



ICD-10 Code Structure and Code Book Overview

General Awareness Training, Level II





Course Objectives

- Identify what ICD-10-CM and ICD-10-PCS codes are
- Provide brief summary of the changes to the ICD10 Code Level
- Define ICD-10-CM (Diagnosis Code) structural changes
- Define ICD-10-PCS (Procedure Code) structural changes
- Discuss ICD-10-CM Code Book organizational changes and the impact on the *Coding Clinics*
- Review ICD-10-CM examples of specificity, laterality and combination codes
- Cite how the CC and MCC lists are changing under the new diagnosis code system



ICD-10-CM vs ICD-10-PCS

ICD-10-CM (diagnosis coding system) is a clinical modification of the World Health Organization's ICD-10 coding system. The clinical modification is used only in the U.S. As with ICD-9-CM, ICD-10-CM is maintained by the National Center for Health Statistics, a division of CMS.

ICD-10-PCS is the procedural coding “companion” system that complements the ICD-10-CM diagnosis codes. The ICD-10-PCS is commissioned and maintained by the Centers for Medicare and Medicaid (CMS).



What Has Changed In The Code Level?

ICD-10-CM is alphanumeric (all letters except U are used in the system)

ICD-10-CM's *first character* is always an alpha character which signifies the ICD-10-CM code book chapter (body system)

ICD-10-CM's *second character* is always a number

ICD-10-CM codes are three to up to seven characters in length

The code system includes: Placeholder "X"

Codes include use of code extensions (i.e. a 7th character) for some codes

Codes have increased specificity and clinical detail (20-30% more)

Modern clinical terminology is used

Captures diagnoses found in a variety of healthcare settings

Includes new diseases discovered since the last revision

There are many new combination codes



ICD-9-CM vs ICD-10-CM Code Structural Changes



Old ICD-9: 813.45
Torus fracture of radius (alone)

1	2	3		4	5	6	7
S	5	2	•	5	2	1	A
Category				Etiology, anatomic site, severity or other clinical detail			Extension

Torus fracture of lower end of right radius, initial encounter for closed fracture



7th Character Code Extensions

ICD-10-CM uses extensions to provide additional information in certain circumstances

Extensions are used in the obstetrics, injury and external cause chapters and they always occupy the final (seventh) character position in a code

The specific extensions available for use are dependent on the diagnosis or condition being coded (category and subcategory)

S63.8x1a, Sprain of other part of right wrist and hand, initial encounter includes the extension “A” for “initial encounter.”

The other applicable extensions for category S63 are:

- “D” (subsequent encounter)
- “S” (sequela)



ICD-10-CM: Placeholder “X”

Addition of dummy placeholder “X” is used in certain codes to:

- Allow for future expansion
- Fill out empty characters when a code contains fewer than 6 characters

Example: S63.8x1a, Sprain of other part of right wrist & hand, initial encounter



ICD-10 Procedure Coding System (PCS)

Developed by CMS specifically for United States

- Purpose: to create superior coding system to replace procedures in ICD-9 CM
- Applies to inpatient hospital procedures
- CPT and HCPCS not replaced

ICD-10 PCS General Principles:

1. Diagnostic information is not included in procedure description
2. Not Other Specified (NOS) options are restricted
3. Limited use of Not Elsewhere Classifiable (NEC)
4. Currently contains all procedures performed without regard to frequency
5. All letters except I and O, 0-9 numbers
6. Each code must have 7 characters, Z is the placeholder
7. No decimals
8. Letters and numbers intermingled
9. Organized by Index and Tables – Don't have to use Index first



ICD-10-PCS Structural Changes

ICD-9: 47.01

Laparoscopic
Appendectomy

1	2	3	4	5	6	7
Section	Body system	Root operation	Body part	Approach	Device	Qualifier
Med/Surg	GI system	Resection	Appendix	Perc/Endoscopic	None	None
0	D	T	J	4	Z	Z

Resection of Appendix, Percutaneous Endoscopic Approach

Examples of Root Operations are: excision, resection, extraction, destruction, drainage, etc.



Structure of ICD-10-CM: Chapter Level

ICD-10 Tabular List is divided into
21 chapters vs. 17 in ICD-9-CM

18 “clinical” chapters and
3 “non-clinical” chapters

Sense organs separated into 2
chapters:
Eye & Adnexa (chapter 7)
Ear & Mastoid Process (chapter 8)

Former “E codes” and “V codes” are no longer the supplementary classifications



Structure of ICD-10-CM: Chapter Level

Each chapter is divided into blocks of three-character categories

Each lead character is a letter, not a number, specific to a particular chapter

- E codes are Endocrine codes
- V codes are External Causes of Morbidity

Anatomy is primary axis of classification in most chapters

Some chapters are based on etiology or other criteria



Structure of ICD-10-CM: Chapter Level

Chapter	Chapter Description	Code Range
1.	Certain infectious and parasitic diseases	A00.0-B99.9
2.	Neoplasms	C00.0-D49.9
3.	Disease of the blood and blood-forming organs & certain disorders involving the immune mechanism	D50.0-D89.99
4.	Endocrine, nutritional, and metabolic diseases	E00.0-E89.99
5.	Mental, behavioral & neurodevelopmental disorders	F01.50-F99
6.	Diseases of the nervous system	G00.0-G99.8
7.	Diseases of the eye and adnexa	H00.011-H59.89



Structure of ICD-10-CM: Chapter Level (Cont.)

Chapter	Chapter Description	Code Range
8.	Diseases of the ear and mastoid process	H60.00-H95.89
9.	Diseases of the circulatory system	I00-I99
10.	Diseases of the respiratory system	J00-J99
11.	Diseases of the digestive system	K00.0-K95
12.	Diseases of the skin and subcutaneous tissue	L00-L99
13.	Diseases of the musculoskeletal system and connective tissue	M00-M99
14.	Diseases of the genitourinary system	N00.0-N99.89
15.	Pregnancy, childbirth, and the puerperium	M00.0-M99
16.	Certain conditions originating in the perinatal period	P00.0-P96.9



Structure of ICD-10-CM: Chapter Level (Cont.)

Chapter	Chapter Description	Code Range
17.	Congenital malformations, deformations, and chromosomal abnormalities	Q00-Q99
18.	Symptoms, signs, and abnormal clinical & laboratory findings, NEC	R00-R99
19.	Injury, poisoning and certain other consequences of external causes	S00-T88
20.	External causes of morbidity	V00-Y99
21.	Factors influencing health status and contact with health services	Z00-Z99



ICD-10-CM Code Book Organizational Changes

Codes for post-operative complications have been expanded and moved to the appropriate procedure-specific body system chapter and a new concept of “post-procedural disorders” has been added

Intra-operative complications have also been added

Combination codes have been created for commonly occurring symptoms/diagnoses and etiologies/manifestations

In ICD-9-CM injuries have been initially classified in Chapter 17 “Injury and Poisoning” by the type of injury (e.g., open wounds).

In ICD-10-CM, the axis of classification for injury is the anatomic site of the injury. Thus, all injuries to the foot are classified together, as are all injuries to the head.

Most of the multiple injury codes have been eliminated from ICD-10-CM



What about *Coding Clinic*?

Past *Coding Clinic* advice will not be translated into ICD-10-CM/PCS codes, nor will it be applicable to ICD-10 coding

- Much of past advice is irrelevant to ICD-10-CM/PCS
- Past advice does not comply with new ICD-10-CM/PCS coding guidelines

Cooperating Parties are currently accepting ICD-10 questions for future publication in the new *Coding Clinic for ICD-10-CM/PCS*

Clinical information previously published in *Coding Clinic* will be updated and republished in the new ICD-10-CM/PCS Coding Clinic as warranted



ICD-10-CM Specificity Examples

Increased specificity can involve:

Type, etiology, manifestation, complication, specific anatomical site, laterality, episode of care, acuity, onset, treatment, trimester, fetus identification, or combinations of these details, etc.

Example:

G21.11 Neuroleptic induced
Parkinsonism

S72.044G Non-displaced fracture
of base of neck of right femur,
subsequent encounter for closed
fracture with delayed healing

I69.351 Sequelae of cerebral infarction,
Hemiplegia and hemiparesis following cerebral
infarction affecting right dominant side



ICD-10-CM Laterality Examples

Laterality can be reported for eyes, ears, neoplasms & musculoskeletal

27% of ICD-10 codes capture “right” or “left” detail

1% of ICD-10 codes report bilateral

Example:

C50.511
Malignant
neoplasm of
lower-outer
quadrant of right
female breast

S40.011
Contusion of
right shoulder

S62.102
Fracture of
unspecified
carpal bone, left



Combination Codes – Examples

I25.110

Atherosclerotic heart disease of native coronary artery with unstable angina pectoris

E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema

K71.51 Toxic liver disease with chronic active hepatitis with ascites

K50.012 Crohn's disease of small intestine with intestinal obstruction

N41.01 Acute prostatitis with hematuria

ICD-10-CM: Excludes Notes

Excludes1 Note:

A type 1 Excludes note means “NOT CODED HERE!” An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used when two conditions cannot occur together, such as congenital form versus an acquired form of the same condition.

Example:

E10 Type 1 Diabetes mellitus

Excludes1:

- diabetes mellitus due to underlying condition (E08.-)
- drug or chemical induced diabetes mellitus (E09.-)
- gestational diabetes (O24.4-)
- hyperglycemia NOS (R73.9)
- neonatal diabetes mellitus (P70.2)
- type 2 diabetes mellitus (E11.-)



ICD-10-CM: Excludes Notes (Cont.)

Excludes2 Note:

A type 2 Excludes note represents “Not included here”. An Excludes2 note 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. When an Excludes2 note appears under a code, it is acceptable to use both the code and the excluded code together, when appropriate.

Example:

L89 Pressure ulcer

Excludes 2:

diabetic ulcers (E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622)

non-pressure chronic ulcer of skin (L97.-)

skin infections (L00-L08)

varicose ulcer (I83.0, I83.2)



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For the Inpatient Setting...



MCC and CC Lists

MCC list:

1,592 codes in the ICD-9-CM based version are replaced by 3,152 codes in the ICD-10-CM based version

CC list:

3,427 codes in the ICD-9-CM based version are replaced by 13,594 codes in the ICD-10-CM based version



Results of CC and MCC List Conversions

Conversion Summary	MCC	CC	Total
ICD-9-CM CCs and MCCs on List	1,592	3,427	5,019
ICD-10-CM Codes Auto-translated	3,152	13,594	16,845
ICD-10-CM List Conflicts			99 <i>(82 resolved based on frequency; 17 resolved by expert panel)</i>
ICD-9-CM CCs and MCCs with no corresponding ICD-10-CM Codes <i>(examples: Uncontrolled diabetes codes, GI ulcers with obstructions, Multiple unspecified injury codes)</i>	43	55	98

[CMS.gov/Medicare/Coding/ICD-10-MS-DRG Conversion Project.html](https://www.cms.gov/Medicare/Coding/ICD-10-MS-DRG/Conversion/ICD-10-MS-DRG%20Conversion%20Project.html):



ICD-10-CM Codes that Include a CC/MCC

Example

UNDER ICD-9

When “995.92 Severe sepsis” is the principal diagnosis, and “785.82 Septic shock” is a secondary diagnosis, “785.82” will be an MCC in the MS-DRGs

UNDER ICD-10

Therefore, when “R65.21 Severe sepsis with septic shock” is the principal diagnosis, the MS- DRG assignment logic will be modified to assign it to the appropriate “with MCC” MS-DRG based solely on the principal diagnosis of “R65.21”



References:

- *Nuance (JA Thomas)*
- *ICD-10 CM/PCS Official Coding Guidelines*
- *CMS.gov/Medicare/ICD-10/Conversion Project*



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Additional Resource:

www.TexasHealth.org/ICD-10

Questions?

Please email: icd10@TexasHealth.org