

ICD-10 Deemed Complicated, but Useful

BY JOYCE FRIEDEN

WASHINGTON — The upcoming ICD-10 diagnosis and procedure coding system is more complicated than was its predecessor, ICD-9, but it will allow for a greater level of clinical detail and will be better able to keep up with advances in technology, according to several speakers at a meeting sponsored by the American Health Information Management Association.

"ICD-9 badly needs to be replaced," said Nelly Leon-Chisen, director of coding and classification at the American Hospital Association. "It's 30 years old, and the terminology and classification of some conditions are obsolete."

There are two parts to ICD-10, formally known as the International Classification of Diseases, 10th revision, which goes into effect in the United States on Oct. 1, 2013: ICD-10-CM, which is the clinical modification of

the World Health Organization's ICD-10 diagnostic coding system; and ICD-10-PCS, an inpatient procedural coding system developed under contract to the Centers for Medicare and Medicaid Services.

ICD-10 "will have better data for evaluating and improving quality of care. It will provide codes for a more complete picture," she added, noting that the new code set will allow health officials to be "better able to track and respond to global health threats."

Because ICD-10 can more precisely document diagnoses and procedures, it will bring better justification of medical necessity for billing purposes, "but not from day 1," said Ms. Leon-Chisen. "It will take a little while" for people to adjust to the new codes. The new system also may reduce opportunities for fraud.

Ms. Leon-Chisen outlined a few basic differences between ICD-9 and ICD-10 diagnosis codes:

▶ ICD-9 codes contain 3-5 characters, whereas ICD-10 contains 3-7 characters.

▶ In ICD-9 codes, the first character can be alphabetic or numeric, but in ICD-10, the first character is always alphabetic.

▶ ICD-10 codes can include the use of a placeholder "x," whereas ICD-9 codes cannot.

She also gave an example, showing the differences between the two revisions. Under the ICD-9 coding system, a patient with a pressure ulcer on the right buttock might receive a diagnosis code of 707.05, "pressure ulcer, buttock." Under ICD-10, the same patient would get L89.111, "decubitus ulcer of right buttock limited to breakdown of the skin." A pressure ulcer on the left buttock or a more severe one including necrosis of the bone would get a different ICD-10 code.

Alphabetic characters are not case sensitive. ■

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