



July 23, 2021

CODING AND BILLING REMINDER

ICD-10-CM GUIDELINES

As mandated by the [Centers for Medicare and Medicaid Services \(CMS\)](#), all procedures must be coded to the highest level of specificity.

Level of Detail in Coding Diagnosis codes are to be used and reported at their highest number of characters available. ICD-10-CM diagnosis codes are composed of codes with 3, 4, 5, 6 or 7 characters. Codes with three characters are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of fourth and/or fifth characters and/or sixth characters, which provide greater detail. A three-character code is to be used only if it is not further subdivided. A code is invalid if it has not been coded to the full number of characters required for that code, including the 7th character, if applicable.

Please reference: <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2019-ICD10-Coding-Guidelines-.pdf> for further information.