

Alert: The new ICD-10 compliance date is October 1, 2015.

The Differences Between ICD-9 and ICD-10

This is the second fact sheet in a series and is focused on the differences between the ICD-9 and ICD-10 code sets. Collectively, the fact sheets will provide information, guidance, and checklists to assist you with understanding what you need to do to implement the ICD-10 code set.

The ICD-10 code sets are not a simple update of the ICD-9 code set. The ICD-10 code sets have fundamental changes in structure and concepts that make them very different from ICD-9. Because of these differences, it is important to develop a preliminary understanding of the changes from ICD-9 to ICD-10. This basic understanding of the differences will then identify more detailed training that will be needed to appropriately use the ICD-10 code sets. In addition, seeing the differences between the code sets will raise awareness of the complexities of converting to the ICD-10 codes.

Overall Comparisons of ICD-9 to ICD-10

Issues today with the ICD-9 diagnosis and procedure code sets are addressed in ICD-10. One concern today with ICD-9 is the lack of specificity of the information conveyed in the codes. For example, if a patient is seen for treatment of a burn on the right arm, the ICD-9 diagnosis code does not distinguish that the burn is on the right arm. If the patient is seen a few weeks later for another burn on the left arm, the same ICD-9 diagnosis code would be reported. Additional documentation would likely be required for a claim for the treatment to explain that the burn treated at this time is a different burn from the one that was treated previously. In the ICD-10 diagnosis code set, characters in the code identify right versus left, initial encounter versus subsequent encounter, and other clinical information.

Another issue with ICD-9 is that some chapters are full and impede the ability to add new codes. In some cases, new codes have been assigned to different chapters making it difficult to locate all available codes. ICD-10 codes have increased character length, which greatly expands the number of codes that are available for use. With more available codes, it is less likely that chapters will run out of codes in the future.

Other issues that are addressed in ICD-10 include the use of full code titles and appropriately reflecting advances in medical knowledge and technology. More detailed information and examples are provided below to demonstrate the differences between the ICD-9 and ICD-10 code sets.

Diagnosis Codes

The following table provides a comparison of the features of the ICD-9 and ICD-10 diagnosis code sets.

Table 1 – Comparisons of the Diagnosis Code Sets

ICD-9	ICD-10
3-5 characters in length	3-7 characters in length
Approximately 13,000 codes	Approximately 68,000 available codes
First digit may be alpha (E or V) or numeric	Digit 1 is alpha
Limited space for adding new codes	Flexible for adding new codes

Lacks detail	Very specific
Lacks laterality	Has laterality (i.e., codes identifying right vs. left)

In the ICD-10 diagnosis code set, the alpha characters are not case sensitive. The following examples show a comparison of the formats of the ICD-9 and ICD-10 diagnosis codes. You can see the use of alpha characters and longer codes in ICD-10.

ICD-9 Diagnosis Code	ICD-10 Diagnosis Code
382.9 Acute otitis media	B01.2 Varicella pneumonia
540.9 Acute appendicitis	K21.0 Gastro-esophageal reflux disease with esophagitis
780.01 Coma	O30.003 Twin pregnancy, unspecified, third trimester

The expanded number of characters of the ICD-10 diagnosis codes provides greater specificity to identify disease etiology, anatomic site, and severity.

ICD-10 Code Structure:

Characters 1-3 – Category

Characters 4-6 – Etiology, anatomic site, severity, or other clinical detail

Characters 7 – Extension

The following example shows the more detailed information gained through the added characters.

S52 Fracture of forearm

S52.5 Fracture of lower end of radius

S52.52 Torus fracture of lower end of radius

S52.521 Torus fracture of lower end of right radius

S52.521A Torus fracture of lower end of right radius, initial encounter for closed fracture

In the above example, S52 is the category. The fourth and fifth characters of “5” and “2” provide additional clinical detail and anatomic site. The sixth character in this example indicates laterality, i.e., right radius. The seventh character, “A”, is an extension that provides additional information, which means “initial encounter” in this example.

The example of the forearm fracture also demonstrates the use of the full code titles, which was not the format in the ICD-9 diagnosis code set. The following is a comparison of ICD-9 and ICD-10 diagnoses demonstrating the use of full code titles.

ICD-9 Diagnosis Codes	ICD-10 Diagnosis Codes
157 Malignant neoplasm of pancreas	S52 Fracture of forearm
157.0 Head of pancreas	S52.5 Fracture of lower end of radius
157.1 Body of pancreas	S52.5 Fracture of lower end of radius
157.2 Tail of pancreas	S52.521 Torus fracture of lower end of right radius
157.3 Pancreatic duct	S52.521A Torus fracture of lower end of right radius, initial encounter for closed fracture
157.4 Islets of Langerhans	
157.8 Other specified sites of pancreas	
157.9 Pancreas, part unspecified	

The ICD-10 diagnosis code set also expands on the use of combination codes. Combination codes are a single code that can be used to classify 1) two diagnoses, or 2) a diagnosis with an associated secondary process or a diagnosis with an associated complication. Combination codes allow for the reporting of a

single code to express multiple elements of the diagnosis. The following are examples illustrating combination codes in ICD-10 versus ICD-9 diagnosis codes.

ICD-9 Diagnosis Codes	ICD-10 Diagnosis Codes
415.0 Acute cor pulmonale And 415.12 Septic pulmonary embolism	I26.01 Septic pulmonary embolism with acute cor pulmonale
707.06 Pressure ulcer, ankle And 707.21 Pressure ulcer stage I	L89.501 Pressure ulcer of unspecified ankle, stage I

The increased specificity of the ICD-10 codes is more flexible, which means that emerging diseases can be quickly incorporated. The higher level of detail in the codes provides the ability to more precisely code the diagnosis. As with ICD-9, ICD-10 codes are to be reported at the highest level of detail possible within the code structure. ICD-10 reflects advances in medicine and medical technology making the code set more relevant to today's understanding of diagnoses. ICD-10 also provides an improved ability to measure health care services and conduct public health surveillance.

Procedure Codes

ICD-10-PCS will not replace the Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) code sets for reporting services and procedures in outpatient and office settings.

The following table is a comparison of the differences in the features between the ICD-9 and ICD-10 procedure code sets.

Table 2 – Comparisons of Procedure Codes

ICD-9	ICD-10
3-4 numbers in length	7 alpha-numeric characters in length
Approximately 3,000 codes	Approximately 87,000 available codes
Based on outdated technology	Reflects current usage of medical terminology and devices
Limited space for adding new codes	Flexible for adding new codes
Lacks detail	Very specific
Lacks laterality	Has laterality
Generic terms for body parts	Detailed descriptions for body parts
Lacks descriptions of methodology and approach for procedures	Provides detailed descriptions of methodology and approach for procedures
Lacks precision to adequately define procedures	Precisely defines procedures with detail regarding body part, approach, any device used, and qualifying information

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The following are examples showing the different formats of the procedure codes.

ICD-9 Procedure Code	ICD-10 Diagnosis Code
39.50 Angioplasty	0DN90ZZ Release of duodenum, open approach
39.31 Suture of artery	0FB03ZX Excision of liver, percutaneous approach, diagnostic
47.01 Laparoscopic appendectomy	02PS0CZ Removal, extraluminal device from pulmonary vein, right, open

The alpha characters in the ICD-10 procedure code set are not case sensitive. The letters O and I are not used to avoid confusion with the numbers 0 and 1.

The additional characters in the ICD-10 procedure code set allows for identifying the body system, root operation, body part, approach, and device involved in the procedure. The code structure in the Medical and Surgical section is:

Character	1	2	3	4	5	6	7
Definition	Name of Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier

The following example identifies the meaning of each character of the code.

Right knee joint replacement = 0SRD0JZ

- 0 = Medical and Surgical Section
- S = Lower Joints
- R = Replacement
- D = Knee Joint, Right
- 0 = Open
- J = Synthetic Substitute
- Z = No Qualifier

As with the ICD-10 diagnosis code set, there are many benefits to the ICD-10 procedure code set. It provides greater detail to describe complex medical procedures and describes precisely what was done to the patient. There is plenty of space to add new procedures. It uses current medical terminology. The codes follow a logical structure. There is standardized terminology, which means that each term has the exact same meaning across the code set. The codes also have a multi-axial structure, meaning that each code character has the same meaning within procedure sections and across the code set where possible.

Conclusion

The ICD-10 code sets are not simply increased and renumbered ICD-9 code sets. The move to ICD-10 will not be easy. The ICD-10 code sets include greater detail, changes in terminology, and expanded concepts for injuries, laterality, and other related factors. The complexity of ICD-10 provides many benefits because of the increased level of detail conveyed in the codes. The complexity also underscores the need to be adequately trained on ICD-10 in order to fully understand reporting changes that will come with the new code sets.

Visit the AMA's website for more resources for implementing the ICD-10 code set.

www.ama-assn.org/go/ICD-10