

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



**ICD-10-CM CLASSIFICATION ENHANCEMENTS**



This publication provides the following information on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS):

- ❖ ICD-10-CM/PCS compliance date;
- ❖ Use of external cause and unspecified codes in ICD-10-CM;
- ❖ Benefits of ICD-10-CM;
- ❖ Similarities and differences between International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) and ICD-10-CM;
- ❖ New features in ICD-10-CM;
- ❖ Additional changes in ICD-10-CM; and
- ❖ Resources.

When “you” is used in this publication, we are referring to health care providers.

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### **ICD-10-CM/PCS COMPLIANCE DATE**

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The compliance date for implementation of ICD-10-CM/PCS is October 1, 2015, for all Health Insurance Portability and Accountability Act (HIPAA)-covered entities. ICD-10-CM, including the “ICD-10-CM Official Guidelines for Coding and Reporting,” will replace ICD-9-CM diagnosis codes in all health care settings for diagnosis reporting with dates of service, or dates of discharge for inpatients, that occur on or after October 1, 2015. ICD-10-PCS, including the “ICD-10-PCS Official Guidelines for Coding and Reporting,” will replace ICD-9-CM procedure codes.

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### **USE OF EXTERNAL CAUSE AND UNSPECIFIED CODES IN ICD-10-CM**

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Similar to ICD-9-CM, there is no national requirement for mandatory ICD-10-CM external cause code reporting. Unless you are subject to a State-based external cause code reporting mandate or these codes are required by a particular payer, you are not required to report ICD-10-CM codes found in Chapter 20 of the ICD-10-CM, External Causes of Morbidity. If you have not been reporting ICD-9-CM external cause codes, you will not be required to report ICD-10-CM codes found in Chapter 20 unless a new State or payer-based requirement about the reporting of these codes is instituted. If such a requirement is instituted, it would be independent of ICD-10-CM implementation. In the absence of a mandatory reporting requirement, you are encouraged to voluntarily report external cause codes, as they provide valuable data for injury research and evaluation of injury prevention strategies.

In both ICD-9-CM and ICD-10-CM, sign/symptom and unspecified codes have acceptable, even necessary, uses. While you should report specific diagnosis codes when they are supported by the available medical record documentation and clinical knowledge of the patient’s health condition, in some instances signs/symptoms or unspecified codes are the best choice to accurately reflect the health care encounter. You should code each health care encounter to the level of certainty known for that encounter.

If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis. When sufficient clinical information is not known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate unspecified code (for example, a diagnosis of pneumonia has been determined but the specific type has not been determined). In fact, you should report unspecified codes when such codes most accurately reflect what is known about the

patient's condition at the time of that particular encounter. It is inappropriate to select a specific code that is not supported by the medical record documentation or to conduct medically unnecessary diagnostic testing to determine a more specific code.

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## BENEFITS OF ICD-10-CM

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ICD-10-CM incorporates much greater clinical detail and specificity than ICD-9-CM. Terminology and disease classification are updated to be consistent with current clinical practice. The modern classification system will provide much better data needed for:

- ❖ Measuring the quality, safety, and efficacy of care;
- ❖ Reducing the need for attachments to explain the patient's condition;
- ❖ Designing payment systems and processing claims for reimbursement;
- ❖ Conducting research, epidemiological studies, and clinical trials;
- ❖ Setting health policy;
- ❖ Operational and strategic planning;
- ❖ Designing health care delivery systems;
- ❖ Monitoring resource use;
- ❖ Improving clinical, financial, and administrative performance;
- ❖ Preventing and detecting health care fraud and abuse; and
- ❖ Tracking public health and risks.

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## SIMILARITIES AND DIFFERENCES BETWEEN ICD-9-CM AND ICD-10-CM

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ICD-10-CM uses 3–7 alpha and numeric digits and full code titles, but the format is very much the same as ICD-9-CM (for example, ICD-10-CM has the same hierarchical structure as ICD-9-CM).

The 7th character in ICD-10-CM is used in several chapters (for example, the Obstetrics, Injury, Musculoskeletal, and External Cause chapters). It has a different meaning depending on the section where it is being used (for example, in the Injury and External Cause sections, the 7th character classifies an initial encounter, subsequent encounter, or sequelae (late effect)).

Primarily, changes in ICD-10-CM are in its organization and structure, code composition, and level of detail.



### ICD-9-CM Diagnoses Codes:

- ❖ Are 3–5 digits;
- ❖ The first digit is alpha (E or V) or numeric (alpha characters are not case sensitive);
- ❖ Digits 2–5 are numeric; and
- ❖ A decimal is used after the third character.

Examples:

- 496 – Chronic airway obstruction, not elsewhere classified (NEC);
- 511.9 – Unspecified pleural effusion; and
- V02.61 – Hepatitis B carrier.

### ICD-10-CM Diagnosis Codes:

- ❖ Are 3–7 digits;
- ❖ Digit 1 is alpha;
- ❖ Digit 2 is numeric;
- ❖ Digits 3–7 are alpha or numeric (alpha characters are not case sensitive); and
- ❖ A decimal is used after the third character.

Examples:

- A78 – Q fever;
- A69.21 – Meningitis due to Lyme disease; and
- S52.131A – Displaced fracture of neck of right radius, initial encounter for closed fracture.

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## NEW FEATURES IN ICD-10-CM

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The following new features can be found in ICD-10-CM:

### 1) Laterality (Left, Right, Bilateral)

Examples:

- C50.511 – Malignant neoplasm of lower-outer quadrant of right female breast;
- H16.013 – Central corneal ulcer, bilateral; and
- L89.012 – Pressure ulcer of right elbow, stage II.

### 2) Combination Codes For Certain Conditions and Common Associated Symptoms and Manifestations

Examples:

- K57.21 – Diverticulitis of large intestine with perforation and abscess with bleeding;
- E11.341 – Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema; and
- I25.110 – Atherosclerotic heart disease of native coronary artery with unstable angina pectoris.

### 3) Combination Codes for Poisonings and Their Associated External Cause

Example:

- T42.3x2S – Poisoning by barbiturates, intentional self-harm, sequela.

### 4) Obstetric Codes Identify Trimester Instead of Episode of Care

Example:

- O26.02 – Excessive weight gain in pregnancy, second trimester.

### 5) Character “x” is Used as a 5th Character Placeholder in Certain 6 Character Codes to Allow for Future Expansion and to Fill in Other Empty Characters (For Example, Character 5 and/or 6) When a Code That is Less Than 6 Characters in Length Requires a 7th Character

Examples:

- T46.1x5A – Adverse effect of calcium-channel blockers, initial encounter; and
- T15.02xD – Foreign body in cornea, left eye, subsequent encounter.

### 6) Two Types of Excludes Notes

- ❖ Excludes 1 – Indicates that the code excluded should never be used with the code where the note is located (do not report both codes).

Example:

- **Q03** – Congenital hydrocephalus.

Excludes 1: Acquired hydrocephalus (**G91.-**).

- ❖ Excludes 2 – Indicates that the condition excluded is not part of the condition represented by the code but a patient may have both conditions at the same time, in which case both codes may be assigned together (both codes can be reported to capture both conditions).

Example:

- L27.2 – Dermatitis due to ingested food.

Excludes 2: Dermatitis due to food in contact with skin (L23.6, L24.6, L25.4).

### 7) Inclusion of Clinical Concepts That Do Not Exist in ICD-9-CM (For Example, Underdosing, Blood Type, Blood Alcohol Level)

Examples:

- T45.526D – Underdosing of antithrombotic drugs, subsequent encounter;
- Z67.40 – Type O blood, Rh positive; and
- Y90.6 – Blood alcohol level of 120 – 199 mg/100 ml.

### 8) A Number of Codes Are Significantly Expanded (For Example, Injuries, Diabetes, Substance Abuse, Postoperative Complications)

Examples:

- E10.610 – Type 1 diabetes mellitus with diabetic neuropathic arthropathy;
- F10.182 – Alcohol abuse with alcohol-induced sleep disorder; and
- T82.02xA – Displacement of heart valve prosthesis, initial encounter.

## 9) Codes for Postoperative Complications Are Expanded and a Distinction is Made Between Intraoperative Complications and Postprocedural Disorders

Examples:

- D78.01 – Intraoperative hemorrhage and hematoma of spleen complicating a procedure on the spleen; and
- D78.21 – Postprocedural hemorrhage and hematoma of spleen following a procedure on the spleen.

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### ADDITIONAL CHANGES IN ICD-10-CM

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The additional changes that can be found in ICD-10-CM are:

- ❖ Injuries are grouped by anatomical site rather than by type of injury;
- ❖ Category restructuring and code reorganization occur in a number of ICD-10-CM chapters, resulting in the classification of certain diseases and disorders that are different from ICD-9-CM;
- ❖ Certain diseases are reclassified to different chapters or sections to reflect current medical knowledge;
- ❖ New code definitions (for example, definition of acute myocardial infarction is now 4 weeks rather than 8 weeks); and
- ❖ The codes corresponding to ICD-9-CM V codes (Factors Influencing Health Status and Contact with Health Services) and E codes (External Causes of Injury and Poisoning) are incorporated into the main classification (in ICD-9-CM they were separated into supplementary classifications).



## RESOURCES

The chart below provides resources for ICD-10-CM/PCS.

| For More Information About...                                    | Resource   |
|--|--|
| ICD-10-CM/PCS  | <a href="http://www.cms.gov/Medicare/Coding/ICD10/index.html">http://www.cms.gov/Medicare/Coding/ICD10/index.html</a> on the CMS website   |
| ICD-10-CM/PCS Information for Medicare Fee-For-Service Providers | <a href="http://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-For-Service-Provider-Resources.html">http://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-For-Service-Provider-Resources.html</a> on the CMS website   |
| ICD-10-CM/PCS Provider Resources                                 | <a href="http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html">http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html</a> on the CMS website   |
| ICD-10-CM/PCS Statute and Regulations                            | <a href="http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html">http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html</a> on the CMS website   |
| All Available Medicare Learning Network® (MLN) Products          | <p>“MLN Catalog” located at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf</a> on the CMS website or scan the Quick Response (QR) code on the right</p>   |
| Provider-Specific Medicare Information                           | MLN publication titled “MLN Guided Pathways: Provider Specific Medicare Resources” booklet located at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf</a> on the CMS website |
| Medicare Information for Patients                                | <a href="http://www.medicare.gov">http://www.medicare.gov</a> on the CMS website   |



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