BASIC INTRODUCTION TO ICD-10-CM & ICD-10-PCS

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ICD-10 Final Rule CMS-0013-F

- Published January 16, 2009
- October 1, 2013
  - Compliance date for implementation of
    - ICD-10-Clinical Modification (CM) and
    - ICD-10-Procedure Coding System (PCS)
ICD-10 Implementation

- Single implementation date for all users
  - Date of service for ambulatory and physician reporting
  - Date of discharge for inpatient settings
- ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013
- ICD-9-CM claims for services prior to implementation date will continue to flow through systems for a period of time
- No grace period
- AHIMA Credentialing Exams will convert Spring 2013

Benefits of ICD-10-CM

- Up-to-date classification systems will provide much better data for:
  - Measuring the quality, safety, and efficacy of care
  - Designing payment systems and processing claims for reimbursement
  - Conducting research, epidemiological studies, and clinical trials
  - Setting health policy
  - Operational and strategic planning and designing healthcare delivery systems
  - Monitoring resource utilization
  - Improving clinical, financial, and administrative performance
  - Preventing and detecting healthcare fraud and abuse
  - Tracking public health and risks
ICD-10-CM: Similarities to ICD-9-CM

- ICD-10-CM Official Guidelines for Coding and Reporting accompany and complement ICD-10-CM conventions and instructions
- Adherence to the official coding guidelines in all healthcare settings is required under the Health Insurance Portability and Accountability Act

Coding Guidelines:

- It is necessary to review all sections of the guidelines to fully understand all of the rules and instructions needed to code properly.
- Approved by Cooperating Parties:
  - AHIMA, AHA, CMS and NCHS
Official ICD-10-CM Coding Guidelines
2010 Revision

- Section I: Conventions, general coding guidelines
  and chapter specific guidelines
  - A. Conventions for ICD-10-CM
  - B. General Coding Guidelines
  - C. Chapter Specific Coding Guidelines
- Section II: Selection of Principal Diagnosis
- Section III: Reporting Additional Diagnosis
- Section IV: Diagnostic Coding and Reporting
  Guidelines for Outpatient Services

Similarities and Differences
### Structure of ICD-10-CM

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 3 -5 characters</td>
<td>□ 3 -7 characters</td>
</tr>
<tr>
<td>□ First character is numeric or alpha (E or V)</td>
<td>□ Character 1 is alpha (all letters except U are used)</td>
</tr>
<tr>
<td>□ Characters 2-5 are numeric</td>
<td>□ Character 2 is numeric</td>
</tr>
<tr>
<td>□ Always at least 3 characters</td>
<td>□ Characters 3 -7 are alpha or numeric</td>
</tr>
<tr>
<td>□ Use of decimal after 3 characters</td>
<td>□ Use of decimal after 3 characters</td>
</tr>
<tr>
<td>□ Use of dummy placeholder “x”</td>
<td>□ Alpha characters are not case-sensitive</td>
</tr>
</tbody>
</table>

### ICD-9-CM Structure

**Format:** 3 -5 Characters

- 496  
- 414.00  
- V55.3

- Codes longer than 3 characters always have
  - decimal point after first 3 characters
  - 1st character:
    - Alpha or numeric
  - 2nd through 5th characters:
    - Numeric
### ICD-10-CM Structure – Format 3 -7 Characters

- **P09**  **S32.010A**  **O9A.211**  **M1A.0111**
- Codes longer than 3 characters always have decimal point after first 3 characters
  - 1\(^{st}\) character: alpha
  - 2\(^{nd}\) through 7\(^{th}\) characters: alpha or numeric
  - 7\(^{th}\) character used in certain chapters (obstetrics, musculoskeletal, injuries, and external causes of injury)

### ICD-10-CM: Similarities to ICD-9-CM

- Divided into Alphabetic Index and Tabular List
  - Structure and format are same
  - Index is alphabetical list of terms & corresponding codes
    - Alphabetic Index lists main terms in alphabetical order with indented subterms under main terms
    - Index is divided into 2 parts:
      - Index to Diseases and Injuries and
      - Index to External Causes
ICD-10-CM: Similarities to ICD-9-CM

- Format of Tabular List and Index
  - Chapters in Tabular structured similarly to ICD-9-CM, with minor exceptions
    - A few chapters have been restructured
    - Sense organs (eye and ear) separated from Nervous System chapter and moved to their own chapters
  - Index structured the same as ICD-9-CM
    - Alphabetic Index of Diseases and Injuries
    - Alphabetic Index of External Causes
    - Table of Neoplasms
    - Table of Drugs and Chemicals

ICD-10-CM: Similarities to ICD-9-CM

- Tabular List is chronological list of codes divided into chapters based on body system or condition
- Tabular List is presented in code number order
- Same hierarchical structure
- Codes invalid if missing an applicable character
- Codes are looked up same way
  - Look up diagnostic terms in Alphabetic Index
  - Then verify code number in Tabular List
ICD-10-CM: Similarities to ICD-9-CM

- Many conventions have same meaning
  - Abbreviations, punctuation, symbols, notes such as “code first” and “use additional code”
- Nonspecific codes ("unspecified" or “not otherwise specified”)
  - Used when detailed documentation to support more specific code is not available

ICD-10-CM: Differences from ICD-9-CM

- All codes are alphanumeric
  - 1st character is always alpha and alpha characters may appear elsewhere in the code as well
- Codes can be up to 7 characters in length
- Codes are more specific
- Code titles are more complete
  - No need to refer back to a category, subcategory, or sub-classification level to determine complete meaning of code
ICD-10-CM: Differences from ICD-9-CM

- Laterality (side of the body affected) has been added to relevant codes
- Expanded use of combination codes
  - Certain conditions and associated common symptoms or manifestations
  - Poisonings and associated external cause
- Injuries grouped by anatomical site rather than type of injury
- Codes reflect modern medicine and updated medical terminology

Combination Codes – Examples

- I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
- E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
- K71.51 Toxic liver disease with chronic active hepatitis with ascites
- K50.012 Crohn’s disease of small intestine with intestinal obstruction
- N41.01 Acute prostatitis with hematuria
ICD-10-CM Injury Changes

- ICD-9-CM --- Type of Injury
  - Fractures (800-829)
  - Dislocations (830-839)
  - Sprains and strains (840-848)
- ICD-10-CM --- Anatomic Site
  - Injuries to the head (S00-S09)
  - Injuries to the neck (S10-S19)
  - Injuries to the thorax (S20-S29)

ICD-10-CM: Differences from ICD-9-CM

- Addition of 7th character
  - Used in certain chapters to provide information about characteristic of encounter
  - Must always be used in 7th character position
  - If a code has applicable 7th character, the code must be reported with an appropriate 7th character value in order to be valid
ICD-10-CM 7th Character Injuries – & External Causes

- A Initial encounter
- D Subsequent encounter
- S Sequela

Note: For aftercare of an injury, assign acute injury code with 7th character “D”

ICD-10-CM 7th Character – Fractures

- 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
- P Subsequent encounter for fracture with malunion
- S Sequela
ICD-10-CM: Placeholder “X”

- Addition of dummy placeholder “X” is used in certain codes to:
  - Allow for future expansion
  - Fill out empty characters when a code contains fewer than 6 characters and a 7th character applies
- When placeholder character applies, it must be used in order for code to be considered valid

ICD-10-CM: Excludes1 Notes

- Excludes1 note
  - Indicates that code identified in note and code where note appears cannot be reported together because 2 conditions cannot occur together
- Example:
  - E10 Type 1 Diabetes mellitus
    - Excludes1:
      - diabetes mellitus due to underlying condition (E08.-)
      - drug or chemical induced diabetes Mellitus (E09.-)
      - gestational diabetes (O24.4-)
      - hyperglycemia NOS (R73.9)
      - neonatal diabetes mellitus (P70.2)
      - type 2 diabetes mellitus (E11.-)
ICD-10-CM: Excludes1 Notes

- Excludes1 note
  - Additional example:
  - M21 Other acquired deformities of limbs
    - Excludes1:
      - acquired absence of limb (Z89.-)
      - congenital absence of limbs (Q71-Q73)

ICD-10-CM: Excludes2 Notes

- Excludes2 note
  - Indicates that condition identified in the note is not part of the condition represented by the code where the note appears, so both codes may be reported together if the patient has both conditions
  - Example:
    - L89 Pressure ulcer
    - Excludes2:
      - non-pressure chronic ulcer of skin (L97.-)
      - skin infections (L00-L08)
      - varicose ulcer (I83.0, I83.2)
ICD-10-CM: Excludes2 Notes

- Excludes2 note
  - Additional example:
  - I70.2 Atherosclerosis of native arteries of the extremities
    - Excludes2: atherosclerosis of bypass graft of extremities (I70.30-I70.79)

ICD-10-CM Specificity Examples

- Increased specificity
  - S72.044G Nondisplaced fracture of base of neck of right femur, subsequent encounter for closed fracture with delayed healing
  - I69.351 Sequelae of cerebral infarction, Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
  - Z47.81 Encounter for orthopedic aftercare following surgical amputation
  - Z48.21 Encounter for aftercare following heart transplant
ICD-10-CM Laterality Examples

- Laterality
  - C50.511 Malignant neoplasm of lower-outer quadrant of right female breast
  - C50.512 Malignant neoplasm of lower-outer quadrant of left female breast
  - C50.519 Malignant neoplasm of lower-outer quadrant of unspecified female breast
ICD-10-CM Coding Examples

Hypertension

- **Step 1**
  - Look up term in Alphabetic Index:
  - Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic) I10

- **Step 2**
  - Verify code in Tabular:
  - 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)
Type I diabetes mellitus with diabetic nephropathy

- **Step 1**
  - *Look up term in Alphabetic Index:*
    - Diabetes, diabetic (mellitus) (sugar) E11.9
      - type 1 E10.9
      - With
        - nephropathy E10.21

- **Step 2**
  - *Verify code in Tabular:*
    - E10 Type 1 diabetes mellitus
    - E10.2 Type 1 diabetes mellitus with kidney complications
    - E10.21
      - Type 1 diabetes mellitus with diabetic nephropathy
      - Type 1 diabetes mellitus with intercapillary glomerulosclerosis
      - Type 1 diabetes mellitus with intracapillary glomerulonephrosis
      - Type 1 diabetes mellitus with Kimmelstiel-Wilson disease
Stage III decubitus ulcer of coccyx

Step 1
- Look up term in Alphabetic Index:
  - Ulcer, ulcerated, ulcerating, ulceration, ulcerative decubitus -
    - see Ulcer, pressure, by site
    - pressure (pressure area) L89.9-
      - coccyx L89.15-
    - OR
      - stage III (healing) (full thickness skin loss involving damage or necrosis of subcutaneous tissue) coccyx L89.15-

Step 2
- Verify code in Tabular:
  - L89 Pressure ulcer
    - Includes: bed sore
    - decubitus ulcer
  - L89.15 Pressure ulcer of sacral region
    - Pressure ulcer of coccyx
    - Pressure ulcer of tailbone
    - L89.153 Pressure ulcer of sacral region, stage III
      - Healing pressure ulcer of sacral region, stage III
      - Pressure ulcer with full thickness skin loss involving damage or necrosis of subcutaneous tissue, sacral region
Postmenopausal osteoporosis with current pathological fracture, vertebra, initial encounter for fracture

**Step 1**

- **Look up term in Alphabetic Index:**
  - Osteoporosis (female) (male) M81.0
    - postmenopausal M81.0
    - With pathological fracture vertebra M80.08

**Step 2**

- **Verify code in Tabular:**
  - M80 Osteoporosis with current pathological fracture
    - The appropriate 7th character is to be added to each code from category M80:
      - A initial encounter for fracture
      - D subsequent encounter for fracture with routine healing
      - G subsequent encounter for fracture with delayed healing
      - K subsequent encounter for fracture with nonunion
      - P subsequent encounter for fracture with malunion
      - S sequela
  - M80.08 Age-related osteoporosis with current pathological fracture, vertebra(e)
    - Report code M80.08xA because code is only 5 characters long and it requires a 7th character, so the placeholder “x” is needed in 6th character position
Dislocation, jaw, subsequent encounter

- **Step 1**
  - Look up term in Alphabetic Index:
    - Dislocation (articular)
      - jaw (cartilage) (meniscus) S03.0

- **Step 2** Verify code in Tabular:
  - S03 Dislocation and sprain of joints and ligaments of head
    - The appropriate 7th character is added to each code from category S03:
      - A initial encounter
      - D subsequent encounter
      - S sequela
  - S03.0 Dislocation of jaw
    - Dislocation of jaw (cartilage) (meniscus)
    - Dislocation of mandible
    - Dislocation of temporomandibular (joint)
  - Report code S03.0xxD because code is only 4 characters long and it requires a 7th character, so the placeholder “x” is needed in the 5th and 6th character positions
Late effect of stroke with facial droop

- **Step 1** Look up term in Alphabetic Index:
  - Late effect(s) - see Sequela
  - Sequelae (of) - see also condition
    - Stroke NOS I69.30
      - Facial droop I69.392
  - **Step 2** Verify code in Tabular:
    - I69 Sequelae of cerebrovascular disease
      - I69.3 Sequelae of cerebral infarction
        - Sequelae of stroke NOS
      - I69.392 Facial weakness following cerebral infarction
        - Facial droop following cerebral infarction

Aftercare following hip replacement (not for fracture)

- **Step 1** Look up term in Alphabetic Index:
  - Aftercare (see also Care) Z51.89
    - Following surgery (for) (on)
      - Joint replacement Z47.1
  - **Step 2** Verify code in Tabular:
    - Z47 Orthopedic aftercare
      - Excludes 1: aftercare for healing fracture-code to fracture with 7th character D
    - Z47.1 Aftercare following joint replacement surgery
      - Use additional code to identify the joint (Z96.6-)
ICD-10-CM: Impact on Coding and Documentation

- Increased detail in new coding systems will allow improved coding specificity
- Improvements in ICD-10-CM facilitate coding process (more complete and specific code titles, updated medical terminology, expanded and clearer instructional notes)
- While detailed medical record documentation would result in higher coding specificity and higher data quality, non-specific codes are still available when detailed documentation is unavailable

ICD-10-PCS

Procedure Coding System
HIPAA Designated Code Set for Hospital Inpatient Surgical Procedures
ICD-10-PCS: Code Structure

- Seven-Character Alphanumeric Code
- *Every code is seven characters long*
- 34 possible values for each character
- *Digits 0-9*
- *Letters A-H, J-N, P-Z*

Characters and Values

- A character is a stable, standardized code component
- *Holds a fixed place in the code*
- *Retains its meaning across a range of codes*
- A value is individual unit defined for each character
### First Character: Section

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

### 2nd Character: Body System

- **Identifies general area of procedure**

  **Examples:**
  
  1. Peripheral Nervous System
  2. Heart and Great Vessels
  3. Respiratory System
  4. Mouth and Throat
  5. Gastrointestinal System
3rd Character: Root Operation

1st 2nd 3rd 4th 5th 6th 7th

Identifies essential surgical action performed

- Each root operation has a precise meaning
  - Excision, Resection, and removal do not mean the same thing
    - Excision: Cutting out or off, without replacement, a portion of a body part
    - Resection: Cutting out or off, without replacement, all of a body part
    - Removal: Taking out or off a device from a body part, region or orifice

3rd Character: Root Operation

- All procedures are mapped to one of the root operations
  - For example, all procedures map to approx. 30 root operations in the Med/Surg section
  - Examples:
    - Biopsy is coded as an Excision
    - A scope is coded as Inspection
    - Suture is coded as Repair

Examples in Medical/Surgical:

| 0 Alteration | 4 Creation | 8 Division |
| 1 Bypass     | 5 Destruction | 9 Drainage |
| 2 Change     | 6 Detachment | B Excision |
| 3 Control    | 7 Dilation | Q Repair |
4th Character: Body Part

- Describes specific body part on which the procedure was performed
  - Body parts include lesions, polyps, etc. found in/on the body part

Examples:

Body system D Gastrointestinal

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>6th</th>
<th>7th</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
<td>Upper Intestinal Tract</td>
<td>5</td>
<td>Esophagus</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>Stomach</td>
<td>B</td>
<td>Ileum</td>
<td></td>
</tr>
<tr>
<td>J</td>
<td></td>
<td></td>
<td>Appendix</td>
<td>W</td>
<td>Peritoneum</td>
<td></td>
</tr>
</tbody>
</table>

5th Character -- Approach

- Indicates the method used to reach the body part
- 7 different approaches made up of three basic types, plus the approach X External
  - Open => Open Endoscopic
  - Percutaneous => Percutaneous Endoscopic
  - Via Natural or Artificial Opening => Via Natural or Artificial Opening Endoscopic
7th Character: Qualifier

- Unique meaning for different root operations
  - Genetic compatibility of transplant
  - Biopsy (diagnostic excision)
  - Destination site for a bypass
  - Original procedure being revised

ICD-10-PCS Characters: Medical and Surgical Section
ICD-10-PCS Draft Coding Guidelines
Appendix B: ICD 10 PCS Reference Manual

- A. General B.3
- B. Medical and Surgical section (section 0) B.4
- Body system guidelines B.4
- Root operation guidelines B.5
- Body part guidelines B.8
- Approach guidelines B.10
- Device guidelines B.11
- C. Other medical and surgical-related sections (sections 1–9) B.11

ICD-10-PCS Draft Coding Guidelines

- A.1. It is not possible to construct a procedure code from the alphabetic index.
  - The purpose of the alphabetic index is to locate the appropriate table that contains all information necessary to construct a procedure code.
ICD-10-PCS Draft Coding Guidelines

- A.2. The ICD-10-PCS Tables and the definitions that accompany them, the Body Part Key, and the draft guidelines contain the complete information for correct coding. While the index contains a hierarchical lookup for finding a table, and supplemental procedure terms that refer the user to the corresponding root operation options, the index does not contain exclusive coding instruction unavailable elsewhere.
  - The user is not required to consult the index first before proceeding to the tables to complete the code. The user may choose a valid code directly from the tables.

ICD 10-PCS Book Format

- Consists of Index and Tables
- Index provides first three or four characters
- Tables must be used to build valid code
- No eponyms are included
### ICD-10-PCS Table Format

**0: MEDICAL AND SURGICAL**
- D: GASTROINTESTINAL
- B: EXCISION: Cutting out or off, without replacement, a portion of a body part

<table>
<thead>
<tr>
<th>Body Part Character 4</th>
<th>Approach Character 5</th>
<th>Device Character 6</th>
<th>Qualifier Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Esophagus, Upper</td>
<td>0 Open</td>
<td>Z No Device</td>
<td>X Diagnostic</td>
</tr>
<tr>
<td>2 Esophagus, Middle</td>
<td>1 Open Endoscopic</td>
<td></td>
<td>X No Qualifier</td>
</tr>
<tr>
<td>3 Esophagus, Lower</td>
<td>2 Percutaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Esophagogastric</td>
<td>3 Percutaneous Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junction</td>
<td>7 Via Natural or Artificial Opening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Stomach</td>
<td>8 Via Natural or Artificial Opening Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Stomach, Pylorus</td>
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<td></td>
</tr>
<tr>
<td>9 Duodenum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Jejunum</td>
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<tr>
<td>B Ileum</td>
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<tr>
<td>C Ileoceleal Valve</td>
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<td>H Cecum</td>
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<tr>
<td>J Appendix</td>
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<tr>
<td>K Ascending Colon</td>
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<tr>
<td>L Transverse Colon</td>
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<tr>
<td>M Descending Colon</td>
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<tr>
<td>N Sigmoid Colon</td>
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<td></td>
</tr>
<tr>
<td>P Rectum</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PCS Code Example:
“EGD with biopsy of stomach”

- Because Biopsy codes to Excision, we start with keyword Excision, stomach.
- Index points us to ODB6
- We now must go to the table to finish coding. We go to the table for ODB to get the remaining characters

---

**EGD With Biopsy of Stomach: 0DB68ZX**

**0: MEDICAL AND SURGICAL**
**D: GASTROINTESTINAL**
**B: EXCISION:** Cutting out or off, without replacement, a portion of a body part

<table>
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<tr>
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<th>Device Character 6</th>
<th>Qualifier Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Esophagus, Upper</td>
<td>0 Open</td>
<td>Z No Device</td>
<td>X Diagnostic</td>
</tr>
<tr>
<td>2 Esophagus, Middle</td>
<td>2 Open Endoscopic</td>
<td></td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>3 Esophagus, Lower</td>
<td>3 Percutaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Esophagegastric</td>
<td>4 Percutaneous Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junction</td>
<td>7 Via Natural or Artificial Opening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Stomach</td>
<td>8 Via Natural or Artificial Opening Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Stomach, Pylorus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Duodenum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Jejunum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Ileum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Ileocecal Valve</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H Cecum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J Appendix</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K Ascending Colon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L Transverse Colon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M Descending Colon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N Sigmoid Colon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P Rectum</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Drainage – Liver, Open 0F900ZZ

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver</td>
<td>Open</td>
<td>Drainage Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Liver, Right Lobe</td>
<td>Percutaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver, Left Lobe</td>
<td>Percutaneous Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver, Caudate Lobe</td>
<td>Percutaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver, Right Lobe</td>
<td>Open</td>
<td>Drainage Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Liver, Left Lobe</td>
<td>Percutaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver, Caudate Lobe</td>
<td>Percutaneous Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Coronary Artery Bypass Graft: 021109W

#### 0: MEDICAL AND SURGICAL
#### 1: HEART AND GREAT VESSELS
#### 2: BYPASS: (non-multiple procedure)
#### 3: OPEN: (multiple procedure)
#### 4: EXP: (procedure of an unspecified type)

<table>
<thead>
<tr>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>Drainage Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Percutaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percutaneous Endoscopic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ORIF Left Radius: Repair, Upper Bones
OPSJ04Z (4 is Fixation Device)
ORIF Left Radius

ICD-10 Comparison Report

Patient ID:
Age: 44
Discharge Date: 03/30/2011
Gender: F
Length of Stay:
Status: Total Charges:

Procedure Code Comparison
ICD-10-PCS Procedure Code
7332 Open Reduction Of Fracture Of Radius And Ulna With Internal Fixation

ICD-10-PCS Translation Options
The 8 translation options include 4 specific body parts and 2 specific devices

- Reposition Right Radius with Internal Fixation Device, Open Approach
- Reposition Right Radius with Intermediate Fixation Device, Open Approach
- Reposition Left Radius with Internal Fixation Device, Open Approach
- Reposition Left Radius with Intramedullary Fixation Device, Open Approach
- Reposition Right Ulna with Internal Fixation Device, Open Approach
- Reposition Right Ulna with Intermediate Fixation Device, Open Approach
- Reposition Left Ulna with Internal Fixation Device, Open Approach
- Reposition Left Ulna with Intramedullary Fixation Device, Open Approach

ICD 10-PCS Root Operations
## Root operations that take out some/all of a body part

<table>
<thead>
<tr>
<th>Operation</th>
<th>Description</th>
<th>Body Part Description</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excision</strong></td>
<td>Cutting out/off without replacement</td>
<td>Some of a body part</td>
<td>Breast lumpectomy</td>
</tr>
<tr>
<td><strong>Resection</strong></td>
<td>Cutting out/off without replacement</td>
<td>All of a body part</td>
<td>Total mastectomy</td>
</tr>
<tr>
<td><strong>Detachment</strong></td>
<td>Cutting out/off without replacement</td>
<td>Extremity only, any level</td>
<td>Amputation above elbow</td>
</tr>
<tr>
<td><strong>Destruction</strong></td>
<td>Eradicating without replacement</td>
<td>Some/all of a body part</td>
<td>Fulguration of endometrium</td>
</tr>
<tr>
<td><strong>Extraction</strong></td>
<td>Pulling out or off without replacement</td>
<td>Some/all of a body part</td>
<td>Suction D&amp;C</td>
</tr>
</tbody>
</table>

## Root operations that take out solids/fluids/gases from a body part

<table>
<thead>
<tr>
<th>Operation</th>
<th>Description</th>
<th>Body Part Description</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drainage</strong></td>
<td>Taking/letting out fluids/gases</td>
<td>Within a body part</td>
<td>Incision and drainage</td>
</tr>
<tr>
<td><strong>Extrpiration</strong></td>
<td>Taking/cutting out solid matter</td>
<td>Within a body part</td>
<td>Thrombectomy</td>
</tr>
<tr>
<td><strong>Fragmentation</strong></td>
<td>Breaking solid matter into pieces</td>
<td>Within a body part</td>
<td>Lithotripsy</td>
</tr>
</tbody>
</table>
### Root operations involving cutting or separation only

<table>
<thead>
<tr>
<th>Division</th>
<th>Cutting into/separating a body part</th>
<th>Within a body part</th>
<th>Neurotomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Release</td>
<td>Freeing a body part from constraint</td>
<td>Around a body part</td>
<td>Adhesiolysis</td>
</tr>
</tbody>
</table>

### Root operations that put in/put back or move some/all of a body part

<table>
<thead>
<tr>
<th>Transplantation</th>
<th>Putting in a living body part from a person/animal</th>
<th>Some/all of a body part</th>
<th>Kidney transplant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reattachment</td>
<td>Putting back a detached body part</td>
<td>Some/all of a body part</td>
<td>Reattach severed finger</td>
</tr>
<tr>
<td>Transfer</td>
<td>Moving, to function for a similar body part</td>
<td>Some/all of a body part</td>
<td>Skin transfer flap</td>
</tr>
<tr>
<td>Reposition</td>
<td>Moving, to normal or other suitable location</td>
<td>Some/all of a body part</td>
<td>Move undescended testicle Reduction Fx.</td>
</tr>
</tbody>
</table>
### Root operations that alter the diameter/route of a tubular body part

<table>
<thead>
<tr>
<th>Restriction</th>
<th>Partially closing orifice/lumen</th>
<th>Tubular body part</th>
<th>Gastroesophageal fundoplication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occlusion</td>
<td>Completely closing orifice/lumen</td>
<td>Tubular body part</td>
<td>Fallopian tube ligation</td>
</tr>
<tr>
<td>Dilation</td>
<td>Expanding orifice/lumen</td>
<td>Tubular body part</td>
<td>Percutaneous transluminal coronary angioplasty (PTCA) Coronary artery bypass graft (CABG)</td>
</tr>
<tr>
<td>Bypass</td>
<td>Altering route of passage</td>
<td>Tubular body part</td>
<td></td>
</tr>
</tbody>
</table>

### Root operations that always involve a device

<table>
<thead>
<tr>
<th>Insertion</th>
<th>Putting in non-biological device</th>
<th>In/on a body part</th>
<th>Central line insertion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replacement</td>
<td>Putting in device that replaces a body part</td>
<td>Some/all of a body part</td>
<td>Total hip replacement</td>
</tr>
<tr>
<td>Supplement</td>
<td>Putting in device that reinforces or augments a body part</td>
<td>In/on a body part</td>
<td>Abdominal wall hemirrhaphy using mesh</td>
</tr>
<tr>
<td>Change</td>
<td>Exchanging device w/out cutting/ puncturing</td>
<td>In/on a body part</td>
<td>Drainage tube change</td>
</tr>
<tr>
<td>Removal</td>
<td>Taking out device</td>
<td>In/on a body part</td>
<td>Central line removal</td>
</tr>
<tr>
<td>Revision</td>
<td>Correcting a malfunctioning/displaced device</td>
<td>In/on a body part</td>
<td>Revision of pacemaker insertion</td>
</tr>
</tbody>
</table>
### Root operations involving examination only

<table>
<thead>
<tr>
<th>Inspection</th>
<th>Visual/manual exploration</th>
<th>Some/all of a body part</th>
<th>Diagnostic cystoscopy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Map</td>
<td>Locating electrical impulses/functional areas</td>
<td>Brain/cardiac conduction mechanism</td>
<td>Cardiac electrophysiological study</td>
</tr>
</tbody>
</table>

### Root operations that include other repairs

<table>
<thead>
<tr>
<th>Repair</th>
<th>Restoring body part to its normal structure</th>
<th>Some/all of a body part</th>
<th>Suture laceration;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>Stopping/attempts to stop post-procedural bleed</td>
<td>Anatomical region</td>
<td>Post-prostatectomy bleeding</td>
</tr>
</tbody>
</table>
### Root operations that include other objectives

<table>
<thead>
<tr>
<th>Fusion</th>
<th>Rendering joint immobile</th>
<th>Joint</th>
<th>Spinal fusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alteration</td>
<td>Modifying body part for cosmetic purposes without affecting function</td>
<td>Some/all of a body part</td>
<td>Face lift</td>
</tr>
<tr>
<td>Creation</td>
<td>Making new structure for sex change operation</td>
<td>Perineum</td>
<td>Artificial vagina/penis</td>
</tr>
</tbody>
</table>

### AHIMA Resources

**http://www.ahima.org/icd10**

- **Practical guidance**
  - Putting the ICD-10-CM/PCS GEMs into Practice (free)
  - ICD-10 Preparation Checklist (free)
  - Role-based implementation model (free)

- **Books**
  - Pocket Guide of ICD-10-CM and ICD-10-PCS
  - ICD-10-CM and ICD-10-PCS Preview
  - ICD-10-CM and ICD-10-PCS Preview Exercises

- **Online courses**
  - ICD-10-CM Overview: Deciphering the Code
  - E-newsletter (free)
  - Proficiency assessments
  - Academy for ICD-10-CM Trainers
  - Articles
  - Webinars/Conferences
CMS Resources

- MS-DRG Conversion Report
- ICD-10 General Information
  - [http://www.cms.hhs.gov/ICD10](http://www.cms.hhs.gov/ICD10)

Next Webinar: May 13, 2010

| Chapter 20: | External causes of morbidity |
| Chapter 21: | Factors influencing health status and contact with health service |
| Chapter 18: | Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified |