



Overview of ICD-10-CM and ICD-10-PCS

Presented by

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Development of the 10th Edition...

- Issued in 1994 by World Health Organization (WHO)
- Volume 3 (procedure classification) is not included
- Each world government is responsible for adapting the 10th revision based on its own country's needs
- Many European countries currently utilizing ICD-10;
- CMS is responsible for developing the procedure classification entitled ICD-10-PCS (Procedure Coding System) for the United States
- The National Center for Health Statistics (NCHS) is responsible for the disease classification (Volumes 1 and 2) entitled ICD-10-CM (Clinical Modification)
- Both classifications are scheduled for introduction October 1, 2013



Replacing ICD-9-CM, Volumes 1 and 2

- It is recommended that physicians and clinical coders will need extensive consultation and review prior to the adoption of ICD-10-CM
- NCHS has developed a 20-member Technical Advisory Panel to provide support and input during the development. This panel houses healthcare and coding representatives
- The notable improvements in the ICD-10-CM include the following:
 - Additional information relevant to ambulatory and managed care encounters
 - Expansion of injury codes to allow for greater specificity
 - Creation of combination diagnosis/symptom codes to reduce the number of codes needed to fully describe conditions



Replacing ICD-9-CM, Volumes 1 and 2, Continued...

- Addition of a sixth character
- Incorporation of common fourth and fifth digit classifications
- Updated and greater specificity of diabetes mellitus codes
- Facilitation of providing greater specificity with code assignment



ICD-10-CM Structure

- 21 chapters and excludes the supplementary classifications found in ICD-9-CM
- E and V codes of ICD-9-CM have been incorporated throughout ICD-10-CM
- ICD-9-CM codes have 3-5 digits and ICD-10-CM codes have 3-7 digits
- All codes are alphanumeric in ICD-10-CM and the number of codes has increased from approximately 17,000 in ICD-9-CM to approximately 155,000 in ICD-10-CM
- The Chapter titles in ICD-10-CM remain the same with the addition of two new chapters:
 - Chapter VII, Diseases of the Eye and Adnexa
 - Chapter VIII, Diseases of the Ear and Mastoid Process



ICD-10-CM Conversion Crosswalk

- A crosswalk has been developed to convert ICD-9-CM codes to ICD-10-CM codes
- At times, the coder will have more than one ICD-10-CM code crosswalk and in such cases, the possible matches are noted in a Best Match column
- The next slide will show an example of a Crosswalk where the ICD-9-CM code, 281.1, has five possible matches with ICD-10-CM codes. In the Best Match column, the “#a” indicates the best match for 281.1 is D51.9
- **Every** ICD-9-CM code is crosswalked to ICD-10-CM code(s)

ICD-9-CM to ICD-10-CM Conversion
Diseases of the Blood and Blood-forming Organs
 (pound sign (#) following the ICD-10-CM code indicates the best match of one to many matches)

ICD-9-CM Code	ICD-9-CM Abbreviated Title	ICD-10-CM Code	Best Match	ICD-10-Abbreviated Title
280	IRON DEFICIENCY ANEMIAS			
280.0	IRON DEF ANEM DT BL LOSS	D50.0		CHRONIC BL LOSS
280.1	IRON DEF ANEM DT DIET	D50.8		FE DEF ANEM NEC
280.8	IRON DEF ANEM NEC	D50.1		SIDEROPENIC DYSPHAGIA
280.8	IRON DEF ANEM NEC	D50.8	#b	FE DEF ANEMIA NEC
280.9	IRON DEF ANEM NOS	D50.9		FE DEF ANEMIA NOS
281	OTHER DEF ANEMIAS			
281.0	PERNICIOUS ANEMIA	D51.0		PERNICIOUS ANEMIA
281.1	VIT B12 DEF ANEM NEC	D51.1		HEREDT MEGABLAST ANEM
281.1	VIT B12 DEF ANEM NEC	D51.2		TRANSCOBALAMIN DEF ANEM
281.1	VIT B12 DEF ANEM NEC	D51.3		DIETARY B12 DEF ANEM NEC
281.1	VIT B12 DEF ANEM NEC	D51.8		B12 DEF ANEM NEC
281.1	VIT B12 DEF ANEM NEC	D51.9	#a	B12 DEF ANEM NOS

ICD-10-CM Best Match for 281.1 Best Match Designation

ICD-10-CM Index

- Index is alphabetic and as ICD-9-CM has an Index that presents the main terms in bold type with sub-terms indented under the main term, so does ICD-10-CM
- Coders will follow the same rule; to ensure that the correct code has been chosen you must refer to the Tabular section
- Tabular section houses 21 chapters and they are arranged in numeric code order after the first letter assigned to the chapter.
- For example, the letter R is assigned to the chapter regarding symptoms. You will see the following in the Tabular location:
 - R10 Abdominal and pelvic pain
 - R10.0 Acute Abdomen
 - R10.1 Pain localized to upper abdomen
 - R10.2 Pelvis and perineal pain



Replacing ICD-9-CM, Volume 3 with ICD-10-PCS

- This new development will allow more expansion than what was possible with ICD-9-CM, Volume 3
- Currently, ICD-9-CM, Volume 3 lacks exactness and specificity and there is not an option to expand on the current 9th revision to meet our needs
- The four major objectives utilized with the ICD-10-PCS development will allow coders to determine accurate codes with less, minimal effort:
 1. Completeness
 2. Expandability
 3. Multitaxial
 4. Standardized Terminology



Replacing ICD-9-CM, Volume 3 with ICD-10-PCS

- **COMPLETENESS** is defined by having a unique code for all substantially different procedures. The current 9th revision has procedures performed on different body parts, using different approaches/different types are sometimes assigned the same code
- **EXPANDABILITY** is defined by allowing new procedures to be incorporated as unique codes
- **MULTITAXIAL** is defined by providing a structure that allows each code character to have as much as possible the same meaning, both within the specific procedure section and across procedure sections
- **STANDARDIZED TERMINOLOGY** will not change the fact that the meaning of a specific word can vary in common usage but it makes ICD-10-PCS *NOT* include multiple meanings for the same term; each term should be assigned a specific meaning and ICD-10-PCS should include definitions of the terminology



Seven Characters of ICD-10-PCS

- A seven-character alphanumeric code structure has been developed for ICD-10-PCS:

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

- Each character has as many as 34 different values: 10 digits (0-9) and 24 letters (A-H, J-N, and P-Z)
- The letters O and I are not used in an effort to avoid confusion with the digits 0 and 1
- In ICD-10-PCS, the term, “procedure” refers to the complete designation of the seven characters and are divided into sections according to the type of procedure



Seven Characters of ICD-10-PCS

- Character 1 identifies the section: The first character of the procedure code will identify the section. For example, chest x-ray is in the Imaging section, a biopsy is in the Medical and Surgical section and crisis intervention is located in the Mental Health section
- Sections are identified by a specific character-number or letter
- Each code **must** include seven characters. IF a character is not applicable to a specific procedure or service, the letter Z must be used.



Seven Characters of ICD-10-PCS

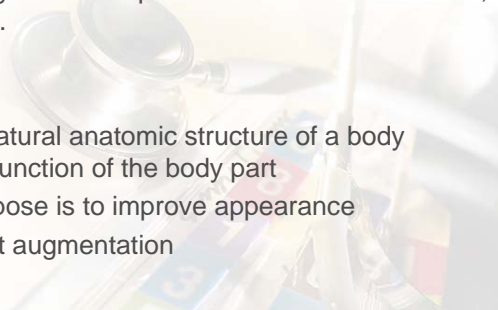
Sections

0	Medical and Surgical
1	Obstetrics
2	Placement
3	Administration
4	Measurement and Monitoring
5	Imaging
6	Nuclear Medicine
7	Radiation Oncology
8	Osteopathic
9	Rehabilitation and Diagnostic Audiology
B	Extracorporeal Assistance and Performance
C	Extracorporeal Therapies
D	Laboratory
F	Mental Health
G	Chiropractic
H	Miscellaneous



Seven Characters of ICD-10-PCS

- **Character 2 is the Body System:** The 2nd character identifies the body system in all sections except Rehabilitation and Mental Health; in these two sections the 2nd character identifies the type of procedure performed
- **Character 3 is the Root Operation:** The 3rd character identifies the root operation in all sections except Radiation Oncology, Rehabilitation and Mental Health.
- The list of Medical and Surgical Root Operations includes definitions, explanations and examples.
- **Example #1:**
 - 0 = Alteration
 - Definition: Modifying the natural anatomic structure of a body part w/o affecting the function of the body part
 - Explanation: Principal purpose is to improve appearance
 - Examples: Face lift, Breast augmentation





Seven Characters of ICD-10-PCS

- Example #2:

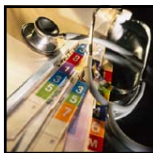
1 = Bypass

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; to another different, but similar, route and body part; or to an abnormal route and another dissimilar body part

Encompasses: Diversion, route, shunt

Examples: Gastrointestinal bypass; Coronary artery bypass



ICD-10-PCS Index

- ICD-10-PCS codes are identified in the Index as well as the Tabular section. The same rules apply for researching a code in the Index- we locate the codes by an alphabetical lookup
- The Index is divided into sections: The first section includes the following sections: Medical and Surgical, OB, Placement, Measurement and Monitoring, Administration, Extracorporeal Asst and Performance, Extracorporeal Therapies and Misc Sections. This first part of the Index is arranged according to root operation terms and has the follows: Body Systems, Body Part, Operation (for Revision), Device (for Change)
- The second part of the Index covers the remaining sections: Imaging, Nuclear Med, Osteopathic



ICD-10-PCS Index

- The Tabular section/list completes the code selection as it provides the remaining characters necessary to complete the code given in the Index
- Tabular section/list is arranged by sections and most are subdivided by body systems.
- An example of a complete ICD-10-PCS code is as follows:

10Y1BZZ = Delivery of retained products of conception

1= Obstetrics (section)

0= Pregnancy (body system)

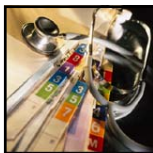
Y= Delivery (root operation)

1= Products of Conception, Retained (body part)

B= Transcervical Intraluminal (approach)

Z= None/Not Applicable (device)

Z= None/Not Applicable (qualifier)



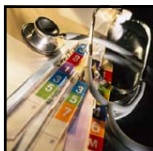
ICD-10 and HIPAA

- With the alphanumeric structure, which allows for more specific information toward ambulatory and managed care, expanded injury coding and more precise clinical setting examples, ICD-10-CM will meet HIPAA criteria
- The increased number of codes and categories will allow for more specific and accurate representation of current and future medical diagnosis and medical procedures
- All-in-all, the goal of ICD-10 was to provide a tool that allows us to code to the highest specificity and “tell the story” of each provider-patient encounter and I believe ICD-10 has achieved that



So, What About Us?!

- Current CPC's are worried about their credential and unanswered questions regarding the CPC credential with ICD-10-CM and ICD-10-PCS implementation
- According to the education department at AAPC, nothing is set in stone. They believe that all CPC's (including CPC-H, CPC-P and CPC-I) will need to take an examination specific to ICD-10-CM and ICD-10-PCS. With the recent delay in the implementation, they are confident they have plenty of time to prepare. Likely, an on-line examination will be offered as the volume of CPC's that would have to find a test site and the # of test sites that would need to be available would be quite an undertaking and possibly not possible. AAPC plans on announcing their training plan and timetable prior to the upcoming national conference; so watch your Edge Blast transmittals
- We think the first to move forward with the change over will be payers and large provider groups with large IT facilities as all will need system changes
- The training time period is estimated to take outpatient coders an average of 10 hours of training; AAPC feels that is not accurate and it will need to be much more than 10 hours of training.



So, What About Us?!

- It is recommended that we begin to plan for the roll-out and research what the needs will be to develop your plan into full implementation.
 - Create a planning committee/task force
 - Identify training needs-type, method, who
 - Identify personnel that will need direct training-strong background in anatomy/terminology, pharmacology and coding
 - Provider education-documentation, adequate coding
 - Information Systems/Software/Billing systems/EMR's/Crosswalk links
 - Research software vendors
 - Budget for implementation costs to achieve all of the above
 - Commit to a timetable
 - General Housekeeping-encounter form and charge ticket revisions
 - Anticipate delays prior to implementation to be best prepared to resolve quickly and efficiently



So, What About Us?!

- We must take the following into consideration to head off potential impact:
 - Delay in payment from carriers
 - Inaccurate coding, reporting and processing
 - Increased denials/rejections
 - Insufficient provider documentation
 - Increased demand for qualified codes/staffing/salary costs/benefits
- Additional information can be obtained from the Centers for Disease Control and Prevention Web site at <http://www.cdc.gov/nchs/about/otheract/icd9/abtcd10.htm>



In Summary...

DO NOT PANIC! DO NOT PANIC! DO NOT PANIC!

With efficient planning and commitment, we will all be trained and best prepared to make this a successful implementation for October 1, 2013!

HAPPY CODING!

