

ICD-10: Moving Forward In Our New Reality

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Outline

- What is ICD-10?
 - ICD-10-CM
 - ICD-10-PCS
 - Code Conversion
 - October 1 Transition
 - Transplant DRGs (*reference material*)
 - Common Transplant Conversions (*reference material*)
 - Documentation Tips (*reference material*)
 - Wrap Up
-
- Fun with ICD-10, scattered throughout

What Is ICD-10?

Spacecraft explosion injuring occupant

V95.45

What ICD-10 Is Not

- A government takeover of healthcare
- An effort to shift more work onto physicians
- A way for insurers to pay less
- Going away

International Classification of Diseases (ICD)

- Standard diagnostic tool for epidemiology, health management, and clinical purposes
- Used to monitor the incidence and prevalence of disease and other health problems
- Administered by the World Health Organization

History of Disease Classification

- 1893: *Bertillon Classification of Causes of Death* adopted by the International Statistical Institute
 - Synthesis of English, German, and Swiss classifications used by the City of Paris
- 1898: Adopted by the American Public Health Association for use in Canada, Mexico, and the US
- 1900: Detailed classification of causes of death consisting of 179 groups
 - Updated every 10 years
- Parallel effort developed the *International Classification of Causes of Sickness and Death*

History of Disease Classification

- 1948: First World Health Assembly endorsed the *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death*
- 1975: Ninth Revision of the *International Classifications of Diseases* was approved
- 1990: Tenth Revision endorsed by the 43rd World Health Assembly
- 1994: ICD-10 came into use by WHO member states

What is ICD Used 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 design in healthcare delivery systems
- Monitoring resource utilization
- Improving clinical, financial, and administrative performance
- Preventing and detecting healthcare fraud and abuse
- Tracking public health and risks

Why Change?

- ICD-9 does not reflect current technology
 - Adopted for use in 1979
 - Three Mile Island meltdown
 - First-class stamp cost 15 ¢
 - *Saturday Night Fever* was the album of the year
- Different diagnoses and procedures are assigned to the same ICD-9 code
 - These limit applicability of Diagnosis Related Groups, and hence, payment
- Difficult to measure quality and outcomes with imprecise codes

Increasing Demand for High Quality Documentation

- High-quality documentation provides more accurate clinical picture of quality of care provided
- Better clinical documentation promotes better patient care and more accurate capture of acuity, severity, and risk of mortality
 - Quality and performance reporting
 - Reimbursement
 - Severity-level profiles
 - Risk adjustment profiles
 - Provider profiles
 - Present on admission reporting
 - Hospital-acquired conditions

Worldwide ICD-10 Adoption

CANADA

- Began adopting in 2001
- Over 5-year implementation
- ICD-10-CA for morbidity
- Coding is used for statistical purposes rather than for billing

UNITED KINGDOM

- Adopted in 1995

GERMANY

- Adopted in 1998
- ICD-10-AM for morbidity
- Implementation took 3 years

RUSSIA

- Adopted in 1999

FRANCE

- Adopted in 1996

CHINA

- Adopted in 2002

ANOTHER REASON FOR THIS CHANGE IS THAT THE UNITED STATES IS ONE OF THE FEW DEVELOPED NATIONS THAT STILL HAS NOT TRANSITIONED TO THE ICD-10 SYSTEM.

BRAZIL

- Adopted in 1998

SOUTH AFRICA

- Adopted in 1996

AUSTRALIA

- Adopted in 1998
- Implementation took 2 years
- 2 years from decision to change to actual implementation was insufficient lead time to build the classification and educate users

US History With ICD

- We're late to the ICD-10 party
 - US has used ICD-10 to code and classify mortality data from death certificates since 1999
- US has modified ICD since the seventh revision
- US uses ICD codes to determine reimbursement on individual inpatient hospital cases
 - ICD-9-CM in use since the late 1970s
- Complex healthcare system where special interests wield outsized influence
 - National health systems don't have this challenge

ICD-10 Timeline in the US

- 1995: US draft of ICD-10-CM made available
- 1996: HIPAA enacted
 - Code set standards established
 - New code set adoption process falls under legislative controls
- 2003: National Committee for Vital and Health Statistics (NCVHS) voted to recommend that HHS move forward to adopt ICD-10-CM and ICD-10-PCS
- 2008: Notice of proposed rule making with implementation date of October 1, 2011
- 2009: HHS publishes final rule, adopting ICD-10-CM and ICD-10-PCS effective October 1, 2013
- 2012: HHS final rule changing implementation date to October 1, 2014
- 2014: Congress passes the Protecting Access to Medicare Act of 2014 (“Doc-fix”), which includes new implementation date of October 1, 2015

Protecting Access to Medicare Act of 2014

- Sec. 212. Delay in transition from ICD–9 to ICD–10 code sets
 - The Secretary of Health and Human Services may not, prior to October 1, 2015, adopt ICD–10 code sets as the standard for code sets under section 1173(c) of the Social Security Act (42 U.S.C. 1320d–2(c)) and section 1121(b) of title 45, Code of Federal Regulations

Final Review

ICD-10-CM

Burn due to water-skis on fire, initial
encounter

V91.07XA

ICD-10-CM

- Used for assigning codes to *diagnoses* associated with hospital, outpatient, clinical, and physician utilization
 - Describe disease and injuries
 - Identify signs and symptoms for research
 - Depict why a patient is seeking medical services
 - Offer a consistent standard for billing and payments

ICD-9 vs ICD-10 (diagnoses)

ICD-9-CM

- 14,567 codes
- 3-5 characters
- Lacks laterality
- Lacks detail
- Limited space for adding new codes

ICD-10-CM

- 69,832 codes
- 3-7 characters
- Includes laterality
- Very specific
- Flexible for adding new codes

ICD-10-CM looks different than ICD-9-CM in its organization and structure, code composition, and level of detail. However, the general format, hierarchical structure and code assignment techniques will be very familiar.



ICD-9-CM

- Consists of three to five characters
- First character is numeric or alpha (E or V)
- Second, third, fourth, and fifth characters are numeric
- Always at least three characters
- Decimal is placed after the first three characters



ICD-10-CM

- Consists of three to seven characters
- First character is alpha
- All letters are used except U
- Second character is numeric
- Third, fourth, fifth, sixth, and seventh characters can be alpha or numeric
- Decimal is placed after the first three characters

The Alpha Character



This example of an ICD-10-CM code is for the **injury of digital nerve of right index finger, initial encounter**. As can be seen, an ICD-10-CM code provides far greater specificity than current ICD-9 codes. In fact, a

great number of single ICD-10 codes would require multiple codes to express the same thing in ICD-9.

No matter if you deal with codes each day or not, it is important to

understand the format of the ICD-10-CM code and how you can assist in promoting accuracy. To learn more details about the format, review the **Prologue to ICD-10-CM** course.

The Alpha Character

One “cool” feature of ICD-10-CM is that even a non-coder can see a code and have a general sense of the condition as the letter represents the disease system or category.

You should also know that these disease categories actually represent chapters within the ICD-10-CM coding book that a coder uses to look up a code. Here is a list of each letter and the chapter/categories they represent.

A-B Infectious/Parasitic Diseases
C-D Neoplasms
D Diseases of Blood/Blood-Forming Organs
E Endocrine, Nutritional, and Metabolic Diseases
F Mental and Behavioral Disorders
G Diseases of the Nervous System
H Diseases of the Eye and Adnexa
Diseases of the Ear and Mastoid Process
I Diseases of the Circulatory System
J Diseases of the Respiratory System
K Diseases of the Digestive System
L Diseases of Skin and Subcutaneous Tissue

M Diseases of Musculoskeletal System
N Diseases of Genitourinary System
O Pregnancy, Childbirth, and the Puerperium
P Certain Conditions Originating in Perinatal Period
Q Congenital Malformations, Deformations, and Chromosomal Abnormalities
R Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified
S-T Injury, Poisoning, Certain Other Consequences of External Causes
V-Y External Causes of Morbidity
Z Factors Influencing Health Status

ICD-10 Character Specificity

- Characters 1-3: Category
 - Characters 4-6: Etiology
 - Character 7: Extension
-
- S52: Fracture of forearm
 - S52.5: Fracture of lower end of radius
 - S52.52: Torus fracture of lower end of radius
 - S52.521: Torus fracture of lower end of right radius
 - S52.521A: Torus fracture of lower end of right radius, initial encounter for closed fracture

Seventh Character

- A: initial encounter – the entire period in which the patient is receiving active treatment for an injury, poisoning or other consequences of an external cause
- D: subsequent encounter – any encounter after the active phase of treatment, when the patient is receiving routine care for the injury during the period of healing or recovery
- S: sequela – a complication or condition that arises as a direct result of an injury
- Required for some codes only (injury, poisoning, and certain other consequences of external causes)
 - Acetaminophen overdose
 - T39.1X2A: poisoning by 4-Aminophenol derivatives, intentional self-harm, initial encounter

Sucked into jet engine, subsequent
encounter

V97.33XD

Unspecified Codes

- It is acceptable to use unspecified codes if the medical record documentation and clinical knowledge of the patient's health condition do not allow for more specific coding
 - D63.1: Anemia in chronic kidney disease
 - D64.9: Anemia, unspecified
- It is acceptable to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis
 - R10.9: Abdominal pain

Diagnosis Documentation: Quick Tips

- Chronicity of illness
- Complicating factors
- Anatomic Site
- Severity
- Etiology

Principal vs. Secondary Diagnoses (outpatient)

- List the first ICD-10-CM code for the diagnosis, condition, problem, or other reason for encounter/visit shown in the medical record to be chiefly responsible for the services provided
 - List additional codes that describe any coexisting conditions
 - In some cases, the first-listed diagnosis may be a symptom when a diagnosis has not been established (confirmed) by the physician

Principal vs. Secondary Diagnoses (outpatient)

- Chronic disease treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition(s)
- Code all documented conditions that coexist at the time of the encounter/visit, and require or affect patient care treatment or management
- For outpatient encounters for diagnostic tests that have been interpreted by a physician, and the final report is available at the time of coding, code any confirmed or definitive diagnosis(es) documented in the interpretation

Preoperative Evaluations

- For patients receiving preoperative evaluations only, sequence first a code from subcategory Z01.81, Encounter for pre-procedural examinations, to describe the pre-op consultations. Assign a code for the condition to describe the reason for the surgery as an additional diagnosis. Code also any findings related to the pre-op evaluation.
 - Pre-op visit for cholecystectomy (separate from initial consultation)
 - Z01.818: encounter for other preprocedural examination
 - K80.20: calculus of gallbladder without cholecystitis
 - K70.30: alcoholic cirrhosis of liver without ascites

CenterSpan Question

- Pt seen by surgeon within 90 days postop after a kidney transplant, and during the visit the surgeon:
 - elicits any general complaints
 - enquires about BP control at home
 - enquires about HTN control at home
 - enquires about their compliance w/ immunosuppressive therapy
 - does a general, respirator, cardiovascular, abdominal ROS and exams
 - reviews all labs
 - reviews immunosuppressive drug (tacrolimus) levels
 - makes med changes as necessary in immunosuppression, DM, HTN, electrolyte, prophylactic therapy

CenterSpan Question

- Arguably, one could code
 - Z94.0 kidney transplant status (analogous to V42.0)
 - Z48.22 Encounter for aftercare following kidney transplant (analogous to V58.44)
 - Z79.899 Other long-term current drug therapy (? Will cover both immunosuppressive and anti-hypertensive rx) (analogous to V58.69)
 - Z51.81 Encounter for therapeutic drug monitoring
 - Z79.52 Long-term (current) use of systemic steroids
 - Z79.4 Long-term (current) use of insulin (if diabetic on insulin)
 - E10.22 or E11.22 DM 1 or 2 w/ CKD, if diabetic
 - E83.41 Hypomagnesemia (if treating low Mg)
 - E83.30 Disorder of phosphate metabolism (if treating PO₄)

Which seems perfectly absurd to me.

Coding This Visit

ICD-9	ICD-10
V58.44: Aftercare following organ transplant	Z48.22: Encounter for aftercare following kidney transplant
V42.0: Kidney transplant status	Z94.0: Kidney transplant status
V58.83: Encounter for therapeutic drug level monitoring	Z51.81: Encounter for therapeutic drug level monitoring
V58.65: Long term (current) use of steroids	Z79.52: Long term (current) use of systemic steroids
V58.67: Long term (current) use of insulin	Z79.4: Long term (current) use of insulin
V58.69: Long term (current) use of other medications	Z79.889 Other long term (current) drug therapy
250.00: Diabetes mellitus without mention of complication, type II, not stated as uncontrolled	E11.9: Type 2 diabetes mellitus without complications
275.2: Disorders of magnesium metabolism	E83.42: Hypomagnesemia
275.3: Disorders of phosphorous metabolism	E83.39: Other disorders of phosphorous metabolism
401.1: Benign essential hypertension	I10: Essential (primary) hypertension

What Is Your Goal (beyond good patient care)?

- Is it to list the most codes possible?
 - Diagnosis codes generally do not affect professional billing
- The number of codes you list should not determine the billing level. It is merely an abstraction of the relevant diagnoses you have documented in your note.
- Remember, it's all about the documentation
 - This hasn't changed with ICD-10
- Ultimately, your documentation should justify the billing level
 - History
 - Exam
 - Medical decision making
- If a claim is denied, your documentation will be used to support your billing level

Outpatient Billing

ICD-10 Code	Description	Primary for Office Visit	Primary for Lab
Z48.22	Encounter for aftercare following kidney transplant	✓	✓
Z94.0	Kidney transplant status	✗	✓
Z48.23	Encounter for aftercare following liver transplant	✓	✓
Z94.4	Liver transplant status	✗	✓
Z48.21	Encounter for aftercare following heart transplant	✓	✓
Z94.1	Heart transplant status	✗	✓
Z48.24	Encounter for aftercare following lung transplant	✓	✓
Z94.2	Lung transplant status	✗	✓
Z48.298	Encounter for aftercare following pancreas transplant	✓	✓
Z94.83	Pancreas transplant status	✗	✓
Z48.298	Encounter for aftercare following intestine transplant	✓	✓
Z94.82	Intestine transplant status	✗	✓

ICD-10-PCS

Fall from or off toilet with subsequent
striking against an object

W18.12

ICD-10-PCS

- Complete replacement of ICD-9-CM, Volume III procedure classifications
- Used for inpatient facility *procedure* coding only
- CPT will continue to be used for:
 - Outpatient facility billing
 - Outpatient department billing
 - Physician billing
 - [ASTS Professional Coding Guide](http://asts.org/advocacy/reimbursement-issues)
<http://asts.org/advocacy/reimbursement-issues>

ICD-9 vs ICD-10-PCS (procedures)

ICD-9-CM

- 3-4 characters
- 3,882 codes
- Based on outdated technology
- Limited space for adding new codes
- Lacks detail
- Lacks laterality
- Generic terms for body parts
- Lacks descriptions of methodology and approach for procedures
- Lacks precision to adequately define procedures
- Includes eponyms

ICD-10-PCS

- 7 characters
- 71,924 codes
- Reflects current usage of medical terminology
- Flexible for adding new codes
- Very specific
- Includes laterality
- Detailed descriptions for body parts
- Provides detailed descriptions of methodology and approach for procedures
- Precisely defines procedures with detail regarding body part, approach, any device used, and qualifying information

As mentioned previously, ICD-10-PCS is a replacement for ICD-9-CM Volume III but has a different structure and methodology.

The ICD-10-PCS code structure is built for easier code construction. The below illustration includes the name of each character for a code in the Medical and Surgical section of PCS.

SECTION	BODY SYSTEM	ROOT OPERATION	BODY PART	APPROACH	DEVICE	QUALIFIER

The foundation of PCS is a constant structure, which allows the coder to build codes character by character once the value of each

character is understood.

On the other hand, ICD-9-CM Volume III codes **(Example: 33.25 Open biopsy of the**

bronchus) are static based on arbitrary groupings, which are inconsistent and do not allow logical code assignments.

This is what a new ICD-10-PCS code will look like after it is built by the coder based on the documentation from the operative report.

SECTION	BODY SYSTEM	ROOT OPERATION	BODY PART	APPROACH	DEVICE	QUALIFIER
Medical & Surgical	Hepatobiliary System and Pancreas	Resection	Gallbladder	Percutaneous Endoscopic	No Device	No Qualifier
0	F	T	4	4	Z	Z

This code represents a laparoscopic cholecystectomy. Code assignment is predicated on the section of the code book wherein the surgery or procedure is listed.

As can be seen, ICD-10-PCS also offers a significant increase in the specificity provided and required. This is a positive move for the healthcare industry, but also requires changes in how we interact with the record. An in-depth understanding of the ICD-10-PCS code format can be gained in our **Prologue to ICD-10-PCS** course.

The Sections of ICD-10-PCS


ICD-10-PCS has 16 general procedure types that are called **Sections**. The sections are represented by the numbers **0** through **9** and the letters **B** through **D** and **F** through **H**. These various sections allow ICD-10-PCS to represent all types of operations and procedures provided in healthcare today.

A **0 (zero)** represents the Medical and Surgical section, which contains the majority of operations and procedures typically performed in an inpatient setting.

The sections of ICD-10-PCS are divided in a way that allows the code selection to truly represent each procedure.

SECTION	BODY SYSTEM	ROOT OPERATION	BODY PART	APPROACH	DEVICE	QUALIFIER
Medical & Surgical	Gastro-intestinal	Resection	Sigmoid Colon	Open	No Device	No Qualifier
0	D	T	N	0	Z	Z

Body System



The Body System character value is important because it determines the specific body parts that the coder will be able to choose from in code creation.

These are a few examples of some of the body systems and their values in ICD-10-PCS.

As you can see, ICD-10-PCS is much more clinically relevant and logical than ICD-9, which will significantly improve communication between surgeon and coder. Improved communication means less queries.

You will notice that the body systems listed are very broad. This is the first step in zeroing in on the organ or tissue involved.

Table 4: Medical and Surgical Body Systems

0	Central Nervous System
1	Peripheral Nervous System
2	Heart and Great Vessels
3	Upper Arteries
4	Lower Arteries
5	Upper Veins
6	Lower Veins
7	Lymphatic and Hemic System
8	Eye
9	Ear, Nose, Sinus
B	Respiratory System
C	Mouth and Throat
D	Gastrointestinal System
F	Hepatobiliary System and Pancreas
G	Endocrine System
H	Skin and Breast
J	Subcutaneous Tissue and Fascia
K	Muscles
L	Tendons
M	Bursae and Ligaments
N	Head and Facial Bones
P	Upper Bones
Q	Lower Bones
R	Upper Joints
S	Lower Joints
T	Urinary System
U	Female Reproductive System
V	Male Reproductive System
W	Anatomical Regions, General
X	Anatomical Regions, Upper Extremities
Y	Anatomical Regions, Lower Extremities

Root Operation

Documentation and Root Operations

Here is a listing of root operations. Although these terms may have clinical meanings, their definition in ICD-10-PCS may not always mean what we would imagine they would, while sometimes they do.

Alteration	Division	Inspection	Reposition
Bypass	Drainage	Map	Resection
Change	Excision	Occlusion	Restriction
Control	Extirpation	Reattachment	Revision
Creation	Extraction	Release	Supplement
Destruction	Fragmentation	Removal	Transfer
Detachment	Fusion	Repair	Transplantation
Dilation	Insertion	Replacement	

Table 5: Medical and Surgical Root Operation Definitions

Root Operation	Definition
Alteration	Modifying the anatomic structure of a body part without affecting the function of the body part
Bypass	Altering the route of passage of the contents of a tubular body part
Change	Taking out or off a device from a body part and putting back an identical or similar device in or on the same body part without cutting or puncturing the skin or a mucous membrane
Control	Stopping, or attempting to stop, postprocedural bleeding
Creation	Making a new genital structure that does not take over the function of a body part
Destruction	Physical eradication of all or a portion of a body part by the direct use of energy, force or a destructive agent
Detachment	Cutting off all or part of the upper or lower extremities
Dilation	Expanding an orifice or the lumen of a tubular body part
Division	Cutting into a body part without draining fluids and/or gases from the body part in order to separate or transect a body part
Drainage	Taking or letting out fluids and/or gases from a body part
Excision	Cutting out or off, without replacement, a portion of a body part
Extirpation	Taking or cutting out solid matter from a body part
Extraction	Pulling or stripping out or off all or a portion of a body part by the use of force
Fragmentation	Breaking solid matter in a body part into pieces
Fusion	Joining together portions of an articular body part rendering the articular body part immobile
Insertion	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
Inspection	Visually and/or manually exploring a body part
Map	Locating the route of passage of electrical impulses and/or locating functional areas in a body part
Occlusion	Completely closing an orifice or the lumen of a tubular body part
Reattachment	Putting back in or on all or a portion of a separated body part to its normal location or other suitable location
Release	Freeing a body part from an abnormal physical constraint by cutting or by use of force
Removal	Taking out or off a device from a body part
Repair	Restoring, to the extent possible, a body part to its normal anatomic structure and function
Replacement	Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part
Reposition	Moving to its normal location or other suitable location all or a portion of a body part
Resection	Cutting out or off, without replacement, all of a body part
Restriction	Partially closing an orifice or the lumen of a tubular body part
Revision	Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device
Supplement	Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a body part
Transfer	Moving, without taking out, all or a portion of a body part to another location to take over the function of all or a portion of a body part
Transplantation	Putting in or on all or a portion of a living body part taken from another individual or animal to physically take the place and/or function of all or a portion of a similar body part

Excision vs Resection

- Root Operation B: Excision
 - “Cutting out or off, without replacement, a portion of a body part”
- Root Operation T: Resection
 - “Cutting out or off, without replacement, all of a body part”
 - Includes any subdivision of a body part that has its own body part value in ICD-10-PCS
- Right hemi-hepatectomy
 - oFT10ZZ: Resection of right lobe liver, open approach
 - oFT14ZZ: Resection of right love liver, percutaneous endoscopic approach
- Segment 5,6 resection
 - oFB10ZZ: Excision of right liver, open approach
 - oFB14ZZ: Excision of right liver, percutaneous endoscopic approach

Body Part

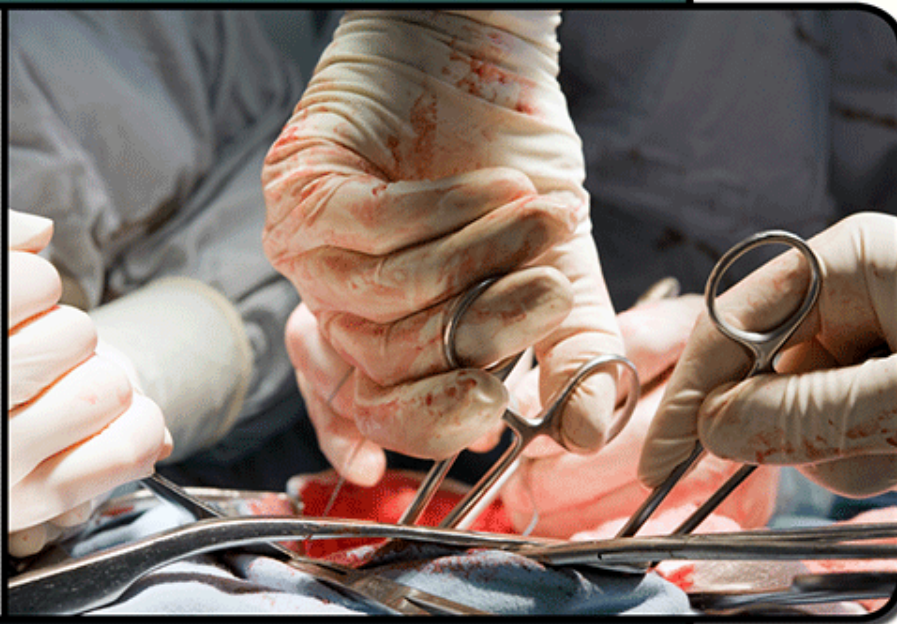
Parts of the Body

The parts of the body are even more important than the body system in relation to ICD-10-PCS code assignment.

The **Body Part** value in PCS code assignment refers to the specific part of the body system on which the procedure was performed.

An example is the stomach. It is a body part of the gastrointestinal body system in ICD-10-PCS.

Because there is no naming system for surgical operations and procedures, each code must be built on the multiaxial characters. So, the **Body Part** is the target of the **surgery**.



The good news is that our current operative documentation should provide coders what they need to choose Body System and Body Part values as long as we are clear on the affected anatomical locations.

Body Part: HPB

- Liver
- Liver, Right Lobe
- Liver, Left Lobe
- Gallbladder
- Hepatic Duct, Right
- Hepatic Duct, Left
- Cystic Duct
- Common Bile Duct
- Ampulla of Vater
- Pancreatic Duct
- Pancreatic Duct, Accessory
- Pancreas

Body Part Specificity

- “Lysis of omental adhesions”
 - Specify *greater* or *lesser* omentum
- “Creation of left arm arterio-venous fistula”
 - Specify *brachial artery* and *basilic vein*
- “Left hepatectomy with lymphadenectomy”
 - Specify *portal* lymph nodes, and *complete* resection

Approach

ICD-10-PCS has seven approaches, which require supporting documentation.

In surgical language, an **Approach** in ICD-10-PCS means “the technique used to reach the site of the procedure.”

Here are seven approaches in ICD-10-PCS:

- External
- Open
- Percutaneous
- Percutaneous Endoscopic
- Via Natural or Artificial Opening
- Via Natural or Artificial Opening Endoscopic
- Via Natural or Artificial Opening Endoscopic with Percutaneous Endoscopic Assistance



Table 6: Medical and Surgical Approach Definitions

Approach	Definition
Open	Cutting through the skin or mucous membrane and any other body layers necessary to expose the site of the procedure
Percutaneous	Entry, by puncture or minor incision, of instrumentation through the skin or mucous membrane and/or any other body layers necessary to reach the site of the procedure
Percutaneous Endoscopic	Entry, by puncture or minor incision, of instrumentation through the skin or mucous membrane and/or any other body layers necessary to reach and visualize the site of the procedure
Via Natural or Artificial Opening	Entry of instrumentation through a natural or artificial external opening to reach the site of the procedure
Via Natural or Artificial Opening Endoscopic	Entry of instrumentation through a natural or artificial external opening to reach and visualize the site of the procedure
Via Natural or Artificial Opening Endoscopic with Percutaneous Endoscopic Assistance	Entry of instrumentation through a natural or artificial external opening to reach and visualize the site of the procedure, and entry, by puncture or minor incision, of instrumentation through the skin or mucous membrane and any other body layers necessary to aid in the performance of the procedure
External	Procedures performed directly on the skin or mucous membrane and procedures performed indirectly by the application of external force through the skin or mucous membrane

Device

Procedures that always involve devices

Operation	Action	Target	Clarification	Example
Insertion	Putting in	Device in or on a body part	Does not physically take the place of a body part	Pacemaker insertion
Replacement	Putting in or on	Biological or synthetic material; or living tissue taken from same individual	Physically takes the place of all or a portion of a body part	Total hip replacement
Supplement	Putting in or on	Biological or synthetic material; or living tissue taken from same individual	Physically reinforces or augments a body part	Herniorrhaphy using mesh
Removal	Taking out or off	Device from a body part	N/A	Cardiac pacemaker removal
Change	Taking out or off and putting back	Identical or similar device in or on a body part	Without cutting or puncturing skin or mucous membrane	Drainage tube change
Revision	Correcting	Malfunctioning or displaced device in or on a body part	To the extent possible	Hip prosthesis adjustment

Device

Device characters within the Medical Surgical Section

Character	Device
0	Drainage Device
1	Radioactive element
2	Monitoring device
3	Infusion device
7	Autologous tissue substitute
C	Extraluminal device
D	Intraluminal device
J	Synthetic substitute
K	Nonautologous tissue substitute
L	Artificial sphincter
M	Electrode
Y	Other device
Z	No device

Qualifier

0	Allogeneic
1	Syngeneic
2	Zooplastic
3	Kidney Pelvis, Right
4	Kidney Pelvis, Left
6	Ureter, Right
7	Ureter, Left
8	Colon
9	Colocutaneous
A	Ileum
B	Bladder
C	Ileocutaneous
D	Cutaneous
X	Diagnostic
Z	No Qualifier

Qualifier

- Allogeneic - Taken from different individuals of the same species. Two or more individuals are said to be allogeneic to one another when the genes at one or more loci are not identical.
- Syngeneic - Genetically identical or closely related, so as to allow tissue transplant; immunologically compatible (one identical twin to another)
- Zooplastic - The surgical transplantation to man of animal tissues

Procedure Documentation: Quick tips

- Approach
- Device
- Operation
- Part of body
- Trauma
- System


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After 30 years of providing ICD-9-CM coding advice, the AHA Central Office will shift its attention to ICD-10-CM/PCS and no longer accept nor respond to requests for ICD-9-CM coding advice, effective January 1, 2014.

The American Hospital Association's Central Office serves as the official U.S. Clearinghouse on medical coding for the proper use of the ICD-9-CM, ICD-10-CM and ICD-10-PCS systems and Level I HCPCS (CPT-4 codes) for hospital providers and certain Level II HCPCS codes for hospitals, physicians and other health professionals.

Please use this website to send and track questions that have been submitted online. All official answers will continue to be provided in writing and mailed to your organization.

<http://www.codingclinicadvisor.com/>

Code Conversion

Bitten by orca, initial encounter

W_{56.21}XA

General Equivalence Mappings

- Created by CMS and CDC
- Tool for conversion of data from ICD-9-CM to ICD-10-CM/PCS
- Will be maintained until at least 2018
- Includes all ICD-9-CM and ICD-10-CM/PCS codes

GEM Forward Mapping

- In many cases, there is a clear one-to-one match between an ICD-9-CM code and an ICD-10-CM or ICD-10-PCS code
- There may be ICD-9-CM codes that translate into several ICD-10 codes
- There are a small number of ICD-9-CM codes that do not have an ICD-10 equivalent

MS-DRG ICD-10 Conversion

- Goal of this conversion was to replicate the current MS-DRG logic
- A record coded in ICD-10 and processed with the ICD-10-based MS-DRGs will be assigned to the same MS-DRG as the same record coded in ICD-9
- No change to the underlying MS-DRG logic

Find and Replace Procedure Codes

2 ICD-9-CM Codes Replaced by 112 ICD-10-PCS Codes

DRG 335 Peritoneal
Adhesiolysis w
MCC

DRG 336 Peritoneal
Adhesiolysis w CC

DRG 337 Peritoneal
Adhesiolysis w/o
CC/MCC

OPERATING ROOM PROCEDURES

54.51 Laparoscopic Lysis Of
Peritoneal Adhesions

54.59 Other Lysis Of Peritoneal
Adhesions

DRG 335 Peritoneal adhesiolysis w MCC Peritoneal
DRG 336 adhesiolysis w CC Peritoneal adhesiolysis w/o
DRG 337 CC/MCC

OPERATING ROOM PROCEDURES

oDN8oZZ Release Small Intestine, Open Approach

oDN8zZZ Release Small Intestine, Open Endoscopic Approach Release

oDN83ZZ Small Intestine, Percutaneous Approach

oDN84ZZ Release Small Intestine, Percutaneous Endoscopic Approach Release

oDN9oZZ Duodenum, Open Approach

oDN9zZZ Release Duodenum, Open Endoscopic Approach

oDN93ZZ Release Duodenum, Percutaneous Approach

oDN94ZZ Release Duodenum, Percutaneous Endoscopic Approach Release

oDNAoZZ Jejunum, Open Approach

oDNA2ZZ Release Jejunum, Open Endoscopic Approach Release

oDNA3ZZ Jejunum, Percutaneous Approach

oDNA4ZZ Release Jejunum, Percutaneous Endoscopic Approach Release

oDNBoZZ Ileum, Open Approach

oDNB2ZZ Release Ileum, Open Endoscopic Approach

oDNB3ZZ Release Ileum, Percutaneous Approach

oDNB4ZZ Release Ileum, Percutaneous Endoscopic Approach Release

oDNEoZZ Large Intestine, Open Approach

oDNE2ZZ Release Large Intestine, Open Endoscopic Approach

October 1 Transition

Activity, milking a cow

Y93.K2

October 1 Transition

- Determination of which code set to use is driven by date of service, **not** billing date
 - Date of service for outpatient and physician reporting
 - Date of discharge for inpatient facility reporting
- Submissions after October 1 that are for dates of service (outpatient and physician reporting) from September 30 or prior should use ICD-9

Split Claims

- ICD-9 and ICD-10 codes cannot be submitted on the same claim
- For Inpatient Part B Hospital Services and Outpatient Hospital claims that span October 1:
 - Split claims
 - Submit one claim with ICD-9 for dates of service through 9/30/2015 and a separate claim with ICD-10 for dates of services beginning 10/1/15

The Impacts of ICD-10

CODER PRODUCTIVITY

Change in Charts
Coded per Hour

3-12 MOS. POST TRANSITION:

Coder: -20%
Coding Manager: -35% to -50%

LONG TERM: -5% to -10%*

PHYSICIAN PRODUCTIVITY

Increase in Queries
to Physicians

-10% TO -20%
+45 TO +90 MIN/DAY

REWORK

Increase in
Inquiries, Claims
Adjustments
& Rejections

-10% TO -20%

Source: Advisory Board Research & Analysis, recent Precyse customer data

Transition Costs

- 2009 CMS estimate put costs of ICD-10-CM implementation at 0.03 percent of revenue for inpatient and outpatient healthcare settings
- Other estimates range up to \$5 million for a large institution (400 or more beds)
- Revenue loss is expected during the transition because of increased claim denial rates, delays in submission of bills, and increase in claim error rates ranging from 6 to 10 percent
- Revenue gains eventually expected because of more accurate payments and fewer rejected and improper claims

Impact on Inpatient Hospital Payments

- Validation performed on all Medicare inpatient admissions from acute care hospitals from 10/1/12 through 9/30/13
 - 10,009,934 admissions from 3,205 hospitals
- Payment computed based on ICD-9-MS-DRG and ICD-10-MS-DRG
- MS-DRG assignments differed for 1.07% of admissions
 - 107,106 admissions!

Impact on Inpatient Hospital Payments

- Assigned to higher paying MS-DRG: 0.41%
- Assigned to lower paying MS-DRG: 0.66%
- Net payment change: -0.04%
- 10% of hospitals with biggest indirect medical education adjustment had the largest change in MS-DRG assignment (1.25%)
 - -0.01% net payment change
 - \$1.3 million decrease across 103 hospitals

ICD-10 Testing

- CMS has conducted three end-to-end testing sessions
- Last testing July 20-24, 2015
 - 1,200 participants
 - 29,286 test claims received
 - 25,646 test claims accepted
 - 87% acceptance rate
 - 1.8% of test claims were rejected due to invalid submission of ICD-10 diagnosis or procedure code
 - 2.6% of test claims were rejected due to invalid submission of ICD-9 diagnosis or procedure code
- “There were zero rejects due to front-end CMS systems issues”

Post-October 1 World

- Ensure your documentation contains the level of detail necessary to determine the appropriate ICD-10 code
- Prepare for revenue disruptions
 - Review pending/rejected claims activity for 2014 Q4, and use this as a baseline
 - Create a process for monitoring pended/rejected claims post-October 1
 - Identify an internal process for expediting resolution of pended/denied claims
 - Keep as much cash on hand as possible to cover expenses should you experience a spike in pended/rejected claims
- Ensure prior-authorization and standing orders have correct ICD-10 codes

CMS Grace Period

- For 12 months after ICD-10 implementation, if a valid ICD-10 code from the right family is submitted, Medicare will process and not audit valid ICD-10 codes
- For all quality reporting completed for program year 2015, Medicare will not subject physicians or other eligible professionals to PQRS, VBM, or MU penalties as long as a code from the correct family is used
- *May not apply to commercial insurers*

CMS Grace Period

- Family of codes means the ICD-10 three character category
 - Crohn's Disease, K50
 - K50.00 Crohn's disease of small intestine without complications
 - K50.012 Crohn's disease of small intestine with obstruction
 - K50.90 Crohn's disease, unspecified, without complications
 - Note that K50 is not a valid code, as the K50 code family requires at least two digits after the decimal point to be billable

Transplant DRGs

Stuck by turtle, sequela

W59.22XS

DRG 001/002: Heart Transplant or Implant of Heart Assist System

HEART TRANSPLANT

OPERATING ROOM PROCEDURES

- 02HA0QZ** Insertion of Implantable Heart Assist System into Heart, Open Approach
- 02HA3QZ** Insertion of Implantable Heart Assist System into Heart, Percutaneous Approach
- 02HA4QZ** Insertion of Implantable Heart Assist System into Heart, Percutaneous Endoscopic Approach
- 02YA0Z0** Transplantation of Heart, Allogeneic, Open Approach
- 02YA0Z1** Transplantation of Heart, Syngeneic, Open Approach
- 02YA0Z2** Transplantation of Heart, Zooplasic, Open Approach

02RK0JZ Replacement of Right Ventricle with Synthetic Substitute, Open Approach
with

02RL0JZ Replacement of Left Ventricle with Synthetic Substitute, Open Approach

IMPLANT OF HEART ASSIST SYSTEM

One of

- 02HA0RS** Insertion of Biventricular External Heart Assist System into Heart, Open Approach
- 02HA0RZ** Insertion of External Heart Assist System into Heart, Open Approach
- 02HA3RS** Insertion of Biventricular External Heart Assist System into Heart, Percutaneous Approach
- 02HA3RZ** Insertion of External Heart Assist System into Heart, Percutaneous Approach
- 02HA4RS** Insertion of Biventricular External Heart Assist System into Heart, Percutaneous Endoscopic Approach
- 02HA4RZ** Insertion of External Heart Assist System into Heart, Percutaneous Endoscopic Approach
- 02WA0QZ** Revision of Implantable Heart Assist System in Heart, Open Approach
- 02WA0RZ** Revision of External Heart Assist System in Heart, Open Approach
- 02WA3QZ** Revision of Implantable Heart Assist System in Heart, Percutaneous Approach
- 02WA3RZ** Revision of External Heart Assist System in Heart, Percutaneous Approach
- 02WA4QZ** Revision of Implantable Heart Assist System in Heart, Percutaneous Endoscopic Approach
- 02WA4RZ** Revision of External Heart Assist System in Heart, Percutaneous Endoscopic Approach

with one of

- 02PA0RZ** Removal of External Heart Assist System from Heart, Open Approach
- 02PA3RZ** Removal of External Heart Assist System from Heart, Percutaneous Approach
- 02PA4RZ** Removal of External Heart Assist System from Heart, Percutaneous Endoscopic Approach

DRG 005: Liver Transplant/Intestinal Transplant

LIVER TRANSPLANT OPERATING ROOM PROCEDURES

- 0FY00Z0** Transplantation of Liver, Allogeneic, Open Approach
- 0FY00Z1** Transplantation of Liver, Syngeneic, Open Approach
- 0FY00Z2** Transplantation of Liver, Zooplastic, Open Approach

INTESTINAL TRANSPLANT OPERATING ROOM PROCEDURES

- 0DY80Z0** Transplantation of Small Intestine, Allogeneic, Open Approach
- 0DY80Z1** Transplantation of Small Intestine, Syngeneic, Open Approach
- 0DY80Z2** Transplantation of Small Intestine, Zooplastic, Open Approach
- 0DYE0Z0** Transplantation of Large Intestine, Allogeneic, Open Approach
- 0DYE0Z1** Transplantation of Large Intestine, Syngeneic, Open Approach
- 0DYE0Z2** Transplantation of Large Intestine, Zooplastic, Open Approach

DRG 007: Lung Transplant

OPERATING ROOM PROCEDURES

0BYC0Z0	Transplantation of Right Upper Lung Lobe, Allogeneic, Open Approach
0BYC0Z1	Transplantation of Right Upper Lung Lobe, Syngeneic, Open Approach
0BYC0Z2	Transplantation of Right Upper Lung Lobe, Zooplastic, Open Approach
0BYD0Z0	Transplantation of Right Middle Lung Lobe, Allogeneic, Open Approach
0BYD0Z1	Transplantation of Right Middle Lung Lobe, Syngeneic, Open Approach
0BYD0Z2	Transplantation of Right Middle Lung Lobe, Zooplastic, Open Approach
0BYF0Z0	Transplantation of Right Lower Lung Lobe, Allogeneic, Open Approach
0BYF0Z1	Transplantation of Right Lower Lung Lobe, Syngeneic, Open Approach
0BYF0Z2	Transplantation of Right Lower Lung Lobe, Zooplastic, Open Approach
0BYG0Z0	Transplantation of Left Upper Lung Lobe, Allogeneic, Open Approach
0BYG0Z1	Transplantation of Left Upper Lung Lobe, Syngeneic, Open Approach
0BYG0Z2	Transplantation of Left Upper Lung Lobe, Zooplastic, Open Approach
0BYH0Z0	Transplantation of Lung Lingula, Allogeneic, Open Approach
0BYH0Z1	Transplantation of Lung Lingula, Syngeneic, Open Approach
0BYH0Z2	Transplantation of Lung Lingula, Zooplastic, Open Approach
0BYJ0Z0	Transplantation of Left Lower Lung Lobe, Allogeneic, Open Approach
0BYJ0Z1	Transplantation of Left Lower Lung Lobe, Syngeneic, Open Approach
0BYJ0Z2	Transplantation of Left Lower Lung Lobe, Zooplastic, Open Approach
0BYK0Z0	Transplantation of Right Lung, Allogeneic, Open Approach
0BYK0Z1	Transplantation of Right Lung, Syngeneic, Open Approach
0BYK0Z2	Transplantation of Right Lung, Zooplastic, Open Approach
0BYL0Z0	Transplantation of Left Lung, Allogeneic, Open Approach
0BYL0Z1	Transplantation of Left Lung, Syngeneic, Open Approach
0BYL0Z2	Transplantation of Left Lung, Zooplastic, Open Approach
0BYM0Z0	Transplantation of Bilateral Lungs, Allogeneic, Open Approach
0BYM0Z1	Transplantation of Bilateral Lungs, Syngeneic, Open Approach
0BYM0Z2	Transplantation of Bilateral Lungs, Zooplastic, Open Approach

DRG 008: Simultaneous Pancreas/Kidney Transplant

One of

- | | |
|----------------|--|
| 0TY00Z0 | Transplantation of Right Kidney, Allogeneic, Open Approach |
| 0TY00Z1 | Transplantation of Right Kidney, Syngeneic, Open Approach |
| 0TY00Z2 | Transplantation of Right Kidney, Zooplastic, Open Approach |
| 0TY10Z0 | Transplantation of Left Kidney, Allogeneic, Open Approach |
| 0TY10Z1 | Transplantation of Left Kidney, Syngeneic, Open Approach |
| 0TY10Z2 | Transplantation of Left Kidney, Zooplastic, Open Approach |

with one of

- | | |
|----------------|--|
| 0FYG0Z0 | Transplantation of Pancreas, Allogeneic, Open Approach |
| 0FYG0Z1 | Transplantation of Pancreas, Syngeneic, Open Approach |

DRG 652: Kidney Transplant

OPERATING ROOM PROCEDURES

0TY00Z0	Transplantation of Right Kidney, Allogeneic, Open Approach
0TY00Z1	Transplantation of Right Kidney, Syngeneic, Open Approach
0TY00Z2	Transplantation of Right Kidney, Zooplastic, Open Approach
0TY10Z0	Transplantation of Left Kidney, Allogeneic, Open Approach
0TY10Z1	Transplantation of Left Kidney, Syngeneic, Open Approach
0TY10Z2	Transplantation of Left Kidney, Zooplastic, Open Approach

DRG 661: Kidney & Ureter Procedures for Non-Neoplasm w/o CC/MCC (Donor Nephrectomy)

0TT00ZZ	Resection of Right Kidney, Open Approach
0TT04ZZ	Resection of Right Kidney, Percutaneous Endoscopic Approach
0TT10ZZ	Resection of Left Kidney, Open Approach
0TT14ZZ	Resection of Left Kidney, Percutaneous Endoscopic Approach
0TT20ZZ	Resection of Bilateral Kidneys, Open Approach

Common Transplant Conversions

Accident to, on, or involving ice yacht,
initial encounter

V98.2XXA

Kidney Transplant/Dialysis Access

IP/OP	Primary code(s) impacted		I-10 implications	Comments
	ICD-9	Description		
OP/Pro	V42.0	Kidney replaced by transplant	Document if kidney transplant status or encounter for aftercare. <ul style="list-style-type: none"> Z94.0 -Kidney transplant status Z48.22 -Encounter for aftercare following kidney transplant 	Complication or comorbidity
OP/Pro	585.	Chronic renal failure	Does not map to any ICD-10 equivalents. Requires a 4th digit in ICD-9. Must document stage of renal failure for 4th digit. <ul style="list-style-type: none"> N18.1 -Chronic kidney disease, stage 1 N18.2 -Chronic kidney disease, stage 2 (mild) N18.3 -Chronic kidney disease, stage 3 (moderate) N18.4 -Chronic kidney disease, stage 4 (severe) = CC N18.5 -Chronic kidney disease, stage 5 =CC 	
OP/Pro	V70.8	Other specified general medical examinations	Note if examination is for period of delayed growth in childhood with or without abnormal findings. <ul style="list-style-type: none"> Z00.5 -Encounter for examination of potential donor of organ and tissue Z00.8 -Encounter for other general examination Z00.70 -Encounter for examination for period of delayed growth in childhood without abnormal findings Z00.71 -Encounter for examination for period of delayed growth in childhood with abnormal findings 	
OP/Pro	996.73	Other complications due to renal dialysis device implant and graft	Document the nature of the complication. <ul style="list-style-type: none"> T82.818A -Embolism of vascular prosthetic devices, implants and grafts, initial encounter T82.828A -Fibrosis of vascular prosthetic devices, implants and grafts, initial encounter T82.838A -Hemorrhage of vascular prosthetic devices, implants and grafts, initial encounter T82.848A -Pain from vascular prosthetic devices, implants and grafts, initial encounter T82.858A -Stenosis of vascular prosthetic devices, implants and grafts, initial encounter T82.868A -Thrombosis of vascular prosthetic devices, implants and grafts, initial encounter T82.898A -Other specified complication of vascular prosthetic devices, implants and grafts, initial encounter 	Complication or comorbidity

Kidney Transplant/Dialysis Access

IP/OP	Primary code(s) impacted		I-10 implications	Comments
	ICD-9	Description		
OP/Pro	585.9	Chronic kidney disease, unspecified	<p>Important to document the stage of kidney disease if available.</p> <ul style="list-style-type: none"> • N18.1 -Chronic kidney disease, stage 1 • N18.2 -Chronic kidney disease, stage 2 (mild) • N18.3 -Chronic kidney disease, stage 3 (moderate) • N18.4 -Chronic kidney disease, stage 4 (severe) = CC • N18.5 -Chronic kidney disease, stage 5 =CC 	
OP/Pro	996.81	Complications of transplanted kidney	<p>Document rejection, failure, or infection.</p> <ul style="list-style-type: none"> • T86.10 -Unspecified complication of kidney transplant • T86.11 -Kidney transplant rejection • T86.12 -Kidney transplant failure • T86.13 -Kidney transplant infection= • T86.19 -Other complication of kidney transplant 	Complication or comorbidity
OP/Pro	279.9	Unspecified disorder of immune mechanism	<p>Documentation should specify the specific disorder or immune mechanism if such detail is available.</p> <ul style="list-style-type: none"> • D89.89 -Other specified disorders involving the immune mechanism, not elsewhere classified • D89.82 -Autoimmune lymphoproliferative syndrome [ALPS] • D89.9 -Disorder involving the immune mechanism, unspecified 	
OP/Pro	285.9	Anemia unspecified	<p>It is important to note the related disease or nature of anemia if available in ICD-10. Possibilities include anemia due to antineoplastic chemotherapy, chronic kidney disease, and others listed below.</p> <ul style="list-style-type: none"> • D64.81 -Anemia due to antineoplastic chemotherapy • D63.8 -Anemia in other chronic diseases classified elsewhere • D63.0 -Anemia in neoplastic disease • D63.1 -Anemia in chronic kidney disease • D62 -Acute posthemorrhagic anemia • D64.0 -Hereditary sideroblastic anemia • D64.1 -Secondary sideroblastic anemia due to disease • D64.2 -Secondary sideroblastic anemia due to drugs and toxins • D64.3 -Other sideroblastic anemias • D64.9 -Anemia, unspecified 	
OP/Pro	70.7	Unspecified viral hepatitis c without hepatic coma	<p>Note if with or without hepatic coma.</p> <ul style="list-style-type: none"> • B19.21 -Unspecified viral hepatitis C with hepatic coma • B17.9 -Acute viral hepatitis, unspecified • B19.20 -Unspecified viral hepatitis C without hepatic coma 	

Kidney Transplant/Dialysis Access

IP/OP	Primary code(s) impacted		I-10 implications	Comments
	ICD-9	Description		
OP/Pro	996.1	Mechanical complication of other vascular device implant and graft	<p>Document the nature of the complication (breakdown, displacement, leakage, type of mechanical device, and arterial location of occurrence. A sample of these codes is provided below.</p> <ul style="list-style-type: none"> • T82.593A -Other mechanical complication of balloon (counterpulsation) device, initial encounter • T82.595A -Other mechanical complication of umbrella device, initial encounter • T82.598A -Other mechanical complication of other cardiac and vascular devices and implants, initial encounter • T82.310A -Breakdown (mechanical) of aortic (bifurcation) graft (replacement), initial encounter • T82.311A -Breakdown (mechanical) of carotid arterial graft (bypass), initial encounter • T82.312A -Breakdown (mechanical) of femoral arterial graft (bypass), initial encounter • T82.318A -Breakdown (mechanical) of other vascular grafts, initial encounter • T82.328A -Displacement of other vascular grafts, initial encounter • T82.329A -Displacement of unspecified vascular grafts, initial encounter • T82.330A -Leakage of aortic (bifurcation) graft (replacement), initial encounter 	Complication or comorbidity
OP/Pro	V45.89	Other postsurgical status	<p>It is important to note the specific status which is being evaluated.</p> <ul style="list-style-type: none"> • Z97.4 -Presence of external hearing-aid • Z98.89 -Other specified postprocedural states • Z96.21 -Cochlear implant status • Z96.22 -Myringotomy tube(s) status • Z97.8 -Presence of other specified devices • Z98.3 -Post therapeutic collapse of lung status • Z98.62 -Peripheral vascular angioplasty status 	
OP/Pro	263.9	Unspecified protein-calorie malnutrition	<p>Note if sequelae of protein-calorie malnutrition.</p> <ul style="list-style-type: none"> • E46 -Unspecified protein-calorie malnutrition • E64.0 -Sequelae of protein-calorie malnutrition 	Complication or comorbidity
OP/Pro	998.59	Other postoperative infection	<p>Note if postprocedural infection is retroperitoneal abscess or other.</p> <ul style="list-style-type: none"> • K68.11 -Postprocedural retroperitoneal abscess • T81.4XXA -Infection following a procedure, initial encounter 	Complication or comorbidity

Kidney Transplant/Dialysis Access

IP/OP	Primary code(s) impacted		I-10 implications	Comments
	ICD-9	Description		
OP/Pro	593.9	Unspecified disorder of kidney and ureter	<p>Note if disorder is specified.</p> <ul style="list-style-type: none"> • N28.0 -Ischemia and infarction of kidney • N21.9 -Calculus of lower urinary tract, unspecified • N28.9 -Disorder of kidney and ureter, unspecified • N29 -Other disorders of kidney and ureter in diseases classified elsewhere 	
OP/Pro	996.56	Mechanical complication due to peritoneal dialysis catheter	<p>Document the nature of complication (breakdown, displacement, or leakage)</p> <ul style="list-style-type: none"> • T85.691A -Other mechanical complication of intraperitoneal dialysis catheter, initial encounter • T85.611A -Breakdown (mechanical) of intraperitoneal dialysis catheter, initial encounter • T85.621A -Displacement of intraperitoneal dialysis catheter, initial encounter • T85.631A -Leakage of intraperitoneal dialysis catheter, initial encounter 	Complication or comorbidity
IP	684 -Renal failure w/o CC/MCC	403.11 - Hypertensive chronic kidney disease, benign, with chronic kidney disease stage V or end stage renal disease	<p>Maps to 1 ICD-10 code.</p> <ul style="list-style-type: none"> • I12.0 -Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease 	Complication or comorbidity

Kidney Transplant/Dialysis Access

IP/OP	Primary code(s) impacted		I-10 implications	Comments
	ICD-9	Description		
OP/Pro	V07.2	Need for prophylactic immunotherapy	One to one match in ICD-10 - (Z41.8: Encounter for other procedures for purposes other than remedying health state)+	Other important equivalents; Major complication or comorbidity
OP/Pro	585.6	End stage renal disease	Exact match in ICD-10 (N18.6)	Other important equivalents;
OP/Pro	V59.4	Kidney donors	Exact match in ICD-10 (Z52.4)	Other important equivalents;
OP/Pro	585.5	Chronic kidney disease, stage v	Exact match in ICD-10 (N18.5)	Other important equivalents;; Complication or comorbidity
OP/Pro	585.4	Chronic kidney disease, stage iv (severe)	Exact match in ICD-10 (N18.4)	Other important equivalents;
OP/Pro	403.91	Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage v or end stage renal disease	Exact match in ICD-10 (I12.0)	Other important equivalents; Complication or comorbidity

Liver Transplant/Hepatobiliary

IP/OP	Primary code(s) impacted		I-10 implications	Comments
	ICD-9	Description		
OP/Pro	573.9	Unspecified disorder of liver	<p>Document the specific disorder in ICD-10 if it can be determined. A list of possible disorders is provided below.</p> <ul style="list-style-type: none"> • K76.81 -Hepatopulmonary syndrome • K76.31 -Infarction of liver • K71.6 -Toxic liver disease with hepatitis, not elsewhere classified • K75.9 -Inflammatory liver disease, unspecified • K71.0 -Toxic liver disease with cholestasis • K71.10 -Toxic liver disease with hepatic necrosis, without coma • K71.11 -Toxic liver disease with hepatic necrosis, with coma • K71.2 -Toxic liver disease with acute hepatitis • K71.3 -Toxic liver disease with chronic persistent hepatitis • K75.81 -Nonalcoholic steatohepatitis (NASH) • K75.89 -Other specified inflammatory liver diseases • K76.4 -Peliosis hepatis • K76.9 -Liver disease, unspecified 	
OP/Pro	V42.7	Liver replaced by transplant	<p>Document if transplant status or aftercare following liver transplant.</p> <ul style="list-style-type: none"> • Z94.4 -Liver transplant status • Z48.23 -Encounter for aftercare following liver transplant 	Complication or comorbidity

Liver Transplant/Hepatobiliary

IP/OP	Primary code(s) impacted		I-10 implications	Comments
	ICD-9	Description		
OP/Pro	V70.8	Other specified general medical examinations	<p>Note if examination is for period of delayed growth in childhood with or without abnormal findings.</p> <ul style="list-style-type: none"> • Z00.5 -Encounter for examination of potential donor of organ and tissue • Z00.8 -Encounter for other general examination • Z00.70 -Encounter for examination for period of delayed growth in childhood without abnormal findings • Z00.71 -Encounter for examination for period of delayed growth in childhood with abnormal findings 	
OP/Pro	996.82	Complications of transplanted liver	<p>Document the specific complication (transplant, rejection, failure, infection, etc.)</p> <ul style="list-style-type: none"> • T86.40 -Unspecified complication of liver transplant • T86.41 -Liver transplant rejection • T86.42 -Liver transplant failure • T86.43 -Liver transplant infection • T86.49 -Other complications of liver transplant <p>Identify the nature of the complication if possible.</p> <ul style="list-style-type: none"> • B25.9 -Cytomegaloviral disease, unspecified • B25.0 -Cytomegaloviral pneumonitis • B25.1 -Cytomegaloviral hepatitis • B25.2 -Cytomegaloviral pancreatitis • D89.811 -Chronic graft-versus-host disease • D89.812 -Acute on chronic graft-versus-host disease • C80.2 -Malignant neoplasm associated with transplanted organ 	Complication or comorbidity
OP/Pro	572.8	Other sequelae of chronic liver disease	<p>Must note whether hepatic failure is chronic , with (K72.11) or without (K72.10) coma, or unspecified (K72.90). If available, the nature of the sequelae condition must be specified.</p>	
OP/Pro	401.1	Benign essential hypertension	<p>It is important to note any of the following that are applicable as accompanying conditions to hypertension.</p> <ul style="list-style-type: none"> • I15.1 -Hypertension secondary to other renal disorders • I15.2 -Hypertension secondary to endocrine disorders • I15 -Secondary hypertension • O10 -Pre-existing hypertension complicating pregnancy, childbirth and the puerperium • I97.3 -Postprocedural hypertension • K76.6 -Portal hypertension • I10 -Essential (primary) hypertension 	

Liver Transplant/Hepatobiliary

IP/OP	Primary code(s) impacted		I-10 implications	Comments
	ICD-9	Description		
OP/Pro	571.5	Cirrhosis of liver without alcohol	<p>New code for Hepatic Fibrosis-(K74.0).</p> <ul style="list-style-type: none"> • K74.69-Other cirrhosis of liver, (this incorporates cryptogenic, macrocondular, microcondular, postnecrotic) • K74.60-Unspecified cirrhosis of liver 	
OP/Pro	155.0	Malignant neoplasm of liver, primary	<p>Documentation should include if liver cell or other carcinoma, hepatoblastoma, malignant neoplasm of liver, angiosarcoma or other of the liver.</p> <ul style="list-style-type: none"> • C22.0 -Liver cell carcinoma • C22.2 -Hepatoblastoma • C22.7 -Other specified carcinomas of liver • C22.8 -Malignant neoplasm of liver, primary, unspecified as to type • C22.3 -Angiosarcoma of liver • C22.4 -Other sarcomas of liver 	
OP/Pro	279.9	Unspecified disorder of immune mechanism	<p>Documentation should specify the specific disorder or immune mechanism if such detail is available.</p> <ul style="list-style-type: none"> • D89.89 -Other specified disorders involving the immune mechanism, not elsewhere classified • D89.82 -Autoimmune lymphoproliferative syndrome [ALPS] • D89.9 -Disorder involving the immune mechanism, unspecified 	
OP/Pro	285.9	Anemia unspecified	<p>It is important to note the related disease or nature of anemia if available in ICD-10. Possibilities include anemia due to antineoplastic chemotherapy, chronic kidney disease, and others listed below.</p> <ul style="list-style-type: none"> • D64.81 -Anemia due to antineoplastic chemotherapy • D63.8 -Anemia in other chronic diseases classified elsewhere • D63.0 -Anemia in neoplastic disease • D63.1 -Anemia in chronic kidney disease • D62 -Acute posthemorrhagic anemia • D64.0 -Hereditary sideroblastic anemia • D64.1 -Secondary sideroblastic anemia due to disease • D64.2 -Secondary sideroblastic anemia due to drugs and toxins • D64.3 -Other sideroblastic anemias • D64.9 -Anemia, unspecified 	
OP/Pro	070.70	Unspecified viral hepatitis C without hepatic coma	<p>Document the specific acute or chronic hepatitis c if detail is available.</p> <ul style="list-style-type: none"> • B18.2 -Chronic viral hepatitis • CB17.10 -Acute hepatitis C without hepatic coma • B19.20 -Unspecified viral hepatitis C without hepatic coma 	

Liver Transplant/Hepatobiliary

IP/OP	Primary code(s) impacted		I-10 implications	Comments
	ICD-9	Description		
OP/Pro	996.1	Mechanical complication of other vascular device implant and graft	<p>Document the nature of the complication (breakdown, displacement, leakage, type of mechanical device, and arterial location of occurrence. A sample of these codes is provided below.</p> <ul style="list-style-type: none"> • T82.593A -Other mechanical complication of balloon (counterpulsation) device, initial encounter • T82.595A -Other mechanical complication of umbrella device, initial encounter • T82.598A -Other mechanical complication of other cardiac and vascular devices and implants, initial encounter • T82.310A -Breakdown (mechanical) of aortic (bifurcation) graft (replacement), initial encounter • T82.311A -Breakdown (mechanical) of carotid arterial graft (bypass), initial encounter • T82.321A -Displacement of carotid arterial graft (bypass), initial encounter • T82.322A -Displacement of femoral arterial graft (bypass), initial encounter • T82.328A -Displacement of other vascular grafts, initial encounter • T82.329A -Displacement of unspecified vascular grafts, initial encounter • T82.330A -Leakage of aortic (bifurcation) graft (replacement), initial encounter 	Complication or comorbidity
OP/Pro	V45.89	Other postsurgical status	<p>It is important to note the specific status which is being evaluated.</p> <ul style="list-style-type: none"> • Z97.4 -Presence of external hearing-aid • Z98.89 -Other specified postprocedural states • Z96.21 -Cochlear implant status • Z96.22 -Myringotomy tube(s) status • Z97.8 -Presence of other specified devices • Z98.3 -Post therapeutic collapse of lung status • Z98.62 -Peripheral vascular angioplasty status 	
OP/Pro	998.59	Other postoperative infection	<p>Note if postprocedural infection is retroperitoneal abscess or other.</p> <ul style="list-style-type: none"> • K68.11 -Postprocedural retroperitoneal abscess • T81.4XXA -Infection following a procedure, initial encounter 	Complication or comorbidity
OP/Pro	V58.44	Aftercare following organ transplant	<p>Note the type of transplant to which the aftercare is related.</p> <ul style="list-style-type: none"> • Z48.298 -Encounter for aftercare following other organ transplant • Z48.21 -Encounter for aftercare following heart transplant • Z48.22 -Encounter for aftercare following kidney transplant • Z48.280 -Encounter for aftercare following heart-lung transplant • Z48.288 -Encounter for aftercare following multiple organ transplant • Z48.290 -Encounter for aftercare following bone marrow transplant 	

Liver Transplant/Hepatobiliary

IP/OP	Primary code(s) impacted		I-10 implications	Comments
	ICD-9	Description		
OP/Pro	573.8	Other specified disorders of liver	<p>Documentation should specify if chronic passive liver congestion, hepatic veno-occlusive disease, or liver disorders classified elsewhere.</p> <ul style="list-style-type: none"> • K76.1 -Chronic passive congestion of liver • K76.89 -Other specified diseases of liver • K76.5 -Hepatic veno-occlusive disease • K77 -Liver disorders in diseases classified elsewhere 	
OP/Pro	571.2	Alcoholic cirrhosis of liver	<p>Note if cirrhosis is with or without ascites and if alcohol related.</p> <ul style="list-style-type: none"> • K70.30 -Alcoholic cirrhosis of liver without ascites • K70.2 -Alcoholic fibrosis and sclerosis of liver • K70.31 -Alcoholic cirrhosis of liver with ascites 	
OP/Pro	571.8	Other chronic nonalcoholic liver disease	<p>Note the nature of the liver disease, if it is alcoholic or non-alcoholic in nature.</p> <ul style="list-style-type: none"> • K76.0 -Fatty (change of) liver, not elsewhere classified • K76.89 -Other specified diseases of liver • K75.81 -Nonalcoholic steatohepatitis (NASH) 	
OP/Pro	998.12	Hematoma complicating a procedure	<p>Document if intraoperative or postprocedural. Note specific site of hematoma. Include laterality where appropriate. A sample of these codes is below.</p> <ul style="list-style-type: none"> • E36.01 -Intraoperative hemorrhage and hematoma of an endocrine system organ or structure complicating an endocrine system procedure • E36.02 -Intraoperative hemorrhage and hematoma of an endocrine system organ or structure complicating other procedure • G97.31 -Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating a nervous system procedure • G97.32 -Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating other procedure • G97.51 -Postprocedural hemorrhage and hematoma of a nervous system organ or structure following a nervous system procedure 	
IP	441 - Disorder of liver except malignant, Cirrhosis, alcoholic hepatitis w MCC	572.2 - Hepatic encephalopathy	<p>Document hepatic failure, alcoholic hepatic failure, toxic liver disease, acute or chronic, with or without coma.</p> <ul style="list-style-type: none"> • K72.90 -Hepatic failure, unspecified without coma • K72.91 -Hepatic failure, unspecified with coma • K70.41 -Alcoholic hepatic failure with coma • K71.11 -Toxic liver disease with hepatic necrosis, with coma • K72.01 -Acute and subacute hepatic failure with coma • K72.11 -Chronic hepatic failure with coma 	

Liver Transplant/Hepatobiliary

IP/OP	Primary code(s) impacted		I-10 implications	Comments
	ICD-9	Description		
OP/Pro	V07.2	Need for prophylactic immunotherapy	One to one match in ICD-10 - (Z41.8 : Encounter for other procedures for purposes other than remedying health state)+	Other Important Equivalents
OP/Pro	070.54	Chronic hepatitis C without hepatic coma	Exact match under I-10 (B18.2)	Other Important Equivalents
OP/Pro	576.2	Obstruction of bile duct	Exact match in ICD-10 (K83.1)	Other Important Equivalents; Complication or comorbidity
OP/Pro	155.1	Malignant neoplasm of intrahepatic bile ducts	Exact match in ICD-10 (C22.1)	Other Important Equivalents; Complication or comorbidity
OP/Pro	197.7	Malignant neoplasm of liver secondary	Exact match in ICD-10 (C78.7)	Other Important Equivalents; Complication or comorbidity
OP/Pro	070.32	Chronic viral hepatitis b without hepatic coma without hepatitis delta	Exact match in ICD-10 (B18.1)	Other Important Equivalents

Heart/Lung Transplant

IP/OP	Primary code(s) impacted		I-10 implications	Comments
	ICD-9	Description		
OP/Pro	V70.8	Other specified general medical examinations	<p>Note if examination is for period of delayed growth in childhood with or without abnormal findings.</p> <ul style="list-style-type: none"> • Z00.5 -Encounter for examination of potential donor of organ and tissue • Z00.8 -Encounter for other general examination • Z00.70 -Encounter for examination for period of delayed growth in childhood without abnormal findings • Z00.71 -Encounter for examination for period of delayed growth in childhood with abnormal findings 	
OP/Pro	401.1	Benign essential hypertension	<p>It is important to note any of the following that are applicable. Other disorders may accompany hypertension. These disorders should be noted.</p> <ul style="list-style-type: none"> • I15.1 -Hypertension secondary to other renal disorders • I15.2 -Hypertension secondary to endocrine disorders • I15 -Secondary hypertension • O10 -Pre-existing hypertension complicating pregnancy, childbirth and the puerperium • O11 -Pre-existing hypertension with pre-eclampsia • I15.0 -Renovascular hypertension • I15.9 -Secondary hypertension, unspecified • I97.3 -Postprocedural hypertension • K76.6 -Portal hypertension • I10 -Essential (primary) hypertension 	
OP/Pro	279.9	Unspecified disorder of immune mechanism	<p>Documentation should specify the specific disorder or immune mechanism if such detail is available.</p> <ul style="list-style-type: none"> • D89.89 -Other specified disorders involving the immune mechanism, not elsewhere classified • D89.82 -Autoimmune lymphoproliferative syndrome [ALPS] • D89.9 -Disorder involving the immune mechanism, unspecified 	

Heart/Lung Transplant

IP/OP	Primary code(s) impacted		I-10 implications	Comments
	ICD-9	Description		
OP/Pro	285.9	Anemia unspecified	<p>It is important to note the related disease or nature of anemia if available in ICD-10.</p> <ul style="list-style-type: none"> • D64.81 -Anemia due to antineoplastic chemotherapy • D63.8 -Anemia in other chronic diseases classified elsewhere • D63.0 -Anemia in neoplastic disease • D63.1 -Anemia in chronic kidney disease • D62 -Acute posthemorrhagic anemia • D64.0 -Hereditary sideroblastic anemia • D64.1 -Secondary sideroblastic anemia due to disease • D64.2 -Secondary sideroblastic anemia due to drugs and toxins • D64.3 -Other sideroblastic anemias • D64.9 -Anemia, unspecified 	
OP/Pro	996.1	Mechanical complication of other vascular device implant and graft	<p>Document the nature of the complication (breakdown, displacement, leakage, type of mechanical device, and arterial location of occurrence. A sample of these codes is provided below.</p> <ul style="list-style-type: none"> • T82.593A -Other mechanical complication of balloon (counterpulsation) device, initial encounter • T82.595A -Other mechanical complication of umbrella device, initial encounter • T82.598A -Other mechanical complication of other cardiac and vascular devices and implants, initial encounter • T82.310A -Breakdown (mechanical) of aortic (bifurcation) graft (replacement), initial encounter • T82.311A -Breakdown (mechanical) of carotid arterial graft (bypass), initial encounter • T82.322A -Displacement of femoral arterial graft (bypass), initial encounter • T82.328A -Displacement of other vascular grafts, initial encounter • T82.329A -Displacement of unspecified vascular grafts, initial encounter • T82.330A -Leakage of aortic (bifurcation) graft (replacement), initial encounter 	Complication or comorbidity
OP/Pro	263.9	Unspecified protein-calorie malnutrition	<p>Note if sequelae of protein-calorie malnutrition.</p> <ul style="list-style-type: none"> • E46 -Unspecified protein-calorie malnutrition • E64.0 -Sequelae of protein-calorie malnutrition 	Complication or comorbidity
OP/Pro	998.59	Other postoperative infection	<p>Note if postprocedural infection is retroperitoneal abscess or other.</p> <ul style="list-style-type: none"> • K68.11 -Postprocedural retroperitoneal abscess • T81.4XXA -Infection following a procedure, initial encounter 	Complication or comorbidity

Heart/Lung Transplant

IP/OP	Primary code(s) impacted		I-10 implications	Comments
	ICD-9	Description		
OP/Pro	V58.44	Aftercare following organ transplant	<p>Note the type of transplant to which the aftercare is related. May be related to heart, kidney, lung, liver, or others.</p> <ul style="list-style-type: none"> • Z48.298 -Encounter for aftercare following other organ transplant • Z48.21 -Encounter for aftercare following heart transplant • Z48.22 -Encounter for aftercare following kidney transplant • Z48.280 -Encounter for aftercare following heart-lung transplant • Z48.288 -Encounter for aftercare following multiple organ transplant • Z48.290 -Encounter for aftercare following bone marrow transplant 	
OP/Pro	250.00	Diabetes mellitus without mention of complication, type ii or unspecified type, not stated as uncontrolled	<p>Document type of diabetes. Type 2 or other.</p> <ul style="list-style-type: none"> • E11.9 -Type 2 diabetes mellitus without complications • E13.9 -Other specified diabetes mellitus without complications 	
OP/Pro	998.12	Hematoma complicating a procedure	<p>Document if intraoperative or postprocedural. Note specific site of hematoma. Include laterality where appropriate. A sample of these codes is below.</p> <ul style="list-style-type: none"> • E36.01 -Intraoperative hemorrhage and hematoma of an endocrine system organ or structure complicating an endocrine system procedure • E36.02 -Intraoperative hemorrhage and hematoma of an endocrine system organ or structure complicating other procedure • G97.31 -Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating a nervous system procedure • G97.32 -Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating other procedure • G97.51 -Postprocedural hemorrhage and hematoma of a nervous system organ or structure following a nervous system procedure 	Complication or comorbidity
OP/Pro	287.5	Thrombocytopenia unspecified	<p>Document the specific nature of thrombocytopenia if detail is available. Note if posttransfusion purpura, immune thrombocytopenic purpura or others.</p> <ul style="list-style-type: none"> • D69.59 -Other secondary thrombocytopenia • D69.51 -Posttransfusion purpura • D69.3 -Immune thrombocytopenic purpura • D69.49 -Other primary thrombocytopenia • D69.42 -Congenital and hereditary thrombocytopenia purpura • D69.49 -Other primary thrombocytopenia • D69.6 -Thrombocytopenia, unspecified 	

Heart/Lung Transplant

IP/OP	Primary code(s) impacted		I-10 implications	Comments
	ICD-9	Description		
OP/Pro	401.9	Unspecified essential hypertension	<p>Specific types of hypertension should be noted. ICD-10 options include:</p> <ul style="list-style-type: none"> • I15.1 -Hypertension secondary to other renal disorders • I15.2 -Hypertension secondary to endocrine disorders • I15.0 -Renovascular hypertension • O10 -Pre-existing hypertension complicating pregnancy, childbirth and the puerperium • O11 -Pre-existing hypertension with pre-eclampsia • I10 -Essential (primary) hypertension • I15.0 -Renovascular hypertension • I15.9 -Secondary hypertension, unspecified • I97.3 -Postprocedural hypertension • K76.6 -Portal hypertension 	
OP/Pro	486	Pneumonia organism unspecified	<p>If pneumonia is viral, and virus known:</p> <ul style="list-style-type: none"> • J12.0- Adenoviral pneumonia • J12.1- Respiratory syncytial virus pneumonia • J12.2- Parainfluenza virus pneumonia • J12.3- Human metapneumovirus pneumonia • J12.81- Pneumonia due to SARS-associated coronavirus • J12.89- Other viral pneumonia • J12.9- Viral pneumonia, unspecified <p>Detailed diagnosis choices are available if the organism has been identified.</p> <ul style="list-style-type: none"> • J13- Pneumonia due to Streptococcus pneumonia • J14- Pneumonia due to Hemophilus influenzae • J15.0- Pneumonia due to Klebsiella pneumonia • J15.1- Pneumonia due to Pseudomonas • J15.20- Pneumonia due to staphylococcus, unspecified • J15.4- Pneumonia due to other streptococci • J15.5- Pneumonia due to Escherichia coli • J15.6- Pneumonia due to other aerobic Gram-negative bacteria • J15.7- Pneumonia due to Mycoplasma pneumonia • J15.9- Unspecified bacterial pneumonia due to gram positive cocci • J16.0- Chlamydial pneumonia 	Major complication or comorbidity

Heart/Lung Transplant

IP/OP	Primary code(s) impacted		I-10 implications	Comments
	ICD-9	Description		
OP/Pro	996.74	Other complications due to other vascular device, implant and graft	<p>For prosthetic devices, implants, and grafts must differentiate the following complications: Embolism, fibrosis, hemorrhage, pain, stenosis, thrombosis, other, or unspecified.</p> <ul style="list-style-type: none"> • T82.818A -Embolism of vascular prosthetic devices, implants and grafts, initial encounter • T82.828A -Fibrosis of vascular prosthetic devices, implants and grafts, initial encounter • T82.838A -Hemorrhage of vascular prosthetic devices, implants and grafts, initial encounter • T82.868A -Thrombosis of vascular prosthetic devices, implants and grafts, initial encounter • T82.898A -Other specified complication of vascular prosthetic devices, implants and grafts, initial encounter • T82.9XXA -Unspecified complication of cardiac and vascular prosthetic device, implant and graft, initial encounter 	Complication or comorbidity
OP/Pro	868.02	Injury to the intra-abdominal organs without mention of open wound into cavity, bile duct and gall bladder	<p>Note if contusion, laceration, other, or unspecified injury to gallbladder or bile ducts.</p> <ul style="list-style-type: none"> • S36.129A -Unspecified injury of gallbladder, initial encounter • S36.13XA -Injury of bile duct, initial encounter • S36.122A -Contusion of gallbladder, initial encounter • S36.123A -Laceration of gallbladder, initial encounter • S36.128A -Other injury of gallbladder, initial encounter 	Complication or comorbidity
OP/Pro	998.11	Hemorrhage complicating a procedure	Should document if hemorrhage was intraoperative or postprocedural, site or organ structure, and whether hemorrhage is complicating or following another procedure.	Complication or comorbidity
OP/Pro	996.83	Complications of transplanted heart	Documentation must include if complications was due to rejection or failure. Should note if there is an infection involved in rejection or failure (T86.23).	Complication or comorbidity
OP/Pro	518.81	Acute Respiratory Failure	<p>Documentation must differentiate between acute and regular respiratory failure as also whether there is hypoxia or hypercapnia:</p> <ul style="list-style-type: none"> • J96.00-Acute respiratory failure, unspecified whether with hypoxia or hypercapnia • J96.90-Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia • J96.01-Acute respiratory failure with hypoxia • J96.02-Acute respiratory failure with hypercapnia • J96.91-Respiratory failure, unspecified with hypoxia • J96.92-Respiratory failure, unspecified with hypercapnia 	Major complication or comorbidity
OP/Pro	V07.2	Need for prophylactic immunotherapy	One to one match in ICD-10 - (Z41.8 : Encounter for other procedures for purposes other than remedying health state)	Other Important Equivalents
OP/Pro	996.62	Due to vascular device, implant and graft	Exact match in ICD-10 (T82.7XXA)	Other Important Equivalents; Complication or comorbidity
OP/Pro	553.21	Incisional hernia without obstruction or gangrene	Exact match in ICD-10 (K43.2)	Other Important Equivalents

American Health Information Management Association

ICD-10-CM/PCS Documentation Tips

Problems in relationship with in-laws

Z63.1

Hepatitis

- Document acuity
 - Acute
 - Chronic
- Document etiology
 - Alcoholic
 - Drug (specify)
 - Viral (Type)
- Document also
 - With hepatic coma
 - Without hepatic coma
 - With delta agent
 - Without delta agent
- Document any associated diagnoses/conditions

Systemic Infection/Inflammation

- Bacteremia (positive blood cultures only)
- Urosepsis—MUST specify sepsis with UTI, versus UTI only
- Sepsis—specify causative organism if known
- Sepsis due to:
 - Device
 - Implant
 - Graft
 - Infusion
 - Abortion
- Severe sepsis—sepsis with organ dysfunction
 - Specify organ dysfunction
 - Respiratory failure
 - Encephalopathy
 - Acute kidney failure
 - Other (specify)
- SIRS (Systemic Inflammatory Response Syndrome)
 - With or without organ dysfunction
- Document septic shock if present
- Document any associated diagnoses/conditions

Neoplasms

- Behavior:
 - Malignant (primary, secondary, in-situ)
 - Document any secondary sites
 - Benign
 - Unspecified behavior
 - Of uncertain histological behavior
- Laterality (specify right/left)
- Anatomical site (topography)
- Other condition(s) associated with malignancy (dehydration, anemia, etc.)
- Complication(s) associated with neoplasm
- Include estrogen receptor status (if applicable)
- History of:
 - Has the malignancy been excised or eradicated?
 - Is there still treatment being provided for the primary and/or metastatic site?
 - Is there evidence of remaining malignancy at the primary site?
- Document any associated diagnoses/conditions

Anemia

- Documentation of Anemia should include the type of anemia:
 - Nutritional
 - Hemolytic
 - Aplastic
 - Due to blood loss
 - Other (please specify)
- Include in documentation if Anemia is due to nutrition or mineral deficits, resulting in a nutritional anemia
- Document if the Anemia is due to a neoplasm (primary and/or secondary)
- Document whether the ANEMIA is “related to or due to” chemo or radiotherapy treatments
- Document any “cause-and-effect” relationship between the intervention and the blood or immune disorder
- Document the specific drug if anemia is drug-induced
- Link any laboratory findings to a related diagnosis (if appropriate)
- Document any associated diagnoses/conditions

Pancytopenia

- Specify if:
 - Antineoplastic chemotherapy induced pancytopenia
 - Other drug-induced pancytopenia
 - Specify drug
 - Other pancytopenia
- Specify the etiology of pancytopenia (if known), such as:
 - Myelodysplastic Syndrome
 - Leukemia
 - HIV
 - Other (specify)
- Document any associated diagnoses/conditions

Coagulopathy

- Specify type:
 - Disseminated intravascular coagulation
 - Hereditary factor VIII deficiency
 - Hereditary factor IX deficiency
 - Von Willebrand's disease
 - Hereditary factor XI deficiency
 - Hereditary deficiency of other clotting factors
 - Acquired coagulation factor deficiency
 - Primary thrombophilia
 - Activated protein C resistance
 - Prothrombin gene mutation
 - Other primary thrombophilia
 - Other thrombophilia
 - Antiphospholipid syndrome
 - Lupus anticoagulation syndrome
 - Other Specified coagulation defects

Coagulopathy

- Document any associated diagnoses/conditions
- Hemorrhagic disorder due to circulating anticoagulants
 - Due to intrinsic circulating anticoagulants, antibodies, or inhibitors
 - Acquired hemophilia
 - Antiphospholipid antibody with hemorrhagic disorder
 - Other hemorrhagic disorder due to intrinsic circulating anticoagulants, antibodies, or inhibitors
- Hemorrhagic disorder due to extrinsic circulating anticoagulants
 - Document specific drug, if drug-induced

Diabetes

- Type:
 - Type 1
 - Type 2
 - Drug/chemical induced
 - Due to underlying condition
 - Other specified type
- Control:
 - Inadequate control
 - Out of control
 - Poorly Controlled
 - Hypoglycemia
 - Hyperglycemia
- Insulin use

Diabetes

- Document any associated diagnoses/conditions
- Manifestation/Complication (document link to diabetes)
 - Circulatory complications
 - Hyperosmolarity
 - With or without coma
 - Hypoglycemia
 - Ketoacidosis
 - With or without coma
 - Kidney complications
 - Neurological complications
 - Ophthalmic complications
 - Oral complications
 - Skin complications
 - Arthropathy
 - Other (specify)

Obesity

- Obesity
 - Morbid (severe)
 - Due to excess calories
 - With alveolar hypoventilation (Pickwickian syndrome)
 - Drug Induced
 - Document drug
 - Other
 - Due to excess calories, familial, endocrine
- Overweight
- Body Mass Index (BMI)
- Document any associated diagnoses/conditions

Malnutrition

- Severity:
 - Mild (first degree)
 - Moderate (second degree)
 - Severe (third degree)
- Avoid documenting a range of severity, such as “moderate to severe”
- Form:
 - Kwashiorkor (*rarely seen in the U.S.*)
 - Marasmus
 - Marasmic kwashiorkor
 - Other
- Document any associated diagnoses/conditions

Alcohol, Tobacco, and Substance Use

- Identify the specific type of drug or substance
- Describe the frequency of usage as:
 - Use
 - Abuse
 - Dependence
 - In remission
- Describe mode of nicotine use as cigarettes, chewing tobacco, pipe, and/or gum
- Specify intoxication/withdrawal as “Uncomplicated” or “With delirium”
- Document any withdrawal symptoms
- Document any associated diagnoses/conditions

Alcohol, Tobacco, and Substance Use

- List the blood alcohol level, if available
- State “no related complications,” when applicable
- Document any related mood disorder
- Document any delusions, hallucinations, anxiety, sleep disorders, sexual dysfunctions, or other related conditions
- List any treatment provided:
 - Detoxification services
 - Counseling
 - Psychotherapy
 - Medication management
 - Pharmacotherapy

Altered Mental Status

- Document the etiology of the altered mental status as:
 - Coma
 - Confusion/delirium (including drug-induced)
 - Drowsiness/somnolence
 - Stupor/semi-coma
 - Transient alteration of awareness
 - Encephalopathy
 - Alcoholic
 - Anoxic/hypoxic
 - Drug-induced/toxic (specify drug)
 - Hepatic
 - Hypertensive
 - Hypoglycemic
 - Metabolic/septic
 - Traumatic/post-concussion
 - Wernicke
 - Other (specify)
- Document any associated diagnoses/conditions

Heart Failure

- Document acuity
 - Acute
 - Chronic
 - Acute on Chronic
- Document type
 - Diastolic
 - Systolic
 - Combined systolic and diastolic
- Due to or associated with
 - Cardiac or other surgery
 - Hypertension
 - Valvular disease
 - Rheumatic heart disease
 - Endocarditis (*valvitis*)
 - Pericarditis
 - Myocarditis
- Other (specify)

CVA

- **Due to Hemorrhage**
 - Location or source of hemorrhage
 - Subarachnoid (specify artery, if known)
 - Intracerebral (specify location, if known)
 - Intracranial
 - Subdural
 - Acute, Subacute, Chronic
 - Extradural
 - Laterality
 - Document any associated diagnoses/conditions
- **Due to causes other than hemorrhage**
 - Cause
 - Thrombosis
 - Embolism
 - Other (specify)
 - Unspecified Occlusion or stenosis
 - Site
 - Precerebral Arteries (specify artery, if known)
 - Cerebral Arteries (specify artery, if known)
 - Laterality
 - Document any associated diagnoses/conditions

Myocardial Infarction

- Document the type of MI:
 - ST elevation (STEMI)
 - Requires site and specific artery:
 - Anterior Wall
 - Left main coronary artery
 - Left anterior descending artery
 - Other coronary artery of anterior wall
 - Inferior Wall
 - Right coronary artery
 - Other coronary artery of inferior wall
 - Other
 - Left circumflex coronary artery
 - Other Specified
 - Non-ST elevation MI (NSTEMI)
 - Requires episode of care reporting only
 - Document date of any recent acute MIs within 28 days of admission
 - Document whether or not the current MI has occurred within 28 days of a previous MI
 - Document if the patient has a history of an MI (older than 28 days)
 - Document any associated diagnoses/conditions

Respiratory Failure

- Document acuity:
 - Acute
 - Chronic
 - Acute on chronic
- Document inclusion of:
 - Hypoxia
 - Hypercapnia
- Document tobacco:
 - Use
 - Abuse
 - History of
- Document any associated diagnoses/conditions

Pneumonia

- Document causative organism (if known)
- Document mechanism:
 - Aspiration
 - Ventilator-associated
 - Radiation-induced
 - Other (specify)
- Document any associated illness:
 - Respiratory failure
 - Sepsis
 - Underlying lung disease
 - Other (specify)
- Document history of tobacco use—present or past

Hepatic Encephalopathy

- Etiology
 - Due to alcohol
 - Due to drugs
 - Post-procedural
- Acuity
 - Acute
 - Subacute
 - Chronic
- Severity
 - With coma
 - Without coma
- Document any associated diagnoses/conditions

Chronic Kidney Disease

- Document the stage of CKD
 - Chronic kidney disease, stage 1
 - Chronic kidney disease, stage 2 (mild)
 - Chronic kidney disease, stage 3 (moderate)
 - Chronic kidney disease, stage 4 (severe)
 - Chronic kidney disease, stage 5
 - End-stage renal disease (ESRD)
- Document any underlying cause of CKD such as Diabetes or Hypertension
- Document if the patient is dependent on Dialysis
- Chronic renal failure without a documented stage will be assigned to Chronic kidney disease, unspecified
- Document any associated diagnoses/conditions

Acute Renal Failure

- Document underlying condition(s) contributing/causing acute renal failure if known or suspected
- Document if acute kidney injury (AKI) is due to traumatic injury or if due to a non-traumatic event
- Document if acute renal failure is due to:
 - Acute tubular necrosis (ATN)
 - Acute cortical necrosis
 - Acute medullary necrosis
 - Other (specify)
- Be specific with documentation
 - Acute renal insufficiency and acute kidney disease are not reported as acute renal failure
- Document any associated diagnoses/conditions

Underdosing

- Using a prescribed medication less frequently than prescribed, in small doses, or not using the medication as instructed should be documented as “underdosing” by the provider
- If the reduction in the prescribed dose of the medication results in a relapse or an exacerbation of the medical condition for which the drug is prescribed, the medical condition must also be documented

Mechanical Device Complications

- Body system
- Type of device
- Specific complication
 - Breakdown
 - Displacement
 - Leakage
 - Infection
 - Hemorrhage
 - Pain
 - Embolism
 - Fibrosis
 - Other
- Episode of care
 - Initial encounter
 - Subsequent encounter
 - Sequela
- Document any associated diagnoses/conditions

Surgical Complications

- Document affected body system
- Document the specific condition
- Document whether the condition is a/an:
 - Complication of care
 - Expected procedural outcome
- Document when the complication occurred:
 - Intraoperative Complication
 - Postoperative Complication
- Document any associated diagnoses/conditions

Lymph Node Chains: ICD-10-PCS

- Document extent of excision/resection:

- Entire lymph node chain
- Portion of lymph node chain

- Document site:

- Head
- Right/Left neck
- Right/Left upper extremity
- Right/Left axillary
- Thorax
- Right/Left internal mammary
- Mesenteric
- Pelvis
- Aortic
- Right/Left lower extremity
- Right/Left inguinal

Lysis of Adhesions: ICD-10-PCS

- Document the body part being released/freed, examples:
 - Jejunum
 - Ascending Colon
 - Gallbladder
 - Peritoneum
- Document the severity of adhesions, such as, complicated, extensive, etc.

Wrap Up

Hair causing external constriction, initial
encounter

W_{49.01}XA

Moving Forward In Our New Reality

- ICD-10 is here
- Documentation is key
 - Providers don't need to be coders, but they need to provide sufficient detail to allow for correct coding
 - Especially in operative reports, where ICD-10-PCS codes are built from the documentation
- Points of slowdown
 - Registration
 - Laboratory and radiology with orders from pre-October 1
 - Physician documentation
 - Queries
 - Exit process
 - Future orders
 - Billing and collections
- We can do it all over again in 35 years

ICD-11

- Will allow for collaborative, web-based editing
- Will be available in multiple languages
- Will include structured definitions of signs, symptoms, and other content
- Will be compatible with electronic health applications and information systems

ICD-11

- WHO estimates ICD-11 will be finalized and released in 2018
- Process for evaluating ICD-11 for use in the US, developing a national modification and procedure coding system would take a decade
 - Not including legislation and rulemaking process
- ICD-10 took 10 years to develop a US modification and 19 years for a final rule to be published

Resources

- ICD-10-CM code set
 - ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2016/
- ICD-10-PCS code set
 - <https://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-PCS-and-GEMs.html>
- CMS ICD-10 page
 - <https://www.cms.gov/Medicare/Coding/ICD10/index.html>
- American Health Information Management Association ICD-10 page
 - <http://www.ahima.org/icd10/>

Walked into lamppost

W22.02