ICD-10-CM characteristics
ICD-10-CM characteristics affect: which codes are assigned (e.g., timeframes in obstetrics involving trimesters or when coding acute myocardial infarctions, which involves a duration of four weeks or less), how many codes are reported (e.g., combination codes vs. multiple codes), and how we report them (e.g., seventh characters, placeholders “x,” code sequence). Under the new guidelines, documentation makes the difference in the correct code choice.

ICD-10-CM guidelines
The guideline content has been edited in accordance with the classification changes inherent in the ICD-10-CM system, including:

Combination codes (I.B.9.): This guideline affects the number of codes assigned. A combination code is a single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation) or a diagnosis with an associated complication. Combination codes provide full identification of diagnostic conditions. When the combination code lacks necessary specificity in describing the manifestation or complication, an additional code should be used as a secondary code as in the example below.

Example: Hypertensive chronic kidney disease stage 3

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>403.90</td>
<td>I12.9</td>
</tr>
<tr>
<td></td>
<td>Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified, or unspecified chronic kidney disease</td>
</tr>
<tr>
<td>585.3</td>
<td>N18.3</td>
</tr>
<tr>
<td>Chronic kidney disease, Stage III (moderate)</td>
<td>Chronic kidney disease, stage 3 (moderate)</td>
</tr>
</tbody>
</table>

Laterality and severity (I.B.13.-14.) This guideline includes anatomically paired organ or site designations and may include right, left, or bilateral. Separate right and left codes may be reported if no bilateral code is provided. You would only assign an unspecified code if the site is not specified in the record.

Example: Foot ulcer

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>707.15</td>
<td>L97.5-</td>
</tr>
<tr>
<td>Ulcer of other part of foot (except pressure ulcer)</td>
<td>Non-pressure chronic ulcer of other part of foot</td>
</tr>
<tr>
<td></td>
<td>• L97.50. Non-pressure chronic ulcer of other part of unspecified foot (requires a 6th character)</td>
</tr>
<tr>
<td></td>
<td>• L97.501 Non-pressure chronic ulcer of other part of unspecified foot limited to breakdown of skin</td>
</tr>
<tr>
<td></td>
<td>• L97.502 Non-pressure chronic ulcer of other part of unspecified foot with fat layer exposed</td>
</tr>
<tr>
<td></td>
<td>• L97.503 Non-pressure chronic ulcer of other part of unspecified foot with necrosis of muscle</td>
</tr>
<tr>
<td></td>
<td>• L97.504 Non-pressure chronic ulcer of other part of unspecified foot with necrosis of bone</td>
</tr>
<tr>
<td></td>
<td>• L97.509 Non-pressure chronic ulcer of other part of unspecified foot with unspecified severity</td>
</tr>
<tr>
<td></td>
<td>• L97.51. Non-pressure chronic ulcer of other part of right foot (requires a 6th character)</td>
</tr>
<tr>
<td></td>
<td>• L97.511 Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin</td>
</tr>
<tr>
<td></td>
<td>• L97.512 Non-pressure chronic ulcer of other part of right foot with fat layer exposed</td>
</tr>
<tr>
<td></td>
<td>• L97.513 Non-pressure chronic ulcer of other part of right foot with necrosis of muscle</td>
</tr>
<tr>
<td></td>
<td>• L97.514 Non-pressure chronic ulcer of other part of right foot with necrosis of bone</td>
</tr>
<tr>
<td></td>
<td>• L97.519 Non-pressure chronic ulcer of other part of right foot with unspecified severity</td>
</tr>
<tr>
<td></td>
<td>• L97.52. Non-pressure chronic ulcer of other part of left foot (requires a 6th character)</td>
</tr>
<tr>
<td></td>
<td>• L97.521 Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin</td>
</tr>
<tr>
<td></td>
<td>• L97.522 Non-pressure chronic ulcer of other part of left foot with fat layer exposed</td>
</tr>
<tr>
<td></td>
<td>• L97.523 Non-pressure chronic ulcer of other part of left foot with necrosis of muscle</td>
</tr>
<tr>
<td></td>
<td>• L97.524 Non-pressure chronic ulcer of other part of left foot with necrosis of bone</td>
</tr>
<tr>
<td></td>
<td>• L97.529 Non-pressure chronic ulcer of other part of left foot with unspecified severity</td>
</tr>
</tbody>
</table>

Note the increased documentation requirements: laterality (right, left) and severity (depth) of ulcer. One code in ICD-9-CM becomes 15 codes in ICD-10-CM. Documentation makes the difference in the correct code selection.
Seventh-character extensions (I.A.5.): Seventh-character extensions are required, if applicable. They must always be in the seventh-character field. The placeholder "x" is required to fill in the empty characters. The seventh-character extensions are code specific to identify: the episode of care (initial, subsequent, aftercare, sequelae), routine or delayed healing, complications, or type or severity of injury (e.g., fracture type). (See also I.B.10., I.C.19., I.C.21.c.7)

Coding diabetes in ICD-10-CM (I.C.4.a.): One of the biggest changes in the guidelines is in the area of diabetes mellitus, which will now include combination codes.

<table>
<thead>
<tr>
<th>Separate code blocks/categories by cause or type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• E08 Diabetes mellitus due to underlying condition</td>
</tr>
<tr>
<td>• E09 Drug or chemical induced diabetes mellitus</td>
</tr>
<tr>
<td>• E10 Type 1 diabetes mellitus</td>
</tr>
<tr>
<td>• E11 Type 2 diabetes mellitus</td>
</tr>
<tr>
<td>• E13 Other specified diabetes mellitus</td>
</tr>
</tbody>
</table>

Combination codes for diabetes mellitus include the type, the body system affected, and the complications. Assign as many codes from the appropriate diabetes mellitus category as needed to identify all associated conditions.

<table>
<thead>
<tr>
<th>Coding example: Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy and macular edema</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9-CM</td>
</tr>
<tr>
<td>250.50 Diabetes with ophthalmic manifestations</td>
</tr>
<tr>
<td>362.07 Diabetic macular edema</td>
</tr>
<tr>
<td>ICD-10-CM</td>
</tr>
<tr>
<td>E11.331 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</td>
</tr>
</tbody>
</table>

The control status is no longer reported in every diabetes code in ICD-10-CM. Per the Alphabetic Index, the instruction regarding diabetes mellitus control at “Diabetes, diabetic” for “inadequately controlled,” “out of control,” or “poorly controlled” is “code to Diabetes, by type, with hyperglycemia.” The additional code is a new combination code with hyperglycemia as the manifestation.

Other key differences in the guidelines

Other differences can be found in the following areas:

- Anemia associated with malignancy (I.C.2.c.1)
- Substance use, abuse and dependence (I.C.5.b.2)
- Acute myocardial infarction (I.C.9.e.)
- Adverse effects, poisoning, underdosing and toxic effects (I.C.19.e.)

First steps in transition

ICD-10-CM provides tremendous opportunities for disease tracking, but also creates enormous challenges. To ease the transition, develop a solid foundation in understanding the coding conventions inherent in the ICD-10-CM text. The ICD-10-CM Official Guidelines for Coding and Reporting are updated regularly and are posted on the National Center for Health Statistics (NCHS) website at: http://www.cdc.gov/nchs/icd/icd10cm.htm.

A critical step in easing the transition from ICD-9-CM to ICD-10-CM is clinical documentation improvement. Understanding the specificity of the new code set will encourage providers to document to the greatest degree of certainty based on their clinical judgment and to document in adjectives (e.g., laterality, severity, episode of care, type of diabetes and complications).

Available resources from Optum

Optum has training and tools available to help providers transition to ICD-10-CM. Our ICD-10-CM coding classes provide:

- Training on ICD-10-CM content, structure and key features of each chapter of the ICD-10-CM coding system
- Code translation examples that illustrate key contrasts and similarities between systems
- Knowledge assessments to help quantify understanding of the ICD-10-CM system

In addition, Optum offers additional ICD-10-CM coding resources. Please contact your Optum Healthcare Advocate regarding ICD-10-CM resources and discounts that may be available.

Due to the updated, clinically revised CMS-HCC risk adjustment model for Payment Year 2016, the boding of ICD-9-CM codes has been revised to reflect:

Black = Risk adjusts in the 2014 CMS-HCC model

Note: The 2016 Payment Year model is based on 100% of the 2014 CMS-HCC model mappings.

Per the ICD-10-CM Official Guidelines for Coding and Reporting 2016 from the Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (NCHS): “A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required.”