Getting Started with ICD-10-CM: What Coders Need to Know Now

Audio Seminar
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Seminar Objectives

- Identify the structural and organizational differences and similarities between ICD-9-CM and ICD-10-CM
- Explore new ICD-10-CM coding conventions
- Review examples of how guidelines and definitions are used to determine the correct diagnosis code
- Identify what coders need to know NOW in preparation for ICD-10-CM implementation
ICD-10-CM – Introduction

• Based on ICD-10 published by the World Health Organization (W.H.O.) used for mortality coding in the U.S.
• NCHS developed ICD-10-CM and guidelines
• ICD-10-CM is in public domain, however cannot be altered except through the Coordination and Maintenance process
• Replaces over 30-year-old ICD-9-CM on 10/1/2015

Code Set Freeze

10/1/11
• Last regular annual updates – ICD-9-CM and ICD-10

10/1/12, 10/1/13 & 10/1/14
• Limited code updates – ICD-9-CM and ICD-10
• New technologies and diseases

10/1/15
• Limited code updates – ICD-10
• New technologies and diseases

10/1/16
• Regular updates to ICD-10
ICD-10-CM – Format

• Format
  – Index and Tabular
  – Index
    • Alphabetic Index of Diseases and Injuries
    • Alphabetic Index of External Causes of Injuries
    • Table of Neoplasms
    • Table of Drugs and Chemicals
    • Uses indented format as in ICD-9-CM

Index Example

Hemiplegia G81.9-
 - alternans facialis G83.89
 - ascending NEC G81.90
 - spinal G95.89
 - congenital (cerebral) G80.8
 - spastic G80.2
 - embolic (current episode) I63.4-
 - flaccid G81.0-
 - following
  - cerebrovascular disease I69.959
  - cerebral infarction I69.35-
  - intracerebral hemorrhage I69.15-
  - nontraumatic intracranial hemorrhage NEC I69.25-
  - specified disease NEC I69.85-
  - stroke NOS I69.35-
  - subarachnoid hemorrhage I69.05-
Index Features

- "-" at the end of a code means the Tabular contains multiple code options
- Brackets show manifestation codes:
  - Apoplexia
    uremic N18.9 [I68.8]
- Brackets show abbreviations:
  - Abnormal
    electrocardiogram [ECG] [EKG] R94.31
- “With” sequenced immediately following main term, not in alphabetic order

ICD-10-CM – Format

- Format – Tabular
  - Categories, subcategories and codes
  - Valid codes may be 3-6 characters in length, with a possible 7th character
  - 4th character can be a letter or a number
  - 7th character extension is applied to some codes
  - Must code to highest level of detail
  - Full code titles are used – New in ICD-10-CM
**Tabular Example**

**M12** Other and unspecified arthropathy

- **Excludes1:** arthritis (M15-M19)
  - osteoarthritis (J38.7)

- **M12.0** Chronic posttraumatic arthropathy [Jaccoud]
  - **M12.00** Chronic posttraumatic arthropathy [Jaccoud], unspecified site
  - **M12.01** Chronic posttraumatic arthropathy [Jaccoud], shoulder
    - **M12.011** Chronic posttraumatic arthropathy [Jaccoud], right shoulder
    - **M12.012** Chronic posttraumatic arthropathy [Jaccoud], left shoulder
    - **M12.019** Chronic posttraumatic arthropathy [Jaccoud], unspecified shoulder

---

**ICD-10-CM Code Format**

- **Category**
- **Etiology, anatomic site, severity**
- **Extension**
ICD-10-CM Codes

- R54       Age-related physical debility
- N02.0     Recurrent and persistent hematuria with minor glomerular abnormality
- C40.01    Malignant neoplasm of scapula and long bones of right upper limb
- Q76.426   Congenital lordosis, lumbar region
- T48.1x1A Poisoning by skeletal muscle relaxants [neuromuscular blocking agents], accidental (unintentional), initial encounter

ICD-10-CM – Format

- Place holder “x”
  - Maintains the integrity of the meaning of certain characters
    - T48.1x1S Poisoning by skeletal muscle relaxants [neuromuscular blocking agents], accidental (unintentional), sequela
    - Used when a shorter code requires specific characters as the end, such as a 7th character extension
      - W89.1xxA Exposure to tanning bed, initial encounter
  - Punctuation
    - The same use of [ ] and ( ) as in ICD-9-CM
ICD-10-CM – Conventions

Exclude Notes

Exclude1: Means NOT CODED HERE
Code being excluded is never used with code
The two conditions cannot occur together
Example:
R53.1 Weakness
   Asthenia NOS
   Excludes1:
       age-related weakness (R54)
       muscle weakness (M62.8-)
       senile asthenia (R54)

Exclude2: Means NOT INCLUDED HERE
Excluded condition is not part of the condition represented by the code
Acceptable to use both codes together if patient has both conditions
Example:
R94.7 Abnormal results of other endocrine function studies
   Excludes2: abnormal glucose (R73.0-)
ICD-10-CM – Conventions

• Use of “and” represents “and/or”
• “Other specified” codes (NEC)
  – Not elsewhere classified
  – 4th or 6th character “8”, 5th character “9”
  – Medical record documentation is specific, however, no specific code exists
• “Unspecified” codes (NOS)
  – Not otherwise specified
  – 4th or 6th character “9” or 5th character “0”
  – Documentation is insufficient to assign more specific code

ICD-10-CM – Conventions

• Same as ICD-9-CM:
  ✓ Includes notes – further defines a category
  ✓ Inclusion terms – some of the conditions included in that code
  ✓ Code first/use additional code notes (etiology/manifestation paired codes)
    ✓ Required sequencing, underlying condition first, followed by manifestation
  ✓ Code also – Two codes may be required but sequencing is dependent upon circumstances
  ✓ See and See also
ICD-10-CM – Highlights

- Expanded codes
  - Injuries
  - Diabetes
  - Alcohol/substance abuse
  - Postoperative complications

- Code extensions (7th character) in Injuries, Obstetrics, External Cause of Injury
  - A = Initial encounter
  - D = Subsequent encounter
  - S = Sequela

ICD-9-CM vs. ICD-10-CM – Combination Codes

**ICD-9-CM**

- 414.01 – ASHD, native artery
- 411.1 – Unstable angina
- 250.63 – DM, type 1 with diabetic polyneuropathy, uncontrolled
- 357.2 – Diabetic polyneuropathy

**ICD-10-CM**

- I25.110 – ASHD, native artery with unstable angina
- E10.42 – DM, type 1 with diabetic polyneuropathy
- E10.65 – DM, type 1 with hyperglycemia
### ICD-9-CM vs. ICD-10-CM – Combination Codes

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension – malignant vs. benign</td>
<td>Not captured in ICD-10-CM</td>
</tr>
<tr>
<td>OB – outcome of delivery (delivered, etc.)</td>
<td>OB – episode of care is not captured, but trimester is captured</td>
</tr>
</tbody>
</table>

### ICD-9-CM vs. ICD-10-CM – Laterality

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>174.5 – Malignant neoplasm lower-outer quadrant female breast</td>
<td>C50.512 – Malignant neoplasm lower-outer quadrant left female breast</td>
</tr>
<tr>
<td>823.40 – Torus fracture tibia</td>
<td>S82.311 – Torus fracture of lower end of right tibia</td>
</tr>
</tbody>
</table>
ICD-10-CM – Guidelines

• Similar in structure and format to current ICD-9-CM Guidelines
• Apply to use of ICD-10-CM in:
  – Acute short-term and long-term hospital inpatients
  – Physician office visits
  – Other outpatient settings
• Available from the CDC at:
  • http://www.cdc.gov/nchs/icd/icd10cm.htm

ICD-10-CM – Guidelines

• Divided into four sections:
  – Section I: ICD-10-CM Conventions, General Coding Guidelines and Chapter-Specific Guidelines
  – Section II: Selection of Principal Diagnosis
  – Section III: Reporting Additional Diagnoses
  – Section IV: Diagnostic Coding and Reporting Guidelines for Outpatient Services
ICD-9-CM vs. ICD-10-CM – Guidelines

**ICD-9-CM**
- Acute myocardial infarction
  - time period: 8 weeks
- Abortion vs. fetal death
  - 22 weeks

**ICD-10-CM**
- Acute myocardial infarction
  - time period: 4 weeks
- Abortion vs. fetal death
  - 20 weeks

ICD-10-CM – Principal and First Listed Diagnosis

- **Principal diagnosis**: Used in inpatient setting. “…that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care”, UHDDS definition
- **First listed diagnosis**: The first listed code in all other health care settings
- Both are based first on sequencing instructions and conventions in the classification
What About Coding Clinic?

- Coding clinic being refreshed at the implementation date
  - Starting fresh with new format and guidance

### Summary of Changes

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consists of 3 to 5 digits</td>
<td>Consists of 3 to 7 characters</td>
</tr>
<tr>
<td>1st digit is numeric or alpha, using E or V</td>
<td>1st character is alpha, using all letters except U</td>
</tr>
<tr>
<td>2nd digit is numeric</td>
<td>2nd Character is numeric</td>
</tr>
<tr>
<td>3rd, 4th, and 5th digits are numeric</td>
<td>3rd to 7th Characters can be alpha or numeric</td>
</tr>
<tr>
<td>Always at least 3 digits</td>
<td>Always at least 3 characters</td>
</tr>
<tr>
<td>Decimal place after the first 3 digits</td>
<td>Decimal place after the first 3 characters</td>
</tr>
<tr>
<td>Alpha characters are not case sensitive</td>
<td>Alpha characters are not case sensitive</td>
</tr>
</tbody>
</table>
Chapter 1: Certain Infectious and Parasitic Diseases

• Alphabetic characters A and B
• Includes infective organisms
• Many combination codes for disease and causative organism
  – Example: B00.82 Herpes Simplex Myelitis
• New section called infections with a predominantly sexual mode of transmission (A50-A64)
• Z16.- Resistance to microbial drugs

Chapter 1: Certain Infectious and Parasitic Diseases

• Categories B90-B94 are to be used to indicate conditions in categories A00-B89 as the cause of sequelae, which are themselves classified elsewhere
  – Example: B94.1 Sequelae of viral encephalitis
• Code first condition resulting from (sequela) the infectious or parasitic disease
Example #1

- This 68-year-old woman is seen for continued follow-up for colitis due to clostridium difficile. Cultures of the organism have found this infection to be resistant to multiple antibiotics. Her physician changes her drug regime today.

Example #1 – Index

Colitis (acute) (catarrhal) (chronic) (noninfective) (hemorrhagic) (see also Enteritis) K52.9
- allergic K52.2
- amebic (acute) (see also Amebiasis) A06.0
- - nondysenteric A06.2
- - anthrax A22.2
- - bacillary —see Infection, Shigella
- - balantidial A07.0
- - Clostridium difficile A04.7
- - coccidial A07.3
- - collagenous K52.89
- - cystica superficialis K52.89
- - dietary counseling and surveillance (for) Z71.3
- - dietetic K52.2
- - due to radiation K52.0
- - eosinophilic K52.82
- - food hypersensitivity K52.2
- - giardial A07.1
- - granulomatous —see Enteritis, regional, large intestine
- - infectious —see Enteritis, infectious
Example #1 – Index

Resistance, resistant (to)
- activated protein C D68.51
- complicating pregnancy O26.89
- insulin E88.81
- organism (s)
  - to
    - - - drug
      - - - aminoglycosides Z16.29
      - - - amoxicillin Z16.11
      - - - ampicillin Z16.11
      - - - antibiotic (s) Z16.20
      - - - multiple Z16.24
      - - - specified NEC Z16.29
      - - - antifungal Z16.32
      - - - antimicrobial (single) Z16.30
      - - - multiple Z16.35
      - - - specified NEC Z16.39

Example #1 – Answer

A04.5 Campylobacter enteritis
A04.6 Enteritis due to Yersinia enterocolitica
Excludes1: extraintestinal yersiniosis (A28.2)
A04.7 Enterocolitis due to Clostridium difficile
Foodborne intoxication by Clostridium difficile
Pseudomembranous colitis
A04.8 Other specified bacterial intestinal infections
A04.9 Bacterial intestinal infection, unspecified
Bacterial enteritis NOS
Example #1 – Answer

Z16.2 Resistance to other antibiotics
  Z16.20 Resistance to unspecified antibiotic
  Resistance to antibiotics NOS
  Z16.21 Resistance to vancomycin
  Z16.22 Resistance to vancomycin related antibiotics
  Z16.23 Resistance to quinolones and fluoroquinolones
  **Z16.24 Resistance to multiple antibiotics**
  Z16.29 Resistance to other single specified antibiotic
  Resistance to aminoglycosides
  Resistance to macrolides
  Resistance to sulfonamides
  Resistance to tetracyclines

Chapter 2: Neoplasms

• Alphabetic characters C and D (up to D49)
• Uses Neoplasm Table for lookup
• Pathology report should be used
  – Example:
    C11.3 Malignant neoplasm of anterior wall of nasopharynx
Chapter 4: Endocrine, Nutritional, and Metabolic Disease

- Alphabetic character E
- Diabetes Mellitus
  - E08 Diabetes mellitus due to underlying condition
  - E09 Drug or chemical induced diabetes mellitus
  - E10 Type 1 diabetes mellitus
  - E11 Type 2 diabetes mellitus
  - E13 Other specified diabetes mellitus
- Combination codes for complications

Chapter 4: Endocrine, Nutritional, and Metabolic Disease

- No longer classified as Controlled vs. Uncontrolled
- Inadequately, out of control or poorly controlled coded:
  - By type with hyperglycemia
    - E11.65 Diabetes, diabetic (mellitus) (sugar), type 2, with hyperglycemia
- Code also any long term insulin use for patients with Type 2 diabetes
  - Z79.4 Long term (current) use of insulin
Example #2

• This 32-year-old male is being seen for type 1 diabetic gastroparesis

Diabetes, diabetic (mellitus) (sugar) E11.9
- Type 1 E10.9
- - with
- - - amyotrophy E10.44
- - - arthropathy NEC E10.618
- - - autonomic (poly) neuropathy E10.43
- - - cataract E10.36
- - - Charcot’s joints E10.610
- - - chronic kidney disease E10.22
- - - circulatory complication NEC E10.59
- - - complication E10.8
- - - specified NEC E10.69
- - - dermatitis E10.620
- - - foot ulcer E10.621
- - - gangrene E10.52
- - - gastroparesis E10.43

Example #2 – Tabular

E10.6 Type 2 diabetes mellitus with other specified complications

- E10.61 Type 2 diabetes mellitus with diabetic arthropathy
- E10.610 Type 2 diabetes mellitus with diabetic neuropathic arthropathy

Type 2 diabetes mellitus with Charcot’s joints

- E10.618 Type 2 diabetes mellitus with other diabetic arthropathy

E11.62 Type 2 diabetes mellitus with skin complications

- E11.620 Type 2 diabetes mellitus with diabetic dermatitis
- Type 2 diabetes mellitus with diabetic necrobiosis lipoidica
Chapter 9: Diseases of Circulatory System

- Alphabetic character I
- Hypertension – No long classified as benign/malignant (I10)
- Combination codes for heart disease and angina
- Reorganization of Myocardial infarction coding
- Example:
  - I22.1 Subsequent ST elevation (STEMI) myocardial infarction of inferior wall

Chapter 9: Diseases of Circulatory System

- A code from category I22 must be used in conjunction with a code from category I21
- Category I22 is never used alone
- The sequencing of the I22 and I21 codes depends on the circumstances of the encounter
Example #3

- The patient is admitted for a STEMI (location not provided). She has an inferior wall ST elevation myocardial infarction on day 3 of her hospital stay. How is this coded?

Example #3 – Index

Infarct, infarction
- myocardium, myocardial (acute) (with stated duration of 4 weeks or less) I21.3
  - - diagnosed on ECG, but presenting no symptoms I25.2
  - - healed or old I25.2
  - - intropal
er
  - - - during cardiac surgery I97.790
  - - - during other surgery I97.791
  - - non-Q wave I21.4
  - - non-ST elevation (NSTEMI) I21.4
  - - subsequent I22.2
  - - nontransmural I21.4
  - - past (diagnosed on ECG or other investigation, but currently presenting no symptoms) I25.2
  - - postprocedural
  - - following cardiac surgery I97.190
  - - following other surgery I97.191
  - - Q wave (see also, Infarct, myocardium, by site) I21.3
  - - ST elevation (STEMI) I21.3
  - - anterior (anteroapical (anterolateral) (anteroseptal) (Q wave) (wall) I21.09
  - - - subsequent I22.0
  - - anterior myocardial (anterolateral) (inferoposterior) (wall) NEC I21.19
  - - - subsequent I22.1
  - - - inferoposterior transmural (Q wave) I21.11
Example #3 – Tabular

I21.3  ST elevation (STEMI) myocardial infarction of unspecified site
  Acute transmural myocardial infarction of unspecified site
  Myocardial infarction (acute) NOS
  Transmural (Q wave) myocardial infarction NOS

I22.1  Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
  Subsequent acute transmural myocardial infarction of inferior wall
  Subsequent transmural (Q wave) infarction (acute) (of) diaphragmatic wall
  Subsequent transmural (Q wave) infarction (acute) (of) inferior (wall) NOS
  Subsequent inferolateral transmural (Q wave) infarction (acute)
  Subsequent inferoposterior transmural (Q wave) infarction (acute)

Chapter 13: Diseases of the Musculoskeletal System

• Alphabetic character M
• Laterality
• More detail in Osteoporosis, with or without fracture
• 7th characters to describe episode of care
• Examples:
  • M80.061A  Age-related osteoporosis with current pathological fracture, right lower leg, initial encounter
  • M22.8x2  Other disorders of patella, left knee
Chapter 14: Diseases of the Genitourinary System

• Alphabetic Character N
• N18 - Chronic kidney disease (CKD) - Code first any associated:
  – hypertensive chronic kidney disease (I12.-, I13.-)
  – Use additional code to identify kidney transplant status, if applicable, (Z94.0)
• Example: N18.4 Chronic kidney disease, stage 4 (severe)

Chapter 15: Pregnancy, Childbirth, and Puerperium

• Alphabetic character O
• Chapter 15 codes sequenced first
• Trimesters indicated with final character
• 7th character to identify fetus number
• Episode of care no longer captured
• Example:
  O35.2xx1 Maternal care for (suspected) hereditary disease in fetus #1 (or single fetus)
Chapter 18: Symptoms, Signs and Abnormal Clinical and Laboratory Findings

- Alphabetic character R
- Severe sepsis and septic shock
- Encounter for pain management
- Glasgow coma scale
- Death NOS
- Example: R26.0 Ataxic gait

Chapter 19: Injury, Poisoning and Certain Other Consequences of External Causes

- Alphabetic characters S and T
- Uses 7th characters of “A,” “D” and “S”
  - Superficial and open wounds
  - Amputations, crush injuries and fractures
  - Spinal cord injuries
  - Burns and corrosions
  - Poisonings, adverse effects and underdosing
  - Use of external cause code from chapter 20 except when T codes include cause in description:
- Example:
- T36.0x6S Underdosing of penicillins
Chapter 19: Injury, Poisoning and Certain Other Consequences of External Causes

• Greater specificity
  – Type of fracture
  – Specific anatomical site
  – Displaced vs nondisplaced
  – Laterality
  – Routine vs delayed healing, nonunion & malunion
  – Type of encounter
    • Initial
    • Subsequent
    • Sequela

• Aftercare codes no longer used here

Basic 7th Characters

• 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 = sequela
Initial Encounter

• The patient is receiving active treatment for the injury
  – Surgical treatment
  – Emergency department encounter
  – Evaluation and continuing treatment by the same or a different physician

Subsequent Encounter

• After patient received active treatment of injury and receiving routine care during healing or recovery phase
  – Cast change or removal
  – An x-ray to check healing status of fracture
  – Removal of external or internal fixation device
  – Medication adjustment
  – Other aftercare and follow-up visits following injury treatment
• Aftercare “Z” codes not used for aftercare of injuries – use subsequent encounter or sequela 7th character
Sequela

• Complications or conditions that arise as a direct result of an injury
  — Scar formation after burn
• Use both the injury code that precipitated sequela and code for sequela
• “S” added only to injury code, not sequela code
• “S” identifies injury responsible for sequela
• Specific type of sequela (like scar) sequenced first, followed by injury code

Gustilo Classification of Open Fractures

I • Low Energy, Wound less than 1 cm
II • Greater than 1 cm with moderate soft tissue damage
III • High energy wound greater than 1 cm with extensive soft tissue damage
IIIA • Adequate soft tissue cover
IIIB • Inadequate soft tissue cover
IIIC • Associated with arterial injury
Chapter 20: External Causes of Morbidity

- Alphabetic characters V, W, X, Y
- Transport accidents
- Falls
- Assault
- Operations of war/military operations
- Place of occurrence
- Activity code
- External cause status

Example:
W05.2xxA  Fall from non-moving motorized mobility scooter

Example #4

- The patient is seen in the ER today for a sprain of the right thumb. The patient was playing basketball at school where she was struck in the thumb by the ball. The physician documents the diagnosis as: Sprain, right thumb.
### Example #4 – Answer

<table>
<thead>
<tr>
<th>Code</th>
<th>Index Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>S63.601A</td>
<td>Sprain, thumb, right, with 7th digit of “A” for initial encounter</td>
</tr>
<tr>
<td>W21.05xA</td>
<td>Struck (accidentally) by ball, basketball with 7th digit of “A” for initial encounter (External cause index)</td>
</tr>
<tr>
<td>Y92.219</td>
<td>Place of occurrence, school (External cause index)</td>
</tr>
<tr>
<td>Y93.67</td>
<td>Activity, basketball (External cause index)</td>
</tr>
<tr>
<td>Y99.8</td>
<td>External cause status, leisure (External cause index)</td>
</tr>
</tbody>
</table>

### Chapter 21: Factors Influencing Health Status and Contact with Health Service

- Alphabetic character Z
- When a circumstance or problem is present which influences a person’s health status but is not a current illness or injury
- Same concept as V codes in ICD-9-CM but expanded content
Chapter 21: Factors Influencing Health Status and Contact with Health Service

- Aftercare
- Contact/Exposure
- Counseling
- Donor
- Encounter for:
  - Immunization
  - Radiation therapy
  - Chemotherapy
- Examinations, General and Administrative
- Follow-up
- History (of)
- Observation
- Screening
- Status

GEMs – General Equivalence Maps

- CMS provides a Reimbursement Mapping Guide at:
- Maps attempt to find corresponding codes between two code sets
- Many times, the relationship is not that easy to establish
- Not a “simple crosswalk”
### Mapping Relationships – One to One

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>Description</th>
<th>Correlation</th>
<th>ICD-10</th>
<th>Description</th>
<th>Unequal Axis of Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>261</td>
<td>Nutritional marasmus</td>
<td>= E41</td>
<td>Nutritional marasmus</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>003.21</td>
<td>Salmonella meningitis</td>
<td>= A02.21</td>
<td>Salmonella meningitis</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>205.01</td>
<td>Myeloid Leukemia, acute, in remission</td>
<td>= C92.01</td>
<td>Acute Myeloblastic Leukemia, in remission</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

### Mapping Relationships – One to Many

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>Description</th>
<th>ICD-10-CM 156 codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>996.1</td>
<td>Mechanical complication or other vascular device, implant and graft</td>
<td>T82.310</td>
<td>Breakdown of aortic graft</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T82.311</td>
<td>Breakdown carotid arterial graft</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T82.320</td>
<td>Displacement aortic graft</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T82.322</td>
<td>Displacement femoral arterial graft</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T82.331</td>
<td>Leakage carotid arterial graft</td>
</tr>
<tr>
<td></td>
<td></td>
<td>T82.332</td>
<td>Leakage femoral arterial graft</td>
</tr>
</tbody>
</table>
Mapping Relationships – No Relationship

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>Description</th>
<th>ICD-10-CM</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V64.41</td>
<td>Laparoscopic surgical procedure converted to open</td>
<td>No code</td>
<td></td>
</tr>
<tr>
<td>V64.42</td>
<td>Thoracoscopic surgical procedure converted to open</td>
<td>No code</td>
<td></td>
</tr>
<tr>
<td>V64.43</td>
<td>Arthroscopic surgical procedure converted to open</td>
<td>No code</td>
<td></td>
</tr>
</tbody>
</table>

What You Need to Know Now

- Everything you need to get started is available free from CMS or the CDC
  - Code set and guidelines
  - Scan the files for format and changes
- ICD-9-CM knowledge is very transferrable
- Complete an A&P self-assessment
- Work on skills development
To Start The Process . . .

• Public domain files available from CMS and CDC websites
• Get an ICD-10-CM codebook
• Practice with current cases using guidelines and files or book
• Assess your knowledge level and select available resources to strengthen your skills

Conclusion

• Not that radically different than ICD-9-CM
• From 3 to 7 characters with a 1st alphabetic character
• Excludes 1 and Excludes 2 notes to aid coding
• Guidelines similar in format to ICD-9-CM
• More combination codes
• Different ways to classify diseases
• Laterality
• 7th character to describe episode of care
• General Equivalence Maps for data translation
Resource/Reference List

• National Center for Health Statistics – CDC ICD-10-CM
  http://www.cdc.gov/nchs/icd/icd10cm.htm
• Centers for Medicare and Medicaid Services ICD-10-CM
• ICD-10 and HIPAA Federal Register Notices
  https://www.federalregister.gov/
• AHIMA
  http://www.ahima.org/ICD10/default.aspx

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Instructions: Select the best answer choice.

1. The maximum number of characters in an ICD-10-CM code is:
   □ 5
   □ 6
   □ 7
   □ 8

2. Long term use of insulin is coded when patients with type ____ diabetes take insulin.

3. Factors Influencing Health Status and Contact with Health Service codes begin with which character in ICD-10-CM?
   □ A
   □ W
   □ V
   □ Z

4. All subsequent encounters for fracture require the following to be coded:
   □ The type of fracture
   □ The status of healing of the fracture
   □ The place of occurrence of the injury
   □ The Gustilo classification 7th character

5. A subsequent myocardial infarction (category I22) is coded within ____ weeks of an initial myocardial infarction.

6. What is the purpose of the place holder "X" in ICD-10-CM?
   □ Fills in blank characters so that all codes are 7 characters in length
   □ Maintains the integrity of the meaning of certain characters
   □ Used to indicate unspecified sides of the body when laterality isn’t indicated
   □ Added when the value of the 7th character isn’t specified

7. Not Otherwise Specified (NOS) means the same thing in both ICD-9-CM and ICD-10-CM.
   □ True
   □ False

8. The implementation date for ICD-10-CM is ________________________.

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9. The meaning of the term “Excludes2” is “Not Included Here”.
   □ True
   □ False

10. The patient is receiving active treatment for an injury is the definition of __________________________ in ICD-10-CM.
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