

Diagnosis Coding: Using the ICD-10-CM Web-Based Training Course

Introduction page 1 of 6

Welcome to the “Diagnosis Coding: Using the ICD-10-CM” Web-Based Training Course

The “Diagnosis Coding: Using the ICD-10-CM” Web-Based Training Course is brought to you by the Medicare Learning Network®, a registered trademark of the U.S. Department of Health & Human Services (HHS).

This course provides International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) implementation guidance. It also provides information on the new ICD-10-CM classification system and coding examples.

It is useful for physicians, non-physician practitioners, health care administrators, medical coders, billing and claim processing personnel, and other medical administrative staff who are responsible for submitting claims for payment using ICD-10-CM codes. When “you” is used in this course, we are referring to these health care providers.

Please note: The information in this course applies to all Health Insurance Portability and Accountability Act (HIPAA)-covered entities.



November 2015

About the Medicare Learning Network®

Welcome to the Medicare Learning Network® – Your free Medicare education and information resource!

The Medicare Learning Network® (MLN) is the home for education, information, and resources for the health care professional community. The MLN provides access to CMS Program information you need, when you need it, so you can focus more on providing care to your patients.

Serving as the umbrella for a variety of CMS education and communication activities, the MLN offers:

1. [Educational Products \(http://go.cms.gov/MLNProducts\)](http://go.cms.gov/MLNProducts), including [MLN Matters® Articles \(http://go.cms.gov/MLNMattersArticles\)](http://go.cms.gov/MLNMattersArticles)
2. [Web-Based Training \(WBT\) Courses \(https://learner.mlnlms.com\)](https://learner.mlnlms.com) (many offer Continuing Education credits)
3. [MLN Connects® National Provider Call Program \(http://www.cms.gov/Outreach-and-Education/Outreach/NPC/index.html\)](http://www.cms.gov/Outreach-and-Education/Outreach/NPC/index.html)
4. [MLN Connects® Provider Association Partnerships \(http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-Partnership/index.html\)](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-Partnership/index.html)
5. [MLN Connects® Provider eNews \(http://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Index.html\)](http://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Index.html)
6. [Provider electronic mailing lists \(http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MailingLists_FactSheet.pdf\)](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MailingLists_FactSheet.pdf)

About the Medicare Learning Network® (continued)

CMS relies on its Medicare Administrative Contractors (MACs) to assist us in delivering education and information to Medicare FFS providers. These contractors maintain toll-free telephone lines for inquiries; provider self-service options, such as websites and portals; and conduct outreach and education, including interactions with individual providers, group practices, and local professional associations.

If you have questions about the Medicare Program, you should first get in touch with your MAC. To find contact information, please use the [Review Contractor Directory - Interactive Map](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/index.html) (<http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/index.html>).

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).

Introduction page 4 of 6

Course Objectives

After you complete this course, you should be able to correctly:

- Recognize the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) implementation date;
- Identify ICD-10-CM structure and format;
- Select ICD-10-CM features;
- Recognize how to find correct ICD-10-CM codes; and
- Identify ICD-10 implementation tasks.

Introduction page 5 of 6

Course Content

This course consists of reference documents, course content, a post-assessment, and a course evaluation. Successful completion of the course requires completion of the course evaluation and a cumulative score of 70 percent or higher on the post-assessment.

This course uses cues at various times to provide additional information. The cues are hyperlinks, buttons, and rollovers. For more information on using these cues, as well as suggested browser settings, click the Help button in the top right corner. The Reference button includes two job aids, a glossary, the text-only version of the course, and the ICD-10 website wheel. You may print these materials now or at any time during this course. These course resources may be accessed by selecting the Reference button at the top of each course page.

After you successfully complete this course, you will be given instructions on how to print your certificate.

Click on the Disclaimers button for Centers for Medicare & Medicaid Services (CMS) disclaimers pertaining to this web-based training course.

Content Disclaimer

This educational product was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

Product Disclaimer

This educational product was prepared as a service to the public and is not intended to grant rights or impose obligations. This educational product may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Medicare Learning Network® (MLN) Standard Language

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).

Introduction page 6 of 6

Lessons

This course is divided into four lessons.

- Lesson One: ICD-10 Basics
- Lesson Two: Features of ICD-10-Clinical Modification (CM)
- Lesson Three: Coding Examples
- Lesson Four: Implementation

This course will take approximately 1 hour to complete. You do not have to complete the course in one session. If you exit the course and return later, the course will open on the last page viewed.

Each lesson will take approximately 10-20 minutes to complete. After you complete the lessons, you will complete a post-assessment and course evaluation.

Click Continue to return to the Course Menu and then select Lesson One: ICD-10 Basics.

In this lesson, we'll learn about the background of International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS), benefits of ICD-10-CM, similarities and differences between International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) and ICD-10-CM, where to find ICD-10-CM codes and guidelines, and General Equivalence Mappings (GEMs).

Lesson Objectives

After completing this lesson, you should be able to correctly:

- Identify basics of ICD-10-CM/PCS;
- Select the ICD-10 implementation date;
- Recognize similarities between ICD-9-CM and ICD-10-CM; and
- Identify the GEMs.

This lesson will take approximately 20 minutes to complete.

Course Resources

This course offers the following resources:

- A downloadable "ICD-10 Website Wheel" featuring key CMS International Classification of Diseases, 10th Edition (ICD-10) web pages; and
- Two job aids, a glossary, and the text-only version of the course.

These course resources may be accessed by selecting the Reference button at the top of each course page.

Background

First, let's go over some basic ICD-10-CM/PCS information.

ICD-10 is an improved classification system that consists of two parts:

- International Classification of Diseases, 10th Edition, Clinical Modification

(ICD-10-CM) - The diagnosis classification system developed by the Centers for Disease Control and Prevention (CDC) for use in all United States (U.S.) health care treatment settings; and

- International Classification of Diseases, 10th Edition, Procedure Coding System (ICD-10-PCS) - The procedure classification system developed by the Centers for Medicare & Medicaid Services (CMS) for use in the U.S. for inpatient hospital settings **only**.

When ICD-10 is implemented on October 1, 2015, it will not affect physicians', outpatient facilities', and hospital outpatient departments' use of Current Procedural Terminology (CPT) codes on Medicare Fee-For-Service (FFS) claims. Providers should continue to use CPT codes to report these services.

Lesson One: ICD-10 Basics page 4 of 38

Background (continued)

The compliance date for implementation of ICD-10 is October 1, 2015, for all Health Insurance Portability and Accountability Act (HIPAA)-covered entities.

International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM) will replace International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) diagnosis codes in all health care settings for diagnosis reporting with dates of service, or dates of discharge for inpatients, that occur on or after the compliance date. Diagnosis codes are alphanumeric codes (letters and numbers) that represent the medical terminology used for each service or item given by a provider or health care facility (as noted in the medical records).

You cannot submit claims with ICD-9-CM codes for services provided on or **after** October 1, 2015, and you cannot submit claims with ICD-10-CM codes for services provided **prior** to October 1, 2015.

To find more information about the ICD-10 compliance date, refer to the final rules located on the [CMS ICD-10 Statute and Regulations web page](http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html) (http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html).

Lesson One: ICD-10 Basics page 5 of 38

Benefits of ICD-10-CM

ICD-10-CM incorporates much greater clinical detail and specificity than ICD-9-CM. Terminology and disease classification are updated to be consistent with current clinical practice.

The modern classification system provides much better data needed for:

- Measuring the quality, safety, and efficacy of care;
- Reducing the need for attachments when processing claims to explain the patient's condition;
- Designing payment systems and processing claims for reimbursement;
- Conducting research, epidemiological studies, and clinical trials; and
- Setting health policy.

Lesson One: ICD-10 Basics page 6 of 38

Benefits of ICD-10-CM (continued)

The modern classification system also provides much better data needed for:

- Operational and strategic planning;
- Designing health care delivery systems;
- Monitoring resource use;
- Improving clinical, financial, and administrative performance;
- Preventing and detecting health care fraud and abuse; and
- Tracking public health and risks.

Non-specific codes are still available for use when medical record documentation does not support a more specific code.

Lesson One: ICD-10 Basics page 7 of 38

Review Question

Select true or false.

The compliance date for implementation of ICD-10 is January 1, 2016, for all Health Insurance Portability and Accountability Act (HIPAA)-covered entities.

- A. True
- B. False

The correct answer is B.

Lesson One: ICD-10 Basics page 8 of 38

Review Question

Select the correct answer.

ICD-10-CM provides much better data for many uses. Which of the following is **not** one of these uses?

- A. Designing health care delivery systems
- B. Extending claim timely filing requirements
- C. Measuring the quality, safety, and efficacy of care
- D. Improving clinical, financial, and administrative performance

The correct answer is B.

Lesson One: ICD-10 Basics page 9 of 38

Similarities and Differences Between ICD-9-CM and ICD-10-CM

ICD-9-CM Diagnoses Codes:

- Are 3–5 digits;
- The first digit is alpha (E or V) or numeric (alpha characters are not case sensitive);
- Digits 2–5 are numeric; and
- A decimal is used after the third character.

Lesson One: ICD-10 Basics page 10 of 38

Similarities and Differences Between ICD-9-CM and ICD-10-CM (continued)

The ICD-10-CM is divided into:

- An Alphabetic Index; and
- A Tabular List.

The Alphabetic Index is an alphabetical list of ICD-10-CM terms and their corresponding code that helps you determine which section to refer to in the Tabular List. It does not always provide the full code.

The Tabular List is a chronological list of codes divided into chapters based on body system or condition.

We'll learn how to find the correct ICD-10-CM code using the Alphabetic Index and Tabular List in Lesson Three.

ICD-10-CM uses 3–7 alpha and numeric digits and full code titles, but the format is very much the same as ICD-9-CM (for example, ICD-10-CM has the same hierarchical

structure as ICD-9-CM). Primarily, changes in ICD-10-CM are in its organization, code composition, and level of detail.

Similarities and Differences Between ICD-9-CM and ICD-10-CM (continued)

ICD-10-CM diagnosis codes:

- Are 3–7 digits;
- Digit 1 is alpha (all letters except U are used);
- Digit 2 is numeric;
- Digits 3–7 are alpha or numeric; and
- A decimal is used after the third character.

Note that alpha characters are not case sensitive.

Examples:

Code	Diagnosis
A78	Q fever
A69.21	Meningitis due to Lyme disease
S52.131A	Displaced fracture of neck of right radius, initial encounter for closed fracture

Similarities and Differences Between ICD-9-CM and ICD-10-CM (continued)

The 7th character in ICD-10-CM is used in several chapters (such as Obstetrics, Injury, Musculoskeletal, and External Cause). It is required for all codes within the chapter or as notes in the Tabular List instruct.

The 7th character has a different meaning depending on the section where it is used. For example, in the Injury and External Cause sections, it classifies an initial encounter, subsequent encounter, or sequela (late effect). Sequela is the residual effect (condition produced) after the acute phase of an illness or injury has terminated. There is no time limit on when a sequela code can be used.

The 7th character must always be the 7th character in the data field. When it applies, codes missing this character are invalid. We'll learn more about character "x" in Lesson Two. Character "x" is used as a placeholder in ICD-10-CM in certain codes to allow for future expansion and fill in empty characters when a code that is less than 6 characters in length requires a 7th character.

The “Using the ICD-10-CM” job aid includes additional information about the 7th character. This job aid can be accessed by clicking the Job Aid button below or by selecting the Reference button at the top of any course page.

Lesson One: ICD-10 Basics page 13 of 38

Review Question

Select true or false.

The ICD-10-CM is divided into an Alphabetic Index and a Tabular List.

- A. True
- B. False

The correct answer is A.

Lesson One: ICD-10 Basics page 14 of 38

Review Question

Select the correct answer.

The first digit of an ICD-10-CM diagnosis code is:

- A. Alpha
- B. Numeric
- C. Alpha or numeric
- D. Variable

The correct answer is A.

Lesson One: ICD-10 Basics page 15 of 38

Where to Find ICD-10-CM Codes and Guidelines

ICD-10-CM codes are available in both electronic and hard copy format.

You can access ICD-10-CM codes electronically on the National Center for Health Statistics (NCHS), [Centers for Disease Control and Prevention website \(http://www.cdc.gov/nchs/icd/icd10cm.htm\)](http://www.cdc.gov/nchs/icd/icd10cm.htm).

Hard copy code books are available from code book publishers.

Where to Find ICD-10-CM Codes and Guidelines (continued)

The Centers for Medicare & Medicaid Services (CMS) and National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), provide the “ICD-10-CM Official Guidelines for Coding and Reporting” in coding and reporting using ICD-10-CM. These guidelines are a set of rules that accompany and complement the official conventions and instructions provided within ICD-10-CM. Conventions are the general rules for use of the classification independent of the guidelines. These conventions are incorporated within the Alphabetic Index and Tabular List of ICD-10-CM as instructional notes.

You can download and print the “ICD-10-CM Official Guidelines for Coding and Reporting” on the [CDC ICD-10-CM web page](http://www.cdc.gov/nchs/icd/icd10cm.htm) (<http://www.cdc.gov/nchs/icd/icd10cm.htm>) and at <http://www.cms.gov/Medicare/Coding/ICD10/Downloads/2016-ICD-10-CM-Guidelines.pdf> on the CMS website.

The “Using the ICD-10-CM” job aid features more information on ICD-10-CM coding conventions. This job aid can be accessed by selecting the Reference button at the top of any course page.

General Equivalence Mappings

Let’s discuss the General Equivalence Mappings (GEMs), which is a tool that can help you prepare for ICD-10. The General Equivalence Mappings is a tool you can use to convert data from ICD-9-CM to ICD-10-CM/PCS and vice versa.

CMS and Centers for Disease Control and Prevention (CDC) created the GEMs as a tool for the conversion of data from ICD-9-CM to ICD-10-CM and ICD-10-PCS and vice versa. The GEMs can be used to:

- Assist with the conversion of ICD-9-CM codes to ICD-10-CM/PCS codes;
- Assist with the conversion of ICD-10-CM/PCS codes back to ICD-9-CM codes; and
- Ensure that consistency in national data is maintained.

General Equivalence Mappings (continued)

We need the GEMs because:

- ICD-10 is much more specific:
 - For diagnoses, there were 14,567 ICD-9-CM codes and 69,832 ICD-10-CM codes; and
 - For procedures, there were 3,882 ICD-9-CM codes and 71,924 ICD-10-PCS codes (in the 2015 versions of ICD-9-CM, ICD-10-CM, and ICD-10-PCS).

Lesson One: ICD-10 Basics page 19 of 38

General Equivalence Mappings (continued)

Additional reasons we need the GEMs include:

- One ICD-9-CM diagnosis code is represented by multiple ICD-10-CM codes:
 - **82002** Fracture of midcervical section of femur, closed:
 - **From** S72031A Displaced midcervical fracture of right femur, initial encounter for closed fracture; delayed healing;
 - **From** S72032A Displaced midcervical fracture of left femur, initial encounter for closed fracture;
 - And other codes from the GEMs;

Lesson One: ICD-10 Basics page 20 of 38

General Equivalence Mappings (continued)

We also need the GEMs because:

- One ICD-10-CM diagnosis code is represented by multiple ICD-9-CM codes:
 - **E11341** Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema:
 - To ICD-9 cluster:
 - 25050 Diabetes with ophthalmic manifestations, type II or specified type, not stated as uncontrolled;
 - 36206 Severe nonproliferative diabetic retinopathy;
 - 36207 Diabetic macular edema;

Lesson One: ICD-10 Basics page 21 of 38

General Equivalence Mappings (continued)

Additional reasons we need the GEMs include:

- A few ICD-10-CM codes have no predecessor ICD-9-CM codes:
 - T500x6A Underdosing of mineralocorticoids and their antagonists, initial encounter;
 - T501x6A Underdosing of loop [high-ceiling] diuretics, initial encounter;

- T502x6A Underdosing of carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, initial encounter;
- T503x6A Underdosing of electrolytic, caloric and water-balance agents, initial encounter;
- T504x6A Underdosing of drugs affecting uric acid metabolism, initial encounter;
- And others found in the GEMs.

Lesson One: ICD-10 Basics page 22 of 38

General Equivalence Mappings (continued)

We also need the GEMs because:

- One ICD-9-CM procedure code is captured by multiple ICD-10-PCS codes:
 - **8659** Suture of Skin and Subcutaneous Tissue of Other Sites:
 - **To** 0JQ10ZZ Repair Face Subcutaneous Tissue and Fascia, Open Approach;
 - **To** 0JQ13ZZ Repair Face Subcutaneous Tissue and Fascia, Percutaneous Approach;
 - **To** 0JQ40ZZ Repair Anterior Neck Subcutaneous Tissue and Fascia, Open Approach;
 - **To** 0JQ43ZZ Repair Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach;
 - And others found in the GEMs.

Lesson One: ICD-10 Basics page 23 of 38

Review Question

Select true or false.

The Food and Drug Administration created the GEMs.

- A. True
- B. False

The correct answer is B.

Review Question

Select true or false.

One reason we need the GEMs is that ICD-10 is much more specific.

- A. True
- B. False

The correct answer is A.

General Equivalence Mappings (continued)

The GEMs are also known as crosswalks as they provide important information linking codes of one system with codes in the other system. The GEMs are a comprehensive translation dictionary you can use to accurately and effectively translate any ICD-9-CM-based data, including data for:

- Tracking quality;
- Recording morbidity/mortality;
- Calculating reimbursement; or
- Converting any ICD-9-CM-based application to ICD-10-CM/PCS such as:
 - Payment systems;
 - Payment and coverage edits;
 - Risk adjustment logic;
 - Quality measures; and
 - A variety of research applications involving trend data.

General Equivalence Mappings (continued)

Mapping from ICD-10-CM and ICD-10-PCS codes back to ICD-9-CM codes is known as backward mapping. Mapping from ICD-9-CM codes to ICD-10-CM and PCS codes is known as forward mapping. The GEMs are complete in their description of all the mapping possibilities as well as when there are new concepts in ICD-10 that are not found in ICD-9-CM. **All** ICD-9-CM codes and **all** ICD-10-CM/PCS codes are included in the collective GEMs:

- All ICD-10-CM codes are in the ICD-10-CM to ICD-9-CM GEMs;
- All ICD-9-CM diagnosis codes are in the ICD-9-CM to ICD-10-CM GEMs;

- All ICD-10-PCS codes are in the ICD-10-PCS to ICD-9-CM GEMs; and
- All ICD-9-CM procedure codes are in the ICD-9-CM to ICD-10-PCS GEMs.

Lesson One: ICD-10 Basics page 27 of 38

Review Question

Select true or false.

The GEMs can be used to accurately and effectively translate any ICD-9-CM-based data, including data for calculating reimbursement.

- A. True
- B. False

The correct answer is A.

Lesson One: ICD-10 Basics page 28 of 38

Review Question

Select true or false.

Mapping from ICD-9-CM codes to ICD-10-CM and PCS codes is known as backward mapping.

- A. True
- B. False

The correct answer is B.

Lesson One: ICD-10 Basics page 29 of 38

General Equivalence Mappings (continued)

The GEMs are designed to be used like a bi-directional translation dictionary. They go in both directions so that you can look up a code to find out what it means according to the concepts and structure used by the other coding system. The bi-directionality is similar to how Spanish-English and English-Spanish dictionaries are designed. Neither the two dictionaries nor the GEMs are a mirror image of each other. Because the translation alternatives are **based on the meaning of the code you are looking up** (which includes index entries, tabular instruction, and applicable Coding Clinic advice), the ICD-10-PCS to ICD-9-CM GEMs are not a mirror image of the ICD-9-CM to ICD-10-PCS GEMs.

General Equivalence Mappings (continued)

The GEMs were designed to convert current ICD-9-CM codes to applicable ICD-10 codes. You can use a reverse lookup of the backward mappings (ICD-10-CM/PCS to ICD-9-CM GEMs, looked up by ICD-9-CM code) to convert payment logic or coverage decisions from ICD-9-CM codes to ICD-10 codes. You could also use this mapping (ICD-10-CM/PCS to ICD-9-CM GEMs) to examine trend data over multiple years, spanning the implementation of ICD-10.

General Equivalence Mappings (continued)

For example, after ICD-10 is implemented, you will be able to compare how frequencies changed for a specific condition using an ICD-10 code compared to prior years using ICD-9-CM codes. You can use the forward mapping (ICD-9-CM to ICD-10-CM/PCS GEMs) to convert ICD-9-CM-based edits. You can also use the forward mapping for any analysis or conversion project that needs to examine ICD-10 codes and to determine the ICD-9-CM code(s) that previously captured this diagnosis or procedure.

Review Question

Select true or false.

The ICD-10-PCS to ICD-9-CM GEMs are a mirror image of the ICD-9-CM to ICD-10-PCS GEMs.

- A. True
- B. False

The correct answer is B.

Review Question

Select true or false.

After ICD-10 is implemented, you will be able to compare how frequencies changed for a specific condition using an ICD-10 code compared to prior years using ICD-9-CM codes.

- A. True
- B. False

The correct answer is A.

Lesson One: ICD-10 Basics page 34 of 38

General Equivalence Mappings (continued)

The GEMs are not a substitute for learning how to use ICD-10-CM and ICD-10-PCS.

When ICD-10 is implemented on October 1, 2015, coding staff will use ICD-10-CM/PCS code books or encoder systems to code rather than using the GEMs. When coding individual claims, it will be more efficient and accurate to work from the medical record documentation and then select the appropriate code(s) from the code book.

Lesson One: ICD-10 Basics page 35 of 38

General Equivalence Mappings (continued)

CMS posts the GEMs annually along with updates to ICD-10-CM/PCS during the transition period prior to ICD-10 implementation and will maintain them for at least 3 years beyond the October 1, 2015, ICD-10 implementation date.

To access the GEMs, visit the [CMS ICD-10 web page](http://www.cms.gov/Medicare/Coding/ICD10/index.html) (<http://www.cms.gov/Medicare/Coding/ICD10/index.html>) and in the left-hand menu select the ICD-10 and GEMs link for the appropriate year.

Lesson One: ICD-10 Basics page 36 of 38

Review Question

Select true or false.

The GEMs are a good substitute for learning how to use ICD-10-CM and ICD-10-PCS.

- A. True
- B. False

The correct answer is B.

Lesson One: ICD-10 Basics page 37 of 38

Review Question

Select true or false.

When ICD-10 is implemented, coding staff will continue to use the GEMs to code.

- A. True
- B. False

The correct answer is B.

Lesson One: ICD-10 Basics page 38 of 38

Conclusion

You have now completed Lesson One: ICD-10 Basics. Click Continue to return to the Course Menu. Then, select Lesson Two: Features of ICD-10-CM. A lesson must be completed by clicking Continue before leaving the course to come back to the next lesson later.

Lesson Two: Features of ICD-10-CM page 1 of 27

In this lesson, we'll learn about new features in International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM), additional changes in ICD-10-CM, and use of external cause and unspecified codes.

Lesson Objectives

After completing this lesson you should be able to correctly:

- Identify new features in ICD-10-CM.

This lesson will take approximately 15 minutes to complete.

New Features in ICD-10-CM

The following new features can be found in International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM):

- Laterality;
- Combination codes for certain conditions and common associated symptoms and manifestations;
- Combination codes for poisonings and their associated external cause;
- Obstetrics codes that identify trimester instead of episode of care;
- Character “x” is used as a placeholder in certain codes;
- Excludes Notes;
- Inclusion of clinical concepts that do not exist in International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM); and
- Significantly expanded codes.

We’ll learn more about each new feature on the following pages.

New Features in ICD-10-CM (continued)

Laterality

Some International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM) codes indicate the condition’s laterality, and some codes indicate if the condition is bilateral. Laterality specifies whether a condition occurs on the left or right side of the body or an organ or gland or specifies that it is bilateral. A bilateral condition affects both the left and right sides of the body or an organ or gland.

If the condition is bilateral and no bilateral ICD-10-CM code is provided, assign separate codes for both the left and right side. If the side is not identified in the medical record, assign the code for the unspecified side.

Some examples are provided in the chart below.

Code	Diagnosis
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
H16.013	Central corneal ulcer, bilateral
L89.012	Pressure ulcer of right elbow, stage II

Lesson Two: Features of ICD-10-CM page 4 of 27

New Features in ICD-10-CM (continued)

Combination Codes for Certain Conditions and Common Associated Symptoms and Manifestations

ICD-10-CM includes combination codes for certain conditions and common associated symptoms and manifestations.

A combination code is a single code used to classify:

- Two diagnoses;
- A diagnosis with an associated secondary process (manifestation); or
- A diagnosis with an associated complication.

Combination codes are identified by:

- Referring to subterm entries in the ICD-10-CM Alphabetic Index; and
- Reading the Inclusion and Exclusion Notes in the Tabular List.

Subterms appear indented under the main terms listed in the ICD-10-CM Alphabetic Index. Inclusion and Exclusion Notes are notes included under certain ICD-10-CM codes to indicate conditions for which the code may or may not be used.

Lesson Two: Features of ICD-10-CM page 5 of 27

New Features in ICD-10-CM (continued)

Combination Codes for Certain Conditions and Common Associated Symptoms and Manifestations (continued)

You should assign a combination code only when the code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs.

You should not use multiple coding when a combination code is provided that clearly identifies all of the elements documented in the diagnosis.

When the combination code lacks necessary specificity in describing the manifestation or complication, you should use an additional code as a secondary code.

Some examples are provided in the chart below.

Code	Diagnosis
K57.21	Diverticulitis of large intestine with perforation and abscess with bleeding
E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris

Lesson Two: Features of ICD-10-CM page 6 of 27

New Features in ICD-10-CM (continued)

Combination Codes for Poisonings and Their Associated External Cause

ICD-10-CM features combination codes for poisonings and their associated external cause. These codes identify both the substance that was taken and the intent.

No additional external cause code is required for poisonings, toxic effects, adverse effects, and underdosing codes. Underdosing means taking less of a medication than is prescribed by a health care provider or a manufacturer's instruction.

An example is provided in the chart below.

Code	Diagnosis
T42.3x2S	Poisoning by barbiturates, intentional self-harm, sequela

New Features in ICD-10-CM (continued)

Obstetric Codes That Identify Trimester Instead of Episode of Care

You may report the trimester of pregnancy if the condition can occur in more than one trimester. The trimester is reflected in the final character of the code.

If trimester is not a component of a code, it is because the condition always occurs in a specific trimester or the concept of trimester of pregnancy is not applicable. Certain ICD-10-CM codes have characters for only certain trimesters because the condition does not occur in all trimesters, but it may occur in more than just one.

Each category that includes codes for trimester has a code for **unspecified trimester**. The **unspecified trimester** code should rarely be used, such as when the documentation in the record is insufficient to determine the trimester and you cannot obtain clarification.

An example is provided in the chart below.

Code	Diagnosis
O26.02	Excessive weight gain in pregnancy, second trimester

Review Question

Select the correct answer.

Some ICD-10-CM codes identify laterality, which specifies whether the condition:

- A. Occurs on the upper or lower body
- B. Occurs on the left or right side of the body or an organ or gland or specifies that it is bilateral
- C. Affects the cardiovascular system
- D. Affects only internal organs

The correct answer is B.

Review Question

Select true or false.

One way to identify combination codes is to refer to subterm entries in the ICD-10-CM Tabular List.

- A. True
- B. False

The correct answer is B.

Review Question

Select true or false.

The trimester of pregnancy is reflected in the second character of the ICD-10-CM code.

- A. True
- B. False

The correct answer is B.

New Features in ICD-10-CM (continued)

Character “x” Used as a Placeholder in Certain Codes

ICD-10-CM uses a character “x” as a placeholder in certain codes to:

- Allow for future expansion; and
- Fill in other empty characters when a code that is less than 6 characters in length requires a 7th character.

If a placeholder exists, the “x” must be used for the code to be considered a valid code.

Some examples are provided in the chart below.

Code	Diagnosis
T46.1 <u>x</u> 5A	Adverse effect of calcium-channel blockers, initial encounter
T15.02 <u>x</u> D	Foreign body in cornea, left eye, subsequent encounter

Lesson Two: Features of ICD-10-CM page 12 of 27

New Features in ICD-10-CM (continued)

Excludes Notes

ICD-10-CM has two types of Excludes Notes: Excludes 1 and Excludes 2. Excludes Notes are notes indicating that codes excluded from each other are independent of each other. Each note has a different definition for use; however, they are similar because they both indicate that codes excluded from each other are independent of each other.

We'll review these notes on the following pages.

Lesson Two: Features of ICD-10-CM page 13 of 27

New Features in ICD-10-CM (continued)

Excludes Notes (continued)

Excludes 1 Note

An Excludes 1 Note indicates that the code excluded should never be used with the code where the note is located because the two conditions cannot occur together. You should not report both codes.

The Excludes 1 Note in the example below shows that the code for a congenital form of a disease cannot be reported with the code for the acquired form of the same condition.

Code	Diagnosis
Q03	Congenital hydrocephalus Excludes 1: acquired hydrocephalus (G91.-)

New Features in ICD-10-CM (continued)

Excludes Notes (continued)

Excludes 2 Note

An Excludes 2 Note indicates that the condition excluded is not part of the condition represented by the code but a patient may have both conditions at the same time, in which case both codes may be assigned together. You can report both codes to capture both conditions.

The Excludes 2 Note in the example below shows that the code for dermatitis due to ingested food can also be reported with the code for dermatitis due to food in contact with skin.

Code	Diagnosis
L27.2	Dermatitis due to ingested food Excludes 2: dermatitis due to food in contact with skin (L23.6, L24.6, L25.4)

Review Question

Select true or false.

ICD-10-CM uses a character “x” as a placeholder in certain codes to allow for future expansion and fill in other empty characters when a code that is less than 6 characters in length requires a 7th character.

- A. True
- B. False

The correct answer is A.

Review Question

Select true or false.

An Excludes 2 Note indicates that the code excluded should never be used with the code where the note is located.

- A. True
- B. False

The correct answer is B.

New Features in ICD-10-CM (continued)

Inclusion of Clinical Concepts That Do Not Exist in ICD-9-CM

ICD-10-CM includes clinical concepts such as:

- Underdosing;
- Blood type; and
- Blood alcohol level.

Some examples are provided in the chart below.

Code	Diagnosis
T45.526D	Underdosing of antithrombotic drugs, subsequent encounter
Z67.40	Type O blood, Rh positive
Y90.6	Blood alcohol level of 120 – 199 mg/100 ml

New Features in ICD-10-CM (continued)

Significantly Expanded Codes

A number of codes are significantly expanded, including codes for:

- Injuries;

- Diabetes;
- Substance abuse; and
- Postoperative (occurring after a surgical operation) complications.

Some examples are provided in the chart below.

Code	Diagnosis
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
F10.182	Alcohol abuse with alcohol-induced sleep disorder
T82.02xA	Displacement of heart valve prosthesis, initial encounter

Lesson Two: Features of ICD-10-CM page 19 of 27

New Features in ICD-10-CM (continued)

Significantly Expanded Codes (continued)

Some examples of expanded codes for postoperative complications are provided in the chart below. A distinction is made between intraoperative (occurring or encountered during the course of surgery) complications and postprocedural (occurring after a procedure) disorders.

Code	Diagnosis
D78.01	Intraoperative hemorrhage and hematoma of spleen complicating a procedure on the spleen
D78.21	Postprocedural hemorrhage and hematoma of spleen following a procedure on the spleen

Additional Changes in ICD-10-CM

Additional changes that can be found in ICD-10-CM are:

- Injuries are grouped by anatomical site rather than 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 are reclassified to different chapters or sections to reflect current medical knowledge;
- New code definitions (for example, definition of acute myocardial infarction is now 4 weeks rather than 8 weeks); and
- The codes corresponding to ICD-9-CM V codes (Factors Influencing Health Status and Contact with Health Services) and E codes (External Causes of Injury and Poisoning) are incorporated into the main classification (they are separated into supplementary classifications in ICD-9-CM).

Review Question

Select true or false.

Blood alcohol level is a clinical concept included in ICD-10-CM codes.

- A. True
- B. False

The correct answer is A.

Review Question

Select true or false.

ICD-10-CM groups injuries by type of injury rather than anatomical site.

- A. True
- B. False

The correct answer is B.

Use of External Cause

Similar to ICD-9-CM, there is no national requirement for mandatory ICD-10-CM external cause code reporting. Unless you are subject to a State-based external cause code reporting mandate or these codes are required by a particular payer, you are not required to report ICD-10-CM codes found in Chapter 20 of the ICD-10-CM, External Causes of Morbidity. If you have not been reporting ICD-9-CM external cause codes, you will not be required to report ICD-10-CM codes found in Chapter 20 unless a new State or payer-based requirement about the reporting of these codes is instituted. If such a requirement is instituted, it would be independent of ICD-10-CM implementation. In the absence of a mandatory reporting requirement, you are encouraged to voluntarily report external cause codes, as they provide valuable data for injury research and evaluation of injury prevention strategies.

Use of Unspecified Codes

In both ICD-9-CM and ICD-10-CM, sign/symptom and unspecified codes have acceptable, even necessary, uses. While you should report specific diagnosis codes when they are supported by the available medical record documentation and clinical knowledge of the patient's health condition, in some instances signs/symptoms or unspecified codes are the best choice to accurately reflect the health care encounter. You should code each health care encounter to the level of certainty known for that encounter.

If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis. When sufficient clinical information is not known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate unspecified code (for example, a diagnosis of pneumonia has been determined but the specific type has not been determined). In fact, you should report unspecified codes when such codes most accurately reflect what is known about the patient's condition at the time of that particular encounter. It is inappropriate to select a specific code that is not supported by the medical record documentation or to conduct medically unnecessary diagnostic testing to determine a more specific code.

Review Question

Select true or false.

In the absence of a mandatory reporting requirement, you may voluntarily report external cause codes as they provide valuable data for injury research and evaluation of injury prevention strategies.

- A. True
- B. False

The correct answer is A.

Review Question

Select the correct answer.

If a definitive diagnosis has not been established by the end of a health care encounter with a patient, you should:

- A. Report codes for signs/symptom(s) in lieu of a definitive diagnosis
- B. Report a specific code that is not supported by the medical record documentation but closely matches the patient's symptoms
- C. Conduct medically unnecessary diagnostic testing to determine a specific code
- D. Leave the code blank until you have more information

The correct answer is A.

Conclusion

You have now completed Lesson Two: Features of ICD-10-CM. Click Continue to return to the Course Menu. Then, select Lesson Three: Coding Examples. A lesson must be completed by clicking Continue before leaving the course to come back to the next lesson later.

In this lesson, we'll learn about the Alphabetic Index, Tabular List, and determining the correct International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM) code.

Lesson Objectives

After completing this lesson you should be able to correctly:

- Recognize how to determine the correct ICD-10-CM code.

This lesson will take approximately 20 minutes to complete.

Alphabetic Index

As we learned in Lesson One, International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM) is divided into an Alphabetic Index and a Tabular List.

The Alphabetic Index is an alphabetical list of ICD-10-CM terms and their corresponding code that helps you determine which section to refer to in the Tabular List. It does not always provide the full code.

The Tabular List is a chronological list of codes divided into chapters based on body system or condition.

The Alphabetic Index has two parts:

- Index to Diseases and Injuries; and
- Index to External Causes of Injury.

It also contains a Table of Neoplasms and a Table of Drugs and Chemicals.

The Table of Neoplasms is located in the Alphabetic Index that provides the proper code based on histology of the neoplasm and site. Neoplasm refers to a new, often uncontrolled growth of abnormal tissue.

The Table of Drugs and Chemicals is located in the Alphabetic Index that lists the drug, specific codes that identify the drug, and the intent. No additional external cause of injury and poisoning code is assigned in ICD-10-CM.

An example from the Alphabetic Index is featured on the right. The main term, Glioblastoma, appears in alphabetical order within the index. Indented subterms are included below the main term, as shown by dashes (-).

Glioblastoma (multiforme)

- with sarcomatous component
- - specified site —see *Neoplasm, malignant, by site*
- - unspecified site C71.9
- giant cell
- - specified site —see *Neoplasm, malignant, by site*
- - unspecified site C71.9
- specified site —see *Neoplasm, malignant, by site*
- unspecified site C71.9

Lesson Three: Coding Examples page 3 of 17

Alphabetic Index (continued)

Default Codes

A code listed next to a main term in the International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM) Alphabetic Index is called a default code, which:

- Represents the condition most commonly associated with the main term; or
- Indicates that it is the unspecified code for the condition.

If a condition is documented in a medical record without any additional information, such as acute or chronic, the default code should be assigned.

In the Alphabetic Index example to the right, the default code for Lumbago, lumbalgia is M54.5.

Lumbago, lumbalgia M54.5

- with sciatica M54.4-
- - due to intervertebral disc disorder M51.17
- due to displacement, intervertebral disc M51.27
- - with sciatica M51.17

Tabular List

The Tabular List is presented in code number order. Since all ICD-10-CM codes start with a letter, all code categories are in alphabetical order according to the first characters.

An example from the Tabular List is featured on the right.

R18 Ascites

Includes: fluid in peritoneal cavity

Excludes 1: ascites in alcoholic cirrhosis (K70.31)

ascites in alcoholic hepatitis (K70.11)

ascites in toxic liver disease with chronic active hepatitis (K71.51)

R18.0 Malignant ascites

Code first malignancy, such as:

malignant neoplasm of ovary (C56.-)

secondary malignant neoplasm of retroperitoneum and peritoneum (C78.6)

R18.8 Other ascites

Ascites NOS

Peritoneal effusion (chronic)

Review Question

Select true or false.

The Tabular List includes the Index to Diseases and Injuries and the Index to External Causes of Injury.

- A. True
- B. False

The correct answer is B.

Review Question

Select true or false.

The default code in the Alphabetic Index represents the condition most commonly associated with the main term or indicates that it is the unspecified code for the condition.

- A. True
- B. False

The correct answer is A.

Determining the Correct ICD-10-CM Code

To determine the correct ICD-10-CM code, follow these two steps:

- **Step 1:** Look up the term in the Alphabetic Index; and
- **Step 2:** Verify the code in the Tabular List.

The Alphabetic Index helps you determine which section to refer to in the Tabular List. It does not always provide the full code.

Important Coding Tips:

- The Tabular List must be used to select the full code, including laterality and any applicable 7th character; and
- A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. These characters are found in the Tabular List.

Determining the Correct ICD-10-CM Code (continued)

Coding Example 1

Now we'll review six examples that show how to determine a correct ICD-10-CM code. You may also access these coding examples in the "Using the ICD-10-CM" job aid by selecting the Reference button at the top of the page.

Diagnosis: Chronic obstructive pulmonary disease

STEP 1: Look up the term for the diagnosis in the Alphabetic Index.

Disease, diseased (see also Syndrome)

pulmonary – see also Disease, lung

chronic obstructive J44.9

with

acute bronchitis J44.0

exacerbation (acute) J44.1

lower respiratory infection (acute) J44.0

J44.9 is listed as the code for chronic obstructive pulmonary disease. Next, verify this code in the Tabular List.

STEP 2: Verify the code J44.9 in the Tabular List.

J44 Other chronic obstructive pulmonary disease

Includes: asthma with chronic obstructive pulmonary disease

chronic asthmatic (obstructive) bronchitis

chronic bronchitis with airways obstruction

chronic bronchitis with emphysema

chronic emphysematous bronchitis

chronic obstructive asthma

chronic obstructive bronchitis

chronic obstructive tracheobronchitis

J44.9 Chronic obstructive pulmonary disease, unspecified

Chronic obstructive airway disease NOS (Not Otherwise Specified)

Chronic obstructive lung disease NOS

J44.9 is shown as the code for chronic obstructive pulmonary disease, unspecified.

Code Assignment for this Diagnosis: J44.9

Determining the Correct ICD-10-CM Code (continued)

Coding Example 2

Diagnosis: Type I Diabetes Mellitus with Diabetic Nephropathy

STEP 1: Look up the term for the diagnosis in the Alphabetic Index.

Diabetes, diabetic (mellitus) (sugar) E11.9

type 1 E10.9

with

nephropathy E10.21

The term includes a subterm indicating Type 1 diabetes with specific codes for diabetes-related conditions. The code for Type 1 diabetes mellitus with diabetic nephropathy is listed as E10.21. Next, verify this code in the Tabular List.

STEP 2: Verify the code E10.21 in the Tabular List.

E10 Type 1 diabetes mellitus

E10.2 Type 1 diabetes mellitus with kidney complications

E10.21 Type 1 diabetes mellitus with diabetic nephropathy

Type 1 diabetes mellitus with intercapillary glomerulosclerosis

Type 1 diabetes mellitus with intracapillary glomerulonephrosis

Type 1 diabetes mellitus with Kimmelstiel-Wilson disease

Code E10.21 is shown for Type 1 diabetes mellitus with diabetic nephropathy.

Code Assignment for this Diagnosis: E10.21

Determining the Correct ICD-10-CM Code (continued)

Coding Example 3

Diagnosis: Acute cystitis with hematuria

STEP 1: Look up the term for the diagnosis in the Alphabetic Index.

Cystitis (exudative) (hemorrhagic) (septic) (suppurative) N30.90
acute N30.00
with hematuria N30.01

Code N30.01 is shown as the code for acute cystitis with hematuria. Next, verify this code in the Tabular List.

STEP 2: Verify the code N30.01 in the Tabular List.

N30 Cystitis

Use additional code to identify infectious agent (B95-97)

N30.0 Acute cystitis

Excludes 1: irradiation cystitis (N30.4-)
trigonitis (N30.3-)

N30.00 Acute cystitis without hematuria

N30.01 Acute cystitis with hematuria

Code N30.01 is shown for acute cystitis with hematuria. The instructional note under N30 indicates that an additional code can be assigned to identify the infectious agent if the provider has documented this information.

Code Assignment for this Diagnosis: N30.01

Lesson Three: Coding Examples page 11 of 17

Determining the Correct ICD-10-CM Code (continued)

Coding Example 4

Diagnosis: Pneumonia

STEP 1: Look up the term for this diagnosis in the Alphabetic Index.

Pneumonia (acute) (double) (migratory) (septic) (unresolved) J18.9

Next, verify this code in the Tabular List.

STEP 2: Verify the code J18.9 in the Tabular List.

J18 Pneumonia, unspecified organism

Code first associated influenza, if applicable (J09.x1-, J09.11-, J10.0-, J11.0-)

J18.9 Pneumonia, unspecified organism

J18.9 is shown as the code for pneumonia, unspecified organism.

Code Assignment for this Diagnosis: J18.9

Lesson Three: Coding Examples page 12 of 17

Determining the Correct ICD-10-CM Code (continued)

Coding Example 5

STEP 1: Look up the term for the diagnosis in the Alphabetic Index.

Fracture, traumatic

wrist, S62.10–

carpal – See *Fracture, carpal bone*

S62.10– is shown as the code for a wrist fracture. The code features a dash (–) which indicates that additional characters are required. Next, verify this code in the Tabular List.

STEP 2: Verify the code S62.10– in the Tabular List.

S62 Fracture at wrist and hand level

Note: A fracture not indicated as displaced or nondisplaced should be coded to displaced

A fracture not indicated as open or closed should be coded to closed

The appropriate 7th character is to be added to each code from category S62.

A initial encounter for closed fracture

B initial encounter for open fracture

D subsequent encounter for fracture with routine healing

G subsequent encounter for fracture with delayed healing

K subsequent encounter for fracture with nonunion

P subsequent encounter for fracture with malunion

S sequel

S62.10 Fracture of unspecified carpal bone

Fracture of wrist NOS

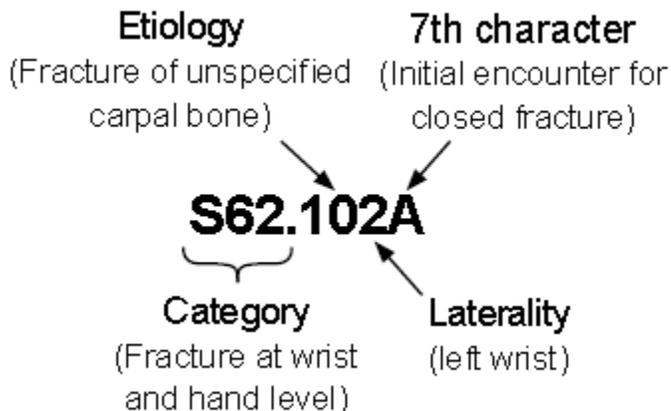
S62.101 Fracture of unspecified carpal bone, right wrist

S62.102 Fracture of unspecified carpal bone, left wrist

S62.109 Fracture of unspecified carpal bone, unspecified wrist

S62.102 is shown as the code for fracture of unspecified carpal bone, left wrist. Per the instructional note, the appropriate 7th character is A, initial encounter for closed fracture, because the fracture is not indicated as open or closed.

Code Assignment for this Diagnosis: S62.102A



Lesson Three: Coding Examples page 13 of 17

Determining the Correct ICD-10-CM Code (continued)

Coding Example 6

Now, let's review an external cause code example. As we learned in Lesson Two, providers are encouraged to voluntarily report external cause codes in the absence of a mandatory reporting requirement.

Diagnosis: Injury sustained from falling down ice-covered steps, initial encounter

STEP 1: Look up the term for the diagnosis in the Index to External Causes, which is part of the Alphabetic Index.

Fall, falling (accidental) W19
from, off, out of
stairs, steps W10.9
due to ice or snow W00.1

The index shows W00.1 for the code for falling from steps due to ice or snow. Next, verify this code in the Tabular List.

STEP 2: Verify the code W00.1 in the Tabular List.

W00 Fall due to ice and snow

Includes: pedestrian on foot falling (slipping) on ice and snow

The appropriate 7th character is to be added to each code from category W00.

A – initial encounter

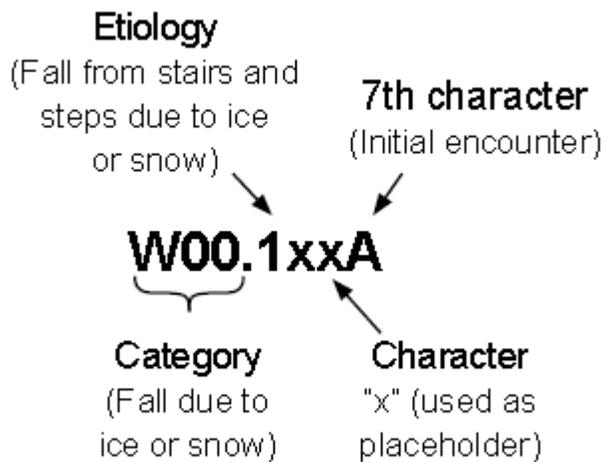
D – subsequent encounter

S – sequel

W00.1 Fall from stairs and steps due to ice and snow

W00.1 is shown as the code for fall from stairs and steps due to ice and snow. Since W00.1 only has 4 characters and A must appear in the 7th character position to indicate initial encounter, this is an example of a situation when the character “x” should be used as a placeholder. Insert “x” twice to create 6 characters and then add the 7th character, A, at the end of the code.

Code Assignment for this Diagnosis: W00.1xxA



Lesson Three: Coding Examples page 14 of 17

Review Question

Select the correct answer.

A dash (-) at the end of an Alphabetic Index code entry indicates that:

- A. A decimal should be inserted
- B. The default code should be used
- C. The code is a combination code
- D. Additional characters are required

The correct answer is D.

Review Question

Select true or false.

To select the full code, including laterality and any applicable 7th character, you must use the Tabular List.

- A. True
- B. False

The correct answer is A.

Review Question

Select the correct answer.

Using the information below, select the correct code for a diagnosis of anxiety reaction.

Alphabetical Index

Anxiety F41.9

- depression F41.8
- episodic paroxysmal F41.0
- generalized F41.1
- hysteria F41.8
- neurosis F41.1
- panic type F41.0
- reaction F41.1
- separation, abnormal (of childhood) F93.0
- specified NEC F41.8
- state F41.1

Tabular List

F41 Other anxiety disorders

- F41.0 Panic disorder [episodic paroxysmal anxiety] without agoraphobia
 - panic attack
 - panic state
- F41.1 Generalized anxiety disorder
 - anxiety neurosis

- anxiety reaction
- anxiety state
- overanxious disorder
- F41.8 Other specified anxiety disorders
 - anxiety depression (mild or not persistent)
 - anxiety hysteria
 - mixed anxiety and depressive disorder
- F41.9 Anxiety disorder, unspecified
 - anxiety NOS

- A. F41.0
- B. F41.1
- C. F41.8
- D. F41.9

The correct answer is B.

Lesson Three: Coding Examples page 17 of 17

Conclusion

You have now completed Lesson Three: Coding Examples. Click Continue to return to the Course Menu. Then, select Lesson Four: Implementation. A lesson must be completed by clicking Continue before leaving the course to come back to the next lesson later.

Lesson Four: Implementation page 1 of 18

In this lesson, we'll learn about International Classification of Diseases, 10th Edition (ICD-10) implementation information and resources

Lesson Objectives

After completing this lesson you should be able to correctly:

- Recognize ICD-10 implementation information and resources.

This lesson will take approximately 10 minutes to complete.

ICD-10 Implementation Information and Resources

The Centers for Medicare & Medicaid Services (CMS) Website

Let's take a look at some of the International Classification of Diseases, 10th Edition (ICD-10) implementation information and resources that are available to you on the CMS website.

The left-hand menu of the [CMS ICD-10 web page](http://www.cms.gov/Medicare/Coding/ICD10/index.html) (<http://www.cms.gov/Medicare/Coding/ICD10/index.html>) provides links to the following information and resources that will assist you in transitioning to ICD-10:

- CMS ICD-10 industry email updates;
- ICD-10-CM/PCS Frequently Asked Questions;
- Provider resources;
- Medicare Fee-For-Service (FFS) resources;
- Medicaid resources;
- Payer resources;
- Vendor resources;
- Statute and regulations; and
- CMS Sponsored ICD-10 teleconferences.

Payers are commercial organizations, Medicaid, Medicare, Pharmacy Benefit Management, Indian Health Services, Veteran's Administration, Military, other government providers, and voluntarily compliant entities such as Coordination of Benefits Contractors.

Vendors are organizations comprised of billing services; clearinghouses; electronic health record, electronic medical record, and practice management systems; network services; and value-added networks.

ICD-10 Implementation Information and Resources (continued)

The Centers for Medicare & Medicaid Services (CMS) Website (continued)

On the [ICD-10-CM/PCS Frequently Asked Questions web page](https://www.cms.gov/Medicare/Coding/ICD10/Frequently-Asked-Questions.html) (<https://www.cms.gov/Medicare/Coding/ICD10/Frequently-Asked-Questions.html>), you can find answers to many questions on claims processing and billing guidance, coding, General Equivalence Mappings, home health provider information, National Coverage Determinations, and Local Coverage Determinations.

ICD-10 Implementation Information and Resources (continued)

The Centers for Medicare & Medicaid Services (CMS) Website (continued)

You can find many resources on the [ICD-10 Provider Resources web page](http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html) (<http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>) that will help you prepare for International Classification of Diseases, 10th Edition (ICD-10) implementation:

- “Road to 10,” an online resource for small medical practices;
- CMS ICD-10 educational videos, fact sheets, and infographics;
- Communicating about ICD-10; and
- Conferences, meetings, and webinars.

ICD-10 Implementation Information and Resources (continued)

The Centers for Medicare & Medicaid Services (CMS) Website (continued)

On the [Medicare Fee-For-Service Provider Resources web page](http://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-for-Service-Provider-Resources.html) (<http://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-for-Service-Provider-Resources.html>), you can access the following ICD-10 information and resources for FFS providers:

- All MLN Matters® articles on ICD-10. MLN Matters® articles are designed to inform you about the latest changes to CMS Programs;
- All Medicare Learning Network® (MLN) products on ICD-10. MLN is the home for education, information, and resources for the health care professional community; and
- All MLN Connects® videos on ICD-10. MLN Connects® videos are available on a wide range of health care-related topics.

ICD-10 Implementation Information and Resources (continued)

The Centers for Medicare & Medicaid Services (CMS) Website (continued)

The Medicare Learning Network® (MLN) offers many health care provider resources, including the following on ICD-10:

- [“General Equivalence Mappings Frequently Asked Questions” Booklet](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN901743.html) (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN901743.html>): provides education on the conversion of International Classification of Diseases, 9th

Edition, Clinical Modification (ICD-9-CM) codes to ICD-10-CM/PCS and the conversion of ICD-10-CM/PCS codes back to ICD-9-CM;

- [“ICD-9-CM, ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets” Educational Tool](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN900943.html) (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN900943.html>): provides education on ICD-9-CM, ICD-10-CM, ICD-10-PCS, Current Procedural Terminology, and Healthcare Common Procedure Coding System code sets;
- [“ICD-10-CM Classification Enhancements” Fact Sheet](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN903187.html) (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN903187.html>): provides education on the benefits of ICD-10-CM, similarities and differences between ICD-9-CM and ICD-10-CM, new features in ICD-10-CM, and additional changes in ICD-10-CM.

Lesson Four: Implementation page 7 of 18

ICD-10 Implementation Information and Resources (continued)

The Centers for Medicare & Medicaid Services (CMS) Website (continued)

The MLN offers these additional health care provider resources on ICD-10:

- [“ICD-10-CM/PCS The Next Generation of Coding” Fact Sheet](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN901044.html) (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN901044.html>): provides education on ICD-10-CM/PCS – an improved classification system, ICD-10-CM/PCS examples, and structural differences between ICD-9-CM and ICD-10-CM/PCS; and
- [“ICD-10-CM/PCS Myths and Facts” Fact Sheet](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN902143.html) (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN902143.html>): provides responses to myths on ICD-10-CM/PCS.

Lesson Four: Implementation page 8 of 18

ICD-10 Implementation Information and Resources (continued)

The Centers for Medicare & Medicaid Services (CMS) Website (continued)

On the [Medicare Fee-For-Service Provider Resources web page](http://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-for-Service-Provider-Resources.html) (<http://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-for-Service-Provider-Resources.html>), you can also find information about unspecified ICD-10-CM codes, home health, National Coverage Determinations, Local Coverage Determinations, testing and results, and CMS Sponsored ICD-10 Teleconferences.

Review Question

Select the correct answer.

To access links to CMS information and resources that will assist you in transitioning to ICD-10, refer to or visit which of the following:

- A. ICD-10-CM code book
- B. "ICD-10-CM Official Guidelines for Coding and Reporting"
- C. The CMS Innovation Center web page on the CMS website
- D. ICD-10 web page on the CMS website

The correct answer is D.

Review Question

Select true or false.

Vendors include organizations comprised of billing services; clearinghouses; electronic health record, electronic medical record, and practice management systems; network services; and value-added networks.

- A. True
- B. False

The correct answer is A.

ICD-10 Implementation Information and Resources (continued)

Training Needs for Coding Personnel

Coding personnel should complete intensive coder training 6–9 months prior to ICD-10 implementation. Most coders will probably need about 16 hours of ICD-10-CM training; however, those who are very proficient in ICD-9-CM codes may need less training.

Coders may need additional training to refresh or expand knowledge in the biomedical sciences (anatomy, physiology, pathophysiology, pharmacology, and medical terminology).

To prepare for ICD-10-CM training, coders should:

- Learn about ICD-10-CM structure, organization, and unique features; and
- Use assessment tools to identify areas of strength and weakness in the biomedical sciences and refresh knowledge of these concepts based on assessment results.

Lesson Four: Implementation page 12 of 18

ICD-10 Implementation Information and Resources (continued)

Role of Clearinghouses in the ICD-10 Transition

Clearinghouses can help you with the transition to ICD-10. They are a good resource to test that ICD-10 claims can be processed by:

- Identifying problems that lead to claim rejections;
- Providing guidance on how to correct a rejected claim (for example, more or different data must be included); and
- Assisting you in your participation in and submission of claims during CMS acknowledgement testing weeks.

Clearinghouses are public or private entities, including but not limited to:

- Billing services;
- Repricing companies;
- Community health management information or community health information systems; and
- Value-added networks and switches.

Clearinghouses cannot give you the same level of support as they did for the Version 5010 upgrade or help you identify which ICD-10 codes to use, unless they offer coding services. Because ICD-10-CM codes are more specific and one ICD-9-CM code may have several corresponding ICD-10-CM codes, selecting the appropriate code requires medical knowledge and familiarity with the specific clinical event.

Lesson Four: Implementation page 13 of 18

ICD-10 Implementation Information and Resources (continued)

ICD-10 Testing

Testing is critical to successful implementation of ICD-10. After making ICD-10 changes to systems, you will need to perform testing internally within your organization and externally with your payers and other business partners.

You should test ICD-10 systems early to ensure that they are ready by the October 1, 2015, compliance date. Thorough testing includes testing of:

- Claims;
- Eligibility verification;
- Quality reporting; and
- Other transactions and processes that involve ICD-10 codes from beginning to end.

Lesson Four: Implementation page 14 of 18

ICD-10 Implementation Information and Resources (continued)

ICD-10 Testing (continued)

For more information about ICD-10 testing, refer to the following MLN Matters® articles:

- [MLN Matters® SE1409](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1409.pdf) (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1409.pdf>), which provides information about Medicare's FFS ICD-10 testing approach; and
- [MLN Matters® MM8858](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8858.pdf) (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8858.pdf>), which provides information about ICD-10 acknowledgement testing with providers.

Lesson Four: Implementation page 15 of 18

ICD-10 Implementation Information and Resources (continued)

Claims that Span the ICD-10 Implementation Date

Claims that span the implementation date have ICD-9 codes that are effective for the portion of the services furnished on or before September 30, 2015, and ICD-10 codes that are effective for the portion of the services furnished on or after October 1, 2015. CMS developed the following MLN Matters® articles that provide special billing instructions for claims that span the ICD-10 implementation date:

- [MLN Matters® Article SE1410](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1410.pdf) (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1410.pdf>), which provides coding information on Home Health episodes that span October 1, 2015;
- [MLN Matters® Article SE1408](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1408.pdf) (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1408.pdf>), which provides guidance for

claims that span the periods where ICD-9 and ICD-10 codes may both be applicable; and

- [MLN Matters® Article SE1325 \(http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1325.pdf\)](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1325.pdf), which clarifies CMS' policy for processing claims for certain institutional encounters that span the ICD-10 implementation date.

Lesson Four: Implementation page 16 of 18

Review Question

Select true or false.

To prepare for ICD-10-CM training, coders should use assessment tools to identify areas of strength and weakness in the biomedical sciences and refresh knowledge of these concepts based on assessment results.

- A. True
- B. False

The correct answer is A.

Lesson Four: Implementation page 17 of 18

Review Question

Select true or false.

Clearinghouses do not provide assistance in transitioning to ICD-10.

- A. True
- B. False

The correct answer is B.

Lesson Four: Implementation page 18 of 18

Conclusion

You have now completed Lesson Four: Implementation.

Click Continue to return to the Course Menu. Then, select Post-Assessment. All lessons must be completed by clicking Continue before leaving the course to come back to the post-assessment later.