Understanding and Using ICD-10-PCS

Audio Seminar/ Webinar
April 10, 2007

Practical Tools for Seminar Learning
Disclaimer

The American Health Information Management Association makes no representation or guarantee with respect to the contents herein and specifically disclaims any implied guarantee of suitability for any specific purpose. AHIMA has no liability or responsibility to any person or entity with respect to any loss or damage caused by the use of this audio seminar, including but not limited to any loss of revenue, interruption of service, loss of business, or indirect damages resulting from the use of this program. AHIMA makes no guarantee that the use of this program will prevent differences of opinion or disputes with Medicare or other third party payers as to the amount that will be paid to providers of service.

As a provider of continuing education the American Health Information Management Association (AHIMA) must assure balance, independence, objectivity and scientific rigor in all of its endeavors. AHIMA is solely responsible for control of program objectives and content and the selection of presenters. All speakers and planning committee members are expected to disclose to the audience: (1) any significant financial interest or other relationships with the manufacturer(s) or provider(s) of any commercial product(s) or services(s) discussed in an educational presentation; (2) any significant financial interest or other relationship with any companies providing commercial support for the activity; and (3) if the presentation will include discussion of investigational or unlabeled uses of a product. The intent of this requirement is not to prevent a speaker with commercial affiliations from presenting, but rather to provide the participants with information from which they may make their own judgments.
Rhonda Butler, CCS, CCS-P

Ms. Butler is a senior clinical research analyst with 3M Health Information Systems where she is engaged in research and education programs for the ICD-10-Procedure Coding System, as part of 3M's contract with CMS for the update and maintenance of ICD-10-PCS. She spearheaded major revisions of ICD-10-PCS for 2004-2007 CMS updates and is the author of a comprehensive guide to coding with ICD-10-PCS currently available on the CMS Web site. Ms. Butler's tenure at 3M also includes working for the organizations Nosology call center team and as a clinical analyst for coding software development.
# Table of Contents

Disclaimer ..................................................................................................................... i
Faculty ....................................................................................................................... ii
Objectives ................................................................................................................. 1

Understanding PCS Structure
  Characters ............................................................................................................. 1
  Values .................................................................................................................. 2
  The Documentation ............................................................................................ 5
  Polling Question #1 ......................................................................................... 9

Root Operation Values ............................................................................................ 9

Procedure Sites ....................................................................................................... 12
  Polling Question #2 ......................................................................................... 16

Mapping Between ICD-9 and ICD-10 .................................................................... 17
  Differences ......................................................................................................... 18
  Mapping Challenges .......................................................................................... 19
  Specificity ......................................................................................................... 20
  Approach .......................................................................................................... 20
  Combination Codes ............................................................................................ 21
  Component Codes ............................................................................................. 22
  Polling Question #3 ........................................................................................... 23
  Rules to Resolve Conflicts ................................................................................ 24
  GEM – General Equivalent Maps ....................................................................... 25

Additional Information Flags
  Flag #1 ............................................................................................................. 27

Documentation and User’s Guide .......................................................................... 29

Appendix .................................................................................................................. 32

CE Certificate Instructions
Objectives

- Identify key ICD-10-PCS definitions
- Review how to “build” an ICD-10-PCS code
- Discuss documentation challenges arising from ICD-10-PCS body part specificity
- Identify important differences between ICD-10-PCS and ICD-9-CM when mapping

Understanding PCS structure: Characters

- A character is a stable, standardized code component
  - Holds a fixed place in the code
  - Retains its meaning across a range of codes
  - The Medical and Surgical section characters are...
Understanding PCS structure: Values

- A value is an individual unit defined for each character
- Applicable values depend on the previous characters chosen

Picturing the meaning of a value can help you remember it
“Getting” multi-axial structure is critical to using PCS effectively

<table>
<thead>
<tr>
<th>Section</th>
<th>Body System</th>
<th>Root Operation</th>
<th>Body Part</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med/Surg</td>
<td>Central Nervous</td>
<td>Drainage</td>
<td>Epidural Space</td>
<td>Percutaneous</td>
</tr>
</tbody>
</table>

A limited number of consistent values are used in the Tables

- Tables contain applicable values
- Limited to choices given in one row of a table

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Character 4</th>
<th>Approach</th>
<th>Character 5</th>
<th>Device</th>
<th>Character 6</th>
<th>Qualifier</th>
<th>Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>Open Endoscopic</td>
<td>Percutaneous</td>
<td>Percutaneous</td>
<td>Endoscopic</td>
<td>Vascular or Artifical Opening</td>
<td>Vascular or Artificial Opening</td>
<td>Endoscopic</td>
</tr>
</tbody>
</table>
What stomach biopsy looks like in PCS

"Open biopsy of the stomach"

0DB60ZX
“EGD with biopsy of the stomach”

0DB67ZX

<table>
<thead>
<tr>
<th>Character 4</th>
<th>Approach Character 5</th>
<th>Device Character 6</th>
<th>Qualifier Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Esophagus, Upper</td>
<td>0</td>
<td>No Device</td>
</tr>
<tr>
<td>2</td>
<td>Esophagus, Middle</td>
<td>2</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>3</td>
<td>Esophagus, Lower</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Esophageal Junction</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Esophagus</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Stomach</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Stomach, Pylorus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Small Intestine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Duodenum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Jejunum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Ileum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Ileocecal Valve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Large Intestine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Large Intestine, Right</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Large Intestine, Left</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>Cecum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>Appendix</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>Ascending Colon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L</td>
<td>Transverse Colon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>Descending Colon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Sigmoid Colon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td>Rectum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What’s the skinny about PCS and “the Documentation?”

- PCS is self-contained
  - Defines its own terms
- PCS is independent of local changes in terminology
  - Does not contain eponyms
  - Does not contain includes notes
- Coder challenge is to translate from the record to the appropriate value
Using ICD-10-PCS means translating the documentation

- Users must “translate” a procedure report into the applicable PCS concepts

PCS values come in three flavors

- Some match common terms
- Some are more detailed than common terms
- Some are unfamiliar
PCS values may match the documentation

Y Transplantation (root operation, 3rd character)
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

G Fusion (root operation, 3rd character)
Joining together portions of an articular body part, rendering the articular body part immobile

PCS values may be more precise than the documentation

3 Percutaneous (approach, 5th character)
Entry, by puncture or minor incision, of instrumentation through the skin or mucous membrane and any other body layer necessary to reach the site of the procedure

4 Percutaneous Endoscopic (approach, 5th character)
Entry, by puncture or minor incision, of instrumentation through the skin or mucous membrane and any other body layer necessary to reach and visualize the site of the procedure
**PCS values may be “something completely different”**

1 Bypass *(root operation, 3rd character)*
Altering the route of passage of the contents of a tubular body part
*Example: coronary artery bypass, colostomy formation*

S Reposition *(root operation, 3rd character)*
Moving to its normal location or other suitable location all or a portion of a body part
*Example: orchiopexy, fracture reduction*

---

**Common medical terms have one precise meaning in PCS**

P Removal *(3rd character)*
Taking out or off a device from a body part

- The same word can mean many things in medical practice
  - “Removal”
    - Of gallbladder
    - Of pacemaker
    - Of thrombus
- Only one of these meets the PCS definition of Removal
Polling Question #1

The same word can mean many things in medical practice. Which of these procedures would be coded to the root operation Removal in ICD-10-PCS?

Removal of—
* 1 Gallbladder
* 2 Pacemaker
* 3 Thrombus

Translating to PCS root operation values takes three steps

- Abstract out the essential action(s)
- Picture the action(s) in PCS terms
- Assign the corresponding PCS root operation value
Hints for reading documentation to identify the root operation

- 30 root operation values
  - Most can be ruled out initially

- Look for key words specifying the objective
  - Graft repair = Replacement
  - Adhesiolysis = Release
  - Lithotripsy = Fragmentation

- Look for key distinctions
  - A portion or all of a body part?
  - Cut out or pulled/stripped out?

Translate reports to PCS root operations “in your spare time”

“...the homograft irradiated cartilage was then trimmed to create a strut to fit into the defect between the upper lateral cartilage and the septal cartilage.”

Putting in or on biological or synthetic material that physically takes the place of all or a portion of a body part

Root operation (3rd character)
R Replacement
That was fun, let’s do it again

“...large amounts of clot were evacuated until all clots were removed, resulting in excellent arterial flow and brisk back venous flow.”

Taking or cutting out solid matter from a body part

Root operation (3rd character)
C Extirpation

Third time is a charm

“...polyp was successfully ablated with the bipolar cautery tip.”

Eradicating all or a portion of a body part

Root operation (3rd character)
5 Destruction
The procedure site is coded to the body system and body part

Body System (2nd character)
- defines the general physiological system/anatomical region on which the procedure is performed

Body Part (4th character)
- defines the specific anatomical site where the procedure is performed

Some body parts are way specific

- Left and Right
  - Vessels (Femoral Artery, Right)
  - Bones and Joints (Parietal Bone, Left)

- Anatomical subdivision
  - Lobe (Upper Lung Lobe, Left)
  - Intestinal segment (Transverse Colon)

- Anatomical region
  - Body layers (Subcutaneous Tissue, Chest)
  - Musculoskeletal support structures (Upper Leg Muscle, Right)
Knowing what you don’t know in anatomy is half the battle

- Simple to assign
  - Sigmoid Colon
  - Ovary

- More work to assign
  - Glenoid Cavity, Right
  - Lower Lobe Bronchus, Left

Learn your ductwork for biliary procedures

- Body system F Includes liver, pancreas and associated ducts

Focus on...

- Ducts
  - Hepatic (3)
  - Cystic
  - Common Bile
- Liver Lobes
  - Right
  - Left
  - Caudate
Let’s de-liver the correct body part

“...the needle was advanced over the guidewire through the right hepatic vein, unsheathed, and advanced into the liver in standard fashion. Six passes were performed returning several good-sized specimens.”

<table>
<thead>
<tr>
<th>Body Part Character 4</th>
<th>Approach Character 5</th>
<th>Device Character 6</th>
<th>Qualifier Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>0: Liver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1: Liver, Right Lobe</td>
<td>Open</td>
<td>No Device</td>
<td></td>
</tr>
<tr>
<td>2: Liver, Left Lobe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3: Liver, Caudate Lobe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4: Gallbladder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5: Pancreas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6: Hepatic Duct, Right</td>
<td>Open</td>
<td>No Device</td>
<td></td>
</tr>
<tr>
<td>7: Hepatic Duct, Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8: Hepatic Duct, Caudate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9: Cystic Duct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10: Common Bile Duct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11: Ampulla of Vater</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12: Pancreatic Duct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13: Pancreatic Duct, Accessory</td>
<td>Open</td>
<td>No Device</td>
<td></td>
</tr>
</tbody>
</table>

Get a great anatomy reference for nerves and vessels

“Nerves and vessels that are not identified by a separate body part value are coded to the closest proximal branch identified by a body part value.”

- ICD-10-PCS draft guideline B.4.12
Don’t be un-nerved by this one

“...an insulated Touhy needle was advanced from 5 cm cephalad. Nerve stimulation was present at the sciatic nerve, and a catheter advanced and sutured in place...”

Stretch your knowledge of muscles and tendons

- Includes all voluntary muscles by body region

Focus on...

- No Latin names
  - By anatomical subdivision

- Body regions
  - Shoulder, chest or upper arm?
  - Wrist or hand?
  - Ankle or foot?
One more time, with feeling

“...laceration extended laterally into the right pectoralis major. This was closed with a running suture of 2-0 Vicryl.”

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Muscle</td>
<td>Open</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Neck Muscle</td>
<td>Percutaneous</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Shoulder Muscle</td>
<td>Percutaneous Endoscopic</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Upper Arm Muscle</td>
<td>0 Open</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Upper Arm Muscle</td>
<td>3 Percutaneous</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Upper Arm and Wrist Muscle</td>
<td>4 Percutaneous Endoscopic</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Lower Arm and Wrist Muscle</td>
<td>5 Shoulder Muscle, Right</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Lower Arm and Wrist Muscle</td>
<td>6 Shoulder Muscle, Left</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Hand Muscle</td>
<td>7 Upper Arm Muscle, Right</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Hand Muscle</td>
<td>8 Upper Arm Muscle, Left</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Hand and Wrist Muscle</td>
<td>9 Shoulder Muscle, Right</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Hand and Wrist Muscle</td>
<td>10 Shoulder Muscle, Left</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger Muscle</td>
<td>11 Upper Arm Muscle, Right</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger Muscle</td>
<td>12 Upper Arm Muscle, Left</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>13 Shoulder Muscle, Right</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>14 Shoulder Muscle, Left</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>15 Upper Arm Muscle, Right</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>16 Upper Arm Muscle, Left</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>17 Shoulder Muscle, Right</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>18 Shoulder Muscle, Left</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>19 Upper Arm Muscle, Right</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>20 Upper Arm Muscle, Left</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>21 Shoulder Muscle, Right</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>22 Shoulder Muscle, Left</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>23 Upper Arm Muscle, Right</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>24 Upper Arm Muscle, Left</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>25 Shoulder Muscle, Right</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>26 Shoulder Muscle, Left</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>27 Upper Arm Muscle, Right</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>28 Upper Arm Muscle, Left</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>29 Shoulder Muscle, Right</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
<tr>
<td>Finger and Hand Muscle</td>
<td>30 Shoulder Muscle, Left</td>
<td>No Device</td>
<td>No Qualifier</td>
</tr>
</tbody>
</table>

Polling Question #2

“...an incision was made over the medial aspect of the left foot and carried down through the subcutaneous tissue to the proximal phalanx.”

If you were coding the procedure excerpted above using ICD-10-PCS, which approach value would you use?

* 1 0 Open
* 2 3 Percutaneous
* 3 4 Percutaneous Endoscopic
* 4 X External
A classification system is only as good as...

In this case...
- difference is a good thing
- If they were easily mapped
  - It would mean they are basically the same
  - No reason to switch
ICD-10-PCS and ICD-9-CM are two different animals

- Designed under CMS contract specifically for procedure coding in U.S.
- Independent from ICD structure and conventions
- New structure, hierarchy, vocabulary, guidelines
- Mapping between the two systems is much more difficult

Numbers are only the beginning

- ICD-9-CM ~ 4,000 codes
- ICD-10-PCS ~ 90,000 codes

Does this mean each I-9 code maps to 22.5 PCS codes?

Life and coding are not that simple
“Tell me where it hurts”
Challenges in Mapping

1. Level of specificity
2. Approach
3. Combination codes
4. ICD-9-CM component codes

Mapping Challenge #1
Level of Specificity

- ICD-10-PCS has **more** detail

- ICD-10-PCS level of detail is **consistent**

- ICD-9-CM level of detail **varies greatly**
**ICD-9-CM → ICD-10-PCS**

**Level of Specificity Variation**

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>Description</th>
<th>ICD-10-PCS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>39.31</td>
<td>Suture of artery</td>
<td>04Q90ZZ</td>
<td>Repair right renal artery, open approach</td>
</tr>
<tr>
<td></td>
<td></td>
<td>04QA0ZZ</td>
<td>Repair left renal artery, open approach</td>
</tr>
<tr>
<td>39.55</td>
<td>Reimplantation of aberrant renal vessel</td>
<td>04S90ZZ</td>
<td>Reposition right renal artery, open approach</td>
</tr>
<tr>
<td></td>
<td></td>
<td>04SA0ZZ</td>
<td>Reposition left renal artery, open approach</td>
</tr>
</tbody>
</table>

**Mapping Challenge #2: Approach**

- ICD-9-CM for the most part **does not specify**
- ICD-9-CM terms **not standardized**
  - Open, closed, percutaneous, endoscopic, laparoscopic
  - Incisional, nonincisional
  - Nonoperative
- ICD-10-PCS **always specifies**
- ICD-10-PCS **terms standardized**
**ICD-9-CM→ICD-10-PCS**

**Approach Variation**

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>Description</th>
<th>≅</th>
<th>ICD-10-PCS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>54.11</td>
<td>Exploratory laparotomy</td>
<td>≅</td>
<td>0FB00ZX</td>
<td>Excision of liver, open approach, diagnostic</td>
</tr>
<tr>
<td>+</td>
<td>Closed (percutaneous/needle) biopsy of liver</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mapping Challenge #3: Combination Codes**

- ICD-9-CM has two types of combo codes
  - Two procedures inherent in the description (e.g., Heart/lung transplant)
  - Variations
    - Includes
    - ‘with or without’
- ICD-10-PCS procedure definition self-contained
  - *The complete specification of the seven characters (in a code)*
- As many ICD-10-PCS codes used as necessary
### ICD-9-CM → ICD-10-PCS: Combination Code Mapping

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>Description</th>
<th>IR</th>
<th>ICD-10-PCS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>65.63</td>
<td>Laparoscopic removal of both ovaries and tubes at same operative episode</td>
<td></td>
<td>OUT24ZZ</td>
<td>Resection of bilateral ovaries, percutaneous endoscopic approach</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>OUT74ZZ</td>
<td>Resection of bilateral fallopian tubes, percutaneous endoscopic approach</td>
</tr>
</tbody>
</table>

### Mapping Challenge #4: ICD-9-CM Component Codes

- ICD-9-CM needs adjunct codes because
  - Running out of room for additional detail
  - Combining ‘modular’ codes addresses this problem
- ICD-10-PCS modular by design
- ICD-10-PCS level of detail consistent across broad ranges
ICD-10-PCS → ICD-9-CM: Component Code Mapping

<table>
<thead>
<tr>
<th>ICD-10-PCS</th>
<th>Description</th>
<th>ICD-9-CM</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>00.66</td>
<td>Percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy</td>
</tr>
<tr>
<td>02713DZ</td>
<td>Dilation of coronary artery, two sites using intraluminal device, percutaneous approach</td>
<td>+</td>
<td>00.41 Procedure on two vessels + 00.46 Insertion of two vascular stents + 36.06 Insertion of non-drug-eluting coronary artery stents</td>
</tr>
</tbody>
</table>

Polling Question #3

Which of the following is an example of an ICD-9-CM component code?

* 1 00.86 Resurfacing hip, partial, femoral head
* 2 00.74 Hip replacement bearing surface, metal-on-polyethylene
* 3 00.72 Revision of hip replacement, femoral component
Using Rules to Resolve Conflicts

- Like a language, some areas of code sets do not translate
- Rules used
  - To resolve ambiguity
  - Maintain consistency
- NEC options used
  - To obtain mappings in untranslatable cases

Applied mappings are the goal of all this work

- Applied maps contain
  - Appropriately streamlined range of choices
    - Based on use case
- User-defined criteria
  - 1:1 ‘best map’
  - All ‘clinical’ possibilities
  - Reimbursement ‘equivalent’
ICD-10-PCS
General Equivalence Maps (GEM)

- Presents all reasonable correspondences between the two code sets
- Consists of two general equivalence mappings (GEMs)
  - ICD-9-CM to ICD-10-PCS
  - ICD-10-PCS to ICD-9-CM
- Each file contains code pairs—one code from each set
  - Source or target system code may be used more than once
  - Additional information specified using flags

Presents All Reasonable Correspondences: All-inclusive

ICD-9 to PCS GEM:
Single-type entry for ICD-9-CM code 02.11

<table>
<thead>
<tr>
<th>ICD-9-CM Source</th>
<th>≈</th>
<th>ICD-10-PCS Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>02.11 Simple suture of dura mater of brain</td>
<td>≈</td>
<td>00Q20ZZ: Repair of dura mater, open approach</td>
</tr>
<tr>
<td>02.11 Simple suture of dura mater of brain</td>
<td>≈</td>
<td>00Q23ZZ: Repair of dura mater, percutaneous approach</td>
</tr>
<tr>
<td>02.11 Simple suture of dura mater of brain</td>
<td>≈</td>
<td>00Q24ZZ: Repair of dura mater, percutaneous endoscopic approach</td>
</tr>
</tbody>
</table>
### Presents All Reasonable Correspondences: Rule-based

**Single entry**

<table>
<thead>
<tr>
<th>ICD-9-CM Source</th>
<th>→</th>
<th>ICD-10-PCS Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.53 Implantation or replacement of CRT pacemaker generator</td>
<td>→</td>
<td>J060P3 Insertion of Cardiac Resynchronization Pacemaker Pulse Generator, Open Approach OR J063P3 Insertion of Cardiac Resynchronization Pacemaker Pulse Generator, Percutaneous Approach</td>
</tr>
</tbody>
</table>

**OR**

**Combination entry**

<table>
<thead>
<tr>
<th>ICD-9-CM Source</th>
<th>→</th>
<th>ICD-10-PCS Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.53 Implantation or replacement of CRT pacemaker generator</td>
<td>→</td>
<td>J060P3 Removal of Pacemaker/Defibrillator, Open Approach OR J063P3 Removal of Pacemaker/Defibrillator, Percutaneous Approach AND J060P3 Insertion of Cardiac Resynchronization Pacemaker Pulse Generator, Open Approach OR J063P3 Insertion of Cardiac Resynchronization Pacemaker Pulse Generator, Percutaneous Approach</td>
</tr>
</tbody>
</table>

### Consists of Two GEM Files

<table>
<thead>
<tr>
<th>ICD-9-CM → ICD-10-PCS + flags</th>
<th>ICD-10-PCS → ICD-9-CM + flags</th>
</tr>
</thead>
<tbody>
<tr>
<td>688 0DTN0ZZ 101 2 7 688 0DTOPZZ 101 2 8 688 0TTB0ZZ 101 2 5 688 0TTD0ZZ 101 2 6 688 0UT20ZZ 101 2 2 688 0UT70ZZ 101 2 3 688 0UT90ZZ 101 2 1 688 0UTG0ZZ 101 2 4</td>
<td>02733ZZ 0040 11 1 2 02733ZZ 0041 11 1 2 02733ZZ 0042 11 1 2 02733ZZ 0043 11 1 2 02733ZZ 0066 11 1 1 02733ZZ 3609 10 0 0</td>
</tr>
</tbody>
</table>
Additional Information
Specified in Flags

- Read as 1=On, 0=Off
- Three different flags
  - Approximate
  - No Map
  - Combination

Approximate flag 1 “On”
= Approximate

The Approximate Flag

<table>
<thead>
<tr>
<th>I-9 Code</th>
<th>I-9 Description</th>
<th>PCS Code</th>
<th>PCS Description</th>
<th>Approximate [FLAG]</th>
<th>No Map [FLAG]</th>
<th>Combination [FLAG]</th>
</tr>
</thead>
<tbody>
<tr>
<td>02.11</td>
<td>Simple suture of dura mater of brain</td>
<td>00Q20ZZ</td>
<td>Repair of dura mater, open approach</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>02.11</td>
<td>Simple suture of dura mater of brain</td>
<td>00Q23ZZ</td>
<td>Repair of dura mater, percutaneous approach</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>02.11</td>
<td>Simple suture of dura mater of brain</td>
<td>00Q24ZZ</td>
<td>Repair of dura mater, endoscopic approach</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
**No Map Flag 1 “On” = No Map**

The No Map Flag

<table>
<thead>
<tr>
<th>I-8 Code</th>
<th>I-9 Description</th>
<th>PCS Code</th>
<th>PCS Description</th>
<th>Approximate Flag</th>
<th>No Map Flag</th>
<th>Combination Flag</th>
</tr>
</thead>
<tbody>
<tr>
<td>00.40</td>
<td>Procedure on single vessel</td>
<td>Blank</td>
<td>Blank</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>00.41</td>
<td>Procedure on two vessels</td>
<td>Blank</td>
<td>Blank</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>00.42</td>
<td>Procedure on three vessels</td>
<td>Blank</td>
<td>Blank</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>00.43</td>
<td>Procedure on four or more vessels</td>
<td>Blank</td>
<td>Blank</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>00.44</td>
<td>Procedure on vessel bifurcation</td>
<td>Blank</td>
<td>Blank</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**Combination flag 1 “On” = Combination**

02733ZZ Dilation of Coronary Artery, Four or More Sites, Percutaneous Approach

<table>
<thead>
<tr>
<th>PCS Code</th>
<th>PCS Description</th>
<th>I-8 Code</th>
<th>I-9 Description</th>
<th>Approximate Flag</th>
<th>Combination Flag</th>
<th>Semantic</th>
<th>Choice #</th>
</tr>
</thead>
<tbody>
<tr>
<td>02733ZZ</td>
<td>Dilation of Coronary Artery, Four or More Sites, Percutaneous Approach</td>
<td>00.40</td>
<td>Procedure-one vessel</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>02733ZZ</td>
<td>Dilation of Coronary Artery, Four or More Sites, Percutaneous Approach</td>
<td>00.41</td>
<td>Procedure-two vessels</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>02733ZZ</td>
<td>Dilation of Coronary Artery, Four or More Sites, Percutaneous Approach</td>
<td>00.42</td>
<td>Procedure-three vessels</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>02733ZZ</td>
<td>Dilation of Coronary Artery, Four or More Sites, Percutaneous Approach</td>
<td>00.43</td>
<td>Procedure-four or more vessels</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>02733ZZ</td>
<td>Dilation of Coronary Artery, Four or More Sites, Percutaneous Approach</td>
<td>00.44</td>
<td>Proc-vessel bifurcation</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
Documentation and User’s Guide

Posted on website with GEM files


- Revised as needed based on public response

Audience Questions
Audio Seminar Discussion

Following today's live seminar
Available to AHIMA members at
www.AHIMA.org

Click on Communities of Practice (CoP) - icon on top right
AHIMA Member ID number and password required - for members only

Join the ICD-10 Implementation Community from your Personal Page then under Community Discussions, choose the Coding Kidney Disease and Treatment Audio Seminar
You will be able to:
• Discuss seminar topics
• Network with other AHIMA members
• Enhance your learning experience

AHIMA Audio Seminars

While online, you can also register for seminars or order CDs and pre-recorded Webcasts of past seminars.
Thank you for joining us today!

Remember – sign on to the AHIMA Audio Seminars Web site to complete your evaluation form and receive your CE Certificate online at: http://campus.ahima.org/audio/2007seminars.html

Each person seeking CE credit must complete the sign-in form and evaluation in order to view and print their CE certificate

Certificates will be awarded for AHIMA and ANCC Continuing Education Credit
CE Certificate Instructions
To receive your CE Certificate

Please go to the AHIMA Web site


click on

“Complete Online Evaluation”

You will be automatically linked to the CE certificate for this seminar after completing the evaluation.

Each participant expecting to receive continuing education credit must complete the online evaluation and sign-in information after the seminar, in order to view and print the CE certificate.