

Frequently Asked Questions

What is ICD-10? ICD-10 is a method of coding used to report diagnoses and procedures into a standard data set. Currently, ICD-9-CM is the coding system utilized. In 1990, the World Health Organization (WHO) approved the 10th Revision of the International Classification of Diseases (ICD), known as ICD-10. In the United States, ICD-10 consists of two volumes:

- **ICD-10-CM:** clinical modification of the World Health Organization's (WHO) standard for diagnoses that is maintained by NCHC and is specific for the U.S. This volume is solely for diagnosis coding in all health care settings.
- **ICD-10-PCS:** This volume was developed to represent inpatient procedures and is maintained by the Centers for Medicare and Medicaid Services (CMS). It is specific to the U.S. This volume is for inpatient procedure coding in hospital settings.

Important Note: CPT coding is not affected by the ICD-10 transition. CPT codes will still be used by physicians to report their services and for outpatient procedures.

Why is ICD-10 being implemented? The current coding system was adopted in 1979 using a numeric only coding system. Now 36 years later, we are quickly running out of codes for new diagnoses and procedures. The ICD-10 revision will utilize alphanumeric codes that will greatly expand the number of codes available. It will also allow more granularity of each code, provide better support for care management, quality measurement, and analytics and lastly it will improve our ability to understand risk and severity.

Does everyone have to use ICD-10? All HIPAA-covered entities must use ICD-10. Almost all of Zimmer Biomet's customers are HIPAA-covered entities.

When does ICD-10 go into effect? Providers must start using ICD-10 codes for services provided on or after October 1, 2015.

- Outpatient services are based on the Date of Service.
- Inpatient services are based on the Date of Discharge.

How will the ICD-10 codes be different from the ICD-9 codes? ICD-10 codes will look different because they are alpha numeric. The new codes will provide more specificity which will require more documentation by physicians. Here are specific details:

ICD-10-CM replaces ICD-9-CM for diagnosis coding

- ICD-9-CM diagnosis codes = 3 to 5 numeric digits
- ICD-10-CM codes = 3 to 7 alphanumeric digits
- The overall format of ICD-10 diagnosis codes is very similar to ICD-9

ICD-10-PCS replaces ICD-9-CM for inpatient procedure coding:

- ICD-9-CM procedure codes = 3 to 4 numeric digits
- ICD-10-PCS codes = 7 alphanumeric digits
- ICD-10-PCS code format is substantially different from ICD-9
- Unlike ICD-9, ICD-10 expands details for many conditions

What is an example of the expanded details these codes will capture?

- **ICD-10-CM:** For fractures, the codes will capture left vs. right side of body, initial vs. subsequent encounter, routine vs. delayed healing, and nonunion vs. malunion
- **ICD-10-PCS:** Codes will have more laterality and more detailed information on procedures and distinct codes for different types of devices. Over 1/3 of the expansion of ICD-10 is due to laterality (left, right, bilateral).

• Additionally, **increased specificity** will be necessary to determine the correct code.

The list below provides the parameters necessary when documenting fractures:

When documenting fractures, providers should include the following parameters:

1. Type e.g. Open, closed, pathological, neoplastic disease, stress
2. Pattern e.g. Comminuted, oblique, segmental, spiral, transverse
3. Etiology to document in the external cause codes
4. Encounter of care e.g. Initial, subsequent, sequelae
5. Healing status, if subsequent encounter e.g. Normal healing, delayed healing, nonunion, malunion
6. Localization e.g. Shaft, head, neck, distal, proximal, styloid
7. Displacement e.g. Displaced, non-displaced
8. Classification e.g. Gustilo-Anderson, Salter-Harris
9. Any complications, whether acute or delayed e.g. Direct result of trauma sustained

| ICD-9-CM (Today) | ICD-10-CM (October 1, 2015) |
|--|--|
| 821.11 – Open fracture of shaft of femur | S72.351C – Displaced comminuted fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC |
| Number of codes for femur fracture = 16 | Number of codes for femur fracture = 1530 |

Where can I find more information? CMS has a library of resources available free of charge at <https://www.cms.gov/Medicare/Coding/ICD10/index.html>. All of the information included in this document is directly from CMS.

If you have questions associated with Zimmer Biomet devices call the Market Access coding and reimbursement support line at 866-946-0444.