OVERVIEW OF ICD-10-CM AND ICD-10-PCS

Fortunately, the format and structure of the Alphabetic Index and Tabular List of ICD-10-CM parallels that of ICD-9-CM; no big changes. You won't do anything much different from what you are doing when you code ICD-9-CM. Be that as it may, I strongly recommend that all beginning ICD-10-CM coders purchase the ICD-10-CM and ICD-10-PCS coding books. Don't rely on the various encoders - buy the books. Trust me on this.

ALPHABETIC INDEX OF ICD-10-CM

The Alphabetic Index consists of the following parts: Index of Diseases and Injuries, Index of External Causes of Morbidity, Table of Neoplasms and Table of Drugs and Chemicals. You use the ICD-10-CM Alphabetic Index the same way you use the ICD-9-CM Alphabetic Index.

The main terms in the Alphabetic Index generally identify conditions rather than anatomic sites, whereas in the Tabular List, anatomy is the primary axis of classification. With respect to the Index, to find the correct code for irritable colon, the user should refer to the main term irritable rather than colon.

Many entries are not strictly disease conditions, however. Codes from chapter 21, Factors Influencing Health Status and Contact with Health Services, are found under as Admission (for), Aftercare, Boarder, Convalescence, Examination, History, Prescription, Problem, State of, Status, and Vaccination.

Modifiers are also known as qualifiers. Subterms, or essential modifiers, are located under main term at various indentation levels. Nonessential modifiers appear in parentheses and do not affect the code number assigned.

There is one new punctuation mark in the Alphabetic Index, the dash. A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required to complete the code and that the Tabular List should be referenced in order to find the character.

TABULAR LIST FOR ICD-10-CM

There are 21 chapters in the ICD-10-CM Tabular List and each chapter begins with a capital letter and each letter is associated with a particular chapter, except the letters D and H. The letter D is used in both chapter 2, Neoplasms, and chapter 3,
Diseases of the Blood and Blood Forming Organs. The letter H is used in both chapters 7, Diseases of the Eye and Adnexa, and 8, Diseases of the Ear and Mastoid Process.

The ICD-10-CM Tabular List contains categories, subcategories, and codes. The first character of a 3-digit category is a letter. The 2nd and 3rd characters are numbers. The final character may be a number or a letter. A 3-digit category without further sub-classification, just as in ICD-9-CM, is equivalent to a valid 3-digit code. While most 3-character categories are further divided into 4-character subcategories, some 3-character categories Subcategories are either 4 or 5 characters. Codes may be 3, 4, 5, 6, or 7 characters in length. That is, each level of subdivision after a category is a subcategory. The final level of a subdivision is a code. Codes that have applicable 7th characters are still referred to as codes, not subcategories. A code that has an applicable 7th character is considered invalid without the 7th character. If a code that requires a 7th character is not 6 characters in length, a placeholder, a lower case x, is used to fill in the empty character(s). The placeholder may be used in the 4th, 5th or 6th character position for some 6 and 7 character codes. Note: placeholders allow for future expansion without disrupting the 6 digit/character code structure.

The letters “O” and “I” are used in the diagnostic tabular; don’t confuse them with “0” and “1.” The letters “O” and “I” are not used in the procedure tabular.

LOCATING A CODE IN ICD-10-CM

It is essential to use both the Alphabetic Index and the Tabular List when locating and assigning a code. The Alphabetic Index does not always provide the full code First locate the code in the Alphabetic Index and then verify the code in the Tabular List. Selection of the full code, including placeholders, laterality, and 7th character extensions, can only be done in the Tabular List. A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required. In the 32 case studies in this book, the author walks the user through all the steps in locating a code in the Index and Tabular. It is very important for new ICD-10-CM coders to verify the codes in the Tabular List when locating and assigning a code.

E CODES/EXTERNAL CAUSE OF MORBIDITY

E Codes are always secondary codes (W, X, Y and Z codes). They provide data for injury research and evaluation of injury prevention strategies. These codes are
located in chapter 20, the companion to chapter 19, Injuries and Poisonings. Chapter 19 is used to code the nature of injuries and poisonings and Chapter 20 is used to code the external causes of these injuries. E codes capture:

1) Intent (accidental or deliberate)
2) Place where event occurred
3) Activity of the patient at the time of the event
4) The person’s status (military or civilian).

The length of treatment is also accounted for when coding injuries: initial encounter, subsequent encounter, or sequela for each encounter for which the injury is being treated. Be guided by the Index of External Causes when assigning these codes. Place of occurrence codes (Y92 codes) are to be used only once, they have no 7th characters, and they are used in conjunction with the activity codes, Y93, and they should not be assigned if the place of occurrence is not stated. Activity codes may be assigned to indicate a health condition other than an injury that resulted from an activity, such as an AMI while shoveling snow. The activity codes should only be used if identifying the activity provides more specific information. Don't code it to unspecified activity; likewise for the status codes, Y99. These particular E codes should not be reported in conjunction with poisonings, adverse effects, misadventures, and late effects.

**EPISODE OF CARE DIFFERENCES**

Injury codes have 7th character extensions to differentiate between:

- A – Initial encounter;
- B – Subsequent encounter;
- S – Sequela (sequela in ICD-10 serve as late effect codes).

Extension “A” is used while the patient is receiving active treatment for the injury. Extension “D” is used for encounters after the patient has received active treatment of the injury and is receiving routine care for the injury during the healing and recovery phase. Extension “S” is used for complications or conditions that arise as a direct result of the injury such as scar formation after a burn. In Obstetrics, the final character designates trimester. In the Circulatory system, AMI codes, the final character designates subsequent AMI codes occurring within 28 days/4 weeks.

**WHAT WILL BE DIFFERENT IN ICD-10-CM?**

1. Poisoning codes: One code conveys poisoning, substance, intent and encounter.
2. Excludes notes: 1) Excludes 1 means don’t code here; Excludes 2 means not included here but it may be reported as an additional code.
3. Laterality will allow us to designate right from left as well as identify bilateral sides.
4. 6th and 7th characters allow more specificity.
5. Obstetrics – trimester, 1st, 2nd and 3rd trimesters are identified.
6. There are more combination codes, which means less need to report two codes to capture the condition.

ICD-10-PCS INDEX AND TABULAR

With respect to the procedure Index, in ICD-9-CM, codes are 3-4 characters in length, whereas in ICD-10-PCS, codes are alphanumeric and are 7 characters in length. In ICD-9-CM, there are 17 chapters, whereas in ICD-10-PCS, there are sections rather than chapters that are procedure-based and are subdivided into tables, body-system based.

Codes may be found in the index based on the general type of procedure, the root operation (resection, transfusion, fluoroscopy). For example, the code for percutaneous intraluminal dilation of coronary arteries with an intraluminal device can be found in the Index under Dilation or a synonym of dilation (angioplasty). The Index then specifies the first 3 or 4 values of the code or directs the user to see another term. The coder must use the tables to construct valid codes. In addition to the root operation, many subterms in the ICD-10-PCS Index may be grouped by body region, body system, body part, by method, or by function.

Example:

**Dilation**

Artery
Coronary
One site 0270

Based on the first 3 values of the code provided in the Index, the corresponding table can be located. In the example above, the first 3 values indicate Table 027 is to be referenced for code completion. You have 4 more values to identify to complete the code, not 7! Not so bad.

The tables and characters are arranged first by number and then by letter for each character (tables 00-, 01-, 02-, etc., followed by 0B-, 0C-, 0D-, etc., followed by 0BB, 0BC, 0BD, etc).
NOTE: The Tables section must be used to construct a complete and valid code specifying the last 3 or 4 values.

TABLES

The Tables section is organized differently from ICD-9. Don’t freak out – it isn’t as bad as you think. The first time I went to an ICD-10 PCS workshop, that exactly what I did. Once I started doing some hands-on coding by virtue of converting my ICD-9-CM ER Book to ICD-10-CM and ICD-10-PCS, I realized it wasn’t nearly as bad as I anticipated. Anyway, back to the PCS Tables. Each Table in a particular section is composed of rows that specify the valid combinations of the code values. In most sections of the system, the upper portion of each table contains a description of the first 3 characters of the procedure code. In the Medical and Surgical section, for example, the first 3 characters contain the name of the section, the body system, and the root operation performed.

For instance, the values 027 specify the section Medical and Surgical (0), the body system Heart and Great Vessels (2), and the root operation (Dilation) (7), is accompanied by its definition.

The lower portion of the table specifies all the valid combinations of character 4 – 7. The 4 columns in the table specify the last 4 characters of the code(s). In the Medical and Surgical section they are labeled body part, approach, device, and qualifier, respectively. Each row in the table specifies the valid combination of values for characters 4 – 7.

Unlike ICD-9-CM procedures, an ICD-10-PCS code is the result of a process rather than a single fixed set of digits. A code is derived by choosing a specific value for each of the 7 characters. Based on details about the procedure performed, values for each character specifying the section, body system, root operation, body part, approach, device and qualifier are assigned.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section</td>
<td>Body System</td>
<td>Root Operation</td>
<td>Body Part</td>
<td>Approach</td>
<td>Device</td>
<td>Qualifier</td>
</tr>
</tbody>
</table>

Procedures are then divided into sections that identify the general type of procedure, (eg, Medical and Surgical, Obstetrics, Imaging). The first character of the procedure code always specifies the section. The 2nd – 7th characters have the same meaning within each section, but may mean different things in other sections. In all sections, the 3rd character specifies the general type of procedure performed, the
root operation, (eg, resection, transfusion, fluoroscopy), while the other characters give additional information such as the body part and approach.

<table>
<thead>
<tr>
<th>09B00ZX:</th>
<th>Excision of right ear, open approach, diagnostic</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Med/Surg</td>
<td>Ears, Nose, Sinuses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>093F00X:</th>
<th>Drainage, left Eustachian tube, open approach, diagnostic</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Med/Surg</td>
<td>Ear, Nose, Sinus</td>
</tr>
</tbody>
</table>

**MAPPING FROM ICD-9-CM TO ICD-10-CM AND ICD-10-PCS**

There is NO one-to-one match (ie, no straightforward one-to-one crosswalk between all the ICD-9 and ICD-10 codes). They were never intended to be a 1:1 code match. Many codes translate to clusters (groups). If there were a one-to-one match/crosswalk between the two classification systems, ICD-9-CM and ICD-10-CM, there would be no need to convert ICD-10. The challenge for CMS was to find the closest equivalent codes that map between the two classification systems. 3M users have access to ICD-10 mapping. However, to really learn the ICD-10-CM and ICD-10-PCS classification system, buy the ICD-10 coding books. You won’t really learn how to code ICD-10, if you rely solely on a mapping system.