ICD Coding: Why ICD 10?

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- In the past 12 months, I have had no significant financial interest or other relationship with the manufacturer(s) of the following product(s) or provider(s) of the following service(s) that will be discussed in my presentation.
- AMA CPT Editorial Panel
- Editorial Board: AAP Pediatric Coding Newsletter
- AAP Committee on Coding and Nomenclature

Objectives

- Upon completion of this presentation, the participant will be able to:

  1. Describe the purpose of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD10 -CM)

  2. Describe the similarities and differences in the structure and format of ICD10-CM.

  3. Understand the importance of documentation in using ICD10-CM.

ICD Overview

- International Classification of Diseases (ICD) is an official publication of the World Health Organization (WHO)
  - Part of the WHO Family of International Classifications
    - International Classification of Functioning, Disability and Health
    - International Classification of Health Interventions
    - International Classification of Diseases for Oncology
- **Primary purpose is for epidemiological tracking of illness and injury**
- ICD has been used in the US since 1949 (ICD-6)
  - Revised every 8-10 years
- First US adaption was by the US Public Health Service with ICD-7

ICD Overview

- Current US version, ICD-9-CM (clinical modification), is a public-private collaboration (cooperating parties)
  - National Center for Health Statistics/CDC (NCHS)
  - Centers for Medicare and Medicaid Services (CMS)
  - American Hospital Association
  - American Health Information Management Association (AHIMA)
    - Formerly the American Medical Record Association
- **HIPAA standard for morbidity and mortality reporting**

Why do we need ICD?

- Accurate diagnosis coding is the basis for obtaining medical data for:
  - Reporting and trending vital health statistics
  - Evaluating medical processes and outcomes
  - Reporting data to organizations: quality and cost effectiveness
  - Identifying public health issues and concerns
  - Identifying ways to improve the safety and quality of care
  - Evaluating medical necessity when adjudicating claims

What is ICD-9?

- ICD-9-CM = International Classification of Diseases, Ninth Edition, Clinical Modification
  - Developed in early 1970's
  - ICD-9-CM has been used for morbidity and mortality reporting since 1979 in US.
- **ICD-9-CM is divided into 3 chapters**
  - **Chapters 1 and 2 have morbidity/mortality codes**
    - NCHS (CDC) has primary responsibility
  - **Chapter 3 is inpatient hospital resource codes**
    - CMS has primary responsibility

What is ICD-10?

- ICD-10-CM/PCS = International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System
  - Developed in 1989, released in 1994.
  - **ICD-10 has been in use for mortality reporting in the US since January 1, 1999.**
- **2 Parts**:
  - **ICD-10-CM = Diagnosis classification system** developed the Centers for Disease Control and Prevention
  - **ICD-10-PCS = Procedure classification system** developed by the CMS for use in the U.S. for inpatient hospitals ONLY.

Why ICD-10-CM?

- **CMS published the Final Rule for US clinical modification (ICD-10-CM) January 16, 2009.**
- Required implementation on October 1, 2013. (Deferred until October 1, 2014.)
  - ICD-9-CM will no longer be accepted for encounters starting on that date.
- ICD-10-CM will replace ICD-9-CM Volumes 1 (tabular) and 2 (index).
- ICD-10-PCS will replace ICD-9-CM Volume 3 (inpatient hospital resource utilization)
  - ***ICD-10-PCS does not replace CPT or HCPCS.***

So…Why ICD 10?

- ICD-9-CM is no longer supported by WHO.
- ICD 9 cannot be expanded in the way technology is moving.
- ICD 9 cannot keep pace with our expanding knowledge of disease and treatment. ***ICD-9 contains "outdated and obsolete terminology …that produces inaccurate and limited data, and is inconsistent with current medical practice."***

So…Why ICD 10?

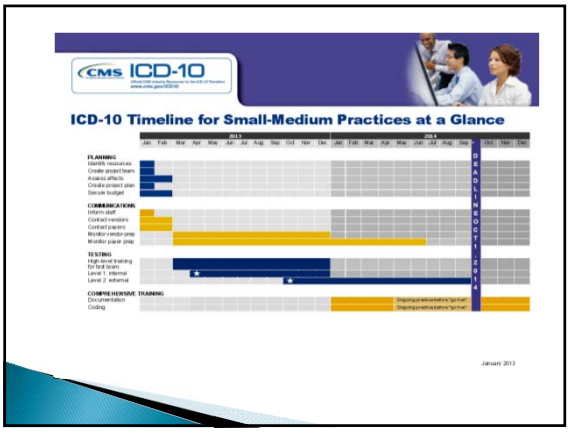
- ICD-10 includes updated medical terminology and classification of diseases.
- ICD-10 incorporates much greater specificity and clinical information.
- **ICD-10 will improve the quality of patient care and health data…better public health surveillance.**

How & When Will ICD-10 Begin?

- Implementation was delayed from October 1, 2013 until **October 1, 2014.**
- The big question: Will more delays occur?
  - ICD-10 has been in use for mortality reporting in the US since January 1, 1999.
- Current code sets are "frozen" until October 1, 2015 to reduce annual updates/changes.

How & When Will ICD-10 Begin? How Do I Transition?

- Encounters that take place ***on or after October 1, 2014*** are reported with **ICD-10-CM codes**
- Encounters that take place *before October 1, 2014* are reported with ICD-9-CM codes
- **You will have to run simultaneous systems of ICD-9 and ICD-10 until all your claims from before October 1, 2014 have cleared.**
- ICD-10 only applies to patients covered under HIPAA, so **Workers Compensation patients** -- who aren't covered under HIPAA -- **will still be billed under ICD-9.**



Transition: What you can do now?

- **Look at the current resources that exist.**
- **Review your EMR/EHR** programs to verify they are ICD-10-CM ready and what steps you have to take to update
- If you don't have an EMR or billing program look in to one that supports ICD-10-CM
  - Capability to run both codes a bonus
- **Look at costs of the change** and start planning for that now. Budget costs of the change.

Transition: What you can do now?

- **Review contracts with health plans** and see what additional information they need or what will be changing.
- **Test systems and procedures** before October 2014 to make sure your office is ready to go.
- **Update forms, documentation, and internal processes.**

Transition: What you can do now?

- *Educate your providers and staff!*
  Encourage your providers to document and use more **specific codes**.
  Especially those who tend to use unspecified codes or whose documentation leads to an "unspecified"code. ***Most payers said they won't reimburse for unspecified codes.***
  Work with those **providers on their documentation** and in areas where you know more documentation is needed (e.g. Otitis Media).

How are ICD-9 and ICD-10 the Same?

- Alphabetical listing.
- Tabular listing.
- Code First/Use Additional Code Notations rules are unchanged.
- Can still use symptoms.

Code First/Use Additional Code Notations

- **Used when certain conditions have both an underlying etiology and multiple body system manifestations.**
- **Requires the underlying condition be sequenced first followed by the manifestation.**
  - *ICD-10-CM use same coding convention as ICD-9-CM.*
- + "Use additional code" notation is listed with the etiology code.
- * "Code first" notation is listed with the manifestation code.

Code First/Use Additional Code Example

- Category: D57 Sickle-cell disorders (etiology code)
  +Use additional code for any associated fever (R50.81)
- For a patient with Sickle cell SC disease with fever and no pain report
  - D57.20 Sickle-cell/Hb-C disease without crisis (underlying etiology, primary code)
  - R50.81 Fever presenting with conditions classified elsewhere (manifestation, contributing diagnosis)

How Are ICD-9 and ICD-10 Similar Yet Different?

- ICD-9-CM Diagnosis Codes
- 3-5 digits
- First digit is numeric or alpha (E or V).
- Digits 2-5 are numeric
- Decimal is used after third character.

- ICD-10-CM Diagnosis Codes:
- 3-7 digits
- Digit 1 is alpha
- Digit 2 is numeric
- Digit 3-7 are alpha or numeric (alpha digits
- are not case sensitive)
- Decimal is used after third character.

How is ICD-10 different?

- Primarily, changes in ICD-10-CM are in its organization and structure, code composition and level of detail.
- **ICD-10 requires much greater detail on location of ailments, cause and type, and complications or manifestations compared with ICD-9.** ICD-9 expands from ~13,500 to ~68,000 codes in ICD-10.

Structural Differences: ICD-9-CM

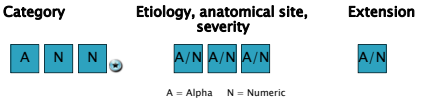
- Codes have **3 to 5 placeholders**
- **17 Chapters**: all placeholders are **numeric**
- **Supplemental chapters**: first placeholder is **alpha** (V or E), remainder are **numeric**.
  - 462 Acute pharyngitis
  - 780.60 Fever, unspecified
  - V20.2 Routine infant or child health check
  - E914 Foreign body accidentally entering eye and adnexa

Structural Differences: ICD-10-CM

- Codes may be **3, 4, 5, 6 or 7 characters**
- Placeholder 1 is alpha (except U)
- Placeholders 2 and 3 are numeric
- Placeholders 4-7 are alpha or numeric
  - J02 Acute pharyngitis
  - R50.9 Fever, unspecified
  - Z00.129 Encounter for routine child health examination without abnormal findings
  - T15.90xA Foreign body on external eye, part unspecified, unspecified eye, initial encounter

ICD-10-CM Code Format and Structure

- Tabular List contains **categories (3 digits),** subcategories and codes
- **Subcategories are 4 characters**
  - 5-6th character shows anatomical site or additional clinical details
  - 7th character provides details of encounter, e.g. initial or subsequent visit for injuries and poisonings.
- **Codes may be 3, 4, 5, 6 or 7 characters.**
  - Code to the highest degree of specificity
  - "x" is used in certain cases as a 5th or 6th character placeholder
- **All placeholders of an applicable code must be reported.**



Structural Differences: ICD-10-CM

- **Placeholder "x" is used**
  - as a 5th or 6th character placeholder at certain codes to allow for future expansion.
  - When a base 3-5 character codes requires a 7th digit √x7th means "x" is placed in otherwise unfilled placeholder as the 5th or 6th character placeholder in an otherwise 4-5 digit code.
- Base code S50.02 Contusion of left elbow
  - Use S50.02xD to report a subsequent encounter
- Base code S47.1 Crushing injury of right shoulder and upper arm
  - Use S47.1xxA to report the initial encounter

Structural Differences: ICD-10-CM

- **21 Chapters**
  - No Supplemental Chapters
- **2 New Chapters**
  - Diseases of the Eye and Adnexa (Chapter 7)
  - Diseases of the Ear and Mastoid Process (Chapter 8)
- Moved Immunity Diseases from "Endocrine, Nutritional and Metabolic Disorders" to "Diseases of the Blood"
  - Diseases of the Blood and Blood Forming Organs and Certain Disorders Involving the Immune Mechanism (Chapter 3)

New Features in ICD-10:

Laterality (left, right, bilateral)
The use of combination codes, e.g. poisoning, intentional self-harm.
Obstetric codes identify trimester.
Inclusion of clinical concepts which do not exist in ICD-9-CM e.g. blood type.

New Features in ICD-10:

- **A number of codes have been significantly expanded** e.g. injuries, diabetes, substance abuse, postoperative complications.
- **Codes for postoperative complications have been expanded and a distinction made between intraoperative complications and post-procedural disorders.**

Two types of EXCLUDES notes

Excludes 1 – Indicates that the code excluded should never be used with the code where the note is located (do not report both codes) e.g. congenital vs. acquired conditions.

- Exclusion1
- A05.1 Botulism food poisoning Botulism NOS
  - Classical foodborne intoxication due to Clostridium botulinum
  - Excludes1: infant botulism (A48.51) wound botulism (A48.52)

Two Types of EXCLUDES Notes

Excludes 2 – Indicates that the condition excluded is not part of the given 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 (both codes are reported to capture both conditions).

- Exclusion2
- A38 Scarlet fever
  - Includes: scarlatina
  - Excludes2: streptococcal sore throat (J02.0)

How is ICD-10 different?

- **Injuries are grouped by anatomic site rather than type of injury.**
- **Certain diseases have been reclassified** to different chapters or sections in order to reflect current medical knowledge.
- **New code definitions.**

Injuries

- May be reported with up to 7 characters
  - Depending on specific code
  - 5th placeholder designates location
  - 6th placeholder denotes laterality and/or displacement for fractures
  - 7th placeholder specifies additional information related to the encounter

Injuries: 7th placeholder

- **Injuries are coded by "episode of care".**
- A – initial encounter
- D – subsequent encounter
- S – sequela

ICD-10-CM Code Format and Structure

- S60 Superficial injury of wrist, hand and fingers*
- S60.4 Other superficial injuries of other fingers
- S60.45 Superficial foreign body [splinter] of fingers**
- S60.451 Superficial foreign body [splinter] of left index finger
- S60.451A Superficial foreign body [splinter] of left index finger, initial encounter***
- Required to use the 7 digit code for this condition
  - *category, **subcategory, ***code

Fractures: 7th placeholder

- 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 – sequela

Injuries: Fracture of Clavicle

ICD-9: Fracture of Clavicle (requires a 5th digit)

4th digit denotes closed vs. open
5th digit denotes the specific area of the fx

810.00 ,closed, unspecified part
810.01 , closed, sternal end of clavicle
810.02 , closed, shaft of clavicle
810.03 , closed, acromial end of clavicle
810.10 , open, unspecified part
810.11 , open, sternal end of clavicle
810.12 , open, shaft of clavicle
810.13 , open, acromial end of clavicle

Injuries: Fracture of Clavicle

- **ICD-10-CM requires 7 digits:**
- 5th placeholder designates location
- 6th placeholder denotes laterality and/or displacement for fractures
- 7th placeholder specifies additional information related to the encounter

S42.011A: Anterior displaced (closed) fx of sternal end of right clavicle, initial encounter
S42.015D: Posterior displaced fx of sternal end of left clavicle, subsequent visit, with routine healing

Fracture of Clavicle – ICD-10-CM

- S42.017A: Nondisplaced fracture of sternal end of right clavicle, initial encounter for closed fracture
- S42.025D: Nondisplaced fracture of shaft of left clavicle, subsequent encounter for fracture with routine healing
- S42.031B: Displaced (open) fracture of lateral (acromial) end of right clavicle, initial encounter
- S42.031K: Displaced fracture of lateral end of right clavicle, subsequent encounter for fracture with nonunion

Other Changes

- **Fractures now subdivided**:
  - Traumatic
  - Pathological
    - List the underlying medical condition such as Osteogenesis Imperfecta as cause of fracture.
- **Diabetes now combined with manifestations or underlying conditions.**
- **Drug and Chemical Table has new category**
  - "Under-dosing"
- **Morphology appendix was deleted.**

How Do We Get from ICD-9 to ICD-10?

- **General Equivalency Mapping (GEM)**
  - Purpose is to "convert" ICD-9-CM codes to ICD-10-CM codes.
  - Developed by CMS and CDC.

Crosswalks common ICD-9 codes to ICD-10 codes.

Use term "crosswalk" *very* loosely as most codes do not simply "crosswalk" over.

(Need to do forward mapping of ICD-9 to ICD-10 and backward mapping from ICD-10 to ICD-9 to verify code choice/selection.)

ICD-9-CM to ICD-10-CM: Some Good News

- There are *some* straightforward crosswalks ICD-9 to ICD-10
- Mostly these are in the infectious disease, neoplasm, eye, and ears code
- *Some* ICD-9 codes have more specificity then their ICD-10 equivalents
- In ICD-10, *some* conditions were combined, where in ICD-9 there were reported separately

Resource Tool - General Equivalency Mappings/Crosswalk

- Both the CDC and CMS offer this tool.
- Use the CDC for office-based coding.
- **The mappings are free of charge and are in the public domain.**
  https://www.cms.gov/icd10/
- Mapping links concepts in the two code sets without consideration of patient medical record documentation.
- Mapping Is not the same as correct coding.

ICD-9-CM ⇨ ICD-10-CM

- **Some codes will have the same wording between the 2 codes sets and basically "crosswalk" over.**

ICD-9-CM	to	ICD-10-CM
003.21 Salmonella meningitis	=	A02.21 Salmonella meningitis
745.2 Tetralogy of Fallot	=	Q21.3 Tetralogy of Fallot

ICD-9-CM ⇨ ICD-10-CM

- **Some codes won't match because of changes in definitions in ICD-10-CM.**

ICD-9-CM	to	ICD-10-CM
764.0 "Light-for-dates" without mention of fetal malnutrition birthweight 2,500 grams and over	≠	No diagnosis for infant with this birthweight • code set is for weights <2500 grams

ICD-9-CM ⇨ ICD-10-CM

- **In some cases ICD-9-CM may have had certain specificities that are not being translated to ICD-10-CM.**

ICD-9-CM	ICD-10-CM
010.90 Primary tuberculous infection, unspecified examination 010.91 Primary tuberculous infection, bacteriological/histological exam not done 010.92 Primary tuberculous infection, bacteriological/histological exam unknown (at present) 010.93 Primary tuberculous infection, tubercle bacilli found by microscopy 010.94 Primary tuberculous infection, tubercle bacilli found by bacterial culture 010.95 Primary tuberculous infection, tubercle bacilli confirmed histologically 010.96 Primary tuberculous infection, tubercle bacilli confirmed by other methods	**A15.7** Primary respiratory tuberculosis

ICD-9-CM ⇨ ICD-10-CM

- **When there is more specificity in ICD-10, there may be multiple codes to describe the condition or disease. Increased physician documentation will be vital.**

ICD-9-CM Source	to	ICD-10-CM Target
599.72 Microscopic hematuria	≈	R31.1 Benign essential microscopic hematuria
599.72 Microscopic hematuria	≈	R31.2 Other microscopic hematuria

ICD-9-CM ⇨ ICD-10-CM

- **New unique code for Type 2 diabetes**

ICD-9	Description	ICD-10	Description
250.00 **250.02**	DM w/o mention of complication: Type II or unspecified type, not stated as uncontrolled (.00) OR uncontrolled (.02)	**E11.9** **E11.65**	Type 2 diabetes mellitus w/o complications Type 2 diabetes mellitus with hyperglycemia
250.12	DM w/ ketoacidosis: Type II or unspecified type	**E11.65**	Type 2 diabetes mellitus with hyperglycemia **Use additional code to identify complication**
250.40 **250.42**	DM w/ renal manifestations: Type II or unspecified type, not stated as uncontrolled (.40) OR uncontrolled (.42) **+ Additional Code to Identify Manifestations**	**E11.29** **E11.21 and E11.65**	Type 2 diabetes mellitus with other diabetic kidney complication Type 2 diabetes mellitus with diabetic nephropathy Type 2 diabetes mellitus with hyperglycemia

ICD-10-CM ⇨ ICD-9-CM

- **A combination code may contain more then one diagnosis or concept**
  - **Chronic condition with acute manifestation**
    - G40.911 Epilepsy, unspecified, intractable, with status epilepticus
  - **Two concurrent acute conditions**
    - R65.21 Severe sepsis with septic shock
  - **Acute condition with external cause**
    - T39.012A Poisoning by aspirin, intentional self-harm

ICD-10-CM ⇨ ICD-9-CM

- **When ICD-10-CM contains a combination code, it will relate back to 2 distinct ICD-9-CM codes**
- **What used to require 2 or more codes, now only requires a single code.**

ICD-10-CM Source	to	ICD-9-CM Target
R65.21 Severe sepsis with septic shock	≈	995.92 Severe sepsis ***and*** 785.52 Septic shock

Z-codes (The New "V" Codes)

- Encounter for healthcare exams
- Must be recognized by third party payors.
- May be used as primary diagnosis.

Preventive Care

- Z00.110 Health supervision (health check) for newborn under 8 days
- Z00.111 Health supervision (health check) for newborn 8 to 28 days old
  - weight check
- Z00.129 Routine child health check without abnormal findings
- Z00.121 Routine child health check with abnormal findings
  - use additional code to identify abnormal findings
- Z23 Encounter for immunization
  - code first any routine childhood examination

Other Routine Health Visits

- Z01.818 Pre-operative examination
- Z02.0 School physicals
- Z02.5 Sport physicals
- Z02.82 Pre-adoption exam

Terminology matters

You write this	The listed diagnosis is
AOM	H66.90 Otitis media, unspecified, unspecified ear
OME	H65.90 Unspecified nonsuppurative otitis media, unspecified ear
Acute OME	H66.90 Otitis media, unspecified, unspecified ear

Terminology matters

ICD-9-CM
382.00 Acute suppurative otitis media (ASOM) without spontaneous rupture of ear drum

ICD-10-CM
- Acute suppurative otitis media without spontaneous rupture of ear drum
  - H66.001, right ear
  - H66.002, left ear
  - H66.003, bilateral
  - H66.004, recurrent, right ear
  - H66.005, recurrent, left ear
  - H66.006, recurrent, bilateral
  - H66.007, recurrent, unspecified ear
  - H66.009, unspecified ear

Terminology matters

- Acute serous otitis media
  - H65.00, unspecified ear
  - H65.01, right ear
  - H65.02, left ear
  - H65.03, bilateral
  - H65.04, recurrent, right ear
  - H65.05, recurrent, left ear
  - H65.06, recurrent, bilateral
  - H65.07, recurrent, unspecified ear

Assessment vs.. Diagnosis

- Assessment: Basic description of findings
- Diagnosis: A concise technical description

- An assessment is not necessarily a diagnosis.
- Diagnosis needs to be easily 'translated' in to ICD terminology.
- An assessment can be helpful in supporting medical necessity and medical decision making.

Terminology matters

You write this	The listed diagnosis is
Reactive airway disease	J45.909 Unspecified asthma, uncomplicated *or* J45.998 Other asthma
Respiratory distress	R06.09 Other forms of dyspnea *or* R06.89 Other abnormalities of breathing *or* R06.00 Dyspnea unspecified

Terminology matters

- Acute bronchospasm (J98.01)
- **Asthma: J45 Asthma (requires 5 digits)**
  - **Now can code based on severity (mild, moderate, severe)**
  - **Now can code intermittent versus persistent**
  - J45.20 Mild intermittent, uncomplicated
  - J45.21 Mild intermittent with (acute) exacerbation
  - J45.22 Mild intermittent with status asthmaticus
  - J45.30 Mild persistent, uncomplicated
  - J45.31 Mild persistent with (acute) exacerbation
  - J45.32 Mild persistent with status asthmaticus
  - J45.40 Moderate persistent, uncomplicated
  - J45.41 Moderate persistent with (acute) exacerbation
  - J45.42 Moderate persistent with status asthmaticus

Terminology matters

- Asthma
  - J45.50 Severe persistent, uncomplicated
  - J45.51 Severe persistent with (acute) exacerbation
  - J45.52 Severe persistent with status asthmaticus
  - J45.901 Unspecified asthma with (acute) exacerbation
  - J45.902 Unspecified asthma with status asthmaticus
  - J45.909 Unspecified asthma, uncomplicated
  - J45.990 Exercise induced bronchospasm
  - J45.991 Cough variant asthma

Assessment vs.. Diagnosis

- 5 year-old child presents with asthma-like symptoms (cough, wheezing, retractions) that responds to a bronchodilator
  - Has not been given a formal diagnosis of 'asthma'
- Assessment: cough and wheezing, probable RAD
- Diagnosis: Acute bronchospasm (J98.01)

Assessment vs.. Diagnosis

- Child presents with vomiting, diarrhea and fever during Rotavirus season
- Is not significantly dehydrated, tolerates oral therapy without emesis
- Assessment: Findings are consistent with AGE cause by Rotavirus
- Diagnosis: Rotavirus AGE (A08.0) – *

R/O and suspected diagnosis should not be coded in the out-patient setting but can use clinical judgment to determine a diagnosis.

Terminology matters

- Infectious gastroenteritis (A09)
  - Gastroenteritis, presumed infectious
  - Infectious diarrhea
  - Diarrhea, presumed infectious
- Rotavirus enteritis (A08.0)
- Unspecified viral intestinal infection (A08.4)
- Allergic gastroenteritis (K52.2)
  - ***When occurring with the same illness vomiting and diarrhea are considered "inherent" to gastroenteritis and should not be listed as separate diagnoses.***

So…Why ICD 10?

- Flexible
  - can quickly incorporate emerging diagnoses
- More specificity
  - able to identify precise diagnosis
- Improves ability to measure health care services
- Supports improved public health surveillance
- Reflects advances in medicine and medical technology
- More room for expansion

- **ICD-10 IMPLEMENTATION – October 1, 2014**
- Will you be ready?
- Will your practice be ready?
- Or will you be one of the 15% who will go out of business for failure to prepare.
- Remember: **Those who fail to plan, plan to fail!**

A Holiday ICD 10 Jingle from AAPC

Samantha: I am Sam, Sam, you see, and I do so love this new ICD.
Provider: That ICD, that ICD, I do not like that ICD!
Samantha: Do you like to work for free?
Provider: Can you code injury in a house?
Can you code injury with a mouse?
Samantha: I can code it in a house (Y92.019).
I can code it with a mouse (W53.09XA).
Provider: Can you code injury on a plane?
Can you code injury on a train?
Samantha: I can code it on a plane (Y92.813).
I can code it on a train (Y92.815).
I can code it in a house (Y92.019).
I can code it with a mouse (W53.09XA).
I do so love this ICD; it's so much better,
can't you see?
Provider: Can you code being hit by a baseball?
Can you code falling down the stairs at the mall?
Samantha: I can code being hit by a baseball (W21.03XA).
I can code falling down the stairs at the mall (W10.9XXA, Y92.59).
I can code it on a plane (Y92.813).
I can code it on a train (Y92.815).
I can code it in a house (Y92.019).
I can code it with a mouse (W53.09XA).
I do so love this ICD; it's so much better,
can't you see?
Provider: Now I see, this ICD.
You have made it clear to me.
We'll have clean claims and payment fast!
ICD-10 is here at last!

References

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- Pittman, David, "Docs' Charting Falls Short of ICD-10 Demands", MedPage Today, 04132013.
- Linzer Sr., Jeffrey MD, FACEP, FAAP, AAP Liaison to the ICD Coordination & Maintenance Committee and Editorial Advisory Board, ICD-10-CM: It's Not a Myth It's Coming! February 9, 2012.
- https://www.cms.gov/icd10/
- http://www.ahima.org/

Resources

- For additional information go to the NCHS ICD-10-CM website
  cdc.gov/nchs/icd/icd10cm.htm
  - 2010 Version of Documentation and User's Guide, Diagnosis Code Set General Equivalence Mappings
  - General Equivalence Mappings, Documentation for Technical Users

AAP Coding Resources

- AAP Coding Hotline *aapcodinghotline@aap.org* is a resource for practitioners to submit coding questions and receive a response from AAP coders.
- AAP Coding Newsletter.
- Pediatric Code Crosswalk ***ICD-9 to ICD-10***
- Principles of **Pediatric ICD-10-CM** Coding

AAP Core Coding Resources

- **AAP Pediatric Coding Newsletter™—proven coding solutions you can't afford to miss! Now featuring a NEW monthly column on Transitioning to ICD-10-CM**

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- **Coding for Pediatrics 2013—new 18th edition of the number 1 pediatric coding and billing resource!**

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- **2013 Pediatric ICD-9-CM Coding Pocket Guide—convenient go-anywhere format!**

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