-10.

ICD9 has 17,552 diagnosis codes, whereas ICD10 will have 69,000. We don't have to use 69,000 codes. Alverno Labs does not use all available diagnosis codes in ICD-9. As we do now, we will use a very small subset of the codes.

Benefits of ICD-10-CM:

- Better data will be available for: Measuring the quality, safety, and efficacy of care
- Designing payment systems and processing claims for reimbursement
- Conducting research, epidemiological studies, and clinical trials
- Setting health policy
- Operational and strategic planning and designing healthcare delivery systems
- Monitoring resource utilization
- Improving clinical, financial, and administrative performance
- Preventing and detecting healthcare fraud and abuse
- Tracking public health and risks
- Recognition of advances in medicine and technology
- Improved efficiencies and lower costs
- Reduced coding errors
- Greater achievement of the benefits of an electronic health record

Notable improvements in the content and format include: the addition of information relevant to ambulatory and managed care encounters; expanded injury codes; the creation of combination diagnosis/symptom codes to reduce the number of codes needed to fully describe a condition; the addition of a sixth character; incorporation of common 4th and 5th digit sub classifications; allowing for a greater specificity in code assignment. The new structure will allow further expansion of coding options than was possible with ICD-9-CM.

Diagnosis codes for ICD-10-CM are alphanumeric containing 7 characters. All codes begin with an alpha character; digit two is numeric. Digits 3-7 are alpha or numeric, with decimal placement after the third digit. Of the 26 available letters all but the letter U is used. Some three character categories have been left vacant for future expansion and revision.

Each healthcare encounter should be coded to the level of certainty known for that encounter. Unspecified codes should need to be selected less often due to greater number of code choices in ICD-10-CM. Unspecified codes should be reported when they most accurately reflect what is known about the patient's condition at the time of that particular encounter.

It would be inappropriate to select a specific code that is not supported by the medical record documentation.

Frequently Asked ICD-10 Questions

Are all providers currently using ICD-9 required to change to ICD-10? Yes. ICD-9 codes will no longer be accepted on claims (including electronic and paper) with FROM dates of service (on professional claims) or dates of discharge/through dates (on institutional claims) on or after October 1, 2015.

Are any providers exempt from having to use ICD-10 codes? All providers designated as a HIPAA covered entity must use ICD-10.

When do we need to stop using ICD-9 CM and start using the ICD-10-CM (diagnoses) codes? All services rendered on and after October 1, 2015 that are billed on a CMS-1500/837P claim (outreach) must be coded with ICD-10.

All claims with a discharge date on and after October 1, 2015 that are billed on a UB-04/837I (hospital) must be coded with ICD-10. See MLN article for exceptions and special circumstances.

On claims, may we use the ICD-10 codes before October 2015 if we are ready? ICD-10 codes must not be submitted for dates of service/discharge prior to October 2015.

When will the ICD-9 codes stop being accepted?

As long as the date of service/discharge is prior to October 1, 2015, ICD-9 codes will still be valid. Because of claims timely filing limits, appeals, retroactive coverage and other administrative processes can span the implementation date, the length of time that ICD-9 codes can be accepted will vary by insurance payer.

Are the ICD-10 code sets final? Will changes be made to them?

Yes. The ICD-10 code set and nomenclature is final. Due to the partial code freeze, as of

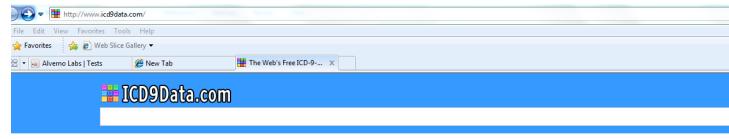
October 1, 2012, there will be only limited code updates to both the ICD-9-CM and ICD-10 code
sets to capture new technologies and diseases as required.

How often will the ICD-10 codes be updated? Just like ICD-9, ICD-10 codes will be updated annually and effective every October 1st.

How will ICD-10 impact Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes? CPT and HCPCS are not affected by ICD-10.

You will use a similar process to look up ICD-10 codes that you use with ICD-9. Increasing the number of diagnosis codes does not necessarily make ICD-10 harder to use.

Free website to convert ICD9 to ICD10: http://www.icd9data.com/



The Web's Free 2015 Medical Coding Reference

ICD9Data.com takes the current ICD-9-CM and HCPCS medical billing codes and adds 5.3+ million links between them. Combine that with a Google-powered search en instant coding notes 📋 and it's easier than ever to quickly find the medical coding information you need.

On July 31, 2014 the U.S. Department of Health and Human Services (HHS) issued a rule finalizing October 1, 2015 as the new compliance date for health care provice clearinghouses to transition to ICD-10-CM/PCS.

We've got you covered for the 2015 switch-over to ICD-10-CM/PCS with ICD10Data.com, the free ICD-10-CM/PCS reference site. It's got everything you need to ma CM/PCS, so be sure to take some time to check it out.

ICD9Data.com is now more smartphone and tablet friendly - please do not hesitate to use this website in a mobile environment.

Free ICD-9-CM Codes

- 2015 ICD-9-CM Diagnosis Codes · Index
- 2014 ICD-9-CM Diagnosis Codes · Index
- 2013 ICD-9-CM Diagnosis Codes · Index
- 2012 ICD-9-CM Diagnosis Codes · Index
- 2011 ICD-9-CM Diagnosis Codes · Index
- 2010 ICD-9-CM Diagnosis Codes · Index
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- Convert ICD-9-CM <-> ICD-10-CM
- 2015 ICD-10-PCS Procedure Codes

Free HCPCS Codes

- 2015 HCPCS Codes
- 2014 HCPCS Codes
- 2013 HCPCS Codes
- 2012 HCPCS Codes
- 2011 HCPCS Codes
- 2010 HCPCS Codes
 2009 HCPCS Codes
- 2009 HCPCS Codes
 2008 HCPCS Codes
- 2007 HCPCS Codes

Type in ICD9 diagnosis code:



Convert ICD-9-CM Codes to ICD-10-CM, or Convert ICD-10-CM Codes to ICD-9-CM

Type any single ICD-9-CM or ICD-10-CM code into the search box below to convert.

250.00	Convert Code

Conversion will display:



Convert ICD-9-CM 250.00 to ICD-10-CM

ICD-9-CM 250.00 converts approximately to:

2015 ICD-10-CM E11.9 Type 2 diabetes mellitus without complications

If Physician has provided verbiage for diagnosis:

On main screen, type verbiage in search box: Anemia



2015 ICD-10-CM Diagnosis Code D64.9: Anemia, unspecified

Signs and symptoms of **anemia** may include pallor of the skin and mucous membranes, shortness of breath, palpitations of the heart, soft systolic mu www.icd10data.com/ICD10CM/Codes/D50-D89/D60...-/D64.9 Labeled ICD-10-CM ...

2015 ICD-10-CM Diagnosis Code D50.0 : Iron deficiency anemia ...

Iron deficiency anemia secondary to blood loss (chronic). 2015 Billable Code. D50.0 is a billable ICD-10-CM code that can be used to indicate a diagnoswww.icd10data.com/ICD10CM/Codes/D50-D89/D50...-/D50.0 Labeled ICD-10-CM ...

2015 ICD-10-CM Diagnosis Code D50.9: Iron deficiency anemia ...

Iron deficiency **anemia**, unspecified. 2015 Billable Code. D50.9 is a billable ICD- 10-CM code that can be used to indicate a diagnosis for reimbursement www.icd10data.com/ICD10CM/Codes/D50-D89/D50...-/D50.9

Labeled ICD-10-CM ...

Choices will appear - match to specific wording that is applicable:

Anemia, Unspecified = D64.9

Example using ICD-10 book:

Example 1:

Step 1

Look up term in Alphabetic Index:

Demo states Gross Hematuria Alpha Index: Hematuria = R31.9

Step 2

Verify code in Tabular:

R31.9 = Hematuria

Match to specific verbiage provided by the ordering physician.

R31.0 = Gross, Hematuria

Code Assignment: R31.0