

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



# ICD-10-CM/PCS THE NEXT GENERATION OF CODING



The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) was implemented on October 1, 2015, for all Health Insurance Portability and Accountability Act (HIPAA)-covered entities.

Learn about these ICD-10-CM/PCS topics:

- ❖ Use of external cause and unspecified codes in ICD-10-CM
- ❖ Current Procedural Terminology (CPT) and HCPCS codes
- ❖ ICD-10-CM/PCS – an improved classification system
- ❖ ICD-10-CM/PCS examples
- ❖ Structural differences between International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) and ICD-10-CM/PCS
- ❖ Resources

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

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

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 on 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 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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## CPT AND HCPCS CODES

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For services furnished on or after October 1, 2015, physicians, outpatient facilities, and hospital outpatient departments should continue to use and report CPT and HCPCS codes and modifiers for physician services on Medicare Fee-For-Service claims. While ICD-10-CM codes have expanded detail, including specification of laterality for some conditions, you should continue to follow CPT and CMS guidance when you report CPT/HCPCS modifiers for laterality.

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## ICD-10-CM/PCS – AN IMPROVED CLASSIFICATION SYSTEM

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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 United States (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.
- ❖ 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 new classification system provides significant improvements through greater detailed information and the ability to expand to capture additional advancements in clinical medicine. ICD-10-CM/PCS improvements include:

- ❖ 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
  - Decreased need to include supporting documentation with claims
- ❖ Updated medical terminology and classification of diseases
- ❖ Codes that allow comparison of mortality and morbidity data
- ❖ Better data for:
  - Measuring care furnished to patients
  - Designing payment systems
  - Processing claims
  - Making clinical decisions
  - Tracking public health
  - Identifying fraud and abuse
  - Conducting research



## ICD-10-CM/PCS EXAMPLES

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

### ICD-9-CM

#### **Mechanical complication of other vascular device, implant and graft**

1 code (996.1)

### ICD-10-CM

#### **Mechanical complication of other vascular grafts**

49 codes

T82.311A – Breakdown (mechanical) of carotid arterial graft (bypass), initial encounter

T82.312A – Breakdown (mechanical) of femoral arterial graft (bypass), initial encounter

T82.329A – Displacement of unspecified vascular grafts, initial encounter

T82.330A – Leakage of aortic (bifurcation) graft (replacement), initial encounter

T82.331A – Leakage of carotid arterial graft (bypass), initial encounter

T82.332A – Leakage of femoral arterial graft (bypass), initial encounter

T82.524A – Displacement of infusion catheter, initial encounter

T82.525A – Displacement of umbrella device, initial encounter

### 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**

150 codes

Show more specific location as well as depth, including:

L89.131 – Pressure ulcer of right lower back, stage 1

L89.132 – Pressure ulcer of right lower back, stage 2

L89.133 – Pressure ulcer of right lower back, stage 3

L89.134 – Pressure ulcer of right lower back, stage 4

L89.139 – Pressure ulcer of right lower back, unspecified stage

L89.141 – Pressure ulcer of left lower back, stage 1

L89.142 – Pressure ulcer of left lower back, stage 2

L89.143 – Pressure ulcer of left lower back, stage 3

L89.144 – Pressure ulcer of left lower back, stage 4

L89.149 – Pressure ulcer of left lower back, unspecified stage

L89.151 – Pressure ulcer of sacral region, stage 1

L89.152 – Pressure ulcer of sacral region, stage 2

### ICD-9-CM

#### **Angioplasty**

1 code (39.50)

**ICD-10-PCS  
Angioplasty codes  
854 codes**

Specifying body part, approach, and device, including:

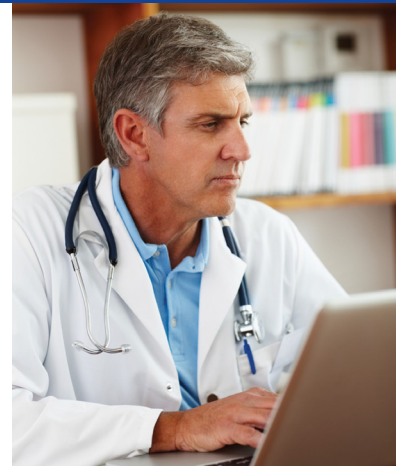
047K04Z – Dilation of right femoral artery with drug-eluting intraluminal device, open approach

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 ICD-9-CM AND ICD-10-CM/PCS**

These examples show the structural differences between ICD-9-CM and ICD-10-CM/PCS.

**ICD-9-CM Diagnoses Codes:**

- ❖ 3–5 digits
- ❖ First digit is alpha (E or V) or numeric
- ❖ Digits 2–5 are numeric
- ❖ Decimal is after third digit

Examples:

- 496 – Chronic airway obstruction, Not Elsewhere Classified (NEC)
- 511.9 – Unspecified pleural effusion
- V02.61 – Hepatitis B carrier

**ICD-10-CM Diagnoses Codes:**

- ❖ 3–7 digits
- ❖ Digit 1 is alpha
- ❖ Digit 2 is numeric
- ❖ Digits 3–7 are alpha or numeric (alpha digits are not case sensitive)
- ❖ Decimal is after third digit

Examples:

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

**ICD-9-CM Procedure Codes:**

- ❖ 3–4 digits
- ❖ All digits are numeric
- ❖ Decimal is after second digit



Examples:

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

#### **ICD-10-PCS Procedure Codes:**

- ❖ 7 digits
- ❖ 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)
- ❖ No decimal

Examples:

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



## RESOURCES

This chart provides resources for ICD-10-CM/PCS.

For More Information About...	Resource
ICD-10-CM/PCS	<a href="https://www.cms.gov/Medicare/Coding/ICD10/index.html">https://www.cms.gov/Medicare/Coding/ICD10/index.html</a>
2017 ICD-10-CM and General Equivalence Mappings (GEMs) Updates	<a href="https://www.cms.gov/Medicare/Coding/ICD10/2017-ICD-10-CM-and-GEMs.html">https://www.cms.gov/Medicare/Coding/ICD10/2017-ICD-10-CM-and-GEMs.html</a>
2017 ICD-10-PCS and GEMs Updates	<a href="https://www.cms.gov/Medicare/Coding/ICD10/2017-ICD-10-PCS-and-GEMs.html">https://www.cms.gov/Medicare/Coding/ICD10/2017-ICD-10-PCS-and-GEMs.html</a>
ICD-10-CM/PCS Information for Medicare Fee-For-Service Providers	<a href="https://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-For-Service-Provider-Resources.html">https://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-For-Service-Provider-Resources.html</a>
ICD-10-CM/PCS Provider Resources	<a href="https://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html">https://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html</a>
ICD-10-CM/PCS Statute and Regulations	<a href="https://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html">https://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html</a>
All Available Medicare Learning Network® (MLN) Products	<a href="#">“MLN Catalog”</a>
Provider-Specific Medicare Information	<a href="#">“MLN Guided Pathways: Provider Specific Medicare Resources”</a>
Medicare Information for Patients	<a href="https://www.medicare.gov">https://www.medicare.gov</a>

## HYPERLINK TABLE

Embedded Hyperlink	Complete URL
“MLN Catalog”	<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>
“MLN Guided Pathways: Provider Specific Medicare Resources”	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf</a>



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