



Advancing Female Pelvic Medicine
and Reconstructive Surgery

1100 Wayne Avenue, Suite 825
Silver Spring, MD 20910
Phone: 301-273-0570 ▪ Fax: 301-273-0778
info@aug.s.org ▪ www.aug.s.org

An Overview of ICD-10

Most providers are familiar with ICD-9 and now, ICD-10, mostly, because it is what we use to document a patient's symptoms, conditions, or disease to facilitate billing and reimbursement for medical services rendered. ICD-10 is an international system for morbidity and mortality reporting. The structure and guidelines behind ICD-10 allows for increased levels of clinical specificity which provides more information about the quality of care received and it has the potential to improve tracking of outcomes of care. Providers must understand that they are not only coding for reimbursement, they are also facilitating the collection of statistical data and disease classifications. It must be recognized that while this level of reporting is necessary moving forward, it does not directly change or impact reimbursement.

ICD-10 has the basic hierarchical structure as ICD-9. However, the increased clinical specificity inherent in ICD-10 has increased the four and five digit codes of ICD -9 by to up to seven characters. ICD-10 also introduces [new features](#) such as the reporting of laterality, combination codes to describe conditions with common symptoms, and it introduces new sections for postoperative complications and encounters for circumstances other than a specific disease (e.g. preventative service, pre and postop care, follow up care to monitor a condition that has resolved). It is important to also recognize that certain diseases have been reclassified or reassigned to different chapters. The version of ICD-10 recently implemented in the U.S. is a slight modification of the ICD-10 system, and is known as [ICD-10 –CM](#).

While many of the conditions relevant to FPMRS have a simple crosswalk between ICD-9 and ICD-10, the greater specificity of ICD-10 has led to some changes in code titles, terminology and inclusion notes. In addition, the classifications of certain conditions have changed. For example, stress incontinence is no longer in the [OB/GYN](#) section, it has moved to the “N” section for diseases of the Genitourinary System, and is no longer specific to just females. Increased specificity in ICD-10 also means that some conditions that were classified together in ICD-9 (e.g. vulvovaginitis) now have distinct codes – vaginitis and vulvitis, as well as new codes distinguishing acute from chronic.

ICD-10 does require that providers change how they report certain conditions. By convention, ICD-10 requires that signs and symptoms associated with a particular condition be reported together, For example, fever, presenting as the result of a known underlying condition will be reported in addition to (and following) that condition. Like ICD-9, conditions should be recorded to the highest level of specificity and specific diagnoses should be reported, rather than symptoms, when they are known. For example, acute cystitis is reported rather than dysuria, when a culture or UA dipstick supports this diagnosis. Additionally, an additional code can be used when the underlying infectious agent is known (e.g. e Coli). ICD-10 also requires the reporting of other diagnoses that coexist at the time of the encounter and require management.

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Some important ICD-10 conventions to remember:

- Conditions that no longer exist should not be coded (for example, SUI that has been adequately treated is not reported, but presence of a GU implant can be reported as a reason for the encounter.
- Signs and symptoms that are routinely associated with a disease process should not be reported, unless instructed (for example, dysuria is not reported if a UTI is diagnosed, but hematuria with UTI is, and is part of a combination code)
- Elevated blood pressure is reported when hypertension has not been diagnosed, but not reported when that diagnosis has been previously confirmed. However, signs and symptoms are reported in addition to a definitive diagnosis when they are not routinely associated with that diagnosis

Another significant change that is found throughout ICD -10-CM is that postoperative complications are now in the specific body system chapters. For genitourinary surgery, they are located under the block “N99” and complications of surgical and medical care are located in Chapter 19. Subcategories T80-T88 specifically relate to complications of surgical and medical care, and the provider needs to indicate the type of encounter utilizing a 7th character extension:

A – A provider’s initial encounter for evaluating this complication

D – All subsequent encounters for this problem

S –When the provider is treating a sequela of a particular complication

In conclusion, ICD- 10-CM is somewhat different than ICD-9 in both its conventions and guidelines. It offers challenges, responsibilities, and opportunities for healthcare providers to report reasons for healthcare encounters to a greater degree of specificity than before.

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