

# **Ingenix University: Implementing ICD-10**

**INGENIX®**

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**Mental and Behavioral Disorders Due to Psychoactive Substance Use (F10–F19)**

- F10 Mental and behavioral disorders due to use of alcohol
- F11 Mental and behavioral disorders due to use of opioids
- F12 Mental and behavioral disorders due to use of cannabinoids
- F13 Mental and behavioral disorders due to use of sedatives or hypnotics
- F14 Mental and behavioral disorders due to use of cocaine
- F15 Mental and behavioral disorders due to use of other stimulants, including caffeine
- F16 Mental and behavioral disorders due to use of hallucinogens
- F17 Mental and behavioral disorders due to use of tobacco
- F18 Mental and behavioral disorders due to use of volatile solvents
- F19 Mental and behavioral disorders due to multiple drug use and use of other psychoactive substances

***ICD-10-CM***

ICD-10-CM includes additional revisions to this subchapter: Three other fourth-character subdivisions are used with these categories—excepting F17—to identify abuse (.1), dependence (.2), or unspecified use (.9). Fifth and sixth-character subdivisions further specify the state of the mental and behavioral disorder, such as intoxication, intoxication with delirium, psychotic disorder with hallucinations, remission, or withdrawal.

**Mental and Behavioral Disorders Due to Psychoactive Substance Use (F10–F19)**

- F10 Alcohol-related disorders
- F11 Opioid-related disorders
- F12 Cannabis-related disorders
- F13 Sedative, hypnotic, or anxiolytic-related disorders
- F14 Cocaine-related disorders
- F15 Other stimulant-related disorders
- F16 Hallucinogen-related disorders
- F17 Nicotine dependence
- F18 Inhalant-related disorders
- F19 Other psychoactive substance-related disorders

**Chapter 19—Injury, Poisoning, and Certain Other Consequences of External Causes**

The axis of classification for chapter 19, “Injury, Poisoning and Certain Other Consequences of External Causes” (chapter 17, “Injury and Poisoning,” in ICD-9-CM) is changed from “type of injury” and then “site of injury” in ICD-9-CM to “body region” and then to “type of injury” in ICD-10.

***ICD-9-CM***

“Fractures” is the first subchapter in the “Injury and Poisoning” chapter of ICD-9-CM. The breakdown is then by site, e.g., vault of skull, base of skull.

**Chapter 17—Injury and Poisoning**

- Fractures (800–829)
  - Fracture of Skull (800–804)
- 800 Fracture of vault of skull
- 801 Fracture of base of skull

## CHAPTER 21

Chapter 21, “Factors Influencing Health Status and Contact with Health Services,” contains nine code families, depicted by the code’s first character of “Z.” They are:

Z00–Z13	Persons encountering health services for examination and investigation
Z20–Z28	Persons with potential health hazards related to communicable diseases
Z30–Z39	Persons encountering health services in circumstances related to reproduction
Z40–Z53	Persons encountering health services for specific procedures and health care
Z55–Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances
Z66	Do not resuscitate [DNR] status
Z67	Blood type
Z69–Z76	Persons encountering health services in other circumstances
Z79–Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status

### ICD-10-CM Category Restructuring

After reviewing the different disease categories, developers of ICD-10 restructured some of them to bring together those groups that are related in some way. For example, in ICD-9-CM, the categories for problems related to household, economic, family, and other psychosocial circumstances are classified under the subchapter for persons encountering health services in other circumstances. The categories for these types of problems have been moved to their own subchapter for persons with potential health hazards related to socioeconomic and psychosocial circumstances in ICD-10-CM. There is also a new, stand-alone category to denote a DNR order.

### Category Title Changes

A number of category title revisions were made in chapter 21. Titles were changed to better reflect the category’s content, which was often necessary when specific types of diseases were given their own block, a new category was created, or an existing category was redefined.

#### ICD-9-CM

V60	Housing, household, and economic circumstances
V61	Other family circumstances
V62	Other psychosocial circumstances

#### ICD-10-CM

Z59	Problems related to housing and economic circumstance
Z60	Problems related to social environment
Z61	Problems related to negative life events in childhood
Z62	Other problems related to upbringing
Z63	Other problems related to primary support group, including family circumstances



### KEY POINT

This chapter, which in previous revisions of ICD constituted a supplementary classification, permits the classification of environmental events and circumstances as the cause of injury, poisoning, and other adverse effects. Where a code from this section is applicable, it is intended that it shall be used in addition to a code from another chapter of the classification indicating the nature of the condition.



### DEFINITIONS

**Z codes.** Used to report reasons for encounters. A corresponding procedure should accompany a Z code if a procedure is performed.

**KEY POINT**

Make any necessary process, policy, and procedural changes for your department now. Allow your documentation efforts to “multi-task” and function as a training resource, process quality assessment tool, and communication enhancement.

**Planning Issues**

IS will want to create a software application or an interface between the two systems. IS can work with the coding department to identify the systems and software using ICD-9-CM codes, such as computer applications in anesthesia, the emergency department, and the intensive care unit. A facility with internally developed software or interfaces needs IS to draw up long-range plans.

Information systems will need examples of the structural changes inherent in I-10 systems to make the necessary modifications. IS will need to ensure that multiple code sets (ICD-9-CM, ICD-10-CM, ICD-10-PCS, and CPT) can be supported. Because of the far-reaching impact and uses of coded data throughout a facility, IS transition strategies are pivotal. IS will need to account for all products and functions that include codes, and create tactics accordingly to support changes in areas such as:

- Programs
- Screens
- Reports
- Interfaces or APIs
- Forms—printed or electronic
- Documentation
- Online help

As well as this, every electronic transaction requiring an ICD-9-CM code needs to be changed to accommodate I-10. This includes software applications for abstraction of coded data, data reporting tools, utilization management tools, billing software, claims editors, groupers, coding edits, and clinical systems.

Storage requirements (hardware/disk space) will need to be increased to accommodate new, larger classification schemes. The size of the I-10 code set will increase nearly tenfold. Fields will need to be modified to accommodate alphanumeric codes, while also being able to differentiate between letters, numbers, and case sensitivity. Hardware, software, materials, and staff must support both old and new code sets.

For some time period, systems will need to be able to run both ICD-9-CM and ICD-10-CM/PCS systems concurrently. Code support for dual systems are necessary in order to code and process both old and new claims, enable trend analysis, and promote code translation for reporting.

**Crosswalks/Data Mapping**

To enable data reporting before, during, and after the I-10 transition, code crosswalks or data maps will need to be in place. This includes cross-walking or mapping codes in the following ways:

With “forward mapping” of the old system to the new system:

- ICD-9-CM to ICD-10-CM
- ICD-9-CM to ICD-10-PCS

With “backward mapping” of the new system to the old system:

- ICD-10-CM to ICD-9-CM
- ICD-10-PCS to ICD-9-CM