Using the ICD-10-CM

Selecting the Correct Code

To determine the correct International Classification of Diseases, 10 Edition, Clinical Modification (ICD-10-CM) code, follow these two steps:

- **Step 1:** Look up the term in the Alphabetic Index (an alphabetical list of terms and their corresponding code); and
- **Step 2:** Verify the code in the Tabular List (a chronological list of codes divided into chapters based on body system or condition).

The Alphabetic Index helps you determine which section to refer to in the Tabular List. It does not always provide the full code.

Alphabetic Index

The Alphabetic Index has two parts:

- Index to Diseases and Injuries; and
- Index to External Causes of Injury.

The Alphabetic Index also consists of the Table of Neoplasms and the Table of Drugs and Chemicals.

- **Table of Neoplasms**
  To properly code a neoplasm, you must analyze documentation in the medical record to determine if it states that the neoplasm:
  - Is benign;
  - Is malignant;
  - Is in situ (confined or noninvasive); or
  - Has an uncertain behavior.

  The Table of Neoplasms provides the proper code based on the type of neoplasm and the site. It is important that you select the proper column in the table that corresponds to the type of neoplasm. You should then reference the Tabular List to verify that the correct code has been selected from the table and that a more specific site code does not exist.

- **Table of Drugs and Chemicals**
  The Table of Drugs and Chemicals includes an extensive list of drugs, industrial solvents, corrosive gases, noxious plants, pesticides, and other toxic agents. You should use this table to identify poisonings and external causes of adverse effects.

Tabular List

The Tabular List is presented in code number order. Since all ICD-10-CM codes start with a letter, all code categories are in alphabetical order according to the first characters. The chart below provides the Tabular List chapters.

Chapter	Codes	Description
1	A00-B99	Certain infectious and parasitic diseases
2	C00-D49	Neoplasms
3	D50-D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
4	E00-E89	Endocrine, nutritional and metabolic diseases
5	F01-F99	Mental, behavioral and neurodevelopmental disorders
6	G00-G99	Diseases of the nervous system
7	H00-H59	Diseases of the eye and adnexa
8	H60-H95	Diseases of the ear and mastoid process
9	I00-I99	Diseases of the circulatory system
10	J00-J99	Diseases of the respiratory system
11	K00-K95	Diseases of the digestive system
12	L00-L99	Diseases of the skin and subcutaneous tissue
13	M00-M99	Diseases of the musculoskeletal system and connective tissue
14	N00-N99	Diseases of the genitourinary system
15	O00-O9A	Pregnancy, childbirth and the puerperium
16	P00-P96	Certain conditions originating in the perinatal period
17	Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities
18	R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
19	S00-T88	Injury, poisoning and certain other consequences of external causes
20	V00-Y99	External causes of morbidity
21	Z00-Z99	Factors influencing health status and contact with health services

ICD-10-CM Coding Conventions

The conventions for ICD-10-CM are the general rules for using the classification independent of the guidelines. These conventions are incorporated within the Alphabetic Index and Tabular List of ICD-10-CM as instructional notes. Below are general descriptions of these coding conventions.

Abbreviations
- NEC (Not Elsewhere Classifiable) - This abbreviation represents "other specified." When a specific code is not available for a condition, the Alphabetic Index directs you to the "other specified"code in the Tabular List. When a specific code is not available for a condition, the Tabular List includes an NEC entry under a code to identify the code as the "other specified" code.
- NOS (Not Otherwise Specified) - This abbreviation is the equivalent of "unspecified."

And
When the term "and" is used in a code title, it should be interpreted as "and/or."

Character "x" Used as a Placeholder in Certain Codes
ICD-10-CM uses a character "x" as a placeholder in certain codes to allow for future expansion and fill in other empty characters when a code that is less than 6 characters in length requires a 7th character. If a placeholder exists, the "x" must be used for the code to be considered a valid code.

Default Codes
A code listed next to a main term in the ICD-10-CM Alphabetic Index is called a default code, which:
- Represents the condition most commonly associated with the main term; or
- Indicates that it is the unspecified code for the condition.

If a condition is documented in the medical record without any additional information, such as acute or chronic, the default code should be assigned.

Excludes Notes
ICD-10-CM has two types of Excludes Notes. Each note has a different definition for use; however, they are similar in that they both indicate that codes excluded from each other are independent of each other.

Excludes 1
An Excludes 1 Note indicates that the code excluded should never be used with the code where the note is located because the two conditions cannot occur together.

Excludes 2
An Excludes 2 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, in which case both codes may be assigned together. You can report both codes to capture both conditions.

Includes Notes

The word "includes" appears immediately under certain categories to further define, clarify, or give examples of the content of a code category.

Inclusion Terms

Lists of Inclusion Terms are included under certain codes. These terms indicate some of the conditions for which that code number may be used.

Instructional Notes in the Alphabetic Index

See/See Also

The "see" instruction following a main term or subterm refers you to an alternate entry to locate the correct code. Similarly, a "see also" instruction following a main term or subterm indicates than an additional term should be referenced to provide additional information.

Instructional Notes in the Tabular List

Code First/Use Additional Code

Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology. ICD-10-CM has a coding convention for these conditions which requires that the underlying condition is sequenced first followed by the manifestation. When this type of 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 include "in diseases classified elsewhere" in the title. Codes with this title are a component of the etiology/manifestation convention. The code title indicates that it is a manifestation code. "In diseases classified elsewhere" codes cannot be used as first listed or principal diagnosis codes. They must be used in conjunction with an underlying condition code and listed following the underlying condition.

Code Also

A "code also" note tells you that two 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 reason for the encounter.

Punctuation

( ) Parentheses are used in both the Alphabetic Index and the Tabular List to enclose supplementary words that may be present or absent in the statement of a disease or procedure without affecting the code number to which it is assigned. The terms within parentheses are called nonessential modifiers.

[ ] Brackets are used in the Tabular List to enclose synonyms, alternative wording, or explanatory phrases. Brackets are used in the Alphabetic Index to identify manifestation codes.

: Colons are used in the Tabular List after an incomplete term which needs one or more of the modifiers following the colon to make it assignable to a given category.

Syndromes

Follow the Alphabetic Index guidance when coding syndromes. In the absence of index guidance, you should assign codes for the documented manifestations of the syndrome.

With/Without

When "with" and "without" are the two options for the final character of a set of codes, the default is always "without."

7th Character

The 7th character in ICD-10-CM is used in several chapters (such as Obstetrics, Injury, Musculoskeletal, and External Cause chapters). It is required for all codes within the chapter or as the notes in the Tabular List instruct. The 7th character must always be the 7th character in the data field. When the character applies, codes missing the 7th character are invalid. The chart below provides information about 7th character encounter coding.

7th Character Encounters

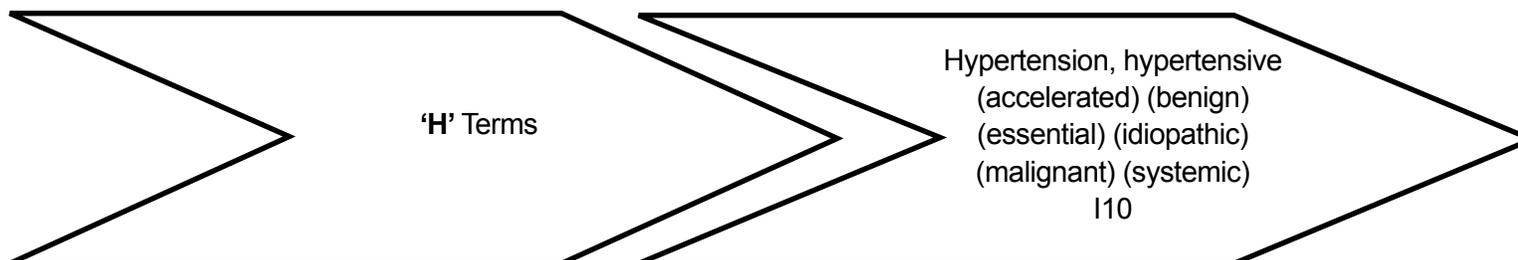| 7th Character	Encounter Description	Examples
A	Initial Encounter: As long as the patient is receiving active treatment for the condition.	Surgical treatment, emergency department encounter, and evaluation and continuing treatment by the same or a different physician.
D	Subsequent Encounter: After the patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase.	Cast change or removal, an x-ray to check healing status of fracture, removal of external or internal fixation device, medication adjustment, other aftercare and follow up visits following treatment of the injury or condition.
S	Sequela: Complications or conditions that arise as a direct result of the condition.	Scar formation after a burn.

Note: For aftercare of injury, assign an acute injury code with 7th character "D" for the subsequent encounter.

The chart below provides information about 7th character fracture coding.

7th Character – Fractures

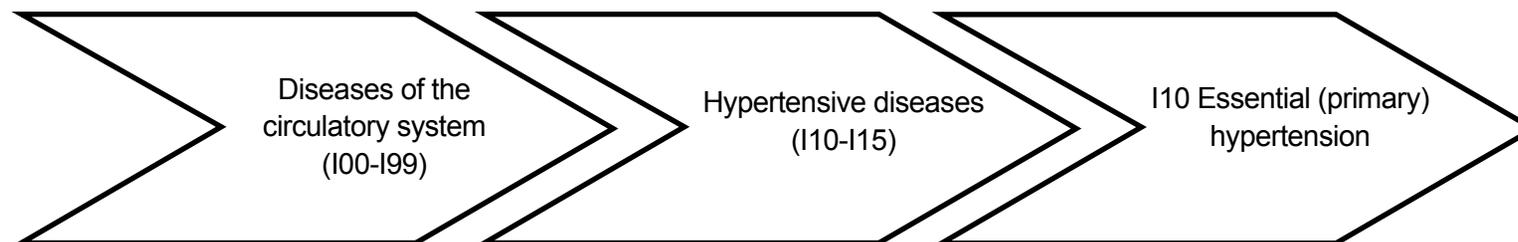| 7th Character	Description
A	Initial encounter for closed fracture
B	Initial encounter for open fracture
D	Subsequent encounter for fracture with routine healing
G	Subsequent encounter for fracture with delayed healing
K	Subsequent encounter for fracture with nonunion
P	Subsequent encounter for fracture with malunion
S	Sequela

CODING EXAMPLE 1
Diagnosis: Hypertension

'H' Terms

Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic) I10

STEP 1: To find the correct ICD-10-CM code for hypertension, look up the diagnosis in the Alphabetic Index under the 'H' terms.

The term hypertension is expanded to read hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic) and the ICD-10-CM code listed is I10.

Diseases of the circulatory system (I00-I99)

Hypertensive diseases (I10-I15)

I10 Essential (primary) hypertension

STEP 2: Verify code I10 for hypertension by finding it in the Tabular List. This code is located in the Diseases of the circulatory system chapter (codes I00-I99).

The code is listed under Hypertensive diseases (codes I10-I15).

Code I10 is the code listed for essential (primary) hypertension.

Excludes Notes for Coding Example 1:

Diseases of the circulatory system (I00-I99)
Excludes 2:
> certain conditions originating in the perinatal period (P04-P96)
> certain infectious and parasitic diseases (A00-B99)
> complications of pregnancy, childbirth and the puerperium (O00-O9A)
> congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)
> endocrine, nutritional and metabolic diseases (E00-E88)
> injury, poisoning and certain other consequences of external causes (S00-T88)
> neoplasms (C00-D49)
> symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)
> systemic connective tissue disorders (M30-M36)
> transient cerebral ischemic attacks and related syndromes (G45.-)

Hypertensive diseases (I10-I15)
Excludes 1:
> hypertensive disease complicating pregnancy, childbirth and the puerperium (O10-O11, O13-O16)
> neonatal hypertension (P29.2)
> primary pulmonary hypertension (I27.0)

I10 Essential (primary) hypertension
Includes:
> high blood pressure
> hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic)

Excludes 1:
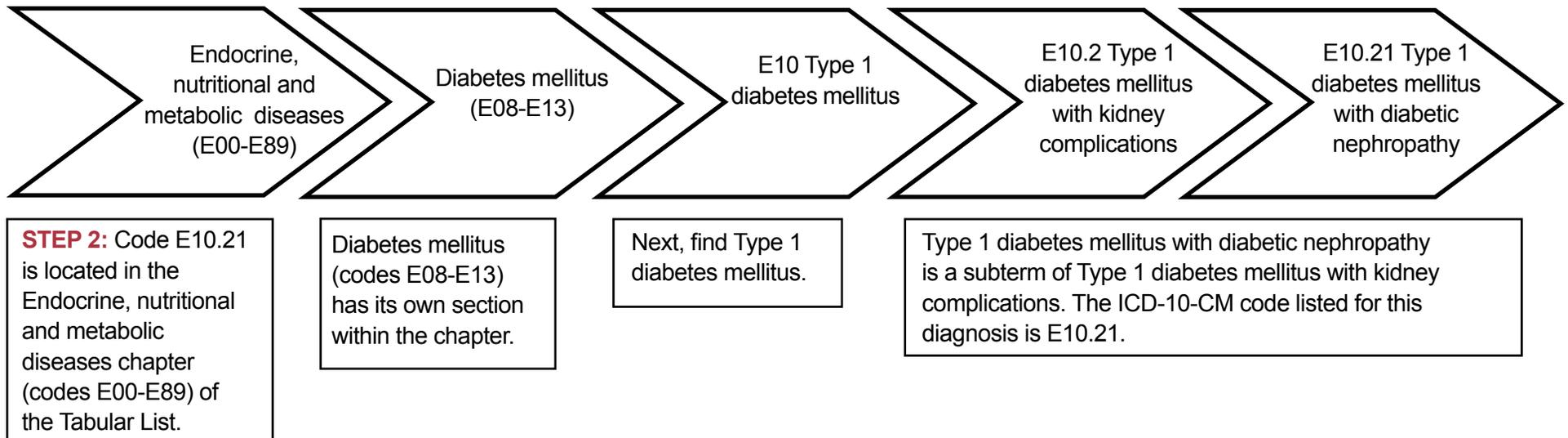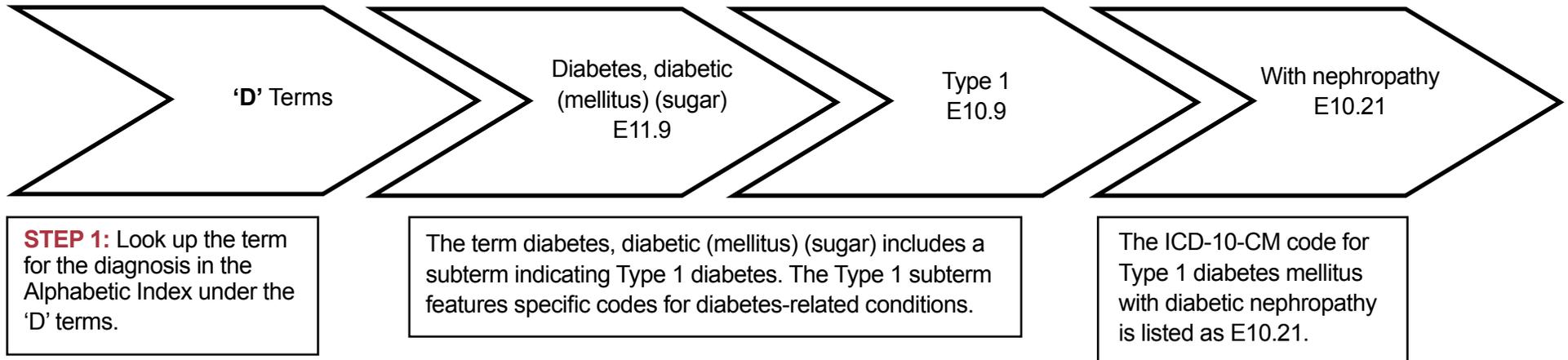> hypertensive disease complicating pregnancy, childbirth and the puerperium (O10-O11, O13-O16)

Excludes 2:
> essential (primary) hypertension involving vessels of brain (I60-I69)
> essential (primary) hypertension involving vessels of eye (H35.0-)

CODING EXAMPLE 2
Diagnosis: Type I Diabetes Mellitus with Diabetic Nephropathy

'D' Terms

Diabetes, diabetic (mellitus) (sugar) E11.9

Type 1 E10.9

With nephropathy E10.21

STEP 1: Look up the term for the diagnosis in the Alphabetic Index under the 'D' terms.

The term diabetes, diabetic (mellitus) (sugar) includes a subterm indicating Type 1 diabetes. The Type 1 subterm features specific codes for diabetes-related conditions.

The ICD-10-CM code for Type 1 diabetes mellitus with diabetic nephropathy is listed as E10.21.

Endocrine, nutritional and metabolic diseases (E00-E89)

Diabetes mellitus (E08-E13)

E10 Type 1 diabetes mellitus

E10.2 Type 1 diabetes mellitus with kidney complications

E10.21 Type 1 diabetes mellitus with diabetic nephropathy

STEP 2: Code E10.21 is located in the Endocrine, nutritional and metabolic diseases chapter (codes E00-E89) of the Tabular List.

Diabetes mellitus (codes E08-E13) has its own section within the chapter.

Next, find Type 1 diabetes mellitus.

Type 1 diabetes mellitus with diabetic nephropathy is a subterm of Type 1 diabetes mellitus with kidney complications. The ICD-10-CM code listed for this diagnosis is E10.21.

Excludes Notes for Coding Example 2:

Endocrine, nutritional and metabolic diseases (E00-E89)
Excludes 1:
> transitory endocrine and metabolic disorders specific to newborn (P70-P74)

E10 Type 1 diabetes mellitus
Excludes 1:
> 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)
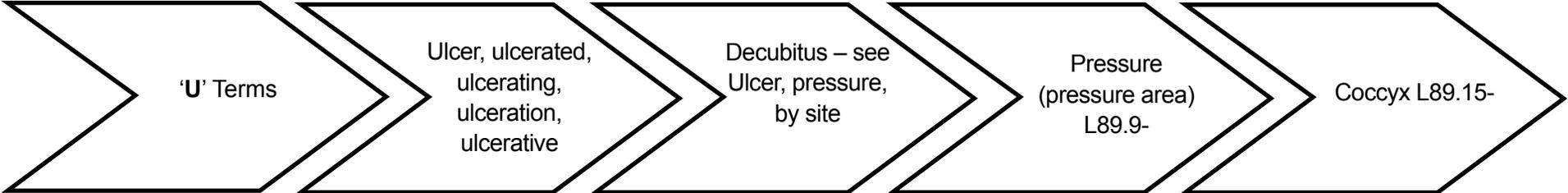> postpancreatectomy diabetes mellitus (E13.-)
> postprocedural diabetes mellitus (E13.-)
> secondary diabetes mellitus NEC (E13.-)
> type 2 diabetes mellitus (E11.-)

CODING EXAMPLE 3
Diagnosis: Stage 3 Decubitus Ulcer of Coccyx

'U' Terms → Ulcer, ulcerated, ulcerating, ulceration, ulcerative → Decubitus – see Ulcer, pressure, by site → Pressure (pressure area) L89.9- → Coccyx L89.15-
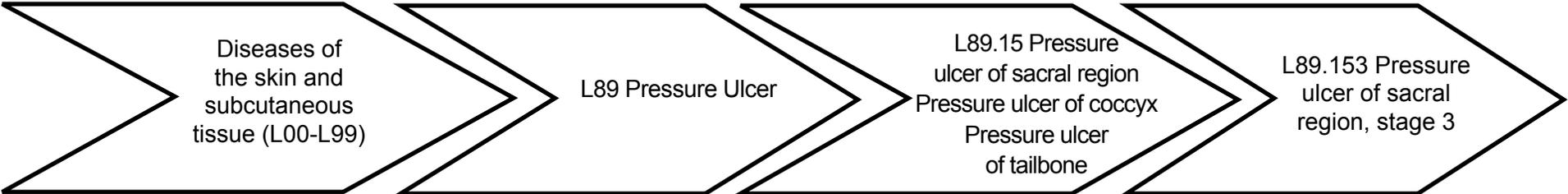
STEP 1: Look up the term for an Ulcer diagnosis in the Alphabetic Index under the '**U**' terms.

The term Ulcer is expanded to read Ulcer, ulcerated, ulcerating, ulceration, ulcerative.

Decubitus is a subterm under Ulcer and refers you to Ulcer, pressure, by site where the code for Pressure (pressure area) is L89.9-.

Coccyx is found under Pressure (pressure area) with a code of L89.15-. This code is also found for Stage 3 (healing) (full thickness skin loss involving damage or necrosis of subcutaneous tissue) Coccyx L89.15-. Remember, a dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required.

Diseases of the skin and subcutaneous tissue (L00-L99) → L89 Pressure Ulcer → L89.15 Pressure ulcer of sacral region Pressure ulcer of coccyx Pressure ulcer of tailbone → L89.153 Pressure ulcer of sacral region, stage 3

STEP 2: This code is located in the Tabular Index Diseases of the skin and subcutaneous tissue chapter (codes L00-L99) under Other disorders of the skin and subcutaneous tissue (codes L80-L99).

L89 is shown as the code for Pressure ulcer.

L89.15 is shown as the code for Pressure ulcer of sacral region, pressure ulcer of coccyx, pressure ulcer of tailbone. Look at the subterms listed below this code to locate the additional character needed.

ICD-10-CM code L89.153 is listed for Pressure ulcer of sacral region, stage 3. Healing pressure ulcer of sacral region, stage 3 and pressure ulcer with full thickness skin loss involving damage or necrosis of subcutaneous tissue, sacral region descriptions are also listed for this code.

Excludes Notes for Coding Example 3:

Diseases of the skin and subcutaneous tissue (L00-L99)
Excludes 2:
> certain conditions originating in the perinatal period (P04-P96)
> certain infectious and parasitic diseases (A00-B99)
> complications of pregnancy, childbirth and the puerperium (O00-O9A)
> congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)
> endocrine, nutritional and metabolic diseases (E00-E88)
> lipomelanotic reticulosis (I89.8)
> neoplasms (C00-D49)
> symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)
> systemic connective tissue disorders (M30-M36)
> viral warts (B07)

L89 Pressure Ulcer
Excludes 2:
> decubitus (trophic) ulcer of cervix (uteri) (N86)
> 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)