Clarification on the Use of External Cause and Unspecified Codes in ICD-10-CM

Approved by the four Cooperating Parties for ICD-10-CM/PCS and ICD-9-CM Coding, which includes American Health Information Management Association, American Hospital Association, Centers for Medicare & Medicaid Services, and National Center for Health Statistics

External Cause Codes

Just as with ICD-9-CM, there is no national requirement for mandatory ICD-10-CM external cause code reporting. Unless a provider is subject to a state-based external cause code reporting mandate or these codes are required by a particular payer, reporting of ICD-10-CM codes in Chapter 20, External Causes of Morbidity, is not required. If a provider has not been reporting ICD-9-CM external cause codes, the provider will not be required to report ICD-10-CM codes in Chapter 20, unless a new state or payer-based requirement regarding the reporting of these codes is instituted. Such a requirement would be independent of ICD-10-CM implementation. In the absence of a mandatory reporting requirement, providers are encouraged to voluntarily report external cause codes, as they provide valuable data for injury research and evaluation of injury prevention strategies.

Sign/Symptom/Unspecified Codes

In both ICD-9-CM and ICD-10-CM, sign/symptom and "unspecified" codes have acceptable, even necessary, uses. While specific diagnosis codes should be reported when they are supported by the available medical record documentation and clinical knowledge of the patient's health condition, there are instances when signs/symptoms or unspecified codes are the best choices for accurately reflecting the healthcare encounter. Each healthcare encounter should be coded to the level of certainty known for that encounter.

If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis. When sufficient clinical information isn't known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate "unspecified" code (e.g., a diagnosis of pneumonia has been determined, but not the specific type). In fact, unspecified codes should be reported when they are the codes that most accurately reflects what is known about the patient's condition at the time of that particular encounter. It would be inappropriate to select a specific code that is not supported by the medical record documentation or conduct medically unnecessary diagnostic testing in order to determine a more specific code.

ICD Timeline

1979
ICD-9-CM implemented (prior to development and implementation of reimbursement systems that rely on diagnosis and procedure codes)

Although annual update process allows some addition of new conditions and procedures, and expansion for greater detail, it uses as its base a classification system that was developed 40 years ago.

1983
Implementation of hospital inpatient prospective payment system which uses ICD-9-CM diagnosis and procedure codes as the basis for assigning cases to DRGs.

1990
The National Committee on Vital and Health Statistics (NCVHS) issued a report to the Assistant Secretary for Health noting that while the ICD-9-CM classification system has been responsive to changing technologies and identifying new diseases that impact heavily on the community, there was concern that the ICD classification might be stressed to a point where the quality of the system would soon be compromised.

1993
NCVHS sent letter to Assistant Secretary for Health and Administrator of the Healthcare Financing Administration (HCFA) recommending that the Department of Health and Human Services (HHS) dedicate resources to determine the feasibility of implementing ICD-10 for morbidity applications.

ICD-10 was released by the World Health Organization.

1994
NCVHS sends a letter to the Assistant Secretary for Health urging HHS to consider the desirability and feasibility of developing a clinical modification of ICD-10 for morbidity purposes.

The National Center for Health Statistics (NCHS) awarded a contract to the Center for Health Policy Studies to evaluate ICD-10 for morbidity purposes within the U.S. A prototype of ICD-10-CM was developed following a thorough evaluation of ICD-10 by a Technical Advisory Panel comprised of private and public sector stakeholders.

HCFA announced plans to initiate a solicitation for a contract to develop a new procedure coding system for use with hospital inpatients replace the ICD-9-CM procedure codes. This new system is referred to as ICD-10-PCS.

1995-1996
Further work on ICD-10-CM is undertaken by NCHS, including a thorough review of ICD-9-CM Coordination and Maintenance Committee proposals for modifications that

could not be incorporated into ICD-9-CM and extensive collaboration with many medical/surgical specialty groups.

HCFA awards a contract to 3M HIS to develop the procedure classification system to replace Volume 3 of ICD-9-CM (hospital inpatient procedures), known as ICD-10-PCS. It was developed using an open process and a Technical Advisory Panel provided review and comments throughout development. The new procedure classification adheres to the criteria established by NCVHS for a procedure classification system in 1993.

1996-1998
Informal and formal testing of ICD-10-PCS was conducted.

1997
The draft of the Tabular List of ICD-10-CM, and the preliminary crosswalk between ICD-9-CM and ICD-10-CM is made available on the NCHS website for public comment during a three-month open comment period, which begins December 1997 and ends February 1998. More than 1,200 comments are received from 22 individuals and organizations representing a variety of groups, including one governmental agency, two research institutions, three information system developers, four professional organizations, and several health care providers. Comments range from general observations to very specific and detailed analyses.

1997-2003
More than eight days of hearings are held by NCVHS with letters and written and oral testimonies provided by more than 80 public and private sectors groups representing the healthcare industry, the Federal and State governments, public health and research communities, insurers, and providers.
http://www.ncvhs.hhs.gov/
http://www.ncvhs.hhs.gov/031105lt.htm

AHIMA testimony:
http://library.ahima.org/xpedio/groups/secure/documents/ahima/bok2_000614.hcsp?dDocName=bok2_000614
http://library.ahima.org/xpedio/groups/secure/documents/ahima/bok1_013551.hcsp?dDocName=bok1_013551
http://library.ahima.org/xpedio/groups/secure/documents/ahima/bok1_013552.hcsp?dDocName=bok1_013552

1998
The Notice of Proposed Rulemaking (NPRM) for Transactions and Code Sets is published by the HHS, as required by the Health Insurance Portability and Accountability Act of 1996. ICD-9-CM is proposed as the initial standard for diagnoses and inpatient procedures. The NPRM includes the following language: *In addition to accommodating the initial code sets standards for the year 2000, those that produce and process electronic administrative health transactions should build the system flexibility that will allow them to implement different code formats beyond the year 2000.*

http://www.gpo.gov/fdsys/pkg/FR-1998-05-07/pdf/98-11691.pdf

The ICD-10-PCS coding system, training material and crosswalk to ICD-9-CM procedure codes were posted on the Centers for Medicare and Medicaid Services (CMS) web site. The coding system and related materials have been updated annually since then.
http://www.cms.gov/Medicare/Coding/ICD10/index.html

1999
ICD-10 was implemented in the U.S. for mortality reporting.
http://www.cdc.gov/nchs/icd/icd10.htm

An overview of the comments received during the ICD-10-CM comment period is posted on the NCHS website in 1999. A summary of the comments also is presented at the November 1999 ICD-9-CM Coordination and Maintenance Committee meeting and posted on NCHS website.

2000
The Final Rule for Transactions and Code Sets is published and states: *ICD-10-CM has great potential for replacement of ICD-9-CM.*
http://aspe.hhs.gov/admnsimp/final/txfinal.pdf

2000-2001
Further enhancements to ICD-10-CM continue with changes being made in response to the open comment period, as well as, input from physician specialty groups.

2001
In the Benefits Improvement and Protection Act of 2000, Congress addressed requirements for incorporation of new medical services and technologies into the Medicare hospital inpatient prospective payment system. In the September 7, 2001 issue of the *Federal Register*, CMS noted the limitation of ICD-9-CM regarding the ability to expeditiously incorporate new medical services and technologies into the classification. A number of procedural approaches and techniques cannot be readily captured by the structure of ICD-9-CM codes.
http://www.gpo.gov/fdsys/pkg/FR-2001-09-07/pdf/01-22475.pdf

2002
CMS states a contract had been awarded to 3M HIS to undertake the DRG conversion necessary when ICD-10-CM and ICD-10-PCS are adopted as national standards.

2003
An updated draft of ICD-10-CM was posted on the NCHS web site.

Under the direction of NCVHS, a contract was awarded to RAND's Science and Technology Policy Institute to conduct an impact analysis of moving to ICD-10-CM and

ICD-10-PCS. This analysis concluded that switching to the new code sets is likely to generate more benefits than costs.
http://www.rand.org/content/dam/rand/pubs/technical_reports/2004/RAND_TR132.pdf

The American Health Information Management Association (AHIMA) and the American Hospital Association (AHA) jointly conduct a pilot test of ICD-10-CM during June/July 2003. The study involves dual coding records in ICD-9-CM and ICD-10-CM. More than 6100 records from a broad cross section of health care community were dual coded by 180+ participants. The results indicated that: there is general support for adoption of ICD-10-CM; ICD-10-CM is seen as an improvement over ICD-9-CM; and ICD-10-CM is more applicable to non-hospital settings than ICD-9-CM.
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_021578.pdf

In July 2003, AHIMA sends letter to HHS Secretary on adoption of ICD-10.
http://library.ahima.org/xpedio/groups/secure/documents/ahima/bok1_021545.hcsp?dDocName=bok1_021545

In November 2003, the NCVHS sent a letter to the Secretary of HHS recommending adoption of ICD-10-CM and ICD-10-PCS as HIPAA standards for national implementation as replacements for current uses of ICD-9-CM. NCVHS concludes it is in the best interests of the country as a whole that ICD-10-CM and ICD-10-PCS be adopted as HIPAA standards for national implementation as replacements for current uses of ICD-9-CM volumes 1, 2, and 3.
http://www.ncvhs.hhs.gov/031105lt.htm

2003-2011
ICD-10-CM is updated annually every October 1 to accommodate changes made to ICD-10 by the World Health Organization and to incorporate changes made to ICD-9-CM diagnosis codes. ICD-10-PCS is updated annually every October 1 to incorporate changes made to ICD-9-CM, Volume 3.
Current version of ICD-10-CM: http://www.cdc.gov/nchs/icd/icd10cm.htm
Current version of ICD-10-PCS:
http://www.cms.gov/Medicare/Coding/ICD10/index.html

2004
The NCVHS Workgroup on Quality report titled "Measuring Health Care Quality: Obstacles and Opportunities" noted that the adoption of ICD-10-CM would help with the capture of more specific clinical information on disease severity, including complications, co-morbidities and risk factors. The report recommended adoption of ICD-10-CM.
http://www.ncvhs.hhs.gov/040531rp.pdf

2005
Subcommittee on Health of House Ways and Means Committee addresses adoption of ICD-10-CM and ICD-10-PCS as part of a hearing on the use of health information technology.

AHIMA testimony:
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_031217.pdf

Representative Nancy Johnson (CT) introduced H.R. 4157, the "Health Information Technology Promotion Act of 2005," requiring the replacement of ICD-9 with ICD-10, for transactions occurring on or after October 1, 2009. The intent of this section of the bill was to speed up the implementation of ICD-10-CM/PCS. This section was ultimately removed because HHS agreed to move forward with the regulatory process to implement ICD-10-CM/PCS.

2006
Subcommittee on Health of House Ways and Means Committee holds hearing on the adoption of ICD-10-CM and ICD-10-PCS.
AHIMA testimony:
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_031258.hcsp?dDocName=bok1_031258

2007
Senator Norm Coleman (MN) introduced S. 628, the "Critical Access to Health Information Technology Act of 2007," requiring the replacement of ICD-9 with ICD-10. The ICD-10 language called for a final rule to be promulgated by October 1, 2008, with full implementation by October 1, 2011.

NCVHS sends a letter to the Secretary titled, "Revision to HIPAA Transaction Standards Urgently Needed." The letter states that "…there are specific and urgent business drivers (e.g., the need to accommodate ICD-10 codes) that justify adoption of Version 5010.
http://www.ncvhs.hhs.gov/070926lt.pdf

2008
In a letter to the Secretary on "Quality measurement and public reporting in the current health care environment", NCVHS recommends that the HHS "Accelerate US adoption of ICD-10-CM and ICD-10-PCS by publishing the required notice of proposed rulemaking."
http://www.ncvhs.hhs.gov/080128lt.pdf

HHS publishes an NPRM for replacement of ICD-9-CM by ICD-10-CM and ICD-10-PCS on October 1, 2011.
http://www.gpo.gov/fdsys/pkg/FR-2008-08-22/pdf/E8-19298.pdf

2009
HHS publishes a final rule for adoption of ICD-10-CM and ICD-10-PCS on October 1, 2013.
http://www.gpo.gov/fdsys/pkg/FR-2009-01-16/pdf/E9-743.pdf

NCVHS conducts a hearing to monitor industry progress on implementation of updated versions of the HIPAA transaction standards and ICD-10 code sets

(http://www.ncvhs.hhs.gov/091209ag.htm). Following the hearing, the Committee sends a letter to the Secretary recommending that HHS, "Reiterate in every publication, presentation and public forum, that the deadline for Versions 5010, D.0 and 3.0 is January 1, 2012, and the deadline for implementation for ICD-10 code sets is October 1, 2013. These deadlines have been established by HHS as the law, and there is no justification for changing them. HHS, through CMS, must effectively publicize its commitment to the compliance dates." (http://www.ncvhs.hhs.gov/100303lt.pdf)

AHIMA testimony:
http://library.ahima.org/xpedio/groups/public/documents/government/bok1_046473.pdf

2010
CMS announces a partial code set freeze in preparation for the ICD-10 transition, resulting in the last regular annual update to ICD-9-CM and ICD-10-CM/PCS occurring on October 1, 2011 with only limited code updates to capture new technology and new diseases being implemented until the resumption of regular updates one year after the ICD-10 transition.
https://www.cms.gov/Medicare/Coding/ICD10/downloads/Partial_Code_Freeze.pdf

2011
NCVHS holds another hearing to monitor industry progress on implementation of updated versions of the HIPAA transaction standards and ICD-10 code sets and again recommends to the HHS that "HHS should use all communication vehicles to reiterate and emphasize that the compliance dates for implementing 5010/D.0/3.0 and ICD-10 code sets are not changing."
http://www.ncvhs.hhs.gov/110617ag.htm
http://www.ncvhs.hhs.gov/110922lt1.pdf
AHIMA testimony:
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_050642.pdf

2012
NCVHS sends letter to HHS Secretary urging that any delay in ICD-10 implementation not be more than a year, due to the significant financial burden that accrues with each month of delay.
http://www.ncvhs.hhs.gov/120302lt4.pdf

AHIMA sends letter to HHS Secretary urging that there be no delay in the ICD-10 compliance date.
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_050126.pdf

In April 2012, HHS publishes an NPRM to change the compliance date for ICD-10-CM/PCS from October 1, 2013 to October 1, 2014.
http://www.gpo.gov/fdsys/pkg/FR-2012-04-17/pdf/2012-8718.pdf

NCVHS holds a hearing on the industry status of planning, transitioning and implementation of administrative transaction standards, code sets and operating rules.

http://www.ncvhs.hhs.gov/120620ag.htm
AHIMA testimony:
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_049926.pdf

In September 2012, HHS publishes a final rule that changes the compliance date for ICD-10-CM/PCS from October 1, 2013 to October 1, 2014.
http://www.gpo.gov/fdsys/pkg/FR-2012-09-05/pdf/2012-21238.pdf

2013
AHIMA sends letter to HHS Secretary requesting that the previous commitment to only extend the compliance date for ICD-10-CM and PCS to October 1, 2014 be maintained and that the implementation process not be stopped.
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_050314.pdf

NCVHS holds hearing on current state of administrative simplification standards, code sets and operating rules and recommends to HHS that it continue to emphasize its intent NOT to change the current deadline for compliance with ICD-10 code sets of October 1, 2014.
http://www.ncvhs.hhs.gov/130617ag.htm
http://www.ncvhs.hhs.gov/130920lt.pdf

AHIMA testimony:
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_050246.pdf

The "Cutting Costly Codes Act," H.R. 1701 and S. 972, is introduced by Representative Ted Poe (TX) and Senator Tom Coburn (OK), which would prohibit implementation of ICD-10-CM/PCS on October 1, 2014.

2014
NCVHS holds hearing in February on HIPAA and ACA Administrative Simplification, including ICD-10.
http://www.ncvhs.hhs.gov/140219ag.htm

AHIMA testimony:
http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_050612.pdf

In April, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, which contains a provision prohibiting the Secretary from adopting the ICD-10 code sets as the standard for code sets prior to October 1, 2015.
http://www.gpo.gov/fdsys/pkg/BILLS-113hr4302enr/pdf/BILLS-113hr4302enr.pdf

In August, HHS publishes a final rule implementing section 212 of the Protecting Access to Medicare Act of 2014 by changing the ICD-10-CM/PCS compliance date from October 1, 2014 to October 1, 2015. It also requires the continued use of ICD-9-CM through September 30, 2015.
http://www.gpo.gov/fdsys/pkg/FR-2014-08-04/pdf/2014-18347.pdf

Address:

Physician A

Internal Medicine and Family Health Care

Phone:
EIN:

	INJECTIONS			OFFICE SERVICES	
				99201	Office visit,L1, new
	90632	Hepatitis A (dx: Z23)		99202	Office visit,L2, new
	90746	Hepatitis B (dx: Z23)		99203	Office visit,L3, new
	90658	Flu Vaccine (dx: Z23)		99204	Office visit,L4, new
	90732	PneumoVax (dx: Z23)		99205	Office visit,L5, new
	90178	DT (dx:Z23)		99211	Office visit, L1, estab
	90471	Adm Vac or G00008 /9		99212	Office visit,L2, estab
	9078x	Administer Shot or **MC-G**		99213	Office visit,L3, estab
		LAB		99214	Office visit,L4, estab
	85024	CBC		99215	Office visit,L5, estab
	85023	CBC+Dif		993**XY**	Wellness Exam / preventive med
	85018	Hct		99080	Special reports
	85652	ESR *CRP 86140*		99058	Seen as emergency
	85610	PT-INR		G0102-+59	Rectal exam–medicare V76.44
	81002	UA w/o micro dx v81.6		G0101-+59	Gyn/rectal-medicare V76.2
	81001	UA w micro dx v81.6		Q0091+ 59	Collect pap-medicare V76.2
	80061	Lipid Panel		93000	EKG 99173-snellen-dx
	80076	Liver Panel		20610	Aspirate major joint
	80048	BMP		20550	Inject trigger point
	80053	CMP 80050 GHP		17110	Cryo wart
	84443	TSH		172__	Cryo destruction
	84153	PSA v76.44		69210	Removal impact ear
	82947	Glucose		10060	I&D Abcess
	83036	A-1c		9937X	phone service-L
	84450	GOT		93016	ETT perform
	82550	CPK-total		93018	ETT interp
	82565	Creatinine		93233	Holter interp
	86677	H. Pylori antibody-qual		46600	Anoscopy
	99000	Stat lab conveyance		GZ or GA to V	add -25 if 59 above + 99
	88164	Pap smear-not-Mc / v76.2		99995	window pay
	82270/**g0107**	Hemocult x1done exam		99996	no charge visit
	82270/g0107	Hemocults x 3 v76.51		99997	same day change
	36415	Venopuncture or **g0001**		99998	no show

Co-pay=$20 or amount paid:

x = Dx same as last sb
99375 CPO

f/u: nt 15 30 1 wk 1 mo 1 yr 60 lab-nt prn for: mir
INR only 1 mo lab only fasting

	DIAGNOSIS
R10.9	Abdominal pain
R76.81	Abnormal prostate ex.
J01.90	Acute sinusitis
R74.0	Abnormal LFT
J30.9	Allergic rhinitis
G30.9	Alzheimers
D64.9	Anemia, unspecified
I20.9	Angina
J45.909	Asthma
E53.8	B12 deficiency
M54.5	Back pain, low
466.0	Bronchitis, acute
N63	Breast lump
I25.10	CAD
I49.9	Arrhythmia, NOS
L03.90	Cellulitis
I63.9	CVA
H61.20	Cerumen impaction
R07.9	Chest pain, unspecified
R07.89	Chest wall pain
I50.9	CHF
J44.9	COPD
R05	Cough
L30.9	Dermatitis
E10.9	Diabetes--IDDM
E11.9	Diabetes--Niddm
K52.9	Gastroenteritis
K57.90	Diverticulosis
R42	Dizziness
R06.00	Dyspnea
K30	Dyspepsia
R60.9	Edema
N95.11	Estrogen deficiency (symptomatic menopausal state)
R53.83	Fatigue
R50.9	Fever
R51	Headache, NOS
G43.9	Headache, migraine
R31.9	Hematuria
E78.5	Hyperlipidemia
I10	Hypertension, essential
E03.9	Hypothryroidism
M60.9	Myofascitis
R11.0	Nausea & vomiting
K21.0	Reflux esophagitis
G40.909	Seizure disorder
Z51.81, Z79.89	Supervise med
I11.9	Hypertensive cardiomyopathy
G45.9	TIA
I48.0	Atrial fibrillation
Z79.0	Long term use anticoag
Z23	Flu vaccine
Z00.010	General med exam / wellness exam
J06.9	URI
R35.0	Urinary frequency
K29.70	gastritis

This sample superbill was converted to ICD-10-CM by the American Health Information Management Association (AHIMA) solely as an exercise in demonstrating the process of transitioning to a new coding system. It does not represent an endorsement by AHIMA of the use of superbills or this superbill format.