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Beginning to Intermediate-Level Practice



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# ICD-10-CM and ICD-10-PCS

Coding Handbook 2024

**WITH ANSWERS**

**AHA**  
**Coding Clinic®**

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Central Office on ICD-10-CM and ICD-10-PCS  
of the American Hospital Association

Current Codes as of June 2023

# Contents

List of Tables and Figures . . . . .	vii
About the Author and Contributors . . . . .	x
Acknowledgments . . . . .	xi
How to Use This Handbook . . . . .	xii

## **FORMAT AND CONVENTIONS AND CURRENT CODING PRACTICES FOR ICD-10-CM AND ICD-10-PCS**

1 Introduction to the ICD-10-CM Classification . . . . .	3
2 ICD-10-CM Conventions . . . . .	13
3 Uniform Hospital Discharge Data Set . . . . .	23
4 The Medical Record as a Source Document . . . . .	35
5 Basic ICD-10-CM Coding Steps . . . . .	41
6 Basic ICD-10-CM Coding Guidelines . . . . .	47
7 Introduction to the ICD-10-PCS Classification . . . . .	61
8 Basic ICD-10-PCS Coding Steps . . . . .	79
9 ICD-10-PCS Root Operations in the Medical and Surgical Section . . . . .	87
10 ICD-10-PCS Medical- and Surgical-Related, Ancillary, and New Technology Procedure Sections . . . . .	105
11 Z Codes and External Cause of Morbidity Codes . . . . .	125

## **CODING OF SIGNS AND SYMPTOMS**

12 Symptoms, Signs, and Ill-Defined Conditions . . . . .	139
--	-----

## **CODING OF INFECTIOUS AND PARASITIC DISEASES, ENDOCRINE DISEASES AND METABOLIC DISORDERS, AND MENTAL DISORDERS**

13 Infectious and Parasitic Diseases . . . . .	147
14 Endocrine, Nutritional, and Metabolic Diseases . . . . .	165
15 Mental Disorders . . . . .	179

## **CODING OF DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS, CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM, AND DISEASES OF THE NERVOUS SYSTEM**

16 Diseases of the Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism . . . . .	199
17 Diseases of the Nervous System and Sense Organs . . . . .	211

**CODING OF DISEASES OF THE RESPIRATORY, DIGESTIVE,  
AND GENITOURINARY SYSTEMS**

18	Diseases of the Respiratory System . . . . .	231
19	Diseases of the Digestive System . . . . .	253
20	Diseases of the Genitourinary System. . . . .	271

**CODING OF DISEASES OF THE SKIN AND DISEASES OF THE  
MUSCULOSKELETAL SYSTEM**

21	Diseases of the Skin and Subcutaneous Tissue . . . . .	297
22	Diseases of the Musculoskeletal System and Connective Tissue . . . . .	307

**CODING OF PREGNANCY AND CHILDBIRTH COMPLICATIONS, ABORTION,  
CONGENITAL ANOMALIES, AND PERINATAL CONDITIONS**

23	Complications of Pregnancy, Childbirth, and the Puerperium . . . . .	329
24	Abortion and Ectopic Pregnancy. . . . .	363
25	Congenital Anomalies . . . . .	375
26	Perinatal Conditions. . . . .	385

**CODING OF CIRCULATORY SYSTEM DISEASES AND NEOPLASTIC DISEASES**

27	Diseases of the Circulatory System. . . . .	403
28	Neoplasms. . . . .	469

**CODING OF INJURIES, BURNS, POISONING, AND COMPLICATIONS OF CARE**

29	Injuries . . . . .	499
30	Burns . . . . .	531
31	Poisoning, Toxic Effects, Adverse Effects, and Underdosing of Drugs . . . . .	539
32	Complications of Surgery and Medical Care . . . . .	549

	Final Review Exercise . . . . .	571
--	---------------------------------	-----

Appendix A	Coding and Reimbursement . . . . .	591
------------	------------------------------------	-----

Appendix B	Reporting of the Present on Admission Indicator . . . . .	599
------------	---	-----

Appendix C	Case Summary Exercises (An expanded table of contents can be found on page 607.) . . . . .	607
------------	---	-----

	Index . . . . .	735
--	-----------------	-----

# List of Tables and Figures

FIGURE 1.1	Table of Contents from ICD-10-CM . . . . .	5
FIGURE 7.1	Sample Excerpt of ICD-10-PCS Table . . . . .	63
FIGURE 7.2	Structure of Codes in the Medical and Surgical Section . . . . .	64
FIGURE 7.3	Examples of Body Part Values. . . . .	65
TABLE 7.1	ICD-10-PCS Sections and Their Corresponding Character Values . . . . .	66
TABLE 7.2	Medical and Surgical Section Body Systems and Values. . . . .	67
TABLE 7.3	ICD-10-PCS Root Operations and Their Corresponding Values. . . . .	68
FIGURE 7.4	Excerpt from Table Showing Bilateral Body Part. . . . .	70
TABLE 7.4	Medical and Surgical Section Approaches. . . . .	72
FIGURE 7.5	Illustrations of Medical and Surgical Section Approaches . . . . .	74-75
FIGURE 7.6	Excerpt from the Device Aggregation Table . . . . .	76
FIGURE 8.1	Excerpt of 0FT Table from ICD-10-PCS . . . . .	83
FIGURE 8.2	Excerpt of 0Y6 Table from ICD-10-PCS . . . . .	84
FIGURE 9.1	Table Excerpt Demonstrating Location of Root Operation Definition . . . . .	88
TABLE 9.1	Root Operations to Take Out Some or All of a Body Part . . . . .	91
TABLE 9.2	Definitions of “Detachment” Qualifiers. . . . .	93
TABLE 9.3	Root Operations to Take Out Solids/Fluids/Gases from a Body Part . . . . .	94
TABLE 9.4	Root Operations Involving Cutting or Separation Only . . . . .	95
TABLE 9.5	Root Operations to Put In/Put Back or Move Some/All of a Body Part . . . . .	96
TABLE 9.6	Root Operations to Alter the Diameter or Route of a Tubular Body Part. . . . .	97
TABLE 9.7	Root Operations That Always Involve a Device. . . . .	98
TABLE 9.8	Root Operations That Involve Examination Only . . . . .	100
TABLE 9.9	Root Operations That Include Other Repairs . . . . .	101
TABLE 9.10	Root Operations That Include Other Objectives . . . . .	102
TABLE 10.1	Medical- and Surgical-Related Sections . . . . .	106
FIGURE 10.1	Structure of Codes in the Placement Section . . . . .	106
TABLE 10.2	Placement Section Root Operation Values and Definitions. . . . .	107
FIGURE 10.2	Structure of Codes in the Administration Section . . . . .	109
FIGURE 10.3	Structure of Codes in the Measurement and Monitoring Section . . . . .	110
FIGURE 10.4	Structure of Codes in the Extracorporeal or Systemic Assistance and Performance Section . . . . .	111
FIGURE 10.5	Structure of Codes in the Extracorporeal or Systemic Therapies Section . . . . .	112
FIGURE 10.6	Structure of Codes in the Osteopathic Section . . . . .	114
FIGURE 10.7	Structure of Codes in the Other Procedures Section . . . . .	114
FIGURE 10.8	Structure of Codes in the Imaging Section . . . . .	116

FIGURE 10.9	Structure of Codes in the Nuclear Medicine Section . . . . .	118
FIGURE 10.10	Structure of Codes in the Radiation Therapy Section . . . . .	119
FIGURE 10.11	Structure of Codes in the Physical Rehabilitation and Diagnostic Audiology Section . . . . .	121
TABLE 10.3	Physical Rehabilitation and Diagnostic Audiology Root Types . . . . .	122
FIGURE 10.12	Structure of Codes in the New Technology Section . . . . .	124
TABLE 13.1	Gram-Negative and Gram-Positive Bacteria . . . . .	155
FIGURE 14.1	Major Organs of the Endocrine System . . . . .	166
FIGURE 15.1	Side View of the Brain . . . . .	180
TABLE 15.1	Root Type Values in the Mental Health Section . . . . .	194
TABLE 15.2	Root Type Values in the Substance Abuse Treatment Section . . . . .	195
FIGURE 16.1	Four Major Types of Blood Cells . . . . .	206
FIGURE 17.1	The Nervous System . . . . .	212
FIGURE 17.2	The Eye . . . . .	223
TABLE 17.1	Coding of Glaucoma . . . . .	226
FIGURE 17.3	The Ear . . . . .	227
FIGURE 18.1	The Respiratory System . . . . .	232
FIGURE 19.1	The Digestive System . . . . .	254
FIGURE 19.2	Excerpt from ICD-10-PCS Table for Hepatobiliary System Extirpation . . . . .	262
FIGURE 19.3	Illustrations of Bariatric Surgery . . . . .	267
FIGURE 20.1	The Urinary System . . . . .	272
TABLE 20.1	Hypertensive Chronic Kidney Disease and Hypertensive Heart and Chronic Kidney Disease and the Applicable CKD Stages . . . . .	277
FIGURE 20.2	The Male Reproductive System . . . . .	284
FIGURE 20.3	Common Sites of Endometriosis Implantation . . . . .	285
FIGURE 20.4	The Female Reproductive System . . . . .	286
FIGURE 20.5	Breast Reconstruction Surgery . . . . .	290
FIGURE 21.1	The Skin and Subcutaneous Tissue . . . . .	299
FIGURE 22.1	The Human Skeleton . . . . .	309
FIGURE 22.2	The Spinal Column . . . . .	311
TABLE 22.1	Components of Each Column of the Spine . . . . .	318
FIGURE 22.3	Structure of the Spine Involved in Spinal Fusion . . . . .	319
FIGURE 22.4	Columns of the Spine, Lateral View . . . . .	320
FIGURE 22.5	Types of Spinal Fusion Surgeries . . . . .	321
TABLE 22.2	Common Fusion and Refusion ICD-10-PCS Qualifiers . . . . .	322
FIGURE 23.1	Primary Organs of the Female Reproductive System . . . . .	331
FIGURE 23.2	Examples of Fetal Presentations . . . . .	344
FIGURE 23.3	Structure of Codes in the Obstetrics Section . . . . .	350
FIGURE 23.4	Root Operations in the Obstetrics Section . . . . .	351

FIGURE 24.1	Excerpt from ICD-10-PCS Table for Abortion Procedures . . . . .	369
FIGURE 27.1	Major Vessels of the Arterial System . . . . .	404
FIGURE 27.2	Major Vessels of the Venous System . . . . .	405
FIGURE 27.3	The Interior of the Heart . . . . .	406
FIGURE 27.4	Decision Tree for Coding Acute Type 1 Myocardial Infarction . . . . .	411
FIGURE 27.5	Types of Cerebral Infarction . . . . .	422
FIGURE 27.6	Pacemaker Insertion . . . . .	442
FIGURE 27.7	Angioplasty with Stent Insertion . . . . .	447
FIGURE 27.8	Coronary Artery Bypass Graft . . . . .	449
FIGURE 27.9	Central Venous Catheter (CVC) . . . . .	457
FIGURE 27.10	Peripherally Inserted Central Catheter (PICC) . . . . .	457
FIGURE 27.11	Aorta and Lower Side Branches . . . . .	460
FIGURE 27.12	Open Aneurysmectomy . . . . .	461
FIGURE 27.13	Open Surgical Aneurysm Repair via Tube Graft . . . . .	462
FIGURE 27.14	Endovascular Aneurysm Repair . . . . .	463
TABLE 28.1	Section of the Neoplasm Table in the Alphabetic Index of Diseases and Injuries . . . . .	475
FIGURE 28.1	The Lymphatic System . . . . .	481
FIGURE 29.1	Examples of Open and Closed Fractures . . . . .	510
FIGURE 29.2	Sample Tabular List Seventh-Character Values . . . . .	512
FIGURE 29.3	Gustilo Classification of Open Fractures . . . . .	513
TABLE 29.1	Definitions of Terms Used for Qualifiers for “Detachment” Procedures . . . . .	524
FIGURE 30.1	Skin Layers . . . . .	532
FIGURE 31.1	Decision Tree for Coding Adverse Effects of Drugs or Poisoning Due to Drugs or Medicinal or Biological Substances . . . . .	543
FIGURE 31.2	Excerpt from ICD-10-CM Table of Drugs and Chemicals . . . . .	543
TABLE 32.1	Types of Endoleaks and the ICD-10-CM Code Assignment . . . . .	560
FIGURE 32.1	Types of Endoleaks . . . . .	561

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**The Central Office on ICD-9-CM** was first created through a written Memorandum of Understanding between the AHA and the National Center for Health Statistics in 1963 to do the following:

- Serve as the U.S. clearinghouse for issues related to the use of ICD-9-CM
- Work with the National Center for Health Statistics and the Centers for Medicare & Medicaid Services to maintain the integrity of the classification system
- Recommend revisions and modifications to the current and future revisions of the ICD
- Develop educational material and programs on ICD-9-CM

**The Central Office on ICD-10-CM and ICD-10-PCS** provides expert advice by serving as the clearinghouse for the dissemination of information on ICD-10-CM and ICD-10-PCS.

In 2014, the Central Office stopped providing ICD-9-CM advice and fully transitioned to ICD-10-CM/PCS advice while launching the stand-alone publication *AHA Coding Clinic® for ICD-10-CM and ICD-10-PCS*.

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# How to Use This Handbook

This edition of the handbook is designed as a versatile resource:

- Textbook for academic programs in health information technology and administration
- Text for in-service training programs
- Self-instructional guide for individuals who would like to learn coding or refresh their skills outside a formal program
- Reference tool for general use in the workplace

The general and basic areas of information covered in chapters 1 through 10 are designed to meet the requirements of various basic courses on the use of ICD-10-CM and ICD-10-PCS. They may also be used as a foundation for moving on to the study of individual chapters of ICD-10-CM and ICD-10-PCS. Chapters 11 through 32 of the handbook include advanced material for both continuing education students and professionals in the field.

This handbook is designed to be used in conjunction with the ICD-10-CM and ICD-10-PCS coding manuals (either in book or PDF format) or comparable software. The ICD-10-CM and ICD-10-PCS classifications must be consulted throughout the learning process, and the material in this text cannot be mastered without using them. The official versions are available in PDF format from the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (ICD-10-CM) and the Centers for Medicare & Medicaid Services (ICD-10-PCS). Several publishers offer unofficial printed or online versions. There may be minor variations between the way material is displayed in this handbook and the way it is displayed in printed or digital versions.

The chapters in this handbook are not arranged in the same sequence as the chapters in ICD-10-CM or ICD-10-PCS. The first section of the handbook (chapters 1–11) provides discussions on the format and conventions followed in ICD-10-CM and ICD-10-PCS, as well as basic coding guidelines and introductory material on Z codes and External cause of morbidity codes. The next eight sections (chapters 12–32) progress from the less-complicated ICD-10-CM/PCS chapters to the more difficult. Faculty in academic and in-service programs can rearrange this sequence to suit their particular course outlines.

Appendix A, Coding and Reimbursement, contains basic information on the role of coding with reimbursement models for hospitals, physician practices, and other health care settings.

Appendix B, Reporting of the Present on Admission Indicator, contains information on the reporting of the Medicare requirement associated with the hospital inpatient reporting of all ICD-10-CM diagnosis codes.

Appendix C, Case Summary Exercises, is designed for students who have learned the basic coding principles and need additional practice applying the principles to actual cases. The exercises are geared for students with beginning to intermediate levels of knowledge. The case summaries are based on actual health records of both inpatients and outpatients. The patients described often have multiple conditions that may or may not relate to the current episode of care. Some exercises include several episodes of care for a patient in various settings.

Additional resources for educators who have adopted this handbook for a CAHIIM- or PCAP-accredited program are available for download for free on the AHA Central Office website: <https://www.codingclinicadvisor.com/educator-resources>. AHA offers materials designed to supplement classroom work and exercises in this handbook. Available materials include slide decks covering the key points of each chapter and exercise test banks. Please visit [www.CodingClinicAdvisor.com](http://www.CodingClinicAdvisor.com) and register as an educator to download these materials. Slide deck PDFs and quizzes may also be purchased by any customer at <https://www.codingclinicadvisor.com/coding-handbook>.

Students using the handbook edition without answers will need to ask their instructors for the answers. After students have completed the exercises, they can check their answers against the instructor's edition, which lists the appropriate codes for each exercise, with the codes for the principal diagnosis and principal procedure sequenced first. Explanatory comments discuss why certain codes are appropriate and others are not and why some conditions listed in the case summaries are not coded at all. The comments also indicate how the principal diagnosis and procedure codes were designated, and which symptoms are inherent to certain conditions and so are not coded separately.

The *ICD-10-CM Official Guidelines for Coding and Reporting* and the *ICD-10-PCS Official Coding Guidelines*, referenced throughout this handbook, may be downloaded from the Centers for Medicare & Medicaid Services website: [www.cms.gov/Medicare/Coding/ICD10](http://www.cms.gov/Medicare/Coding/ICD10).

To use this handbook effectively, readers should work through the coding examples provided throughout the text until they fully understand the coding principles under discussion. Readers should be able to arrive at correct code assignments by following the instructions provided and reviewing the pertinent handbook material until it is fully understood. Exercises in the body of each chapter should be completed as they come up in the discussion, rather than at the end of the chapter or section. Most chapters provide a review exercise with additional material that covers the entire chapter. There is also a final review exercise, located before appendix A in this handbook, that offers additional coding practice. Answers to all of these exercises are provided in the edition with answers.

The handbook follows three conventions:

- In some examples, **a hyphen is used at the end of a code to indicate that additional characters are required but cannot be assigned in the example because certain information needed for assignment of these characters is not given.** This is done to emphasize concepts and specific guidelines without going too deeply into specific coding situations.
- **The underlining of codes in text examples indicates correct sequencing;** that is, the underlined code must be sequenced first in that particular combination of codes. When no code is underlined, there is no implicit reason why any of the codes in the series should be sequenced first. In actual coding, of course, other information in the health record may dictate a different sequence. This underlining convention is used in the handbook solely as a teaching device. It is not an element of the ICD-10-CM/PCS coding system.
- In the edition with answers, **the underlining of words in exercise questions indicates the appropriate terms to be referenced in using the alphabetic indexes. The underlining of codes in the answer column of the exercises indicates correct code sequencing,** as it does in the examples in the main text.

### Changes in Code Usage

Official coding guidelines approved by the four Cooperating Parties responsible for administering the ICD-10-CM and ICD-10-PCS systems in the United States (American Hospital Association, American Health Information Management Association, Centers for Medicare & Medicaid Services, and National Center for Health Statistics) are published on a yearly basis. The fiscal year 2024 (FY 2024) updates to the ICD-10-CM and ICD-10-PCS code sets have been incorporated into this edition of the handbook.

*AHA Coding Clinic*<sup>®</sup> for ICD-10-CM and ICD-10-PCS advice published through First Quarter 2023 has been included in this edition of the handbook.

FOR REVIEW ONLY

**Format AND Conventions**  
**AND Current Coding Practices**  
**FOR ICD-10-CM AND ICD-10-PCS**

FOR REVIEW ONLY

FOR REVIEW ONLY

## CHAPTER OVERVIEW

- ICD-10-CM is a medical diagnosis classification system.
- The Tabular List of Diseases and Injuries displays codes in alphanumeric order. There are three-, four-, five-, six-, and seven-character codes.
- The Alphabetic Index of Diseases and Injuries uses a specific pattern to the indentions.
  - Main terms are flush to the left-hand margin.
  - Subterms are indented. The more specific the subterm is, the farther the indent.
  - Carryover lines are two indents from the indent level of the preceding line.
  - There are also strict alphabetization rules.

## LEARNING OUTCOMES

After studying this chapter, you should be able to:

Explain the basic principles of the medical classification system ICD-10-CM.

Demonstrate understanding of the three-, four-, five-, six-, and seven-character subdivisions.

Explain the alphabetization rules and indentation patterns.

## TERM TO KNOW

### ICD-10-CM

*International Classification of Diseases, Tenth Revision, Clinical Modification*; a medical classification system used for the collection of information regarding disease and injury

FOR REVIEW ONLY

**CHAPTER 1**

Introduction to  
the ICD-10-CM  
Classification

## INTRODUCTION

The *International Classification of Disease, Tenth Revision, Clinical Modification* (ICD-10-CM) is a clinical modification of the World Health Organization's (WHO) ICD-10. It expands ICD-10 codes to facilitate more precise coding of clinical diagnoses. ICD-10-CM is a closed classification system—it provides one and only one place to classify each condition. Despite the large number of different conditions to be classified, the system must limit its size to be usable. Certain conditions that occur infrequently or are of low importance are often grouped together in residual codes labeled “other” or “not elsewhere classified.” A final residual category is provided for diagnoses not stated specifically enough to permit more precise classification. Occasionally, these two residual groups are combined in one code.

Medical coding professionals must understand the basic principles behind the classification system to use ICD-10-CM appropriately and effectively. This knowledge is also the basis for understanding and applying the official coding advice provided through the *AHA Coding Clinic*<sup>®</sup>, published by the Central Office of the American Hospital Association. It is important for medical coding professionals in all health care settings to keep current with *the ICD-10-CM Official Guidelines for Coding and Reporting*, as well as the *Coding Clinic*. This official advice is developed through the editorial board for the *Coding Clinic* and is approved by the four cooperating parties: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), the Centers for Medicare & Medicaid Services (CMS), and the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS). In addition, representatives from several physician specialty groups provide the *Coding Clinic* editorial advisory board with clinical input.

## DEVELOPMENT OF ICD-10-CM

ICD-10 was released by WHO in 1989 and contains only diagnosis codes. ICD-10-CM is the clinical modification developed under the leadership of the NCHS for use in the United States. ICD-10-CM was officially implemented in the United States in October 2015. All modifications to ICD-10 need to conform to the WHO conventions for ICD. ICD-10-CM is in the public domain. However, neither the codes nor the code titles may be changed except through the Coordination and Maintenance Process overseen jointly by the CDC and CMS. ICD-10-CM consists of more than 74,000 codes.

## FORMAT

ICD-10-CM is divided into the Tabular List and the Alphabetic Index. The Tabular List is an alphanumeric list of codes divided into chapters based on body system or condition. The Index is an alphabetical list of terms and their corresponding codes.

## TABULAR LIST OF DISEASES AND INJURIES

The main classification of diseases and injuries in the Tabular List of Diseases and Injuries consists of 22 chapters. (See the table of contents reproduced in figure 1.1.) Approximately half of the first 21 chapters are devoted to conditions that affect a specific body system; the rest classify conditions according to etiology. Chapter 2, for example, classifies neoplasms of all body systems, whereas chapter 10 addresses diseases of the respiratory system only. Chapter 22 contains codes for special purposes.

In addition, Z codes represent factors influencing health status and contact with health services that may be recorded as diagnoses. V, W, X, and Y codes are used to indicate the external circumstances responsible for injuries and certain other conditions. V, W, X, Y, and Z codes are

**FIGURE 1.1 Table of Contents from ICD-10-CM****Preface****Introduction****ICD-10-CM Conventions****ICD-10-CM Official Guidelines for Coding and Reporting****ICD-10-CM Index to Diseases and Injuries****ICD-10-CM Neoplasm Table****Table of Drugs and Chemicals****ICD-10-CM Index to External Causes****ICD-10-CM Tabular List of Diseases and Injuries**

CHAPTER 1—Certain infectious and parasitic diseases

CHAPTER 2—Neoplasms

CHAPTER 3—Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

CHAPTER 4—Endocrine, nutritional and metabolic diseases

CHAPTER 5—Mental, behavioral and neurodevelopmental disorders

CHAPTER 6—Diseases of the nervous system

CHAPTER 7—Diseases of the eye and adnexa

CHAPTER 8—Diseases of the ear and mastoid process

CHAPTER 9—Diseases of the circulatory system

CHAPTER 10—Diseases of the respiratory system

CHAPTER 11—Diseases of the digestive system

CHAPTER 12—Diseases of the skin and subcutaneous tissue

CHAPTER 13—Diseases of the musculoskeletal system and connective tissue

CHAPTER 14—Diseases of the genitourinary system

CHAPTER 15—Pregnancy, childbirth and the puerperium

CHAPTER 16—Certain conditions originating in the perinatal period

CHAPTER 17—Congenital malformations, deformations and chromosomal abnormalities

CHAPTER 18—Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified

CHAPTER 19—Injury, poisoning and certain other consequences of external causes

CHAPTER 20—External causes of morbidity

CHAPTER 21—Factors influencing health status and contact with health services

CHAPTER 22—Codes for special purposes

• **CHAPTER 1**  
 • Introduction to  
 • the ICD-10-CM  
 • Classification