

ICD-10-CM/PCS Order Files

The ICD-10-CM/PCS order files contain a unique “order number” for each valid code or header, a flag distinguishing valid codes from headers, and both long and short descriptions combined in a single file so they are easier to find and use. `icd10pcs_order_2022.txt` contains ICD-10-PCS (procedure) codes valid for FY2022. `icd10cm_order_2022.txt` contains all ICD-10-CM (diagnosis) codes valid for FY2022.

For each ICD-10-CM/PCS code, the order file provides a unique five-digit “order number”. The codes are numbered in “tabular order,” i.e., the order in which the contents of the code system are displayed in the official document containing the system. This includes “headers,” which are not valid codes and are included as a convenience for other uses. The ICD-10-CM/PCS order files will be updated every time the ICD-10-CM/PCS official documents are updated. The order numbers are likely to change with each update.

To determine which of two ICD-10-CM/PCS codes comes first in the official document, look up each code in the order file and find its order number. The code with the lower order comes first if its order number is lower, regardless of the characters used in forming the codes themselves.

The order file can be used to obtain a standard interpretation of a “range of codes” – any expression composed of two codes with a dash between them (for example C43-C449). To obtain the list of codes contained in a range, look up the order number of the lower code and the order number of the higher code. Only codes whose order number is at least as high as the lower order number and no higher than the higher order number are in the range.

Each line of an order file contains one code. A line is of variable length but never longer than 400 characters maximum. Fields are defined the same for the ICD-10-CM (diagnosis) and ICD-10-PCS (procedure) files, as follows:

Position	Length	Contents
1	5	Order number, right justified, zero filled.
6	1	Blank
7	7	ICD-10-CM or ICD-10-PCS code. Dots are not included.
14	1	Blank
15	1	0 if the code is a “header” –not valid for HIPAA-covered transactions. 1 if the code is valid for submission for HIPAA-covered transactions.
16	1	Blank
17	60	Short description
77	1	Blank
78	To end	Long description