

Documentation Strategies in an ICD-10 World



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September 2, 2015

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**ICD-10 has
140,000
Codes?**

**What's
ICD-10?**





TOP 8 ZANIEST ICD-10 CODES

A Collection of the Craziest Codes You Hope Never to Encounter

|| especially after Oct. 1, 2014 ||



Problems with the

in-laws

Z63.1

1

Asphyxiation due to being

trapped in a **discarded refrigerator**, accidental

T71.231D



2

Sucked into

jet engine

V97.33XD

3

Fall into **bucket of**

water, causing
drowning &
submersion

W16.221



4

Burn due to

water-skis
on fire

V91.07XD

5

Animal-rider injured in

collision with **trolley**

V80.730A

8



6

Walked into

lamppost

W22.02XD

7

Hair causing


external

constriction

W49.01XA



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ICD-10

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Revenue Cycle



◀ **Tom Sullivan**, Executive Editor, HIMSS Media

Tom Sullivan writes the Innovation Pulse column for *Healthcare IT News*, and covers major HIT topics including mHealth, medical practices, government policy, and emerging technologies. Follow Tom on Twitter @SullyHIT

ICD-10: CMS won't deny claims for first year

The Centers for Medicare & Medicaid Services has agreed to adopt four AMA proposals regarding the code set conversion

July 6, 2015

The Correct Code “Family” ...

- For example, diabetes mellitus is not a code family, it is actually *five different* code families ...
 - E08 - DM due to underlying condition
 - E09 - Drug or chemical-induced DM
 - E10 - Type 1 DM
 - E11 - Type 2 DM
 - E13 - Other specified DM
- And, these three digit “family” codes, even if correct, may not be enough to be a valid code for LCD/NCD determinations and/or to demonstrate medical necessity or SOI



Medicare Has ICD-10 Accommodation Period, But What About Other Insurers?

Joseph Goedert

SEP 1, 2015

7:26am ET

PRINT

EMAIL

REPRINTS

COMMENT

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In early July, the Centers for Medicare and Medicaid Services struck a deal with the American Medical Association

in which CMS agreed to a one-year Medicare payment accommodation period after the ICD-10 October 1 compliance date in which claims incorrectly coded would be paid as

long as they are coded in the appropriate family of codes.

This was a big step as CMS expects ICD-10 compliance yet won't demand perfect coding. But, what about state Medicaid agencies and private insurance companies? Where are their accommodations for providers? So far, there have been no big announcements.

Also See: [CMS Policies Aid Physician ICD-10 Compliance](#)

RELATED

- [Providers Ask CMS for Immediate Final MU Rule](#)
- [Leidos, Cerner Team Wins Coveted DoD EHR Contract](#)
- [HIT Implementations Negatively Impact Clinical Workflow](#)

Health Data Management contacted seven national insurers, the Blue Cross and



Proposed Bill

The Coding Flexibility in Healthcare Act of 2015 (H.R. 3018)

Calls for a “Dual Processing Transition Period” of 180 days (October 1, 2015 - March 28, 2016)

CMS has stated that they (and many commercial health plans) are unable to process claims for both ICD-9 and ICD-10 codes submitted for the same dates of service --- so a dual coding approach is NOT possible

ICD-10 Components



- **ICD-10-CM**

- *Diagnostic* coding system developed and modified by the Centers for Disease Control and Prevention, a division of the Centers for Medicare & Medicaid Services (CMS), for use in all U.S. health care treatment settings

- **ICD-10-PCS**

- *Procedural* coding system developed by (CMS) for use in the U.S. for **inpatient hospital settings ONLY**
- All 7 alpha or numeric digits *must* be accounted for

PIECES OF ICD-10



ICD-10-CM (Clinical Modification): The Diagnosis Codes

ICD-10 Captures Familiar Clinical Concepts



- Concepts that are new and integral to ICD-10 are *not new* to clinicians, who are often already documenting with more clinical information than an ICD-9 code can capture.
- For example:
 - Initial Encounter, Subsequent Encounter, Sequelae
 - Normal Healing, Delayed Healing, Nonunion, Malunion
 - Acute or Chronic
 - Right or Left
 - Etiology and/or infecting agent
 - Linking various diseases

Other ICD-10 General Features



- **There are “unspecified” codes, just as in ICD-9, when no information is available to support a more specific code**
- A 7th character is used in certain chapters, with a different meaning depending on where it’s being used
 - For example, Initial vs. subsequent encounter vs. sequela
 - Initial – should be used for multiple encounters if the patient continues to receive treatment for the acute condition
 - Subsequent – encounters after the patient is done with active treatment for the condition, i.e., receiving routine care during the healing or recovery phase
 - Sequela – used for complications or other conditions that arise as a direct result of another condition, after the acute phase of a condition has subsided. This is *not* necessarily the same as a complication

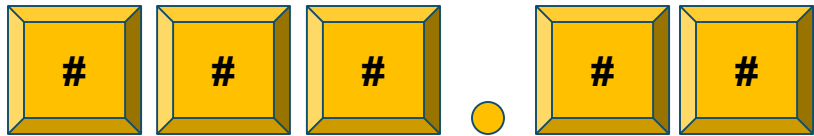
Change in Number of Codes Varies by Specialty

Specialty	# ICD-9 Codes	# ICD-10 Codes
Gastroenterology	596	706
Pulmonology	255	336
Urology	389	591
Endocrinology	335	675
Neurology	459	591
Pediatrics	702	591
Infectious Disease	1,270	1,056

ICD-9-CM vs. ICD-10-CM

Structural Changes

- ICD-9-CM (Diagnoses)



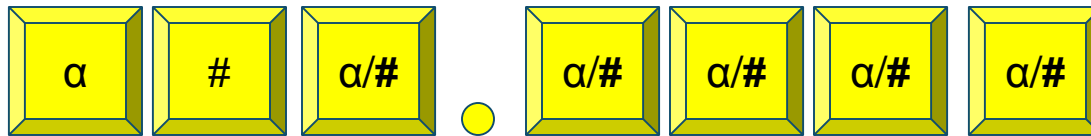
Category

etiology, site,
manifestation

3-5 characters

- All numeric
- Decimal point after 3rd digit

- ICD-10-CM (Diagnoses)



Category

etiology, site,
manifestation

extension

3-7 characters

- 1st is alpha (all letters except U)
- 2nd is always #
- Decimal point after 3rd digit

Chapter Organization

1	Certain Infectious and Parasitic Diseases	13	Diseases of the Musculoskeletal System and Connective Tissue
2	Neoplasms	14	Diseases of the Genitourinary System
3	Diseases of the Blood and Blood-forming Organs	15	Pregnancy, Childbirth, and the Puerperium
4	Endocrine, Nutritional, and Metabolic Diseases	16	Certain Conditions Originating in the Perinatal Period
5	Mental, Behavioral, and Neurodevelopmental Disorders	17	Congenital Malformations, Deformations, and Chromosomal Abnormalities
6	Diseases of the Nervous System	18	Symptoms, Signs, and Abnormal Clinical and Laboratory Findings
7	Diseases of the Eye and Adnexa	19	Injury, Poisoning, and Certain Other Consequences of External Causes
8	Diseases of the Ear and Mastoid Process	20	External Causes of Morbidity
9	Diseases of the Circulatory System	21	Factors Influencing Health Status and Contact with Health Services
10	Diseases of the Respiratory System		
11	Diseases of the Digestive System		
12	Diseases of the Skin and Subcutaneous Tissue		

Diabetes Mellitus

- Diabetes mellitus codes are now combination codes including the type of diabetes, the body system affected, and the nature of the complication(s) in that body system
- Diabetes is no longer classified as controlled or uncontrolled
- In ICD-10-CM there are 2 key axes for coding diabetes mellitus based on documentation of the:
 - Type/etiology (**5**)
 - Complications [Manifestations]
 - Absent
 - Present
 - By type or body system affected
 - Specific complication
 - By severity (e.g., with or without coma)



Diabetes Mellitus

ICD-9-CM

- Diabetes 249.0x-250.9x (**60 codes**)
- Primary Axis: Type (etiology) (**3**)
 - Type 1
 - Type 2
 - **Secondary**
- Sub-axis: **Manifestation** (**10**)
 - Without complication
 - Ketoacidosis (250.1x)
 - Hyperosmolarity (250.2x)
 - Other coma (250.3x)
 - Renal (250.4x)
 - Ophthalmic (250.5x)
 - Neurological (250.6x)
 - **Peripheral** circulatory (250.7x)
 - Other specified manifestation (250.8X)
 - Unspecified complication (250.9X)
- Subaxis: (**2**)
 - ~~Controlled vs. Uncontrolled~~

ICD-10-CM

- Diabetes E08-E13 (**206 codes**)
- Primary Axis: Type (etiology):
 - Type 1 (E10) (**40**)
 - Type 2 (E11) (**40**)
 - **Underlying condition (E08)** (**42**)
 - Congenital rubella, cushing's syndrome, cystic fibrosis, neoplasm, malnutrition, pancreatitis
 - **Drug or chemical induced (E09)** (**42**)
 - Identify drug or toxin if possible
 - **Other (E13) – NEW** (**42**)
- Sub-axes:
 - Further developed on next page

Includes diabetes due to genetic defects of beta-cell function or genetic defects of insulin action

Secondary Axes

Type 1

- Sub-axis: (40)
 - Ketoacidosis (2)
 - +/- coma
 - ~~Hyperosmolarity~~
 - Kidney complications (3)
 - Ophthalmic complications (12)
 - Neurologic complications (6)
 - Circulatory complications (3)
 - Other specified complications (12)
 - Unspecified complications (1)
 - Without complications (1)

Type 2

- Sub-axis: (40)
 - ~~Ketoacidosis~~
 - Hyperosmolarity (2)
 - +/- coma
 - Kidney complications (3)
 - Ophthalmic complications (12)
 - Neurologic complications (6)
 - Circulatory complications (3)
 - Other specified complications (12)
 - Unspecified complications (1)
 - Without complications (1)

Neurologic Complications

Diabetic neuropathy, unsp
Mononeuropathy
Polyneuropathy
Autonomic polyneuropathy
Amyotrophy
Other

Kidney Complications

Diabetic nephropathy
Diabetic chronic kidney
disease
Other diabetic complication

Circulatory Complications

Peripheral angiopathy
+ gangrene
– gangrene
Other circulatory complication

Building an ICD-10 Code

E10.52

Type 1 diabetes
mellitus

With circulatory
complications

With diabetic peripheral
angiopathy with gangrene

Desired Documentation:

“Diabetic peripheral angiopathy with gangrene”

Pancreatitis

ICD-9-CM

- Code Range 577.0 – 577.1
 - **2 codes**
 - Axis: Acuity
 - Acute pancreatitis MCC
 - Chronic pancreatitis CC



ICD-10-CM

- Code Range K85.0 – K86.1, B25.2
 - **9 codes**
 - Axes: Acuity & Etiology
 - Acute pancreatitis (All are MCCs)
 - **Idiopathic**
 - **Biliary**
 - **Alcohol-induced**
 - **Drug-induced**
 - **Other acute pancreatitis**
 - **Acute pancreatitis, unspecified**
 - **Cytomegaloviral** B25.2
 - Chronic pancreatitis (CCs)
 - **Alcohol-induced**
 - **Other chronic pancreatitis**

Cholelithiasis

ICD-9-CM

- Code Range 574.00-574.91 (**20 codes**)
- Axes: Location / Acuity (**10**)
 - Calculus of gallbladder, with (**3**)
 - Acute cholecystitis
 - Other cholecystitis [not specified as acute]
 - Without cholecystitis
 - Calculus of bile duct, with (**3**)
 - Acute cholecystitis
 - Other cholecystitis [not specified as acute]
 - Without cholecystitis
 - Calculus of gallbladder & bile duct (**4**)
 - Acute cholecystitis
 - Acute and chronic cholecystitis
 - Other cholecystitis [not specified as acute]
 - Without cholecystitis
- Subaxis: Manifestation (**2**)
 - Obstruction
 - No obstruction

ICD-10-CM

- Code Range K80.00-K80.81 (**40 codes**)
- Axes: Location / Acuity (**20**)
 - Calculus of gallbladder, with (**5**)
 - Acute cholecystitis
 - Other cholecystitis
 - **Chronic cholecystitis**
 - **Acute on chronic cholecystitis**
 - Other cholecystitis
 - Includes cholecystitis NOS
 - Without cholecystitis
 - Calculus of bile duct, with (**9**)
 - With **cholangitis**
 - Unspecified, acute, chronic, acute on chronic
 - With cholecystitis
 - Unspecified, acute, chronic, acute on chronic
 - Without cholangitis or cholecystitis
 - Calculus of gallbladder and bile duct (**5**)
 - With cholecystitis
 - Unspecified, acute, chronic, acute on chronic
 - Without cholecystitis
 - Other cholelithiasis (**1**)
- Subaxis: Manifestation (**2**)
 - Obstruction
 - No obstruction

Crohn's Disease [regional enteritis]

ICD-9-CM

- Code Range 555.0 – 555.9
 - 4 codes for anatomy
 - 4 codes for manifestation
 - **16 code combinations**
- Axis: Anatomy
 - Small intestine
 - Large intestine
 - Small intestine with large intestine
 - Unspecified site

Additional Codes in ICD-9 needed to convey manifestation

560.9	Unspecified Intestinal obstruction
569.81	Fistula of intestine, excl anus & rectum
566	Abscess anal & rectal regions
569.5	Abscess of intestine

ICD-10-CM

- Code Range K50.00 – K50.019
 - **28 codes**
- Axes: anatomy / complication
 - Anatomy
 - Small intestine
 - Large intestine
 - Both small & large intestine
 - Unspecified site
 - Manifestation (each type)
 - **Without complication**
 - **With rectal bleeding**
 - With obstruction
 - With fistula
 - With abscess
 - **With other complication**
 - With unspecified complications

Rectal Abscess in Crohn's Disease

ICD-9-CM

- Code Range 566
 - **2 code combinations**
 - Anatomy
 - **1 code**
 - Abscess of anal & rectal areas
569.5
 - Etiology
 - **2 applicable codes**
 - Crohn's disease of:
 - Small intestine
 - Large intestine
 - Small intestine with large intestine
 - Unspecified site

ICD-10-CM

- Code Range K50- & K61-
 - **10 code combinations**
 - Axes: anatomy & etiology
 - Anatomy (**5**)
 - **Anal abscess**
 - **Rectal abscess**
 - **Anorectal abscess**
 - **Ischiorectal abscess**
 - **Intrasphincteric abscess**
 - Etiology (**2**)
 - ~~Crohn's disease of small intestine with abscess~~
 - Crohn's disease of large intestine with abscess
 - Crohn's disease of both small & large intestine with abscess
 - ~~Crohn's disease, unspecified, with abscess~~

Neoplasm Classification

- Chapter 2 classifies neoplasms primarily by site (topography), with broad groupings for behavior, malignant, in situ, benign, etc.
- A primary malignant neoplasm that overlaps two or more contiguous sites should be classified to the subcategory/code .8 (“overlapping lesion”), unless the combination is specifically indexed elsewhere.
- For multiple neoplasms of the same site that are not contiguous, such as tumors in different quadrants of the same breasts, codes for each site should be assigned.
- Neoplasms of uncertain behavior are defined as those whose histologic confirmation (benign or malignant) cannot be made.

Coders can apply these rules, such as “overlapping sites,” but only if the physician describes to that degree of detail. And, they cannot code from pathology reports

Malignant Neoplasms of Breast

ICD-9

- Female Breast
 - Code Range 174.0-174.9 (**9 codes**)
- Axis: anatomy
 - Nipple and areola
 - Central portion
 - Upper-inner quadrant
 - Lower-inner quadrant
 - Upper-outer quadrant
 - Lower-outer quadrant
 - Axillary tail
 - ~~Other specified sites~~
 - Unspecified
- Male Breast
 - Code Range 175.0-175.9 (**2 codes**)
 - Nipple and areola
 - Other and unspecified

ICD-10

- Malignant Neoplasm of Breast
 - Code Range C50.xx (**54 codes**)
- Axis: anatomy
 - Nipple and areola (6)
 - Central portion (6)
 - Upper-inner quadrant (6)
 - Lower-inner quadrant (6)
 - Upper-outer quadrant (6)
 - Lower-outer quadrant (6)
 - Axillary tail (6)
 - **Overlapping sites (6)**
 - Unspecified site (6)
- Secondary axes:
 - Sex: M or F (x2)
 - Laterality: R, L, or unspecified (x3)


Malignant Neoplasm	C50.
- Areola	C50.0
- Female	C50.01
- Right	C50.011

Sample Codes


C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast

Malignant Neoplasms of Digestive Organs

ICD-9

- Digestive Organs
 - Code Range 150.x-159.x (**60 codes**)
- Axis: anatomy
 - Esophagus (8)
 - Stomach (9)
 - Small intestine, including duodenum (6)
 - Colon (10)
 - Rectum, recto-sigmoid junction & anus (5)
 -  Liver and intrahepatic bile ducts (3)
 - Gallbladder and extrahepatic bile ducts (5)
 - Pancreas (7)
 - ~~Retroperitoneum & Peritoneum (3)~~
 - Ill-defined sites (3)
- Subaxis
 - Further anatomic detail

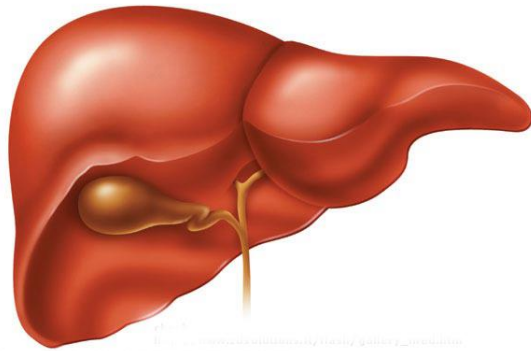
ICD-10

- Digestive Organs
 - Code Range C15 – C26 (**61 codes**)
- Axis: anatomy
 - Esophagus (5)
 - Stomach (9)
 - Small intestine, including duodenum (6)
 - Colon (10)
 - **Recto-sigmoid junction** (2)
 - **Rectum** (1)
 - **Anus and anal canal** (4)
 -  Liver and intrahepatic bile ducts (8)
 - Gallbladder (1)
 - Other and unspecified parts of biliary tract (4)
 - Pancreas (8)
 - Other and Ill-defined digestive organs (3)
- Subaxis
 - Further anatomic detail

Malignant Neoplasms of Digestive Organs

ICD-9

- Liver and intrahepatic bile ducts (3)
 - Liver, primary
 - Intrahepatic bile ducts
 - Liver, not specified as primary or secondary



ICD-10

- Liver and intrahepatic bile ducts (8)
 - Liver cell carcinoma
 - Intrahepatic bile duct carcinoma
 - **Hepatoblastoma**
 - **Angiosarcoma of liver**
 - Kupffer cell sarcoma
 - **Other sarcomas of liver**
 - **Other specified carcinomas of liver**
 - **Malignant neoplasm of liver, primary, unspecified as to type**
 - Malignant neoplasm of liver, not specified as primary or secondary

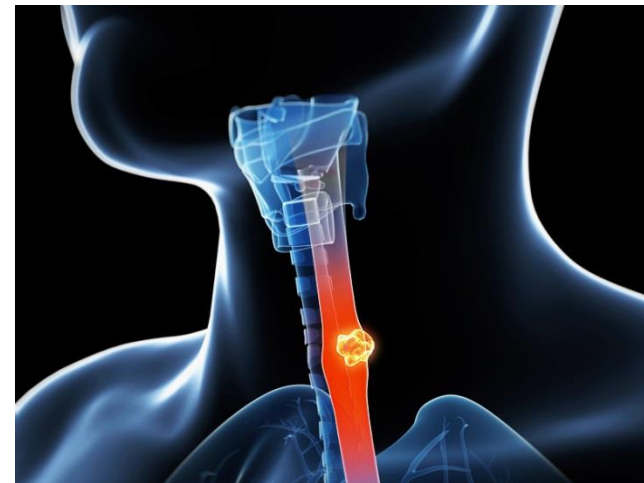
Malignant Neoplasms of Digestive Organs

ICD-9

- Malignant neoplasm of esophagus (8)
 - ~~Cervical esophagus~~
 - ~~Thoracic esophagus~~
 - ~~Abdominal esophagus~~
 - Upper third esophagus
 - Middle third esophagus
 - Lower third esophagus
 - ~~Other specified part~~
 - Esophagus, unspecified

ICD-10

- Malignant neoplasm of esophagus (5)
 - Upper third
 - Middle third
 - Lower third
 - **Overlapping sites**
 - Esophagus, unspecified



Facet Syndrome

ICD-9-CM

- Other symptoms referable to the back
 - **(1 code)**

ICD-10-CM

- Other specified dorsopathies
 - **(9 codes)**
- Axis of classification: anatomy (**9**)
 - **Occipito-atlanto-axial**
 - **Cervical**
 - **Cervico-thoracic**
 - **Thoracic**
 - **Thoracolumbar**
 - **Lumbar**
 - **Lumbo-sacral**
 - **Sacral and sacro-coccygeal**
 - **Site unspecified**

Sciatica

ICD-9-CM

- Sciatica
 - **(1 code)**

ICD-10-CM

- Sciatica
 - **(6 codes)**
- Axis of classification: presentation **(2)**
 - **Sciatica**
 - **Lumbago with sciatica**
- Secondary Axis: laterality **(3)**
 - **Left**
 - **Right**
 - **Unspecified**

Respiratory Failure Classification

ICD-9-CM

- Code Range 518.xx, 348.89
 - **6 codes**
 - Axis: Acuity
 - Acute 518.81 (MCC)
 - Chronic 518.83 (CC)
 - Acute & chronic 518.84 (MCC)
 - Axis: Acuity & Etiology
 - Acute respiratory failure following trauma & surgery 518.51 (MCC)
 - Acute and chronic respiratory failure (“**acute on chronic**”) following trauma and surgery 518.53 (MCC)
 - Center (“**Central**”) 348.89 (No CC/MCC)

(Newborn & valve not addressed here)

ICD-10-CM

- Code Range J95, J96 , G93.89
 - **15 codes**
 - Axes: Acuity & Manifestation
 - Acuity
 - Acute MCC (3)
 - Chronic CC (3)
 - Acute and (“**on**”) Chronic MCC (3)
 - **Unspecified MCC** (3)
 - Manifestation (for each above types)
 - **Unspecified whether with hypoxia or hypercapnia**
 - **With hypoxia**
 - **With hypercapnia**
 - Axis: Etiology & Acuity
 - Post-procedural respiratory failure (2)
 - Acute (MCC)
 - Acute and chronic (MCC)
 - Center (No CC/MCC) G93.89 (1)
 - Other specified disorders of brain

(Newborn & valve not addressed here)

Cardiac Arrest:

(Not OB, Newborn or Anesthesia Related)

ICD-9-CM

- Code Range: 427.5, 997.1
 - **2 codes**
- Specificity:
 - NOS (427.5)
 - Post-operative (997.1)

ICD-10-CM

- Code Range: I46.2, I46.8, I46.9, I97.120, 197.121
 - **7 codes**
- Type / Subtype (etiology):
 - Cardiac arrest
 - Due to underlying cardiac condition
 - Due to other underlying condition
 - Cause unspecified
 - **Intra-operative cardiac arrest**
 - During cardiac procedure
 - During other procedure
 - **Post-procedural cardiac arrest**
 - Following cardiac procedure
 - Following other procedure

**Document cardiac arrest & its etiology.
Example: “cardiac arrest d/t v. fib”**

Some Office Considerations



- Continue using CPT codes for procedures and patient encounters
- Office personnel need only concern themselves with ICD-10-CM codes, and will likely only use a relatively small % of the 68,000 codes
- There are multiple resources online, including CMS and *coalitionforicd10.org*
- An EHR can be the ideal platform for documentation templates needed to assign ICD-10 codes. Many EHR providers incorporate ICD-10 software upgrades automatically
- The same holds true for offices that use vendors
- Superbills will become quite cumbersome, but can be converted to ICD-10 if necessary
- Smartphone apps, both Apple and Android
- Test processes in advance - CMS and other payers will do so for free

- Home
- ICD-10 Overview ▶
- Physician Perspectives ▶
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- Quick References
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Events

BUILD YOUR ACTION PLAN

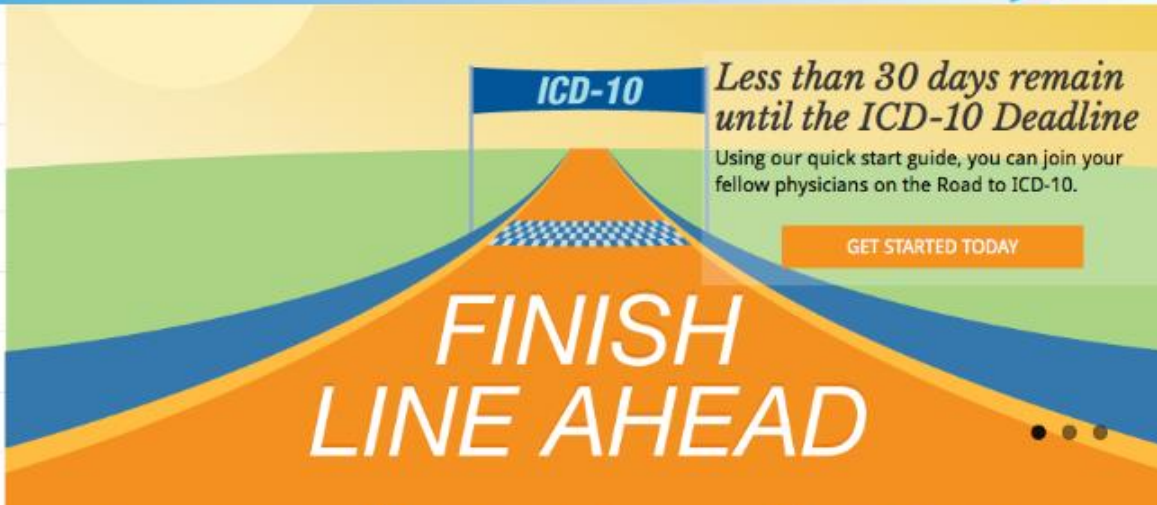
What's New?

New Ancillary Services Webcasts Posted

New webcasts have been posted that discuss ICD-10 documentation and coding concepts for several common ancillary services. [▶ MORE](#)

Clarifying Questions and Answers Related to the CMS/AMA Joint Announcement

In response to questions from the health care community, CMS has released a [Q&A](#) document which provides



ICD-10

Less than 30 days remain until the ICD-10 Deadline

Using our quick start guide, you can join your fellow physicians on the Road to ICD-10.

[GET STARTED TODAY](#)

FINISH LINE AHEAD

Countdown Clock



ICD-10

Countdown to the October 1, 2015 ICD-10 Compliance Date:

DAYS	HOURS	MINS	SECS
29	14	31	20

Build Your Action Plan



Specialty References



Explore the codes, primers for clinical documentation, clinical scenarios, and other resources dedicated to your specialty.

Choose from the following:

- [Family Practice](#)
- [Pediatrics](#)
- [OB/GYN](#)
- [Cardiology](#)
- [Orthopedics](#)
- [Internal Medicine](#)
- [Other Specialty](#)

Find Events Near You



CMS offers free events and training sessions around the country to help small physician practices prepare for ICD-10. Check the events calendar for events in your area. [▶ MORE](#)



Seeking Provider Champions





ICD-10-PCS

The Procedural Coding System

Physician Notes

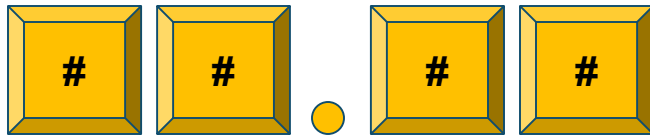


- ICD-10-PCS codes are only used to code inpatient procedures
- Your office will continue to bill your professional fees (at least for now) with CPT codes!
- ***To submit a bill, the hospital must have all seven characters of any ICD-10-PCS code*** – that applies to ***every procedure*** during the inpatient stay
- And, CPT and ICD-10-PCS codes must “match”

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

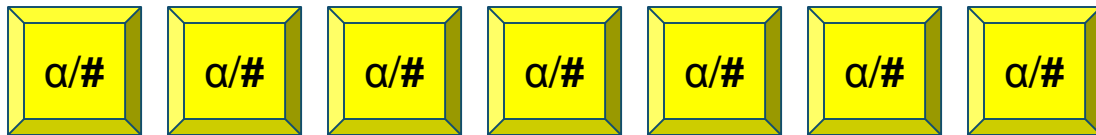
Structural Changes

- ICD-9-CM (Procedures)



- 3-4 characters
- All numeric
 - Decimal point after 2nd digit

- ICD-10-PCS (Procedures)

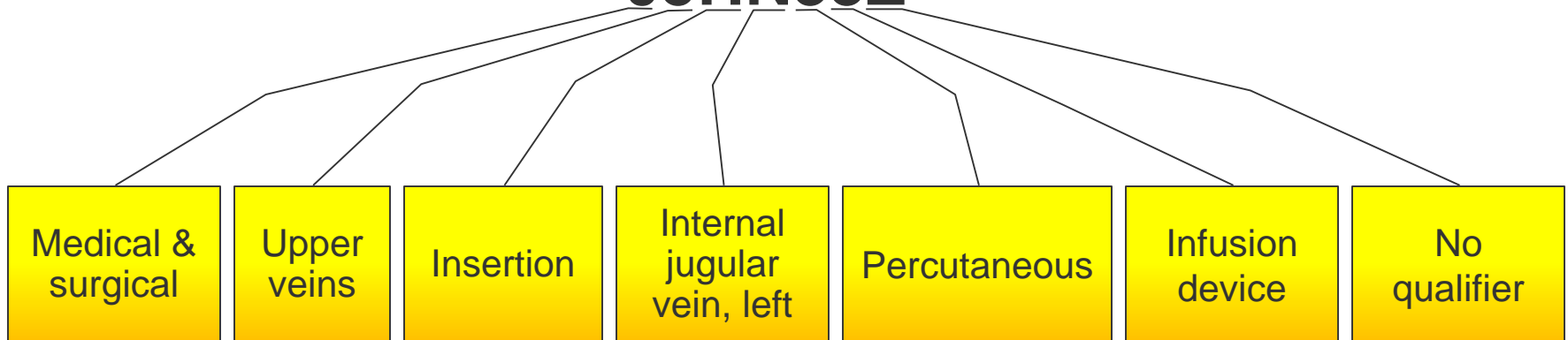


- 7 characters
- All letters except "I" & "O"
 - No decimal point
 - Each letter or # is called a "value"

Section, Body System, Root Operation, Body Part, Approach, Device, Qualifier

Central Line Placement

05HN33Z



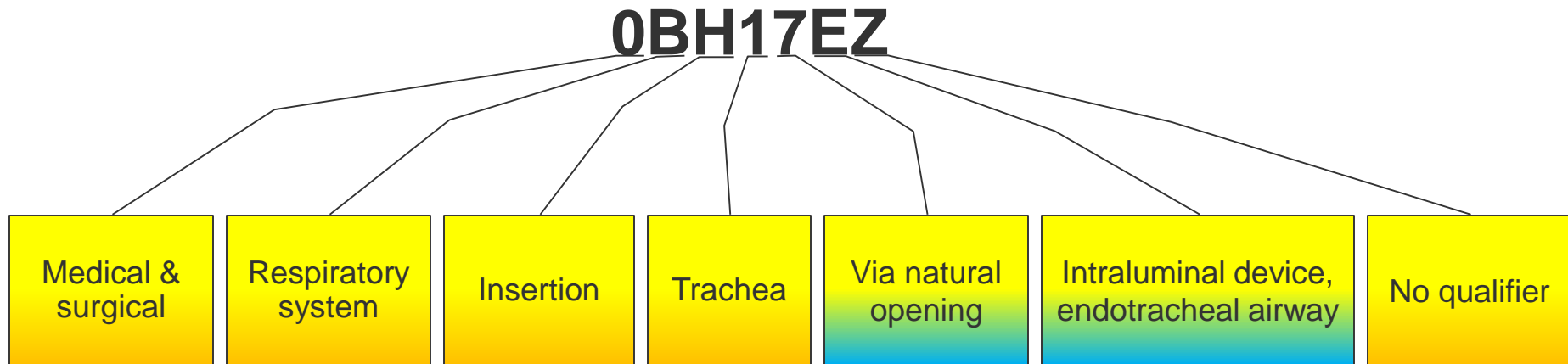
Documentation:

“Central line inserted left internal jugular vein”

Building an ICD-10 Procedural Code

0 Medical & Surgical							
5 Upper Veins							
H Insertion							
Body Part		Contrast		Qualifier		Qualifier	
Character 4		Character 5		Character 6		Character 7	
0	Azygous vein	0	Open	3	Infusion device	Z	No qualifier
1	Hemiazygous vein	3	Percutaneous	D	Intraluminal device		
3	Innominate vein, R	4	Percutaneous endoscopic				
...
N	Internal jugular, L						
...

Building an ICD-10 Procedural Code

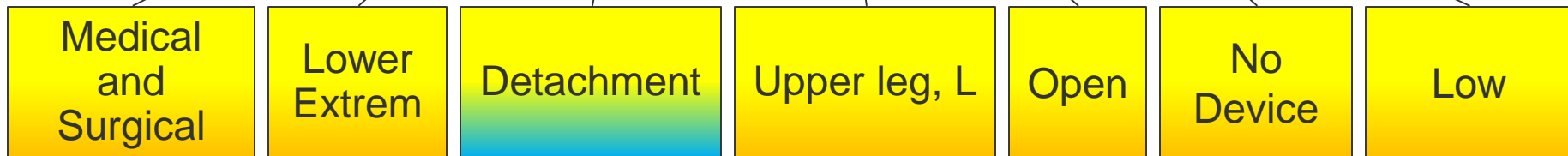


“Endotracheal Intubation”

Building an ICD-10 Procedural Code

Above knee amputation, distal L femur

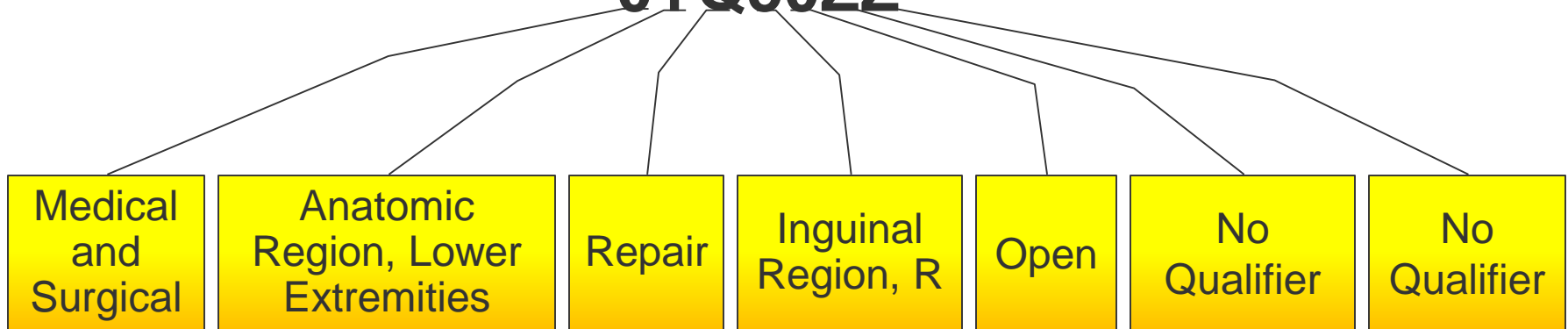
0Y6D0Z3



Cutting off all or a portion of the upper or lower extremities

Building an ICD-10 Procedural Code

0YQ50ZZ



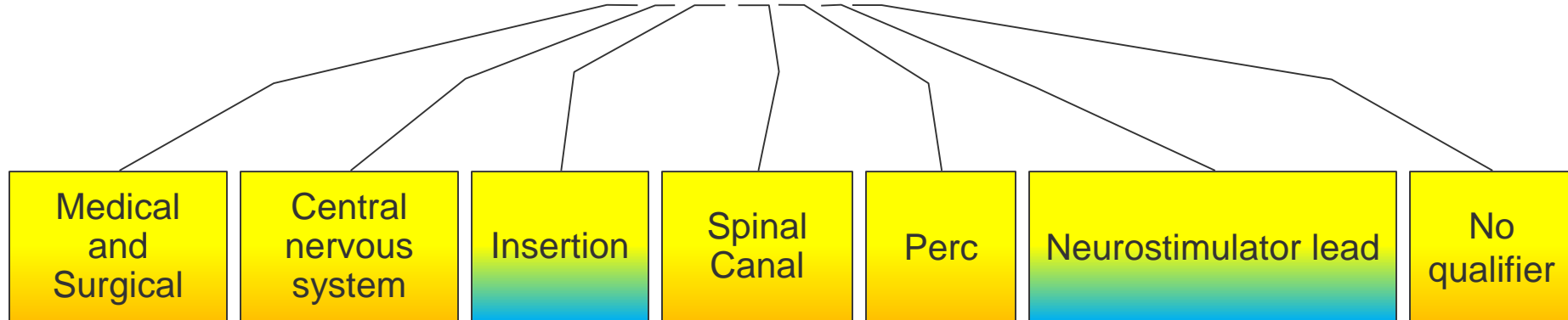
Desired Documentation:

“Right Open Inguinal Herniorrhaphy”

Building an ICD-10 Procedural Code

“Insertion of a spinal cord neurostimulator”

00HU3MZ



Putting in a non-biological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Summary



- Don't try to focus on all the new codes
- Remember that what's essential is providing the information necessary to code
- Use specific terminology
- Go through the online modules for much more detail
- Work with your clinical documentation/coding team in the hospital

The Commons

An introduction to the Diagnosis Calculator and Specialty Content Training for ICD-10

Log-in at: https://www.commonslarning.com/eco_login.php



Welcome to **The Commons**. This is where the Providence Health and Services team gathers to learn, teach, grow, and exchange ideas.

Username

Password

Sign In

[Forgot your password?](#)

[Request an Account](#)

ICD-10 Clinician Web-Based Specialty-Specific Video Training Modules

General ICD-10 Awareness

Office Staff Introduction to ICD-10 - Part 1

Office Staff Introduction to ICD-10 - Part 2

Office Staff Introduction to ICD-10 NIP - Part 1

Office Staff Introduction to ICD-10 NIP - Part 2

Physician Introduction to ICD-10 - Inpatient

Physician Introduction to ICD-10 – Outpatient

Generalists – Documentation Guides

Emergency Medicine

Family Medicine Outpatient

Family Medicine Part 1

Family Medicine Part 2

Internal Medicine Hospitalist Part 1

Internal Medicine Hospitalist Part 2

Internal Medicine - Outpatient

Urgent Care

Hospital-Based

Diagnostic Radiology

Interventional Radiology

Pathology

Radiation Oncology

Surgery – Documentation Guides

Bariatric Surgery

Breast Surgery

Cardiovascular Surgery

Colorectal Surgery

General Neurosurgery

General Surgery

Neurosurgery Head

Neurosurgery Spine

Neurosurgery Spine and Extremities

Orthopedic Foot and Ankle Surgery

Orthopedic Hand Surgery

Orthopedic Spine

Orthopedic Surgery

Orthopedic Total Joint

Orthopedic Trauma

Otolaryngology

Plastic Hand

Plastic Surgery

Podiatric Surgery

Surgical Oncology

Thoracic Surgery

Trauma Surgery

Urology

Vascular Surgery

Pediatrics – Documentation Guides

General Pediatrics

Pediatric Neonatology

Adolescent Medicine

Other Specialty – Documentation Guides

Anesthesiology

Cardiac Electrophysiology

Cardiology

Critical Care

Dermatology

Endocrinology

Gastroenterology

Gynecology

Gynecology Oncology

Hematology

Infectious Disease

Interventional Cardiology

Nephrology

Neurology

Obstetrics

Oncology

Ophthalmology

Pain Management

Physical Medicine and Rehabilitation

Psychiatry and Behavioral Health

Pulmonology

Rheumatology

These web-based training modules are available, by contract, for upload into your hospital or health system's learning management system...

These modules were specifically designed to allow clinicians to be very selective in the modules that they need to study in order to learn how to improve their documentation to support the new concepts and specificity of ICD-10 coding.

By studying just 1-5 of these subspecialty-focused documentation guides, clinicians will typically learn 90-95% of what they need to know to master ICD-10 documentation. For clinicians to achieve 100% mastery requires that they receive individual and departmental feedback from clinical documentation specialists and coders (through "dual coding"), regarding their documentation proficiency, as well as the unique comorbidities of the patient populations that are specific to your hospital and providers...

ICD-10 general questions or questions on The Commons content can be directed to:

ICD10questions@providence.org

Questions regarding accounts and access to The Commons can be directed to:

Anjna.Bhandari@providence.org



ICD-10 Diagnosis Documentation Tips – General Surgery

Infections:

- ❖ State first location and type
- ❖ Indicate organism if known

Acute Pancreatitis:

- ❖ Idiopathic, biliary, alcohol-induced, drug-induced, other, unspecified

Cholecystitis: document location, acuity, and w/ or w/o obstruction

- ❖ Calculus of gallbladder, with
 - Acute, chronic or acute on chronic cholecystitis or w/o any
- ❖ Calculus of bile duct, with
 - Cholangitis, cholecystitis (acute, chronic or acute on chronic) or without either
- ❖ Calculus of gallbladder and bile duct, with
 - Cholecystitis (acute, chronic or acute on chronic) or w/o
- ❖ All above: Document also whether obstruction or no obstruction

Malignant Neoplasm of Esophagus

- ❖ New classification:
 - Upper third, middle third, lower third, overlapping sites, or unspecified

Diabetes Mellitus:

- ❖ No longer controlled, uncontrolled
- ❖ New classification:
 - Specify type: Type 1, Type 2, drug or chemical induced, or due to underlying condition
 - Link any manifestations or complications in your documentation

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ICD-10 [INPATIENT] Procedural Coding Tips – General Surgery

Characters:

- ❖ Section – almost always medical/surgical, don't need to state
- ❖ Body system – should be self evident from your description
- ❖ Root operation – the intent of your procedure
 - Resection – removal of all of a body part
 - Excision – removal of a portion of a body part
- ❖ Body part – describe with anatomic specificity, laterality if applies
- ❖ Approach – open, percutaneous, perc endo, via natural orifice, via natural orifice endoscopic, via natural orifice endo with perc endo assistance
- ❖ Device
 - Describe as specifically as possible any device left in the patient
- ❖ Qualifier – If diagnostic procedure be sure to state so

Eponyms: Don't use them – may not be codeable in ICD-10

- ❖ Describe the procedures you perform on individual body parts:
 - Example: Whipple Procedure (multiple codeable procedures)
 - Excision head of pancreas
 - Excision distal portion of stomach
 - Excision first and second parts of duodenum
 - Resection (complete removal) common bile duct
 - Resection gallbladder
- ❖ Colostomy
 - Definition bypass: altering the route of passage of the contents of a tubular body part
 - Indicate the “from” – descending colon
 - Indicate the “to” - cutaneous

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The daydreams of cat herders

You Don't Order Coffee the Way You Used to...|



Large black coffee



Venti
1/2 Caff
Skinny
Vanilla
No foam
Latte

It's Time to Add Specificity to Your Documentation Too.

Questions?



now part of Nuance

andrew.dombro@jathomas.com