ICD-10-CM and ICD-10-PCS: Prepare for Tomorrow, Today!

Audio Seminar/ Webinar

January 15, 2009

Practical Tools for Seminar Learning
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Faculty

Sue Bowman, RHIA, CCS

Sue Bowman is director of coding policy and compliance at AHIMA. Ms. Bowman leads all AHIMA policy initiatives related to coding practice and fraud and abuse prevention, and serves as AHIMA’s representative to the Cooperating Parties, a group with direct input on the creation, maintenance, and updating of healthcare codes and guidelines. She has provided input on the development of the ICD-10-CM and ICD-10-PCS coding systems and associated resources, and has been a leader in AHIMA’s advocacy initiatives for the US adoption of ICD-10.

Ann Zeisset, RHIT, CCS, CCS-P

Ann Zeisset is manager of professional practice resources at AHIMA and a coding and HIM educator for over 15 years. She provides professional expertise on coding practice issues to AHIMA members, the media, and outside organizations. Ms. Zeisset has authored many coding-related articles, presented numerous coding seminars and educational sessions, and previously worked on a contract to determine potential impacts to CMS when converting from ICD-9-CM to the ICD-10-CM and ICD-10-PCS coding systems.
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CE Certificate Instructions

AHIMA 2009 Audio Seminar Series
**Agenda**

- Status of ICD-10 rulemaking process
- Overview of differences/similarities between ICD-9-CM and ICD-10-CM/PCS
- Relationship between increased clinical detail and need for increased anatomy/physiology knowledge and improved documentation
- Documentation improvement strategies
- Steps for HIM professionals to begin preparing for transition
- Questions

**Current Status of ICD-10-CM and ICD-10-PCS in the U.S.**
**Rulemaking Process**

- Proposed adoption of ICD-10-CM and ICD-10-PCS (and associated official coding guidelines) to replace ICD-9-CM
- Proposed compliance date was October 1, 2011
- Final rule ???

**Coding System Changes**

- CPT® and HCPCS Level II will continue to be used for:
  - Reporting physician and other professional services
  - Procedures performed in hospital outpatient departments and other outpatient facilities
Rulemaking Process

- Projected Benefits of Transitioning to ICD-10
  - More accurate payment for new procedures
  - Fewer rejected claims
  - Fewer improper claims
  - Better understanding of new procedures
  - Improved disease management
  - Better understanding of health conditions and healthcare outcomes
  - Harmonization of disease monitoring and reporting world-wide

Overview of ICD-10-CM & ICD-10-PCS
What are ICD-10-CM and ICD-10-PCS?

- **ICD-10-CM**
  - U.S. clinical modification of the World Health Organization’s ICD-10
  - Diagnostic coding system (no procedure codes)

- **ICD-10-PCS**
  - Developed under contract by CMS specifically to replace the ICD-9-CM procedural coding system
ICD-10-CM Structure

- 21 Chapters and expanded codes
- Incorporates common 4th and 5th digit sub-classification (full code titles for all codes)
- Addition of a 6th character
- Added 7th character for obstetrics, injuries, and external causes of injury
  - Initial encounter
  - Subsequent encounter
  - Sequelae

ICD-9-CM
- 3-5 characters
- First character is numeric or alpha (E or V)
- Characters 2-5 are numeric
- Always at least 3 characters
- Use of decimal after 3 characters

ICD-10-CM
- 3-7 characters
- Character 1 is alpha
- All letters except U
- Characters 2-7 are alpha or numeric
- Always at least 3 characters
- Use of decimal after 3 characters
**ICD-10-CM Structure – Format**

- **Category**: Etiology, anatomic site, severity
- **Extension**

**How Does ICD-10-CM Differ From ICD-9-CM?**

- Alphanumeric (alpha characters are **not** case-sensitive)
- Some chapters have been restructured
- Certain diseases have been reclassified to reflect current medical knowledge
- New features have been added
- Specificity and detail have been significantly expanded
**ICD-10-CM New Features**

- Combination codes for conditions and common symptoms or manifestations
- Combination codes for poisonings and external causes
- Added laterality

---

**ICD-10-CM Combination Codes**

- **I25.110** Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
- **K71.51** Toxic liver disease with chronic active hepatitis with ascites
- **K50.812** Crohn’s disease of both small and large intestine with intestinal obstruction
- **N41.11** Chronic prostatitis with hematuria
### ICD-10-CM Combination Codes

- **T43.6x1S** Poisoning by psychostimulants with abuse potential, accidental (unintentional), sequela
- **M80.011A** Postmenopausal osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture
- **N30.01** Acute cystitis with hematuria
- **K57.21** Diverticulitis of large intestine with perforation and abscess with bleeding

### ICD-10-CM Laterality - Examples

- **C50.512** Malignant neoplasm of lower-outer quadrant of left female breast
- **H02.041** Spastic entropion of right upper eyelid
- **M05.271** Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot
ICD-10-CM
New Features

- Expanded codes (injury, diabetes, alcohol/substance abuse, postoperative complications)
- Injuries grouped by anatomical site rather than type of injury
- Changes in time frames specified in certain codes
- Added standard definitions for two types of Excludes notes

ICD-10-CM
Excludes Notes

- Excludes1
  - Means NOT CODED HERE
  - Code being excluded is never used with code
  - The two conditions cannot occur together
  - Example:
    - B06 Rubella [German measles]
      - Excludes1: congenital rubella (P35.0)
ICD-10-CM Excludes Notes

- Excludes2
  - Means NOT INCLUDED HERE
  - Excluded condition is not part of the condition represented by the code
  - Acceptable to use both codes together if patient has both conditions
  - Example:
    - J03 Acute tonsillitis
      - Excludes2: chronic tonsillitis (J35.0)

ICD-10-CM Injury Changes

- ICD-9-CM
  - Fractures (800-829)
  - Dislocations (830-839)
  - Sprains and strains (840-848)

- ICD-10-CM
  - Injuries to the head (S00-S09)
  - Injuries to the neck (S10-S19)
  - Injuries to the thorax (S20-S29)
ICD-10-CM Injury and External Cause
7th Character

A  Initial encounter
D  Subsequent encounter
S  Sequelae

ICD-10-CM Fractures

• Displaced vs. non-displaced
• Type of fracture
• Site of fracture
• Laterality
• 7th character indicating:
  • Open vs. closed
  • Routine vs. delayed healing
  • Nonunion, malunion
  • Initial encounter, subsequent encounter, sequela
Polling Question #1

What is the name of the open fracture classification that is used as the basis for the 7th characters for the ICD-10-CM fracture codes?

1. Galeazzi
2. Fanconi
3. Paget
4. Gustilo

ICD-10-CM Examples of Fracture Terms

- Salter-Harris Types I, II, III, and IV
- LeFort I, II, and III
- Avulsion
- Wedge compression
- Stable and unstable burst
- Zone I, II, and III
- Barton’s
- Smith’s
- Greenstick
- Transverse
- Oblique
- Spiral
- Comminuted
- Segmental
- Torus
- Maisonneuve’s
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ICD-10-CM
7th Characters for Fractures

A. Initial encounter for closed fracture
B. Initial encounter for open fracture type I or II
C. Initial encounter for open fracture type IIIA, IIIB, or IIIC
D. Subsequent encounter for fracture with routine healing
E. Subsequent encounter for open fracture type I or II with routine healing
F. Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
G. Subsequent encounter for fracture with delayed healing

ICD-10-CM
7th Characters for Fractures (con’t)

H. Subsequent encounter for open fracture type I or II with delayed healing
J. Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
K. Subsequent encounter for fracture with nonunion
M. Subsequent encounter for open fracture type I or II with nonunion
N. Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion
ICD-10-CM 7th Characters for Fractures (con’t)

P. Subsequent encounter for closed fracture with malunion
Q. Subsequent encounter for open fracture type I or II with malunion
R. Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion
S. Sequelae

ICD-10-CM
Open Fracture Designations

• 7th characters for open fractures are based on Gustilo classification - requires physician documentation of open fracture type:
  • I - wound less than 1 cm with minimal soft tissue injury
  • II - wound is between 1 cm and 10 cm with moderate soft tissue injury
  • III - wound is greater than 10 cm and there is extensive soft tissue damage
    ▪ IIIA - adequate soft tissue cover
    ▪ IIIB - inadequate soft tissue cover, requiring regional or free flap
    ▪ IIIC - Involves vascular injury requiring repair
### ICD-10-CM

#### Fractures – Examples

- **S52.012A** Torus fracture of upper end of left ulna, initial encounter for closed fracture
- **S52.034E** Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, subsequent encounter for open fracture type I or II with routine healing
- **S59.042G** Salter-Harris Type IV physeal fracture of lower end of ulna, left arm, subsequent encounter for fracture with delayed healing
- **S62.021A** Displaced fracture of middle third of navicular [scaphoid] bone of right wrist, initial encounter for closed fracture

### ICD-10-CM

#### Other Injury Examples

- **S43.121A** Dislocation of right acromioclavicular joint, 100% - 200% displacement, initial encounter
- **S24.141A** Brown-Sequard syndrome at T₁ level of thoracic spinal cord, initial encounter
- **S29.021A** Laceration of muscle and tendon of front wall of thorax, initial encounter
### Diabetes - Comparison of ICD-9-CM vs. ICD-10-CM

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 250.x</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td></td>
<td>5th digit “1” – Type I</td>
</tr>
<tr>
<td></td>
<td>5th digit “0” – Type II or unspecified</td>
</tr>
<tr>
<td></td>
<td>5th digit “2” &amp; “3” – uncontrolled</td>
</tr>
<tr>
<td>• 249.x</td>
<td>Secondary diabetes mellitus</td>
</tr>
<tr>
<td></td>
<td>5th digit “0” &amp; “1” – uncontrolled</td>
</tr>
<tr>
<td>• 648.8x</td>
<td>Abnormal glucose tolerance complicating pregnancy, childbirth, or puerperium (includes gestational diabetes)</td>
</tr>
<tr>
<td></td>
<td>Diabetes codes include type of complication</td>
</tr>
<tr>
<td></td>
<td>• E08 Diabetes mellitus due to underlying condition</td>
</tr>
<tr>
<td></td>
<td>• E09 Drug or chemical induced diabetes mellitus</td>
</tr>
<tr>
<td></td>
<td>• E10 Type 1 diabetes mellitus</td>
</tr>
<tr>
<td></td>
<td>• E11 Type 2 diabetes mellitus</td>
</tr>
<tr>
<td></td>
<td>• E13 Other specified diabetes mellitus</td>
</tr>
<tr>
<td></td>
<td>• O24.4 Gestational diabetes mellitus</td>
</tr>
</tbody>
</table>

### ICD-10-CM
Diabetes Mellitus - Examples

- **E10.3** Type 1 diabetes mellitus with ophthalmic complications
  - **E10.311** Type 1 DM with unspecified diabetic retinopathy with macular edema
  - **E10.319** Type 1 DM with unspecified diabetic retinopathy without macular edema
  - **E10.321** Type 1 DM with mild non-proliferative diabetic retinopathy with macular edema
  - **E10.329** Type 1 DM with mild non-proliferative diabetic retinopathy without macular edema
  - **E10.331** Type 1 DM with moderate non-proliferative diabetic retinopathy with macular edema
  - **E10.339** Type 1 DM with moderate non-proliferative diabetic retinopathy without macular edema
ICD-10-CM
Diabetes Mellitus - Examples (cont)

- E10.3 Type 1 diabetes mellitus with ophthalmic complications
  - E10.341 Type 1 DM with severe non-proliferative diabetic retinopathy with macular edema
  - E10.349 Type 1 DM with severe non-proliferative diabetic retinopathy without macular edema
  - E10.351 Type 1 DM with proliferative diabetic retinopathy with macular edema
  - E10.359 Type 1 DM with proliferative diabetic retinopathy without macular edema
  - E10.36 Type 1 DM with diabetic cataract
  - E10.39 Type 1 DM with other diabetic ophthalmic complication

Pressure Ulcers - Comparison of ICD-9-CM vs. ICD-10-CM

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>707.0x Pressure ulcer by site</td>
<td>L89 Pressure ulcer by site and stage</td>
</tr>
<tr>
<td>707.2x Pressure ulcer stages</td>
<td>Site and stage captured by single code</td>
</tr>
<tr>
<td>Code first site of pressure ulcer</td>
<td>Specific codes for pressure ulcer of contiguous site of back, buttock, and hip</td>
</tr>
<tr>
<td></td>
<td>Code first any associated gangrene</td>
</tr>
</tbody>
</table>
ICD-9-CM
Epilepsy and recurrent seizures

- 345.00-345.91 Epilepsy and recurrent seizures
  - Generalized convulsive and nonconvulsive
  - Petit mal status vs. grand mal status
  - Localization-related (focal) (partial) epilepsy and epileptic syndromes with simple or complex partial seizures
  - Infantile spasms
  - Epilepsia partialis continua
  - Intractable or not

ICD-10-CM
Epilepsy and recurrent seizures

- G40.001-G40.919 Epilepsy and recurrent seizures
  - Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset
  - Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with simple or complex partial seizures
  - Generalized idiopathic epilepsy and epileptic syndromes
  - Other generalized epilepsy and epileptic syndromes
  - Special epileptic syndromes
  - Other epilepsy and seizures
  - Intractable or not
  - With or without status epilepticus
ICD-9-CM
Asthma

- 493.00-493.92 Asthma
  - Extrinsic vs. intrinsic
  - Chronic obstructive asthma
  - With status asthmaticus
  - With exacerbation
  - Exercise induced bronchospasm
  - Cough variant asthma

ICD-10-CM
Asthma

- J45.20-J45.998 Asthma
  - Mild intermittent
  - Mild persistent
  - Moderate persistent
  - Severe persistent
  - With status asthmaticus
  - With exacerbation
  - Exercise induced bronchospasm
  - Cough variant asthma
  - Excludes chronic obstructive asthma
ICD-9-CM

Spinal Stenosis

- 723.0 Spinal stenosis in cervical region
- 724.00 Spinal stenosis, unspecified region
- 724.01 Spinal stenosis, thoracic region
- 724.02 Spinal stenosis, lumbar region
- 724.09 Other spinal stenosis

ICD-10-CM

Spinal Stenosis

- M48.00-M48.08 Spinal stenosis
  - Occipito-atlanto-axial
  - Cervical
  - Cervicothoracic
  - Thoracic
  - Thoracolumbar
  - Lumbar
  - Lumbosacral
  - Sacral and sacrococcygeal
ICD-10-CM
Circulatory System Changes

- Age definition for acute myocardial infarction has changed
- New category for subsequent acute myocardial infarction
- New category for complications within 28 days of acute myocardial infarction
- Transient ischemic attacks re-classified to nervous system chapter
- Late effects of stroke differentiated by type of stroke
- Combination codes for common etiologies/manifestations

ICD-10-CM
Obstetrics

- Addition of trimester and deletion of episode of care
  - O15.02  Eclampsia in pregnancy, second trimester
  - O23.02  Infections of kidney in pregnancy, second trimester
- Encounter for supervision of high-risk pregnancy has been moved to OB chapter
ICD-10-CM Obstetrics

- Code extensions to identify specific fetus (1-5) affected by obstetric condition
- Elective, legal, or therapeutic abortions are not classified to the abortion codes (code Z33.2, Encounter for elective termination of pregnancy)
- Obstructed labor codes incorporate reason for obstruction
- Additional codes for OB complications

ICD-9-CM Postoperative Complications

- Displacement of coronary artery bypass graft
  - 996.03 Mechanical complication of cardiac device, implant, and graft, due to coronary bypass graft
- Myocardial infarction during coronary artery bypass graft procedure
  - 997.1 Cardiac complications + 410.x, Acute myocardial infarction
### ICD-10-CM

**Postoperative Complications**

- **T82.212** Displacement of coronary artery bypass graft
- **I97.790** Other intraoperative cardiac functional disturbances during cardiac surgery + I21.3, ST elevation (STEMI) myocardial infarction of unspecified site

### ICD-9-CM

**Postoperative Complications**

- Complications of foreign body accidentally left in body following procedure
  - **998.4** Foreign body accidentally left during a procedure
- Complication of kidney transplant
  - **996.81** Complications of transplanted organ, kidney
    - Use additional code to identify nature of complication
### ICD-10-CM

**Postoperative Complications**

- **T81.500-T81.599 Complications of foreign body accidentally left in body following procedure**
  - 50 codes
  - Type of complication specified (adhesion, obstruction, perforation)
  - 8 types of procedures specified

- **T86.10-T86.19 Complications of kidney transplant**
  - 5 codes
  - Type of complication specified (rejection, failure, infection)

### ICD-10-PCS
### ICD-10-PCS - Structure

#### ICD-9-CM
- ICD-9-CM has 3-4 characters
- All characters are numeric
- All codes have at least 3 characters

#### ICD-10-PCS
- ICD-10-PCS has 7 characters
- Each can be either alpha or numeric
- Numbers 0-9; letters A-H, J-N, P-Z
- Alpha characters are not case-sensitive
- Each code must have 7 characters

### ICD-10-PCS - Structure

- Seven-character alphanumeric code
- Index
  - Alphabetical listing by type of procedure, including common procedure names (e.g., hysterectomy; appendectomy)
- Tabular list
  - Grid with rows and columns to delineate valid combinations of code characters
ICD-10-PCS Structure - Characters (Med/Surg)

- **Section** relates to type of procedure
- **Body system** refers to general body system
- **Root operation** specifies objective of procedure
- **Body part** refers to specific part of body system on which procedure is being performed
- **Approach** is the technique used to reach the site of the procedure
- **Device** specifies devices that remain after procedure is completed
- **Qualifier** provides additional information about procedure
ICD-10-PCS - System Structure

16 Sections

- Medical and Surgical
- Obstetrics
- Placement
- Administration
- Measurement and Monitoring
- Extracorporeal Assistance and Performance
- Extracorporeal Therapies
- Osteopathic
- Other Procedures
- Chiropractic
- Imaging
- Nuclear Medicine
- Radiation Oncology
- Physical Rehabilitation and Diagnostic Audiology
- Mental Health
- Substance Abuse Treatment

ICD-10-PCS Index

- Provides the first three or four values of the code
- Tables must always be used to obtain the complete code
- No eponyms are included
ICD-10-PCS Tables

- Each Table contains four columns and varying numbers of rows
- Column: Specifies the allowable values for characters 4-7
- Row: Specifies the valid combinations of values

ICD-10-PCS Case - Colonoscopy

- Colonoscopy, abandoned at sigmoid colon
  - Section: Med/ Surg (0)
  - Body system: Gastrointestinal (D)
  - Root operation: Inspection (J)
  - Body part:
  - Approach:
  - Device:
  - Qualifier:
  - Code:
Why Inspection?

### Inspection J

**Definition**
Visual/ and/ or manually exploring a body part

**Explanation**
Visual exploration may be performed with or without optical instrumentation. Manual exploration may be performed directly or through intervening body layers.

**Examples**
Diagnostic arthroscopy; exploratory laparotomy

The root operation INSPECTION represents procedures where the sole objective is to examine a body part. Procedures that are discontinued without any other root operation being performed are also coded to INSPECTION.
**ICD-10-PCS Case - Colonoscopy Answer**

- Colonoscopy, abandoned at sigmoid colon
  - Section: Med/ Surg (0)
  - Body system: Gastrointestinal (D)
  - Root operation: Inspection (J)
  - Body part: Sigmoid colon (N)
  - Approach: Via Natural or Artificial Opening, Endoscopic (8)
  - Device: None (Z)
  - Qualifier: None (Z)
  - **Code**: 0DJN8ZZ

**Preparing to Code in ICD-10-PCS**

- What is the body part for right capitate?
- Procedure is open osteotomy of capitate, right hand.
- See table 2 in appendix.
Polling Question #2

What is the body part value for the common interosseous artery?

1. Axillary
2. Radial
3. Ulnar
4. Posterior tibial

Preparing to Code in ICD-10-PCS

A procedure is performed on the navicular bone. The navicular is in the body system: lower bone. Which would be the correct body part?

1. Tibia
2. Tarsal
3. Metatarsal
4. Femur
Preparing to Code in ICD-10-PCS

A procedure was performed on the bony vestibule of the ear. The vestibule is in the body system: Ear, Nose, Sinus. Which would be the correct body part?

1. Inner ear
2. Middle ear
3. External ear
4. Eustachian tube

Preparing to Code in ICD-10-PCS

An excision of a lesion is performed on the Achilles tendon. The body system: tendon. What would be the correct body part?

1. Hip tendon
2. Lower leg tendon
3. Knee tendon
4. Ankle tendon
Preparing to Code in ICD-10-PCS

A procedure is performed on the deltoid muscle. The body system: muscles. What would be the correct body part?

1. Neck muscle
2. Shoulder muscle
3. Upper arm muscle
4. Lower arm and wrist muscle
Impact of Coding System Change

- Coded data are more widely used than when the US transitioned to ICD-9-CM
- Multiple categories of users of coded data will require varying levels of training
- More sophisticated computer-assisted coding technologies will revolutionize the coding process

Uses of Coded Data

- Measuring quality, safety, efficacy of care
- Designing payment systems
- Processing claims for reimbursement
- Conducting research, epidemiological studies, clinical trials
- Setting health policy
- Monitoring resource utilization
Uses of Coded Data

- Operational and strategic planning
- Designing healthcare delivery systems
- Improving clinical, financial, and administrative performance
- Preventing and detecting healthcare fraud and abuse
- Tracking public health and risks

Impact of Coding System Change

- Increased detail in new coding systems will allow improved coding specificity, BUT this depends on:
  - Coding professionals possessing a greater understanding of anatomy and physiology than is necessary for ICD-9-CM coding
  - High-quality medical record documentation
Impact of Coding System Change

• While detailed medical record documentation would result in higher coding specificity and higher data quality, non-specific codes are still available when detailed documentation is unavailable.

Impact – Inpatient Facilities

• Required to use ICD-10-CM and ICD-10-PCS
• Potentially have the most system changes
• Will, however, see added detail:
  • to identify severity
  • to identify new technologies and medical procedures that currently can only be identified in a claims attachment or other post-billing communication
• Will not experience an immediate change to CMS payment systems
### Impact – Other Healthcare Providers

- Non-inpatient facilities including physician offices will only use ICD-10-CM, **NOT** ICD-10-PCS
- CPT® will continue to be used by Part B providers to describe procedures

### Implementation Issues

- **Impact on productivity and accuracy**
  - Short-term (during learning curve) and long-term
  - More sophisticated computer-assisted coding technologies and advances in mapping from clinical terminologies will improve productivity and accuracy
- **Data trending challenges**
  - Maintenance of crosswalks among coding systems for longitudinal data analysis
  - Potential for faulty decisions due to distorted, inaccurate, or misinterpreted data
Mapping between Old & New Systems

• General equivalence maps (GEMs) between ICD-9-CM and ICD-10-CM/PCS have been developed
  • Backward and forward maps between ICD-9-CM and ICD-10-PCS are currently available on CMS web site
  • Backward and forward maps between ICD-9-CM and ICD-10-CM are currently available on CMS and NCHS web sites
  • GEMs are not crosswalks - they are reference mappings
  • to help the user navigate the complexity of translating meaning from one code set to the other

Mapping between Old & New Systems

• Reimbursement map was added to the CMS web site in 2009
  • Intended for use by payers as a temporary mechanism to allow claims to be processed by legacy systems until internal systems have been fully converted
  • Maps should **NOT** be used for coding medical records
Preparation - Training

• Multiple categories of users of coded data will require varying levels of training
• Different categories of coders will require varying levels of training
  • Coders working in settings that will not be using ICD-10-PCS will only require ICD-10-CM training
  • Training for physician practice coders working in a medical specialty area can be focused on particular code categories

Who Requires Education?

• Coders
• Other HIM
• Clinicians
• Senior management
• Information systems
• Quality management
• Utilization management
• Accounting
• Business Office
• Auditors and consultants
• Patient access and registration
• Clinical department managers
• Ancillary departments
• Data analysts
• Researchers
• Epidemiologists
• Software vendors
• Performance improvement
• Compliance
• Data quality management
• Data security
• Data analysts
**Preparation - Training**

- Conduct gap analysis of coding and documentation practices
  - Assess adequacy of staff knowledge
    - Measure coding professionals’ baseline knowledge of anatomy, physiology, pharmacology, and medical terminology
    - Identify areas of weakness and provide targeted education if necessary
  - Assess adequacy of medical record documentation to support level of detail in new coding systems - implement documentation improvement strategies as needed

**Conclusion**
Next Steps

• Become familiar with the structure of ICD-10-CM/PCS
• Begin preparing for the transition to ICD-10-CM/PCS and new HIPAA electronic transactions standards NOW!
• Watch for more information from AHIMA

Resource/Reference List

• National Center for Health Statistics - CDC ICD-10-CM
  www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm

• Centers for Medicare and Medicaid Services ICD-10-PCS
  www.cms.hhs.gov/ICD10

• ICD-10 and HIPAA Federal Register Notices
  www.access.gpo.gov/su_docs/fedreg/a080822c.html

• CMS HIPAA Website
  www.cms.hhs.gov/HiPAAgeneinfo
**ICD-10-CM and ICD-10-PCS: Prepare for Tomorrow, Today!**

<table>
<thead>
<tr>
<th>Resource/Reference List</th>
</tr>
</thead>
<tbody>
<tr>
<td>• AHI MA</td>
</tr>
<tr>
<td><a href="http://www.ahima.org/icd10">www.ahima.org/icd10</a></td>
</tr>
<tr>
<td>• ICD-10 Preparation Checklist</td>
</tr>
<tr>
<td><a href="http://www.ahima.org/icd10/ICD-10PreparationChecklist.mht">http://www.ahima.org/icd10/ICD-10PreparationChecklist.mht</a></td>
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<tr>
<td>• ICD-10-CM and ICD-10-PCS Self-Assessments</td>
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<tr>
<td><a href="http://campus.ahima.org/Campus/course_info/CATS/CATS_proficiency.html">http://campus.ahima.org/Campus/course_info/CATS/CATS_proficiency.html</a></td>
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</table>

**Questions?**
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• Network with other AHIMA members
• Enhance your learning experience

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pre-recorded Webcasts, and *MP3s of past seminars.

*Select audio seminars only
### Upcoming Seminars/Webinars

<table>
<thead>
<tr>
<th>Seminar/Workshop</th>
<th>Date</th>
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<tbody>
<tr>
<td>Relative Value Unit (RVU) Data Analysis</td>
<td>January 22, 2009</td>
</tr>
<tr>
<td>Getting the Most Out of Your Revenue Cycle</td>
<td>January 29, 2009</td>
</tr>
<tr>
<td>HIM in the Revenue Cycle: What You Need to Know to Talk to Your CFO</td>
<td>February 5, 2009</td>
</tr>
</tbody>
</table>

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**Thank you for joining us today!**

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Certificates will be awarded for AHIMA Continuing Education Credit.
Appendix

Resource/Reference List ........................................................................................................46
Table 1: Gastrointestinal System
Table 2: Upper Bones
CE Certificate Instructions
Resource/ Reference List

www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm
www.cms.hhs.gov/ICD10
www.access.gpo.gov/su_docs/fedreg/a080822c.html
www.cms.hhs.gov/HIPAAGenInfo
www.ahima.org/icd10
http://www.ahima.org/icd10/ICD-10PreparationChecklist.mht
http://campus.ahima.org/Campus/course_info/CATS/CATS_proficiency.html
### Table 1

0: MEDICAL AND SURGICAL  
D: GASTROINTESTINAL SYSTEM  
J: INSPECTION: Visually and/or manually exploring a body part

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Character 4</td>
<td>Character 5</td>
<td>Character 6</td>
</tr>
<tr>
<td>0 Upper intestinal Tract</td>
<td>0 Open</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>1 Esophagus, Upper</td>
<td>3 Percutaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Esophagus, Middle</td>
<td>4 Percutaneous Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Esophagus, Lower</td>
<td>7 Via Natural or Artificial Opening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Esophagogastric Junction</td>
<td>8 Via Natural or Artificial Opening Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Esophagus</td>
<td></td>
<td>X External</td>
<td></td>
</tr>
<tr>
<td>6 Stomach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Stomach, Pylorus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Small intestine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Duodenum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Jejunum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Ileum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Ileocecal Valve</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E Large Intestine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F Large Intestine, Right</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G Large Intestine, Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H Cecum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J Appendix</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K Ascending Colon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L Transverse Colon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M Descending Colon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N Sigmoid Colon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P Rectum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q Anus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R Anal Sphincter</td>
<td>0 Open</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>S Greater Omentum</td>
<td>3 Percutaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T Lesser Omentum</td>
<td>4 Percutaneous Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V Mesentery</td>
<td>X External</td>
<td></td>
<td></td>
</tr>
<tr>
<td>W Peritoneum</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2

0: MEDICAL AND SURGICAL
P: Upper Bones
8: 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

<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 Sternum</td>
<td>0 Open</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>1 Rib, Right</td>
<td>3 Percutaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Rib, Left</td>
<td>4 Percutaneous Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Cervical Vertebra</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Thoracic Vertebra</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Scapula, Right</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Scapula, Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Glenoid Cavity, Right</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Glenoid Cavity, Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Clavicle, Right</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Clavicle, Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Humeral Head, Right</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D Humeral Head, Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F Humeral Shaft, Right</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G Humeral Shaft, Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H Radius, Right</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J Radius, Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K Ulna, Right</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L Ulna, Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M Carpal, Right</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N Carpal, Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P Metacarpal, Right</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q Metacarpal, Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R Thumb Phalanx, Right</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S Thumb Phalanx, Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T Finger Phalanx, Right</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V Finger Phalanx, Left</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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