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CODING UPDATE: JUMPSTART YOUR ICD-10 TRANSITION WITH THESE POINTERS

More codes don't necessarily mean more work.

If you're in ICD-10 denial, now's the time to face facts and spend some time getting to know this new system for reporting diagnoses and procedures. Once you nail down the differences between ICD-9 and ICD-10, you may just find the transition is easier than you expected.

Know When To Expect The Change

The transition to ICD-10 has been "coming soon" for some time now. But don't panic--you'll get a warning from the **Department of Health and Human Services** two years before implementation so you'll have time to ramp up, **Sheri Poe Bernard, CPC, CPC-H, CPC-P**, senior director of project management for **Ingenix Inc.**, told attendees at the **American Academy of Professional Coders'** annual conference in St. Louis, MO. The change probably will come Oct. 1, 2009 she tells **Eli**, but no earlier than Oct. 1, 2008. HHS will announce the adoption of the code set and implementation schedules as a final rule.

Prepare For These Coding Differences

ICD-10-CM's tabular listing is now twice the size of ICD-9's Volume 1, **Linda Martien, CPC, CPC-H**, overseer of coding operations at **National Healing Corporation** of Boca Raton, FL. told listeners during a recent **Eli** audio conference. ICD-10-CM will consist of three volumes: Volume I: Tabular Listing; Volume II: Instructional Manual; and Volume III: Alphabetic Index, she said. A new procedural coding system, ICD-10-PCS, will replace Volume 3 of the current ICD-9-CM, says Bernard.

Benefits abound: The many new codes in ICD-10-CM add more specificity to the coding system, says **June Bronnert, RHIA, CCS**, with the **American Health Information Management Association** in Chicago. There have been many advances in health care since the implementation of ICD-9-CM and ICD-10 allows for classification of them, she says.

Differences you'll see in ICD-10-CM include:

1. More characters. ICD-10 codes are alphanumeric and can have up to seven characters. This allows for greater specificity in coding, said Martien.

For example, with ICD-10, you could report M80.021d (Subsequent encounter for fracture with routine healing, postmenopausal osteoporosis with current pathological fracture, right humerus) where in ICD-9 you had less specific codes such as 733.11 (Pathologic fracture of humerus) and 733.01 (Senile osteoporosis) to report for this patient, says Bernard.

2. More details. With ICD-10, you can provide more detail with a single code than you can in ICD-9. For example, in ICD-10, you can report any bilateral anatomical part as right, left, or both. Laterality is not reflected in the ICD-9-CM codes, says Bernard.

3. More combination codes. ICD-10 combination codes provide detail that requires more than one code in ICD-9.

For example, in ICD-9-CM, for a patient with type II diabetes and diabetic retinopathy, you would code 250.50 (Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled) and 362.01 (Background diabetic retinopathy). In ICD-10-CM, there is a single code for each type of diabetes with each possible complication, so you would

use a code like E11.31 (Type 2 diabetes mellitus with diabetic background retinopathy).

4. More excludes notes. ICD-10-CM has two types of excludes notes, points out Bernard. The first type, Excludes1, reports a true excludes note, representing something mutually exclusive to the code. For example, code Z47.1 (Aftercare following joint re-placement surgery) carries the note: "Excludes1 aftercare for healing fracture-code to fracture with extension d."

Excludes2 identifies diseases or conditions that are not considered included in the code, but which may occur concurrently and can be coded in addition.

For example, category Z48 (Encounter for other surgical aftercare) lists an Excludes2 note that reads "Excludes2: encounter for attention to artificial openings (Z43.-) encounter for fitting and adjustment of prosthetic and other devices (Z44-Z46)." List these codes in addition to the Z48 code if appropriate.

See The Difference In The Details

ICD-10-CM's more detailed codes tell a better story than those in ICD-9-CM, says Bernard. She offers the following scenario as an example.

Coding scenario: Your 84-year-old female patient fell in the shower at her home several months ago, suffering a closed, displaced trochanteric proximal fracture of the left femur. You have been caring for her since she returned home from the hospital. You are providing care for delay in healing of her fracture.

Old way: With ICD-9 codes, you might have reported:

- M0230a 733.81 (Malunion of fracture) and
- M0240b E888.8 (Other fall) (optional).

New way: With ICD-10, you can be much more specific:

- S72.142g (Subsequent encounter for closed, displaced intertrochanteric fracture of left femur with delayed healing); and
- W18.2q (Sequelae of fall in shower or empty bathtub).

ICD-10 provides more clarity on late effects and delayed healing as a cause for the care, more details about the fracture and more information about the situation that led to the accident, says Bernard.

Gear Up For A Coding Growth Experience

ICD-10-CM presents coders with a tremendous opportunity for professional growth, says Bernard.

Tip: Get a copy of the codes as soon as you can, says Bernard. Then figure out where your challenges are going to lie and start devising solutions that will work for you and your colleagues. You can download the current ICD-10-CM draft at www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm.

Note: [The ICD-10 codes included in this article are current as of this writing but could be revised in the June update by National Center for Health Statistics. We have included them to illustrate more clearly the differences between ICD-9-CM and ICD-10-CM.](#)