2022

A Guide for Users of the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada (ICD-10-CA)

CIHI

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About CIHI

The Canadian Institute for Health Information (CIHI) is an independent, not-for-profit organization that provides essential information on Canada's health systems and the health of Canadians.

We provide comparable and actionable data and information that are used to accelerate improvements in health care, health system performance and population health across Canada. Our stakeholders use our broad range of health system databases, measurements and standards, together with our evidence-based reports and analyses, in their decision-making processes. We protect the privacy of Canadians by ensuring the confidentiality and integrity of the health care information we provide.

Preface

This document outlines the format, structure and basic concepts in the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada (ICD-10-CA) and provides instruction on how to navigate through Folio Views (the electronic infobase software for ICD-10-CA). It does not provide users with expertise in ICD-10-CA code assignment. For any and all uses of ICD-10-CA (and CCI, the Canadian Classification of Health Interventions), an expert in classifications should always be consulted. These professionals are typically employed in health information/decision-support departments in hospital facilities and ministries of health.

Introduction

CIHI developed ICD-10-CA in collaboration with an expert panel of physicians, external field reviewers and the CIHI Classifications team. It is based on the World Health Organization (WHO) ICD-10 and is wholly comparable with this classification. ICD-10 is the official classification used for reporting mortality data in Canada.

ICD-10-CA is the classification recommended in most clinical settings. It is the national standard for reporting morbidity statistics.

CIHI is responsible for maintaining ICD-10-CA. All enhancements, addenda and errata are official only when approved by CIHI.

History

For a full history of the development of the International Statistical Classification of Diseases, please refer to the Folio version of ICD-10-CA > Table of Contents: Introduction — Development of ICD-10.

ICD-10-CA and CCI follow a 3-year enhancement cycle; updated versions of each classification are published for use for Canadian hospitalization episodes of care discharged as of April 1 of each version year. This began with v2001 and includes v2003, v2006, v2009, v2012, v2015, v2018 and v2022 (available April 1, 2022; this version was delayed by 1 year).

In each version, codes are both added and deactivated, so it is vital to refer to the version of the classifications in use at the time of data collection when performing data analysis.

Companion products

Product	Description
Canadian Classification of Health Interventions (CCI)	• Companion product to ICD-10-CA for therapeutic, diagnostic, obstetric, radiologic and health care–related interventions. • CIHI is the owner and publisher of CCI in English and French, and holds the international copyright.
Canadian Coding Standards for ICD-10-CA and CCI	• Intended for use with ICD-10-CA/CCI and updated, with the classifications, on a triannual basis. Version 2022 is for use with hospitalization episodes of care as of April 1, 2022, and will be valid for 3 fiscal years. • Provides the rules by which encoded data is entered into CIHI's Discharge Abstract Database (DAD) and National Ambulatory Care Reporting System (NACRS). • Appendix C of the Canadian Coding Standards contains a table of changes to the rules (directive statements) from the past to current version. • Free to download from CIHI's eStore.
DAD and NACRS Abstracting Manuals	• Provide data providers with abstracting, edit and error-message information in 1 comprehensive publication. • Are additional sources of information related to elements associated with the collection of hospitalization encounter data, including interventions. • These manuals are free to download by licensed facility users and are available for purchase from CIHI's eStore.

Implementation

CCI and ICD-10-CA were released for use in Canada in 2001. This table shows the staggered implementation of the classifications by province.

Submitting province	Classification used prior to ICD-10-CA/CCI adoption	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006	2006–2007
B.C.	ICD-9, and CCP and ICD-9-CM	F	F	F	F	F	F
N.L.	ICD-9, and CCP and ICD-9-CM	F	F	F	F	F	F
N.S.	ICD-9-CM	F	F	F	F	F	F
P.E.I.	ICD-9, and CCP and ICD-9-CM	F	F	F	F	F	F
Y.T.	ICD-9-CM	F	F	F	F	F	F
Sask.	ICD-9, and CCP and ICD-9-CM	P	F	F	F	F	F
Ont.	ICD-9, and CCP and ICD-9-CM	—	F	F	F	F	F
Alta.	ICD-9-CM	—	F	F	F	F	F
N.W.T.	ICD-9-CM	—	F	F	F	F	F
Nun.	ICD-9-CM	—	F	F	F	F	F
N.B.	ICD-9-CM	—	—	F	F	F	F
Man.	ICD-9-CM	—	—	—	F	F	F
Que.	ICD-9 and CCP	—	—	—	—	—	F

Notes
P: Partially adopted ICD-10-CA and CCI.
F: Fully adopted ICD-10-CA and CCI.
— Not adopted.

Note: Quebec does not submit data to the DAD/NACRS. The Quebec Ministry of Health submits data directly to CIHI annually. The data is then blended into the Hospital Morbidity Database (HMDB). Quebec implemented the use of ICD-10-CA/CCI in 2006–2007. Prior to that, provincial and regional versions of ICD-9 and CCP were used.

Structure of ICD-10-CA

Alphabetical index and tabular list

ICD-10-CA is divided into 2 major components: the alphabetical index and the tabular list. The alphabetical index is a list of terms or titles of diagnoses that lead to codes in the tabular list.

In the alphabetical index, codes are provided at the category, subcategory or code level (see Format and structure of an ICD-10-CA code for a description of the different levels) and are listed as jump links to the corresponding tabular list. The tabular list must always be referenced when assigning an ICD-10-CA code. Additional characters that are included only in the tabular list may necessary to complete the code. Checking and referring to the additional information in the tabular list (notes) is essential for assignment of a correct code.

Appendices in ICD-10-CA

The appendices provide more detailed information about certain aspects of the classification. The appendices in ICD-10-CA are as follows:

- **Appendix A** — New ICD-10-CA Codes
- **Appendix B** — Disabled ICD-10-CA Codes

The Contents tab in Folio Views provides a complete picture of the contents of ICD-10-CA. Expanding any heading provides more detail on that topic.

Format and structure of an ICD-10-CA code

The ICD-10-CA codes have an alphanumeric structure with at least 3 characters and as many as 6 characters. The first character is always an alpha character (A–Z). The remainder of the characters are numeric (0–9).

The alpha character corresponds to the ICD-10-CA chapter headings (see above).

Example:

Chapter II — Neoplasms (C00–D48): Malignancy codes begin with a C.

C61 *Malignant neoplasm of prostate* has 3 characters and is a complete code with no further subcategories.

C50.– *Malignant neoplasm of breast* is a code category. The dash following the decimal point signals the requirement for further characters to complete a full code.

C50.0– *Malignant neoplasm of nipple and areola* is a code subcategory of the main category. The dash following the fourth digit indicates the requirement for further characters to complete a full code.

C50.00 *Malignant neoplasm of right nipple and areola* is a complete code with no further characters required.

Note: In the ICD-10-CA tabular list, many codes carry the maple leaf icon, which is a visual cue that the code is unique to ICD-10-CA, the Canadian version of ICD, and was added to provide further clinical specificity and clarity. Also, in the ICD-10-CA tabular list, the dash convention is not displayed except in notes where jump links must be followed; this convention is used in other publications as a representation of a code category or subcategory.

C50	**Malignant neoplasm of breast**
	Includes: connective tissue of breast
	Excludes: skin of breast (C43.5, C44.5)
C50.0	**Malignant neoplasm of nipple and areola**
C50.00 🍁	**Malignant neoplasm of right nipple and areola**
C50.01 🍁	**Malignant neoplasm of left nipple and areola**
C50.09 🍁	**Malignant neoplasm of nipple and areola, unspecified side**

Tables

Tables are often used at the category level to simplify presentation. The row and column descriptions indicate the different axes of classification (factors such as anatomy subcategory, episode of care or, in the case of injury, with open or closed wound or complicated wound) presented in the complete code. The other cells include the category with the appropriate additional digits applied (i.e., the complete codes).

O12	Gestational [pregnancy-induced] oedema and proteinuria without hypertension					
O12 Gestational [pregnancy-induced] oedema and proteinuria without hypertension		**Delivered, with or without mention of antepartum condition**	**Delivered, with mention of postpartum complication**	**Antepartum condition or complication**	**Postpartum condition or complication**	**Unspecified as to episode of care, or not applicable**
O12.0	Gestational oedema	O12.001 ♦	O12.002 ♦	O12.003 ♦	O12.004 ♦	O12.009 ♦
O12.1	Gestational proteinuria	O12.101 ♦	O12.102 ♦	O12.103 ♦	O12.104 ♦	O12.109 ♦
O12.2	Gestational oedema with proteinuria	O12.201 ♦	O12.202 ♦	O12.203 ♦	O12.204 ♦	O12.209 ♦

S52.1   **Fracture of upper end of radius**

Includes: Head
             Neck
             Proximal end

S52.1 Fracture of upper end of radius		**Closed**	**Open**
S52.10	Fracture of head of radius	S52.100 ♦	S52.101 ♦
S52.11	Fracture of neck of radius	S52.110 ♦	S52.111 ♦
S52.12	Fracture of radius with ulna, upper end	S52.120 ♦	S52.121 ♦
S52.18	Other/multiple fracture of upper end of radius	S52.180 ♦	S52.181 ♦
S52.19	Unspecified fracture of upper end of radius	S52.190 ♦	S52.191 ♦

Conventions used in the ICD-10-CA tabular list

Includes notes (also referred to as "inclusion terms")

These notes serve as a guide to what is contained at the chapter, category, subcategory or code level. Inclusions describe additional conditions and alternative terminology included in the code category, subcategory or code. Includes notes are not exhaustive, meaning there can be more conditions or terminology in the alphabetical index of ICD-10-CA than are listed in a category, subcategory or code in the tabular list. For example, K63.88 *Other specified diseases of intestine (small)(large)* has a single includes note term at the code level: Dieulafoy's lesion (hemorrhagic) of small intestine, except duodenum. However, in the alphabetical index there are more than 25 other conditions classified to the same code, such as cyst or granuloma of the small or large intestine, or acquired deformity.

Excludes notes (also referred to as "exclusion terms")

These notes are also found at the chapter, category and/or code levels throughout the classification. Excludes notes alert the user to the fact that although the condition being classified may appear to be classified here, it is in fact classified elsewhere. The coder is then directed to another location within the classification via an active jump link.

Code Also or Use Additional Code notes

These instructions provide direction to the coder to also capture an additional code when applicable or deemed mandatory in the Canadian Coding Standards.

Parentheses ( )

Parentheses are used in the tabular list in 4 ways:

1. To enclose supplementary words, which may follow a diagnostic term without affecting the code number to which the words outside the parentheses would be assigned

   - For example, in I10 the inclusion term "Hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic)" implies that I10 is the code number for the word "Hypertension" alone or when qualified by any one or combination of the words in parentheses. The term given to the supplementary words is "nonessential modifiers."

2. To enclose the code to which an exclusion term refers

   - For example, H01.0 *Blepharitis* excludes blepharoconjunctivitis (H10.5)

3. To enclose the 3-character codes of categories included in that block

   - For example, Diseases of external ear (H60–H62)

4. To enclose the dagger code for an asterisk category and an asterisk code for a dagger category

   - For example,

     A74.0 Chlamydial conjunctivitis (H13.1*)

     H13.1* Conjunctivitis in infectious and parasitic diseases classified elsewhere

   - chlamydial (A74.0†)

Square brackets [ ]

Square brackets are used in the tabular list in 2 ways:

1. For enclosing synonyms, alternative words or explanatory phrases

   - For example, A30 *Leprosy [Hansen's disease]*

2. For referring to previous notes

   - For example, C00.8 *Overlapping lesion of lip* [See note 5 at C00-D48 at beginning of Chapter II]

Colon :

A colon is used in listings of inclusion and exclusion terms when the words that precede it are not complete terms for assignment to that rubric. They require one or more of the modifying or qualifying words indented under them before they can be assigned to the rubric. For example, in K36 *Other appendicitis*, the diagnosis "appendicitis" is to be classified there only if qualified by the words "chronic" or "recurrent."

Brace }

A brace is used in listings of inclusion and exclusion terms to indicate that neither the words before it nor the words after it are complete terms. Any of the terms before the brace should be qualified by one or more of the terms that follow it.

NOS

"NOS" is an acronym for "not otherwise specified," implying unspecified or unqualified.

Sometimes an unqualified term is nevertheless classified to a category for a more specific type of the condition. This is because, in medical terminology, the most common form of a condition is often known by the name of the condition itself and only the less-common types are qualified. For example, "mitral stenosis" is commonly used to mean "rheumatic mitral stenosis." These built-in assumptions have to be taken into account in order to avoid incorrect classification. Careful inspection of inclusion terms will reveal where an assumption of cause has been made; coders should be careful not to code a term as unqualified unless it is quite clear that no information is available that would permit a more specific assignment elsewhere. Similarly, in interpreting statistics based on the ICD, some conditions assigned to an apparently specified category will not have been so specified on the record that was coded. When comparing trends over time and interpreting statistics, it is important to be aware that assumptions may change from one revision of the ICD to another. For example, before the Eighth Revision, an unqualified aortic aneurysm was assumed to be due to syphilis.

Not elsewhere classified (NEC)

The words "not elsewhere classified," when used in a 3-character category title, serve as a warning that certain specified variants of the listed conditions may appear in other parts of the classification. For example,

J16 Pneumonia due to other infectious organisms, not elsewhere classified

This category includes J16.0 *Chlamydial pneumonia* and J16.8 *Pneumonia due to other specified infectious organisms*. Many other categories are provided in Chapter X (e.g., J09–J15) and other chapters (e.g., P23.– *Congenital pneumonia*) for pneumonias due to specified infectious organisms. J18 *Pneumonia, organism unspecified* accommodates pneumonias for which the infectious agent is not stated.

"And" in titles

"And" stands for "and/or." For example, in the rubric A18.0 *Tuberculosis of bones and joints*, "tuberculosis of bones," "tuberculosis of joints" and "tuberculosis of bones and joints" are all classified to this rubric.

Symbols

†   The dagger symbol is used to indicate a code that represents the etiology or underlying cause of a disease. A code representing the manifestation of the disease should also be recorded (asterisk code). The dagger code should be sequenced before the manifestation (asterisk) code.

*   The asterisk symbol is used to indicate a code that represents the manifestation of a disease. This code should be paired with a dagger (etiology) code and should follow this in sequence.

Basic code selection guidelines

The following is a simple guide intended to assist the occasional user of ICD-10-CA:

1. Identify the type of statement to be coded and refer to the appropriate section of the alphabetical index.

2. Locate the lead term. For diseases and injuries, this is usually a noun for the pathological condition. However, some conditions expressed as adjectives or eponyms are included in the index as lead terms.

3. Read and be guided by any note that appears under the lead term.

4. Read any terms enclosed in parentheses after the lead term (these modifiers do not affect the code number), as well as any terms indented under the lead term (these modifiers may affect the code number), until all the words in the diagnostic expression have been accounted for.

5. Carefully follow any cross-references ("see" and "see also") found in the index.

6. Refer to the tabular list to verify the suitability of the code number selected. It may be necessary to refer to all codes appearing under the 3-character level in order to identify the most appropriate code.

7. Be guided by any inclusion or exclusion terms under the selected code or under the chapter, block or category heading.

8. Assign the code.

Caveat: The selection of a code for a disease condition is only the first step; the Canadian Coding Standards or ICD-10-CA/CCI must be consulted to ensure understanding of how the code is used in Canadian databases.

Searching in ICD-10-CA using Folio Views

ICD-10-CA is stored electronically in the Folio Views software (infobase), which facilitates quick and easy searches for codes.

For more information on the navigation functionality and tips for using Folio Views, please refer to the job aid *Searching the ICD-10-CA Infobase*. The job aid is available on CIHI's Codes and Classifications web page, and on the opening screen of Folio.

Other education opportunities at CIHI

CIHI provides a number of courses, workshops, online learning and customized education. Visit the CIHI Learning Centre for further information and course registration, or email the Education team at education@cihi.ca.

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