ICD 10
Decoding the Coding System!

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OVERVIEW
• ICD 10 What is it?
• ICD 10 Historical Perspective
• ICD 10 What’s New?
• ICD 10 Structure
• ICD 10 Guidelines
• ICD 10 Golden Rules to Remember
• ICD 10 Chapter Overview
• ICD 10 Resources

WHAT IS ICD 10?
• International Classification Disease
• Developed and published by the WHO
• System for translating words into codes
• Detail mortality and morbidity reporting into one language
• National Standardized mandate

HISTORICAL BACKGROUND
• First efforts of mortality classification system 1785 by estimating a 36% mortality rate before the age of 6 years old.
• William Farr (1807-1883) - first medical statistician - not only made the best possible use of the imperfect classifications of disease available at the time, but labored to secure better classifications and international uniformity in their use.
  • Farr’s Classification System
    • Epidemic diseases
    • Constitutional (general) diseases
    • Local diseases arranged anatomically
    • Developmental diseases
    • Diseases resulting from violence

WILLIAM FARR - 1837
• “The advantages of a uniform statistical nomenclature, however imperfect, are so obvious, that it is surprising no attention has been paid to its enforcement in Bills of Mortality. Each disease has, in many instances, been denoted by three or four terms; and each term has been applied to as many different diseases: vague, inconvenient names have been employed, or complications have been registered instead of primary diseases. The nomenclature is of as much importance in this department of inquiry as weights and measures in the physical sciences, and should be settled without delay.”
ICD HISTORICAL PERSPECTIVE

<table>
<thead>
<tr>
<th>ICD Revision Year</th>
<th>Year Approved</th>
<th>Year in Use in the US</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>Second</td>
<td>1909</td>
<td>1910</td>
</tr>
<tr>
<td>Third</td>
<td>1920</td>
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</tr>
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<td>1958</td>
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<tr>
<td>Eighth</td>
<td>1965</td>
<td>1966</td>
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<tr>
<td>Ninth</td>
<td>1975</td>
<td>1979</td>
</tr>
<tr>
<td>Tenth</td>
<td>1989</td>
<td>2015</td>
</tr>
<tr>
<td>Eleventh</td>
<td>Beta phase</td>
<td>Due by 2018</td>
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</table>

ICD 10 IMPLEMENTATION REQUIRES:

- A full understanding of anatomy and physiology, medical terminology, and disease processes.
- Providers who understand the specificity of the code system so they know what needs to be in the medical record to validate an ICD-10-CM code selection.

ICD 10 USE & STRUCTURE

All entities covered by HIPAA are required to use ICD 10.

Two different code sets

- International Classification of Diseases, 10th Revision: Clinical Modification (ICD-10-CM)
- International Classification of Diseases, 10th Revision: Procedure Coding System (ICD-10-PCS)

ICD 9 TO ICD 10 COMPARISONS

<table>
<thead>
<tr>
<th>ICD 9 CM</th>
<th>ICD 10 CM / PCS</th>
</tr>
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<tbody>
<tr>
<td>3-5 Characters in Length</td>
<td>3-7 Characters in Length</td>
</tr>
<tr>
<td>14,000 Codes</td>
<td>79,000 Codes</td>
</tr>
<tr>
<td>First digit alpha or numeric</td>
<td>Digit 1 alpha</td>
</tr>
<tr>
<td>Digits 2-5 numeric</td>
<td>Digits 2-7 alpha or numeric</td>
</tr>
<tr>
<td>Limited space for new codes</td>
<td>Flexible for adding new codes</td>
</tr>
<tr>
<td>Lacks detail</td>
<td>Very specific</td>
</tr>
<tr>
<td>Difficult to analyze data due to non-specific codes</td>
<td>Specifically improves coding accuracy and depth of data for analysis</td>
</tr>
<tr>
<td>Codes non specific and do not adequately define diagnoses needed for medical research</td>
<td>Detail improves accuracy of data used in medical research</td>
</tr>
<tr>
<td>Does not support interoperability because it is not used in other countries</td>
<td>Supports interoperability and the exchange of healthcare data between other countries and the US</td>
</tr>
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</table>

ICD 9 TO ICD 10 PROCEDURE CODES

<table>
<thead>
<tr>
<th>ICD 9 CM Procedure Code</th>
<th>ICD 10 PCS Procedure Code</th>
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<tr>
<td>3-4 number in length</td>
<td>7 alpha numeric characters in length</td>
</tr>
<tr>
<td>Approximately 3,000 codes</td>
<td>Approximately 87,000 available codes</td>
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<tr>
<td>Based upon outdated technology</td>
<td>Reflects current usage of medical terminology and devices</td>
</tr>
<tr>
<td>Limited space for adding new codes</td>
<td>Flexible for adding new codes</td>
</tr>
<tr>
<td>Lacks detail</td>
<td>Very specific</td>
</tr>
<tr>
<td>General terms for body parts</td>
<td>Detailed descriptions for body parts</td>
</tr>
<tr>
<td>Lacks description of methodology and approach for procedures</td>
<td>Provides detailed descriptions of methodology and approach for procedures</td>
</tr>
<tr>
<td>Limits DRG assignment</td>
<td>Allows DRG definitions for recognition of new technologies and devices</td>
</tr>
<tr>
<td>Lacks precision to adequately define procedures</td>
<td>Precisely defines procedures with detail regarding body part, approach, any device used, and qualifying information</td>
</tr>
</tbody>
</table>
ICD 10 CLASSIFICATION SYSTEM

- Communicable Diseases
- General diseases that affect the whole body
- Local diseases arranged by site
- Developmental diseases
- Injuries
- External causes

ICD 10 VOLUMES

- Volume 1 Tabular Listing – structured list of codes divided into chapters based on body system or condition
  - Inclusion terms
  - Exclusion terms
- Volume 2 Instruction Manual – information to guide you through the code selection
- Volume 3 Alphabetical Index – guidance on selecting appropriate codes for many conditions
  - Listing of diseases and injuries
  - Listing of external causes of injury
  - Table of Neoplasms
  - Table of drugs and chemicals

GOLDEN RULE #1

- Always use Alphabetical index first (Volume 3) then go to Tabular index (Volume 1).
- Volume 1 & 3 are the inseparable pair.

KNOWLEDGE CHECK

Anna ruptured her spleen during a skiing accident. Which volume will you refer to first to find the code representing her problem?

Ruptured Spleen is S36.0

Which volume will you use to confirm your choice?

Injury of intra abdominal organs

0 without open wound in cavity, 1 with open wound in cavity

BENEFITS OF ICD 10

- Measure quality, safety, and efficacy of care
- Reduce need for attachments to explain the patient's condition
- Design payment systems and processing claims for reimbursement
- Conducting research, epidemiological studies, and clinical trials
- Setting health policy
- Operational and strategic planning
- Designing health care delivery systems
- Monitoring resource use
- Improving clinical, financial, and administrative performance
- Preventing and detecting health care fraud and abuse
- Tracking public health and risks
GOLDEN RULE #2

• Special disease category takes precedence over body system categories
  - Roy has osteoarthritis in his musculoskeletal system, would you code it under the disease osteoarthritis or the musculoskeletal system?
  - Albert has cholera, how would you code it?
  - Lee has neoplasm of the lung, would you code it as Neoplasm or Disease of the Respiratory System?

ICD GENERAL GUIDELINES

• Codes must be used to identify diagnosis, symptoms, conditions, problems, complaints or other reason(s) for the encounter / visit
• Codes are to be used and reported at highest number of characters available *
  - Always be as specific as possible
  - Principle or first listed dx defines the primary reason for the encounter
• Sequencing instructions
  - Signs or symptoms
  - Acute and chronic illness
  - Sequela
• Lead terms
  - Stomach ulcer under “u” for ulcer
  - Tuberculosis of hip under “T” for tuberculosis
• Pat has acute congenital iron deficiency anemia due to blood loss. What is the lead term here?

GENERAL ICD 10 GUIDELINES

• Placeholder
  - X – where a placeholder exists, the X must be used in order for the code to be considered valid
• Punctuation
  - [ ] Brackets – synonyms, alternate wording or explanatory phrases
  - ( ) Parenthesis – supplementary words present or absent in the statement of disease
  - Dash - dash at the end of a code means additional characters are required
  - * asterisk - manifestation
  - † dagger - underlying cause

GENERAL ICD 10 GUIDELINES CONTINUED

• Excludes notes
  - Exclude 1 – means NOT CODED HERE – codes excluded should never be used at the same time as the code above
    - G03 – Congenital hydrocephalus
    - Excludes 1: acquired hydrocephalus (G91)
  - Exclude 2 – not included here – indicates the condition excluded is not part of the condition but a patient may have both conditions at the same time
    - L27.2 Dermatitis due to ingested food
    - Excludes 2: Dermatitis due to food in contact with skin (L23.6)

GENERAL ICD 10 GUIDELINES

• Use of “and” - means either “and” or “or” when appears in title
  - Tuberculosis of bones and joints
• Abbreviations
  - NEC Not elsewhere classifiable - “other specified” used when medical record provides detail for a code that does not exists
  - NOS Not otherwise specified - “unspecified” codes for use when medical record is insufficient to assign a more specific code
• Includes notes – appears immediately after 3 character code title to further define the content of the category
• Inclusion terms – list of terms included under codes

GENERAL ICD 10 GUIDELINES

• Code first – requires underlying condition be sequenced first followed by manifestations. Never use “in diseases classified elsewhere” as primary code. i.e. dementia in Parkinsons
  - G20 Parkinsons Disease
  - F02.80 Dementia in diseases classified elsewhere
  - Use “with” – means associated with or due to
  - “See” and “See also” – means go to main term for coding
  - “Code also Note” – 2 codes required to fully describe condition
  - Default codes – the main code listed next to main term
  - Appendicitis (with no other info like acute or chronic, use the plain appendicitis default code)
**7TH CHARACTER**

- Code extensions for injuries and external causes to identify the encounter: initial, subsequent, or sequela.
  - A = Initial Encounter
    - When the patient is receiving active treatment for the condition
  - D = Subsequent Encounter
    - For encounters after the patient has received treatment of the condition and is receiving routine care for the condition during the healing phase
  - S = Sequela
    - Complications or conditions that arise as a direct result of a condition

**EXAMPLE: COMMON FRACTURE EXTENSIONS**

- A = initial encounter for closed fracture
- B = Initial encounter for open fracture
- D = subsequent encounter for fracture with routine healing
- G = subsequent encounter for fracture with delayed healing
- K = subsequent encounter for fracture with nonunion
- P = subsequent encounter for fracture with malunion
- S = Sequelae

**GOLDEN RULE #3**

- Dagger should always be used as a primary code (underlying code)
- Never use an asterisk * alone (manifestation)

**GENERAL CODING GUIDELINES**

- Signs and symptoms – acceptable when definitive do not yet established
- Conditions that are an integral part of a disease process - S&S should not be assigned as additional codes
- Multiple coding for a single condition – may be used for sequela, complication codes and co-codes
- Acute and chronic conditions – if condition is both acute and chronic always put acute first
- Combination code – use to classify 2 diagnoses or a diagnosis with associated complication or manifestation. Do not use multiple codes unless a single code doesn’t satisfy the documented elements.
- Sequela (Late Effects) – no time limit. Never use acute code with a sequela code. Almost always a second code with the nature of condition first code.

**GENERAL CODING GUIDELINES**

- Reporting same diagnosis code more than once
- Laterality
- Documentation of BMI
- Syndromes
- Documentation of Complications of Care
- Borderline Diagnosis
- Use of Sign / Symptom / Unspecified Codes
- Impending or threatened conditions
ICD 10 CODING STRUCTURE

• Most chapters are associated with a particular body system
• Each chapter has a single letter assigned to the chapter
• 21 Chapters total
• Three chapters have a smaller range of categories and share letters
  - Chapter VII Eyes and Chapter VIII Ears both share the letter “H”
• Four chapters use more than one letter in defining categories
  - Malignant Neoplasm C00–C97
  - In Situ Neoplasm D00–D09
• Codes share “C” and “D” letters

ICD 10 CHAPTER STARTING CODES

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<tr>
<th>CHAPTER</th>
<th>STARTING CODE (S)</th>
<th>CHAPTER</th>
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<tr>
<td>1</td>
<td>A00 – B99</td>
<td>12</td>
<td>L00 – L99</td>
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<td>2</td>
<td>C00 – D49</td>
<td>13</td>
<td>M00 – M99</td>
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<td>17</td>
<td>Q00 – Q99</td>
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<td>H00 – H59</td>
<td>18</td>
<td>R00 – R99</td>
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<td>H60 – H95</td>
<td>19</td>
<td>S00 – T88</td>
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<td>U00 – V99</td>
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<tr>
<td>11</td>
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CHAPTER 1 A00 – B99
CERTAIN INFECTIOUS AND PARASITIC DISEASES

• HIV
• MRSA
• Infectious agents
• Infections resistance to antibiotics
• Sepsis, severe sepsis, & septic shock

CHAPTER 2 C00 – D49
NEOPLASMS

• Treatment directed at malignancy
• Treatment of secondary sites
• Coding and sequencing of complications
• Primary malignancy previously excised
• Encounters involving chemotherapy, immunotherapy, and radiation therapy
• Signs and symptoms (listed in chapter 18) associated with neoplasms
• Encounter for pain management
• Sequencing rules for neoplasms
• Current malignancy versus personal history of malignancy
• Leukemia, Multiple myeloma and Malignant Plasma Cell Neoplasms

CHAPTER 3 D50 – D89
DISEASE OF THE BLOOD AND BLOOD FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM

• Reserved for future guideline expansion

CHAPTER 4 E00 – E89
ENDOCRINE, NUTRITIONAL, & METABOLIC DISEASES

• Diabetes mellitus
CHAPTER 5 F01 – F99
MENTAL, BEHAVIORAL AND NEURODEVELOPMENTAL DISORDERS
- Pain disorders related to psychological factors
- Mental and behavioral disorders due to psychoactive substance use

CHAPTER 6 G00 – G99
DISEASES OF THE NERVOUS SYSTEM
- Dominant / non dominant side
- Pain Category G89
- Pain due to devices, implants and grafts
- Postoperative pain
- Chronic pain
- Neoplasm related pain
- Chronic pain syndrome

CHAPTER 7 H00 – H59
DISEASES OF THE EYE AND ADNEXA

CHAPTER 8 H60 – H95
DISEASES OF THE EAR AND MASTOID PROCESS

CHAPTER 9 I00 – I99
DISEASES OF THE CIRCULATORY SYSTEM
- Hypertension
- Atherosclerotic Coronary Artery Disease and Angina
- Intraoperative and Post procedural Cerebrovascular Accident
- Sequelae of Cerebrovascular Disease
- Acute Myocardial Infarction

CHAPTER 10 J00 – J99
DISEASES OF THE RESPIRATORY SYSTEM
- COPD and Asthma
- Acute respiratory failure
- Influenza
- Ventilator associated pneumonia
CHAPTER 11  K00 – K95
DISEASES OF THE DIGESTIVE SYSTEM

- Reserved for future guideline expansion

CHAPTER 12  L00 – L99
DISEASES OF THE SKIN & SUBCUTANEOUS TISSUE

- Pressure ulcer stage codes

CHAPTER 13  M00 – M99
DISEASES OF THE MUSKULOSKELETAL SYSTEM AND CONNECTIVE TISSUE

- Site and laterality
- Acute traumatic versus chronic or recurrent musculoskeletal conditions
- Coding of pathological fractures
- Osteoporosis

CHAPTER 14  N00 – N99
DISEASES OF GENITOURINARY SYSTEM

- Chronic kidney disease

CHAPTER 15  O00 – O9A
PREGNANCY, CHILDBIRTH, & THE Puerperium

- General rules for obstetric cases
- Selection of principal or first listed diagnosis
- Pre-existing conditions versus conditions due to the pregnancy
- Pre-existing hypertension in pregnancy
- Fetal conditions affecting the management of the mother
- HIV infection in pregnancy, childbirth, and the puerperium
- Diabetes mellitus in pregnancy
- Long term use of insulin
- Gestational diabetes
- Septis
- Ether and Tobacco abuse
- Normal delivery/Birth complications
- Peripartum and postpartum
- Pregnancy Termination and Spontaneous abortion
- Abuse during pregnancy
CHAPTER 16  P00 – P96
CERTAIN CONDITIONS IN PERINATAL PERIOD
• General Perinatal rules
• Diagnosis for birth Record
• Birth Process
• Use of codes from other chapters with codes from chapter 16
• Observation and evaluation of Newborns
• Additional Perinatal Diagnoses
• Prematurity and Fetal Growth Retardation
• Low birth weight and immaturity status
• Bacterial Sepsis of Newborn

CHAPTER 17  Q00 – Q99
CONGENITAL MALFORMATIONS,
DEFORMATIONS, & CHROMOSOMAL
ABNORMALITIES

CHAPTER 18  R00 – R99
SYMPTOMS, SIGNS, & ABNORMAL CLINICAL AND
LAB FINDINGS NOT ELSEWHERE CLASSIFIED
• Symptom codes
• Use of symptom code with a definitive diagnosis code
• Combination codes that include symptoms
• Repeated falls
• Coma scale
• Functional quadriplegia
• SIRS (systemic inflammatory response syndrome) due to non-
infectious process
• Death NOS – R99 II defined unknown cause of mortality only
for very limited use

CHAPTER 19  S00 – T88
INJURY, POISONING, AND CERTAIN OTHER
CONSEQUENCES OF EXTERNAL CAUSES
• Application of 7th character
• Coding of injuries
• Coding of traumatic fractures
• Coding of burns and corrosions
• Adverse effects, poisoning, under dosing, and toxic
effects
• Adult and child abuse neglect and other maltreatment
• Complications of care

CHAPTER 20  V00 – Y99
EXTERNAL CAUSES OF MORBIDITY
• General external cause coding guidelines
• Place of occurrence guideline
• Activity code
• Multiple external cause coding guidelines
• Child and adult abuse guideline
• Unknown or undetermined intent guideline
• Sequela of external cause guideline
• Terrorism guidelines
• External cause status

CHAPTER 21  Z00 – Z99
FACTORS INFLUENCING HEALTH STATUS AND
CONTACT WITH HEALTH SERVICES
• Use of z codes in any healthcare setting
• Z codes indicate a reason for encounter
• Categories of z codes

<table>
<thead>
<tr>
<th>Z-codes First listed diagnosis</th>
<th>Non Specific Z codes</th>
</tr>
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<tbody>
<tr>
<td>Contactexposure</td>
<td>Follow up</td>
</tr>
<tr>
<td>Vaccinations</td>
<td>Donor</td>
</tr>
<tr>
<td>Status</td>
<td>Counseling</td>
</tr>
<tr>
<td>History of</td>
<td>DB/Reproductive</td>
</tr>
<tr>
<td>Screening</td>
<td>Newborns/Wants</td>
</tr>
<tr>
<td>Observation</td>
<td>Routine Exams</td>
</tr>
<tr>
<td>Merchare</td>
<td>Miscellaneous Z codes</td>
</tr>
</tbody>
</table>
ICD 10 BEST PRACTICES

• Joint effort between the health care provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnosis and procedures.

• The importance of consistent, complete documentation in the medical record cannot be overemphasized.

• To ensure you are using the best codes, communication with the coder and potentially the billing department is essential.

• Consider reviewing charts as a team so that you all can agree that the documentation is complete and proper codes are used for submission of the claim.

SOURCES FOR CODING


• [https://icd10codelistlookup.smartbaselink.com/](https://icd10codelistlookup.smartbaselink.com/) — Converts ICD 9 to ICD 10 or 10 to 9.


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