ICD-10 Diagnosis and Procedure Tips

Kathleen Hanlon, RHIT
AHIMA Approved ICD-10 Trainer
Welcome Everyone!!!

• We have 1 hour to learn all about ICD-10!

• Ready? Set? Go!!!!

• We will discuss some highlights and guidelines.

• We will run short on time. My contact information will be available at the end of the presentation. Feel free to contact me with questions.
Introduction:

• Experience

  • 14+ years in HIM outpatient acute care settings as Coder, Team Leader and Outpatient Coding Supervisor

  • 7 years in Consulting: I am currently working in the PwC Smart Practice as an Outpatient Consultant

  • Attended AHIMA Train the Trainer in 2011 and again in 2014
It may not feel like a day at the beach, but practice coding in ICD-10 and you will become more proficient and comfortable.

• Remember when we went from using code books to those evil encoders and we thought we would just have to retire?!  
• Well – we did it and we’ll do this too.  
• Have faith in your skills.  
• We’re all in the same boat.
Why not stick with ICD-9?

- ICD-9 is outdated.

- The U.S. is the only industrialized nation still utilizing ICD-9-CM codes for morbidity data, though we have already transitioned to ICD-10 for mortality (in 1999), severely limiting direct comparison of U.S. morbidity diagnosis data to U.S. state and national mortality data.

- 25 countries currently use ICD-10 for reimbursement, including:
  - Australia (1998)
  - Canada (2000)
  - China (2002)
  - France (2005)
  - Germany (2000)
  - Korea (2008)
  - Netherlands (1994)
  - South Africa (2005)
What ICD-10 offers that ICD-9 doesn’t...

- Organizational changes:
  - Consists of 21 chapters instead of 17
  - Included full code titles for all codes
  - V and E codes are no longer supplemental classifications and are incorporated into the main classification
  - Sense organs are now separate from nervous system
  - Injuries are grouped by anatomical site instead of injury category and then type of injury
  - Post-op complications have been moved to procedure-specific body system chapters.
  - Greater specificity and room for expansion
ICD-10 New Features

• Combination codes for conditions and symptoms/manifestations
  • Type 1 Diabetes mellitus with diabetic nephropathy, E10.21

• Combination codes for poisonings and external causes
  • Poisoning by penicillin's, accidental (unintentional), subsequent encounter, T36.0X1D

• Laterality
  • Swimmer’s ear, left ear, H60.332

• Added 7th characters for episode of care
  • Concussion with loss of consciousness of 30 minutes or less, initial encounter, S06.0X1A
• Expanded codes (injuries, diabetes, alcohol and substance abuse, postoperative complications)
  • Accidental puncture and laceration of a digestive system organ or structure during a digestive system procedure, K91.71

• Trimester specificity in obstetrics & elimination of 5th digits for episode
  • Anemia complicating pregnancy, third trimester, O99.013

• Timeframe changes in certain codes
  • Acute MI; 8 weeks to 4 weeks
  • Time frame for abortion vs fetal death; 22 weeks to 20 weeks

• Standard definitions for two types of “excludes” notes
  • Excludes 1 – NOT coded here – Never used together
  • Excludes 2 – not indicated here – it is acceptable to use both codes together if the patient has both conditions.
Best Practices...

- Practice! Practice! Practice!
- Brush up on A&P and create useable tools.
- Read the ICD-10 Coding Clinics and have them accessible.
- Read and memorize your ICD-10-CM and PCS guidelines; those 1st 20+ pages are critical.
- Know your root operation definitions.
What’s in a diagnosis code?

• 1st character is alpha (all letters used except U)
• 2nd character is always numeric
• 3rd through 7th characters can be alpha OR numeric (alpha not case-sensitive)
• Decimal placed after the first three characters

Example:

S 8 6 • 0 1 1 1 D

Category
S = Injuries, poisoning and certain other consequences of external causes related to single body regions
S86 = Injury of muscle, fascia and tendon at lower leg

Etiology, Anatomic Site, Severity, Other Vital Details
S86.0 = Injury of Achilles tendon
S86.01 = Strain of Achilles tendon
S86.011 = Strain of right Achilles tendon

Extension
Primarily used to document episode of care for injuries and other conditions with external causes
A = Initial Encounter
D = Subsequent Encounter
S = Sequela
Tips on coding diagnosis...

Basic searching and understanding

- As in ICD-9 you must use the index and verify in the tabular.
- Follow the instructional notes; “see, see also”
- Significant change:
  - Excludes 1 – do NOT code together
  - Excludes 2 – acceptable to code both when appropriate

Know these terms when looking for/assigning code(s)

- And = and/or
- With = associated with/due to
- “See” – must follow to locate correct code
- “See also” – follow as there may be another option
- “Code also” = may need 2 codes to describe condition accurately.
More Tips and Guidelines on ICD-10-CM Coding

• Acute & chronic condition exist: if both acute/subacute and chronic & separate subentries exist in Index – code both and sequence acute/subacute code first.

• Sequela (Residual/Late Effects) Use:
  • After the acute injury/illness phase has ended
  • No time limit on code use
  • Examples: right, lower leg muscle atrophy due to prior history of polio
    • Coding generally requires two codes; the condition or nature of sequela first and the sequela code is sequenced second:
      • 1 = M62.561 – atrophy, muscle, lower leg
      • 2 = B91 – Late effect(s) of poliomyelitis
• Chapter 1: Certain infection and parasitic diseases (A00-B99)
  • This chapter is similar to ICD-9-CM, but some category and subcategory titles have been changed.
    • For example:
      • ICD-9-CM – 008, Intestinal infections due to other organisms
      • ICD-10-CM – A08, Viral and other specified intestinal infections
  • Certain diseases in this chapter have been assigned to a separate subchapter and grouped together.
    • For example:
      • Infections predominantly sexually transmitted (A50-A64)
      • Viral hepatitis (B15-B19)
      • Other viral diseases (B25-B34)
      • Guidelines I.C.1.a through I.C.1.e.d
• Chapter 2: Neoplasms (C00-D48)
  • There have been organizational changes in ICD-10-CM. The block of in-situ neoplasms is placed before the benign neoplasms.
  • There is a classification change with the addition of a 5th character for extranodal and solid organ sites for lymphoma and Hodgkin’s.
    • Guidelines I.C.2.a through I.C.2.r

• Chapter 3: Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
  • Diseases and disorders have been grouped into subchapters or blocks making it easier to identify conditions in this chapter.
  • Terminology has also been updated.
  • There is greater specificity. See tabular list for details.
Chapter 4: Endocrine, nutritional and metabolic diseases (E00-E89)

- Diabetes Mellitus codes are now combination codes that include type of diabetes, body system affection and complications affecting that body system. Coding guideline I.C.4.a

- These codes are no longer classified as controlled or uncontrolled.
  - Note in index that inadequately controlled, out of control, or poorly controlled are coded to Diabetes, by type, with hyperglycemia.

- Do not report Z79.4; insulin use with Type I DM. Insulin is required to sustain life in type I patients.
  - Guidelines I.C.4.a.1 through I.C.4.a.6

Morbid Obesity:

- The Tabular subcategory is obesity due to excess calories. This is correct code choice even thought it is not documented that excess calories caused the obesity.
Chapter 5: Mental, behavioral and neurodevelopmental disorders (F01-F99)

- Nicotine use related coding: Due to 20+ years of discovery on the effects of nicotine, ICD-10-CM contains a separate category F17 for nicotine dependence with subcategories identifying the specific tobacco products and nicotine related disorders.

- Drug and alcohol use and dependence:
  - Terms “continuous” and “episodic” are no longer present.
  - A single ICD-10-CM code identifies both the substance and the disorder the substance caused. “Remission” is still a valid term.
  - Guidelines I.C.5.a through I.C.5.c
• Chapter 6: Diseases of the nervous system (G00-G99)
  • Category for Alzheimer's disease (G30) has expanded to reflect early or late onset.
  • Diseases of sense organs; eye/adnexa & ear/mastoid processes are now in their own chapters.
  • ICD-10-CM has codes for phantom limb syndrome; identifies whether pain is present or not
  • Sleep disorders are now in this chapter rather than in signs and symptoms and sleep apnea has it’s own subcategory (G47.3) with 5th character specificity that identifies the type.
  • Dominant vs nondominant side in hemiplegia, hemiparesis, monoplegia – identify whether dominant or nondominant side is affected. If the affected side is documented, but not specified as dominant or non and the classification system doesn’t indicate a default, code selection is:
    • For ambidextrous patients, the default should be dominant.
    • If the left side is affected, the default is non-dominant.
    • If the right side is affected, the default is dominant.
      • Coding guideline I.C.6.a
  • Guidelines I.C.6.a through I.C.6.b.6
• Chapter 7: Diseases of eyes and adnexa (H00-H59)
  • New chapter.
  • Updated terminology: *senile* cataract is now *age-related* cataract
  • Laterality available for many codes
    • Guidelines I.C.7.a.1 through I.C.7.a.5
Chapter 8: Diseases of the ear and mastoid process (H60-H95)

- New chapter.
- Increased specificity at 4\textsuperscript{th}, 5\textsuperscript{th} and 6\textsuperscript{th} level characters
- Laterality
- Addition of many “code first underlying disease” notes.
Chapter 9: Diseases of the Circulatory System (I00-I99):

Big change = Acute Myocardial Infarction time frame!
- The time frame for an acute MI has changed from 8 weeks to 4 weeks.
- ST elevation (STEMI) and non-ST elevation (NSTEMI) are in the ICD-10 code titles instead of just in inclusion terms.
- Chapter 9 includes codes for initial AMI’s; I21 and subsequent; I22. A code from category I22, subsequent ST elevation and non-ST elevation MI is to be used when a patient who has suffered an AMI has a new AMI within the new 4 week time frame of the initial AMA. A code from category I22 must be used in conjunction with a code from category I21. Sequencing depends on the circumstances of the encounter.
- If NSTEMI evolves to STEMI, assign the STEMI code. If STEMI converts to NSTEMI due to thrombolytic therapy, it is still coded as STEMI. Coding guideline I.C.9.e.1

Atherosclerotic heart disease with angina pectoris:
- ICD-10-CM has combination codes: subcategories I25.11, atherosclerotic heart disease of native arteries with angina pectoris and I25.7, atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris. It is not necessary to use and additional code for angina pectoris with one of these combination codes. Coding guideline I.C.9.b

Sequela of Cerebrovascular Disease (I60-I67):
- Documenting hemiplegia, hemiparesis and monoplegia – unspecified as dominant or dominant – use default:
  - For ambidextrous patients, the default should be dominant.
  - If the left side is affected, the default is non-dominant.
  - If the right side is affected, the default is dominant.
    - Coding guideline I.C.9.d.1
    - All circulatory guidelines I.C.9.a through I.C.9.e.4
• Chapter 10: Diseases of the respiratory system (J00-J99)
  • At the beginning of this Chapter instructional guidelines state: “When a respiratory condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the lower anatomical site.”
  • Use additional codes when applicable to identify:
    • Exposure to environmental tobacco smoke
    • Exposure to tobacco smoke in perinatal period
    • History of tobacco use
    • Occupational exposure to environmental tobacco smoke
    • Tobacco dependence
    • Tobacco use
  • Tip: Since the new guidelines appear at the beginning of this chapter, they should be followed when assigning any code form this chapter.
    • Guidelines I.C.10.a through I.C.10.d.2
Chapter 11: Diseases of the digestive system (K00-K95)

- In ICD-9-CM ulcerative colitis doesn't have instructions for code usage listed below category 556.
- In ICD-10-CM – guidelines for category K51, Ulcerative colitis state to use an additional code to identify any manifestations.
- In ICD-9-CM there were no instructional notes in the beginning of subchapter for hernias.
- In ICD-10-CM there is a note that states: “Hernia with both gangrene and obstruction is classified to hernia with gangrene.” This applies to all conditions coded to categories K40-K46.
• Chapter 12: Diseases of the skin and subcutaneous tissue (L00-L99)
  • Instructions for eczema and dermatitis have expanded. There is a note: “In this block, the terms eczema and dermatitis are used synonymously and interchangeably” has been added to categories L20-L30.
  • Excludes notes have been expanded in this section as well.
    • Guidelines I.C.12.a.1 through I.C.12.a.6

• Diseases of skin and subcutaneous tissue
  • Pressure Ulcers: (L89) the site, laterality and severity are specified in a single code in ICD-10-CM. Severity is identified as stage 1 through 4. Any associated gangrene should be sequenced first.
  • Non-pressure Ulcers: lower limbs NEC (L97) are also specified by site, laterality and severity. See “code first” notes for underlying conditions to capture all appropriate codes.
Chapter 13: Diseases of the musculoskeletal system and connective tissue (M00-M99)

- New guidelines on definitions of direct and indirect infection
  - Direct infection of joint – where organisms invade a synovial tissue and microbial antigen is present in the joint
  - Indirect infection – which may be 2 types:
    - Reactive arthropathy where microbial infection of the body is established but neither organisms nor antigens can be identified in the joint
    - Postinfective arthropathy, where microbial antigen is present but recovery of an organism is inconstant and evidence of local multiplication is lacking.

- Instructional notes have been added to different categories or subcategories to give further explanation on code assignment.

- Pathologic fracture due to a neoplasm:
  - If encounter is for a pathological fracture due to a neoplasm, and the focus is on treatment of the fracture, a code from subcategory M84.5; pathological fracture in neoplastic disease is sequenced first followed by the code for the neoplasm.
  - If the focus is the neoplasm with an associated pathological fracture – code the neoplasm first followed by M84.5.

Guidelines I.C.13.a through I.C.13.d.2
• Chapter 14: Diseases of the genitourinary system (N00-N99)
  • Throughout this Chapter there are includes notes to help clarify disorders
    • For example:
      • **N00 – Acute nephritis syndrome**
        Includes: acute glomerular disease
        acute glomerulonephritis
        acute nephritis
  • Similar changes to instructions for naturally occurring, age related menopausal and perimenopausal disorders (N95).
    • Guidelines I.C.14.a.1 through I.C.14.a.3
• Chapter 15: Pregnancy, childbirth and the puerperium (O00-O9A)
  • Arranged by blocks
  • Episode of care is not used.
  • Identification of trimester in which the condition occurred is now in the
    5th and 6th character level.
    • 1st Trimester – less than 14 weeks 0 days
    • 2nd Trimester – 14 weeks 0 days to less than 28 weeks 0 days
    • 3rd Trimester – 28 weeks 0 days until delivery
  • Terminology is much more descriptive.
    • ICD-9-CM – 653.2 – Inlet contraction of pelvis
    • ICD-10-CM – O33.2 – Maternal care for disproportion due to inlet contractions
      of pelvis.
    • “Suspected to be” included in newborns affected by maternal factors and by
      complications of pregnancy, labor & delivery.
  • Code for elective abortion without complication is now moved out of this
    chapter. Z33.2, encounter for elective termination of pregnancy is in
    Chapter 21.
  • Complications of induced termination of pregnancy are in this Chapter.
  • 7th character is required to identify fetus to which certain complication
    codes apply.
    • Guidelines I.C.15.a.1 through I.C.15.r
• Chapter 16: Certain conditions originating in the perinatal period (P00-P96)
  • Arranged in blocks and only used on the newborn/infant record – Never on the maternal record.
  • Codes in this Chapter are only applicable to liveborn infants.
  • New subchapters added for certain conditions
  • When both birth weight and gestational age of the newborn are available, both should be coded with birth weight sequenced before gestational age.
  • Codes for respiratory and cardiovascular disorders specific to perinatal period are grouped together (P19-P29).
  • Terminology updates:
    • “suspected to be” is a nonessential modifier for use when the listed maternal condition is specified as the cause of confirmed or suspected newborn morbidity or potential morbidity.
    • P00.3, Newborn (suspected to be) affected by other maternal circulatory and respiratory diseases
    • Guidelines I.C.16.a through I.C.16.g
Chapter 17: Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)

- Also arranged in blocks making it easier to identify type of conditions
- Terminology updates
- Greater specificity:
  - Q35.1 – Cleft hard palate
  - Q35.3 – Cleft soft palate
  - Q35.5 – Cleft hard palate with cleft soft palate
  - Q35.7 – Cleft uvula
  - Q35.9 – Cleft palate, unspecified

Guidelines I.C.17
• Chapter 18: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
  • Arranged in blocks and many have extensive Excludes 1 notes (R09)
  • Organization changes such as codes for general symptoms and signs follow those that relate specifically to a body system or other relevant group.
  • Hematuria classification change:
    • Some types are coded in this Chapter unless included with an underlying condition like cystitis with hematuria. In that case the code is found in Chapter 14, Diseases of genitourinary system.
    • Guidelines I.B.18 and I.C.18.a through I.C.18.h
• Chapter 19: Injury, poisoning and certain other consequences of external causes (S00-T88)

• Significant modification to the organization of this Chapter.
• Body region is the first axis of classification in ICD-10-CM starting with the head and ending with the ankle/foot (S00-S99). This allows injury types to be grouped together under the site where occurred.
• Terminology updates
  • “Displaced” and “nondisplaced” are in the code descriptors.
  • In ICD-10 a fracture not stated as displaced or nondisplaced should be coded to displaced.
  • If fracture is not designated as open or closed it should be coded to closed.
• Additional 7th characters are available to identify specific encounters for fracture coding
• Tip: It is necessary to review the fracture 7th characters carefully before assigning a 7th character.
• Guidelines I.C.19.a through I.C.19.g.5
Chapter 19 continued...

- There are blocks for burns and corrosions (T20-T32)
- “Underdosing” is a new term.
- Tip: Sequencing issues are eliminated because poisonings, adverse effects and underdosing are combination codes.
- Most categories have 7th characters identify the encounter
  - A – initial
  - D – subsequent
  - S – sequela
- Adverse effects, poisoning, underdosing and toxic effects:
  - Codes in categories T36-T65 are combination codes that include the substance that was taken as well as intent. No external cause code is required for poisonings, toxic effects, adverse effects and underdosing codes. Coding guideline I.C.19.e
  - Adverse effect:
    - When coding an adverse effect of a drug that has been correctly prescribed and properly administered, assign the code for the nature of the adverse effect followed by the appropriate code for the adverse effect of the drug (T36-T50). The code for the drug should have a fifth or sixth character of 5. Coding guideline I.C.19.e.5.a
Chapter 20: External causes of morbidity (V00-Y99)

- Also arranged in blocks.
- Terminology updates:
  - ICD-9-CM – E810: Motor vehicle traffic accident involving collision with train
  - ICD-10-CM – V45 – Car occupant injured in collision with railway train or railway vehicle
- Conditions included as subcategory codes in ICD-9-CM have been given a category code in ICD-10-CM to allow for expansion at 4th, 5th, or 6th character level.
  - W09, Fall on and from playground equipment
  - W09.0, Fall on or from playground slide
  - W09.1, Fall from playground swing
- Coding Tip: Use an activity code from category Y93 in addition to the place of occurrence code from Y92.
  - Guideline I.C.20.a through I.C.20.k
• Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)
  • Rephrased titles to better reflect situations the codes would classify.
    • ICD-9-CM – V67.2, Follow-up examination following chemotherapy
    • ICD-10-CM – Z08, Encounter for follow-up examination after completed treatment for malignant neoplasm.
  • Z23 – example of decreased specificity; Encounter for immunization and is not further specified. V03-V06 are used to identify types of immunizations.
  • Z codes represent reasons for encounter – review guidelines
    • Guidelines I.C.21.a through I.C.21.c
# Character Definitions

<table>
<thead>
<tr>
<th>Character 1</th>
<th>Character 2</th>
<th>Character 3</th>
<th>Character 4</th>
<th>Character 5</th>
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<tbody>
<tr>
<td><strong>Section</strong></td>
<td><strong>Body System</strong></td>
<td><strong>Root Operation</strong></td>
<td><strong>Body Part</strong></td>
<td><strong>Approach</strong></td>
<td><strong>Device</strong></td>
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</table>

- **Section** – Character 1 = meaning changes and listed in ICD-10-PCS
- **Body System** – Character 2 = general physiological system *(Guideline B2.1a)* or anatomical region *(B2.1b)*
- **Root Operation** – Character 3 = 31 root operations *(B3.1a-B3.16)*
- **Body Part** – Character 4 = anatomical site, 34 possible values per body system *(B4.1a-B4.8)*
### Approach or Technique used – 5th Character

**7 different values**

- **0** - Open
- **3** – Percutaneous
- **4** - Percutaneous Endoscopic
- **7** - Via Natural or Artificial Opening
- **8** - Natural or Artificial Opening Endoscopic
- **F** - Natural or Artificial Opening with Percutaneous Endoscopic Assistance
- **X** – External

**Guidelines:** Endoscopic Assistance: B5.2, External Approach: B5.3a & B5.3b and Percutaneous Procedure via Device: B5.4
### Device – 6th Character

#### 4 Basic Groups
- Grafts and prostheses
- Implants
- Simple or mechanical appliances
- Electronic appliances
  - Examples: Drainage devices, radioactive elements, autologous and nonautologous tissue substitutes, extraluminal and intraluminal devices and synthetic substitutes.
  - NOTE: Only procedures that have a device that remains after procedure is completed will have a specific device value assigned. Default for no device is the character Z.
  - Materials incidental to the procedure such as clips and sutures are not considered a device.
  - Guidelines – B6.1- B6.2)
Qualifier – 7th Character

• Provides additional information
  • Examples are:
    • Type of transplant
    • Second site for bypass
    • Diagnostic excision – biopsy
  • Most procedures won’t have an applicable qualifier and the default in those cases is Z.
Yes or No?

• Is a biological or synthetic material that takes the place of all or a portion of a body part like a joint prosthesis considered a device?
  • Yes it is and why?

• Device = 6th character and identifies devices that remain after procedure is completed (Guideline B6.1a)

• If a biopsy is followed by a therapeutic definitive procedure at the same site – should you only code the therapeutic excision or resection?
  • No and why?

• Guideline B3.4b states that if a biopsy is followed by a more definitive procedure at the same procedure site, both the biopsy and the definitive procedure are coded
• When you are coding in ICD-10-PCS – must you consult the Alphabetic Index prior to proceeding to the Tables?
  • No and why?
• Coding Convention A.7 states that you can proceed directly to the Table to complete the code.
• Does “lower arm and wrist muscle” mean lower arm and wrist muscle according to the definition of “and?”
  • No and why?
• Per Coding Guideline A.10 – “and” when used in a code description means “and/or.” So this would mean lower arm and/or wrist muscle.
• When coding root operation Release, is the body part character defined as the body part being freed?
  • Yes and why?
• Coding Guideline B3.13 states that in the root operation Release, the body part value coded is the body part being freed and not the tissue being manipulated or cut to free the body part.
• When the prefix *peri* is used with a body part would you code to the body part documented?
  • Yes and why?
• Per Coding Guideline B4.1b if the prefix *peri* is combined with a body part to identify the site of procedure – code to the body part named. Example is perirenal is coded to the kidney body part.
• Are materials like sutures, ligatures, radiological markers and temporary postoperative wound drains coded as devices?
  • No and why?
• Per Coding Guideline B6.1b – these materials are considered integral to the performance of the procedure and are not coded as devices.
• When coding body systems do you designate them to be upper or lower based on whether they are above or below the umbilicus?
  • No and why?
• The diaphragm is the key! Per Coding Guideline B2.1b – when the general body part values of upper and lower are provided as an option - body parts above the diaphragm are considered upper and below the diaphragm are lower. For example - arteries, veins, muscles and tendons.
Root Operations

• When and entire lymph node chain is cut out is the root operation excision?
  • No and why?

• It is Resection. Per ICD-10-PCS Reference Manual, p. 39 when lymph node(s) are cut out, it is Excision, but when the whole lymph node chain is cut out – that is Resection.

• Is Detachment for amputations only?
  • Yes and why?

• ICD-10-PCS Reference Manual, pp. 40-41 state Detachment is exclusively for amputations.
• If a foreign body is removed by forceps is this considered an Extirpation?
  • Yes and why?
• ICD-10-PCS Reference Manual, p. 47 states that Extirpation represents a range of procedures where the body part itself is not the focus of the procedure. The objective is to remove solid material such as a foreign body, thrombus or calculus from the body part.

• Is Division coded with the objective is to cut the area around a body part, attachments to a body part or between subdivisions of a body part causing abnormal constraint?
  • No and why?
• Release is the procedure described. Per ICD-10-PCS Reference Manual, p. 51 – Release is to cut or separate the area around a body part, the attachments to a body part, or between subdivisions of a body part that are causing abnormal constraint (adhesiolysis). Division is coded with the goal is to cut, transect, or separate all or a portion of a body part.
• Is the root operation Restriction coded when the objective of a procedure is to close off a tubular body part or orifice?
  • No and why?
• Restriction is partially closing a lumen or orifice. Occlusion is the correct choice because it is defined as completely closing an orifice or the lumen of a tubular body part. See ICD-10-PCS Reference Manual, pp. 58-59.

• Is Dilation coded when the root operation is to enlarge the diameter of a tubular body part or orifice?
  • Yes and why?
• Per ICD-10-PCS Reference Manual, p. 61 the objective of the root operation Dilation is to expand an orifice or the lumen of a tubular body part.
• If you are coding the exchange of a drainage or feeding device this is considered to be the root operation Change?
  • Yes and why?

• Change procedures include exchanging drainage and feeding devices. See ICD-10-PCS Reference Manual, p. 69.

• Does Administration include a transfusion?
  • Yes and why?

• Per ICD-10-PCS Reference Manual, p. 89 – the Administration section includes infusions, injections, transfusions as well as irrigation and tattooing.
• Is Measurement the root operation for taking a series of levels obtained at intervals?
  • No and why?
Reference and Resources

• AHIMA ICD-10 Coder Training Manuals, Instructor Editions and PPT Presentations, 2014 Editions
• ICD-10-CM and ICD-10-PCS Reference Manuals and Code books 2014 Editions
• http://www.cdc.gov/nchs/icd/icd10cm.htm
• http://www.cms.hhs.gov/ICD10
• http://www.ahacentraloffice.org/codes/webinars.shtml

• Mapping tool
• http://www.poweryourpractice.com/revenue-cycle-management/the-most-bizarre-icd-10-code-awards/ (grins and giggles)