Preparing for Change in ICD-10-CM

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by Melanie Endicott

Tune in to this monthly online coding column to learn from AHIMA's coding experts about challenging areas and documentation opportunities for ICD-10-CM/PCS.

Work just a few years in the HIM profession and it will soon be clear that change is inevitable. New initiatives, laws, regulations, and policies are always just around the corner, keeping us on our toes. The transition to ICD-10-CM/PCS is just another change for which HIM professionals have been preparing since the Final Rule was published in 2009. The past four years have provided an opportunity to familiarize ourselves with the ICD-10-CM/PCS codes and guidelines. The implementation date is quickly approaching and now is the time to start putting those coding guidelines into practice and applying your knowledge to ensure you are fully prepared for October 1, 2014.

ICD-10-CM: 21 Chapters of Diseases and Injuries

ICD-10-CM contains diagnosis codes that will be used in ALL healthcare settings, from hospitals to physician offices to long term care facilities. The general principles of ICD-10-CM are very much in alignment with ICD-9-CM. Coders with experience coding in ICD-9-CM should have a very smooth transition to ICD-10-CM. There are guideline changes in some areas, some codes have been reclassified to different chapters, and some codes have greater specificity, but all-in-all not much has changed from ICD-9-CM.

The following are some examples of coding differences between ICD-9-CM and ICD-10-CM:

Case 1

A 65-year-old female patient has a long history of type II diabetes mellitus with diabetic retinopathy. She is being seen today for her retinal ischemia and diabetic macular edema. What codes are assigned for this proliferative retinopathy?

ICD-9-CM

250.50 Diabetes mellitus type II with ophthalmic manifestations

362.02 Proliferative retinopathy

362.07 Macular edema

ICD-10-CM

E11.351 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema

Summary

The increased specificity in the ICD-10-CM diabetes codes allows for us to capture the detail of this patient's condition in one succinct code. This same case requires three codes in ICD-9-CM.

Case 2

A patient suffered a displaced transverse fracture of the shaft of the right tibia and presents to the emergency room on the same day for treatment. How is this diagnosis coded?

ICD-9-CM

823.20 Closed fracture of shaft, tibia alone

ICD-10-CM

S82.221A Displaced transverse fracture of the shaft of right tibia, initial encounter for closed fracture

Summary

The increased specificity of ICD-10-CM provides the detail to capture the laterality (right), the type of fracture (displaced transverse), and the encounter (initial).

Case 3

A 24-year-old woman with gestational hypertension at 24 weeks is admitted, undelivered on this admit.

ICD-9-CM

642.33 Transient hypertension of pregnancy, antepartum

ICD-10-CM

O13.2 Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester

Z3A.24 24 weeks gestation of pregnancy

Summary

In this obstetrics case, we notice several changes to the classification system. First of all, whether the patient delivered or not is no longer an axis of classification in ICD-10-CM. Rather, we need to know the trimester. Also, an additional code is assigned to all pregnancy cases to indicate the weeks of gestation.

As you can see from the three case examples above, ICD-10-CM provides much needed specificity in coding and is not any more difficult than what we are currently doing in ICD-9-CM. Tune in next month for a closer look at ICD-10-PCS.

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