The compliance date for implementation of the International Classification of Diseases, 10th 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, 9th 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 7th 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 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:

➤ 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 5th 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 7th character

Examples:

- T46.1**x**5A – Adverse effect of calcium-channel blockers, initial encounter; and
- T15.02**x**D – 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 (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.