ICD-9 Versus ICD-10

What You Need to Know

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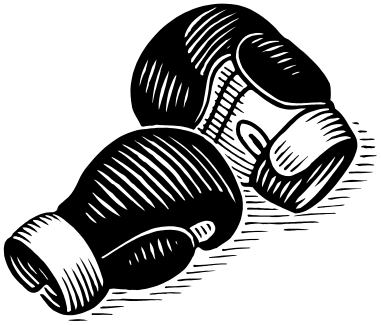

Disclaimer

- The presenter has made every reasonable effort to ensure accuracy of the information provided in this material.
- The presenter makes no guarantee the information compiled or presented is error-free.

Objectives

- Review key success factors identified by countries already using ICD-10
- Review implementation processes needed to migrate your facility to ICD-10
- Review pros and cons about the General Equivalency Mappings (GEMs)
- Overview code structures and concepts of ICD-10 that differ or remain the same as ICD-9
- Challenges

Background

- 1979
  - ICD-9-CM implementation
- 2013
  - ICD-10-CM and PCS implementation
- 34 years
  - Since users have had to learn a new code system
- ICD-10
  - Is not an updated “version” of ICD-9
  - Has substantial structural and conceptual differences

When?

- Final Rule
  - *Federal Register*/Vol. 74, No. 11/Friday, January 16, 2009/Rules and Regulations
  - ICD-10-CM and ICD-10-PCS code standard to replace ICD-9-CM
  - Compliance date 10/1/2013

Environmental Scan

- CMS hired Gartner Research to conduct
- Conducted in December 2009
- Final report dated February 2010
- Purpose
  - to access progress of healthcare industry in planning and implementing Version 5010 and ICD-10

Environmental Scan Findings

- “While participant organizations are making significant progress in implementing HIPAA 5010 transactions, they are still in the planning stages for ICD-10.”
- “Many organizations are taking a “wait and see” approach to ICD-10 and are not yet willing to invest the time and/or capital to make large advances to compliance.”

Environmental Scan Findings

- “Healthcare industry sees a clear path for attaining compliance with 5010 but lacks the same level of confidence with ICD-10”.
- “If not planned, ICD-10 has the potential to cause severe work disruptions, claims payment delays and worsened stakeholder relations.”

Current Users of ICD-10

- At least 99 other countries
  - Australia, Canada, Germany, Ireland
  - Used for disease and mortality reporting
- United States
  - Used since 1999 for mortality reporting
  - Will be the first country using for reimbursement purposes

Current Users of ICD-10

- Canada
  - ICD-10-CA
    - Phased in by province (2001-2006)
- Australia
  - ICD-10-AM
    - Phased in by state (1998-2000)

Critical Success Factors

(identified by countries already using ICD-10)

- Early planning and preparation
- Leadership support
  - Allow a learning curve
  - Accept loss of productivity
  - Encourage ownership
- Careful project management
- Educate entire organization
- Resource allocation

Critical Success Factors

(identified by countries already using ICD-10)

- Vendor readiness
- Address interface issues
- Remove coding backlogs

Implementation Strategies

1. ***Form planning/steering committee***
   - Represented by all functional areas affected by the transition
   - Appoint project lead/manager
   - High-level support/executive sponsor
   - Develop multi-year project plan
   - Begin organizational awareness

Implementation Strategies

2. ***Identify all people, processes, and systems affected by the transition***
   - Intranet survey
   - Electronic systems
   - Paper systems
   - Stakeholders
     - Internal and external
   - ICD-10 will touch every aspect of facility operations

Implementation Strategies

(Identify Systems)

Charge slips	Medical Necessity (lab, radiology)
Emergency Room	Tumor registries
Trauma Registries	Diabetes education
Dieticians	Standing orders
Coding guidelines	Reference materials
Reports	Pharmacy
EMR	Documentation improvement
Care plans	Medical policies

Implementation Strategies

3. ***Identify education needs***
   - Low-level training
     - Upper level management
     - Billing specialists
   - Mid-level training
     - Physician, nurses (documentation)
     - Ancillary departments (documentation)
   - High-level training
     - Coding professionals
     - Physicians, nurses (coding)

Train Everybody!

- Billing specialist
- Cost of a single keying error
  - Procedure code 741 keyed as 0741
  - (741) Low cervical cesarean section
  - (0741) Incision of adrenal gland
  - DRG changes from 766 to 983
  - Payment error $18,527
- 10D00Z1
  - Same C-section code from ICD-10

Implementation Strategies

4. ***Budget***
   - Similar to HIPAA
     - Involves organization-wide education
   - Similar to Y2K
     - Involves organization-wide data conversions and testing

Implementation Strategies

4. ***Budget (cont.)***
   - Education (HHS estimates)
     - 50 hours/$3,218.75 per inpatient coder
     - 10 hours/$644 per outpatient coder
     - 8 hours/$1260 per physician

Implementation Strategies

4. ***Budget (cont.)***
   - Training
     - Internal
       - Centralized or by department
       - Develop programs
       - Scheduling issues
     - External
       - Scheduling issues
       - Travel
       - Cost
     - Effective, while still meeting ongoing production needs
     - Look for partnerships

Implementation Strategies

4. ***Budget (cont.)***
   - Multiple system changes
     - Billing systems
     - Patient record systems
     - Reporting systems
     - Associated system interfaces
     - Vendor systems

Implementation Strategies

4. ***Budget (cont.)***
   - Testing
   - Implementation
   - What-If scenarios
     - Payer backlogs, processing delays, payment delays
     - Coding backlogs, outsourcing needs
   - Compliance
   - Analysis
     - Case mix
     - DRGs

Implementation Strategies

5. ***Synchronize***
   - 5010 implementation
   - Documentation improvement programs
   - EMR initiatives
   - Other competing projects

Implementation Strategies

- ***6. Contracts***
  - Should address incorporation of ICD-10
    - Vendors
    - EMR
    - Payers

GEMS

- General Equivalence Mappings
- Tool to convert data
- 4 GEMS
  - → ICD-9 to ICD-10 Diagnoses
  - → ICD-9 to ICD-10 Procedures
  - ← ICD-10 to ICD-9 Diagnoses
  - ← ICD-10 to ICD-9 Diagnoses

GEMS

- Starting point
- General purpose translation aid
  - Dictionary
    - Bridge the language gap between ICD-9-CM and ICD-10-CM/PCS
- Not a one-to-one conversion
  - ICD-9 4000 procedure codes
  - ICD-10-PCS 71,957 procedure codes

GEMS

- Include “one to many” and “many to one” mappings
- Some codes will not crosswalk
- Some codes will crosswalk to clusters of codes
  - Would need further documentation review to determine appropriate code/s
- CMS and CDC will maintain the GEMS for 3 years beyond 10/1/2013

Compare
ICD-10-CM to ICD-10-PCS

ICD-10-CM (Diagnoses)	**ICD-10-PCS (Procedures)**
Used in all healthcare applications	Used in inpatient hospital setting
Replaces ICD-9-CM Volumes 1 & 2	Replaces ICD-9-CM Volume 3
Maintained by NCHS under CDC	Maintained by CMS

ICD-10-CM (Diagnoses)	**ICD-10-PCS (Procedures)**
-3 to 7 characters per diagnosis (alphanumeric)	-Always 7 characters per procedure (alphanumeric)
-letters I & O used	-letters I & O not used to avoid confusion with numbers 1 & 0
-7th character extension on some codes (“x” placeholders used to fill empty spaces	-No “x” placeholders

Changes

Structures and Features Comparison

ICD-9-CM (Diagnoses)	**ICD-10-CM (Diagnoses)**
3 to 5 digits -1st character is alpha or numeric -2nd through final character are always numeric	3 to 7 characters per diagnosis (alphanumeric) -1st character is always a letter -2nd character is always a number -3rd through final characters may be letters or numbers -7th character used in limited chapters (OB, musculoskeletal, injuries, external causes of injury)

Structures and Features Comparison

ICD-9-CM (Diagnoses)	**ICD-10-CM (Diagnoses)**
No placeholders	-“x” dummy placeholders used to allow for future expansion -Ex. Poisonings T51.0x1 Toxic effect of ethanol, accidental (unintentional). The 6th character will always indicate the intent while there is room in the 5th position to expand without disturbing the 6th character’s structure.

Structures and Features Comparison

ICD-9-CM (Diagnoses)	**ICD-10-CM (Diagnoses)**
No placeholders	-“x” dummy placeholders are also used to fill in the empty characters when a 7th character extension is required but the code is not a full 6 characters. -Example OB codes -7th character extensions used -Polyhydramnios, 1st trimester, single gestation O40.1xx0

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unspecified, third trimester

O40 Polyhydramnios

Includes: hydramnios

One of the following 7th characters is to be assigned to each code under category O40. 7th character 0 is for single gestations and multiple gestations where the fetus is unspecified. 7th characters 1 through 9 are for cases of multiple gestations to identify the fetus for which the code applies. The appropriate code from category O30, Multiple gestation, must also be assigned when assigning a code from category O40 that has a 7th character of 1 through 9.

0 not applicable or unspecified
1 fetus 1
2 fetus 2
3 fetus 3
4 fetus 4
5 fetus 5
9 other fetus

O40.1 Polyhydramnios, first trimester
O40.2 Polyhydramnios, second trimester
O40.3 Polyhydramnios, third trimester
O40.9 Polyhydramnios, unspecified trimester

O41 Other disorders of amniotic fluid and membranes

One of the following 7th characters is to be assigned to each code under category

ICD-9-CM	ICD-10-CM
Excludes Notes -One type of excludes note	**Excludes Notes** -Two types of excludes notes

ICD-9-CM	ICD-10-CM
Excludes Notes *Excludes:* Terms following the word *"Excludes"* are not classified to the chapter, subchapter, category, subcategory or specific sub classification code under which it is found. The note also may provide the location of the excluded diagnosis.	**Excludes Notes** Excludes1: -A type 1 Excludes note is a pure excludes instruction. -It means, "NOT CODED HERE!" -An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. -An Excludes1 is used when two conditions cannot occur, such as a congenital form with an acquired form of the same condition. -Example B06 Rubella (German measles) Excludes1: congenital rubella (P34.0)

ICD-9-CM	ICD-10-CM
Excludes Notes *Excludes:* Terms following the word *"Excludes"* are not classified to the chapter, subchapter, category, subcategory or specific sub-classification code under which it is found. The note also may provide the location of the excluded diagnosis.	**Excludes Notes** Excludes2: -A type 2 excludes note represents "Not included here". -An excludes2 note indicates that the condition excluded is not part of the condition it is excluded from but a patient may have both conditions at the same time. -When an excludes2 note appears under a code it is acceptable to use both the code and the excluded code together. -Example acute and chronic conditions can both be coded J04.0 Acute laryngitis Excludes2: chronic laryngitis (J37.0)

ICD-9-CM	ICD-10-CM
Laterality not addressed	Laterality Both diagnoses and procedures will be assigned characters to indicate • right • left • bilateral • unspecified side

ICD-9-CM	ICD-10-CM
19 Chapters	21 Chapters
6. Diseases of Nervous system and sense organs (320-389)	6. Diseases of Nervous system (G00-G99)
	7. Diseases of the eye and adnexa (H00-H59)
	8. Diseases of the ear and mastoid process (H60-H95)

ICD-9-CM	ICD-10-CM
19. E codes (E800-E999)	20. External Causes of Morbidity (V01-Y98)
18. V Codes (V01-V86)	21. Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

Chapter 4: Endocrine, Nutritional & Metabolic Diseases

ICD-9	ICD-10
Diabetes -Category 250	Diabetes -Categories E08-E13 E08 DM due to underlying condition E09 Drug or chemical induced DM E10 Type 1 DM E11 Type 2 DM E13 Other specified DM

Chapter 4: Endocrine, Nutritional & Metabolic Diseases

-4th Digit indicates type of or body system with complication -5th Digit indicates type 1 or 2, controlled/uncontrolled	-4th Character indicates body system with complication -5th/6th Characters indicate the specifics of the complication
-Type 2 diabetic nephropathy 250.40, [583.81]	-Type 2 diabetic nephropathy E11.21 Use additional code to identify any insulin use (Z79.4)

Chapter 9: Diseases of the Circulatory System

ICD-9	ICD-10
Hypertension -classified according to malignant, benign, or unspecified 401.9 Essential hypertension, unspecified benign or malignant	Hypertension -No malignant/benign distinction I10 Essential (primary) hypertension Includes: hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic)
Myocardial infarction -5th digit indicates: 0-episode of care unspecified 1-initial episode of care 2-subsequent episode of care (less than 8 weeks old)	Myocardial infarction Separate category for subsequent episodes of care (I22) (occurring within 4 weeks (28 days) of a previous acute MI, regardless of site)

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I22 Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction

Includes: acute myocardial infarction occurring within four weeks (28 days) of a previous acute myocardial infarction, regardless of site cardiac infarction
coronary (artery) embolism
coronary (artery) occlusion
coronary (artery) rupture
coronary (artery) thrombosis
infarction of heart, myocardium, or ventricle
rupture of heart, myocardium, or ventricle

Note: A code from category I22 must be used in conjunction with a code from category I21. The I22 code should be sequenced first, if it the reason for encounter, or, it should be sequenced after the I21 code if the subsequent MI occurs during the encounter for the initial MI.

Use additional code to identify:
body mass index (BMI), if known (Z68.-)
exposure to environmental tobacco smoke (Z58.7)
history of tobacco use (Z87.82)
occupational exposure to environmental tobacco smoke (Z57.31)
tobacco dependence (F17.-)
tobacco use (Z72.0)

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Chapter 15: Pregnancy, Childbirth, and the Puerperium

ICD-9	ICD-10
-5th digits indicate whether the encounter is antepartum, postpartum or whether a delivery has occurred	-Trimester indicated with final character -Trimesters are counted from the first day of the LMP -Trimester definitions: 1st- less than 14 weeks 0 days 2nd – 14 weeks 0 days to less than 28 weeks 0 days 3rd – 28 weeks 0 days until delivery

ICD-9	ICD-10
-Limited codes to identify multiple gestation	-7th character extension added in cases of multiple gestation to identify the fetus for which the code applies -0 not applicable or unspecified, single -1 fetus 1 -2 fetus 2 -3 fetus 3 -4 fetus 4 -5 fetus 5 -9 other fetus -Instruction note: The appropriate code from category O30, Multiple gestation, must also be assigned when assigning code O33.7 with a 7th character of 1 through 9.

Chapter 18 Symptoms, signs & abnormal clinical & laboratory findings, NEC

ICD-9	ICD-10
	Chapter 18 Guideline **d. Repeated falls** Code R29.6, Repeated falls, is for use for encounters when a patient has recently fallen and the reason for the fall is being investigated. Code Z91.81, History of falling, is for use when a patient has fallen in the past and is at risk for future falls. When appropriate, both codes R29.6 and Z91.81 may be assigned together.

Chapter 19 Injury, poisoning & certain other consequences of external causes

ICD-9	ICD-10
-Late effects section (905-909)	-7th character code extension indicates A=initial encounter D=subsequent encounter S=sequela *Fracture categories have different extensions

Chapter 19 Injury, poisoning & certain other consequences of external causes

ICD-9	ICD-10
-Fractures (800-829)	Fracture category 7th character extensions -A initial encounter for closed fracture -B initial encounter for open fracture -D subsequent encounter for fracture with routine healing -G subsequent encounter for fracture with delayed healing -K subsequent encounter for fracture with nonunion -S sequela **S62.524D Nondisplaced fracture of distal phalanx of right thumb, subsequent encounter for fracture with routine healing**

ICD-10-PCS

Who’s Using ICD-10-PCS?

- Nobody (yet)
- Developed by 3M for use in the USA
- Other countries using ICD-10-CM are using their own procedure classification systems
  - Canada (CCI) Canadian Classification of Health Interventions
  - Australia (ICD-10-AM)

ICD-9-CM Volume 3 (Procedures)	ICD-10-PCS (Procedures)
Used in inpatient hospital setting	Used in inpatient hospital setting
Volume 3	Replaces Volume 3

ICD-9-CM Volume 3	**ICD-10-PCS (Procedures)**
Consists of: -Index -Tabular	Consists of: -Index Provide 1st 3 or 4 values of the code - Tables Must be used to obtain complete code

ICD-9-CM Volume 3	ICD-10-PCS
-3 or 4 characters (numeric)	-Always 7 characters per procedure (alphanumeric) -Digits 0-9 used -Letters A-H, J-N, P-Z (no I or O because of confusion with numbers 1 and 0) -No “x” placeholders

ICD-9-CM Volume 3	ICD-10-PCS
Single code for multiple procedures Ex. 39.59 repair of blood vessel	Specific code for unique procedure
Multiple meaning for terms	Single meaning for terms
No definitions for terms	All critical terms defined

ICD-9-CM Volume 3	ICD-10-PCS
Diagnostic information within procedure codes. Example: fracture reductions	No diagnostic information. Example: Bone (body part) • Reposition (if displaced) • Insertion (if pinned but no displacement) • Immobilization (if casted)

Structure and Features of ICD-10-PCS

Character Assignments

1	2	3	4	5	6	7
Section						

Section (16)
0 Medical & Surgical
- for procedures in the Medical & Surgical section the first character will always be the number zero (0).
- *Reference list*

1 Obstetrics, etc.

ICD-10 PROCEDURE CODING SYSTEM
SECTIONS

Sections
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

1	2	3	4	5	6	7
Section	**Body System**					

Body System (31)
Central Nervous System
Peripheral Nervous System, etc.

- ICD-10-PCS uses generally accepted anatomical categories
- *Reference List*
- Some categories are split
  - Example: cardiovascular system:
    - Heart & great vessels
    - Upper arteries
    - Lower arteries
    - Upper veins
    - Lower veins

1	2	3	4	5	6	7
Section	Body System	**Root Operation**				

Root Operation

1 Bypass
2 Change
5 Destruction
7 Dilation
9 Drainage
B Excision
C Extirpation
F Fragmentation, etc.

Root Operation:

-Defines the objective of the procedure
-All possible Medical & Surgical procedures comprise only 31 different root operations
-Clear definitions for each root operation
-*Reference List*
-The full definition of root operation must be met
-Components integral to a procedure are not coded separately (ex. Resection of a joint is integral to joint replacement)
-Inspections integral to a procedure are not coded separately
-Root operation “repair” is coded only when the procedure is not one of the other root operations.

ICD-10 Procedure Coding System

Global **Root Operations** (Section 0-9)

Alteration	Definition-Modifying the anatomic structure of a body part without affecting the function of the body part Explanation-Principal purpose is to improve appearance Examples-Face lift, breast augmentation
Bypass	Definition-Altering the route of passage of the contents of a tubular body part Explanation-Rerouting contents around an area of a body part to another distal (downstream) area in the normal route; rerouting the contents to another different but similar route and body part; or to an abnormal route and another dissimilar body part. It includes one or more concurrent anastomoses with or without the use of a device such as autografts, tissue substitutes and synthetic substitutes. Examples-Coronary artery bypass, colostomy formation
Change	Definition-Taking out or off a device from a body part and putting back an identical or similar device in or on the same body part without cutting or puncturing the skin or a mucous membrane. Explanation- All Change procedures are coded using the approach External Examples-Urinary catheter change, gastrostomy tube change
Control	Definition-Stopping, or attempting to stop, postprocedure bleeding Explanation-The site of the bleeding is coded as an anatomical region and not to a specific body part. Examples-Control of post-prostatectomy hemorrhage, control of post-tonsillectomy hemorrhage

ICD-10 Procedure Coding System

Global **Root Operations** (Section 0-9)

Creation	Definition-Making a new genital structure that does not take over the function of a body part Explanation-Used only for sex change operations Examples-Creation of vagina in a male, creation of penis in a female
Destruction	Definition-Physical eradicating all or a portion of a body part by the direct use of energy, force or a destructive agent Explanation- None of the body part is physically taken out. Examples-Fulguration of rectal polyp, cautery of skin lesion
Detachment	Definition-Cutting off all or a portion of an the upper or lower extremities Explanation-The body part value is the site of the detachment, with a qualifier if applicable to further specify the level where the extremity was detached Examples-Below knee amputation, disarticulation of shoulder
Dilation	Definition-Expanding an orifice or the lumen of a tubular body part Explanation-The orifice can be a natural orifice or an artificially created orifice. Accomplished by stretching a tubular body part using intraluminal pressure or by cutting part of the orifice or wall of the tubular body part. Examples-Percutaneous transluminal angioplasty, pyloromyotomy
Division	Definition-Cutting into a body part without draining fluids and/or gases from the body part in order to separate or transect a body part Explanation-All or a portion of the body part is separated into two or more portions Examples-Spinal cordotomy, osteotomy

ICD-10 Procedure Coding System

Global **Root Operations** (Section 0-9)

Drainage	Definition-Taking or letting out fluids and/or gases from a body part Explanation-The qualifier DIAGNOSTIC is used to identify drainage procedures that are biopsies. Examples-Thoracentesis, incision and drainage
Excision	Definition-Cutting out or off, without replacement, a portion of a body part Explanation-The qualifier DIAGNOSTIC is used to identify excision procedures that are biopsies Examples-partial nephrectomy, liver biopsy
Extirpation	Definition-Taking or cutting out solid matter from a body part Explanation-The solid matter may be an abnormal byproduct of a biological function or a foreign body. The solid matter is imbedded in a body part, or is in the lumen of a tubular body part. The solid matter may or may not have been previously broken into pieces. No appreciable amount of the body part is taken out. Examples-Thrombectomy, choledocholithotomy
Extraction	Definition-Pulling or stripping out or off all or a portion of a body part Explanation-The body part is pulled or stripped from its location by the use of force (e.g., manual, suction). The qualifier DIAGNOSTIC is used to identify extraction procedures that are biopsies. Examples-Dilation and curettage, vein stripping

ICD-10 Procedure Coding System
Global **Root Operations** (Section 0-9)

Fragmentation	Definition-Breaking solid matter in a body part into pieces Explanation-The solid matter may be an abnormal byproduct of a biological function or a foreign body. Physical force (e.g., manual, ultrasonic) applied directly or indirectly through intervening body parts is used to break the solid matter into pieces. The pieces of solid matter are not taken out, but are eliminated or absorbed through normal biological functions Examples-Extracorporeal shockwave lithotripsy, transurethral lithotripsy
Fusion	Definition-Joining together portions of an articular body part rendering the articular body part immobile Explanation-The body part is joined together by fixation device, bone graft, or other means. Examples-Spinal fusion, ankle arthrodesis
Insertion	Definition-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 Explanation- None Examples-Insertion of radioactive implant, insertion of central venous catheter
Inspection	Definition-Visually and/or manually exploring a body part Explanation-Visual exploration may be performed with or without optical instrumentation. Manual exploration may be performed directly or through intervening body layers. Examples-Diagnostic arthroscopy, exploratory laparotomy

ICD-10 Procedure Coding System
Global **Root Operations** (Section 0-9)

Map	Definition-Locating the route of passage of electrical impulses and/or locating functional areas in a body part Explanation-Applicable only to the cardiac conduction mechanism and the central nervous system Examples-Cardiac mapping, cortical mapping
Occlusion	Definition-Completely closing an orifice or the lumen of a tubular body part Explanation-The orifice can be a natural orifice or an artificially created orifice Examples-Fallopian tube ligation, ligation of inferior vena cava
Reattachment	Definition-Putting back in or on all or a portion of a separated body part to its normal location or other suitable location Explanation-Vascular circulation and nervous pathways may or may not be reestablished Examples-Reattachment of hand, reattachment of avulsed kidney
Release	Definition-Freeing a body part from an abnormal physical constraint by cutting or by use of force Explanation- Some of the restraining tissue may be taken out but none of the body part is taken out Examples-Adhesiolysis, carpal tunnel release

ICD-10 Procedure Coding System

Global **Root Operations** (Section 0-9)

Removal	Definition-Taking out or off a device from a body part Explanation-If the device is taken out and a similar device is put in without cutting or puncturing the skin or mucous membrane, the procedure is coded to the root operation CHANGE. Otherwise, the procedure for taking out the device is coded to the root operation REMOVAL and the procedure for putting in the new device is coded to the root operation performed. Examples-Drainage tube removal, cardiac pacemaker removal
Repair	Definition-Restoring, to the extent possible, a body part to its normal anatomic structure and function Explanation-Used only when the method to accomplish the repair is not one of the other root operations Examples-Herniorrhaphy, suture of laceration
Replacement	Definition-Putting in or on biological or synthetic material that physically takes the place of all or a portion of a body part Explanation-The biological material is non-living, or the biological material is living and from the same individual. The body part may have been previously taken out, previously replaced, or may be taken out concomitantly with the Replacement procedure. If the body part has been previously replaced, a separate Removal procedure is coded for taking out the device used in the previous replacement. Examples-Total hip replacement, free skin graft

ICD-10 Procedure Coding System
Global **Root Operations** (Section 0-9)

Reposition	Definition-Moving to its normal location or other suitable location all or a portion of a body part Explanation-The body part is moved to a new location from an abnormal location, or from a normal location where it is not functioning correctly. The body part may or may not be cut out or off to be moved to the new location. Examples-Reposition of undescended testicle, fracture reduction
Resection	Definition-Cutting out or off, without replacement, all of a body part. Explanation-None Examples-Total nephrectomy, total lobectomy of lung
Restriction	Definition-Partially closing an orifice or the lumen of a tubular body part Explanation-The orifice can be a natural orifice or an artificially created orifice. Examples-Esophagogastric fundoplication, cervical cerclage
Revision	Definition-Correcting to the extent possible a malfunctioning or displaced device Explanation-Revision can include correcting a malfunctioning or displaced device by taking out or putting in components of the device such as a screw. Examples-Adjustment of pacemaker lead, adjustment of hip prosthesis

ICD-10 Procedure Coding System
Global **Root Operations** (Section 0-9)

Supplement	Definition-Putting in or on biological or synthetic material that physically reinforces or augments the function of a body part Explanation-The biological material is non-living, or living and from the same individual. The body part may have been previously replaced. If the body part has been previously replaced, the Supplement procedure is performed to physically reinforce and/or augment the function of the replaced body part Examples-Herniorrhaphy using mesh, free nerve mitral valve ring annuloplasty, put a new acetabular liner in a previous hip replacement
Transfer	Definition-Moving, without taking out, all or a portion of a body part to another location take over the function of all or a portion of a body part Explanation-The body part transferred remains connected to its vascular and nervous supply. Examples-Tendon transfer, skin pedicle flap transfer

ICD-10 Procedure Coding System

Global **Root Operations** (Section 0-9)

Transplantation	Definition-Putting in or on all or a portion of a living body part taken from another individual or animal to physically take the place and/or function of all or a portion of a similar body part Explanation-The native body part may or may not be taken out, and the transplanted body part may take over all or a portion of its function Examples-Kidney transplant, heart transplant

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Section	Body System	Root Operation	**Body Part**			

Body Part

-*Reference List*

-The specific anatomical part of the body upon which the procedure is performed

-Includes lesions, polyps, etc. found in/on the body part

-Multiple body parts (In bursae, ligaments body system)(Only one code necessary if a single root operation performed on any or all parts identified in the description)(Ex. Elbow bursa & ligament)

-Plural body parts (listed in its plural form in the description)(Only one code necessary regardless of the # of such body parts treated)(ex. Ribs, turbinates)

-Bilateral body parts (identical procedure performed on contralateral body parts)(If no bilateral body part character exists, code each procedure separately)(Ex. External ear, bilateral; breast, bilateral; kidney bilateral)

-General body parts (identifies whole body part or contiguous body parts)(for procedures performed on body part as a whole or when precise body part cannot be determined)(Ex. Liver: general, right lobe, left lobe, caudate lobe)

ICD-10 PROCEDURE CODING SYSTEM
GLOBAL BODY PARTS/REGIONS

Body Part/Region	Body System	Section
Ankle Tendon, Right	Tendons	Medical & Surgical
Anorectal	Anatomical Orifices	Placement
Anterior Chamber, Left	Eye	Medical & Surgical
Anterior Chamber, Right	Eye	Medical & Surgical
Anterior Tibial Artery, Left	Lower Arteries	Medical & Surgical
Anterior Tibial Artery, Right	Lower Arteries	Medical & Surgical
Anus	Gastrointestinal System	Medical & Surgical
Aortic Body	Endocrine System	Medical & Surgical
Aortic Valve	Heart & Great Vessels	Medical & Surgical
Appendix	Gastrointestinal System	Medical & Surgical

1	2	3	4	5	6	7
Section	Body System	Root Operation	Body Part	**Approach**		

Approach

- The specific method by which a body part is reached or exposed in a procedure
- *Reference List*

ICD-10 Procedure Coding System
Medical and Surgical Approaches

1	**Open**	**Cutting through the skin or mucous membrane and any other body layers necessary to expose the site of the procedure** **Example: Abdominal hysterectomy**
2	Percutaneous	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 *Example: Needle biopsy of liver*
3	Percutaneous Endoscopic	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 *Example: Arthroscopy*
4	Via natural or artificial opening	Entry of instrumentation through a natural or artificial external opening to reach the site of the procedure *Example: Endotracheal intubation*
5	Via natural or artificial opening endoscopic	Entry of instrumentation through a natural or artificial external opening to reach and visualize the site of the procedure *Example: Sigmoidoscopy*
6	Via natural or artificial opening endoscopic with percutaneous endoscopic assistance	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 *Example: Laparoscopic-assisted vaginal hysterectomy*
7	External	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 *Example: Closed fracture reduction*

1	2	3	4	5	6	7
Section	Body System	Root Operation	Body Part	Approach	**Device**	

Device

Examples of devices

- Drainage device
- Radioactive Element
- Autologous tissue substitute
- Extraluminal device
- Intraluminal device
- Synthetic substitute
- Nonautologous tissue substitute

Coded only if device remains after the procedure

Reference List

Instruments used to perform a procedure are not identified in the device character

Instruments for visualization are identified in the approach character

Material incidental to a procedure are not considered devices (Ex. Sutures, clips)

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

Qualifier
-Defines an additional attribute of the procedure performed, if applicable.
-Examples: Type of transplant, second site for a bypass, diagnostic excision (biopsy)

0: MEDICAL AND SURGICAL
H: SKIN AND BREAST
Q: REPAIR: Restoring, to the extent possible, a body part to its normal anatomic structure and function

Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
0 Skin, Scalp 1 Skin, Face 2 Skin, Right Ear 3 Skin, Left Ear 4 Skin, Neck 5 Skin, Chest 6 Skin, Back 7 Skin, Abdomen 8 Skin, Buttock 9 Skin, Perineum A Skin, Genitalia B Skin, Right Upper Arm C Skin, Left Upper Arm D Skin, Right Lower Arm E Skin, Left Lower Arm F Skin, Right Hand G Skin, Left Hand H Skin, Right Upper Leg J Skin, Left Upper Leg K Skin, Right Lower Leg L Skin, Left Lower Leg M Skin, Right Foot N Skin, Left Foot Q Finger Nail R Toe Nail	X External	Z No Device	Z No Qualifier
T Breast, Right U Breast, Left V Breast, Bilateral W Nipple, Right X Nipple, Left Y Supernumerary Breast	0 Open 3 Percutaneous 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic X External	Z No Device	Z No Qualifier

Challenges

- Higher level of coding expertise
- Higher degree of knowledge of anatomy & physiology
- No experts in the field
- Every aspect of facility operations affected
- Data trending difficulties

Challenges

- Potential problems during initial transition period
  - Payment delays
  - High coding-error rates

References:

- ICD-10, GEMs
  - www.cms.gov/ICD10
- ICD-10-CM and ICD-10-PCS, Martien Linda, 1/17/2006 The Coding Institute
- The Federal Register: www.gpoaccess.gov/fr/
- MS-DRG Conversion Project
  - www.cms.gov/ICD10/Downloads/MsdrgConversion.pdf
- www.AHIMA.org

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