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# THE INTERNAL MEDICINE CRUNCH TIME GUIDE TO ICD-10

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*A White Paper by CureMD*

## Purpose of this document

IT'S CRUNCH TIME. With only a couple of days left until the official launch date of ICD-10, there are still many providers who find themselves unsure of what the change means and how exactly to prepare for it. As with any perceived battle or crisis looming, knowledge and some strategic planning can help Internal Medicine physicians come out on top and unscathed.

Use this crunch time guide to learn what ICD-10 is exactly, why it's happening now, and how you can successfully switch diagnostic code sets come October 1st.



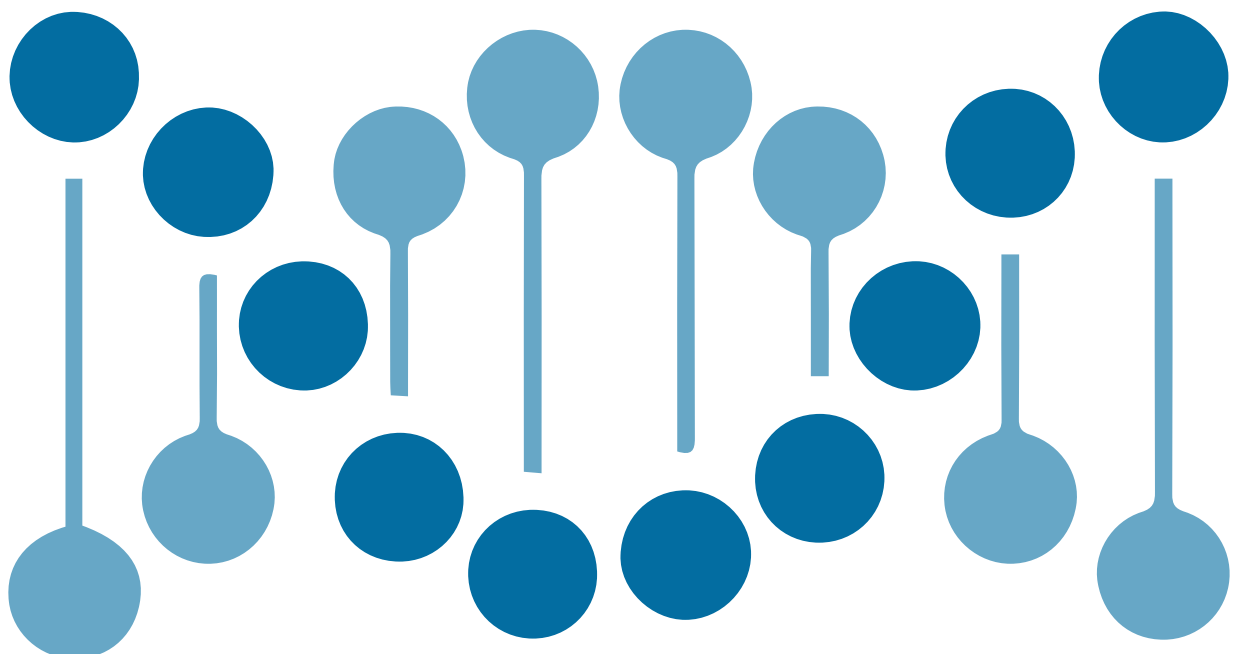
# What is ICD-10?

Before we move on to when you can expect transitioning to the new code sets, let's discuss what these new code sets represent. Starting October 1st, providers will no longer be able to report using ICD-9 diagnosis codes which are sets of numbers containing three to five characters and a decimal point (e.g. 562.10).



Instead, providers will need to use the 10th revision of International Classification of Diseases which uses three to seven characters in an alpha-numeric combination. But besides featuring a different code structure, the new ICD-10 code set contains around 68,000 codes as opposed to the 14,000 codes of ICD-9. That's significantly more codes and will ensure a greater level of specificity when coding diagnoses.

**Read:** [Road to ICD-10 FAQs](#)



## Why is the Switch Happening?

It may surprise you to learn that United States is the last country in the world with modern healthcare to adopt the latest ICD-10 code sets. Staying current isn't the only reason our healthcare system is transitioning to ICD-10 though.



According to a CMS ICD-10 introduction, US must transition to ICD-10 because:

- ICD-9 produces limited data about patients' medical conditions and provider procedures.
- ICD-9 is 30 years old, contains outdated terms, and is now inconsistent with current medical practices.
- ICD-9 structure limits the number of new codes that can be created and many ICD-9 categories are full.

## Do All Providers Have to Use ICD-10?

While you may be thinking (or hoping) that ICD-10 only affects those providers who submit claims to Medicare or Medicaid, the truth is ICD-10 affects everyone covered by HIPAA. In short, that means ICD-10 affects all Internal Medicine physicians as well as other providers, payers, clearinghouses, and billing services.



A word of warning: Do NOT think you can buck the system and get away with using ICD-9 codes forever. Come October 1st, those claims using anything other than ICD-10 codes will be denied.

**Read:** [What do I need to do for ICD-10](#)

# Understanding the ICD-10 Code Structure

Making the transition from ICD-9's 14,000 codes to ICD-10's 68,000 codes will no doubt feel overwhelming to most providers. To better help you adopt the new code set, let's break down the ICD-10 code structure.

First, codes in the new ICD-10 set may contain anywhere between three to seven characters. You will find that a majority of the three-character codes are used as headings for categories of codes. The three-character codes would then be expanded to four, five, or six characters to add more specific information regarding diagnosis.

Let's break this down a bit more:

The first three characters of an ICD-10 code designate the category of the diagnosis.

## E11.351

In this instance "E" designates Endocrine, nutritional and Metabolic disorders.  
E11 indicates Type 2 diabetes mellitus.

The next three characters correspond to the related etiology:

### E11.35

indicates Type 2 diabetes mellitus with proliferative diabetic retinopathy.

### E11.351

351 indicates Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema.

**Read:** [How to Train for ICD-10 Codes?](#)

# What about That Weird Seventh Character?

Ah, that tricky seventh character. It represents one of the biggest differences between the old ICD-9 codes and the new ICD-10 codes because ICD-9 simply did not have a way of capturing the details that this wondrous seventh character provides. There are certain ICD-10 categories that require you assign a seventh character. Primarily Chapter 19 (injury, poisoning and certain other consequences of external causes) and Chapter 15 (Pregnancy, childbirth and the puerperium).

This character must always be in the seventh position. Should a code have fewer than six characters and requires this seventh character, the empty spaces must be filled in with a placeholder "x."

Before moving on, let's take a look at the coding extensions that indicate the type of patient encounter.

## A - Initial Encounter

I will tell you right off the bat this code is completely misleading. It is called "initial" encounter, and yet an "A" in the extension describes the entire period in which a patient is receiving active treatment.

## D - Subsequent Encounter

A "D" indicates the patient is receiving routine care for their problem or disease during healing or recovery phase. Let's say the patient came in presenting with a skin infection around their toe nails – a common occurrence for diabetics - the "D" code would be the right extension to use.

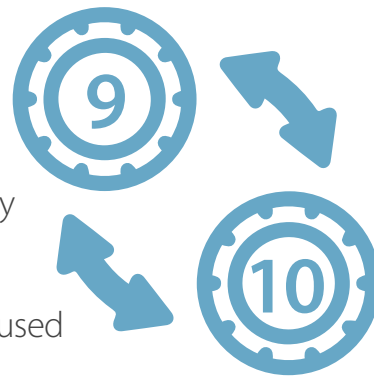
## S - Sequela

This extension indicates that the initial condition has caused another condition for which the patient is seeking treatment. This character would be applied to a complication or condition that was a direct result of the initial problem. When using the "S," it is necessary to use both the injury code that precipitated the sequela as well as the sequela code itself. Obviously the "S" would only be added to the injury code, not the sequela code.

**Read:** [The Elusive 7th Character in ICD-10](#)  
[The Appropriate Use of Unspecified Codes in ICD-10](#)

## Converting ICD-9 Codes into ICD-10 Codes

I'm not going to lie to you and try to make you feel good right now. The truth is ICD-10 is far more complex than ICD-9 ever dreamt of being. The good news is that learning how to convert these codes will be simpler than you imagine because you are most likely already dealing with a select subset of codes much of the time. So, as you prepare for this transition you will want to create a list of your most used codes that you know you will need quick and easy access to.



And now to burst your bubble slightly...

Because ICD-10 has a significantly larger number of codes and a higher degree of specificity, identifying the ICD-10 code equivalent to an old ICD-9 code may prove to be challenging. But, stay with me here as I will explain how to correctly convert ICD-9 into ICD-10 codes.

**Read:** [Top 20 ICD-9 TO ICD-10 CONVERSION CODES](#)

# How to Correctly Convert Codes

When you're hunting for the ICD-10 equivalent of a particular ICD-9 code, you may want to start by using a conversion tool that will help you find the right starting point. Once you've got your starting point, you'll need to do a little leg work and consult with the Tabular List to see whether a greater level of coding specificity is possible and/or necessary.



While you have your Tabular List handy, check chapter/category headings for additional information regarding external cause codes and seventh characters. If necessary you can check external cause codes in Chapter 20 of the Tabular List.

# How You Can Best Prepare for ICD-10 During This Crunch Time

With less than two months to go, if you haven't begun to prepare for this conversion you may now be finding yourself behind the proverbial 8 ball. In an effort to get you up to speed, here are the things your practice needs to do to be ready for October 1st:

## Choose an ICD-10 Captain

It's really important you choose someone at your office to lead the transition. If you have a practice manager, he or she would obviously be made ICD-10 captain. If you don't have a practice manager, it could be anyone (or a team of people) who possesses leadership skills and, more importantly, enthusiasm. Most of the people in your office (yourself most likely included) find this whole ICD-10 transition a bit of a nightmare, so your captain should definitely be able to boost morale and sing the praises of the new code set.



Help your captain by collecting comprehensive educational material from the [CMS website](#) and other [online resources](#) and offering it to them. This way they can quickly digest the information and be able to pass it onto the rest of your staff.

## Mind Your Finances

No matter how prepared practices try to be, there will inevitably be denied claims and a slowdown of processes within your own staff as everyone tries to get up to speed. Both of these will cause you to experience a decrease in revenue. On top of this, you might be ready but if your payers aren't, your income will still take a hit. For all of these reasons its best to prepare for the worst case scenario.

Experts have recommended saving up to six months of cash revenue to keep your practice afloat. Obviously if you haven't done this yet it may be difficult to do so in the next 45 days.



Your other options would be to talk with your bank about a loan or an increased line of credit to help get you through this potential financial crisis. Don't put this off. The longer you wait to get available financing the higher your interest rates may be.

And finally, while you're dealing with your finances, you'll want to establish a budget that takes into consideration any software upgrades, staff training and any new superbills.

**Watch Webinar:** Stop Fighting Denials!

## Examine Your Current Processes

Even though it's crunch time, there is still time for you to examine your current diagnosis coding processes and conduct your own ICD-10 compliance audit. This step is fairly straightforward: you'll simply want to take a hard look at the processes you currently have in place and ask yourself if they will accommodate the new codes.

You'll also need to consider whether or not you'll have to hire a new coder, even if it's only temporarily during the initial transition.

And finally, you'll need to be sure that all of your partners, from software vendors to billing professionals to payers, are all ready to receive process and remit for ICD-10 codes.

## Training

The only way you can possibly hope for a smooth transition with the least amount of denied claims and delayed payments is to make sure you and your staff are well-trained. Even those staff members who aren't directly impacted by the new codes should be included and brought up to speed.

And, now more than ever before, your office has to work as a team.

All must hold each other accountable and also have each others' backs. Now is not the time for whining or grumbling but for everyone to pull together and work as a team.

When putting together training consider a few different things:



- Everyone learns differently so it's important that your training takes that into account. Mix it up and make sure the training offers different educational approaches to suit different learning styles.
- Remain calm and patient. The ICD-9 codes have been around for 30 years and transitioning to ICD-10 won't happen overnight. Be flexible and know that you and your staff will eventually master the new code set.
- And finally, remember to reward your staff for a job well done. Acknowledge their hard work and commitment and show your appreciation at every opportunity.

**Watch webinar:** [Road to ICD- 10 Physician training program](#)

**Read:** [How to Master ICD-10 Documentation in 10 Days](#)

## Test

Besides making sure your vendors are ready for this transition, you'll also want to perform a test run. Speak with them to determine what their testing processes are and their timeframe.

You'll also want to conduct your own internal testing and make it a part of the training mentioned earlier.

There is no denying that the upcoming transition to ICD-10 will be challenging, and anyone who claims that it will be a breeze is lying through their teeth. Though no provider can do anything about the past delays and their consequences, you can focus on making sure you're ready come October 1st.

And to be ready you've got to fight your urge to kick and scream your way through this transition. Instead, work as a team (including all of your vendors and payers) with a chosen leader who will always boost morale, provide comprehensive training, and make sure you've secured financing in case your revenue takes a big hit. If you follow the steps outlined in this guide, you and your practice should come out on top.



## Conclusion

With the recent changes in the industry, it is becoming increasingly difficult for physicians to concentrate solely on providing care.

Though practicing medicine today is different than what it was a few years back, there are solutions in place to make life easier for providers and staff. Investing in the right technology is one of them.



## ICD-10 Training for Internal Medicine

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