International Classifications of Diseases 10th Revision

HHS announced the final rule delaying ICD-10-CM until October 1, 2014

What is ICD-10?

ICD-10 is a diagnostic coding system developed by the World Health Organization in 1993 to replace ICD-9-CM. ICD-10-CM consist of diagnosis codes and will be used in all settings by all providers. ICD-10-PCS are used only in the inpatient hospital setting for procedures. Physicians DO NOT REPORT ICD-10-PCS codes. Physicians report procedure codes with CPT® codes.

- CMS’ ICD-10 FAQs
- CMS’ ICD-10 Basics for Medical Practices
- Additional CMS Resources for Providers
- Medicare Fee-for-Service Provider Resources
- The Transition to Version 5010 and ICD-10 PowerPoint Presentation from CMS
- ICD-10 Quick Reference Information from CMS

What are ICD-10 codes used for?

ICD-10 codes report diagnoses, signs, and or symptoms documented in a patient’s chart or medical record. These codes are used to gather, store, and analyze data for public health, statistics, and reimbursement.

Why the change?

ICD-9-CM is out of room for more codes. ICD-10-CM allows disease patterns and outcomes of treatment to be better analyzed with a clearer view of the diagnosis.

Partial Code Freeze for ICD-9-CM and ICD-10 Finalized

Who will ICD-10 impact?

ICD-10 will impact physicians, nurses, laboratories, office administrators, practice managers, billing and reimbursement staff, schedulers, front and back office staff, medical IT personnel, quality managers, utilization managers, auditors, data analysts, researchers, contract negotiators, consultants, accounting, vendors, insurance carriers, DME suppliers, and anyone else that rely on diagnosis codes to perform their jobs and/or relates to their jobs.

Is Medicaid affected by ICD-10?

According to CMS’ website, States must also comply with ICD-10 because they are HIPAA covered entities.

What else will ICD-10 impact?

ICD-10 will impact billing systems, practice management systems, EHRs, clinical and decision support systems, encoding and billing software, abstracting systems, registration and scheduling systems, case management systems, registries, utilization and quality management systems, financial systems, compliance software, and any other software, system, or program that utilizes diagnosis codes as a data source. The medical record will require a greater level of specificity in the documentation, practice management forms such as ABNs and superbills will need to be re-done, insurance policies and pre authorizations forms will need to be updated as well as any other business or clinical forms that rely on diagnosis codes as a data source.

- CMS’ Steps to Assess How the ICD-10 Transition will Affect your Organization
- CMS’ Tips for Small Provider Practices to Plan for the ICD-10 Transition

What are the consequences of poor education regarding ICD-10?

Poor education relating to ICD-10 will result in claim rejections, denials, improper payments, coding backlogs, delay, or denial in authorizations and precertifications, compliance issues, and any and all decisions based on data relating to diagnosis codes.
Will there be any changes to how procedures, drugs, and supplies are reported?

ICD-10 has no affect on CPT® and/or HCPCS codes. ICD-10 is for diagnosis reporting only. (ICD-10-PCS are used to report on inpatient encounters by the FACILITY—not a physician)

What is the implementation timeline for small providers?

CMS offers this implementation timeline for small providers.

- CMS’ Assembling an ICD-10 Project Team
- CMS’ Communicating with Your Software Vendor

Is there a place where I can begin training on ICD-10?

Yes, the World Health Organization offers an interactive self learning tool and allows the user to tailor the training they need. Please see this link to access the online learning tool. Participants complete each module at their own pace and have the option to select which modules they want to access. There is no fee associated with this training and no registration is required.

- CMS’ How to Prepare for Documentation Changes and Improvements with ICD-10

Sign up for CMS ICD-10 Industry Email Updates here

Differences between ICD-9-CM and ICD-10-CM

<table>
<thead>
<tr>
<th>ICD-9-CM Codes</th>
<th>ICD-10-CM Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codes up to 5 characters long</td>
<td>Up to 7 characters long</td>
</tr>
<tr>
<td>Most codes are numeric (exception is E and V codes)</td>
<td>All codes have both alpha and numeric characters</td>
</tr>
<tr>
<td>Valid codes may be 3, 4 or 5 characters long</td>
<td>1st character is always alpha (any letter but U)</td>
</tr>
<tr>
<td>Approximately 17,000 codes</td>
<td>2nd character is always numeric</td>
</tr>
<tr>
<td>* <a href="http://www.aapc.com/icd-10/codes/index.aspx">http://www.aapc.com/icd-10/codes/index.aspx</a> *<em>estimates vary</em></td>
<td>3rd through 7th characters can be mix of alpha and numeric</td>
</tr>
<tr>
<td></td>
<td>Valid codes may be 3, 4, 5, 6, or 7 characters long</td>
</tr>
<tr>
<td></td>
<td>Approximately 141,000</td>
</tr>
<tr>
<td></td>
<td>* <a href="http://www.aapc.com/icd-10/codes/index.aspx">http://www.aapc.com/icd-10/codes/index.aspx</a> *<em>estimates vary</em></td>
</tr>
<tr>
<td></td>
<td>Allows for higher specificity such as location (i.e. Diseases of the ovary can be reported under ICD-10-CM as unspecified, right, left or bilateral and under ICD-9-CM no location specify can be provided)</td>
</tr>
</tbody>
</table>
General Structure of ICD-10-CM

Information about diseases and conditions and their causes are *grouped* in ICD-10-CM in the following categories.

- Communicable diseases
- General diseases that affect the whole body
- Local diseases arranged by site
- Developmental diseases
- Injuries
- External causes

Each group is then divided into *chapters* identified by a Roman numeral (i.e., I, II, III, etc.) and a title.

Each chapter is further divided into *blocks*.

### Instructional Notations

#### Includes:

The word 'Includes' appears immediately under certain categories to further define, or give examples of, the content of the category.

#### Excludes Notes

The ICD-10-CM has two types of excludes notes. Each note has a different definition for use but they are both similar in that they indicate that codes excluded from each other are independent of each other.

##### Excludes1

A type 1 Excludes note is a pure excludes. It 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 a congenital form versus an acquired form of the same condition.

##### Excludes2

A type 2 excludes note represents 'Not included here'. An excludes2 note indicates that the condition excluded is not part of the condition it is excluded from 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.

#### Code First/Use Additional Code notes (etiology/manifestation paired codes)

Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology. For such conditions the ICD-10-CM has a coding convention that requires the underlying condition be sequenced first followed by the manifestation. Wherever such a combination exists there is a 'use additional code' note at the etiology code and a 'code first' note at the manifestation code. These instructional notes indicate the proper sequencing order of the codes, etiology followed by manifestation.

In most cases the manifestation codes will have in the code title, ‘in diseases classified elsewhere.’ Codes with this title area component of the etiology/manifestation convention. The code title indicates that it is a manifestation code. ‘In diseases classified elsewhere’ codes are never permitted to be used as first listed or principal diagnosis codes. They must be used in conjunction with an underlying condition code and they must be listed following the underlying condition.

#### Code Also

A code also note instructs that 2 codes may be required to fully describe a condition but the sequencing of the two codes is discretionary, depending on the severity of the conditions and the reason for the encounter.

#### 7th characters and placeholder X

For codes less than 6 characters that require a 7th character a placeholder X should be assigned for all characters less than 6. The 7th character must always be the 7th character of a code.

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*2013 ICD-10-CM PDF Format*

*2013 ICD-10-CM List of codes and Descriptions*
Below is a complete list of all chapters in ICD-10-CM for 2013 http://www.cdc.gov/nchs/icd/icd10cm.htm#10update
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>ICD-10 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Certain infectious and parasitic diseases</td>
<td>A00-B99</td>
</tr>
<tr>
<td>II</td>
<td>Neoplasms</td>
<td>C00-D49</td>
</tr>
<tr>
<td>III</td>
<td>Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism</td>
<td>D50-D89</td>
</tr>
<tr>
<td>IV</td>
<td><strong>Endocrine, nutritional and metabolic diseases</strong></td>
<td><strong>E00-E89</strong></td>
</tr>
<tr>
<td>V</td>
<td>Mental Behavorial and Neurodevelopmental disorders</td>
<td>F01-F99</td>
</tr>
<tr>
<td>VI</td>
<td>Diseases of the nervous system</td>
<td>G00-G99</td>
</tr>
<tr>
<td>VII</td>
<td>Disease of the eye and adnexa</td>
<td>H00-H59</td>
</tr>
<tr>
<td>VIII</td>
<td>Diseases of the ear and mastoid process</td>
<td>H60-H95</td>
</tr>
<tr>
<td>IX</td>
<td>Diseases of the circulatory system</td>
<td>I00-I99</td>
</tr>
<tr>
<td>X</td>
<td>Diseases of the respiratory system</td>
<td>J00-J99</td>
</tr>
<tr>
<td>XI</td>
<td>Disease of the digestive system</td>
<td>K00-K95</td>
</tr>
<tr>
<td>XII</td>
<td>Diseases of the skin and subcutaneous tissue</td>
<td>L00-L99</td>
</tr>
<tr>
<td>XIII</td>
<td>Diseases of the musculoskeletal system and connective tissue</td>
<td>M00-M99</td>
</tr>
<tr>
<td>XIV</td>
<td>Diseases of the genitourinary system</td>
<td>N00-N99</td>
</tr>
<tr>
<td>XV</td>
<td>Pregnancy, childbirth, and the puerperium</td>
<td>O00-O9A</td>
</tr>
<tr>
<td>XVI</td>
<td>Certain conditions originating in the perinatal period</td>
<td>P00-P96</td>
</tr>
<tr>
<td>XVII</td>
<td>Congenital malformations, deformations, and chromosomal abnormalities</td>
<td>Q00-Q99</td>
</tr>
<tr>
<td>XVIII</td>
<td>Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified</td>
<td>R00-R99</td>
</tr>
<tr>
<td>XIX</td>
<td>Injury, poisoning, and certain other consequences of external causes</td>
<td>S00-T88</td>
</tr>
<tr>
<td>XX</td>
<td>External causes of morbidity and mortality</td>
<td>V00-Y99</td>
</tr>
<tr>
<td>XXI</td>
<td>Factors influencing health status and contact with health services</td>
<td>Z00-Z99</td>
</tr>
<tr>
<td>XXII</td>
<td>Codes for special purposes</td>
<td>U00-U99</td>
</tr>
</tbody>
</table>
ICD-10-CM
Chapter IV Endocrine, Nutritional, and Metabolic diseases
Blocks E00-E90

Per ICD-10-CM this chapter includes conditions such as:

- Diseases of the glands – thyroid, parathyroid, pituitary, and adrenal glands
- Diabetes
- Malnutrition, obesity and other hyperalimentation such as the excess consumption of vitamins
- Metabolic disorders, that is, disorders in the body's ability to process chemicals and nutrients for use by cells.

EXCLUSIONS

*Complications of pregnancy, childbirth and the puerperium symptoms, signs and abnormal clinical and laboratory finds, transitory endocrine and metabolic disorders specific to fetus and newborns are excluded in this chapter.

*Neoplasms are excluded from this chapter as they are all coded to Chapter II. However, if the neoplasm causes some form of endocrine disorder then an additional code from Chapter IV may be used to record this, if required.

- **E00-E07 Disorders of thyroid gland**
  - The first block in Chapter IV contains codes for the main disorders of the thyroid gland. It also contains codes for ‘other’ thyroid disorders including various forms of goiter, hypothyroidism due to other causes, hyperthyroidism, and thyrotoxicosis.

- **E08-E13 Diabetes mellitus**
  - The type of diabetes is captured at the three-character level. A fourth character is chosen from the list at the start of the block to record the diabetic complications present, if any. Most diabetes codes require a second code from another chapter to specify the diabetic manifestation.

- **E15-E16 Other disorders of glucose regulation and pancreatic internal secretion**
  - This block is used to code other disorders of the pancreas and pancreatic function not covered by the codes in E10–E14.

- **E20-E35 Disorders of other endocrine glands**
  - This block is for coding disorders of other endocrine glands. Here you can code disorders of the parathyroid, pituitary gland, adrenal gland, ovaries, testes and thymus. Some of these codes can be used with a Chapter XX code for the external cause, where the condition is drug-induced.

- **E36 Intraoperative Complications of endocrine system**
  - This block is used to code accidental punctures or lacerations and intraoperative hemorrhages or hematomas of an endocrine system organ or structure that complicates a procedure.

- **E40-E46 Malnutrition**
  - This block begins with a detailed note on the definition of malnutrition. This should be used with the clinical documentation when deciding how to code malnutrition.

- **E50-E64 Other nutritional deficiencies**
  - This block is used to code the lack of vitamins and other dietary elements. Nutritional anemias are excluded. Some codes in this block have a dagger symbol for certain conditions only.
• **E65-E68 Overweight, obesity and other hyperalimentation**
  - This block is for coding all disorders where the patient has consumed too much food or other nutrients, for example by over-eating generally or by taking excessive amounts of vitamin supplements.

• **E70-E88 Metabolic disorders**
  - This block is for coding metabolic disorders. These are conditions relating to the body's metabolism and the processes by which chemicals and other substances are broken down for use in the cells of the body.

• **E89 Post procedural endocrine and metabolic complications and disorders, not elsewhere classified**
  - This block is for coding post procedural complications such as hypothyroidism, hypoinsulinemia, ovarian failure, hemorrhage, or hematoma of an endocrine system organ or structure.

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*All codes and descriptions are taken from the 2013 ICD-10-CM draft. Codes are subject to change.*

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**World Health Organization of International Classifications of Diseases**

**What is the updating process for ICD-10**

**ICD-10 Myths and Facts**