ICD 10: The Road Forward
Florida Blue’s ICD-10 Readiness

• Florida Blue’s technical and business system capabilities have been ready for ICD-10 since August 2013.
  • **Technical Capabilities:** all technical business system capabilities are remediated, are currently operating in production and are being maintained.
  • **Business Processes and Policies:** all business processes, policies and standard operating procedures have been remediated and are being maintained.
  • **Initial training** has been delivered to enterprise-wide staff where applicable with detailed ICD-10 “just-in-time” training to begin in July 2015.
  • We continue to monitor, validate and verify through end-to-end testing the ICD-10 readiness and preparedness of external third parties, delegated entities and business associates that we depend upon for our business.
  • **Florida Blue’s 2015 ICD-10 focus** is on End-to-End Testing; Operational Readiness across the enterprise and Physician and Provider Communication, Collaboration and Education.
The Testing

Window of Opportunity is Closing...

While capacity to test ICD-10 with Florida Blue may still exist, the time is limited.

Test with us now. Do NOT wait!

www.floridablue.com/icd-10

Join us in one of our free Test 10 Orientation 30-minute calls to begin your testing process. See reverse for more call details.

Questions? Email ICD-10testing@floridablue.com

Florida Blue

An Independent Licensee of the Blue Cross and Blue Shield Association

Test 10 Orientation

A free 30-minute phone consultation to jump start your ICD-10 testing with Florida Blue.

Unless you’re planning ICD-10 end-to-end testing with your payers and trading partners, you may be in trouble on Oct. 1, 2015.

While capacity to test with Florida Blue may still exist, the time is limited and openings are narrowing. Test with us now. Do not wait!

To jump start your testing with us, join in on a free one-time, 30-minute orientation phone call. Calls are offered on Tuesdays and Thursdays at 1:00 p.m. ET through August 1, 2015*.

We’ll cover all you need to know to get started, what to expect, and we will answer your questions.

Getting started is simple:

- RSVP via email to ICD-10testing@floridablue.com with your:
  1) session date (a Tuesday or Thursday);
  2) NPI number; and
  3) contact information

- Call us at 1:00 p.m. ET on the Tuesday or Thursday session date you confirmed.

1-877-215-2227; Passcode: 50763#

* Subject to change
Open Line Friday: ICD-10 Edition

A monthly teleconference & podcast addressing key ICD-10 topics

Program Panelists include physician practice, facility, payer, trading partner and other stakeholders including Auality®, Baptist Health South Florida, Florida Blue, Health Data Consulting, Mayo Clinic, Nachimson Advisors, Tampa General Hospital, Springs Family Physicians, Secure EDI, and more.

Teleconferences: Free!
- Every 3rd Friday of Every Month
- 9:30 a.m. – 10:30 a.m. ET
- Registration is not required.

Call: (800) 882-3610 or (412) 380-2000
Passcode: 68296655
Presentation(s), though not required, available at floridablue.com/icd-10 (select Open Line Friday).

We live tweet, hashtag #icd10. Join the social conversation!

Podcasts: Free!
- Any day, any time
- Open Line Friday teleconferences are recorded and made available as a podcast following each teleconference.

Visit: floridablue.com/icd-10, select podcasts; and blog.floridablue.com (search ICD-10)

Transcripts and presentations are available with each podcast.

Intended Audience: Health care providers, clearinghouses, electronic trading partners, billing services, health plans, payers and other interested parties.

Visit floridablue.com/icd-10
Follow us on Twitter @FLBlue

1 Auality, LLC is a multi-payer joint venture company. Visit auality.com to register.
Florida Health Information Management Association

ICD-10-CM
Working to ensure a smooth transition for Physicians:
http://www.fhima.org/resources-2/icd-10
For more information, visit ahima.org/ICD10 and leverage AHIMA’s well-established expertise and knowledge for ICD-10!

- Online Education
- Webinars
- Meetings
- Publications
- Certifications
- Articles in upcoming issues of the *Journal of AHIMA*
Agenda

- ICD-10 Overview
- Putting ICD-10 Into Practice
- Getting Specific
- Implementation—Getting Your Ducks in a Row
- Key Steps for a Successful Transition
- Resources
Now is the Time to Prepare
Compliance Date – Oct. 1, 2015

- Jul 1 – Dec 31, 2014
  Build and Maintain Momentum

- Jan 2015
  End-to-End Testing

- Apr 2015
  End-to-End Testing

- Jul 2015
  End-to-End Testing

- Jul 1, 2014 – Sep 30, 2015
  Acknowledgement Testing with Stakeholders

- Apr 1 – Sep 30, 2015
  Operational Readiness

  Post-Implementation Activities

ICD-10 Go Live
October 1, 2015
ICD10 Quick Facts

- ICD-10 international version
  - Adopted by WHO in 1990
  - Most countries other than the US currently use ICD-10
  - ICD-10 (International version) ~ 12,500 diagnostic codes
  - ICD-10 used for mortality reporting in the US - 1999

- ICD-10-CM (US version)
  - ~ 69,000 diagnostic codes
  - Final rule published – 2009

- ICD-10-PCS
  - ~72,000 codes
  - Not part of an international standard
  - Inpatient procedures only
The “Anatomy” of ICD-10 structure

- Alpha (not U)
- Numeric
- Category
- Etiology, Anatomical Site, Severity
- Extension

- 3 character codes ONLY if not further subdivided
- Codes without all required characters are invalid
- Alpha characters are NOT case specific (e.g., s93.401A)
ICD-10 codes have UP TO 7 characters

The following are examples of the many possible alpha and numeric characters that are used in the 7th character position:

- A = Initial Encounter
- D = Subsequent Encounter
- S = Sequelae
- 3 = Fetus #3 in multiple gestation, complication of

Often seen in: Obstetrics, Musculoskeletal conditions such as fractures, injuries, and many others
ICD-10 codes have UP TO 7 characters

Use of “X” Placeholder Characters

- Some codes require a 7th extension character
- When the code has fewer than six characters, the “spaces” are populated with a space holder “x”
- Example:
  - S32.9, fracture of unspecified parts of lumbosacral spine and pelvis
  - A subsequent encounter for above fracture with routine healing (“D”)
ICD-10 Clinical Documentation Impacts

- Timing of care
- Anatomical site specificity
- Laterality
- Disease acuity
- Combination codes with Symptoms and/or Manifestations
- Complications
- Status codes, personal and family history codes
- General – BMI, tobacco use/smoking exposure, health status
Clinical Documentation Drives Code Selection

- Enhance communication among providers, and between physician and patient by filling in the gaps in treatment and care
- Provide an accurate representation of the severity and complexity of a patient’s illness
- Improve the quality of patient care, and the patient care experience
A patient is seen in the emergency room with an acute exacerbation of her severe persistent asthma.

ICD-9 only captures part of the information available for this patient.

<table>
<thead>
<tr>
<th>ICD9 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>49312</td>
<td><em>Intrinsic asthma with (acute) exacerbation</em></td>
</tr>
</tbody>
</table>
A patient is seen in the emergency room with an acute exacerbation of her severe persistent asthma.

ICD-10 provides a more complete description of this patient’s condition compared to the limited information available in ICD-9

<table>
<thead>
<tr>
<th>ICD10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J4551</td>
<td>Severe persistent asthma with (acute) exacerbation</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>ICD9 Code</th>
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<tbody>
<tr>
<td>49312</td>
<td>Intrinsic asthma with (acute) exacerbation</td>
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</tbody>
</table>
Comparing ICD-9 to ICD-10 Codes:
Greater Clinical Specificity

- ICD-9 code 49312: Intrinsic asthma with (acute) exacerbation
- ICD-10 code J45.51: severe persistent asthma with (acute) exacerbation
- Additional information in J45 Asthma codes:
  - Severity and chronicity (mild intermittent, mild persistent, moderate persistent, or severe persistent)
  - Current state (uncomplicated, acute exacerbation, or status asthmaticus)
Each Physician Will Use a Small Subset of ICD-10 Codes

- **34,250 (50%)** of all ICD-10-CM codes are related to the musculoskeletal system
- **17,045 (25%)** of all ICD-10-CM codes are related to fractures
- **~25,000 (36%)** of all ICD-10-CM codes to distinguish ‘right’ vs. ‘left’
- Only a very small percentage of the codes will be used by most providers

Source: Health Data Consulting
Current Distribution of ICD-9 Diagnosis Codes

- Over 72% of all charges involve only 5% of codes
- Almost 85% of all charges are covered by 10% of codes
- Over 95% of all charges are covered by 15% of codes
- Similar results are expected with ICD-10 codes
## Varying Code Volume by Clinical Area

<table>
<thead>
<tr>
<th>Clinical Area</th>
<th>ICD-9 Codes</th>
<th>ICD-10 Codes</th>
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</thead>
<tbody>
<tr>
<td>Fractures</td>
<td>747</td>
<td>17099</td>
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<tr>
<td>Poisoning and toxic effects</td>
<td>244</td>
<td>4662</td>
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<tr>
<td>Pregnancy related conditions</td>
<td>1104</td>
<td>2155</td>
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<tr>
<td>Brain Injury</td>
<td>292</td>
<td>574</td>
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<tr>
<td>Diabetes</td>
<td>69</td>
<td>239</td>
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<tr>
<td>Migraine</td>
<td>40</td>
<td>44</td>
</tr>
<tr>
<td>Bleeding disorders</td>
<td>26</td>
<td>29</td>
</tr>
<tr>
<td>Mood related disorders</td>
<td>78</td>
<td>71</td>
</tr>
<tr>
<td>Hypertensive Disease</td>
<td>33</td>
<td>14</td>
</tr>
<tr>
<td>End stage renal disease</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Chronic respiratory failure</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>

*Source: Health Data Consulting*
ICD-10 Codes Describe Co-morbidities and Complications

- ICD-9 codes describing diabetes mellitus are not very specific 249xx and 250xx
- ICD-10 codes differentiate various types of diabetes mellitus
- Codes are divided into subsets describing various co-morbidities and complications
- Usually only a single code is needed to describe patients with diabetes
Putting ICD-10 into Practice
Practice Impacts

**PHYSICIANS**
- **Documentation:** The need for specificity dramatically increases by requiring laterality, stages of healing, weeks in pregnancy, episodes of care, and much more.
- **Code Training:** Code increases from 17,000 to 140,000. Physicians must be trained.

**NURSES**
- **Forms:** Every order must be revised or recreated.
- **Documentation:** Must use increased specificity.
- **Prior Authorization:** Policies may change, requiring training and updates.

**LAB**
- **Documentation:** Must use increased specificity.
- **Reporting:** Health plans will have new requirements for the ordering and reporting of services.

**BILLING**
- **Policies and Procedures:** All payer reimbursement policies may be revised.
- **Training:** Billing department must be trained on new policies and procedures and the ICD-10-CM code set.

**CODING**
- **Code Set:** Codes will increase from 17,000 to 140,000. As a result, code books and styles will completely change.
- **Clinical Knowledge:** More detailed knowledge of anatomy and medical terminology will be required with increased specificity and more codes.
- **Concurrent Use:** Coders may need to use ICD-9-CM and ICD-10-CM concurrently for a period of time until claims are resolved.

**CLINICAL**
- **Patient Coverage:** Health plan policies, payment limitations, and new ABN forms.
- **Superbills:** Revisions required and paper superbills may be impossible.
- **ABNs:** Health plans will revise all policies linked to LCDs or NCDs, etc. ABN forms must be reformatted, and patients will require education.

**MANAGERS**
- **New Policies and Procedures:** Any policy or procedure associated with a diagnosis code, disease management, tracking, or POMR must be revised.
- **Vendor and Payer Contracts:** All contracts must be evaluated and updated.
- **Budgets:** Changes to software, training, new contracts, and new paperwork will have to be paid for.
- **Training Plan:** Everyone in the practice will need training on the changes.

**FRONT DESK**
- **HIPAA:** Privacy policies must be revised and patients will need to sign the new forms.
- **Systems:** Updates to systems may impact patient encounters.

Source: AAPC/Ingenix
Physicians See Benefits to ICD-10

eHealth & ICD-10: Improving the Practice of Medicine

- Driving Value Based Quality
- Fostering Teamwork & Collaboration
- Improving the Health of Populations Served
- Empowering the Doctor-Patient Relationship
Clinical Documentation
Know Your Role

- The role of the clinician is to document as accurately as possible the nature of the patient’s conditions and services provided to maintain or improve those conditions.

- The role of the coding professional is to assure that coding is consistent with the documentation.

- The role of the business manager is to assure that all billing is accurately coded and supported by the documented facts.
Clinical Documentation – The Patient Interface

Where It All Begins

- History
- Physical Exam
- Internal Record Review
- External Record Review
- Assessment/Diagnosis
- Studies

[Image of medical professionals and processes]

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Good Patient Data
It’s all About Good Patient Care…

- **Observation** of all objective and subjective facts relevant to the patient condition
- **Documentation** of all of the key medical concepts relevant to patient care currently and in the future
- **Coding** that includes all of the key medical concepts supported by the coding standard and guidelines
Clinical Documentation
What They Taught Us in Medical School

- **Type of condition**
  - Condition categories i.e. Type I or Type II diabetes

- **Onset**
  - When did it start?

- **Etiology / Cause**
  - Infectious agent
  - Physical agent
  - Internal failure
  - Congenital
Clinical Documentation
What They Taught Us in Medical School

- **Anatomical location**
  - Which anatomical structure
  - Proximal, distal, medial, lateral, central, peripheral, superior, inferior, anterior, posterior...

- **Laterality**
  - Right side or left side

- **Severity**
  - Mild, moderate or severe

- **Environmental factors**
  - Smoking
  - Geographic location
Clinical Documentation
What They Taught Us in Medical School

- **Time parameters**
  - Intermittent/Paroxysmal
  - Recurring
  - Acute or chronic
  - Post-op, post delivery

- **Comorbidities or complications**
  - Diabetes with neuropathic joint
  - Intracranial injury

- **Manifestations**
  - Paralysis
  - Loss of consciousness
Clinical Documentation

What They Taught Us in Medical School

- **Healing level**
  - Routing healing, delayed healing, non-union, malunion...

- **Findings and symptoms**
  - Fever
  - Hypoglycemia/hyperglycemia
  - Wheezing

- **External causes**
  - Motor vehicles, injury locations
  - Assault, accidental, work related, intentional self harm

- **Type of encounter**
  - Initial encounter, subsequent encounter, encounter for condition sequela, routine evaluation, administrative encounter
Getting Specific
Coding Specificity
No Place for “Unspecified” Codes

- If there is sufficient information available to more accurately define the condition
- For basic concepts such as:
  - Laterality (Right, Left, Bilateral, Unilateral)
  - Anatomical locations
  - Trimester
  - Type of diabetes
  - Known complications or comorbidities
  - Description of severity, acute or chronic or other known parameters…
- Where care is implemented that demands a more specific level of detail
- At specialty level that should be able to define the detail required
Sometimes unspecified makes sense…

– The patient may be early in the course of evaluation

– The claim may be coming from a provider who is not directly related to diagnosing the patient’s condition and unfamiliar with all the details

– The clinician seeing the patient may be more of a generalist and not able to define the condition at a level of detail expected by a specialist
Leveraging ICD10
Better Information

- Greater detail
- Enhanced categorization models
- Greater severity and risk definition
- Greater precision of definition
- Greater forward flexibility
- Greater ability to integrate clinical information
Leveraging ICD10
Other General Indicators of Security and Risk

- Co-morbidities
- Manifestations
- Etiology/causation
- Complications
- Detailed anatomical location
- Sequelae
- Functional impairment

- Biologic and chemical agents
- Phase/stage
- Lymph node involvement
- Laterализation and localization
- Procedure or implant related
Documentation
Why Is It Important?

- Supports proper payment and reduces denials
- Assures accurate measures of quality and efficiency
- Addresses the issue of accountability and transparency
- Creates a competitive advantage
- Provides better business intelligence
- Supports clinical research
- Supports interoperable sharing of data
- **It’s just good care!**
Accurate and complete documentation and coding provides opportunities to support the transition into a “value-based”, “accountable care” reimbursement environment.

- Better representation of severity and risk
- Recognition of varying levels of complexity
- Better claim information to support automated processing and more rapid reimbursement
- Opportunities to reduce audit risk exposure
- Improved business intelligence to support population risk management
- More accurate measures of quality and efficiency
Implementation

Getting Your Ducks in a Row
Getting Started

- Establish awareness across members of your organization
- Clearly define strategic goals
- Identify internal and external dependencies
- Identify and prioritize key risks
- Clearly define all business requirements and implementation tasks
- Create a realistic project plan and support it as a priority
- Test early and often
- Get started now!!
Road to 10: Small Physician Practice Portal

Visit: [http://www.roadto10.org](http://www.roadto10.org)
In collaboration with physicians, CMS developed www.roadto10.org, a no cost tool:

- Designed from a physician perspective
  - Specialty specific
- Customizable, actionable, bite-sized, short cuts
- Answers the key questions:
  - What is ICD-10
  - How do I get started
  - What is the path to success
  - What questions to ask
  - What resources and tools are available

The Road to 10 Action Plan contains a checklist of items to consider when planning the transition to ICD-10, organized into 5 key steps:

1. Plan Your Journey
2. Train Your Team
3. Update Your Processes
4. Engage Your Vendors & Payers
5. Test Your Systems and Processes

VISIT HTTP://WWW.ROADTO10.ORG TODAY TO GET STARTED
Road to 10: Plan Your Journey
Customize Your Action Plan

Get Started
Tell us a little about your practice, so we can create an Action Plan for you.

My Specialty (Pick one)
Click to select your specialty

Family Practice  Pediatrics  OB/GYN  Cardiology  Orthopedics  Internal Medicine  Other Specialty

My Practice Size (Pick one)
Click the size of your practice so we can better understand your needs.

1-2 Physicians
3-6 Physicians
Over 6 Physicians

My Technology & Staffing Partners (Choose all that apply)
Click the technology and services your practice utilizes to generate a readiness checklist for each vendor.

Electronic Health Records
# Road to 10: Action Plan

**Action Plan**

Click “Explore Section” within the five sections of your Action Plan below to review the tools provided and action steps defined for you.

Click “Download Action Plan” to download a PDF copy of your personalized action plan to use in your practice.

<table>
<thead>
<tr>
<th>Section</th>
<th>Explore Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Your Journey</td>
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<td>Engage Your Vendors and Payers</td>
<td></td>
</tr>
<tr>
<td>Test Your Systems and Processes</td>
<td></td>
</tr>
</tbody>
</table>
Common Codes for Your Specialty

We have identified an illustrative sample of high impact diagnosis codes.

Primer for Clinical Documentation

This document introduces ICD-10 clinical documentation changes for common conditions associated with your area of practice. It highlights the

Clinical Scenarios

We have created sample, outpatient focused scenarios to illustrate specific ICD-10 clinical documentation considerations. These examples underscore the importance of including the proper level of detail needed to support the selection of the most appropriate ICD-10 diagnosis codes based on a patient’s circumstance.

Training and Education Resources

In order to be ready for the transition, your practice must receive appropriate education on the changes that occur with ICD-10. There are three major areas of training your practice should receive.

VIEW ICD-10
TRAINING AND EDUCATION RESOURCES
Road to 10: Update Your Processes

Improve Clinical Documentation

- Obtain
  - The following information from your clearinghouse, billing service, or system for the most recent twelve (12) month period:
    - Your claim rejections and denials by ICD-9 diagnosis code and payer.
    - The most common unspecified ICD-9 codes you submit by payer.

- Pinpoint
  - The ICD-9 codes with the highest rate of rejections and denials, by claim count and dollar volume, for each of your largest payers:
    - Categorize the primary reasons for the denials and rejections.
    - Note changes you can make to your documentation and billing processes to address the fundamental causes for the denials.

Revise Paper Forms and Templates

- Incorporate
  - ICD-10 codes into paper forms and tools which reference diagnosis codes:
    - Pre-admission/Pre-certification
    - Referral
    - Authorization
    - Orders
    - Superbills/Patient Encounters
    - Inpatient and Outpatient Scheduling
    - Quality Reporting
    - Public Health Reporting

Modify Policies and Procedures

- Add steps to determine if a patient is eligible for dual/supplemental coverage for special clinical programs which are condition/diagnosis based:
  - End Stage Renal Disease (ESRD)
  - Black Lung Disease
  - Other Conditions

- Identify your most common services that may trigger reviews or denials related to medical necessity. Adopt procedures to isolate the ICD-10 diagnosis codes needed to make a coverage determination for these common services prior to claims submission.

- Track patient complaints, payment delays, denials, and increases in authorization volume for at least three (3) months beginning on 10/1/2014. By having this information, your practice will be in a better position to spot and address problems more quickly.
Road to 10: Engage Your Vendors and Payers

Ensure that your EHR and practice management systems are ready.

Check the box when you have completed each step.

### Technology Vendors

Electronic Health Record (EHR) and Practice Management (PM) systems are impacted by the ICD-10 transition and need to be updated. In addition, other technologies used by your practice such as coding, reporting, and decision support tools may need to be updated. If your practice uses these systems, you will need to coordinate with your technology vendors regarding these updates. Also, there are specific activities your practice may need to complete to implement these updates.

Here you can enter all the vendors you will need to engage. Check the appropriate box when to keep track of your progress.

- **Contacted**: [ ]
- **Responded**: [ ]
- **Vendor Name**: [ ]
- **Contact Name**: [ ]

Download Technology Vendor Assessment in the Template Library at www.roadto10.org

The following checklist will help guide you as you engage your technology vendors and prioritize these activities:

- **Contact** your technology vendors to determine if their solutions are impacted by ICD-10 and understand their plans for compliance. Download a copy of the Technology Vendor Assessment Template Library at www.roadto10.org. Email a copy of the assessment to each vendor. Ask them to complete the assessment and return to you promptly.

- **Evaluate** your technology vendor contracts to understand the type of ICD-10 expenses and how they may be separate from regular fees. Clarify with each vendor the additional ICD-10 technology expenses for which you need to allocate funds.

- **Review** the completed Technology Assessments returned to you by each vendor.

### Questions for Technology Vendor

<table>
<thead>
<tr>
<th>Question</th>
<th>Vendor Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your application impacted by ICD-10?</td>
<td>Yes [ ] No [ ] Comments:</td>
</tr>
<tr>
<td>Are you application impacted and are the ICD-10 updates generally available?</td>
<td>Yes [ ] No [ ] Comments:</td>
</tr>
<tr>
<td>Are there separate fees for your ICD-10 updates?</td>
<td>Yes [ ] No [ ] Comments:</td>
</tr>
<tr>
<td>Will your systems continue to determine the current ICD-ICD?</td>
<td>Yes [ ] No [ ] Comments:</td>
</tr>
<tr>
<td>Will your systems support dual coding of claims and software before December 31, 2013?</td>
<td>Yes [ ] No [ ] Comments:</td>
</tr>
<tr>
<td>Are there party embedded products in your software which need to be updated for ICD-10?</td>
<td>Yes [ ] No [ ] Comments:</td>
</tr>
<tr>
<td>Is additional infrastructure (hardware, servers, etc.) potentially needed to accommodate your ICD-10 updates and change ICD-10 context?</td>
<td>Yes [ ] No [ ] Comments:</td>
</tr>
</tbody>
</table>

CMS ICD-10 Guidance:

- How frequently will ICD-10 diagnosis code updates be applied to your application?
- How does your software plan to support ICD-10 diagnosis code reference files?

Interface:

- Have your HIPAA transactions been updated to address ICD-10?
- What other interface changes will be included with your ICD-10 software updates?

Reporting:

- Which of your reports are impacted by ICD-10?
- How will reimbursement be dependent upon ICD-10 diagnosis code categories going forward?
- How will longitudinal and narrative recording be updated to accommodate ICD-10?
- How will medical and public health reporting be updated to accommodate ICD-10?
- Which of your revenue cycle processes from ICD-9 to ICD-10?
- Which changes are you planning for future years?
Prepare Test Cases

Real world test cases need to be assembled before you start testing. The following checklist provides you with suggestions on how to prepare these test cases.

Perform Internal Testing

Internal testing helps to validate that your key systems can search on, accept, store, process, send, and receive ICD-10 diagnosis codes.

Conduct External Testing

External testing with vendors and payers will help you validate that transactions containing ICD-10 diagnosis codes can be sent and received successfully.

Practice and Validate

Practice and validation involves the internal simulation of native ICD-10 coding on select encounters.
Road to 10: Specialty Specific Webcasts

ICD-10 Documentation & Coding Concepts: Family Practice & Internal Medicine
CMS Webcast
Paul Anderson
Lead for ICD-10, Centers for Medicare & Medicaid Services
Maggie Gaglione, M.D.
Board Certified Internal Medicine and Bariatrics
Private Practice at Tidewater Bariatrics, Virginia
Mandy Willis, CCS
AHIMA Approved ICD-10 Trainer

ICD-10 Documentation & Coding Concepts: Cardiology
CMS Webcast
Denesecka Green
Lead E-Health Operations and Governance, Centers for Medicare & Medicaid Services
Mark Bieniarz, M.D.
Board Certified Cardiologist
Chief, Cardiovascular Services, Lovelace Medical Center, New Mexico Heart Institute
Mandy Willis, CCS
AHIMA Approved ICD-10 Trainer

Mark Bieniarz, M.D.
Board Certified Cardiologist
Chief, Cardiovascular Services, Lovelace Medical Center
New Mexico Heart Institute
Your Stories Are Important

Events

Turn Your Action Plan

What's New?

Some Physician Champions
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In the coming months, there is opportunity to work on several critical activities that will help you maximize your ICD-10 preparedness.

I encourage you to visit http://www.roadto10.org for tools and resources to help you prepare for the ICD-10 transition.
Clinical Impacts:
Putting ICD-10 into Practice
General Equivalency Mappings

Diagnosis Code Set General Equivalence Mappings
ICD-10-CM to ICD-9-CM and ICD-9-CM to ICD-10-CM
Documentation and User’s Guide

GEM’s converting I-9 to I-10

<table>
<thead>
<tr>
<th>I-9</th>
<th>I-10</th>
<th>Flag</th>
<th>1=unequal axis</th>
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<td>E109</td>
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<td>E1065</td>
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<td>10000</td>
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<tr>
<td>25010</td>
<td>E1310</td>
<td>10000</td>
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<tr>
<td>25011</td>
<td>E1010</td>
<td>10000</td>
<td></td>
</tr>
<tr>
<td>25012</td>
<td>E1165</td>
<td>10112</td>
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</tbody>
</table>
GEM’s Category with Equal Axis

<table>
<thead>
<tr>
<th>I-9</th>
<th>I-10</th>
<th>Flag</th>
<th>0=equal axis</th>
</tr>
</thead>
<tbody>
<tr>
<td>5851</td>
<td>N181</td>
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<td>5852</td>
<td>N182</td>
<td>00000</td>
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<td>5853</td>
<td>N183</td>
<td>00000</td>
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<td>5854</td>
<td>N184</td>
<td>00000</td>
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<td>5855</td>
<td>N185</td>
<td>00000</td>
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<tr>
<td>5856</td>
<td>N186</td>
<td>00000</td>
<td></td>
</tr>
</tbody>
</table>
The “Anatomy” of ICD-10 structure

- Alpha (not U)
- Numeric

1st character
2nd character
3rd character

4th character
5th character
6th character

7th character

Category
Etiology, Anatomical Site, Severity
Extension

- 3 character codes ONLY if not further subdivided
- Codes without all required characters are invalid
- Alpha characters are NOT case specific (e.g., s93.401A)
ICD-10 codes have UP TO 7 characters

The following are examples of the many possible alpha and numeric characters that are used in the 7th character position:

- A = Initial Encounter
- D = Subsequent Encounter
- S = Sequelae
- 3 = Fetus #3 in multiple gestation, complication of

Often seen in: Obstetrics, Musculoskeletal conditions such as fractures, injuries, and many others
7th Character

O60  Preterm labor

Includes: onset (spontaneous) of labor before 37 completed weeks of gestation
Excludes1: false labor (O47.0-)
     threatened labor NOS (O47.0-)

O60.0  Preterm labor without delivery

O60.00  Preterm labor without delivery, unspecified trimester
O60.02  Preterm labor without delivery, second trimester
O60.03  Preterm labor without delivery, third trimester

O60.1  Preterm labor with preterm delivery

One of the following 7th characters is to be assigned to each code under subcategory O60.1. 7th character 0 is for single gestations and multiple gestations where the fetus is unspecified. 7th characters 1 through 9 are for cases of multiple gestations to identify the fetus for which the code applies. The appropriate code from category O30, Multiple gestation, must also be assigned when assigning a code from subcategory O60.1 that has a 7th character of 1 through 9.

0 - not applicable or unspecified
1 - fetus 1
2 - fetus 2
3 - fetus 3
4 - fetus 4
5 - fetus 5
9 - other fetus

O60.10  Preterm labor with preterm delivery, unspecified trimester
Preterm labor with delivery NOS.

O60.12  Preterm labor second trimester with preterm delivery second trimester
O60.13  Preterm labor second trimester with preterm delivery third trimester
O60.14  Preterm labor third trimester with preterm delivery third trimester
ICD-10 codes have UP TO 7 characters

Use of “X” Placeholder Characters

- Some codes require a 7th extension character
- When the code has fewer than six characters, the “spaces” are populated with a space holder “x”
- Example:
  - S32.9, fracture of unspecified parts of lumbosacral spine and pelvis
  - A subsequent encounter for above fracture with routine healing (“D”)
New Concepts: Underdosing

The concept of underdosing has been added to the poisoning and adverse effect classification

- Includes the ability to report why the underdosing is occurring

**T38.3X6A** - Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, initial encounter

**T38.3X6D** - Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, subsequent encounter

**T38.3X6S** - Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, sequelae

**Z91.120** - Patient’s intentional underdosing of medication regimen due to financial hardship

**Z91.128** - Patient’s intentional underdosing of medication regimen for other reason

**Z91.130** - Patient’s unintentional underdosing of medication regimen due to age-related debility

**Z91.138** - Patient’s unintentional underdosing of medication regimen for other reason
1. Concept of laterality: Right, Left, Bilateral and Unspecified in many categories.

2. Injuries grouped by body part rather than category of injury

3. Acute MI codes changed from 8 weeks duration to 4 weeks duration or less
4. New terminology for asthma from worldallergy.org

5. Infectious Diseases now spans 2 alpha characters of A and B in Chapter 1.

6. New combination of codes for complications commonly associated with intestinal disorders such as Crohn’s disease, diverticulitis, etc.
7. Pressure and Non-pressure ulcers are classified by site, laterality, and severity.

8. Three different categories for pathologic fractures – due to neoplastic disease, due to osteoporosis, and due to other specified disease
9. Use additional code to identify resistance to antimicrobial drugs (Z16-) whenever infection is documented and the resistance is documented.

10. Systemic Hypertension no longer subcategorized by “benign” or “malignant”.
A. Selection of first-listed condition

In the outpatient setting, the term **first-listed** diagnosis is used in lieu of principal diagnosis.

→ Chiefly responsible for today’s encounter
C. Accurate reporting of ICD-10-CM diagnosis codes

For accurate reporting of ICD-10-CM diagnosis codes, the documentation should describe the patient’s condition, using terminology which includes specific diagnoses as well as symptoms, problems, or reasons for the encounter. There are ICD-10-CM codes to describe all of these.
H. Uncertain diagnosis

Do not code diagnoses documented as “probable”, “suspected,” “questionable,” “rule out,” or “working diagnosis” or other similar terms indicating uncertainty.
Structure

Structure of ICD-10-CM

ICD-10-CM is comprised of 3 Volumes

ICD-10-CM (Volume 3) Format Facts: is divided into 4 parts:

• Alphabetic Index of Diseases and Injuries
• Alphabetic Index of External Causes
• Table of Neoplasms
• Table of Drugs and Chemicals
ICD-10-CM INDEX TO DISEASES and INJURIES

A

Aarskog's syndrome Q87.1
Abandonment — see Maltreatment
Abasia (-astasia) (hysterical) F44.4
Abderhalden-Kaufmann-Lignac syndrome (cystinosis) E72.04
Abdomen, abdominal — see also condition
  - acute R10.0
  - angina K55.1
  - muscle deficiency syndrome Q79.4
Abdominalgia — see Pain, abdominal
Abduction contracture, hip or other joint — see Contraction, joint
Aberrant (congenital) — see also Malposition, congenital
  - adrenal gland Q89.1
  - artery (peripheral) Q27.8
  - - basilar NEC Q28.1
  - - cerebral Q28.3
  - - coronary Q24.5
  - - digestive system Q27.8
  - - eye Q15.8
  - - lower limb Q27.8
  - - precerebral Q28.1
  - - pulmonary Q25.79
  - - renal Q27.2
  - - retina Q14.1
  - - specified site NEC Q27.8
  - - subclavian Q27.8
### ICD-10-CM TABLE of NEOPLASMS

The list below gives the code numbers for neoplasms by anatomical site. For each site there are six possible code numbers according to whether the neoplasm in question is malignant, benign, in situ, of uncertain behavior, or of unspecified nature. The description of the neoplasm will often indicate which of the six columns is appropriate; e.g., malignant melanoma of skin, benign fibroadenoma of breast, carcinoma in situ of cervix uteri.

Where such descriptors are not present, the remainder of the Index should be consulted where guidance is given to the appropriate column for each morphological (histological) variety listed; e.g., Mesonephroma—see Neoplasm, malignant; Embryoma—see also Neoplasm, uncertain behavior; Disease, Bowen's—see Neoplasm, skin, in situ. However, the guidance in the Index can be overridden if one of the descriptors mentioned above is present; e.g., malignant adenoma of colon is coded to C18.9 and not to D12.6 as the adjective "malignant" overrides the Index entry "Adenoma—see also Neoplasm, benign."

Codes listed with a dash -, following the code have a required additional character for laterality. The tabular must be reviewed for the complete code.

<table>
<thead>
<tr>
<th>Neoplasm, neoplastic</th>
<th>Malignant Primary</th>
<th>Malignant Secondary</th>
<th>Ca in situ</th>
<th>Benign</th>
<th>Uncertain Behavior</th>
<th>Unspecified Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>- abdomen, abdominal</td>
<td>C80.1</td>
<td>C79.9</td>
<td>D09.9</td>
<td>D36.9</td>
<td>D48.9</td>
<td>D49.9</td>
</tr>
<tr>
<td>- - cavity</td>
<td>C76.2</td>
<td>C79.8-</td>
<td>D09.8</td>
<td>D36.7</td>
<td>D48.7</td>
<td>D49.89</td>
</tr>
<tr>
<td>- - organ</td>
<td>C76.2</td>
<td>C79.8-</td>
<td>D09.8</td>
<td>D36.7</td>
<td>D48.7</td>
<td>D49.89</td>
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<tr>
<td>- - - viscera</td>
<td>C76.2</td>
<td>C79.8-</td>
<td>D09.8</td>
<td>D36.7</td>
<td>D48.7</td>
<td>D49.89</td>
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<tr>
<td>- - - wall—see also Neoplasm, abdomen, wall, skin</td>
<td>C44.509</td>
<td>C79.2-</td>
<td>D04.5</td>
<td>D23.5</td>
<td>D48.5</td>
<td>D49.2</td>
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<tr>
<td>- - - - connective tissue</td>
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<td>C79.8-</td>
<td>-</td>
<td>D21.4</td>
<td>D48.1</td>
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<td>- - - - skin</td>
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<td>- - - - - basal cell carcinoma</td>
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<td>- - - - - specified type NEC</td>
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<td>- - - - - squamous cell carcinoma</td>
<td>C44.529</td>
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<tr>
<td>- abdominopelvic</td>
<td>C76.8</td>
<td>C79.8-</td>
<td>-</td>
<td>D36.7</td>
<td>D48.7</td>
<td>D49.89</td>
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<td>- - accessory sinus—see Neoplasm, sinus</td>
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<td>Substance</td>
<td>Poisoning, Accidental (unintentional)</td>
<td>Poisoning, Intentional self-harm</td>
<td>Poisoning, Assault</td>
<td>Poisoning, Undetermined</td>
<td>Adverse effect</td>
<td>Underdosing</td>
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<td>1-propanol</td>
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<td>T51.3X2</td>
<td>T51.3X3</td>
<td>T51.3X4</td>
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<td>2-propanol</td>
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<td>T51.2X3</td>
<td>T51.2X4</td>
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<tr>
<td>2,4-D(dichlorophen-oxyacetic acid)</td>
<td>T60.3X1</td>
<td>T60.3X2</td>
<td>T60.3X3</td>
<td>T60.3X4</td>
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<tr>
<td>2,4-toluene diisocyanate</td>
<td>T65.0X1</td>
<td>T65.0X2</td>
<td>T65.0X3</td>
<td>T65.0X4</td>
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<td>2,4,5-T(trichloro-phenoxyacetic acid)</td>
<td>T60.1X1</td>
<td>T60.1X2</td>
<td>T60.1X3</td>
<td>T60.1X4</td>
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<tr>
<td>14-hydroxydihydro-morphinone</td>
<td>T40.2X1</td>
<td>T40.2X2</td>
<td>T40.2X3</td>
<td>T40.2X4</td>
<td>T40.2X5</td>
<td>T40.2X6</td>
</tr>
<tr>
<td>ABOB</td>
<td>T37.5X1</td>
<td>T37.5X2</td>
<td>T37.5X3</td>
<td>T37.5X4</td>
<td>T37.5X5</td>
<td>T37.5X6</td>
</tr>
<tr>
<td>Abrine</td>
<td>T62.2X1</td>
<td>T62.2X2</td>
<td>T62.2X3</td>
<td>T62.2X4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Abrus(seed)</td>
<td>T62.2X1</td>
<td>T62.2X2</td>
<td>T62.2X3</td>
<td>T62.2X4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Absinthine</td>
<td>T51.0X1</td>
<td>T51.0X2</td>
<td>T51.0X3</td>
<td>T51.0X4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>- beverage</td>
<td>T51.0X1</td>
<td>T51.0X2</td>
<td>T51.0X3</td>
<td>T51.0X4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Acaricide</td>
<td>T60.8X1</td>
<td>T60.8X2</td>
<td>T60.8X3</td>
<td>T60.8X4</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Acebutolol</td>
<td>T44.7X1</td>
<td>T44.7X2</td>
<td>T44.7X3</td>
<td>T44.7X4</td>
<td>T44.7X5</td>
<td>T44.7X6</td>
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<tr>
<td>Acecarbromal</td>
<td>T42.6X1</td>
<td>T42.6X2</td>
<td>T42.6X3</td>
<td>T42.6X4</td>
<td>T42.6X5</td>
<td>T42.6X6</td>
</tr>
<tr>
<td>Aceclidine</td>
<td>T44.1X1</td>
<td>T44.1X2</td>
<td>T44.1X3</td>
<td>T44.1X4</td>
<td>T44.1X5</td>
<td>T44.1X6</td>
</tr>
<tr>
<td>Acedapsone</td>
<td>T37.0X1</td>
<td>T37.0X2</td>
<td>T37.0X3</td>
<td>T37.0X4</td>
<td>T37.0X5</td>
<td>T37.0X6</td>
</tr>
<tr>
<td>Acefylline piperazine</td>
<td>T48.6X1</td>
<td>T48.6X2</td>
<td>T48.6X3</td>
<td>T48.6X4</td>
<td>T48.6X5</td>
<td>T48.6X6</td>
</tr>
<tr>
<td>Acemorphan</td>
<td>T40.2X1</td>
<td>T40.2X2</td>
<td>T40.2X3</td>
<td>T40.2X4</td>
<td>T40.2X5</td>
<td>T40.2X6</td>
</tr>
<tr>
<td>Acenocoumarin</td>
<td>T45.5X1</td>
<td>T45.5X2</td>
<td>T45.5X3</td>
<td>T45.5X4</td>
<td>T45.5X5</td>
<td>T45.5X6</td>
</tr>
<tr>
<td>Acenocoumarol</td>
<td>T45.5X1</td>
<td>T45.5X2</td>
<td>T45.5X3</td>
<td>T45.5X4</td>
<td>T45.5X5</td>
<td>T45.5X6</td>
</tr>
<tr>
<td>Acepifylline</td>
<td>T48.6X1</td>
<td>T48.6X2</td>
<td>T48.6X3</td>
<td>T48.6X4</td>
<td>T48.6X5</td>
<td>T48.6X6</td>
</tr>
<tr>
<td>Acepromazine</td>
<td>T43.3X1</td>
<td>T43.3X2</td>
<td>T43.3X3</td>
<td>T43.3X4</td>
<td>T43.3X5</td>
<td>T43.3X6</td>
</tr>
<tr>
<td>Acesulfamethoxypridazine</td>
<td>T37.0X1</td>
<td>T37.0X2</td>
<td>T37.0X3</td>
<td>T37.0X4</td>
<td>T37.0X5</td>
<td>T37.0X6</td>
</tr>
<tr>
<td>Acetal</td>
<td>T52.8X1</td>
<td>T52.8X2</td>
<td>T52.8X3</td>
<td>T52.8X4</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>
ICD-10-CM External Cause of Injuries Index

A

Abandonment (causing exposure to weather conditions) (with intent to injure or kill) NEC X58
Abuse (adult) (child) (mental) (physical) (sexual) X58
Accident (to) X58
- aircraft (in transit) (powered) — see also Accident, transport, aircraft
- - due to, caused by cataclysm — see Forces of nature, by type
- animal-rider — see Accident, transport, animal-rider
- animal-drawn vehicle — see Accident, transport, animal-drawn vehicle occupant
- automobile — see Accident, transport, car occupant
- bare foot water skier V94.4
- boat, boating — see also Accident, watercraft
- - striking swimmer
- - - powered V94.11
- - - unpowered V94.12
- bus — see Accident, transport, bus occupant
- cable car, not on rails V98.0
- on rails — see Accident, transport, streetcar occupant
- car — see Accident, transport, car occupant
- caused by, due to
- - animal NEC W64
- - chain hoist W24.0
- - cold (excessive) — see Exposure, cold
- - corrosive liquid, substance — see Table of Drugs and Chemicals
- - cutting or piercing instrument — see Contact, with, by type of instrument
- - drive belt W24.0
- - electric
- - - current — see Exposure, electric current
- - motor (see also Contact, with, by type of machine) W24.0
Tabular List (Volume 1) is a chronological list of codes divided into chapters based on body system or condition.

ICD-10-CM Official Guidelines for Coding and Reporting accompany and complement ICD-10-CM conventions and instructions. (Volume 2)
ICD-10-CM TABULAR LIST of DISEASES and INJURIES

Table of Contents

1. Certain infectious and parasitic diseases (A00-B99)
2. Neoplasms (C00-D49)
3. Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
4. Endocrine, nutritional and metabolic diseases (E00-E89)
5. Mental, Behavioral and Neurodevelopmental disorders (F01-F99)
6. Diseases of the nervous system (G00-G99)
7. Diseases of the eye and adnexa (H00-H59)
8. Diseases of the ear and mastoid process (H60-H95)
9. Diseases of the circulatory system (I00-I99)
10. Diseases of the respiratory system (J00-J99)
11. Diseases of the digestive system (K00-K95)
12. Diseases of the skin and subcutaneous tissue (L00-L99)
13. Diseases of the musculoskeletal system and connective tissue (M00-M99)
14. Diseases of the genitourinary system (N00-N99)
15. Pregnancy, childbirth and the puerperium (O00-O9A)
16. Certain conditions originating in the perinatal period (P00-P96)
17. Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
18. Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
19. Injury, poisoning and certain other consequences of external causes (S00-T88)
20. External causes of morbidity (V00-Y99)
21. Factors influencing health status and contact with health services (Z00-Z99)
Chapter Instructions I codes

Vascular

This chapter contains the following blocks:

I00-I02 Acute rheumatic fever
I05-I09 Chronic rheumatic heart diseases
I10-I15 Hypertensive diseases
I20-I25 Ischemic heart diseases
I26-I28 Pulmonary heart disease and diseases of pulmonary circulation
I30-I52 Other forms of heart disease
I60-I69 Cerebrovascular diseases
ICD-10-CM Official Guidelines for Coding and Reporting

FY 2015

Narrative changes appear in bold text
Items underlined have been moved within the guidelines since the FY 2014 version
Italics are used to indicate revisions to heading changes

The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), two departments within the U.S. Federal Government’s Department of Health and Human Services (DHHS) provide the following guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). These guidelines should be used as a companion document to the official version of the ICD-10-CM as published on the NCHS website. The ICD-10-CM is a morbidity classification published by the United States for classifying diagnoses and reason for visits in all health care settings. The ICD-10-CM is based on the ICD-10, the statistical classification of disease published by the World Health Organization (WHO).
1. Always start in Volume 3: Search the condition

2. Follow instructions from the index

3. Review the code in the Tabular List (Volume 1).
Cardiovascular/Hypertension

Example: let’s look up hypertension

Volume 3 Index to diseases under the word hypertension:

**Hypertension**, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic) I10←

- with

- - heart involvement (conditions in I51.4- I51.9 due to hypertension) —see Hypertension, heart
I10 Essential (primary) hypertension

Includes:
- high blood pressure
- hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic)
- hypertensive disease complicating pregnancy, childbirth and the puerperium (O10-O11, O13-O16)

Excludes2:
- essential (primary) hypertension involving vessels of brain (I60-I69)
- essential (primary) hypertension involving vessels of eye (H35.0-)
Elevated Blood Pressure w/o HTN

R03 Elevated blood-pressure reading, without diagnosis of hypertension

**Note:** This category is to be used to record an episode of elevated blood pressure in a patient in whom no formal diagnosis of hypertension has been made, or as an isolated incidental finding.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I50.20</td>
<td>Unspecified systolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.21</td>
<td><strong>Acute</strong> systolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.22</td>
<td><strong>Chronic</strong> systolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.23</td>
<td><strong>Acute on chronic</strong> systolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.30</td>
<td>Unspecified diastolic (congestive heart failure)</td>
</tr>
<tr>
<td>I50.31</td>
<td><strong>Acute</strong> diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.32</td>
<td><strong>Chronic</strong> diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.33</td>
<td><strong>Acute on chronic</strong> diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.40</td>
<td>Unspecified combined systolic (congestive) and diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.41</td>
<td><strong>Acute</strong> combined systolic (congestive) and diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.42</td>
<td><strong>Chronic</strong> combined systolic (congestive) and diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.43</td>
<td>Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.9</td>
<td>Heart failure, unspecified</td>
</tr>
</tbody>
</table>
Acute Myocardial Infarction

I21 ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
Includes: cardiac infarction
  coronary (artery) embolism
  coronary (artery) occlusion
  coronary (artery) rupture
  coronary (artery) thrombosis infarction of heart, myocardium, or ventricle myocardial infarction
specified as acute or with a stated duration of 4 weeks (28 days) or less from onset
ICD-9-CM is 8 weeks or less
Subsequent MI

I22 Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction

Includes:
acute myocardial infarction occurring within four weeks (28 days) of a previous acute myocardial infarction, regardless of site
cardiac infarction
coronary (artery) embolism
coronary (artery) occlusion
coronary (artery) rupture
coronary (artery) thrombosis
infarction of heart, myocardium, or ventricle
recurrent myocardial infarction
Patient returns for a **follow up visit** for a sprained right ankle of the tibiofibular ligament. Still attending PT for strengthening exercises.
Timing of care

ANSWER

KEY WORD: SPRAIN, TIBIOFIBULAR LIGAMENT S93.43-

S93.431D

D= subsequent episode
Anatomical Site Specificity/ LATERALITY

Scenario

Dx: Patient has osteoarthritis of the left hip.

→M16.0 Bilateral primary osteoarthritis of hip

M16.1 Unilateral primary osteoarthritis of hip
   Primary osteoarthritis of hip NOS
M16.10 Unilateral primary osteoarthritis, unspecified hip
   Avoid unspecified whenever possible
M16.11 Unilateral primary osteoarthritis, right hip
→M16.12 Unilateral primary osteoarthritis, left hip
Asthma Severity (worldallergy.org)

- Allergic asthma can be classified into four clinical phases, based upon symptoms and pulmonary function testing.
- This classification system allows physicians to communicate more uniformly regarding asthma severity and facilitates the creation of general guidelines for treatment. The four categories currently employed are:
# Mild Intermittent Asthma

<table>
<thead>
<tr>
<th>Asthma Severity</th>
<th>Frequency of Daytime Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild intermittent asthma</td>
<td>• Symptoms less than twice weekly and the patient is otherwise asymptomatic.</td>
</tr>
<tr>
<td></td>
<td>• Pulmonary function studies are normal except during periods of disease and exacerbations are brief and easily treated.</td>
</tr>
</tbody>
</table>
## Mild Persistent Asthma

| Mild persistent asthma | • Symptoms more than twice a week but less than daily.  
|                        | • The symptoms are severe enough to interfere with daily activities and may interrupt sleep up to twice a month.  
|                        | • Pulmonary function studies are normal or show mild airflow obstruction which is reversible with the inhalation of a bronchodilator. |
# Moderate Persistent Asthma

| **Moderate persistent asthma** | • Symptoms occur daily, and the disease severity warrants regular use of medications for control.  
• Patients are constantly aware of their disease, require medications on a daily basis, have their sleep interrupted at least weekly, and have to accommodate their lifestyle to the disease.  
• Pulmonary function is moderately abnormal, with the FEV1 being 60-80% of the predicted value. |
|---|---|

<table>
<thead>
<tr>
<th>Severe Persistent Asthma</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Continuous symptoms despite the correct use of medications.</em></td>
</tr>
<tr>
<td><em>The severity of the disease limits physical activities and is associated with frequent exacerbations and sleep interruption. Treatment requires combinations of medications on a constant basis.</em></td>
</tr>
<tr>
<td><em>Pulmonary function tests are severely affected with the FEV1 being &lt;60% of predicted.</em></td>
</tr>
</tbody>
</table>
Combination codes with Symptoms and/or Manifestations

K57.2  **Diverticulitis of large intestine with perforation and abscess**

- Diverticulitis of colon with peritonitis
- →**Excludes1:** diverticulitis of both small and large intestine with perforation and abscess (K57.4-)

K57.20  **Diverticulitis of large intestine with perforation and abscess without bleeding**

K57.21  **Diverticulitis of large intestine with perforation and abscess with bleeding**
**ICD-10-CM**

*Z16 Infection with drug-resistant microorganisms*
This code indicates that a patient has an infection that is resistant to drug treatment.

→ **Sequence the infection code first.**

**Z16 Resistance to antimicrobial drugs**
**Note:**
The codes in this category are provided for use as additional codes to identify the resistance and nonresponsiveness of a condition to antimicrobial drugs.

**Code first the infection**

**Excludes1:**
- Methicillin resistant Staphylococcus aureus infection (A49.02)
- Methicillin resistant Staphylococcus aureus infection in diseases classified elsewhere (B95.62)
- Methicillin resistant Staphylococcus aureus pneumonia (J15.212)
- Sepsis due to Methicillin resistant Staphylococcus aureus (A41.02)

**Z16.10 Resistance to unspecified beta lactam antibiotics**

**Z16.11 Resistance to penicillins**

**Z16.12 Extended spectrum beta lactamase (ESBL) resistance**

**ICD-9-CM**

**Currently vaccinations span V03.0- V06.8**

- V09.0 Infection with microorganisms resistant to penicillins
- V09.1 Infection with microorganisms resistant to cephalosporins and other B-lactam antibiotics
- V09.2 Infection with microorganisms resistant to macrolides
- V09.3 Infection with microorganisms resistant to tetracyclines
- V09.4 Infection with microorganisms resistant to aminoglycosides
- V09.50 Infection with microorganisms without mention of resistance to multiple quinolones and fluoroquinolones
- V09.51 Infection with microorganisms with resistance to multiple quinolones and fluoroquinolones
- V09.6 Infection with microorganisms resistant to sulfonamides
- V09.70 Infection with microorganisms without mention of resistance to multiple antimycobacterial agents
- V09.71 Infection with microorganisms with resistance to multiple antimycobacterial agents
- V09.80 Infection with microorganisms without mention of resistance to multiple drugs
- V09.81 Infection with microorganisms with resistance to multiple drugs
ICD-10-CM
Z91.81 History of falling
At risk for falling
This code can be first listed or secondary depending on “chiefly responsible” for today’s encounter

ICD-9-CM
V15.88 History of fall
At risk for falling
This code can be first listed or secondary depending on “chiefly responsible” for today’s encounter
General – BMI, tobacco use/smoking exposure, health status

Use additional code, if applicable, to identify:

→ exposure to environmental tobacco smoke (Z77.22)
→ history of tobacco use (Z87.891)
→ occupational exposure to environmental tobacco smoke (Z57.31)
→ tobacco dependence (F17.-)
→ tobacco use (Z72.0)
This add-on code message is found in several categories of ICD-10-CM codes:

- Respiratory conditions such as asthma, COPD
- Vascular conditions such as hypertension
- Cancer codes such as oral, esophageal
Acute vs Chronic

J01  Acute sinusitis
Includes: acute abscess of sinus acute empyema of sinus acute infection of sinus acute inflammation of sinus acute suppuration of sinus
→Use additional code (B95-B97) to identify infectious agent

  J01.00  Acute maxillary sinusitis, unspecified
  J01.01  Acute recurrent maxillary sinusitis
  J01.10  Acute frontal sinusitis, unspecified
  J01.11  Acute recurrent frontal sinusitis
J32  Chronic sinusitis

Includes: sinus abscess
        sinus empyema
        sinus infection ←
        sinus suppuration

J32.0  Chronic maxillary sinusitis
        Antritis (chronic)
        Maxillary sinusitis NOS

J32.1  Chronic frontal sinusitis
        Frontal sinusitis NOS
J01. ___ ___ Acute Sinusitis location_______ [ ] recurrent

J32. ___ Chronic Sinusitis
location__________________________
<table>
<thead>
<tr>
<th>Diabetes Mellitus</th>
<th>Diabetes found at E08 thru E13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E08</strong></td>
<td>Diabetes mellitus due to underlying condition</td>
</tr>
<tr>
<td><strong>E09</strong></td>
<td>Drug or chemical induced diabetes mellitus</td>
</tr>
<tr>
<td><strong>E10</strong></td>
<td>Type 1 diabetes mellitus</td>
</tr>
<tr>
<td><strong>E11</strong></td>
<td>Type 2 diabetes mellitus</td>
</tr>
<tr>
<td><strong>E13</strong></td>
<td>Other specified diabetes mellitus</td>
</tr>
</tbody>
</table>
Pregnancy and Diabetes

Additional diabetes codes are found in the OB Chapter 15 with;

Pre-existing diabetes at O24.31- (Type 1 and Type 2)
Gestational Diabetes O24.41-
Documenting Common Conditions in ICD-10
If there are complications/manifestations of the diabetes, additional details may be necessary for the following conditions:

- Arthropathy
- Site of ulcer
- Severity of retinopathy
- With/without macular edema
- Stage of CKD
- Gangrene
- Hyperglycemia

Each manifestation documented should be coded separately.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E08.621</td>
<td>Diabetes mellitus due to underlying condition with foot ulcer</td>
</tr>
<tr>
<td>E09.621</td>
<td>Drug or chemical induced diabetes mellitus with foot ulcer</td>
</tr>
<tr>
<td>E10.621</td>
<td>Type 1 diabetes mellitus with foot ulcer</td>
</tr>
<tr>
<td>E11.621</td>
<td>Type 2 diabetes mellitus with foot ulcer</td>
</tr>
<tr>
<td>E13.621</td>
<td>Other specified diabetes mellitus with foot ulcer</td>
</tr>
</tbody>
</table>
M25.511  Pain in right shoulder
M25.512  Pain in left shoulder
M25.519  Pain in unspecified shoulder
M25.521  Pain in right elbow
M25.522  Pain in left elbow
M25.529  Pain in unspecified elbow
M25.531  Pain in right wrist
M25.532  Pain in left wrist
M25.539  Pain in unspecified wrist
M25.411 thru M25.48
Effusion of Joint

By joint, left versus right

M25.411 Effusion, right shoulder
M25.412 Effusion, left shoulder
M25.419 Effusion, unspecified shoulder
M25.421 Effusion, right elbow
M25.422 Effusion, left elbow
M25.5 ___ ___ Pain, joint_______location [ ]right [ ]left
M24.4 ___ ___ Effusion, joint,___location [ ]right [ ]left
<table>
<thead>
<tr>
<th>Z00.00</th>
<th>Encounter for general adult medical examination without abnormal findings</th>
<th>Encounter for adult health check-up NOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z00.01</td>
<td>Encounter for general adult medical examination with abnormal findings</td>
<td>→Use additional code to identify abnormal findings</td>
</tr>
</tbody>
</table>
New Concepts: Underdosing

The concept of underdosing has been added to the poisoning and adverse effect classification

- Includes the ability to report why the underdosing is occurring

T38.3X6A - Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, initial encounter
T38.3X6D - Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, subsequent encounter
T38.3X6S - Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, sequelae

Z91.120 - Patient’s intentional underdosing of medication regimen due to financial hardship
Z91.128 - Patient’s intentional underdosing of medication regimen for other reason
Z91.130 - Patient’s unintentional underdosing of medication regimen due to age-related debility
Z91.138 - Patient’s unintentional underdosing of medication regimen for other reason
Exercise 1

Asthma

Current History
8 year old female here for follow up to ER visit 2 days ago for shortness of breath. The patient was discharged with a diagnosis of asthma and Albuterol inhaler prescription. Patient is stable on inhaler.

History
- Patient has seasonal allergies with rhinorrhea and a history of wheezing during physical exertion. Last episode occurred during PE at school and the patient was taken to the ER for assessment and treatment.
- Patient has been exposed to second hand cigarette smoke since infancy; father is a pack-a-day smoke
- The patient has a history of moderately severe episodes of awakening at night approximately 2 times a week requiring the use of an inhaler.

Assessment
- Moderate persistent asthma
- Seasonal allergic rhinitis
- Second hand smoke exposure
Answer 1

Asthma

CODING

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis Codes</th>
<th>ICD-10-CM Diagnosis Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>493.02 – Asthma, extrinsic, acute exacerbation</td>
<td>J45.41 – Moderate persistent asthma with (acute) exacerbation</td>
</tr>
<tr>
<td>477.0 – Allergic rhinitis, due to pollen</td>
<td>J30.1 – Allergic rhinitis, due to pollen</td>
</tr>
<tr>
<td></td>
<td>Z77.22 – Contact with and (suspected) exposure to environmental tobacco smoke (acute) (chronic)</td>
</tr>
</tbody>
</table>

ANALYSIS

- ICD-10 does not include the concept of extrinsic, but does include whether asthma is mild intermittent or persistent or moderate and severe persistent.
- ICD-10 guidelines now require the use of an additional code to indicate if a patient is exposed to tobacco smoke.
- Moderate Persistent Asthma
  - Symptoms occur daily, and the disease severity warrants regular use of medications for control.
  - Patients are constantly aware of their disease, require medications on a daily basis, have their sleep interrupted at least weekly, and have to accommodate their life style to the disease.
  - Pulmonary function is moderately abnormal, with the FEV1 being 60-80
Free ICD -10 Resources and Tools
ICD-10 Resources

ICD-10 Website


CMS Home Health Resources

- [http://www.cms.gov/Medicare/Medicare-fee-for-service-Payment/HomeHealthPPS/index.html](http://www.cms.gov/Medicare/Medicare-fee-for-service-Payment/HomeHealthPPS/index.html)

Mapping (GEMs)

- GEMs Crosswalk documents
ICD-10 Resources (cont’d)

Medicare Learning Network Articles


ICD-10 National Provider Calls


Provider Resources

- http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html
ICD-10 Resources (cont’d)

American Health Information Management Association (AHIMA)

- [http://www.ahima.org/education/onlineed/Programs/ICD10](http://www.ahima.org/education/onlineed/Programs/ICD10)

American Academy of Professional Coders (AAPC)

Questions and Discussion