



# ICD-10-CM/PCS



## An Introduction



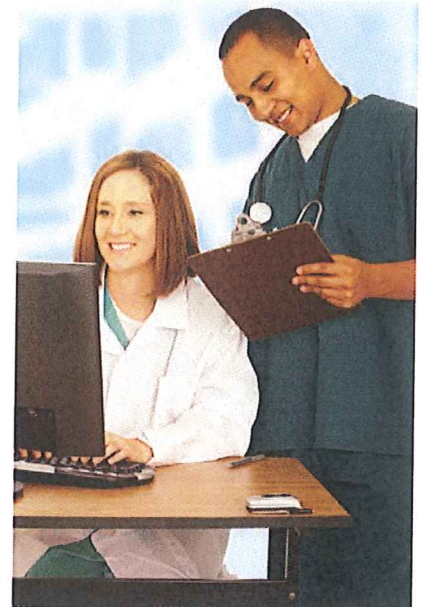
Official CMS Industry Resources for the ICD-10 Transition  
[www.cms.gov/ICD10](http://www.cms.gov/ICD10)



# The Next Generation of Coding

**T**he compliance date for implementation of the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) is October 1, 2013 for all covered entities. ICD-10-CM/PCS will enhance accurate payment for services rendered and facilitate evaluation of medical processes and outcomes. A number of other countries have already moved to ICD-10, including:

- United Kingdom (1995);
- France (1997);
- Australia (1998);
- Germany (2000); and
- Canada (2001).



The new classification system provides significant improvements through greater detailed information and the ability to expand in order to capture additional advancements in clinical medicine.

ICD-10-CM/PCS consists of two parts:

- **ICD-10-CM** – The diagnosis classification system developed by the Centers for Disease Control and Prevention for use in all U.S. health care treatment settings. Diagnosis coding under this system uses 3–7 alpha and numeric digits and full code titles, but the format is very much the same as ICD-9-CM; and
- **ICD-10-PCS** – The procedure classification system developed by the Centers for Medicare & Medicaid Services (CMS) for use in the U.S. for inpatient hospital settings ONLY. The new procedure coding system uses 7 alpha or numeric digits while the ICD-9-CM coding system uses 3 or 4 numeric digits.

The current system, International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM), does not provide the necessary detail for patients' medical conditions or the procedures and services performed on hospitalized patients. ICD-9-CM is 30 years old, has outdated and obsolete terminology, uses outdated codes that produce inaccurate and limited data, and is inconsistent with current medical practice. It cannot accurately describe the diagnoses and inpatient procedures of care delivered in the 21st century.





ICD-10-CM/PCS:

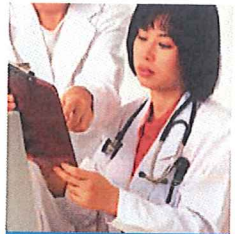
- Incorporates much greater specificity and clinical information, which results in:
  - Improved ability to measure health care services;
  - Increased sensitivity when refining grouping and reimbursement methodologies;
  - Enhanced ability to conduct public health surveillance; and
  - Decreased need to include supporting documentation with claims;
- Includes updated medical terminology and classification of diseases;
- Provides codes to allow comparison of mortality and morbidity data; and
- Provides better data for:
  - Measuring care furnished to patients;
  - Designing payment systems;
  - Processing claims;
  - Making clinical decisions;
  - Tracking public health;
  - Identifying fraud and abuse; and
  - Conducting research.

Below are examples that show where ICD-10-CM/PCS codes are more precise and provide better information.

**ICD-9-CM**  
**Pressure ulcer codes**  
 9 location codes (707.00 – 707.09)  
 Show broad location, but not depth (stage)

**ICD-10-CM**  
**Pressure ulcer codes**  
 125 codes  
 Show more specific location as well as depth, including

- L89.131 – Pressure ulcer of right lower back, stage I
- L89.132 – Pressure ulcer of right lower back, stage II
- L89.133 – Pressure ulcer of right lower back, stage III
- L89.134 – Pressure ulcer of right lower back, stage IV
- L89.139 – Pressure ulcer of right lower back, unspecified stage
- L89.141 – Pressure ulcer of left lower back, stage I
- L89.142 – Pressure ulcer of left lower back, stage II
- L89.143 – Pressure ulcer of left lower back, stage III
- L89.144 – Pressure ulcer of left lower back, stage IV
- L89.149 – Pressure ulcer of left lower back, unspecified stage
- L89.151 – Pressure ulcer of sacral region, stage I
- L89.152 – Pressure ulcer of sacral region, stage II



**ICD-9-CM**  
**Mechanical complication of other vascular device, implant and graft**  
 1 code (996.1)

**ICD-9-CM**  
**Angioplasty**  
 1 code (39.50)

**ICD-10-CM**  
**Mechanical complication of other vascular grafts**  
 156 codes, including

- T82.310 – Breakdown (mechanical) of aortic (bifurcation) graft (replacement)
- T82.311 – Breakdown (mechanical) of carotid arterial graft (bypass)
- T82.312 – Breakdown (mechanical) of femoral arterial graft (bypass)
- T82.318 – Breakdown (mechanical) of other vascular grafts
- T82.319 – Breakdown (mechanical) of unspecified vascular grafts
- T82.320 – Displacement of aortic (bifurcation) graft (replacement)
- T82.321 – Displacement of carotid arterial graft (bypass)
- T82.322 – Displacement of femoral arterial graft (bypass)
- T82.328 – Displacement of other vascular grafts

**ICD-10-PCS**  
**Angioplasty codes**  
 854 codes  
 Specifying body part, approach, and device, including

- 047K04Z – Dilation of right femoral artery with drug-eluting intraluminal device, open approach
- 047K0DZ – Dilation of right femoral artery with intraluminal device, open approach
- 047K0ZZ – Dilation of right femoral artery, open approach
- 047K34Z – Dilation of right femoral artery with drug-eluting intraluminal device, percutaneous approach
- 047K3DZ – Dilation of right femoral artery with intraluminal device, percutaneous approach



## Structural Differences Between the Two Coding Systems >>>>

### ICD-9-CM Diagnoses Codes:

- > 3 – 5 digits;
- > First digit is alpha (E or V) or numeric; and
- > Digits 2 – 5 are numeric.

#### Examples:

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

### ICD-10-CM Diagnoses Codes:

- > 3 – 7 digits;
- > Digit 1 is alpha;
- > Digit 2 is numeric; and
- > Digits 3 – 7 are alpha or numeric (alpha digits are not case sensitive).

#### 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.

### ICD-9-CM Procedure Codes:

- > 3 – 4 digits; and
- > All digits numeric.

#### Examples:

- 43.5 – Partial gastrectomy with anastomosis to esophagus; and
- 44.42 – Suture of duodenal ulcer site.

### ICD-10-PCS Procedure Codes:

- > 7 digits; and
- > Each digit is either alpha or numeric (alpha digits are not case sensitive and letters O and I are not used to avoid confusion with numbers 0 and 1).

#### Examples:

- 0FB03ZX – Excision of liver, percutaneous approach, diagnostic; and
- 0DQ10ZZ – Repair upper esophagus, open approach.

## Implementation Planning Recommendations >>>>>>

Organizations and facilities can plan for ICD-10-CM/PCS implementation by developing an organizational plan that includes:

- > Situational Analysis
  - Identify stakeholders;
  - Assess impact;
  - Formulate strategies and identify goals;
  - Develop education/training plans for employees at all levels;
  - Develop information systems/technology systems change implementation plan that includes testing and “go live” dates; and
  - Plan for documentation changes;
- > Strategic Implementation/Organizing
  - Acquire resources to implement the plan;
  - Evaluate financial impact on organization; and
- > Planning for Strategic Control
  - Develop objectives;
  - Plan measurement tools;
  - Plan evaluation strategies; and
  - Plan action steps for implementation.

Many professional and private sector organizations and businesses have resources available that may help with ICD-10-CM/PCS implementation planning.

## Continued Use of Current Procedural Terminology >>>>

ICD-10-CM/PCS will not affect physicians, outpatient facilities, and hospital outpatient departments' use of Current Procedural Terminology (CPT) codes on Medicare fee-for-service claims as CPT will continue to be utilized.

### HELPFUL WEBSITES

General ICD-10 Information  
<http://www.cms.gov/ICD10>

ICD-10-PCS Coding System, Mappings, and Related Training Manual  
[http://www.cms.gov/ICD10/13\\_2010\\_ICD10PCS.asp](http://www.cms.gov/ICD10/13_2010_ICD10PCS.asp)

ICD-10-CM Coding System, Mappings, and Guidelines  
<http://www.cdc.gov/nchs/about/otheract/icd9/abctcd10.htm>  
[http://www.cms.gov/ICD10/12\\_2010\\_ICD\\_10\\_CM.asp](http://www.cms.gov/ICD10/12_2010_ICD_10_CM.asp)

Report on Use of Health Information Technology to Enhance and Expand Health Care Anti-Fraud Activities  
<http://www.hhs.gov/healthit/documents/ReportOnTheUse.pdf>

CMS-0013-P—HIPAA Administrative Simplification: Modification to Medical Data Code Set Standards to Adopt ICD-10-CM and ICD-10-PCS  
<http://edocket.access.gpo.gov/2008/pdf/E8-19298.pdf>

Transactions and Code Sets Regulations  
[http://www.cms.gov/TransactionCodeSetsStands/02\\_TransactionsandCodeSetsRegulations.asp](http://www.cms.gov/TransactionCodeSetsStands/02_TransactionsandCodeSetsRegulations.asp)

### ICD-9-CM Notice

The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) is published by the United States Government. A CD-ROM, which may be purchased through the Government Printing Office, is the only official Federal government version of the ICD-9-CM. ICD-9-CM is an official Health Insurance Portability and Accountability Act standard.

April 2010





# Quick Reference Information

## ICD-10-CM Classification Enhancements



The compliance date for implementation of the International Classification of Diseases, 10<sup>th</sup> Edition, Procedure Coding System/Clinical Modification (ICD-10-PCS/CM) is October 1, 2013 for all covered entities. ICD-10-CM, including the *ICD-10-CM Official Guidelines for Coding and Reporting*, will replace the International Classification of Diseases, 9<sup>th</sup> Edition, Clinical Modification (ICD-9-CM) diagnosis code set 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, 2013. This publication discusses the benefits of ICD-10-CM, similarities and differences between the two coding systems, and new features and additional changes that can be found in ICD-10-CM.

### BENEFITS OF ICD-10-CM

ICD-10-CM incorporates much greater clinical detail and specificity than ICD-9-CM. Terminology and disease classification have been 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 utilization;
- Improving clinical, financial, and administrative performance;
- Preventing and detecting health care fraud and abuse; and
- Tracking public health and risks.

Non-specific codes still exist for use when the medical record documentation does not support a more specific code.

### SIMILARITIES AND DIFFERENCES BETWEEN THE TWO CODING SYSTEMS

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 (e.g., ICD-10-CM has the same hierarchical structure as ICD-9-CM).

The 7<sup>th</sup> character in ICD-10-CM is used in several chapters (e.g., the Obstetrics, Injury, Musculoskeletal, and External Cause chapters). It has a different meaning depending on the section where it is being used (e.g., in the Injury and External Cause sections, the 7<sup>th</sup> 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:

- 3-5 digits;
- First digit is alpha (E or V) or numeric (alpha characters are not case sensitive);
- Digits 2-5 are numeric; and
- Decimal is used after 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:

- 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
- Decimal is used after 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.

### NEW FEATURES FOUND IN ICD-10-CM

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 5<sup>th</sup> character placeholder in certain 6 character codes to allow for future expansion and to fill in other empty characters (e.g., character 5 and/or 6) when a code that is less than 6 characters in length requires a 7<sup>th</sup> 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 (**G91.1**)

- 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 (e.g., 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 have been significantly expanded (e.g., 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 have been expanded and a distinction 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.

**ADDITIONAL CHANGES FOUND IN ICD-10-CM**

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 have occurred 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 have been reclassified to different chapters or sections in order to reflect current medical knowledge;
- New code definitions (e.g., 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 rather than separated into supplementary classifications as they were in ICD-9-CM.

To find additional information about ICD-10-CM/PCS, visit <http://www.cms.hhs.gov/ICD10> on the Centers for Medicare & Medicaid Services (CMS) website.

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