

ICD-10 Cheat Sheet

A Summary Guide to the Transition From ICD-9 to ICD-10

What are ICD Codes?

ICD stands for the International Classification of Diseases. These codes are endorsed by the World Health Organization (WHO) and are utilized by Health Information Management departments across the U.S. (and the world) to codify the diagnoses for all patients.

How Do We Use ICD Codes?

These codes are used in a number of different ways including calculating inpatient payment like Medicare Severity-Diagnosis Related Groups (MS-DRGs), adjudicating coverage for all outpatient, professional and inpatient care, compiling statistics, and assessing quality.

What Does the Transition from ICD-9 to ICD-10 Entail?

On October 1, 2014, the Centers for Medicare and Medicaid Services (CMS) has mandated that the U.S. transition from ICD-9 to ICD-10. There will be significant changes to the structure of codes (three to five numeric to three to seven alphanumeric), coding rules, terminology, and the number of codes in use.

What is the Difference Between ICD-9 and ICD-10?

ICD-9

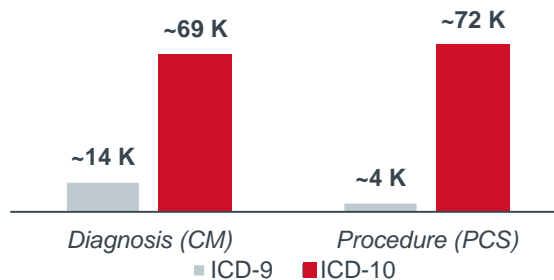
- Code structure is 3 to 5 numeric characters
- Code data (despite known limitations) is the basis for patient care improvement, quality reviews, medical research, and reimbursement

ICD-10

- Code structure is 3 to 7 alphanumeric characters
- Specific diagnosis and treatment information better supports quality and patient safety measurement, the evaluation of medical processes and outcomes, and reimbursement for services rendered
- Precise codes to differentiate body parts, surgical approaches, and devices used

Approximate Number of Available Codes

More Codes, Greater Complexity



Source: ICD-10 Compass, The Advisory Board Company.

ICD-10 Cheat Sheet (continued)

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Examples of Diagnosis Codes

ICD-9-CM Pressure Ulcer Codes

- 9 location codes (707.00 – 707.09)
- Show broad location, but not depth (stage)

ICD-10-CM Pressure Ulcer Codes

- 125 codes
- Show more specific location as well as depth, including
 - L89.131 – Pressure ulcer of right lower back, stage I
 - L89.132 – Pressure ulcer of right lower back, stage II
 - L89.133 – Pressure ulcer of right lower back, stage III
 - L89.134 – Pressure ulcer of right lower back, stage IV

Who Does This Impact?

- Outpatient, inpatient, and professional claims are impacted by ICD-10 CM (Diagnosis)
- Inpatient claims are impacted by ICD-10 PCS (Procedure)
- Current Procedural Terminology (CPT) does not change; used for all ambulatory and physician procedure reporting

Key Takeaways

The key driver to a successful ICD-10 implementation—beyond coding changes, IT needs and payer challenges—is good, complete documentation. In particular, the future of the accountable care model requires a disciplined management of spending to assure that payment is for the right service under the right conditions. ICD-10 will play a critical role in the definition of what the alignment of service and conditions should be.

- ICD-10 codes are a mandated cross-enterprise standard for reporting patient conditions and institutional procedures.
- The increased detail of ICD-10 codes will lead to the ability to identify and accurately predict risk, based on severity, co-morbidities, complications, sequelae, and other parameters.
- It will provide a more definitive understanding of the burden of illness within the population.
- It will help increase the ability to appropriately allocate resources based on more finely grained utilization analysis.