CHAPTER 1

Use of ICD-10-CM

The International Statistical Classification of Diseases and Related Health Problems (ICD) is published by the World Health Organization (WHO) and is a classification of diseases, signs and symptoms, abnormal findings and complaints, social circumstances, and external causes of injury or disease. ICD is used for tracking morbidity and mortality statistics and within reimbursement systems. ICD-10 is the 10th revision of this classification system and replaced the ICD-9 classification that was first adopted in 1975. WHO has authorized the development of an adaptation of ICD-10 for use in the United States (ICD-10-CM). All modifications to ICD-10 must conform to WHO conventions for the ICD.

Although ICD was developed for collection of statistical data and disease classification, it is also an important part of reimbursement models. ICD codes are used to facilitate payment of claims, evaluate utilization patterns, and review health care costs. The ability to communicate the justification for clinical services/medical necessity through reporting diagnosis codes is enhanced by the increased specificity of ICD-10-CM. ICD-10-CM is also expected to be an important tool in the move towards value-based purchasing because of its potential to disclose more information about quality of care and improved tracking of outcomes of care. This information can then be used to design more effective algorithms for clinical decision-making and to support clinical research.

ICD-10-CM (International Classification of Diseases, 10th Edition, Clinical Modification) comprises the primary set of diagnosis codes used to describe diseases, related health problems, and other health care encounters in the United States. It is comprised of 3-7 alphanumeric characters organized by organ system or condition. These codes provide the medical necessity for the performance of procedures and other services provided to patients.

ICD-10-CM consists of a tabular section with 21 chapters and an alphabetic index. Each chapter has its own guidelines and conventions. The first section of the ICD-10-CM code set book contains conventions, general coding guidelines and chapter specific guidelines. The guidelines are intended to assist in identifying the diagnoses that may be reported and are applicable to all health care settings unless otherwise indicated. Additional guidelines for specific codes may be found in the tabular section. It is essential that providers and coding staff review and understand these conventions and guidelines in order to correctly code for their services.

ICD-10-CM INDEX TO DISEASES AND INJURIES

The Alphabetic Index to Diseases lists terms and sub-terms that identify diseases, conditions, and symptoms with the corresponding code(s). Terms in the index can be nouns, adjectives, or eponyms. The index consists of the following components: Index of Diseases and Injury, Index of External Causes of Injury, the Table of Neoplasms and the Table of Drugs and Chemicals. The Index does not always provide the complete code. A dash (-) in the Index indicates that additional characters are required for appropriate code selection. The Index includes many more diagnostic terms than are found in the Tabular section. For ease of use, many diseases and conditions are listed in multiple locations in the Alphabetic Index.

Sometimes terms listed in the Alphabetic Index will not be included in the Tabular List. However, because the index directs the user to a specific code, that code is the most appropriate code to report.