General Surgery and Anesthesiology Documentation in an ICD-10 World

Providence Little Company of Mary Medical Center - Torrance

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JA Thomas, a Nuance Corporation
ICD-10 Is a Bit More Specific …

"I hear there's a new ICD-10 code for carpal tunnel syndrome caused by clicking too many times in an EMR system."
Components

• **ICD-10-CM**
  • The diagnosis classification system developed by the Centers for Disease Control and Prevention, a division of the Centers for Medicare & Medicaid Services (CMS) for use in all U.S. health care treatment settings.
  • Diagnosis coding under this system uses 3–7 alphabetic and numeric digits

• **ICD-10-PCS**
  • The procedure classification system developed by (CMS) for use in the U.S. for inpatient hospital settings ONLY.
  • The new procedure coding system uses 7 alpha or numeric digits, while the ICD-9-CM coding system uses 3 or 4 numeric digits.
ICD-10-CM (Clinical Modification): The Diagnosis Codes
ICD-9-CM vs. ICD-10-CM

Structural Changes

- ICD-9-CM (Diagnoses)
  - Category
  - Etiology, site, manifestation

- ICD-10-CM (Diagnoses)

  3-5 characters
  - All numeric
  - Decimal point after 3rd digit

  3-7 characters
  - 1st is alpha (all letters except U)
  - 2nd is always #
  - Decimal point after 3rd digit
Inguinal Hernia

ICD-9-CM

- Code Range 550.xx
  - 12 codes
- **Axis: Type** (3)
  - With gangrene
  - With obstruction, without mention of gangrene
  - Without mention of obstruction or gangrene
- **Subaxis: Anatomy** (4)
  - Unilateral or unspecified
  - Unilateral or unspecified, recurrent
  - Bilateral (not specified as recurrent)
  - Bilateral, recurrent

ICD-10-CM

- Code Range K40.xx
  - 12 codes
- **Axis: Type** (6)
  - Bilateral, with obstruction, without gangrene
  - Bilateral, with gangrene
  - Bilateral, without obstruction or gangrene
  - Unilateral, with obstruction, without gangrene
  - Unilateral, with gangrene
  - Unilateral, without obstruction or gangrene
- **Subaxis: Recurrent** (2)
  - Not specified as recurrent
  - Specified as recurrent
Acute Pancreatitis

ICD-9-CM

• Code Range 577.0
  • 1 code
  • Acute pancreatitis
    • (includes abscess of pancreas, necrosis of pancreas [acute or infective], pancreatitis NOS, apoplectic, hemorrhagic, subacute, suppurative)

ICD-10-CM

• Code Range K85 – K86
  • 9 codes
    • Axis: Type / etiology
      • Idiopathic  K85.0  MCC
      • Biliary  K85.1  MCC
      • Alcohol induced  K85.2  MCC
      • Drug induced  K85.3  MCC
      • Other  K85.8  MCC
      • Unspecified  K85.9  MCC
    • Other codes by etiology
      • Cytomegaloviral  B25.2  MCC
      • Mumps  B26.3  CC
      • Syphilitic  A52.74  CC
Cholelithiasis

ICD-9-CM

• Code Range 574.00-574.91 (**20 codes**)
• Axes: Location / Acuity (**10**)
  • Calculus of gallbladder, with (**3**)
    • Acute cholecystitis
    • Other cholecystitis [not specified as acute]
    • Without cholecystitis
  • Calculus of bile duct, with (**3**)
    • Acute cholecystitis
    • Other cholecystitis [not specified as acute]
    • Without cholecystitis
  • Calculus of gallbladder & bile duct (**4**)
    • Acute cholecystitis
    • Acute and chronic cholecystitis
    • Other cholecystitis [not specified as acute]
    • Without cholecystitis
• Subaxis: Manifestation (**2**)
  • Obstruction
  • No obstruction

ICD-10-CM

Code Range K80.00-K80.81 (**40 codes**)
• Axes: Location / Acuity (**20**)
  • Calculus of gallbladder, with (**5**)
    • Acute cholecystitis
    • Other cholecystitis
      • Chronic cholecystitis
      • Acute on chronic cholecystitis
      • Other cholecystitis
        • Includes cholecystitis NOS
    • Without cholecystitis
  • Calculus of bile duct, with (**9**)
    • With cholangitis
      • Unspecified, acute, chronic, acute on chronic
    • With cholecystitis
      • Unspecified, acute, chronic, acute on chronic
      • Without cholangitis or cholecystitis
  • Calculus of gallbladder and bile duct (**5**)
    • With cholecystitis
      • Unspecified, acute, chronic, acute on chronic
    • Without cholecystitis
  • Other cholelithiasis (**1**)
• Subaxis: Manifestation (**2**)
  • Obstruction
  • No obstruction
Documentation Strategy

- To avoid late clarifications or coding queries, physicians should document the location, acuity, and manifestation of the calculus.
  - Example:
    - *Calculus of gallbladder and bile duct with acute on chronic cholecystitis with obstruction*

- The above example is the only major comorbidity [MCC] in the group:
  - Calculus of gallbladder and bile duct (location)
  - with acute and chronic cholecystitis (acuity)
  - with obstruction (manifestation)
Crohn’s Disease [regional enteritis]

ICD-9-CM
- Code Range 555.0 – 555.9
  - 4 codes for anatomy
  - 4 codes for manifestation
    - 16 code combinations
- Axis: Anatomy
  - Small intestine
  - Large intestine
  - Small intestine with large intestine
  - Unspecified site

Additional Codes in ICD-9 needed to convey manifestation
- 560.9 Unspecified Intestinal obstruction
- 569.81 Fistula of intestine, excl anus & rectum
- 566 Abscess anal & rectal regions
- 569.5 Abscess of intestine

ICD-10-CM
- Code Range K50.00 – K50.019
  - 28 codes
- Axes: anatomy / complication
  - Anatomy
    - Small intestine
    - Large intestine
    - Both small & large intestine
    - Unspecified site
  - Manifestation (each type)
    - Without complication
    - With rectal bleeding
    - With obstruction
    - With fistula
    - With abscess
    - With other complication
    - With unspecified complications
Rectal Abscess in Crohn’s Disease

ICD-9-CM

• Code Range 566
  • 2 code combinations
    • Anatomy
      • 1 code
      • Abscess of anal & rectal areas 569.5
    • Etiology
      • 2 applicable codes
      • Crohn’s disease of:
        • Small intestine
        • Large intestine
        • Small intestine with large intestine
        • Unspecified site

ICD-10-CM

• Code Range K50- & K61-
  • 10 code combinations
    • Axes: anatomy & etiology
      • Anatomy (5)
        • Anal abscess
        • Rectal abscess
        • Anorectal abscess
        • Ischiorectal abscess
        • Intrasphincteric abscess
      • Etiology (2)
        • Crohn's disease of small intestine with abscess
        • Crohn's disease of large intestine with abscess
        • Crohn's disease of both small & large intestine with abscess
        • Crohn's disease, unspecified, with abscess
Chapter 2: Neoplasms

- Typical Coding Changes in ICD-10-CM for Neoplasms
  - Fifth characters now reflect specific sites and laterality (e.g., carcinoma in situ of skin)
  - Malignant neoplasm of kidney split into 5 categories reflecting site
  - Lymphoma 5th character reflects cell type & specific site
  - Hodgkin’s codes now reflect various type & specific lymph node involvement w/ ability to capture extranodal & solid organ sites
  - Carcinoma in situ of breast codes now reflect type (lobular, intraductal, other & unspecified) and laterality (R, L, unspecified)
    - Coders cannot code based on path report
Neoplasm Classification

- Chapter 2 classifies neoplasms primarily by site (topography), with broad groupings for behavior, malignant, in situ, benign, etc.
- A primary malignant neoplasm that overlaps two or more contiguous sites should be classified to the subcategory/code .8 (“overlapping lesion”), unless the combination is specifically indexed elsewhere.
- For multiple neoplasms of the same site that are not contiguous, such as tumors in different quadrants of the same breasts, codes for each site should be assigned.
- Neoplasms of uncertain behavior are defined as those whose histologic confirmation (benign or malignant) cannot be made.

Coders can apply these rules, such as “overlapping sites,” but only if the physician describes to that degree of detail.
Malignant Neoplasms of Breast

ICD-9

• Female Breast
  • Code Range 174.0-174.9 (9 codes)
• Axis: anatomy
  • Nipple and areola
  • Central portion
  • Upper-inner quadrant
  • Lower-inner quadrant
  • Upper OUTER quadrant
  • Lower OUTER quadrant
  • Axillary tail
• Other specified sites
• Unspecified

• Male Breast
  • Code Range 175.0-175.9 (2 codes)
  • Nipple and areola
  • Other and unspecified

ICD-10

• Malignant Neoplasm of Breast
  • Code Range C50.xx (54 codes)
• Axis: anatomy
  • Nipple and areola (6)
  • Central portion (6)
  • Upper-inner quadrant (6)
  • Lower-inner quadrant (6)
  • Upper OUTER quadrant (6)
  • Lower OUTER quadrant (6)
  • Axillary tail (6)
• Overlapping sites (6)
• Unspecified site (6)

• Secondary axes:
  • Sex: M or F (x2)
  • Laterality: R, L, or unspecified (x3)
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C50.011</td>
<td>Malignant neoplasm of nipple and areola, right female breast</td>
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<tr>
<td>C50.012</td>
<td>Malignant neoplasm of nipple and areola, left female breast</td>
</tr>
<tr>
<td>C50.019</td>
<td>Malignant neoplasm of nipple and areola, unspecified female breast</td>
</tr>
<tr>
<td>C50.021</td>
<td>Malignant neoplasm of nipple and areola, right male breast</td>
</tr>
<tr>
<td>C50.022</td>
<td>Malignant neoplasm of nipple and areola, left male breast</td>
</tr>
<tr>
<td>C50.029</td>
<td>Malignant neoplasm of nipple and areola, unspecified male breast</td>
</tr>
<tr>
<td>C50.111</td>
<td>Malignant neoplasm of central portion of right female breast</td>
</tr>
<tr>
<td>C50.112</td>
<td>Malignant neoplasm of central portion of left female breast</td>
</tr>
<tr>
<td>C50.129</td>
<td>Malignant neoplasm of central portion of unspecified male breast</td>
</tr>
<tr>
<td>C50.211</td>
<td>Malignant neoplasm of upper-inner quadrant of right female breast</td>
</tr>
<tr>
<td>C50.212</td>
<td>Malignant neoplasm of upper-inner quadrant of left female breast</td>
</tr>
<tr>
<td>C50.219</td>
<td>Malignant neoplasm of upper-inner quadrant of unspecified female breast</td>
</tr>
<tr>
<td>C50.612</td>
<td>Malignant neoplasm of axillary tail of left female breast</td>
</tr>
<tr>
<td>C50.619</td>
<td>Malignant neoplasm of axillary tail of unspecified female breast</td>
</tr>
<tr>
<td>C50.621</td>
<td>Malignant neoplasm of axillary tail of right male breast</td>
</tr>
<tr>
<td>C50.811</td>
<td>Malignant neoplasm of overlapping sites of right female breast</td>
</tr>
<tr>
<td>C50.812</td>
<td>Malignant neoplasm of overlapping sites of left female breast</td>
</tr>
</tbody>
</table>
# Malignant Neoplasms of Digestive Organs

**ICD-9**
- Digestive Organs
  - Code Range 150.x-159.x (60 codes)
- Axis: anatomy
  - Esophagus (8)
  - Stomach (9)
  - Small intestine, including duodenum (6)
  - Colon (10)
  - Rectum, recto-sigmoid junction & anus (5)
- Liver and intrahepatic bile ducts (3)
- Gallbladder and extrahepatic bile ducts (5)
- Pancreas (7)
- Retroperitoneum & Peritoneum (3)
- Ill-defined sites (3)
- Subaxis
  - Further anatomic detail

**ICD-10**
- Digestive Organs
  - Code Range C15 – C26 (61 codes)
- Axis: anatomy
  - Esophagus (5)
  - Stomach (9)
  - Small intestine, including duodenum (6)
  - Colon (10)
  - Recto-sigmoid junction (2)
  - Rectum (1)
  - Anus and anal canal (4)
  - Liver and intrahepatic bile ducts (8)
  - Gallbladder (1)
  - Other and unspecified parts of biliary tract (4)
  - Pancreas (8)
  - Other and Ill-defined digestive organs (3)
- Subaxis
  - Further anatomic detail
# Malignant Neoplasms of Digestive Organs

## ICD-9
- Liver and intrahepatic bile ducts (3)
  - Liver, primary
  - Intrahepatic bile ducts
  - Liver, not specified as primary or secondary

## ICD-10
- Liver and intrahepatic bile ducts (8)
  - Liver cell carcinoma
  - Intrahepatic bile duct carcinoma
  - Hepatoblastoma
  - Angiosarcoma of liver
    - Kupffer cell sarcoma
  - Other sarcomas of liver
  - Other specified carcinomas of liver
  - Malignant neoplasm of liver, primary, unspecified as to type
  - Malignant neoplasm of liver, not specified as primary or secondary
<table>
<thead>
<tr>
<th>Sciatica</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sciatica</td>
<td>Sciatica</td>
</tr>
<tr>
<td></td>
<td>(1 code)</td>
<td>(6 codes)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Axis of classification: presentation (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sciatica</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Lumbago with sciatica</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secondary Axis: laterality (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Left</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Right</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Unspecified</td>
<td></td>
</tr>
</tbody>
</table>
Facet Syndrome

ICD-9-CM

- Other symptoms referable to the back
  - (1 code)

ICD-10-CM

- Other specified dorsopathies
  - (9 codes)
  - Axis of classification: anatomy (9)
    - Occipito-atlanto-axial
    - Cervical
    - Cervico-thoracic
    - Thoracic
    - Thoracolumbar
    - Lumbar
    - Lumbo-sacral
    - Sacral and sacro-coccygeal
    - Site unspecified
Cardiac Arrest:
(Not OB, Newborn or Anesthesia Related)

ICD-9-CM

• Code Range: 427.5, 997.1
  • 2 codes
• Specificity:
  • NOS (427.5)
  • Post-operative (997.1)

ICD-10-CM

• Code Range: I46.2, I46.8, I46.9, I97.120, 197.121
  • 7 codes
• Type / Subtype (etiology):
  • Cardiac arrest
    • Due to underlying cardiac condition
    • Due to other underlying condition
    • Cause unspecified
  • Intra-operative cardiac arrest
    • During cardiac procedure
    • During other procedure
  • Post-procedural cardiac arrest
    • Following cardiac procedure
    • Following other procedure

Document cardiac arrest & its etiology.
Example: “cardiac arrest d/t v. fib”
ICD-10-PCS
The Procedural Coding System
Physician Notes

- ICD-10-PCS codes are only used to code inpatient procedures
- Your office will continue to bill your professional fees (at least for now) with CPT codes
- To submit a bill, the hospital must have all seven characters of any ICD-10-PCS code – that applies to every procedure during the inpatient stay
Principles for ICD-10-PCS Documentation

- Eliminate eponyms
- Describe each component of your surgical procedure
- Describe the intent of the procedure
  - Dilation, amputation, excision, resection
- Describe your approach if at all ambiguous
- Describe any devices placed in the patient and where they were placed
ICD-9-CM vs. ICD-10-PCS

Structural Changes

• ICD-9-CM (Procedures)

  #  #  #  #

  3-4 characters
  • All numeric
  • Decimal point after 2nd digit

• ICD-10-PCS (Procedures)

  α/#  α/#  α/#  α/#  α/#  α/#  α/#

  7 characters
  • All letters except “I” & “O”
  • No decimal point
  • Each letter or # is called a “value”

Section, Body System, Root Operation, Body Part, Approach, Device, Qualifier
## ICD-10-PCS

### Device

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Drainage device</td>
</tr>
<tr>
<td>2</td>
<td>Monitoring device</td>
</tr>
<tr>
<td>3</td>
<td>Infusion device</td>
</tr>
<tr>
<td>7</td>
<td>Autologous tissue substitute</td>
</tr>
<tr>
<td>C</td>
<td>Extraluminal device</td>
</tr>
<tr>
<td>D</td>
<td>Intraluminal device</td>
</tr>
<tr>
<td>J</td>
<td>Synthetic substitute</td>
</tr>
<tr>
<td>K</td>
<td>Nonautologous tissue substitute</td>
</tr>
<tr>
<td>L</td>
<td>Artificial sphincter</td>
</tr>
<tr>
<td>M</td>
<td>Stimulator lead</td>
</tr>
<tr>
<td>Y</td>
<td>Other device</td>
</tr>
<tr>
<td>Z</td>
<td>No device</td>
</tr>
</tbody>
</table>

### General Surgery Examples

- Autologous Tissue Substitute
- Nonautologous Tissue Substitute
- No Device
- Drainage Device
- Feeding Device
- Intraluminal Device
- Extraluminal Device
- Other Device
- Artificial Sphincter
Colonoscopy with Biopsy Rectal and Sigmoid Polyps
ICD-10-PCS

Root Operation

- Excision / Resection Definitions
  - Resection
    - Cutting out or off, without replacement, all of a body part
  - Excision
    - Cutting out or off, without replacement, a portion of a body part
Building an ICD-10 Procedural Code

**0DBP8ZX**
- Medical or Surgical
- Gastro-intestinal system
- Excision
- Rectum
- Via natural or artificial opening, endoscopic
- No device
- Diagnostic

**0DBN8ZX**
- Medical or Surgical
- Gastro-intestinal system
- Excision
- Sigmoid colon
- Via natural or artificial opening, endoscopic
- No device
- Diagnostic

“Colonoscopy with biopsy rectal and sigmoid polyps”
ERCP with Balloon Dilation of Common Bile Duct
ICD-10-PCS

Root Operation

B  Excision
T  Resection
6  Detachment
5  Destruction
D  Extraction
9  Drainage
C  Extirpation
F  Fragmentation
8  Division
N  Release
Y  Transplantation
M  Reattachment
X  Transfer
S  Reposition

Take something away
Take out solids / fluids / gases
Involve cutting or separation only
Put in / put back or move some or all of body part

V  Restriction
L  Occlusion
7  Dilation
1  Bypass

H  Insertion
R  Replacement
U  Supplement
2  Change
P  Removal
W  Revision
J  Inspection
K  Map
Q  Repair
3  Control
G  Fusion
0  Alteration
4  Creation

Alter the diameter / route of a tubular body part
Always involves a device
Examination only
“Other” repairs
Other objectives
Building an ICD-10 Procedural Code

0F798ZZ

Medical or Surgical
Hepato-biliary system
Dilation
Common bile duct
Via natural or artificial opening, endoscopic
No device
No qualifier

“ERCP with Balloon Dilation of Common Bile Duct”
Building an ICD-10 Procedural Code

Example: Desired Documentation
“Laparoscopic Gastroesophageal Fundoplication”
Building an ICD-10 Procedural Code

Example: Desired Documentation
“Right Open Inguinal Herniorrhaphy”
Building an ICD-10 Procedural Code

0D1M4Z4

Medical and Surgical  G.I. System  Bypass  Descending Colon  Perc endo  No Qualifier  Cutaneous

“Altering the route of passage of the contents of a tubular body part”

Example: Desired Documentation

“Laparoscopic descending colon to abdominal wall colostomy”
Building an ICD-10 Procedural Code

Example: Desired Documentation

“Partial gastrectomy (excision) with gastro-jejunal bypass”
Whipple Procedure

• There is no code under ICD-10 for a “Whipple”
• A Whipple is anatomically described as a pancreaticoduodenectomy
• Depending on specifics… codes could include:
  • 0FBG0ZZ Excision (partial resection) pancreas
    • [excision head of pancreas]
  • 0DB60ZZ Excision distal portion of stomach
  • 0DB90ZZ Excision first and second parts of duodenum
  • 0FT90ZZ Resection common bile duct
  • 0FT40ZZ Resection gallbladder
Building an ICD-10 Procedural Code

0BH17EZ

Medical & surgical
Respiratory system
Insertion
Trachea
Via natural opening
Intraluminal device, endotracheal airway
No qualifier

“Endotracheal Intubation”
<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 Trachea</td>
<td>0 Open</td>
<td>2 Monitoring device, D Intraluminal device</td>
<td>Z No qualifier</td>
</tr>
<tr>
<td>1 Trachea</td>
<td>3 Percutaneous</td>
<td>D Intraluminal device, E Intraluminal device, endotracheal airway</td>
<td>Z No qualifier</td>
</tr>
<tr>
<td>1 Trachea</td>
<td>4 Percutaneous endoscopic</td>
<td>D Intraluminal device</td>
<td>Z No qualifier</td>
</tr>
<tr>
<td>1 Trachea</td>
<td>7 Via natural or artificial opening</td>
<td>2 Monitoring device, D Intraluminal device</td>
<td>Z No qualifier</td>
</tr>
<tr>
<td>1 Trachea</td>
<td>8 Via natural or artificial opening, endoscopic</td>
<td>E Intraluminal device, endotracheal airway</td>
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</tr>
</tbody>
</table>
Building an ICD-10 Procedural Code

05H533Z

Medical & surgical
Upper veins
Insertion
Subclavian vein, right
Percutaneous
Infusion device
No qualifier

“Placement central line R subclavian vein for infusion”
<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
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<tr>
<td>Character 4</td>
<td>Character 5</td>
<td>Character 6</td>
<td>Character 7</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>3</td>
<td>Z</td>
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<tr>
<td>Azygous vein</td>
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<td>Infusion device</td>
<td>No qualifier</td>
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<td>Hemiazygos vein</td>
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<td>Perc Endoscopic</td>
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<td>Subclavian vein, left</td>
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<td>Axillary vein, right</td>
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<td>Axillary vein, left</td>
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<td>Brachial vein, right</td>
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<td></td>
</tr>
<tr>
<td>Brachial vein, left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Building an ICD-10 Procedural Code

“Lumbar epidural injection”

3E0S33Z

Administration
Physiologic systems / anatomic regions
Introduction
Epidural space
Perc
Anti-inflammatory
No qualifier

Putting in or on a therapeutic, diagnostic, nutritional, physiologic or prophylactic substance except blood or blood products

“Lumbar epidural steroid injection”
<table>
<thead>
<tr>
<th>Body System / Region Character 4</th>
<th>Approach Character 5</th>
<th>Substance Character 6</th>
<th>Qualifier Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>R S Spinal canal Epidural space</td>
<td>3 Percutaneous</td>
<td>0 Antineoplastic</td>
<td>2 High-dose 3 Low-dose 4 Liquid brachy 5 Other M Monoclonal</td>
</tr>
<tr>
<td>5 Epidural space</td>
<td>3 Percutaneous</td>
<td>3 Anti-inflammatory</td>
<td>Z No qualifier</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 Nutritional substance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 Electrolytic and water balance substance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>B Local anesthetic</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>C Regional anesthetic</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>H Radioactive substance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>K Other diagnostic</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N Analgesics, hypnotic, sedatives</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>T Destructive agent</td>
<td></td>
</tr>
</tbody>
</table>
Building an ICD-10 Procedural Code

“Insertion of a spinal cord neurostimulator”

00HU3MZ

Medical and Surgical
Central nervous system
Insertion
Spinal Canal
Perc
Neurostimulator lead
No qualifier

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
<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0 Brain</strong></td>
<td>0 Open</td>
<td>2 Monitoring device</td>
<td><strong>Z No qualifier</strong></td>
</tr>
<tr>
<td><strong>6 Cerebral ventricle</strong></td>
<td>3 Percutaneous</td>
<td>3 Infusion device</td>
<td></td>
</tr>
<tr>
<td><strong>E Cranial nerve</strong></td>
<td>4 Percutaneous endo</td>
<td><strong>M Neurostimulator lead</strong></td>
<td></td>
</tr>
<tr>
<td><strong>U Spinal canal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>V Spinal cord</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Summary

• Don’t try to focus on all the new codes
• Remember that what’s essential is providing the information necessary to code
• Eliminate eponyms
• Use anatomic terminology
• Describe each component of the procedure
• Go through the online modules for even more detail
• Work with your clinical documentation/coding team
JA Thomas
ICD-10 Clinician
(Peer-to-Peer)
Web-Based
Video Training
Modules

General ICD-10 Awareness
Office Staff Introduction to ICD-10 - Part 1
Office Staff Introduction to ICD-10 - Part 2
Office Staff Introduction to ICD-10 NIP - Part 1
Office Staff Introduction to ICD-10 NIP - Part 2
Physician Introduction to ICD-10 - Inpatient
Physician Introduction to ICD-10 - Outpatient

Generalists – Documentation Guides
Emergency Medicine
Family Medicine Outpatient
Family Medicine Part 1
Family Medicine Part 2
Internal Medicine Hospitalist Part 1
Internal Medicine Hospitalist Part 2
Internal Medicine - Outpatient
Urgent Care

Hospital-Based
Diagnostic Radiology
Interventional Radiology
Pathology
Radiation Oncology

Surgery – Documentation Guides
Bariatric Surgery
Breast Surgery
Cardiovascular Surgery
Colorectal Surgery
General Neurosurgery
General Surgery
Neurosurgery Head
Neurosurgery Spine
Neurosurgery Spine and Extremities
Orthopedic Foot and Ankle Surgery
Orthopedic Hand Surgery
Orthopedic Spine
Orthopedic Surgery
Orthopedic Total Joint
Orthopedic Trauma
Otolaryngology
Plastic Hand
Plastic Surgery
Podiatric Surgery
Surgical Oncology
Thoracic Surgery
Trauma Surgery
Urology
Vascular Surgery

Pediatrics – Documentation Guides
General Pediatrics
Pediatric Neonatology
Adolescent Medicine

Other Specialty – Documentation Guides
Anesthesiology
Cardiac Electrophysiology
Cardiology
Critical Care
Dermatology
Endocrinology
Gastroenterology
Gynecology
Gynecology Oncology
Hematology
Infectious Disease
Interventional Cardiology
Nephrology
Neurology
Obstetrics
Oncology
Ophthalmology
Pain Management
Physical Medicine and Rehabilitation
Psychiatry and Behavioral Health
Pulmonology
The Commons
An introduction to the Diagnosis Calculator and Specialty Content Training for ICD-10
Log-in at:  https://www.commonslearning.com/eco_login.php
Specialty Modules

- Phase 2: ICD-10
  - All Specialty Content
  - Phase 2: Specialty Training
    - ICD-10 Phase 2 training by specialty.
    - Your Course Progress: 47%

- EPIC
  - ICD-10 Training
    - This course contains the training content for Epic & ICD10.
    - Your Course Progress: 100% Completed
ICD10 Specialty - Internal Medicine Part 1

Key slides:
- 3, 10, 12, 15, 27, 28, 40-42, 44, 46, 48

Reviewer: Dr. Sean Tushia - Providence Portland Medical Center.

Completion Requirements:

To receive credit for completion you must Pass the test on slide 50 of this presentation. If you do not pass the test you must close the module and reopen it. Upon reopening the module you must choose Not to resume where you left off, thereby restarting the test. Once you have passed the test you must further click the Green Mark Done button to receive completion.

CME credits will only be granted to Employed providers of Providence and Swedish. Upon completion, you will be granted 1hr of CME credit for this module. For more information on how to receive your CME credit please review the ICD-10 Provider FAQ: NOW@ICD10FAQ

Click Here to begin module
Listen to the Module
Answer questions at end. A 100% is required to complete.
Internal Medicine - Hospitalist Part 1 Questions

Your Score: 100% (3 points)
Passing Score: 80% (2.4 points)

Result:
Congratulations, you passed.

Click Here to Continue
You are Done! Click here to go continue and close or to complete your next module.
ICD-10 General Questions, questions on The Commons content can be directed to:  
ICD10questions@providence.org

Questions regarding accounts and access to The Commons can be directed to:  
Anjna.Bhandari@providence.org or Richard.Ramberg@providence.org
"I'm sorry, the doctor no longer makes diagnoses."
You Don’t Order Coffee the Way You Used to...

Large black coffee

Venti
¾ Caffe
Skinny
Vanilla
No foam
Latte

It’s Time to Add Specificity to Your Documentation Too.
Questions?

andrew.dombro@jathomas.com