## Coding Transition Tip Sheet
### ICD-9 to ICD-10

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consists of three to five digits</strong></td>
<td><strong>Consists of three to seven digits</strong></td>
</tr>
<tr>
<td><strong>First digit numeric or alpha</strong></td>
<td><strong>First character always alpha</strong></td>
</tr>
<tr>
<td>(E or V codes)</td>
<td>(all letters used except U)</td>
</tr>
<tr>
<td><strong>2nd, 3rd, 4th and 5th digits numeric</strong></td>
<td><strong>2nd digits numeric</strong></td>
</tr>
<tr>
<td></td>
<td><strong>3rd through 7th alpha or numeric</strong></td>
</tr>
<tr>
<td><strong>Decimal after first 3 digits</strong></td>
<td><strong>Decimal after first 3 digits</strong></td>
</tr>
<tr>
<td><strong>Placeholder Character</strong></td>
<td><strong>Placeholder Character</strong></td>
</tr>
<tr>
<td>Not used in ICD-9</td>
<td>The ICD-10 uses a placeholder character “X.”</td>
</tr>
<tr>
<td></td>
<td>Where a placeholder exists, the X must be used in order for the code to be considered a valid code.</td>
</tr>
</tbody>
</table>

**Example**

T37.0x1A - poisoning by sulfamides, accidental (unintentional), initial encounter
<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7th Characters</strong></td>
<td><strong>7th Characters</strong></td>
</tr>
<tr>
<td>ICD-9 codes are only 5 characters</td>
<td>Certain ICD-10 categories have applicable 7th characters. The applicable 7th character is required for all codes within the category, or as the notes in the Tabular List instruct.</td>
</tr>
<tr>
<td></td>
<td>The 7th character must always be the 7th character in the data field. If a code that requires a 7th character is not 6 characters, a placeholder “X” must be used to fill in the empty characters.</td>
</tr>
<tr>
<td><strong>Example</strong> O65.OXX1 - Obstructed labor due to deformed pelvis, fetus 1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alphabetic Index Abbreviations</th>
<th>Alphabetic Index Abbreviations</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEC “Not elsewhere classifiable”</td>
<td>NEC “Not elsewhere classifiable”</td>
</tr>
<tr>
<td>This abbreviation in the index represents “other specified.”</td>
<td>This abbreviation in the index represents “other specified.”</td>
</tr>
<tr>
<td>When a specific code is not available for a condition, the Index directs the coder to the “other specified” code in the Tabular List.</td>
<td>When a specific code is not available for a condition, the Index directs the coder to the “other specified” code in the Tabular List.</td>
</tr>
<tr>
<td><strong>Example</strong> Alphabetical Index Cataract Specified NEC 366.8 Tabular List 366.8 - Other cataract</td>
<td><strong>Example</strong> Alphabetical Index Cataract Specified NEC H26.8 Tabular List H26.8 - Other specified cataract</td>
</tr>
<tr>
<td>ICD-9</td>
<td>ICD-10</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td><strong>Tabular Abbreviations</strong></td>
<td><strong>Tabular Abbreviations</strong></td>
</tr>
<tr>
<td>NEC “Not elsewhere classifiable”</td>
<td>NEC “Not elsewhere classifiable”</td>
</tr>
<tr>
<td>This abbreviation in the Tabular List</td>
<td>This abbreviation in the Tabular List</td>
</tr>
<tr>
<td>represents “other specified.”</td>
<td>represents “other specified.”</td>
</tr>
<tr>
<td>When a specific code is not available</td>
<td>When a specific code is not available</td>
</tr>
<tr>
<td>for a condition the Tabular List includes</td>
<td>for a condition the Tabular List includes</td>
</tr>
<tr>
<td>an NEC entry under a code to identify</td>
<td>an NEC entry under a code to identify</td>
</tr>
<tr>
<td>the code as the “other specified” code.</td>
<td>the code as the “other specified” code.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>NOS “Not otherwise specified”</td>
<td></td>
</tr>
<tr>
<td>This abbreviation is the equivalent of</td>
<td></td>
</tr>
<tr>
<td>unspecified.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td><strong>Example</strong></td>
</tr>
<tr>
<td>Tabular List</td>
<td>Tabular List</td>
</tr>
<tr>
<td>428.9 - Heart failure, unspecified</td>
<td>150.9 - Heart failure, unspecified</td>
</tr>
<tr>
<td>Cardiac failure NOS</td>
<td>Biventricular (heart) failure NOS</td>
</tr>
<tr>
<td>Heart failure NOS</td>
<td>Cardiac, heart or myocardial failure NOS</td>
</tr>
<tr>
<td>Myocardial failure NOS</td>
<td>Congestive heart disease</td>
</tr>
<tr>
<td></td>
<td>Congestive heart failure NOS</td>
</tr>
<tr>
<td></td>
<td>Right ventricular failure (secondary to</td>
</tr>
<tr>
<td></td>
<td>left heart failure)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Disorders of the Immune Mechanism</strong></td>
<td><strong>Disorders of the Immune Mechanics</strong></td>
</tr>
<tr>
<td>Are included with</td>
<td>Are included with</td>
</tr>
<tr>
<td>“Endocrine, Nutritional and Metabolic</td>
<td>“Diseases of the Blood and Blood-Forming</td>
</tr>
<tr>
<td>Diseases”</td>
<td>Organs”</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>There is a single chapter for</td>
<td>The chapter for **Diseases of the Nervous</td>
</tr>
<tr>
<td><strong>Diseases of the Nervous System</strong> and</td>
<td>System** and <strong>Sense Organs</strong> has been</td>
</tr>
<tr>
<td><strong>Sense Organs</strong></td>
<td>separated into three chapters.</td>
</tr>
<tr>
<td>ICD-9</td>
<td>ICD-10</td>
</tr>
<tr>
<td>-------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>Excludes</strong>&lt;br&gt;An “excludes” note under a code indicates that the terms excluded from the code are to be coded elsewhere. In some cases, the codes for the excluded terms should not be used in conjunction with the code from which it is excluded.&lt;br&gt;&lt;br&gt;An example of this is a congenital condition excluded from an acquired form of the same condition. The congenital and acquired codes should not be used together. In other cases, the excluded terms may be used together with an excluded code.&lt;br&gt;&lt;br&gt;<strong>Example</strong>&lt;br&gt;Category: 741 - Spina bifida&lt;br&gt;Excludes: Spina bifida occulta (756.17)</td>
<td><strong>Excludes 1</strong>&lt;br&gt;A “type 1 excludes” note is a pure excludes note. It means “NOT CODED HERE”&lt;br&gt;&lt;br&gt;An excludes 1 note indicates that the code excluded should never be used at the same time as the code above the excludes 1 note.&lt;br&gt;&lt;br&gt;An excludes 1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.&lt;br&gt;&lt;br&gt;<strong>Example</strong>&lt;br&gt;Category: Q05 - Spina bifida&lt;br&gt;Excludes 1: Arnold-Chiari syndrome, type II - (Q07.0). Spina bifida occulta (Q76.0)</td>
</tr>
<tr>
<td><strong>Excludes 2</strong>&lt;br&gt;Not used in ICD-9</td>
<td><strong>Excludes 2</strong>&lt;br&gt;A “type 2 excludes” note represents “Not included here”&lt;br&gt;&lt;br&gt;An excludes 2 note indicates that the condition excluded is not part of the condition represented by the code; however, a patient may have both conditions at the same time.&lt;br&gt;&lt;br&gt;When an excludes 2 note appears under a code, it is acceptable to use both the code and the excluded code together, when appropriate.&lt;br&gt;&lt;br&gt;<strong>Example</strong>&lt;br&gt;Category: I70 Atherosclerosis&lt;br&gt;Code: I70.2X - atherosclerosis of native arteries of the extremities&lt;br&gt;&lt;br&gt;Excludes 2: atherosclerosis of bypass graft of extremities (I70.30-I70.79)</td>
</tr>
<tr>
<td>Code Also</td>
<td>Code Also</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>Not used in ICD-9</td>
<td>A “code also” note instructs that two codes may be required to fully describe a condition, but this note does not provide sequencing direction.</td>
</tr>
<tr>
<td>Example</td>
<td>Category: N39 Other disorders of urinary system</td>
</tr>
<tr>
<td></td>
<td>Code: N39.4X Other specified urinary incontinence</td>
</tr>
<tr>
<td></td>
<td>Code also any associated overactive bladder (N32.81)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Default Codes</th>
<th>Default Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not used in ICD-9</td>
<td>A code listed next to a main term in the Alphabetic Index is referred to as a default code.</td>
</tr>
<tr>
<td></td>
<td>The default code represents that condition that is most commonly associated with the main term, or is the unspecified code for the condition. If a condition is documented in a medical record (for example, appendicitis) without any additional information, such as acute or chronic, the default code should be assigned.</td>
</tr>
<tr>
<td></td>
<td>Example</td>
</tr>
<tr>
<td></td>
<td>Hemiplegia/hemiparesis and monoplegia. When the affected side is specified, but documentation doesn’t indicate if it’s the dominant or non-dominant side, and a default code is not included in the classification, the following guidelines should be followed:</td>
</tr>
<tr>
<td></td>
<td>When the left side is affected, the default is non-dominant. When the right side is affected, the default is dominant.</td>
</tr>
<tr>
<td>ICD-9</td>
<td>ICD-10</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Contains E codes and V codes</td>
<td>Does not separate E codes and V codes</td>
</tr>
<tr>
<td>There are 17 Chapters</td>
<td>There are 21 Chapters</td>
</tr>
<tr>
<td>Chapter 5</td>
<td>Chapter 5</td>
</tr>
<tr>
<td>Mental Disorders (290-319)</td>
<td>Mental and Behavioral Disorders (F01-F99)</td>
</tr>
<tr>
<td>Classified by type of injury</td>
<td>There are more subchapters, categories and</td>
</tr>
<tr>
<td></td>
<td>subcategories</td>
</tr>
<tr>
<td>Chapter 17</td>
<td>Chapter 19</td>
</tr>
<tr>
<td>Injury and Poisoning (800-999)</td>
<td>Injury, Poisoning, and Certain Other</td>
</tr>
<tr>
<td>Classified by type of injury</td>
<td>Consequences of External Causes (S00-T88)</td>
</tr>
<tr>
<td></td>
<td>***Injuries classified by anatomical site,</td>
</tr>
<tr>
<td></td>
<td>beginning at the head and ending at the ankle***</td>
</tr>
<tr>
<td></td>
<td><em><strong>New terminology, outdated terminology in ICD-9</strong></em></td>
</tr>
<tr>
<td>E Code Chapter</td>
<td>Chapter 20</td>
</tr>
<tr>
<td>Supplementary Classification of External</td>
<td>External Causes of Morbidity (V01-Y99)</td>
</tr>
<tr>
<td>Causes of Injury and Poisoning (E800-E999)</td>
<td>Injury/health condition classified by:</td>
</tr>
<tr>
<td></td>
<td>cause, intent and location</td>
</tr>
<tr>
<td></td>
<td>Activity at time of event</td>
</tr>
<tr>
<td></td>
<td>Status (military or civilian)</td>
</tr>
</tbody>
</table>