ICD-10-PCS Overview for Trauma

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Objectives

• Define ICD-10-PCS
  – What is it?
• Identify the difference between ICD-9-CM and ICD-10-PCS
  – What does it look like?
• PCS Organization
What is ICD-10-PCS

• ICD = International Classification of Diseases
  – International standard for classifying diagnoses for epidemiological, health management purposes and clinical use. For the U.S., Reimbursement as well.

• 10 = Tenth Revision
  – Continuously revised and updated.

• PCS = Procedure Coding System
  – Inpatient procedural reporting for hospitals and payers
What is ICD-10-PCS cont.

• Although titled “ICD-10”, ICD-10-PCS is not a derivative work of the international Classification of Diseases (ICD) Tenth Revision
• PCS was designed and developed for CMS (Centers for Medicare and Medicaid Services)
• PCS was titled ICD-10-PCS to maintain continuity with the change to ICD-10-CM
What is ICD-10-PCS cont.

• PCS is not a classification – A classification groups similar conditions into a single group

• PCS is a coding system that assigns specific values to different aspects of a procedure and places them in a specific sequence to create a unique code.
What does ICD-10-PCS look like?

- The structure is alpha numeric.
- Each code is 7 characters as opposed to ICD-9-CM’s 5 characters.
- It is bigger!
  
  - Diagnoses - Procedures
    
    - ICD-9-CM = 14,000 3,800
    - ICD-10-CM = 69,000 72,000
ICD-10-PCS Procedural Code Structure

- All codes are 7 digits and alpha numeric.
Procedure Code Example

• oSR90J7
  – Replacement of right hip joint, open approach, ceramic on ceramic with synthetic substitute,

• Note the specificity that can be drawn just from the code itself.
16 Sections, that can be broken into three groups:

- Medical and Surgical Section (0)
- Medical and Surgical Related Sections (1-9)
  - 1 = Obstetrics, 2 = Placement, 3 = Administration, 4 = Measurement and Monitoring, 5 = Extracorporeal Assistance and Performance, 6 = Extracorporeal Therapies, 7 = Osteopathic, 8 = Other Procedures, 9 = Chiropractic
- Ancillary Sections (B,C,D,F,G,H)
  - B = Imaging, C = Nuclear Medicine, D = Radiation Oncology, F = Physical Rehabilitation and Diagnostic Audiology, G = Mental Health, H = Substance Abuse Treatment
Character 2

- For majority of sections it is body system
- Goes from 0 to Z
- Ex. 0 = Central Nervous System, Z = Anatomical regions, lower extremities
- For Section 2 (Placement Procedures), Character 2 = Anatomical Regions
- For Section F (Physical Rehabilitation and Diagnostic Audiology), Character 2 = Section Qualifier
Character 3

• Identifies the root operation or root type
• The Medical and Surgical Section (0) uses an extensive list of root operations.
• Each is defined by PCS
• Some of the definitions are very similar and may or may not match how you define them yourself
• They will just need to be memorized
Character 4

- May vary slightly by section
- Identifies the body part on which the procedure was performed
- Each body system (character 2) has specific body parts
Character 5

- In most sections this character refers to the approach or the method by which the body part is reached.
- In the Medical and Surgical section (o) there are several approaches each of which is defined in PCS. Ex. open, via natural or artificial opening, percutaneous.
- Some sections have unique fifth characters. Ex. Imaging Section (B), 5th character = contrast.
Character 6

• Various meanings within each section
• In the biggest section, the Medical and Surgical Section (o) the 6th character equals the devices that remain after the procedure is completed.
  – Ex. Drainage device (o), synthetic substitute (J)
Character 7

- In each section this character refers to a “qualifier” that has a unique meaning for each section.
- In the Medical and Surgical Section (o) each procedure may have a unique qualifier.
- A large number of procedures will have No Qualifier (Z).
Conventions

- There are not many, only 11 paragraphs, mostly discuss the basic structure and give examples
- A7 – A valid code may be chosen directly from the tables
- A8 – All seven characters must be specified for a valid code
- A11 – The physician does not have to use PCS terms. Coders do not have to query physicians when information is clear.
<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>o Skin, Scalp</td>
<td>X External</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>1 Skin, Face</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Skin, Right Ear</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Skin, Left Upper Arm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T Breast, Right</td>
<td>0 Open</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>U Breast, Left</td>
<td>3 Percutaneous</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Procedure Code = oHQCXZZ
## PCS Table

<table>
<thead>
<tr>
<th>Body Part Character 4</th>
<th>Contrast Character 5</th>
<th>Qualifier Character 6</th>
<th>Qualifier Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Abdomen</td>
<td>0 High Osmolar</td>
<td>0 Unenhanced</td>
<td>Z None</td>
</tr>
<tr>
<td>1 Abdomen and Pelvis</td>
<td>1 Low Osmolar</td>
<td>1 Low Osmolar</td>
<td>Z None</td>
</tr>
<tr>
<td>4 Chest and Abdomen</td>
<td>Y Other Contrast</td>
<td>Y Other Contrast</td>
<td>Z None</td>
</tr>
<tr>
<td>.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Head</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Head and Neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Abdomen</td>
<td>Z None</td>
<td>Z None</td>
<td>Z None</td>
</tr>
<tr>
<td>1 Abdomen and Pelvis</td>
<td>Z None</td>
<td>Z None</td>
<td>Z None</td>
</tr>
<tr>
<td>4 Chest and Abdomen</td>
<td>Z None</td>
<td>Z None</td>
<td>Z None</td>
</tr>
<tr>
<td>.</td>
<td></td>
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<td>9 Head and Neck</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Procedure Code = BW28ZZZ
Upcoming Issues

• COLLECTOR
  – Mapping
  – Screens
  – Queries and Reports

• Education
  – Yours
  – Ours
Take Away

• ICD-10-PCS is extremely different than coding procedures in ICD-9
• You will need to improve your knowledge of anatomy and your knowledge of procedures in general
• You will need to learn the PCS specific root operation and approach definitions
• You will need to review all of user defined queries and reports
Internet Resources

- www.AHIMA.org
- www.cms.gov/Medicare/Coding/ICD10/index.html
- http://www.cdc.gov/nchs/icd/icd10cm.htm