mln BOOKLET

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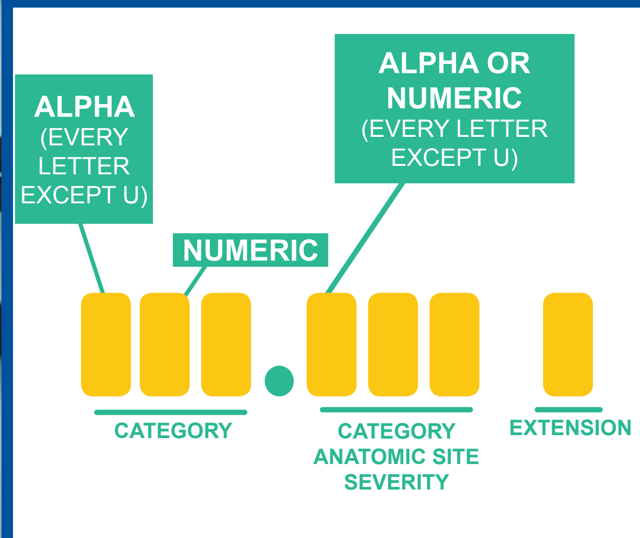
ICD-10-CM/PCS THE NEXT GENERATION OF CODING



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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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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.

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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.

CURRENT PROCEDURAL AND TERMINOLOGY (CPT) AND HCPCS CODES

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 Centers for Medicare & Medicaid Services (CMS) guidance when you report CPT/HCPCS modifiers for laterality.

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

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

ICD-10-CM	ICD-10-PCS
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.	The procedure classification system developed by 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.

ICD-10-CM/PCS provides significant improvements through greater detailed information and the ability to expand to capture additional advancements in clinical medicine. 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

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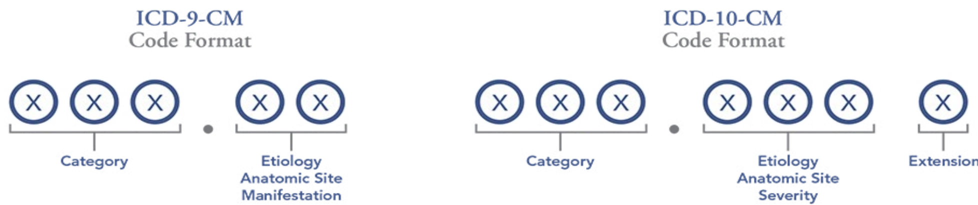
STRUCTURAL DIFFERENCES BETWEEN INTERNATIONAL CLASSIFICATION OF DISEASES, 9TH REVISION, CLINICAL MODIFICATION (ICD-9-CM) AND ICD-10-CM/PCS



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

DIAGNOSIS CODES

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

PROCEDURE CODES

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

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NEW FEATURES 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
- 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
- 125.110 – 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:

- T46.1**x**5A – Adverse effect of calcium-channel blockers, initial encounter
- 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 (For Example, Underdosing, Blood Type, Blood Alcohol Level)

Examples:

- T45.526D – Underdosing of antithrombotic drugs, subsequent encounter
- Z67.40 – Type O blood, Rh positive
- 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
- 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
- D78.21 – Postprocedural hemorrhage and hematoma of spleen following a procedure on the spleen

ADDITIONAL CHANGES IN ICD-10-CM

ICD-10-CM includes these additional changes:

- 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)
- 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

For More Information About...	Resource
ICD-10-CM/PCS	https://www.cms.gov/Medicare/Coding/ICD10/index.html
ICD-10-CM Official Guidelines for Coding and Reporting FY 2018	https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2018-ICD-10-CM-Coding-Guidelines.pdf
ICD-10-PCS Official Guidelines for Coding and Reporting 2018	https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2018-PCS-Guidelines.pdf
2018 ICD-10-CM and GEMs	https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-CM-and-GEMs.html
2018 ICD-10-PCS and GEMs	https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-PCS-and-GEMs.html
ICD-10-CM/PCS Information for Medicare Fee-For-Service Providers	https://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-For-Service-Provider-Resources.html
ICD-10-CM/PCS Provider Resources	https://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html
ICD-10-CM/PCS Statute and Regulations	https://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html
MLN Catalog	http://go.cms.gov/mln-catalog
Medicare Information for Patients	https://www.medicare.gov

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