

# Preparation is key to ICD-10 success

**T**he transition from ICD-9 to ICD-10 is more than a coding and billing issue. Its success depends on training and preparation at all levels in the healthcare setting, particularly with providers who document reasons for patient visits. Healthcare leaders should already know the scope of this transition and have a plan in place to prepare their practices. The Centers for Medicare & Medicaid Services started posting training materials, including a timeline, online at [cms.hhs.gov/ICD10/](http://cms.hhs.gov/ICD10/) in 2009.

Although the change is not mandatory until Oct. 1, 2013, it is wise to start giving an overview of ICD-10 at clinical and administrative team meetings now to raise awareness among staff members.

ICD-9-CM, which has been used for 30 years, has several limitations.

The classification is organized scientifically so each three-digit category is limited to 10 subcategories and most numbers have been assigned diagnoses. ICD-10 expands to seven digits, which will accommodate new medical discoveries and the diagnoses attached to them.

Advocates say that the new, detailed codes of ICD-10-CM, will allow for better analysis of disease patterns and treatment outcomes that can advance medical care provided. They add that these details will streamline claims submissions, which will make the initial claims easier for payers to understand. And the ability to report laterality may decrease denied claims.

## A comparison

ICD-9-CM contains 17,000 codes; ICD-10 contains more than 68,000 codes and accommodates a host of new diagnoses and procedures. In ICD-10, each code is

described in full, eliminating the need to read thorough descriptions in categories and subcategories to “build” the code description.

ICD-10 differs from ICD-9 in several ways although the content is similar:

- ICD-10 is printed in a three-volume set compared with the two-volume set of ICD-9.
- ICD-10 has alphanumeric categories instead of numeric categories.
- In ICD-10 some chapters have been rearranged, some titles have changed and conditions have been regrouped.
- ICD-10 has almost twice as many categories as ICD-9.

## Format and structure

Some fairly minor changes have been made in the coding rules for mortality.

For example, a patient fractures her left wrist and receives treatment. A month later, she fractures the right wrist. ICD-9-CM does not identify left versus right so the claim requires additional documentation. ICD-10-CM describes left versus right (laterality); initial encounter or subsequent encounter (episode of care); and clinical details such as routine healing, delayed healing, whether it's a nonunion or malunion fracture.

ICD-10 major modifications include:

- Added trimesters to obstetrical codes (fifth digits from ICD-9-CM will not be used)
- Revised diabetes mellitus codes (fifth digits from ICD-9-CM will not be used)
- Expanded codes (e.g., injury, diabetes)
- Added code extensions for injuries and external causes of injuries

see [Code of Conduct](#), page 14



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Structural differences between ICD-9 and ICD-10 include:

- ICD-9-CM has three to five digits; Chapters 1 – 17: all characters are numeric.
- Supplemental chapters: first digit is alpha (E or V); remainder are numeric.
- Examples:
  - o 496 chronic airway obstruction not elsewhere classified
  - o 511.9 Unspecified pleural effusion
  - o V02.61 Hepatitis B carrier, CD-10-CM has three to seven digits
- Digit one is alpha (A – Z, not case-sensitive).
- Digit two is numeric.
- Digit three is alpha (not case sensitive) or numeric.
- Digits four through seven are alpha (not case-sensitive) or numeric.
- Examples:
  - o A66 Yaws
  - o A69.20 Lyme disease, unspecified
  - o O9A.311 Physical abuse complicating pregnancy, first trimester
  - o S42.001A Fracture of unspecified part of right clavicle, initial encounter for closed fracture

### Format and structure

Like ICD-9, the ICD-10 code set contains categories, subcategories

and codes. The first character in ICD-10-CM is a letter from A to Z with the exception of “U.” (Codes U00-U99 are used for the provisional assignment of diseases of uncertain origin. These codes will be utilized for research purposes only.) ICD-9-CM included “E” codes for External Causes of Injury and Poisoning and “V” codes for individuals seeking healthcare without a current symptom or disease, known as “Status” codes. In ICD-10, the “V” codes can be found in the “Z” subcategory, and the “E” codes can be found in the “V” subcategory.

Characters may be either a letter or a number. All categories are three characters (same as ICD-9). Subcategories are four to seven characters. Each level of subdivision after a code is a subcategory. A code that has an applicable seventh character is considered invalid without the seventh digit. The adage “code to the highest level of specificity” continues to define proper coding in ICD-10-CM, which utilizes a placeholder character “X” that is used as a fifth-character placeholder to allow for future expansion. An example of this is the poisoning, adverse effect and underdosing codes T36-T50.


Certain ICD-10-CM categories have applicable seventh-characters. The unique rule in character position in ICD-10 is that the seventh character must always be in the seventh character data field. If a code that requires a seventh character is not six characters, an “X” placeholder must fill the

empty characters. Hypothermia is an example of a seven-character code that does not have a fourth, fifth or sixth character, and is reported as T68.xxA. The seventh character is added to report “A” initial encounter, “C” subsequent encounter or “S” sequel. Another example is W11.xxA, which refers to a fall on and from a ladder, initial encounter.

The symbol alerts a coder that a seventh digit is required in a code. The seventh character may report an encounter, sequel, tophus (a deposit of monosodium urate crystals in people with longstanding high levels of uric acid in the blood), gestations for fetus unspecified, etc.

### Get ready!

Today, the message to providers is to give as much detail as possible. The success of an ICD-10-CM transition does not depend on technology. HIPAA 5010 precedes ICD-10 so the system changes will be in place. The challenge is to train clinicians to document the highest level of specificity, such as left or right fracture, initial or subsequent encounter, week of gestation and cause of disease to code accurately.

Coders should begin using ICD-9 and ICD-10 code sets now to compare the differences in documentation requirements and share details with clinicians. If providers begin to document with more detail today, the transition to ICD-10 will be less disruptive. 

**join the discussion:** Have you started preparing for the ICD-10 transition? Tell us online at [mgma.com/connexion](http://mgma.com/connexion) or via e-mail at [connexion@mgma.com](mailto:connexion@mgma.com).