# INTERNATIONAL CLASSIFICATION OF DISEASES, 10<sup>th</sup> 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/



Type in ICD9 diagnosis code:

Conversion will display:



If Physician has provided verbiage for diagnosis:

On main screen, type verbiage in search box: Anemia
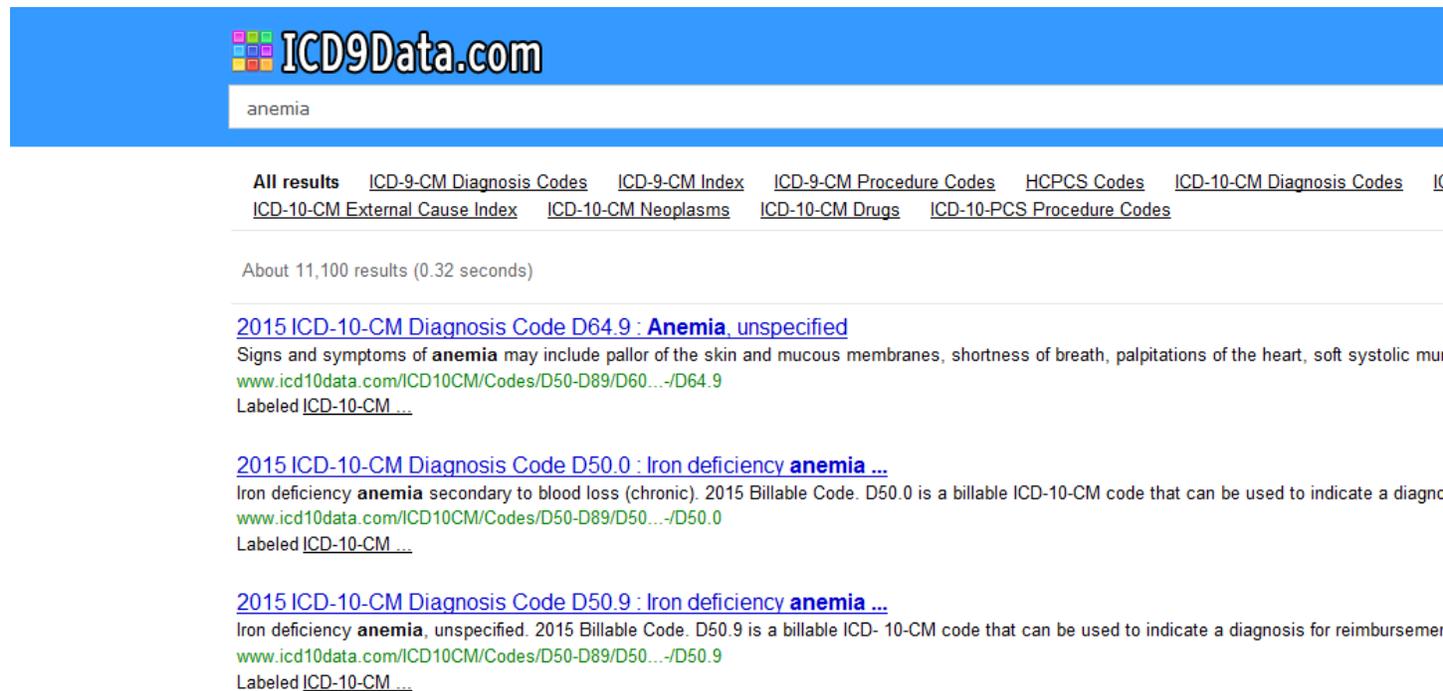
Choices will appear - match to specific wording that is applicable:

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**