Common Health Coalition

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ICD-10 Codes Explainer

This document examines

- **What ICD-10 codes are and the different types of codes used in health care**
- **How ICD-10 codes are created (including a detailed look at the step-by-step process)**
- **How they are used and by whom**
- **A snapshot of the process using COVID-19 as an example**

What different types of codes are used in health care?

Several different coding systems exist in health care to capture different types of information. Some of the major code categories include:

ICD-10-CM (Clinical Modification)
Diagnosis codes, maintained by CDC and typically appended to CMS-developed Healthcare Common Procedure Coding System (HCPCS) codes for outpatient services

ICD-10-PCS (Procedure Coding System)
Hospital inpatient procedure codes, maintained by CMS and reported in concert with ICD-10-CM for inpatient services

CPT (Current Procedural Terminology)
Physician and outpatient service codes, maintained by the AMA and used for HCPCS Level I

HCPCS (Health care Common Procedure Coding System) Level II
Supplies, drugs, ambulance, DMEPOS, and other items/services not included in CPT, maintained by CMS

Several additional code types exist for different service types or data systems, for example pharmacy claims (NDC codes), immunization registries (CVX codes), hospital claims, etc.

What are ICD-10 Codes

ICD-10 stands for International Classification of Diseases, Tenth Revision. The World Health Organization (WHO) owns and maintains the global ICD system. Although the WHO has since released a newer version of ICD codes (ICD-11), the United States continues to use a clinical modification of ICD-10. These code sets give providers, hospitals, payers, and public health agencies a shared language for documenting illness, injury, and inpatient care in a consistent way.

In the US, ICD-10 is used through two related code sets: ICD-10-CM, which captures diagnoses and reasons for visits across health care settings, and ICD-10-PCS, which captures procedures performed in hospital inpatient settings. ICD-10-CM is maintained by CDC's National Center for Health Statistics (NCHS), and ICD-10-PCS is maintained by CMS.

ICD-10-CM is especially important for public health because it enables disease surveillance, outbreak detection, and population-level analysis of health trends. Public health agencies use ICD-10-CM codes drawn from claims data, hospital discharge records, and electronic health records to monitor conditions ranging from influenza and opioid overdoses to emerging infectious diseases. With over 70,000 codes, the granularity of ICD-10-CM allows epidemiologists to identify patterns and geographic clusters that coarser data would obscure.

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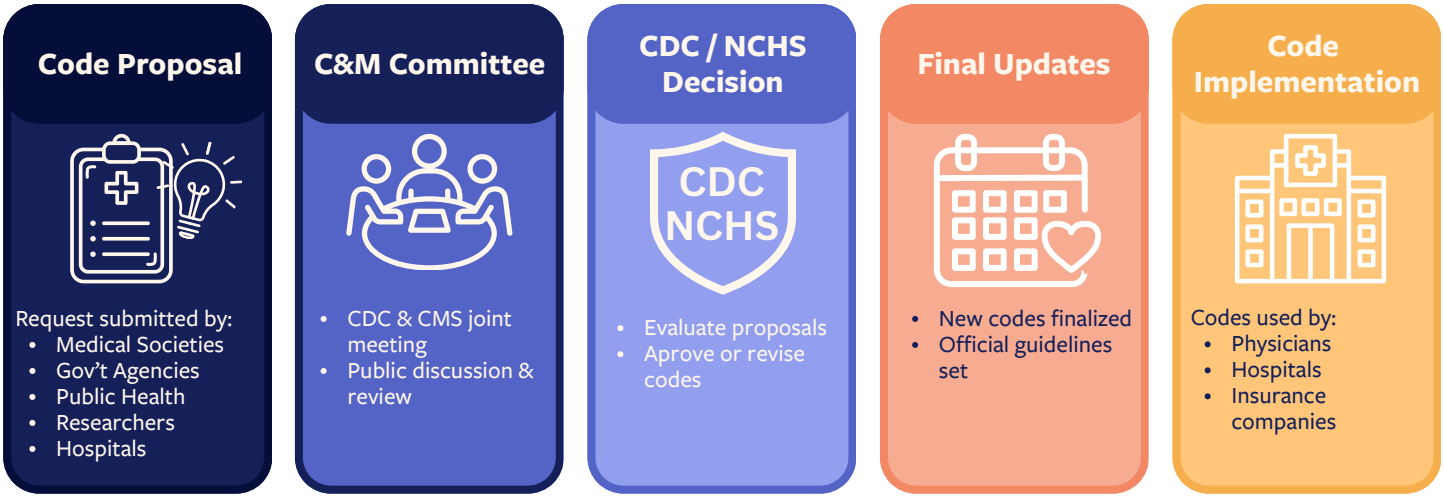
How are ICD-10 codes created?

Updates to ICD-10 codes are made annually through a public process where clinicians, researchers, and other stakeholders submit proposals for new or revised codes, which are then reviewed by the ICD-10 Coordination and Maintenance (C&M) Committee in open meetings. The committee evaluates clinical evidence, coding impact, and public feedback before finalizing approved changes, which are published and implemented on a set update schedule (typically October 1 each year). A visual graphic and a more detailed step by step process are below.



Who can submit a proposal?

Proposals to add, revise, or remove codes for ICD-10-CM or ICD-10-PCS may be submitted by members of the public and private sector representatives. Common submitters include but are not limited to:

- Clinicians and physician groups
- Hospitals and health systems
- Insurance payers
- Medical and specialty associations
- Government agencies (federal and state)
- Researchers and academic institutions

Proposals must include clinical justification, supporting evidence, and a clear rationale for why existing codes are insufficient.

The annual ICD-10 code approval cycle at a glance

Stage	Timing
Proposal submission (rolling)	Ongoing (deadlines set before each C&M meeting)
C&M Committee meeting 1	March
Public comment period	~60 days post-meeting
C&M Committee meeting 2	September
Public comment period	~60 days post-meeting
Final decision & publication	Spring / Summer
Implementation	October 1 (start of federal fiscal year)

Current federal landscape (April 2026)

CDC and CMS continue to actively maintain and update ICD-10-CM/PCS through an annual cycle of updates implemented October 1, and sometimes a limited or urgent set of updates implemented April 1.

CDC hosts the ICD-10 Coordination and Maintenance Committee, which coordinates changes to ICD-10 for the United States. CMS is currently collecting public comments on potential changes to ICD-10 codes; comments are due April 17, 2026.

Detailed step-by-step process

Step 1: Proposal submission

Any stakeholder may submit a request for a new or modified code to NCHS or CMS. Proposals must include: a clinical justification, supporting literature or evidence, an explanation of why existing codes are inadequate, and a proposed code descriptor and placement within the code hierarchy.

Step 2: C&M Committee Meetings

The ICD-10 Coordination and Maintenance Committee holds public meetings twice a year, typically in March and September. These meetings are open to the public and announced in advance on the CMS and CDC websites. Proposals are formally presented, and any attendee may submit oral or written comment. Meetings are also recorded and available in the public record.

Step 3: Public Comment Period

Following each meeting, a formal comment period of approximately 60 days is open to all stakeholders. Written submissions are accepted from clinicians, patient advocates, payers, researchers, professional societies, and government agencies. All comments are entered into the public record and must be reviewed by NCHS and CMS as part of the decision-making process.

Step 4: Review and Decision

NCHS and CMS jointly review all proposals and public comments. Each proposal is assessed on clinical validity, coding specificity, operational feasibility, and public health utility. Outcomes include:

- Approved as submitted
- Approved with modification
- Deferred for additional evidence
- Rejected — may be resubmitted in a future cycle

Step 5: Official Publication

Approved codes are published in the Official Addenda to the ICD-10-CM and ICD-10-PCS code sets. Changes with significant reimbursement implications are also published through the CMS Inpatient Prospective Payment System (IPPS) Final Rule. Publication typically occurs in the spring or early summer preceding an October 1 effective date.

Step 6: Implementation (October 1)

All standard ICD-10 code changes take effect on October 1 each year, coinciding with the start of the federal fiscal year. Health systems, payers, and billing software must update their code sets to reflect new, revised, or deleted codes by this date.

Outside the standard annual cycle, a limited set of codes may also take effect April 1. This mid-year update pathway is used for urgent public health situations as well as other time-sensitive needs that cannot wait until October 1. This pathway was activated during the COVID-19 pandemic, enabling the rapid introduction of:

- U07.1 — COVID-19 (active infection)
- U09.9 — Post COVID-19 condition (Long COVID)
- Related diagnosis and procedure codes for therapeutics and vaccines

The fast-track pathway requires coordination between NCHS, CMS, and public health authorities. It is reserved for situations where existing codes are demonstrably insufficient and delay would harm patient care, public health surveillance, or resource allocation.

COVID-19 as an example

ICD-10 provides a structured way to capture emerging conditions and related health effects, as demonstrated during the COVID-19 pandemic. While new codes were introduced for acute infection and post-acute conditions through the standard update process, existing codes have continued to support detailed documentation of symptoms and potential vaccine-related effects. Together, these coding options enable clinicians and public health professionals to record a wide range of clinical presentations with specificity, supporting surveillance and research.

Category	Code	Description	Introduced
COVID-19 infection	U07.1	COVID-19 diagnosis	April 1, 2020 (US implementation)
Personal history of COVID-19	Z86.16	Personal history of COVID-19	October 1, 2021
Post-COVID condition	U09.9	Post COVID-19 condition (Long COVID)	October 1, 2021
Vaccination status	Z28.310 / Z28.311	COVID-19 vaccination status codes	April 1, 2022
Vaccine adverse effects	T50.B95A	Adverse effect of viral vaccines, initial encounter	October 1, 2015 (ICD-10-CM adoption)

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