

Welcome to  
**ICD-10 CLINICAL  
CLOSE-UP**





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# ICD-10 Overview

- **World Health Organization** developed ICD-10 in 1994
  - Later adopted by Health and Human Services (HHS) and Centers for Disease Control and Prevention (CDC)
  - ICD-10 is a provision of Health Insurance Portability and Accountability Act (HIPAA) regulations
    - HIPAA-covered entities include health care providers, payers, clearinghouses, billing services and others that must transition to ICD-10
  
- **Moving from ICD-9 to ICD-10** - US is the last industrialized nation to adopt ICD-10
  
- **ICD-9 is outdated** - limited capacity, capability, and unable to serve future needs
  
- **ICD-10-CM and ICD-10-PCS code sets**
  - ICD-10-CM replaces ICD-9-CM (Volumes 1 and 2)
  - ICD-10-PCS replaces ICD-9-CM (Volume 3)
  
- **ICD-10 has no direct impact on Current Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS)**

# ICD-10 Overview

- **For services rendered on or after October 1, 2015**
  - All claims must use ICD-10 codes
  - Claims using ICD-9 codes for services rendered on or after October 1, 2015 will NOT be accepted
  
- **For services rendered before October 1, 2015**
  - All claims must use ICD-9 codes
  
- **Systems must accommodate BOTH ICD-9 and ICD-10 codes**
  - Effective with the October 1, 2015 compliance date
  
- **Significant Code Increase from ICD-9 to ICD-10**
  - Increasing from 14,000 to approximately 69,000 ICD-10-CM codes
  - Increasing from 3,000 to approximately 87,000 ICD-10-PCS codes
  - ICD-10 has more than nine times the codes in ICD-9



**Making the  
transition  
to ICD-10 is  
NOT optional**

## Why is the transition necessary?

- **ICD-9** code sets are outdated, limited and not expandable
- **ICD-9** cannot accommodate current needs nor future advances in medical technology and knowledge
- **ICD-10** code sets use current medical terminology and will allow for advances in medical technology and knowledge
- **ICD-10** allows for greater detail in diagnoses and treatments

# Why ICD-10 Matters

## Why ICD-10 Matters:

- ICD-10 advances health care and the implementation of eHealth initiatives
- ICD-10 captures advances in medicine and medical technology
- ICD-10 improves data for quality reporting
- ICD-10 improves public health research, reporting and surveillance

# ICD-9-CM vs ICD-10-CM

| ICD-9-CM   | ICD-10-CM  |
|--|--|
| 3-5 characters in length   | 3-7 characters in length   |
| Approximately 14,000 codes   | Approximately 69,000 available codes   |
| 1 <sup>st</sup> character = alpha or numeric<br>Characters 2-5 = numeric   | 1 <sup>st</sup> Character = alpha<br>2 <sup>nd</sup> Character = numeric<br>3 <sup>rd</sup> Character = alpha or numeric<br>Characters 4-7 = alpha or numeric<br>7 <sup>th</sup> Character extension = episode of care |
| Limited Space to add new codes   | Flexibility to add new codes   |
| Lacks detail   | Very specific  |
| Lacks laterality   | Allows laterality  |
| Non-specified codification issues: <ul style="list-style-type: none"><li>• Difficult to analyze data</li><li>• Difficult to support research</li></ul> | Improved accuracy  |
| Not interoperable with other industrialized nations who have adopted ICD-10  | Interoperable with the global health care community and has been adopted in 99 countries   |

# ICD-9-CM vs ICD-10-PCS

| ICD-9-CM   | ICD-10-PCS  |
|--|---|
| 3-4 characters in length                                     | 7 alpha-numeric characters in length  |
| Approximately 3,000 codes                                    | Approximately 87,000 available codes  |
| Based on outdated technology                                 | Reflects current usage of medical terminology and devices   |
| Limited space for adding new codes                           | Flexible for adding new codes   |
| Lacks detail   | Very specific   |
| Lacks laterality   | Enables laterality  |
| Generic terms for body parts                                 | Detailed descriptions for body parts  |
| Lacks description of methodology and approach for procedures | Provide detailed descriptions of methodology and approach for procedures  |
| Lacks precision to adequately define procedures              | Precisely defines procedures with detail regarding body part, approach, any device used, and qualifying information |



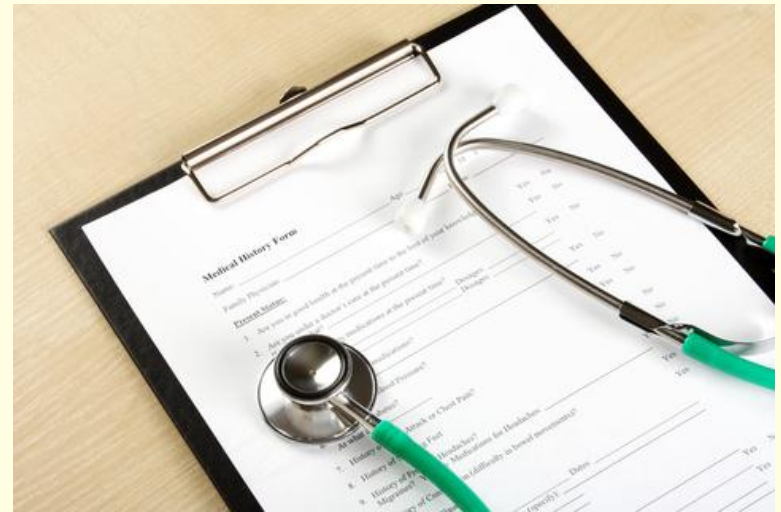
# ICD-10 Documentation

## ■ **Transitioning to ICD-10**

- Is more than an administrative burden placed on your medical claims reimbursements
- Should not affect the way you provide patient care

## ■ **Specificity and Documentation are vital in ICD-10**

- Look at the codes used most often in your practice
- Most of the information needed for documentation is likely shared by the patient during your visit with them
- Improving how you document your clinical services will help you become accustomed to the specific, detailed, clinical documentation needed to assign ICD-10 codes
- Work with your coding staff to determine if the documentation would be detailed and specific enough to select the best ICD-10 codes
- Identify and obtain the training needed for you and others in your practice
- Good documentation will help to reduce the need to follow-up on submitted claims – saving you time and money



# What are GEMs?

- **GEMS – General Equivalency Mappings**
  - A tool used to convert data from ICD-9-CM to ICD-10-CM and ICD-10-PCS and vice versa
  - Also known as crosswalks providing important information linking codes of one system with codes in the other system
  - A comprehensive translation dictionary used to assist in translating any ICD-9-CM-based data, including data for:
    - Tracking quality
    - Recording morbidity/mortality
    - Calculating reimbursement
    - Converting any ICD-9-CM-based application to ICD-10-CM/PCS such as:
      - Payment systems
      - Payment and coverage edits
      - Risk adjustment logic
      - Quality measures and a variety of research applications involving trend data

*Sources:*

<http://www.cms.gov/Medicare/Coding/ICD10/downloads/GEMs-CrosswalksBasicFAQ.pdf>

<http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html>

# GEMs vs Coding Manual

- **GEMs are not a substitute for learning how to use ICD-10-CM and ICD-10-PCS.**
  - Providers' coding staff will assign codes describing the patients' encounters from the ICD-10-CM and ICD-10-PCS code books or encoder systems.
  - In coding individual claims, it will be more efficient and accurate to work from the medical record documentation and then select the appropriate code(s) from the coding book or encoder system.
  - GEMs is a tool to assist with converting larger International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) databases to ICD-10-CM and ICD-10-PCS.
  
- **Not all codes map in GEMs.**
  - Example: ICD-9-CM code 707.25 (pressure ulcer, un-stageable) does not map to any ICD-10-CM code because ICD-10-CM classifies pressure ulcers by site and stage.
  - ICD-10-CM does include codes for un-stageable pressure ulcers (l89.-), but ICD-9-CM does not include any site designation. As a result, the GEMs cannot pick a close match.
  
- **Coders can map from a specific concept to a more general one.**
  
- **Coders cannot map to added specificity when the original information is general.**

# Why Do GEMs Go in Both Directions?

- **From ICD-9-CM to ICD-10 and ICD-10 back to ICD-9-CM**
  - GEMs are designed to be used like a bi-directional translation dictionary. They go in both directions so that you can look up a code to find out what it means according to the concept and structure used by the other coding system.
  - The bi-directional GEMS dictionaries are NOT a mirror image of each other. The translation alternatives are based on the meaning of the code you are looking up.
  
- **GEMS Update**
  - CMS and CDC made a commitment to update the GEMs annually along with the updates to ICD-10-CM/PCS during the transition period prior to ICD-10 implementation.
  - GEMs will be maintained for at least 3 years beyond October 1, 2015, which is the compliance date for implementation of ICD-10-CM/PCS for all Health Insurance Portability and Accountability Act (HIPAA)-covered entities.

Source: <http://www.cms.gov/Medicare/Coding/ICD10/downloads/GEMs-CrosswalksBasicFAQ.pdf>

# Code Translator Examples

- The ICD-10 online translation tools allow you to compare ICD-9 to ICD-10 codes.
  - General Equivalence Mappings (GEMs) - [www.CMS.gov/icd10](http://www.CMS.gov/icd10)
  - Code Conversion Tools:
    - <http://www.icd10data.com/>
    - <http://www.icd10codesearch.com/>
    - <https://www.aapc.com/icd-10/codes/>
    - <http://www.lussierlab.org/Web-Tools/index.html>
- Keep in mind that while many codes in ICD-9-CM map directly to codes in ICD-10, in some cases, a clinical analysis may be required to determine which code or codes should be selected for your mapping.
- The most accurate coding is accomplished using the ICD-10 coding manuals.

# Code Translator Examples

## Example of ICD-10 Code Translator:

The ICD-10 code online translator tool allows you to compare ICD-9 to ICD-10 codes. ICD-9 is being expanded from 17,000 to approximately 141,000 ICD-10 codes, and this online tool can help you [map](#) that expansion. (Note: this tool only converts ICD-10-CM codes, not ICD-10-PCS.)

Note: For a better explanation of the code format, please refer to our [ICD-10 conversion and mapping tutorial](#). For help with mapping, consider our [ICD-10 mapping services](#).

ICD-9 to ICD-10  
 ICD-10 to ICD-9

Enter Code:

**Disclaimer:** This tool is based on the General Equivalency Mapping (GEM) files published by CMS, and is not intended to be used as an ICD10 conversion, [ICD-10 mapping](#), or [ICD-9 to ICD-10 crosswalk tool](#). Keep in mind that while many codes in ICD-9-CM map directly to codes in ICD-10, in some cases, a clinical analysis may be required to determine which code or codes should be selected for your mapping. Always review mapping results before applying them.

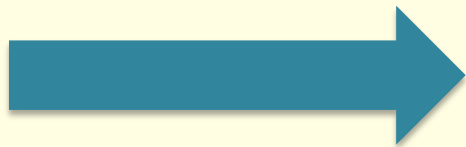


Add this ICD-10 code conversion widget to your site.

## ICD-9-CM

### Examples

- 01.23 – Reopening Craniotomy Site
  
- 12.12 – Other Iridotomy



## ICD-10-PCS

### Examples

- 0WJ10ZZ – Inspection of Cranial Cavity – Open approach
  
- 089C30Z – Drainage of Right Iris with Drainage Device Percutaneous Approach
- 089C3ZZ – Drainage of Right Iris Percutaneous Approach
- 089D30Z – Drainage of Left Iris with Drainage Device Percutaneous Approach
- Additional codes as well

## ICD-9-CM

### Examples

17.12 – Laparoscopic repair of indirect Inguinal Hernia with graft or prosthesis



## ICD-10-PCS

### Examples

- 0YU547Z – Supplement Right Inguinal Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
- 0YU54JZ – Supplement of Right Inguinal Region with Synthetic Substitute, Percutaneous Endoscopic Approach
- Additional codes as well

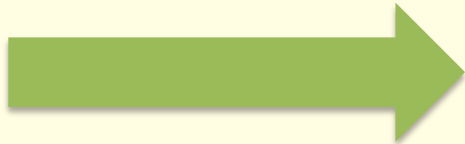


# Crosswalk Example: Physician Codes

## ICD-9-CM Code

### Examples

- 250.53 – Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled



## ICD-10-CM Codes

### Examples

- E10.311 – Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
- E10.319 – Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
- E10.321 – Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
- Additional codes as well

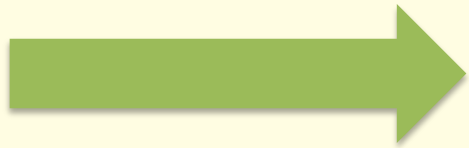
# Specified Codes

- **The question providers should ask themselves about the code:**
  - *“Does the code reflect as accurately and precisely as possible the patient’s condition or the services performed to maintain or improve that condition?”*
  
- **Please keep in mind:**
  - The use of codes with a greater number of characters does not necessarily provide greater specificity. Example...
    - **Some codes that are only 3 characters are very specific while some that are 7 characters are very vague.**
      - A91 – Denque hemorrhagic fever
      - T75.89XD – Other specified effects of external causes, subsequent encounter
  - Always choose the most specific code possible for each encounter.
  - Be sure to document the side of the body involved or document that it is bilateral, if applicable.

# Specified vs Unspecified Examples

## ICD-9-CM Code

808.3 – Open fracture of pubis



## ICD-10-CM Codes

- S32.511B – Fracture of superior rim of right pubis, initial encounter for open fracture
- S32.512B – Fracture of superior rim of left pubis, initial encounter for open fracture
- S32.591B – Other specified fracture of right pubis, initial encounter for open fracture
- Additional codes as well

# Specified vs Unspecified examples

## ICD-9-CM Code

808.3 – Open fracture of pubis



## ICD-10-CM Codes

- S32.501B – Unspecified fracture of right pubis, initial encounter for open fracture
- S32.502B – Unspecified fracture of left pubis, initial encounter for open fracture
- S32.509B – Unspecified fracture of unspecified pubis, initial encounter for open fracture
- Additional codes as well

# Subsequent Codes vs Sequela Codes

## ■ **Subsequent Codes**

- A subsequent visit is any encounter beyond the initial visit for the same diagnosis.

## ■ **Sequela Codes (Late Effect)**

- A sequela is the residual effect (condition produced [by]) the acute phase of an illness or injury. There is no limit on the sequela codes that can be used. The residual may be apparent early or it may occur months or years later such as that due to previous injury. Coding of sequela generally requires two codes sequenced in the following order:
  - The condition or nature of the sequela [illness or injury that caused the sequela] is sequenced first, the sequela code is sequenced second.

# Subsequent vs Sequela Code Examples

## Subsequent Code Examples:

### Initial:

- S82.821A – Torus fracture of lower end of right fibula, initial encounter for closed fracture

### Subsequent:

- S82.821G – Torus fracture of lower end of right fibula, subsequent encounter for fracture with delayed healing

## Sequela Codes (Late Effect) Examples:

### Initial:

- I63.031A – Cerebral infarction due to thrombosis of right carotid artery

### Immediate Sequela:

- I69.320S – Aphasia following cerebral infarction

### Immediate and Late Sequela:

- I69.352S – Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side

# Rewards of ICD-10 Compliance

- Continued cash flows with claims processed and paid
- Financial statement stability, credit worthiness
- Increased efficiencies in administrative, billing and reimbursement processes
- Reduced coding errors due to increased specificity
- Improvement in patient care management
- Improved health care IT system, return on investment and increased productivity
- Increased capability to prevent and detect health care fraud and abuse



# ICD-10 Resources



**World Health  
Organization**

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

**AHIMA**  
Quality Healthcare Through  
Quality Information

**himss**  
transforming healthcare through IT™

**AMA**  
AMERICAN MEDICAL  
ASSOCIATION

**CMS** ICD-10  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Official CMS Industry Resources for the ICD-10 Transition  
[www.cms.gov/ICD10](http://www.cms.gov/ICD10)



**PAHCS** | The Professional Association of  
Healthcare Coding Specialists



# ICD-10 Resources

## Centers for Medicare & Medicaid Services (CMS)

- **CMS ICD-10 Main Page**  
<http://www.cms.gov/ICD10>
- **CMS Overview**  
[http://www.cms.gov/Medicare/Coding/ICD10/Statute\\_Regulations.html](http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html)
- **CMS ICD-10 Implementation Planning**  
<http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>
- **HHS, CMS ICD-10 Final Rule and October 1, 2015 Compliance Date Announcement**  
<http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf>  
<http://www.gpo.gov/fdsys/pkg/FR-2014-08-04/pdf/2014-18347.pdf>

## World Health Organization (WHO) ICD-10 Page

<http://www.who.int/classifications/icd/en/>

## West Virginia Resources

- **WV Molina Medicaid Solutions ICD-10 Transition Website**  
<https://www.wmmis.com/SitePages/ICD-10%20Transition.aspx>

## **Molina Provider Relations Unit**

Molina Medicaid Solutions

(304) 348-3360 or 1 (888) 483-0793

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