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

Taiwan Medical and Health Information Management Association
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Objectives

• Learn about the background of ICD-10-CM and ICD-10-PCS (背景說明)
• Discuss the uses of coded data (編碼資料應用)
• Understand the rationale for change to ICD-10 (瞭解ICD-10的使用理由)
• Understand the format and structure of ICD-10-CM and ICD-10-PCS (格式與結構)
• Understand the major similarities and differences between ICD-9-CM and ICD-10-CM and ICD-10-PCS (新舊方法之比較)
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
    (臨床照顧情境的標準診斷編碼，EX: 醫院、醫師、居家照護、護理之家、保險，改編至ICD-10-CM)
- ICD-9-CM - Volume 3, HIPAA standard coding for hospitals to report inpatient services
  - Upgrade to ICD-10-PCS
    (醫院申報住院服務標準編碼改編至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
    (醫院申報出院服務與其他非醫院之醫療提供者)

(凡涉及醫院之護理之家及相關保險等申報者標準無變化)
When Will the U.S. Change to ICD-10?
何時美國會改成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)
- American Health Information Management Association (AHIMA)
- National Center for Health Statistics (NCHS)
Role of AHA with Regards to ICD-9-CM

AHA在ICD-9-CM所扮演的角色

• Cooperating Party member (合作單位成員)
• Central Office on ICD-9-CM (總部)
• Publisher of AHA Coding Clinic for ICD-9-CM (AHA出版ICD-9-CM編碼期刊)
• Publisher of Faye Brown’s ICD-9-CM Coding Handbook (出版Faye Brown之ICD-9-CM編碼手冊)
• Provide coding education (提供編碼教育訓練)
• Established in 1962 by Memorandum of Understanding

(1962年依共識成立)

• Housed within the AHA (總部設立於AHA)

• Clearinghouse for issues related to the use of ICD-9-CM

(ICD-9-CM使用問題之澄清單位)

• Maintains integrity of classification system (維持分類系統之完整性)

• Recommends revisions and modifications to current and future revisions of ICD (針對ICD現行與未來版本提出修改建議)

• Develops educational material and programs on ICD-9-CM (發展教材與教育性課程)
AHA Coding Clinic for ICD-9-CM 編碼期刊

• Published since 1984 (從1984年開始出版)
• Quarterly newsletter (季刊)
  - Ask the Editor Section - FAQs (問與答)
  - Educational articles (教育性文章)
  - Fourth Quarter Issue - yearly code updates (於第四季回顧年度編碼更新議題)
  - Present on Admission Section (住院)
• Supported by Cooperating Parties and Editorial Advisory Board (由相關單位與編輯顧問協助)

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Coding Clinic for ICD-9-CM Major Functions

談主要功能之編碼期刊

• Provide official ICD-9-CM coding advice and official guidelines (提供官方編碼建議與指引)

• Answer questions on code assignment and sequencing of codes (回應編碼序列對應之問題)

• Serve as a current reference on regulatory and other requirements for reporting diagnostic and procedural information from medical records (提供現行病歷申報與診斷處置資訊需求之參考)

• Present topics and articles that provide practical information (提供實用資訊)

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• Improve technical coding skills (改善編碼技巧)
• Address issues facing ICD-9-CM users on data reporting requirements, data edits, record documentation, and other ICD-9-CM related matters

(陳述ICD-9-CM使用者對於申報資料之需求、資料修改、文件紀錄以及其他相關事項)
Medical Coding Sits Right In The Middle

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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• World Health Organization (WHO) developed ICD-9 for use worldwide (WHO建立使用標準)
• U.S. developed clinical modification (ICD-9-CM) (美國發展臨床修正版)
  - Implemented in 1979 in U.S. (於1979年實施)
- Expanded number of diagnosis codes (擴展診斷編碼之數量)
- Developed procedure coding system (發展處置編碼系統)
• 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 (無法增加新編碼以符合現有之醫療情況與技術)
  - Not always precise or unambiguous (有時定義模糊)
• 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 (美國生命統計顯示很難使用ICD-10來比較死亡與合併症之資料)
• HIPAA Electronic Transactions and Code Sets notice of proposed rule 1998: (電子傳遞與編碼隱私保護法案)
  - 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. (西元2000年之後一定會有編碼改變)
• Greater interest in more specific coding system (需要更專精之編碼系統)
  - Increasing interest in using administrative data for quality reporting, value-based purchasing, biosurveillance (為了品質申報論質採購與生物監測使用行政資料之需求大幅增加)
  - Reimbursement: would enhance accurate payment for services rendered (申報：提升醫療給付之正確性)
  - Quality: would facilitate evaluation of medical processes and outcomes (品質：促使醫療品質與結果更容易評估)
  - Provide better data to support performance measurement, outcome analysis, cost analysis and monitoring of resource Utilization (提供更好的資訊以衡量醫療執行之成果，成效分析、費用分析及監控資源使用之適當性)
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.

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Changes Underway

• Continuation of payment reforms (給付系統之持續改革)
  - Refinements in DRGs and any other payment models (DRG或其他給付方式之修正)
  - Consolidated payments (強化給付標準)
  - Controls over fee-for-service (控制論量計酬)

• Increase in audits (強化審查制度)

• Performance adjustments (執行成效之調整)
  - Erroneous surgeries (手術失誤)
  - Adverse events (不良反應)
  - Outcomes (醫療結果)
  - Operations (醫療過程)
What Characteristics Are Needed in a Coding System?

• Flexible enough to quickly incorporate emerging diagnoses and procedures
  (可快速增加新增之診斷與處置)
• Exact enough to identify diagnoses and procedures precisely
  (能精確描述診斷與處置)

• ICD-9-CM is neither of these
  (ICD-9-CM不符合上述標準)
Reimbursement and Quality Problems With ICD-9-CM

使用ICD-9-CM之保險給付與品質問題

• Example - fracture of wrist (範例: 手腕骨折)
  - Patient fractures left wrist (病人左手手腕骨折)
    • A month later, fractures right wrist (一個月後右手手腕骨折)
    • ICD-9-CM does not identify left versus right - requires additional documentation (ICD-9-CM無法區分左右，需要額外紀錄)
  - ICD-10-CM describes
    • Left versus right (分辯左右)
    • Initial encounter, subsequent encounter (分辯首次或後續發生)
    • Routine healing, delayed healing, nonunion, or malunion (一般復原、延遲復原、未癒合或癒合不良)
Reimbursement and Quality Problems With ICD-9-CM

- Example - combination defibrillator pacemaker device (範例: 電擊心律調節器)
- Codes for this device are not in the cardiovascular chapter of ICD-9-CM with other defibrillator and pacemaker devices (無此編碼)
- Coders and researchers have trouble finding these codes with this type of erratic code assignment (疾分人員不知如何編碼)
- ICD-10-PCS provides distinct codes for all these types of devices, in an orderly manner that is easy to find (ICD-10-PCS有特定編碼)
Who is Impacted?

- Payers (保險給付者)
  - Reimbursement systems (保險給付系統)
  - Contracts (合約)
  - Claim systems (申報系統)
- Providers (醫療提供者)
  - Hospitals (醫院)
  - Physicians (醫師)
  - Home health agencies (居家照護機構)
  - Skilled nursing facilities (護理之家)
- Vendors (廠商)
- Clearinghouses (醫療帳單結算所)
- Employers (員工)
- Other business partners (其他商業夥伴)
Benefits of Adopting the New Coding System

新編碼系統之優點

- Incorporates much greater specificity and clinical information, which results in (提供更詳細之臨床資訊)
  - Improved ability to measure health care services (增加量測醫療服務之能力)
  - Increased sensitivity when refining grouping and reimbursement methodologies (增加診斷關係群與保險給付之關聯性)
  - Enhanced ability to conduct public health surveillance (提升監測公共衛生之能力)
  - Decreased need to include supporting documentation with Claims (減少申報所需文件)
ICD-10-CM
• 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 (WHO 授权美国政府调整ICD-10之使用方式)
• All modifications to ICD-10 must conform to WHO conventions for the ICD (所有ICD-10之修正必须与WHO确认)
• Clinical modification developed for the U.S. (美国发展临床修正版)
ICD-10-CM - Partial List of Reviewers

- American Academy of Dermatology (皮膚科)
- American Academy of Neurology (神經科)
- American Academy of Oral and Maxillofacial Surgeons (口腔外科)
- American Academy of Orthopedic Surgeons (骨科)
- American Academy of Pediatrics (兒科)
- American College of Obstetricians and Gynecologists (婦產科)
• American Burn Association (燙傷)
• American Diabetes Association (糖尿病)
• American Nursing Association (護理)
• American Psychiatric Association (精神科)
• American Urological Association (泌尿科)
• ANSI Z16.2 Workgroup (Worker’s Comp)
• National Association of Children’s Hospitals and Related Institutions (兒童醫院)
ICD-10-CM Major Changes

- Alphanumeric codes (編碼包含英文與數字)
- Restructured classification (重新調整分類架構)
- Expanded code length (增長編碼長度)
- New features (新項目)
• Added trimesters to obstetrical codes
  (5th digits from ICD-9-CM will not be used)
  (產科編碼增加妊娠期紀錄)
• Revised diabetes mellitus codes
  (5th digits from ICD-9-CM will not be used)
  (糖尿病編碼修正)
• Expanded codes (e.g., injury, diabetes)
  (增加編碼，例如：損傷、糖尿病)
• Added code extensions for injuries and external
  causes of injuries (增加損傷編碼以及損傷原因)
• Laterality (分辯左右側)
• Full code titles (完整之編碼名稱)

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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 (編碼顯著改善)
  primary care encounters, external causes of injury, mental disorders, neoplasms and preventive health.
(包含基層醫療、損傷外在原因、精神疾患、腫瘤與預防醫學)

• Advances in medicine and medical technology that have occurred since the last revision.
(新增疾病與醫療技術)
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. (編列增加社經地位、家庭關係、門診服務、生活型態、以及疾病篩檢)

• New categories for post-procedural disorders. (增加處置後之疾病分類)

• Expanded distinctions for ambulatory and managed care encounters (增加門診與個案管理服務)
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 相似性

• Format (格式)
  - Alphabetical Index (依字母排列)
  - Tabular List (疾病表列)
• Instructional Notes (指引)
  - Inclusion notes (內含項目)
  - Code First  || note
  - Use Additional Code || note
  - Code Also ||
• Abbreviations (縮寫)
  - NEC
  - NOS
• Cross-Reference Notes (交叉編碼)
  - See  ||
  - See also  ||
  - See condition  ||
• Punctuation Marks (編點符號)
  - Parentheses ()
  - Square brackets [ ]
  - Colons :
• Relational Term (關聯語句)
  - And  ||
ICD-9-CM

- A single type of excludes Note (一種不包含註記)
- Two meanings: ( 兩種意義)
- Two conditions appearing to be similar actually have entirely different codes (兩種相似情況卻有不同編碼)
- Use one code, not both (只能使用一種)
- Example (範例)

- 742.3 Congenital hydrocephalus (先天性水腦症)
- Excludes acquired (331.3-331.4) (不包含後天)

ICD-10-CM

- Two types of excludes notes (二種不包含註記)
- Excludes1 (第一種)
  - Code excluded should never be used at the same time as the code above the excludes1 note [平行於排除的碼]
  - Used when two conditions cannot occur together and both codes cannot be used together (部份編碼無法同時存在)
- Example: (範例)

- Q03 Congenital hydrocephalus (先天水腦症)
- Excludes1: acquired hydrocephalus (G91.-) (不包含後天水腦症)
ICD-9-CM
- Another code must be used if there is a specific associated condition
  (特定相關情況需另行編碼)
- Example: (範例)
  - 428.0
    Congestive heart failure, unspecified
    (未明識之鬱血性心臟衰竭)
- Excludes: fluid overload NOS (276.6)
  (不包含未明識之體液過多)

ICD-10-CM
- Excludes2 (第二種)
  - Condition excluded is not part of the condition represented by the code.
  - Patient may have both conditions at the same time. (病人可同時有兩種情況)
  - May use both codes together. (可同時使用兩種編碼)
  - Example:
    - F90 Attention-deficit hyperactivity disorders (注意力不足過動症)
    - Excludes2: anxiety disorders (F40.-, F41.-)
      (第二種: 可同時存在/不存在焦慮症)
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)
ICD-9-CM
• Approximately 13,000 codes
• Limited space for adding new codes (能增加之新碼有限)
• Lacks detail (缺乏細節)
• Lacks laterality (缺乏左右側)
• Difficult to analyze data due to nonspecific codes (分析資料困難)

ICD-10-CM
• Approximately 69,000 available codes
• Flexible for adding new codes (容易增加新碼)
• Very specific (專一性)
• Allows laterality and bilaterality (可註記左右側與雙側)
• Specificity improves coding accuracy and richness of data for analysis (增加資料分析之多元性與準確性)
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: (小數點) yes, after third digit
• Placeholder? No (保留碼)

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 (字母不分大小寫)
ICD-9-CM

• Does not adequately define diagnoses needed for medical Research (缺乏醫學研究所需之診斷)
• Does not support interoperability because it is not used by other countries (無法跨國交換資料)

ICD-10-CM

• Detail improves the accuracy of data used for medical research (細節增加醫學研究資料之正確性)
• Supports interoperability and the exchange of health data between the U.S. and other countries. (可支援跨國交換資料)
Fracture of cervical vertebra, closed, unspecified level
(未明識之頸椎封閉性骨折)

Changes – Classifications 分類改變
ICD-9-CM Structured Format 結構化格式

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

**Category**

**Etiology, anatomic site, severity**

**3 - 7 Characters**

**Alpha (Except U)**

**2 - 7 Numeric or Alpha**

**Additional Characters**

**Added code extensions (7th character) for obstetrics, injuries, and external causes of injury**

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Example: Placeholder —X || and 7th Character

保留碼與第7擴充碼

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 (編碼及確認)
  - It is essential to use both the Index and Tabular List (應使用目錄與診斷表列)
• Index does not always provide the full code (目錄無法每次提供完整編碼)
• 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. (目錄編碼後之破折號表示需要加註其他細節編碼，縱使沒有破折號，仍需參考診斷表列，確認是否需要第7擴充碼)
Example: Dash 破折號

Index:

- ankle M93.97-
- elbow M93.92-
- foot M93.97-
- hand M93.94-
- hip M93.95-

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>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>

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Number of ICD-9 and ICD-10 Codes for Diagnoses and Procedures

So Where is the Additional Detail?
• Laterality (左右側): Most likely documented, especially with injuries, but other areas?
  大部份損傷皆有記錄左右側，但其他診斷不確定

• Combination codes for commonly associated conditions and symptoms or Manifestations
  針對常見狀況、症狀、與表現有合併碼可使用

• Changes in time frames associated with familiar codes
  相同碼可標註不同之時間序列
• Initial vs. subsequent encounter vs. sequelae
  (首次、後續發生、後遺症)
  - Injuries (損傷)
  - Poisoning, adverse effects, and Underdosing
    (中毒、不良反應、劑量不足)
  - Most external cause codes (外在原因編碼)
    (except for place of occurrence, activity or status)
    (大部份外在原因皆有編碼，除了發生地、活動、或
    狀態)
ICD-10-CM Diabetes Mellitus Changes

糖尿病之改變

• Updated to reflect current clinical classification of diabetes (根據現行糖尿病之分類予以更新)
- Old classification: insulin-dependent (IDDM), non-insulin-dependent (NIDDM), gestational
• Expanded categories 新增分類
• Expanded code descriptions to include diabetes and manifestation in single code (保持單一編碼，擴充編碼描述以包含糖尿病及其表現)
Diabetes Mellitus - New Classification
糖尿病新分類

• 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 vs. ICD-10-CM Sample Codes 編碼舉例

**ICD-9-CM**

- Manifestation/etiology requires two codes (表現與原因需要兩個編碼)
  - Example — Diabetic nephropathy, type 1
    - 250.40
    - 583.81

**ICD-10-CM**

- Manifestation/etiology uses a single combination code (表現與原因合併為一個編碼)
  - Example — Diabetic nephropathy, type 1
    - E10.21
Pre-Existing Conditions vs. Due to Pregnancy
前驅狀況與懷孕狀況

- 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. (前驅指懷孕前即有之狀況，要與懷孕時發生之情況區分)

- 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. (前驅與懷孕狀況需做區別)
• Distinguishes between (區分)
  - In pregnancy vs. in childbirth (妊娠期間與生產期間)
  - diet controlled, insulin controlled or unspecified control (使用飲食控制、胰島素素控制，或未明識如何控制)
  - Pre-existing? (有無前驅狀況)
  - Trimester? (妊娠期)
Fetal Identification 標識胎兒狀況

- Seventh characters to identify fetus for which the complication code applies (第7碼可用於辨認胎兒狀況)
- Which fetus was affected? (哪一個胎兒受影響)
- 7th character —0 for (第7碼為0表示單胞胎)
  - Single gestations (無足夠證據決定哪個胎兒受影響)
  - When the documentation is insufficient to determine the fetus affected and it’s not possible obtain clarification (記錄無法決定哪個胎兒受影響)
  - When it’s not possible to clinically determine which fetus is affected (臨床上無法決定哪個胎兒受影響)
• First trimester: less than 14 weeks 0 days
  (第一妊娠期: 小於 14 過)
• Second trimester: 14 weeks 0 days to less than 28 weeks 0 days
  (第二妊娠期: 14週至 28週)
• Third trimester: 28 weeks 0 days until delivery
  (第三妊娠期: 28週至生産)
• Number of weeks gestation
  (妊娠用週數表示)
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

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• Taking less of a medication than is prescribed
  (服用藥物劑量少於醫囑)
    - Provider or manufacturer (提供者或製造者)
    - Never assigned as principal or first-listed If relapse medical condition itself is coded
  (如果為之前已編碼之復發醫療狀況，不要當成主診斷)
    - Noncompliance or complication of care codes are used with underdosing code to indicate intent, if known.
  (如果知道的話，不遵從醫囑或照護之合併症，使用劑量不足之編碼來標識其意圖)
ICD-10-PCS Development 發展

• 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 (發展新的處置編碼系統)

• ICD-10-PCS has been updated every year since then (每年更新)
Summary Comparison of ICD-9-CM vs. ICD-10-PCS (Procedures)

處置比較

ICD-9-CM

- Approximately 3,000 codes
- Based on outdated Technology (以過時之醫療技術為基礎)
- Limited space for adding new codes (新增編碼不易)
- Lacks detail (缺乏細節)
- Lacks laterality (缺乏左右側)
- Generic terms for body parts (區分部份過於粗略)

ICD-10-PCS

- Approximately 72,600 available codes
- Reflects current usage of medical terminology and Devices (使用現代醫療專有詞彙與設備)
- Flexible for adding new codes (可彈性增加新編碼)
- Very specific (專一性)
- Has laterality (可區分左右側)
- Detailed descriptions for body parts (區分部份較於詳細)
Summary Comparison of ICD-9-CM vs. ICD-10-PCS (Procedures)

處置比較

**ICD-9-CM**
- Lacks description of methodology and approach for procedures (缺乏描述執行處置之途徑與方法)
- Limits DRG assignment (DRG編碼不易)
- Lacks precision to adequately define procedures (缺乏處置之精確定義)

**ICD-10-PCS**
- Provides detailed descriptions of methodology and approach for procedures (提供執行處置之途徑與方法之詳細描述)
- Allows DRG definitions to better recognize new technologies and devices (允許使用DRG定義以呈現新的醫療技術與設備)
- Precisely defines approach, any device used and qualifying information regarding body part, procedures with detail (詳細描述處置之細節，包含身體部位、途徑、使用設備以及相關訊息)
Major Modifications in the ICD-10-PCS 重大修改

• All codes have a unique definition (所有編碼皆有其定義)
• Ability to aggregate codes across all essential components of a procedure (可提供處置所有相關資訊)
• Extensive flexibility 可彈性使用
• New procedures and technologies easily incorporated (可輕鬆加入新處置或技術)
• Code expansions do not disrupt systematic structure (編碼擴充不會影響整體結構)

• Makes limited use of NOS and NEC categories (盡量少用NOS與NEC)
All terminology is precisely defined and used consistently across all codes (所有詞彙皆有清楚定義，並統一使用於編碼中)
No diagnostic information included in the code (處置編碼不含診斷資訊)
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
  (字母不分大小寫)
Change: ICD-10-PCS - Structured Format

結構化格式之改變

ICD-9-CM

Laparoscopic Cholecystectomy
(腹腔鏡膽囊切除術)

ICD-10-PCS

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ICD-10-PCS - Characters (Med/Surg)

內外科之特性

Section  Body System  Root Operation  Body Part  Approach  Device  Qualifier

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<table>
<thead>
<tr>
<th>Number</th>
<th>Procedure Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Medical and Surgical</td>
</tr>
<tr>
<td>1</td>
<td>Obstetrics</td>
</tr>
<tr>
<td>2</td>
<td>Placement</td>
</tr>
<tr>
<td>3</td>
<td>Administration</td>
</tr>
<tr>
<td>4</td>
<td>Measurement and Monitoring</td>
</tr>
<tr>
<td>5</td>
<td>Extracorporeal Assistance and Performance</td>
</tr>
<tr>
<td>6</td>
<td>Extracorporeal Therapies</td>
</tr>
<tr>
<td>7</td>
<td>Osteopathic</td>
</tr>
<tr>
<td>8</td>
<td>Other Procedures</td>
</tr>
<tr>
<td>9</td>
<td>Chiropractic</td>
</tr>
<tr>
<td>B</td>
<td>Imaging</td>
</tr>
<tr>
<td>C</td>
<td>Nuclear Medicine</td>
</tr>
<tr>
<td>D</td>
<td>Radiation Oncology</td>
</tr>
<tr>
<td>F</td>
<td>Physical Rehabilitation and Diagnostic Audiology</td>
</tr>
<tr>
<td>G</td>
<td>Mental Health</td>
</tr>
<tr>
<td>H</td>
<td>Substance Abuse Treatment</td>
</tr>
<tr>
<td>Number</td>
<td>System</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------</td>
</tr>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Letter</th>
<th>System</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<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>
The objective of the procedure (處置方式分類如下)

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Alteration</td>
</tr>
<tr>
<td>1</td>
<td>Bypass</td>
</tr>
<tr>
<td>2</td>
<td>Change</td>
</tr>
<tr>
<td>3</td>
<td>Control</td>
</tr>
<tr>
<td>4</td>
<td>Creation</td>
</tr>
<tr>
<td>5</td>
<td>Destruction</td>
</tr>
<tr>
<td>6</td>
<td>Detachment</td>
</tr>
<tr>
<td>7</td>
<td>Dilation</td>
</tr>
<tr>
<td>8</td>
<td>Division</td>
</tr>
<tr>
<td>9</td>
<td>Drainage</td>
</tr>
<tr>
<td>B</td>
<td>Excision</td>
</tr>
<tr>
<td>C</td>
<td>Extirpation</td>
</tr>
<tr>
<td>D</td>
<td>Extraction</td>
</tr>
<tr>
<td>F</td>
<td>Fragmentation</td>
</tr>
<tr>
<td>G</td>
<td>Fusion</td>
</tr>
<tr>
<td>H</td>
<td>Insertion</td>
</tr>
</tbody>
</table>
The objective of the procedure

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

<table>
<thead>
<tr>
<th>J</th>
<th>Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>K</td>
<td>Map</td>
</tr>
<tr>
<td>L</td>
<td>Occlusion</td>
</tr>
<tr>
<td>M</td>
<td>Reattachment</td>
</tr>
<tr>
<td>N</td>
<td>Release</td>
</tr>
<tr>
<td>P</td>
<td>Removal</td>
</tr>
<tr>
<td>Q</td>
<td>Repair</td>
</tr>
<tr>
<td>R</td>
<td>Replacement</td>
</tr>
<tr>
<td>S</td>
<td>Reposition</td>
</tr>
<tr>
<td>T</td>
<td>Resection</td>
</tr>
<tr>
<td>V</td>
<td>Restriction</td>
</tr>
<tr>
<td>W</td>
<td>Revision</td>
</tr>
<tr>
<td>U</td>
<td>Supplement</td>
</tr>
<tr>
<td>X</td>
<td>Transfer</td>
</tr>
<tr>
<td>Y</td>
<td>Transplantation</td>
</tr>
</tbody>
</table>
Specific anatomical site where the procedure was Performed (處置所在之特定解剖位置如下)

Examples from hepatobiliary system and pancreas:

<table>
<thead>
<tr>
<th></th>
<th>Body Part</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>
• Appendix C
• Alternative names for
  - Muscles
  - Veins
  - Nerves
  - Other anatomic sites
### Approach (途徑)

**Technique used to reach the procedure site**

(到達處置部位之途徑)

Seven different approach values are used in the Medical and Surgical Section: 7種途徑

<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

<table>
<thead>
<tr>
<th>Technique</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Via Natural or Artificial Opening</td>
<td>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>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>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

Open vs. Percutaneous Approach Examples


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Via Natural or Artificial Opening Approach Examples

經由自然或人工開口途徑舉例


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

經皮式內視鏡與經自然或人工開口使用經皮式內視鏡輔助器舉例


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Character 6: Device 設備

Used to specify devices that remain after the procedure is completed (處置結束後所留置之設備)

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 設備

• More than 300 new entries for 2012
• New Appendices (新附錄)
  - Device Key (設備關鍵)
    • Common names (一般名稱)
  - Device Aggregation Table (設備整合表)
    • Brand names (廠牌名稱)
    • Correlate specific device value in original root operation with more general device value used in other root operations (比較特殊設備與一般設備之使用)
<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</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>
Character 7: Qualifier 特質

Specifies an additional attribute of the procedure (處置所提供之額外屬性)

Examples of qualifiers:

T  Stereotactic
V  Diagnostic Stereotactic
X  Diagnostic
Z  No qualifier
• Arranged in alphabetical order based on the type of procedure performed. (將處置依照字母順序排列)
• Refers to Tables by specifying the first three or four characters of code followed by periods. (可使用編碼前三碼至四位碼交叉參閱表格)
• Index will not specify the complete code—refer to Tables. Complete code only found in Tables. (目錄不會呈現完整編碼，請參閱表格，完整編碼只呈現在表格中)
• The purpose of the Alphabetical Index is to locate the appropriate table that contains all information necessary to construct a procedure code. (使用目錄來參閱適當之表格，以建構完整之處置碼)
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
• Unlike ICD-9-CM, it is not required to consult the Index first before proceeding to the tables to complete the code. (參閱表格時，不需要先看目錄)
• A valid code may be chosen directly from the tables. (可直接從表格中選取有效之編碼)
• Within a PCS table, valid codes include all combinations of choices in characters 4 through 7 contained in the same row of the table. (處置編碼系統表格已將所有有效編碼依其組合“第4碼至第7碼”羅列於表格內同一列)
• All 7 characters must be specified to be a valid code. (有效編碼必須清楚編列7個位碼)
## Sample ICD-10-PCS Table

### Table Example

<table>
<thead>
<tr>
<th>Section</th>
<th>Medical and Surgical</th>
<th>Hepatobiliary System and Pancreas</th>
<th>Operation</th>
<th>Resection: Cutting out or off, without replacement, all of a body part</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body System</td>
<td>FT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Part</td>
<td>Approach</td>
<td>Device</td>
<td>Qualifier</td>
<td></td>
</tr>
<tr>
<td>0 Liver</td>
<td>0 Open</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
<td></td>
</tr>
<tr>
<td>1 Liver, Right Lobe</td>
<td>4 Percutaneous Endoscopic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Liver, Left Lobe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Gallbladder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Hepatic Duct, Right</td>
<td>0 Open</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
<td></td>
</tr>
<tr>
<td>6 Hepatic Duct, Left</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8 Cystic Duct</td>
<td></td>
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<tr>
<td>9 Common Bile Duct</td>
<td></td>
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<tr>
<td>C Ampulla of Vater</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>D Pancreatic Duct</td>
<td>4 Percutaneous Endoscopic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F Pancreatic Duct, Accessory</td>
<td>8 Via Natural or Artificial Opening Endoscopic</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ICD-10-PCS - Characters (Med/Surg)

Section: Medical and Surgical
Body System: Hepatobiliary System and Pancreas
Root Operation: Resection
Body Part: Gallbladder
Approach: Percutaneous Endoscopic
Device: No device
Qualifier: No qualifier
ICD-9-CM vs. ICD-10-PCS Sample Codes

ICD-9-CM

• 42.41 Partial Esophagectomy (局部食道切除術)

• (Note: code does not reflect what part of esophagus was resected) (附註: 編碼並未呈現哪個部份被切除)

ICD-10-PCS

• 0DT10ZZ Open resection of upper Esophagus (上食道開放性切除術)

• (Note: 24 possible options based on portion of esophagus resected and approach--open, percutaneous, via natural or artificial opening) (附註: 基於食道切除部位與途徑: 開放式、經皮式、經自然或人工開口有24種選擇)
ICD-9-CM vs. ICD-10-PCS Comparison 比較

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 vs. ICD-10-PCS Sample Codes

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

如何獲得相關資訊

  - Include:
    - Classification
    - Guidelines
    - Maps
  - Books
    - Currently available from Ingenix and Channel Publishers
Draft guidelines have been developed by the Cooperating Parties: (相關合作單位有訂定使用指引草稿)

- American Hospital Association
- American Health Information Management Association
- Centers for Medicare & Medicaid Services and
- National Center for Health Statistics
• 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.
• 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 參考資料

- Centers for Medicare & Medicaid Services (CMS)
  http://www.cms.gov/ICD10/

- National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC)
  http://www.cdc.gov/nchs/about/otheract/icd9/abticd10.htm

- American Health Information Management Association (AHIMA)
  www.ahima.org/icd10
Questions?