

# ICD-10-CM/PCS 101 for CDI

ICD-10-CM/PCS Basics for Clinical Documentation  
Improvement



# Opening Statement & Instruction

- This presentation is designed for professionals in the role of CDI to create an awareness and provide a high-level overview of the who, what, where, and why of ICD-10-CM/PCS.
- Having an ICD-10 101 information tool and accompanying documents will help promote awareness during implementation as well as promote consistency with messaging. *[This slide would be deleted from the actual presentation.]*

# ICD-10 Introduction

- The WHO (World Health Organization) owns and publishes ICD (International Classification of Diseases), which is used world-wide for morbidity and mortality reporting.
  - The 10<sup>th</sup> revision (ICD-10) was endorsed in 1990.
  - Many countries have been using ICD-10 or a modified version of it since 1994.
  - The U.S. has been using ICD-10 for mortality reporting since 1999, but continues to use a modified version of ICD-9 referred to as ICD-9-CM for morbidity reporting and other purposes.

# ICD-10 Introduction

- In January 2009, the federal government determined the U.S. would upgrade to the 10<sup>th</sup> revision of the ICD as of October 1, 2014.
  - ICD-10-CM (**C**linical **M**odification)
    - Used to assign diagnosis codes
    - A clinical modification of ICD-10 developed by the National Center for Health Statistics (NCHS), a division of the Centers for Disease Control and Prevention (CDC)
  - ICD-10-PCS (**P**rocedural **C**oding **S**ystem)
    - Unique to the US and independent of ICD-10, but designed to complement the structure of ICD-10
    - Developed by the Centers for Medicare and Medicaid Services (CMS) with 3M's health information systems division
    - Used to assign procedure codes for the inpatient setting

# WHY: Benefits to ICD-10-CM/PCS

- Reduced ambiguity
- Enhanced system flexibility for adding new codes
- Better reflection of current medical terminology and technology
- Expanded detail relevant to ambulatory and managed care encounters
- Data transparency for reimbursement and compliance efforts
- Incorporation of recommended revisions to ICD-9-CM that could not be accommodated
- HIPAA criteria for code set standards are met (5010)
- Improved collection and tracking of new diseases and technologies
- Space to accommodate future expansion

# Preparation for ICD-10-CM/PCS

- The federal government is preparing the healthcare industry for ICD-10-CM/PCS implementation.
  - Replacing 4010 with 5010 for electronic claims data by January 1, 2012
  - Implementing an ICD-9-CM and ICD-10-CM code freeze
    - Last annual update October 1, 2011
    - October 1, 2014, updates to ICD-10-CM/PCS will be limited to codes capturing new diseases and/or technology
    - Annual updates to ICD-10-CM/PCS resume October 1, 2015

# Who Will Be Affected?

- ICD-10-CM will be used by *all healthcare providers in all settings* to assign and/or interpret diagnoses.
  - Principal diagnosis
  - Secondary diagnoses
- ICD-10-PCS will capture inpatient procedures for acute care hospital claims.
  - Professionals and the outpatient setting (Medicare Part B claims) will continue to use Current Procedural Terminology (CPT) codes.

# ICD-10-CM/PCS Planning & Implementation

- What is the status of ICD-10-CM/PCS implementation in your organization?
- CDI should be represented on the ICD-10-CM/PCS steering committee.
  - What is the timeline for key implementation activities?
    - When will training begin for those who assign ICD-10-CM/PCS codes?
    - Will there be a period of dual coding?
    - Will there be a validation period? Who will validate?



# Diagnosis Coding & Data Differences

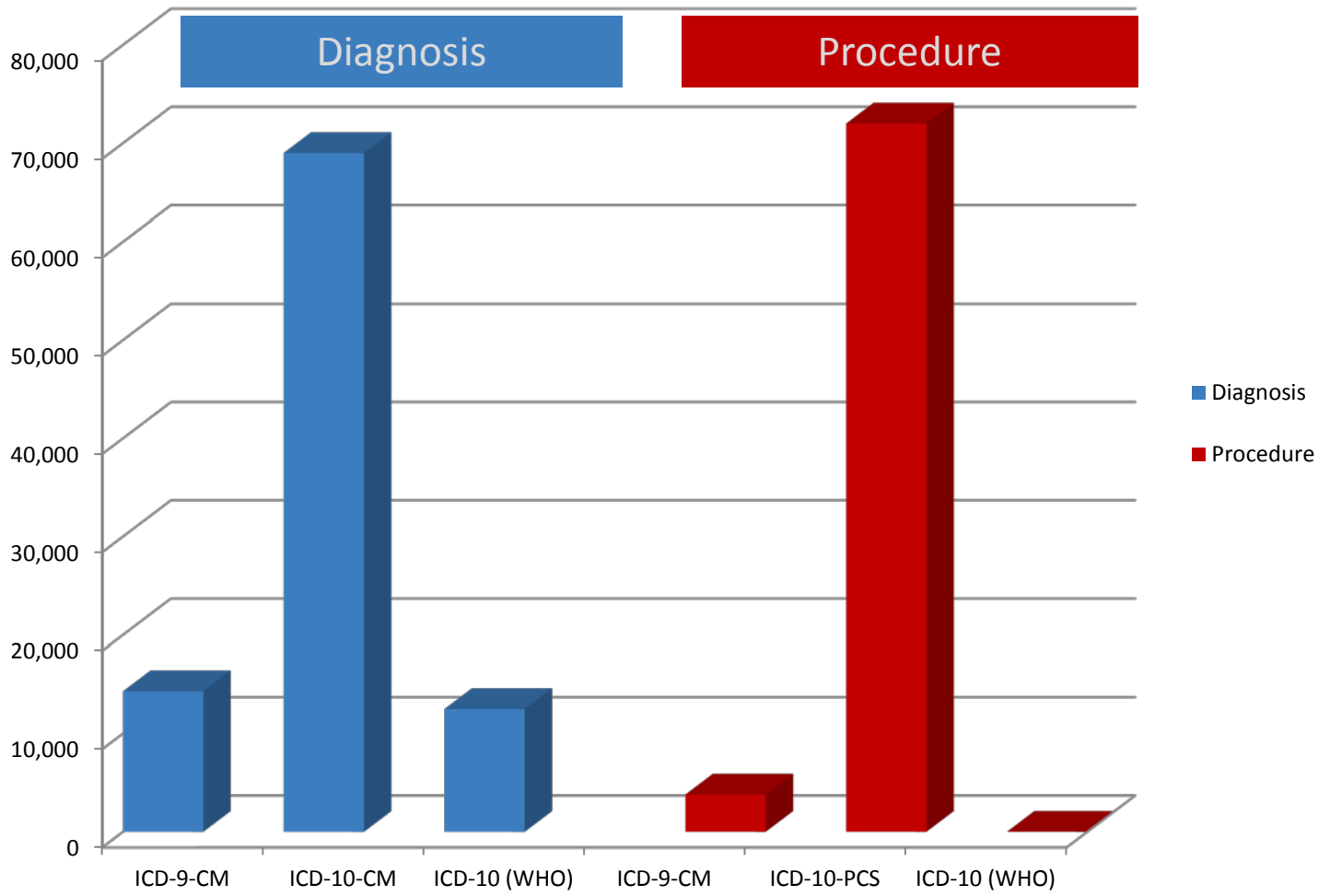
## ICD-9-CM

- ◆ 3–5 characters in length
- ◆ Over 14,000 diagnosis codes
- ◆ Only V codes and E codes start with a letter
- ◆ Limited space for adding new codes
- ◆ Cannot identify laterality

## ICD-10-CM

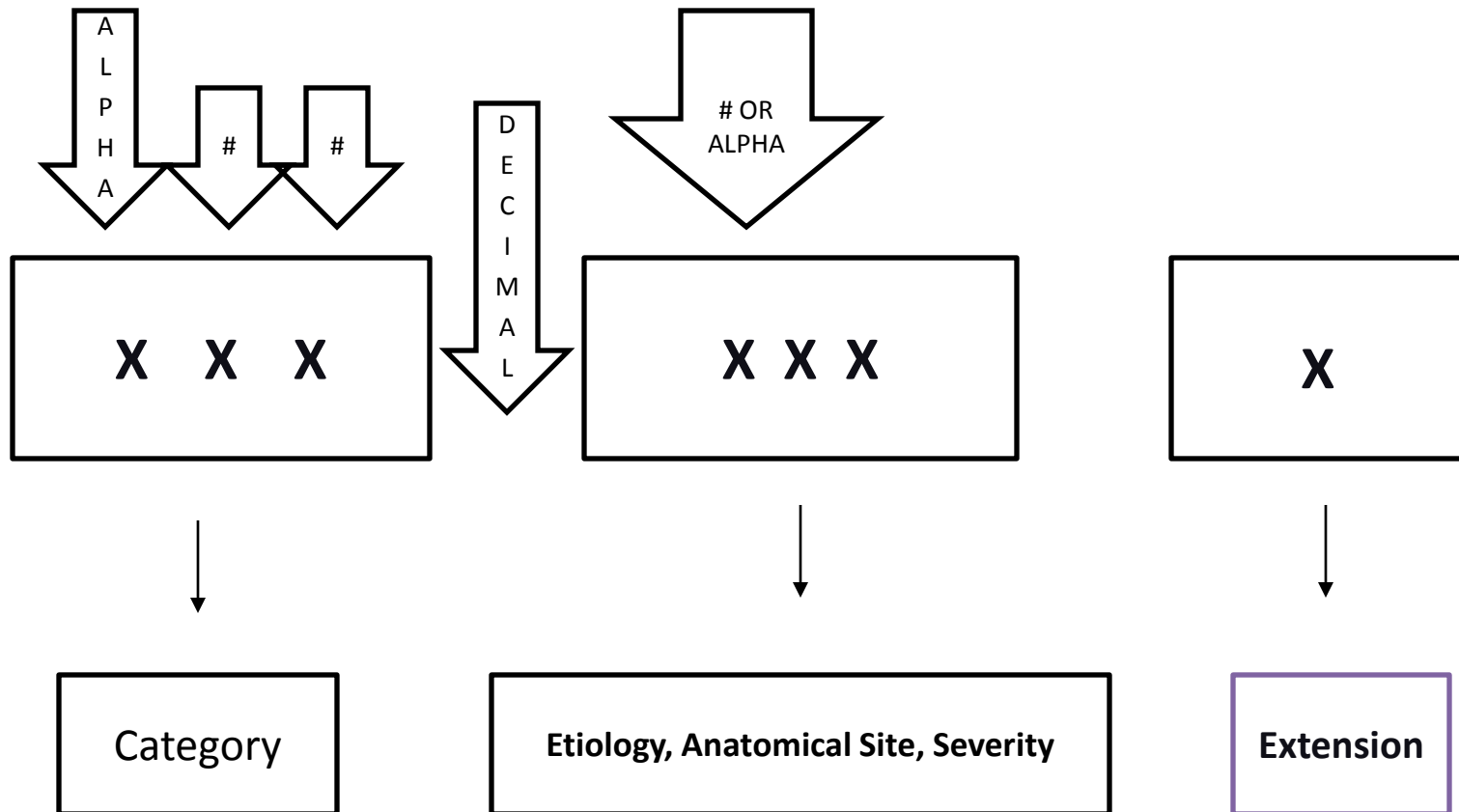
- 3–7 characters in length
- Over 69,000 diagnosis codes
- ALL codes start with a letter
- Flexible for adding new codes
- Many codes require laterality

# ICD-10-CM/PCS Growth of Codes



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# ICD-10-CM Format (Diagnosis Codes)



# Why So Many Diagnosis Codes?

## Greater specificity and detail:

- 34,250 (50%) of all ICD-10-CM codes are related to the musculoskeletal system.
- 17,045 (25%) of all ICD-10-CM codes are related to fractures.
- 10,582 (62%) of fracture codes distinguish right from left.
- 25,000 (36%) of all ICD-10-CM codes distinguish right from left.

# Procedure Coding & Data Differences for Hospital Inpatient Claims

## ICD-9-CM

- ◆ 3–4 digits
- ◆ Over 3,800 procedure codes
- ◆ Lacks detail
- ◆ Limited space for adding new codes
- ◆ Generic terms for body parts

## ICD-10-PCS

- 7 alphanumeric characters
- Over 71,000 procedure codes
- Very specific
- Flexible for adding new codes
- Specific terms for body parts

# How Can You Prepare?

- Begin adding the following to physician documentation templates and queries:
  - Side of dominance
    - Left, right, or ambidextrous (defaults to right)
  - Laterality
    - All paired organs or structures
  - Ordinality
    - Is this the initial visit or a subsequent visit for the complaint?
    - Are these symptoms the sequela of the initial event?

# How Can You Prepare?

- Incorporate the following scales into documentation templates or queries:
  - National Heart, Lung, and Blood Institute (NHLBI) asthma severity classification scale
    - Intermittent
    - Mild persistent
    - Moderate persistent
    - Severe persistent

# How Can You Prepare?

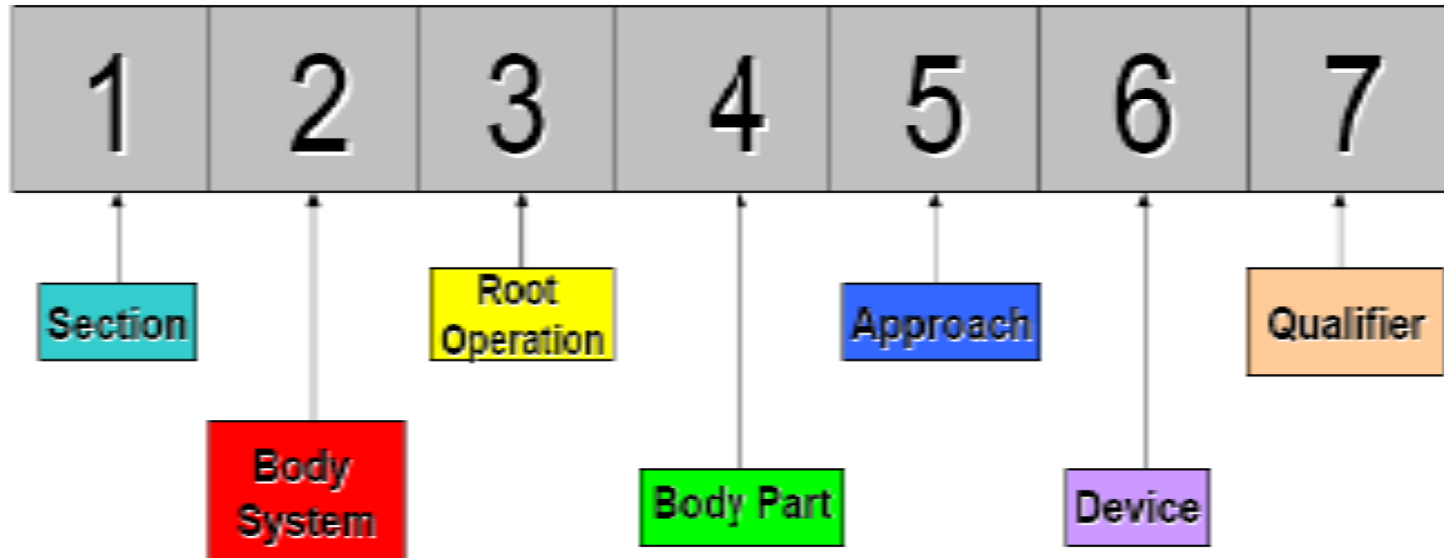
- Incorporate into query templates:
  - Glasgow (Coma Scale)
    - Need a score from each of the three assessment areas, NOT a total score
      - Eye opening
      - Verbal response
      - Motor response
  - Gustilo Open Fracture Classification
    - I, II, III, IIIA, IIIB, or IIIC



# How Can You Prepare?

- Begin adding the following to queries:
  - Differentiation between general and focal seizures
    - General seizures require type specificity
    - Identify intractable (treatment-resistant) seizures
  - Trimester of pregnancy
    - Default to the trimester when the complication occurred, not the discharge trimester when an admission crosses trimesters
  - Identification of the substance related to adverse effect, poisoning, or toxic effect

# Format of ICD-10-PCS (Inpatient Procedural Coding)



There are seven (7) characters in each ICD-10-PCS (Procedural Coding System) code. Each character has a slightly different meaning related to that particular section.

# Why So Many Procedure Codes?

- Seven-character alphanumeric code representing a particular section/element of the code
  - Section, body system, root operation, body part, approach, device, or qualifier
- A character is a stable, standardized code component
  - Holds a fixed place in the code
  - Retains its meaning across a range of codes
- 34 possible values for each character
  - Digits 0 – 9
  - Letters A-H, J-N, P-Z
    - “I” and “O” (letters) are never used

# Inpatient Procedural Coding

- What will be the role of your CDI staff regarding inpatient procedural coding?
  - Will need general education
  - Will be coding procedures to develop a working DRG
  - Will be issuing clarification queries:
    - Approach
    - Laterality
    - Root operation

# General Considerations

- Establishment of working DRGs in ICD-10-CM/PCS
  - Will CDI staff receive the same training as coding?
- Will the current physician query process work with ICD-10-CM/PCS implementation due to the expected increased volume of procedural queries?
  - Who queries for what (i.e., coding vs. CDI, when, why and how long does the bill remain on hold)?

# General Considerations

- What policies and procedures will need revision?
  - ICD-10-CM/PCS will have new *Coding Clinic* advice
  - How will you address decreased productivity during the transition?
- What templates will need revision?
  - Operative reports
  - History and physicals
  - Query forms

# CDI Professionals – Action Steps

- Be a part of the ICD-10-CM/PCS implementation team
- Discuss physician query revisions with your HIM leaders
- Educate your CDI staff
- Provide awareness to physicians
- Utilize tip sheets
  - See AHIMA’s “ICD-10-CM/PCS Implementation Toolkit”

# References/Resources

- CMS ICD-10 Web site: <http://www.cms.gov/icd10>
- Medicare Fee-for-Service Provider Resources:  
[http://www.cms.gov/ICD10/06\\_MedicareFeeforServiceProviderResources.asp](http://www.cms.gov/ICD10/06_MedicareFeeforServiceProviderResources.asp)
- Association of Clinical Documentation Improvement Specialists Web site:  
<http://www.hcpro.com/acdis/>
- NHLBI's National Asthma Education and Prevention Program:  
<http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf>
- Open Fracture: Gustilo Classification:  
<http://www.eatonhand.com/clf/clf256.htm>



# Handy ICD-10 Web Sites

- ICD-10 final rule: <http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf>
- CMS fact sheets: [http://www.cms.hhs.gov/apps/media/fact\\_sheets.asp](http://www.cms.hhs.gov/apps/media/fact_sheets.asp)
- CMS ICD-10 Overview: [http://www.cms.hhs.gov/ICD10/01\\_Overview.asp](http://www.cms.hhs.gov/ICD10/01_Overview.asp)
- 2012 ICD-10-CM and GEMs:  
[http://www.cms.gov/ICD10/11b14\\_2012\\_ICD10CM\\_and\\_GEMs.asp#TopOfPage](http://www.cms.gov/ICD10/11b14_2012_ICD10CM_and_GEMs.asp#TopOfPage)
- HHS ICD-10 Press Release:  
<http://www.hhs.gov/news/press/2008pres/08/20080815a.html>
- NCHS ICD-10 Web site: <http://www.cdc.gov/nchs/icd/icd10cm.htm>
- AHA Central Office ICD-10 Web site: <http://www.ahacentraloffice.org/ICD-10>