Introduction to ICD-10-CM and ICD-10-PCS
Objectives

• Learn about the background of ICD-10-CM and ICD-10-PCS
• Discuss the uses of coded data
• Understand the rationale for change to ICD-10
• Understand the format and structure of ICD-10-CM and ICD-10-PCS
• Understand the major similarities and differences between ICD-9-CM and ICD-10-CM and ICD-10-PCS
Current Coding Systems in Use in the U.S.

• ICD-9-CM (diagnosis and procedures)
• Healthcare Common Procedural Coding System (HCPCS)
  – CPT-4
  – HCPCS level II

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Clinical Coding Diagnosis vs. Procedure

- **ICD-9-CM – Volumes 1 and 2**, HIPAA standard diagnosis coding for all clinical care settings (e.g. hospitals, physicians, home health, skilled nursing, insurance, etc.)
  - **Upgrade to ICD-10-CM**

- **ICD-9-CM – Volume 3**, HIPAA standard coding for hospitals to report inpatient services
  - **Upgrade to ICD-10-PCS**

- **CPT/HCPCS** – HIPAA standard for reporting outpatient services by hospitals and both inpatient and outpatient services by non-hospital providers (physicians, therapists, clinics, insurance, etc.)
  - **No change**
When Will the U.S. Change to ICD-10?

- October 1, 2013?
- October 1, 2014?
- Another date?
Cooperating Parties for ICD-9-CM and ICD-10-CM/PCS

American Hospital Association (AHA)
Centers for Medicare & Medicaid Services (CMS)
National Center for Health Statistics (NCHS)
American Health Information Management Association (AHIMA)
Role of AHA with Regards to ICD-9-CM

- Cooperating Party member
- Central Office on ICD-9-CM
- Publisher of AHA Coding Clinic for ICD-9-CM
- Publisher of Faye Brown’s ICD-9-CM Coding Handbook
- Provide coding education
AHA Central Office on ICD-9-CM

- Established in 1962 by Memorandum of Understanding
- Housed within the AHA
- Clearinghouse for issues related to the use of ICD-9-CM
- Maintains integrity of classification system
- Recommends revisions and modifications to current and future revisions of ICD
- Develops educational material and programs on ICD-9-CM
AHA Coding Clinic for ICD-9-CM

• Published since 1984
• Quarterly newsletter
  – Ask the Editor Section – FAQs
  – Educational articles
  – Fourth Quarter Issue – yearly code updates
  – Present on Admission Section
• Supported by Cooperating Parties and Editorial Advisory Board
Coding Clinic for ICD-9-CM Major Functions

• Provide official ICD-9-CM coding advice and official guidelines
• Answer questions on code assignment and sequencing of codes
• Serve as a current reference on regulatory and other requirements for reporting diagnostic and procedural information from medical records
• Present topics and articles that provide practical information
Coding Clinic for ICD-9-CM Major Functions (cont.)

• Improve technical coding skills
• Address issues facing ICD-9-CM users on data reporting requirements, data edits, record documentation, and other ICD-9-CM related matters
Medical Coding Sits Right In The Middle

Clinical Care → Med Record Document → Medical Coding → Reporting

- Public Health Epidemiology
- Healthcare Policy
- Reimbursement
- Benchmarking/Quality
- Research

Decision-making
- Clinical
  - Quality
  - Appropriateness
  - Utilization
  - Performance improvement
- Financial Risk-adjustment
- Care monitoring

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History of ICD-9-CM

• World Health Organization (WHO) developed ICD-9 for use worldwide
• U.S. developed clinical modification (ICD-9-CM)
  – Implemented in 1979 in U.S.
  – Expanded number of diagnosis codes
  – Developed procedure coding system
Context for Change

- ICD-9-CM is almost 30 years old
  - No room to add new codes to keep pace with current classification of medical conditions or technological advances
  - Not always precise or unambiguous
- Many countries have already adopted ICD-10
- U.S. mortality data (vital health statistics) already being reported using ICD-10 – difficulty comparing mortality vs. morbidity data
- HIPAA Electronic Transactions and Code Sets notice of proposed rule 1998:
  - “It is inevitable that there will be changes to coding and classification standards after the year 2000. For example ICD-10-CM may replace ICD-9-CM.”
Context for Change (cont.)

• Greater interest in more specific coding system
  – Increasing interest in using administrative data for quality reporting, value-based purchasing, biosurveillance
  – Reimbursement: would enhance accurate payment for services rendered
  – Quality: would facilitate evaluation of medical processes and outcomes
  – Provide better data to support performance measurement, outcome analysis, cost analysis and monitoring of resource utilization
Context for Change

• World Health Organization (WHO) published ICD-10 in 1993
• Using ICD-10 in the U.S. needed for global outcome studies, research
• Many countries have already adopted ICD-10
• U.S. mortality data (vital health statistics) already being reported using ICD-10—difficulty comparing mortality vs. morbidity data
• WHO’s version of ICD-10 only has diagnosis classification—each country may develop own procedure classification
Changes Underway

- Continuation of payment reforms
  - Refinements in DRGs and any other payment models
  - Consolidated payments
  - Controls over fee-for-service
- Increase in audits
- Performance adjustments
  - Erroneous surgeries
  - Adverse events
  - Outcomes
  - Operations
What Characteristics Are Needed in a Coding System?

- Flexible enough to quickly incorporate emerging diagnoses and procedures
- Exact enough to identify diagnoses and procedures precisely
- ICD-9-CM is neither of these
Reimbursement and Quality Problems With ICD-9-CM

- Example – fracture of wrist
  - Patient fractures left wrist
    - A month later, fractures right wrist
    - ICD-9-CM does not identify left versus right – requires additional documentation
  - ICD-10-CM describes
    - Left versus right
    - Initial encounter, subsequent encounter
    - Routine healing, delayed healing, nonunion, or malunion
Reimbursement and Quality Problems With ICD-9-CM

• Example – combination defibrillator pacemaker device
  – Codes for this device are not in the cardiovascular chapter of ICD-9-CM with other defibrillator and pacemaker devices
  – Coders and researchers have trouble finding these codes with this type of erratic code assignment
  – ICD-10-PCS provides distinct codes for all these types of devices, in an orderly manner that is easy to find
Who is Impacted?

- Payers
  - Reimbursement systems
  - Contracts
  - Claim systems
- Providers
  - Hospitals
  - Physicians
  - Home health agencies
  - Skilled nursing facilities
- Vendors
- Clearinghouses
- Employers
- Other business partners
Benefits of Adopting the New Coding System

- Incorporates much greater specificity and clinical information, which results in
  - Improved ability to measure health care services
  - Increased sensitivity when refining grouping and reimbursement methodologies
  - Enhanced ability to conduct public health surveillance
  - Decreased need to include supporting documentation with claims
ICD-10-CM
ICD-10-CM Development

- ICD-10 developed by World Health Organization (WHO)
- WHO authorized development of adaptation of ICD-10 for use in the U.S. for governmental purposes
- All modifications to ICD-10 must conform to WHO conventions for the ICD
- Clinical modification developed for the U.S.
• American Academy of Dermatology
• American Academy of Neurology
• American Academy of Oral and Maxillofacial Surgeons
• American Academy of Orthopedic Surgeons
• American Academy of Pediatrics
• American College of Obstetricians and Gynecologists
ICD-10-CM - Partial List of Reviewers

• American Burn Association
• American Diabetes Association
• American Nursing Association
• American Psychiatric Association
• American Urological Association
• ANSI Z16.2 Workgroup (Worker’s Comp)
• National Association of Children’s Hospitals and Related Institutions
ICD-10-CM Major Changes

- Alphanumeric codes
- Restructured classification
- Expanded code length
- New features
ICD-10-CM Major Modifications

- Added trimesters to obstetrical codes (5th digits from ICD-9-CM will not be used)
- Revised diabetes mellitus codes (5th digits from ICD-9-CM will not be used)
- Expanded codes (e.g., injury, diabetes)
- Added code extensions for injuries and external causes of injuries
- Laterality
- Full code titles
ICD-10-CM Benefits of Enhancements

• Works well with and is consistent with the following:
  – Diagnostic and Statistical Manual of Mental Disorders (DSM IV)
  – Chapter 2 (Neoplasms) and morphology codes correspond to ICD-O-2, which have been used by cancer registry programs since 1995
  – Nursing classification (90 – 95%)
ICD-10-CM Benefits of Enhancements

• Significant improvements in coding primary care encounters, external causes of injury, mental disorders, neoplasms and preventive health.

• Advances in medicine and medical technology that have occurred since the last revision.
ICD-10-CM Benefits of Enhancements

• Codes with more detail on socioeconomic, family relationships, ambulatory care conditions, problems related to lifestyle and the results of screening tests.
• New categories for post-procedural disorders.
• Expanded distinctions for ambulatory and managed care encounters.
Increased Number of Codes

• Overall, the increase in the number of codes, where it is dramatic, signals that a new level of detail was added consistently to a significant area of the classification. Adding the ability to capture the same level of detail everywhere does not equate to increased complexity. In fact, it does just the opposite. Codes that capture the same information everywhere are easier to correlate and compare meaningfully.

Source: Rhonda Butler, “To Physicians: Some Non-Hype About ICD-10,” 3M Blog
ICD-9-CM vs. ICD-10-CM Similarities

- Format
  - Alphabetical Index
  - Tabular List
- Instructional Notes
  - Inclusion notes
  - “Code First” note
  - “Use Additional Code” note
  - “Code Also”
- Abbreviations
  - NEC
  - NOS
- Cross-Reference Notes
  - “See”
  - “See also”
  - “See condition”
- Punctuation Marks
  - Parentheses ()
  - Square brackets [ ]
  - Colons :
- Relational Term
  - “And”
Excludes Notes Differ in ICD-9-CM and ICD-10-CM

ICD-9-CM

• A single type of excludes note
• Two meanings:
  – Two conditions appearing to be similar actually have entirely different codes
    • Use one code, not both
  – Example
    – 742.3 Congenital hydrocephalus
    – Excludes acquired (331.3-331.4)

ICD-10-CM

• Two types of excludes notes
• Excludes1
  – Code excluded should never be used at the same time as the code above the “excludes1” note
  – Used when two conditions cannot occur together and both codes cannot be used together
  – Example:
    • Q03 Congenital hydrocephalus
    • Excludes1: acquired hydrocephalus (G91.-)
Excludes Notes Differ in ICD-9-CM and ICD-10-CM (cont.)

**ICD-9-CM**
- Another code must be used if there is a specific associated condition
  - Example:
    - 428.0 Congestive heart failure, unspecified
    - Excludes: fluid overload NOS (276.6)

**ICD-10-CM**
- Excludes2
  - Condition excluded is not part of the condition represented by the code.
  - Patient may have both conditions at the same time.
  - May use both codes together.
  - Example:
    - F90 Attention-deficit hyperactivity disorders
    - Excludes2: anxiety disorders (F40.-, F41.-)
I10  Essential (primary) hypertension
Includes:  high blood pressure
          hypertension (arterial) (benign) (essential) (malignant) (primary)
          (systemic)
Excludes1:  hypertensive disease complicating pregnancy, childbirth and the
           puerperium (O10-O11, O13-O16)
Excludes2:  essential (primary) hypertension involving vessels of brain (I60-I69)
           essential (primary) hypertension involving vessels of eye (H35.0)
## Comparison of ICD-9-CM vs. ICD-10-CM (Diagnosis)

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Approximately 13,000 codes</td>
<td>• Approximately 69,000 available codes</td>
</tr>
<tr>
<td>• Limited space for adding new codes</td>
<td>• Flexible for adding new codes</td>
</tr>
<tr>
<td>• Lacks detail</td>
<td>• Very specific</td>
</tr>
<tr>
<td>• Lacks laterality</td>
<td>• Allows laterality and bilaterality</td>
</tr>
<tr>
<td>• Difficult to analyze data due to nonspecific codes</td>
<td>• Specificity improves coding accuracy and richness of data for analysis</td>
</tr>
</tbody>
</table>

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ICD-9-CM vs. ICD-10-CM Code Structure

ICD-9-CM

- 3-5 characters in length
- First character is numeric or alpha (V or E)
- Characters 2-5 are numeric
- Always at least 3 characters
- Decimal point: yes, after third digit
- Placeholder? no

ICD-10-CM

- 3-7 characters in length
- First character is alpha
- All letters except “U”
- Characters 2 and 3 are numeric, characters 4-7 are alpha or numeric
- Always at least 3 characters
- Decimal point: yes, after third character
- Placeholder: “x”
- Alpha characters not case-sensitive
## Comparison of ICD-9-CM vs. ICD-10-CM (Diagnosis)

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does not adequately define diagnoses needed for medical research</td>
<td>• Detail improves the accuracy of data used for medical research</td>
</tr>
<tr>
<td>• Does not support interoperability because it is not used by other countries</td>
<td>• Supports interoperability and the exchange of health data between the U.S. and other countries</td>
</tr>
</tbody>
</table>
Fracture of cervical vertebra, closed, unspecified level

- **Numeric or Alpha (E or V)**
  - 8
  - 0
  - 5
- **Numeric**
  - 0
  - 0
- **Category**
  - 3 – 5 Characters
- **Etiology, anatomic site, manifestation**
Fracture of neck, unspecified, initial encounter

- **Category**: S12
- **Etiology, anatomic site, severity**: 9XX
- **Additional Characters**: A

**Changes – Classifications**

ICD-10-CM Structured Format

- **Alpha (Except U)**
- **2 - 7 Numeric or Alpha**
- **Added code extensions (7th character) for obstetrics, injuries, and external causes of injury**

**3 – 7 Characters**
Example: Placeholder “X” and 7th Character

T36 Poisoning by, adverse effect of and underdosing of systemic antibiotics

Excludes1: antineoplastic antibiotics (T45.1-)
locally applied antibiotic NEC (T49.0)
topically used antibiotic for ear, nose and throat (T49.6)
topically used antibiotic for eye (T49.5)

The appropriate 7th character is to be added to each code from category T36
A - initial encounter
D - subsequent encounter
S - sequela

T36.0 Poisoning by, adverse effect of and underdosing of penicillins

T36.0X Poisoning by, adverse effect of and underdosing of penicillins

T36.0X1 Poisoning by penicillins, accidental (unintentional)
Poisoning by penicillins NOS
T36.0X2 Poisoning by penicillins, intentional self-harm
T36.0X3 Poisoning by penicillins, assault
T36.0X4 Poisoning by penicillins, undetermined
T36.0X5 Adverse effect of penicillins
T36.0X6 Underdosing of penicillins

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General Coding Guidelines: Locating a Code

• Locating a code in the ICD-10-CM
  – Locate and verify
  – It is essential to use both the Index and Tabular List

• Index does not always provide the full code

• A dash (-) at the end of an Index entry indicates that additional characters are required. Even if a dash is not included at the Index entry, it is necessary to refer to the Tabular list to verify that no 7th character is required.
Example: Dash

Index:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M93.90</td>
<td>Osteochondropathy</td>
</tr>
<tr>
<td>- ankle</td>
<td>M93.97</td>
</tr>
<tr>
<td>- elbow</td>
<td>M93.92</td>
</tr>
<tr>
<td>- foot</td>
<td>M93.97</td>
</tr>
<tr>
<td>- hand</td>
<td>M93.94</td>
</tr>
<tr>
<td>- hip</td>
<td>M93.95</td>
</tr>
</tbody>
</table>

Tabular List:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M93.92</td>
<td>Osteochondropathy, unspecified of upper arm</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>M93.921</td>
<td>Osteochondropathy, unspecified, right upper arm</td>
</tr>
<tr>
<td>M93.922</td>
<td>Osteochondropathy, unspecified, left upper arm</td>
</tr>
<tr>
<td>M93.929</td>
<td>Osteochondropathy, unspecified, unspecified upper arm</td>
</tr>
</tbody>
</table>
So Where is the Additional Detail?
• Laterality: Most likely documented, especially with injuries, but other areas?
• Combination codes for commonly associated conditions and symptoms or manifestations
• Changes in time frames associated with familiar codes
Seventh Character Determination

- Initial vs. subsequent encounter vs. sequelae
  - Injuries
  - Poisoning, adverse effects, and underdosing
  - Most external cause codes (except for place of occurrence, activity or status)
ICD-10-CM Diabetes Mellitus Changes

• Updated to reflect current clinical classification of diabetes
  – Old classification: insulin-dependent (IDDM), non-insulin-dependent (NIDDM), gestational
• Expanded categories
• Expanded code descriptions to include diabetes and manifestation in single code
Diabetes Mellitus - New Classification

- E08 Diabetes mellitus due to an underlying condition
- E09 Drug or chemical induced diabetes mellitus
- E10 Type 1 diabetes mellitus
- E11 Type 2 diabetes mellitus
- E13 Other specified diabetes mellitus
- E14 Unspecified diabetes mellitus
- 5/6 digits used for complication of manifestation
**ICD-9-CM**

- Manifestation/etiology requires two codes
- Example – Diabetic nephropathy, type 1
  - 250.40
  - 583.81

**ICD-10-CM**

- Manifestation/etiology uses a single combination code
- Example—Diabetic nephropathy, type 1
  - E10.21
Pre-Existing Conditions vs. Due to Pregnancy

• Certain categories in Chapter 15 distinguish between conditions of the mother that existed prior to pregnancy (pre-existing) and those that are a direct result of pregnancy.

• When assigning codes from Chapter 15 (e.g. hypertension, diabetes), it is important to assess if a condition was pre-existing prior to pregnancy or developed during or due to the pregnancy in order to assign the correct code.
Diabetes in Pregnancy

• Distinguishes between
  – In pregnancy vs. in childbirth
  – diet controlled, insulin controlled or unspecified control
  – Pre-existing?
  – Trimester?
Fetal Identification

• Seventh characters to identify fetus for which the complication code applies
• Which fetus was affected?
• 7th character “0” for
  – Single gestations
  – When the documentation is insufficient to determine the fetus affected and it’s not possible obtain clarification
  – When it’s not possible to clinically determine which fetus is affected
Obstetrics

• First trimester: less than 14 weeks 0 days
• Second trimester: 14 weeks 0 days to less than 28 weeks 0 days
• Third trimester: 28 weeks 0 days until delivery
• Number of weeks gestation
ICD-9-CM vs. ICD-10-CM Sample Codes

**ICD-9-CM**

- **438.11** Late effect of cerebrovascular disease, speech and language deficits, aphasia
  - **NOTE:** Category 438 is to be used to indicate conditions in 430-437 (subarachnoid hemorrhage, intracerebral hemorrhage, infarction cerebral arteries, infarction precerebral arteries), as the cause of late effects

**ICD-10-CM**

- **I69.020** Aphasia following nontraumatic subarachnoid hemorrhage
- **I69.120** Aphasia following nontraumatic intracerebral hemorrhage
- **I69.220** Aphasia following other nontraumatic intracranial hemorrhage
- **I69.320** Aphasia following cerebral infarction
- **I69.920** Aphasia following unspecified cerebrovascular disease
Combination codes that include the substances related to adverse effects, poisonings, toxic effects and underdosing, as well as the external cause.

- Will require knowing intent: accidental, intentional self-harm, assault, undetermined
New Concept: Underdosing

• Taking less of a medication than is prescribed
  – Provider or manufacturer
  – Never assigned as principal or first-listed
    • If relapse medical condition itself is coded
  – Noncompliance or complication of care codes are used with underdosing code to indicate intent, if known.
ICD-10-PCS
ICD-10-PCS Development

• ICD-10 Procedure Coding System (ICD-10-PCS)
• 1998 HCFA (now CMS) contract to develop a new procedure coding system to replace ICD-9-CM inpatient procedure coding awarded to 3M HIS
• ICD-10-PCS has been updated every year since then
## Summary Comparison of ICD-9-CM vs. ICD-10-PCS (Procedures)

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-PCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Approximately 3,000 codes</td>
<td>• Approximately 72,600 available codes</td>
</tr>
<tr>
<td>• Based on outdated technology</td>
<td>• Reflects current usage of medical terminology and devices</td>
</tr>
<tr>
<td>• Limited space for adding new codes</td>
<td>• Flexible for adding new codes</td>
</tr>
<tr>
<td>• Lacks detail</td>
<td>• Very specific</td>
</tr>
<tr>
<td>• Lacks laterality</td>
<td>• Has laterality</td>
</tr>
<tr>
<td>• Generic terms for body parts</td>
<td>• Detailed descriptions for body parts</td>
</tr>
</tbody>
</table>
## Summary Comparison of ICD-9-CM vs. ICD-10-PCS (Procedures)

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-PCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lacks description of methodology and approach for procedures</td>
<td>• Provides detailed descriptions of methodology and approach for procedures</td>
</tr>
<tr>
<td>• Limits DRG assignment</td>
<td>• Allows DRG definitions to better recognize new technologies and devices</td>
</tr>
<tr>
<td>• Lacks precision to adequately define procedures</td>
<td>• Precisely defines procedures with detail regarding body part, approach, any device used and qualifying information</td>
</tr>
</tbody>
</table>
Major Modifications in the ICD-10-PCS

• All codes have a unique definition
• Ability to aggregate codes across all essential components of a procedure
• Extensive flexibility
• New procedures and technologies easily incorporated
• Code expansions do not disrupt systematic structure

• Makes limited use of NOS and NEC categories
• All terminology is precisely defined and used consistently across all codes
• No diagnostic information included in the code
ICD-9-CM vs. ICD-10-PCS Structure

**ICD-9-CM**
- 3-4 digits
- All characters are numeric
- Decimal point: yes, after the second digit
- All codes have at least 3 characters

**ICD-10-PCS**
- Each code must have 7 characters
- Decimal point: No
- Each character can be either alpha or numeric
  - Numbers 0-9
  - Letters A-H, J-N, P-Z
- Alpha characters are not case-sensitive
Change: ICD-10-PCS – Structured Format

ICD-9-CM
Laparoscopic Cholecystectomy
5 1 .

ICD-10-PCS
0 F T 4 4 Z Z

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Broad procedure category, or section, where the code is found

0 Medical and Surgical
1 Obstetrics
2 Placement
3 Administration
4 Measurement and Monitoring
5 Extracorporeal Assistance and Performance
6 Extracorporeal Therapies
7 Osteopathic
8 Other Procedures
9 Chiropractic
B Imaging
C Nuclear Medicine
D Radiation Oncology
F Physical Rehabilitation and Diagnostic Audiology
G Mental Health
H Substance Abuse Treatment
## Character 2: Body Systems

<table>
<thead>
<tr>
<th>Number</th>
<th>System/Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Central nervous system</td>
</tr>
<tr>
<td>1</td>
<td>Peripheral nervous system</td>
</tr>
<tr>
<td>2</td>
<td>Heart and great vessels</td>
</tr>
<tr>
<td>3</td>
<td>Upper arteries</td>
</tr>
<tr>
<td>4</td>
<td>Lower arteries</td>
</tr>
<tr>
<td>5</td>
<td>Upper veins</td>
</tr>
<tr>
<td>6</td>
<td>Lower veins</td>
</tr>
<tr>
<td>7</td>
<td>Lymphatic and hemic system</td>
</tr>
<tr>
<td>8</td>
<td>Eye</td>
</tr>
<tr>
<td>9</td>
<td>Ear, nose, sinus</td>
</tr>
<tr>
<td>B</td>
<td>Respiratory system</td>
</tr>
<tr>
<td>C</td>
<td>Mouth and throat</td>
</tr>
<tr>
<td>D</td>
<td>Gastrointestinal system</td>
</tr>
<tr>
<td>F</td>
<td>Hepatobiliary system and pancreas</td>
</tr>
<tr>
<td>G</td>
<td>Endocrine system</td>
</tr>
<tr>
<td>H</td>
<td>Skin and breast</td>
</tr>
<tr>
<td>J</td>
<td>Subcutaneous tissue and fascia</td>
</tr>
<tr>
<td>K</td>
<td>Muscles</td>
</tr>
<tr>
<td>L</td>
<td>Tendons</td>
</tr>
<tr>
<td>Character</td>
<td>Description</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>M</td>
<td>Bursae and ligaments</td>
</tr>
<tr>
<td>N</td>
<td>Head and facial bones</td>
</tr>
<tr>
<td>P</td>
<td>Upper bones</td>
</tr>
<tr>
<td>Q</td>
<td>Lower bones</td>
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<tr>
<td>R</td>
<td>Upper joints</td>
</tr>
<tr>
<td>S</td>
<td>Lower joints</td>
</tr>
<tr>
<td>T</td>
<td>Urinary system</td>
</tr>
<tr>
<td>U</td>
<td>Female reproductive system</td>
</tr>
<tr>
<td>V</td>
<td>Male reproductive system</td>
</tr>
<tr>
<td>W</td>
<td>Anatomical regions, general</td>
</tr>
<tr>
<td>X</td>
<td>Anatomical regions, upper extremities</td>
</tr>
<tr>
<td>Y</td>
<td>Anatomical regions, lower extremities</td>
</tr>
</tbody>
</table>
Character 3: Root Operations

The objective of the procedure

There are 31 root operations in the Medical and Surgical Section:

0  Alteration
1  Bypass
2  Change
3  Control
4  Creation
5  Destruction
6  Detachment
7  Dilation
8  Division
9  Drainage
B  Excision
C  Extirpation
D  Extraction
F  Fragmentation
G  Fusion
H  Insertion
The objective of the procedure

There are 31 root operations in the Medical and Surgical Section:

J  Inspection
K  Map
L  Occlusion
M  Reattachment
N  Release
P  Removal
Q  Repair
R  Replacement
S  Reposition
T  Resection
V  Restriction
W  Revision
U  Supplement
X  Transfer
Y  Transplantation
### Character 4: Body Part

Specific anatomical site where the procedure was performed

Examples from hepatobiliary system and pancreas:

<table>
<thead>
<tr>
<th>Character</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Liver</td>
</tr>
<tr>
<td>1</td>
<td>Liver, Right Lobe</td>
</tr>
<tr>
<td>2</td>
<td>Liver, Left Lobe</td>
</tr>
<tr>
<td>4</td>
<td>Gallbladder</td>
</tr>
<tr>
<td>5</td>
<td>Hepatic Duct, Right</td>
</tr>
<tr>
<td>6</td>
<td>Hepatic Duct, Left</td>
</tr>
<tr>
<td>8</td>
<td>Cystic Duct</td>
</tr>
<tr>
<td>9</td>
<td>Common Bile Duct</td>
</tr>
<tr>
<td>B</td>
<td>Hepatobiliary Duct</td>
</tr>
<tr>
<td>C</td>
<td>Ampulla of Vater</td>
</tr>
<tr>
<td>D</td>
<td>Pancreatic Duct</td>
</tr>
<tr>
<td>F</td>
<td>Pancreatic Duct, Accessory</td>
</tr>
<tr>
<td>G</td>
<td>Pancreas</td>
</tr>
</tbody>
</table>
Body Part Key

- Appendix C
- Alternative names for
  - Muscles
  - Veins
  - Nerves
  - Other anatomic sites
Seven different approach values are used in the Medical and Surgical Section:

<table>
<thead>
<tr>
<th>Approach</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>External</td>
<td>Procedures performed directly on the skin or mucous membrane and procedures performed indirectly by the application of external force through the skin or mucous membrane</td>
</tr>
<tr>
<td>Open</td>
<td>Cutting through the skin or mucous membrane and any other body layers necessary to expose the site of the procedure</td>
</tr>
<tr>
<td>Percutaneous</td>
<td>Entry, by puncture or minor incision, of instrumentation through the skin or mucous membrane and any other body layers necessary to reach the site of the procedure</td>
</tr>
<tr>
<td>Percutaneous Endoscopic</td>
<td>Entry, by puncture or minor incision, of instrumentation through the skin or mucous membrane and any other body layers necessary to reach and visualize the site of the procedure</td>
</tr>
</tbody>
</table>
### Technique used to reach the procedure site

Seven different approach values are used in the Medical and Surgical Section:

<table>
<thead>
<tr>
<th>Approach</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Via Natural or Artificial Opening</td>
<td><strong>Definition:</strong> Entry of instrumentation through a natural or artificial external opening to reach the site of the procedure</td>
</tr>
<tr>
<td>Via Natural or Artificial Opening Endoscopic</td>
<td><strong>Definition:</strong> Entry of instrumentation through a natural or artificial external opening to reach and visualize the site of the procedure</td>
</tr>
<tr>
<td>Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance</td>
<td><strong>Definition:</strong> Entry of instrumentation through a natural or artificial external opening and entry, by puncture or minor incision, of instrumentation through the skin or mucous membrane and any other body layers necessary to aid in the performance of the procedure</td>
</tr>
</tbody>
</table>
External Approach Example


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Open vs. Percutaneous Approach
Examples

Via Natural or Artificial Opening
Approach Examples

Percutaneous Endoscopic and Via Natural or Artificial Opening with Percutaneous Endoscopic Assistance Examples

### Character 6: Device

- **Used to specify devices that remain after the procedure is completed**

<table>
<thead>
<tr>
<th>Character</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Drainage Device</td>
</tr>
<tr>
<td>2</td>
<td>Monitoring Device</td>
</tr>
<tr>
<td>3</td>
<td>Infusion Device</td>
</tr>
<tr>
<td>7</td>
<td>Autologous Tissue Substitute</td>
</tr>
<tr>
<td>C</td>
<td>Extraluminal Device</td>
</tr>
<tr>
<td>D</td>
<td>Intraluminal Device</td>
</tr>
<tr>
<td>G</td>
<td>Endobronchial Device</td>
</tr>
<tr>
<td>J</td>
<td>Synthetic Substitute</td>
</tr>
<tr>
<td>K</td>
<td>Nonautologous Tissue Substitute</td>
</tr>
<tr>
<td>U</td>
<td>Feeding Device</td>
</tr>
<tr>
<td>Y</td>
<td>Other Device</td>
</tr>
<tr>
<td>Z</td>
<td>No device</td>
</tr>
</tbody>
</table>

Examples of devices:

- **0** Drainage Device
- **2** Monitoring Device
- **3** Infusion Device
- **7** Autologous Tissue Substitute
- **C** Extraluminal Device
- **D** Intraluminal Device
- **G** Endobronchial Device
- **J** Synthetic Substitute
- **K** Nonautologous Tissue Substitute
- **U** Feeding Device
- **Y** Other Device
- **Z** No device
Devices

- More than 300 new entries for 2012
- New Appendices
  - Device Key
    - Common names
    - Brand names
  - Device Aggregation Table
    - Correlate specific device value in original root operation with more general device value used in other root operations

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## Excerpt from Device Aggregation Table

<table>
<thead>
<tr>
<th>Specific Device</th>
<th>for Operation</th>
<th>in Body System</th>
<th>General Device</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autologous Arterial Tissue</td>
<td>All applicable</td>
<td>Heart and Great Vessels, Lower Arteries, Lower Veins, Upper Arteries, Upper Veins</td>
<td>7 Autologous Tissue Substitute</td>
</tr>
<tr>
<td>Autologous Venous Tissue</td>
<td>All applicable</td>
<td>Heart and Great Vessels, Lower Arteries, Lower Veins, Upper Arteries, Upper Veins</td>
<td>7 Autologous Tissue Substitute</td>
</tr>
<tr>
<td>Cardiac Lead, Defibrillator</td>
<td>Insertion</td>
<td>Heart and Great Vessels</td>
<td>M Cardiac Lead</td>
</tr>
<tr>
<td>Cardiac Lead, Pacemaker</td>
<td>Insertion</td>
<td>Heart and Great Vessels</td>
<td>M Cardiac Lead</td>
</tr>
</tbody>
</table>

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Character 7: Qualifier

Specifies an additional attribute of the procedure

Examples of qualifiers:

- **T** Stereotactic
- **V** Diagnostic Stereotactic
- **X** Diagnostic
- **Z** No qualifier
Alphabetical Index

• Arranged in alphabetical order based on the type of procedure performed.
• Refers to Tables by specifying the first three or four characters of code followed by periods.
• Index will not specify the complete code—refer to Tables. Complete code only found in Tables.
• The purpose of the Alphabetical Index is to locate the appropriate table that contains all information necessary to construct a procedure code.
Sample Alphabetical Index Entries

Cholangiogram
see Plain Radiography, Hepatobiliary System and Pancreas BF0
see Fluoroscopy, Hepatobiliary System and Pancreas BF1
Cholecystectomy
see Excision, Gallbladder OFB4
see Resection, Gallbladder OFT4
Cholecystojejunostomy
see Bypass, Hepatobiliary System and Pancreas OF1
see Drainage, Hepatobiliary System and Pancreas OF9
Cholecystopexy
see Repair, Gallbladder OFQ4
see Reposition, Gallbladder OFS4
Cholecystoscopy OFJ44ZZ
Cholecystostomy
see Drainage, Gallbladder OF94
see Bypass, Gallbladder OF14
Cholecystotomy see Drainage, Gallbladder OF94
ICD-10-PCS Table

• Unlike ICD-9-CM, it is not required to consult the Index first before proceeding to the tables to complete the code.
• A valid code may be chosen directly from the tables.
• Within a PCS table, valid codes include all combinations of choices in characters 4 through 7 contained in the same row of the table.
• All 7 characters must be specified to be a valid code.
# Sample ICD-10-PCS Table

<table>
<thead>
<tr>
<th>Section</th>
<th>Medical and Surgical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body System</td>
<td>Hepatobiliary System and Pancreas</td>
</tr>
<tr>
<td>Operation</td>
<td>Resection: Cutting out or off, without replacement, all of a body part</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Liver</td>
<td>0 Open</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>1 Liver, Right Lobe</td>
<td>4 Percutaneous Endoscopic</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>2 Liver, Left Lobe</td>
<td>4 Percutaneous Endoscopic</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>4 Gallbladder</td>
<td>4 Percutaneous Endoscopic</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>5 Hepatic Duct, Right</td>
<td>0 Open</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>6 Hepatic Duct, Left</td>
<td>0 Open</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>8 Cystic Duct</td>
<td>4 Percutaneous Endoscopic</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>9 Common Bile Duct</td>
<td>7 Via Natural or Artificial Opening</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>C Ampulla of Vater</td>
<td>8 Via Natural or Artificial Opening Endoscopic</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>D Pancreatic Duct</td>
<td></td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>F Pancreatic Duct, Accessory</td>
<td></td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
</tbody>
</table>
ICD-10-PCS – Characters (Med/Surg)

Medical and Surgical

Section

Body System

Hepatobiliary System and Pancreas

Root Operation

Resection

Body Part

Gallbladder

Approach

Percutaneous Endoscopic

Device

No device

Qualifier

No qualifier

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ICD-9-CM vs. ICD-10-PCS Sample Codes

ICD-9-CM

- 42.41 Partial esophagectomy

- (Note: code does not reflect what part of esophagus was resected)

ICD-10-PCS

- 0DT10ZZ Open resection of upper esophagus

- (Note: 24 possible options based on portion of esophagus resected and approach--open, percutaneous, via natural or artificial opening)
ICD-9-CM vs. ICD-10-PCS Comparison

**ICD-9-CM**
- 39.31 Suture of artery

**ICD-10-PCS**
- 02QP0ZZ Repair pulmonary trunk, open approach
- Plus 195 other codes based on
  - Approach
    - Open
    - Open Endoscopic
    - Percutaneous
    - Percutaneous Endoscopic
  - Body part
    - 67 different arteries
ICD-9-CM

- **92.27** Implantation or insertion of radioactive elements

ICD-10-PCS

- **0BH071Z** Insertion of radioactive element into tracheobronchial tree, via natural or artificial opening
  - Multiple codes based on site (e.g., right eye, breast, pancreas) and approach (external, open, percutaneous, percutaneous endoscopic, via natural or artificial opening)
ICD-9-CM vs. ICD-10-PCS Sample Codes (cont.)

**ICD-9-CM**

- **00.66** Percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy
- **00.40** Procedure on single vessel
- **00.45** Insertion of one vascular stent
- **36.07** Insertion of drug-eluting coronary artery stents(s)
- **00.44** Procedure on vessel bifurcation

**ICD-10-PCS**

- **0270346** Dilation of coronary artery, one site, bifurcation, with drug-eluting intraluminal device, percutaneous approach
ICD-9-CM Angioplasty code 39.50

ICD-10-PCS has over 1,000 angioplasty codes specifying body part, approach, and device, including:

- 047K04Z Dilation of right femoral artery with drug-eluting intraluminal device, open approach
- 047K0DZ Dilation of right femoral artery with intraluminal device, open approach
- 047K0ZZ Dilation of right femoral artery, open approach
- 047K34Z Dilation of right femoral artery with drug-eluting intraluminal device, percutaneous approach
- 047K3DZ Dilation of right femoral artery with intraluminal device, percutaneous approach
- 047K3ZZ Dilation of right femoral artery, percutaneous approach
- 047K44Z Dilation of right femoral artery with drug-eluting intraluminal device, percutaneous endoscopic approach
- 047K4DZ Dilation of right femoral artery with intraluminal device, percutaneous endoscopic approach
- 047K4ZZ Dilation of right femoral artery, percutaneous endoscopic approach
ICD-9-CM
• 81.51 Total right hip replacement using cement and polyethylene

ICD-10-PCS
• 0SR90J9 Replacement of right hip joint with synthetic substitute, cemented, open approach
ICD-9-CM

• 17.43 Percutaneous robotic assisted procedure

ICD-10-PCS

• 8E093CZ Robotic assisted procedure of head and neck region, percutaneous approach
• 8E0W3CZ Robotic assisted procedure of trunk region, percutaneous approach
• 8E0X3CZ Robotic assisted procedure of upper extremity, percutaneous approach
• 8E0Y3CZ Robotic assisted procedure of lower extremity, percutaneous approach
ICD-9-CM

• 92.27 Implantation or insertion of radioactive elements

ICD-10-PCS

• 0BH071Z Insertion of radioactive element into tracheobronchial tree, via natural or artificial opening
  - Multiple codes based on site (e.g., right eye, breast, pancreas) and approach (external, open, percutaneous, percutaneous endoscopic, via natural or artificial opening)
ICD-9-CM
36.12 (Aorto)coronary bypass of two coronary arteries

ICD-10-PCS

021109W Bypass Coronary Artery, Two Sites to Aorta with Autologous Venous Tissue, Open Approach
02110AW Bypass Coronary Artery, Two Sites to Aorta with Autologous Arterial Tissue, Open Approach
02110JW Bypass Coronary Artery, Two Sites to Aorta with Synthetic Substitute, Open Approach
02110KW Bypass Coronary Artery, Two Sites to Aorta with Nonautologous Tissue Substitute, Open Approach

Note: plus four codes for percutaneous endoscopic approach
Where to Obtain the ICD-10-CM and ICD-10-PCS

  - Include:
    - Classification
    - Guidelines
    - Maps
- Books
  - Currently available from Ingenix and Channel Publishers

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• Draft guidelines have been developed by the Cooperating Parties:
  – American Hospital Association
  – American Health Information Management Association
  – Centers for Medicare & Medicaid Services and
  – National Center for Health Statistics
Code Set Freeze

• October 1, 2011: Last regular annual update to both ICD-9-CM and ICD-10
• October 1, 2012: Limited code updates to both ICD-9-CM and ICD-10 code to capture new technology and new diseases.
• October 1, 2013: No updates to ICD-9-CM. Limited code updates to ICD-10 to capture new technology and new diseases.
• October 1, 2014: regular updates to ICD-10 will begin.
AHA Resources

- ICD-10 audioseminar series
- ICD-10 CEO Briefing
- ICD-10 Member Regulatory Advisories
- ICD-10 Chapters in Faye Brown’s *ICD-9-CM Coding Handbook*
- *Coding Clinic for ICD-10 (in development)*
- *ICD-10-CM and ICD-10-PCS Coding Handbook*
- AHA Central Office ICD-10 Resource Center
  http://www.ahacentraloffice.org/ICD-10
Other ICD-10 Resources

- **Centers for Medicare & Medicaid Services (CMS)**

- **National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC)**

- **American Health Information Management Association (AHIMA)**
  [www.ahima.org/icd10](http://www.ahima.org/icd10)
Questions?