ICD-10-PCS:
Let's Code, Part I

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Agenda

- ICD-10-PCS Overview
- Review of ICD-10-PCS Guidelines
- Coding questions answered

ICD-10-PCS Overview

- 2012 ICD-10-PCS available at
  www.cms.hhs.gov/ICD10
- **2012 Code Tables and Index**
  - ICD-10-PCS 2012 Tables
  - Definitions
  - Body Part Key
  - Device Key
  - Device Aggregation Table
  - Index
- *2012 ICD-10-PCS Reference Manual*

- 2013 ICD-10-PCS available at
  www.cms.hhs.gov/ICD10
- **2013 Code Tables and Index**
  - ICD-10-PCS 2013 Tables
  - Definitions
  - Body Part Key
  - Device Key
  - Device Aggregation Table
  - Index
- **Limited updates due to code freeze**

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ICD-10-PCS Essential Attributes

- **Completeness**
  - All substantially different procedures have a unique code

- **Expandability**
  - The structure of the system allows incorporation of new procedures as unique code

ICD-10-PCS Essential Attributes

- **Standardized Terminology**
  - Includes definitions of the terminology used
    - While the meaning of specific words can vary in common usage, ICD-10-PCS defines a single meaning for each term used in the system

- **Multiaxial**
  - The system has a multiaxial structure
    - Each character has the same meaning within a section and across sections to the extent possible
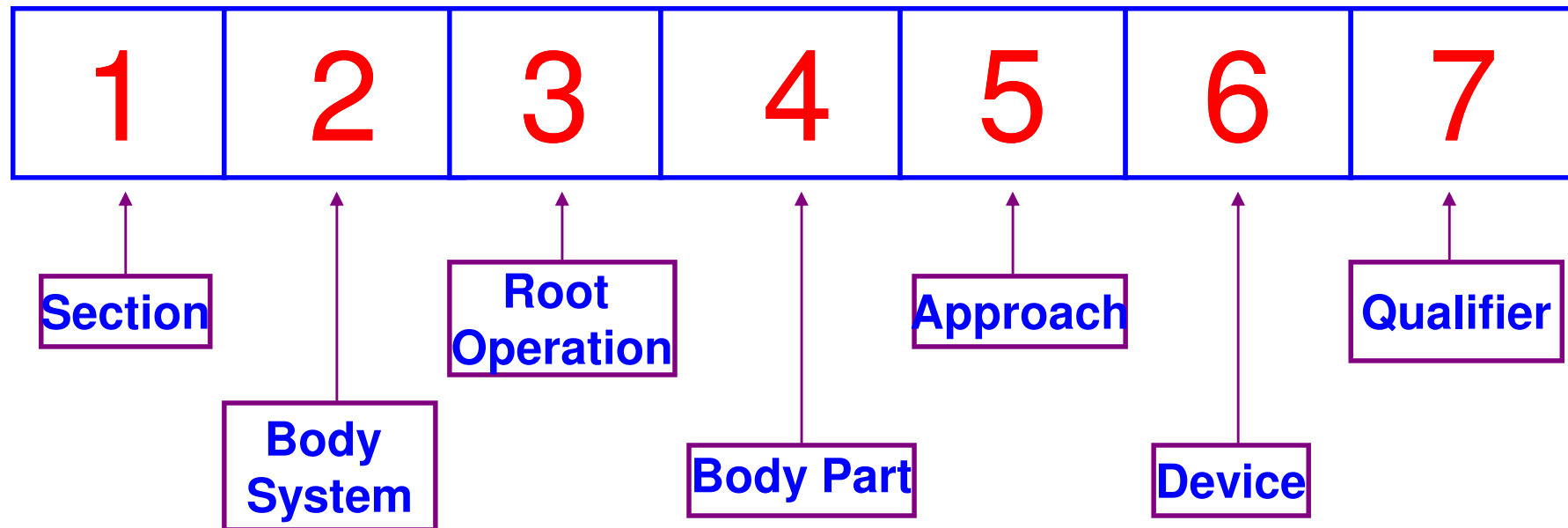
ICD-10-PCS Structure

ICD-9-CM

- ICD-9-CM has 3-4 characters

- All characters are numeric

- All codes have at least 3 characters

ICD-10-PCS

- ICD-10-PCS has 7 characters

- Each can be either alpha or numeric

- Numbers 0-9; letters A-H, J-N, P-Z

- Alpha characters are <u>not</u> case-sensitive

- Each code must have 7 characters

# ICD-10-PCS Structure – Characters Medical/Surgical Section

1	2	3	4	5	6	7

- Section (1)
- Body System (2)
- Root Operation (3)
- Body Part (4)
- Approach (5)
- Device (6)
- Qualifier (7)

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ICD-10-PCS Characters

- **"Section" -** type of procedure
- **"Body system" -** general body system
- **"Root operation"** - objective of procedure
- **"Body part"** - specific part of body system on which procedure is being performed
- **"Approach"** - technique used to reach the site of the procedure
- **"Device"** - devices that remain after procedure is completed
- **"Qualifier" -** provides additional information about procedure

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ICD-10-PCS - 16 Sections

- **Medical and Surgical**
- **Obstetrics**
- **Placement**
- **Administration**
- **Measurement and Monitoring**
- **Extracorporeal Assistance and Performance**
- **Extracorporeal Therapies**
- **Osteopathic**

- **Other Procedures**
- **Chiropractic**
- **Imaging**
- **Nuclear Medicine**
- **Radiation Oncology**
- **Physical Rehabilitation and Diagnostic Audiology**
- **Mental Health**
- **Substance Abuse Treatment**

ICD-10-PCS Index
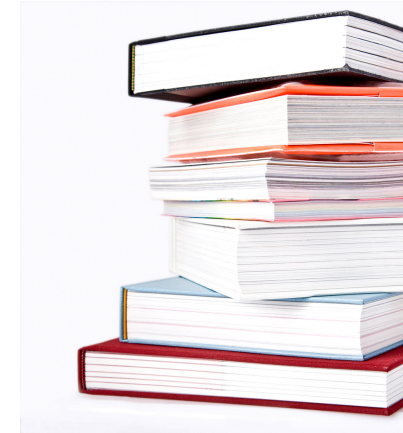
- **Provides the first three or four values of the code**

- **Tables must always be used to obtain the complete code**

- **No eponyms are included**

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ICD-10-PCS Tables

Each Table contains four columns and varying numbers of rows

- **Column**: Specifies the allowable values for characters 4-7

- **Row**: Specifies the valid combinations of values

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0: MEDICAL AND SURGICAL
B: RESPIRATORY SYSTEM
B: Excision: Cutting out or off, without replacement, a portion of a body part

Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
1 Trachea 2 Carina 3 Main bronchus, right 4 Upper Lobe Bronchus, Right 5 Middle Lobe Bronchus, Right 6 Lower Lobe Bronchus, Right 7 Main Bronchus, Left 8 Upper Lobe Bronchus, Left 9 Lingula Bronchus B Lower Lobe Bronchus, Left C Upper Lung Lobe, Right D Middle Lung Lobe, Right F Lower Lung Lobe, Right G Upper Lung Lobe, Left H Lung Lingula J Lower Lung Lobe, Left K Lung, Right L Lung, Left M Lung, Bilateral	0 Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	Z No Device	X Diagnostic Z No Qualifier
N Pleura, Right P Pleura, Left R Diaphragm, Right S Diaphragm, Left	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	Z No Device	X Diagnostic Z No Qualifier

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ICD-10-PCS
Draft Coding Guidelines

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Draft Coding Guidelines

- Three main sections of guidelines
  - Conventions
  - Medical and Surgical Section (Section 0)
    - Body System
    - Root Operation
    - Body Part
    - Approach
    - Device
  - Obstetrics Section (Section 1)

Draft Guidelines – Conventions

- A1. ICD-10-PCS codes are composed of seven characters . . .

- A2. One of 34 possible values can be assigned to each axis of classification in the seven character code – numbers 0-9 and all letters <u>except</u> I & O

- A3. The valid values for an axis of classification can be added as needed

Draft Guidelines – Conventions

- A6. The purpose of the Alphabetic Index is to locate the appropriate table that contains all information necessary to construct a procedure code. The PCS tables should always be consulted to find the most appropriate valid code

- A7. It is not required to consult the Index first before proceed to the Tables to complete the code. A valid code may be chosen directly from the Tables

Draft Guidelines – Conventions

- A8. All seven characters must be specified to be a valid code . . .
- A9. Within a PCS Table, valid codes include all combinations of choices in characters 4 through 7 contained in the same row of the table

Draft Guidelines – Conventions

- A11. Many of the terms used to construct PCS codes are defined within the system. It is the coder's responsibility to determine what the documentation in the medical record equates to in the PCS definitions. The physician is not expected to used the terms used in PCS code descriptions, nor is the coder required to query the physician when the correlation between the documentation and the defined PCS terms is clear.

ICD-10-PCS
Coding Questions

Coding Questions . . . .

- Permanent pacemaker insertion (VDD mode)

  - *The doctor will cut a wound 3-4cm and put the pacemaker device under the muscle – should the approach be percutaneous or open?*

- The approach for pacemaker insertion is **open** – the subcutaneous tissue is opened to allow for insertion of the generator.

Coding Questions . . . .

- Percutaneous approach:
  - *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*

- No instrumentation used during the insertion of a Pacemaker – incision made to allow for the insertion of the generator

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Coding Questions . . . .

- Total antrectomy & Billroth I anastomosis & open feeding jejunostomy
  - *Are end-to-end or end-to-side anastomosis considered integral to the procedure and not coded separately?*

- No – in the "Bypass" root operation, the anastomosis is included in the procedure and not coded separately.
  - This is included in Appendix A: Root Operations under 'explanation' for "Bypass"

Coding Questions . . . .

- For **2013**, the following guideline change was made:
  - *Guideline B3.1b*
  - *Components of a procedure specified in the root operation definition and explanation are not coded separately. Procedural steps necessary to reach the operative site and close the operative site, **include anastomosis of a tubular body part**, are also not coded separately.*

Coding Questions . . . .

- Right hemi-colectomy (ascending) with end-to-side ileo-transverse colostomy

  - *Should 2 bypass procedures be coded for the ileo-transverse colostomy?*

- Yes – both 0D1L0Z4 and 0D1B0ZL should be coded to explain the ileo-transverse colostomy

- Guideline B3.2 – Multiple procedures

  - *Multiple procedures are coded if the same root operation is performed on different body parts as defined by distinct values of the body part character*

Coding Questions . . . .

- Lumbar puncture for CSF Analysis
  - *Which is the body part for lumbar puncture? Meninges, spinal canal, or spinal cord?*
- The correct code for a lumbar puncture is: 009U3ZX
- Lumbar puncture is completed by withdrawing cerebrospinal fluid from the spinal canal

Coding Questions . . . .

- Splenectomy & tube thoracotomy with Fr 32 chest tube
  - *For insertion of a chest tube, should the approach be coded as percutaneous or open*
- The approach for chest tube insertion is **open**
- Correctly coded as: 0W9B00Z

Coding Questions . . .

- Pars plana vitrectomy with removal of epiretinal membrane and traction bands and endo panretinal photocoagulation

  – *What is the correct root operation for the removal of the epiretinal membrane and internal limiting membrane peeling?*

- Correct root operation for this procedure is **Repair**

Coding Questions . . .

- Removal of the epiretinal membrane is accomplished by peeling the membrane off of the retina.
- ICD-10-PCS code: 08QE3ZZ
  - Epiretinal membrane peeling
  - Internal limiting membrane peeling

Coding Questions . . .

- Phototherapy x 2 days

  - *How should the 5th character be coded? Is the duration single or multiple?*

- There is no specific guidance on definitions of single and multiple

- Since phototherapy is continuous (not a 'series') would code to singe – 6A600ZZ

Coding Questions . . .

- EV ligation by EGD
  - *Index: ligation - - occlusion - - vein - - esophageal. There is no proper approach character*
- In the procedure, the esophageal vein is ligated to control the bleeding from the esophagel varices.
- In the GEMs, this procedure maps to 'destruction' or 'excision'

Coding Questions . . .

- This is <u>not</u> an excision as nothing was removed.

- Code to root operation 'destruction' - - - correct code: 0D558ZZ

- Note: Index may not provide all appropriate options . . .important to remember the <u>intent</u> of the procedure

Coding Questions to be continued . . .