ICD-10 Code Structure and Code Book Overview

General Awareness Training, Level II

Property of Texas Health Resources
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

<table>
<thead>
<tr>
<th>Old ICD-9: 813.45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Torus fracture of radius (alone)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>5</td>
<td>2</td>
<td>●</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Category</td>
<td>Etiology, anatomic site, severity or other clinical detail</td>
<td>Extension</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med/Surg</td>
<td>Body system</td>
<td>Root operation</td>
<td>Body part</td>
<td>Approach</td>
<td>Device</td>
<td>Qualifier</td>
</tr>
<tr>
<td>GI system</td>
<td>Resection</td>
<td>Appendix</td>
<td>Perc/Endoscopic</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Chapter Description</th>
<th>Code Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Certain infectious and parasitic diseases</td>
<td>A00.0-B99.9</td>
</tr>
<tr>
<td>2.</td>
<td>Neoplasms</td>
<td>C00.0-D49.9</td>
</tr>
<tr>
<td>3.</td>
<td>Disease of the blood and blood-forming organs &amp; certain disorders involving the immune mechanism</td>
<td>D50.0-D89.99</td>
</tr>
<tr>
<td>4.</td>
<td>Endocrine, nutritional, and metabolic diseases</td>
<td>E00.0-E89.99</td>
</tr>
<tr>
<td>5.</td>
<td>Mental, behavioral &amp; neurodevelopmental disorders</td>
<td>F01.50-F99</td>
</tr>
<tr>
<td>6.</td>
<td>Diseases of the nervous system</td>
<td>G00.0-G99.8</td>
</tr>
<tr>
<td>7.</td>
<td>Diseases of the eye and adnexa</td>
<td>H00.011-H59.89</td>
</tr>
<tr>
<td>Chapter</td>
<td>Chapter Description</td>
<td>Code Range</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>8.</td>
<td>Diseases of the ear and mastoid process</td>
<td>H60.00-H95.89</td>
</tr>
<tr>
<td>9.</td>
<td>Diseases of the circulatory system</td>
<td>I00-I99</td>
</tr>
<tr>
<td>10.</td>
<td>Diseases of the respiratory system</td>
<td>J00-J99</td>
</tr>
<tr>
<td>11.</td>
<td>Diseases of the digestive system</td>
<td>K00.0-K95</td>
</tr>
<tr>
<td>12.</td>
<td>Diseases of the skin and subcutaneous tissue</td>
<td>L00-L99</td>
</tr>
<tr>
<td>13.</td>
<td>Diseases of the musculoskeletal system and connective tissue</td>
<td>M00-M99</td>
</tr>
<tr>
<td>14.</td>
<td>Diseases of the genitourinary system</td>
<td>N00.0-N99.89</td>
</tr>
<tr>
<td>15.</td>
<td>Pregnancy, childbirth, and the puerperium</td>
<td>M00.0-M99</td>
</tr>
<tr>
<td>16.</td>
<td>Certain conditions originating in the perinatal period</td>
<td>P00.0-P96.9</td>
</tr>
</tbody>
</table>
## Structure of ICD-10-CM: Chapter Level (Cont.)

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Chapter Description</th>
<th>Code Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.</td>
<td>Congenital malformations, deformations, and chromosomal abnormalities</td>
<td>Q00-Q99</td>
</tr>
<tr>
<td>18.</td>
<td>Symptoms, signs, and abnormal clinical &amp; laboratory findings, NEC</td>
<td>R00-R99</td>
</tr>
<tr>
<td>19.</td>
<td>Injury, poisoning and certain other consequences of external causes</td>
<td>S00-T88</td>
</tr>
<tr>
<td>20.</td>
<td>External causes of morbidity</td>
<td>V00-Y99</td>
</tr>
<tr>
<td>21.</td>
<td>Factors influencing health status and contact with health services</td>
<td>Z00-Z99</td>
</tr>
</tbody>
</table>
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:
non-pressure chronic ulcer of skin (L97.-)
skin infections (L00-L08)
varicose ulcer (I83.0, I83.2)
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

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

CMS.gov/Medicare/Coding/ICD-10-MS-DRG Conversion Project.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
Additional Resource:

www.TexasHealth.org/ICD-10

Questions?

Please email: icd10@TexasHealth.org