Ten Things You’ll Need to Know for ICD-10 that You Didn’t Need for ICD-9

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ICD-10 versus ICD-9

Many aspects are the same and the coding function will continue as before

Since coding will drive reimbursement and enable tracking of services provided, accuracy is more important than ever before
Diagnosis Coding
ICD-10-CM: Diagnosis Coding

1: Use of alpha characters

• 1st character of a three-digit category is a letter
• 2nd and 3rd characters are numbers
• Codes may be 4 to 7 characters in length
• Final character may be a letter or a number
• Letters “O” and “I” are used; do not confuse with numerals “0” and “1”
2: Dummy placeholder “x” used

• Used in 5th character position for some 6- or 7-character codes

• “Holds” the position for future expansion without disrupting the 6-digit code structure

• Basically a “filler” digit with no coding-related meaning associated with it
ICD-10-CM: Diagnosis Coding

3: Two different types of EXCLUDES notes:

- **Excludes1: “Pure” excludes: the meaning is “not coded here”**
  - Mutually exclusive codes
  - Two conditions may not be reported together

- **Excludes2: Means “not included here”**
  - Although the excluded condition is not part of the condition it is excluded from, a patient may have both conditions at the same time
  - It may be acceptable to use both the code and the excluded code together if supported by documentation
ICD-10-CM: Diagnosis Coding

4: Episode of care differences

- 7th character extensions added to injury codes to differentiate initial encounter, subsequent encounter, sequela
- Final character of obstetric codes designate trimester of pregnancy
- Acute myocardial infarction (AMI) codes designate subsequent AMI, occurring within four weeks (28 days) of a previous AMI
ICD-10-CM: Diagnosis Coding

5: In the MS-DRG system, some diagnosis codes will function as BOTH the principal diagnosis and a CC/MCC

- Involved in mapping ICD-10 diagnosis codes back to ICD-9 diagnosis codes
- When one ICD-10 combination code maps back to two ICD-9 codes that contain CC/MCC conditions
- Example: 995.92 Severe sepsis, and 785.82 Septic shock (MCC) map to R65.21 Severe sepsis with septic shock
- R65.21 as PDx will map to the MS-DRG “with MCC”
Procedure Coding
ICD-10-PCS: Procedure Coding

1: Completely different structure (independent characters):

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section</td>
<td>Body system</td>
<td>Root operation</td>
<td>Body part</td>
<td>Approach</td>
<td>Device</td>
<td>Qualifier</td>
</tr>
</tbody>
</table>

Coding is performed by primarily using tables in which the above characters appear.
ICD-10-PCS: Procedure Coding

2: Specific anatomical terms are required

• For example, a tarsal tunnel release involves the tibial nerve
• A procedure on a capitate bone is considered a procedure on a carpal bone
• No or more limited use of acronyms; instead of ORIF (open reduction, internal fixation):
## ICD-10-PCS: Procedure Coding

### 2: Specific anatomical terms are required (continued)

ORIF of right wrist joint:

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<td>Qualifier</td>
</tr>
<tr>
<td>0</td>
<td>R</td>
<td>S</td>
<td>N</td>
<td>0</td>
<td>4</td>
<td>Z</td>
</tr>
<tr>
<td>Medical and surgical</td>
<td>Upper joints</td>
<td>Reposition</td>
<td>Wrist joint, Right</td>
<td>Open</td>
<td>Internal Fixation Device</td>
<td>No Qualifier</td>
</tr>
</tbody>
</table>

**Final ICD-10-PCS code:** 0RSN04Z
ICD-10-PCS: Procedure Coding

3: The purpose of the procedure is required:

- For example: a pulsatil compression boot application
- The purpose of the boot is to return blood to the heart faster ... via intermittent inflation

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<tr>
<td>5</td>
<td>A</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Extracorporeal Assistance and Performance</td>
<td>Physiological Systems</td>
<td>Assistance</td>
<td>Cardiac</td>
<td>Intermittent</td>
<td>Output</td>
<td>Pulsatile Compression</td>
</tr>
</tbody>
</table>

Final ICD-10-PCS code: 5A02115
4: Different definitions of familiar terms:

- **Revision**
  Correcting, to the extent possible, a malfunctioning or displaced device

- **Removal**
  Taking out or off a device from a body part

- **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

- **Occlusion**
  Completely closing an orifice or lumen of a tubular body part
ICD-10-PCS: Procedure Coding

5: Not otherwise specified (NOS) and not elsewhere classified (NEC):

- NOS options are not provided; a minimal level of specificity is required for each component of the procedure
- NEC limited options available; for example, an “other device” option is available to provide appropriate coding for new devices until they are added to the system
Thank you.