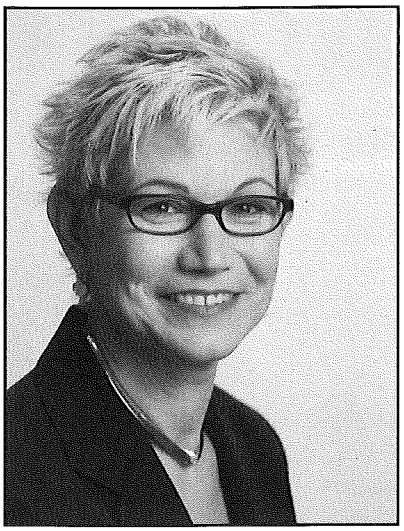

ICD-10-CM: The New Frontier in Diagnosis Coding

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The formal systematic classification of disease began in the late 17th century in the *London Bills of Mortality* by John Graunt. The International Classification of Diseases, better known as the ICD, began in 1893 as the *International List of Causes of Death*. Since then, this list has been revised approximately every 10 years. The development of the ICD-10 revision began in 1989 by the Tenth Revision Conference. ICD-10 is published by the World Health Organization. The WHO has approved the United States version of the ICD-10, known as the ICD-10-CM (clinical modification). ICD-10-CM is under the responsibility of the National Center for Health Statistics.

ICD-10-CM affords several advantages over ICD-9-CM. Data is classified more specifically to improve quality of care, document complications and enhance the tracking of outcomes of care. Data can be obtained and analyzed in today's electronic health information systems. This allows for robust analysis to improve resource utilization, fraud monitoring and strategic planning.

The table illustrates the basic structure comparison between ICD-9-CM and ICD-10-CM.

ICD-9-CM	ICD-10-CM
3-5 digits	3-7 digits
Digit 1 is alpha or numeric.	Digit 1 is alpha.
Digits 2-5 are numeric.	Digit 2 is numeric. Digits 3-7 are alpha or numeric.
Decimal is used after 3rd character.	Decimal is used after 3rd character.
	Use of dummy placeholder "x".
	Alpha characters are not case sensitive.

The first three characters in ICD-10-CM represent the category. The next three characters represent etiology, anatomic site and severity. The seventh digit is an extension detailing visit encounter (initial, subsequent or sequelae) for injuries and external causes.

New features found in ICD-10-CM include:

- Laterality (right, left, bilateral) is detailed in the ICD-10-CM code;
- Combination codes for certain condition and common associated symptoms and manifestations;
- Combination codes for poisonings and their associated external cause;
- Obstetric codes identify trimester instead of episode of care;
- Character "x" is used at the fifth character placeholder in certain six-character codes to allow for future expansion and to fill in other empty characters when a code that is less than six characters in length requires a seventh character;
- Two types of "Excludes" notes:

1. Excluded code never used with the code where the note is located.
2. Excluded code is not part of the condition represented by the code,

but has both conditions at the same time.

- Inclusion of clinical concepts that do not exist in ICD-9-CM (such as underdosing, blood type, blood alcohol level);
- Many codes have been expanded (diabetes, substance abuse, postoperative complications);
- Codes for postoperative complications have been expanded; a distinction has been made between intraoperative complications and postprocedural disorders.

Examples of ICD-10-CM diagnosis codes include:

- C50.212, malignant neoplasm of upper-inner quadrant of left female breast;
- L89.213, pressure ulcer of right hip, stage III;
- K71.51, toxic liver disease with chronic active hepatitis with ascites;
- S03.0xxD, dislocation, jaw, subsequent encounter.

The above examples note combined disease coding, laterality and type of encounter. Even though ICD-10-CM codes are more detailed, non-specific codes will still exist if medical documentation does not support more detailed coding.

Additional changes found in ICD-10-CM are:

- Injuries are grouped by anatomical site rather than by type of injury;
- Category restructuring and code reorganization occur in a number of ICD-10-CM chapters, resulting in the classification of certain diseases and disorders that are different from ICD-9-CM;
- Certain diseases have been reclassified to different chapters or sections in order to reflect current medical knowledge;
- New code definitions;
- The V (Factors Influencing Health Status and Contact with Health Services) and E codes (External Causes of Injury and Poisoning) are incorporated into the main classification rather than separated into supplementary classifications as they were in ICD-9-CM.

The final rule by the Department of Health and Human Services states that the implementation date for ICD-10-CM will be *October 1, 2013*. Although this date is more than two years away, now is the time to query your software vendors to ensure that ICD-10-CM will be supported by their EMR and billing systems, and that your physicians are getting the support they need to easily incorporate this new approach to diagnoses selection into their thinking and documentation.

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Below are a few suggestions to direct your implementation planning:

- Health care professionals should avail themselves of the guidelines for ICD-10-CM coding provided on the National Center for Health Statistics website (www.cdc.gov/nchs/data/icd9/10cmguidelines2011_FINAL.pdf). A good foundation in clinical pathophysiology and human anatomy also will be essential.
- Identify medical record documentation improvement opportunities. High-quality notes will increase the ease of use of the new coding system.
- Train your coders. They must learn about the structure, organization and unique features of ICD-10-CM. Identify areas of individual strengths and weaknesses in the biomedical sciences and refresh their knowledge as needed.

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