



## ICD-10 for Endocrinology

UConn Health



Just himagine what we can accomplish together.

# *Introductions*

*Dr. Frank Turner*

*ICD-10 Implementation Physician Advisor*

## Agenda

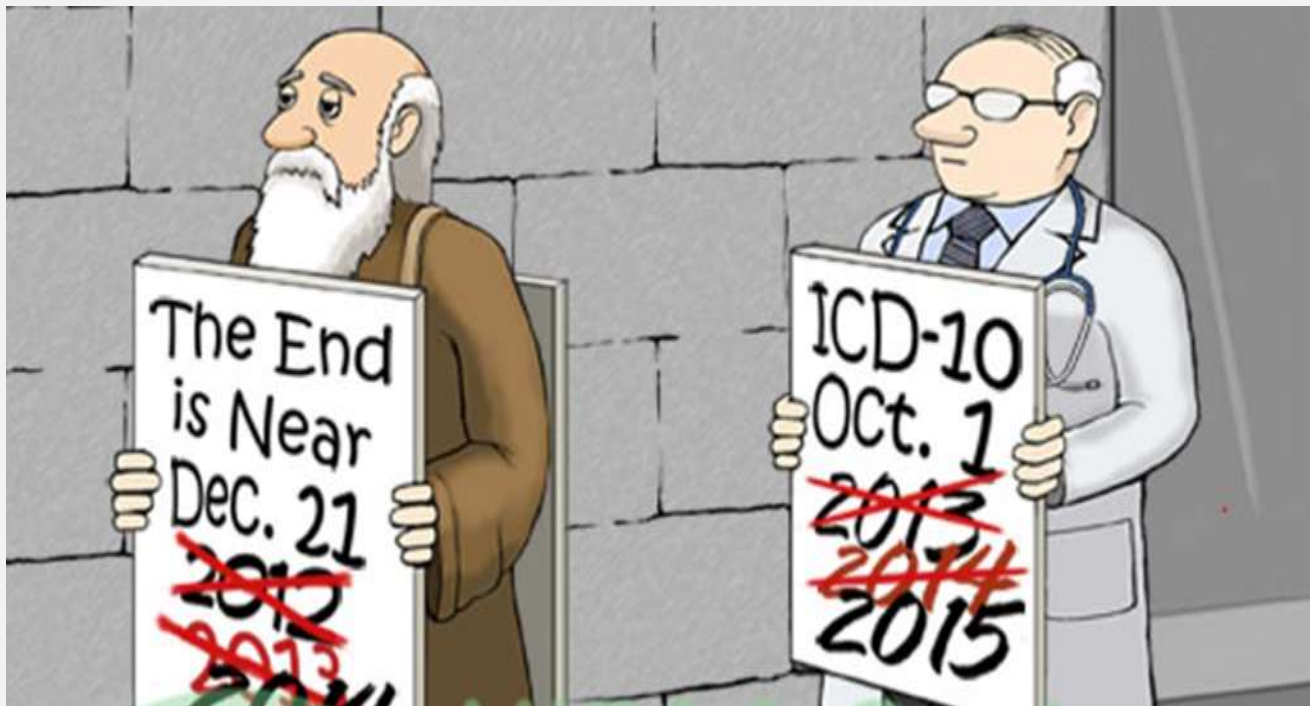
- Describe the challenges associated with ICD-10 implementation
- Identify the importance of physician documentation and coding
- Review examples of the impact of the changes in ICD-10

## Road to ICD-10

- ICD System created by WHO as a standardized classification of diseases world wide
- Implemented worldwide with modifications by country to fit their needs
- ICD-9 in use in the United States since 1979
- Most recent country to implement ICD-10 was England in 1995
- ICD used in US for multiple purposes besides classification

## Final Rule Issued

- ▶ On July 31st, 2014, The U.S. Department of Health and Human Services (HHS) issued a rule finalizing October 1, 2015 as the new compliance date



# Challenges

- ICD-10 is a classification system, not a clinical language system:
  - Physician documentation - primarily directed for communication between clinicians
  - Bridging gaps between coder classification language and physician clinical documentation

## Considerations

- ICD-10 requires collaboration, collaboration and more collaboration between all members of the clinical and non-clinical healthcare team:
  - Education of CDI/coder staff
  - Template revisions
  - Query revisions





# Uses of Enhanced Specificity of ICD-10

- Data will be collected over the next 2 years – as well as 2 years following implementation to feed initiatives impacting:
  - Measurement of patient care outcomes
  - Quality of care initiatives
  - Healthcare policy development
  - Research related to profiling providers of healthcare
  - Pay for performance initiatives
  - Justification of medical necessity

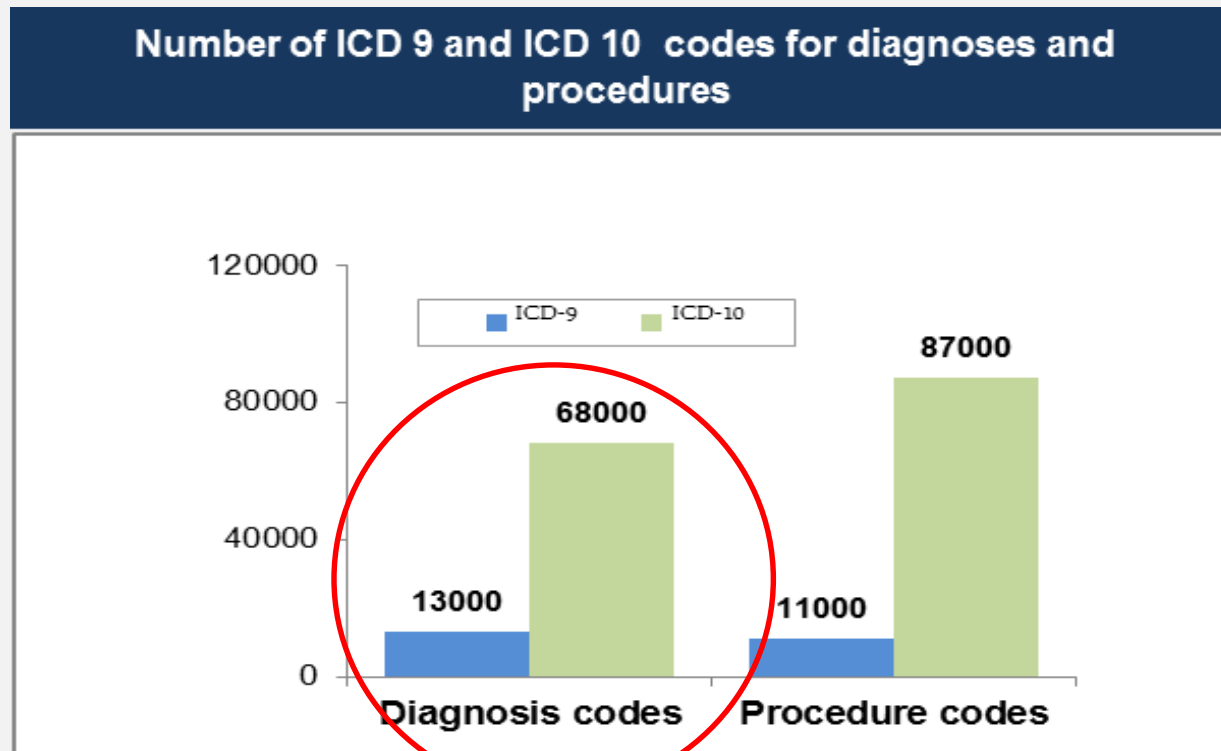
# The ICD-10 and CPT Connection

- CPT codes **do not** change!
- ICD-10 diagnoses correlate with CPT procedures
- Potential reimbursement implications





# Increased Number of Codes



*(Source: ICD-10-CM and ICD-10-PCS Update, Thirteenth National HIPAA Summit, 9/26/2006; Rand Study, March 2004)*



# It's Not As Bad As It Seems

- Almost 40,000 codes apply to Injury, Poisoning, and External Causes
  - Over 6,300 codes apply to Musculoskeletal System and Connective Tissue
  - 336 codes related to the Respiratory System
- ❖ **Remember:** Many of the new codes are based on laterality (over 5000 codes) and location

# Documentation in ICD-10

Requirements for Detailed Documentation for Diagnoses	
Acuity	Acute, chronic or both
Specific site	Femur trochanteric – apophyseal, greater trochanter, intertrochanteric, lesser trochanter
<b>Laterality</b>	Right, left, bilateral
Specific type of fractures	Displaced/non-displaced fractures, transverse, oblique, spiral, comminuted, segmental
Etiology of diagnosis	Injury/Illness due to what, how
Link must be established between manifestations and underlying diseases	Renal failure due to hypertension, diabetes, drug induced
Non-pressure skin ulcers	Site, laterality and depth of tissue involvement

# Documentation in ICD-10

Requirements for Detailed Documentation for Diagnoses	
Complications of care	Intraoperative, postoperative, mechanical malfunctions, Infections (device vs. wound)
Injury details	Place of occurrence, activity causing the injury; accident details
<b>Episode of care</b>	Initial treatment, subsequent treatment (for routine or delayed healing), sequela
<b>Drug reactions/interactions/adverse reactions</b>	Poisoning (accidental/intentional/assault/undetermined), adverse effect, underdosing (due to financial hardship, age-related)
Degree of severity	Mild, moderate, severe, e.g., Malnutrition: mild, moderate, severe



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# Diagnosis Documentation Examples



# Top Endocrinology Diagnosis Codes

733.00 - OSTEOPOROSIS NOS  
 250.00 - DM W/O MENTION OF COMP,TYPE II[NIDDM]  
 272.4 - HYPERLIPIDEMIA NEC/NOS  
 401.9 - HYPERTENSION NOS  
 244.9 - HYPOTHYROIDISM NOS  
 257.2 - TESTICULAR HYPOFUNC NEC  
 733.01 - SENILE OSTEOPOROSIS  
 733.90 - BONE CARTILAGE DIS NOS  
 V87.49 - PERSONAL HISTORY OF OTHER DRUG THERAPY  
 250.01 - DIAB W/O MENT OF COMP,TYPE I[NIDDM]  
 JUVEN NOT CONTROL  
 V04.81 - NEED FOR PROPHYLACTIC VACCINATION AND  
 INOCULATION, INFLUENZA  
 268.9 - VITAMIN D DEFICIENCY NOS  
 250.91 - DIAB W COMP TYPE I [IDDM] JUVEN NOT  
 CONTROL  
 241.0 - NONTOX UNINODULAR GOITER  
 242.90 - THYROTOX NOS NO CRISIS  
 255.41 - GLUCOCORTICOID DEFICIENCY  
 733.02 - IDIOPATHIC OSTEOPOROSIS  
  
 250.02 - DIABETES MELLITUS W/O COMP,TYPE II NIDDM  
 TYPE,ADULT-ONSET TYPE OR UNSPEC TYPE,UNCONT  
 275.42 - HYPERCALCEMIA  
 241.1 - NONTOX MULTINODUL GOITER  
 244.8 - ACQUIRED HYPOTHYROID NEC  
 252.00 - HYPERPARATHYROIDISM, UNSPECIFIED  
 242.00 - TOX DIF GOITER NO CRISIS  
 V14.8 - HX-DRUG ALLERGY NEC  
 401.1 - BENIGN HYPERTENSION



# Clinical Examples – Documentation Improvement

## Laterality

- ICD-10-CM introduces laterality to the diagnosis classification system. Many providers already document which side of the body the disease or injury occurred, but it is now a required data element with ICD-10-CM.
- **Over 5,000 diagnoses have a right and left distinction, such as:**
  - Joint pain/effusion
  - Arthritis
  - Otitis Media
- The following are classification examples of when documentation of laterality is required:
  - M25.561                      Pain in right knee
  - S52.521A                      Torus fracture of lower end of right radius
  - L89.011                        Pressure ulcer of the right elbow, stage 1

# Diabetes mellitus ICD-9

- 250 Diabetes mellitus
  - 250.0 Diabetes mellitus without mention of complication
    - 250.00 type II or unspecified type, not stated as uncontrolled
    - 250.01 type I, not stated as uncontrolled
    - 250.02 type II or unspecified type, uncontrolled
    - 250.03 type I, uncontrolled
  - 250.1 Diabetes with ketoacidosis
  - 250.2 Diabetes with hyperosmolarity
  - 250.3 Diabetes with other coma
  - 250.4 Diabetes with renal manifestations
  - 250.5 Diabetes with ophthalmic manifestations
  - 250.6 Diabetes with neurological manifestations
  - 250.7 Diabetes with peripheral circulatory disorders
  - 250.8 Diabetes with other specified manifestations
  - 250.9 Diabetes with unspecified complication

# Diabetes mellitus

- **E11 Type II diabetes mellitus, includes diabetes NOS**
  - E11.0 with hyperosmolarity
  - E11.2 with kidney complications
  - E11.3 with ophthalmic complications
  - E11.4 with neurological complications
  - E11.5 with circulatory complications
  - E11.6 with other specified complications
  - E11.8 with unspecified complications
  - **E11.9 without complications**

# Fatigue ICD-9

- 780.7 Malaise and fatigue
  - 780.71 Chronic fatigue syndrome
  - 780.72 Functional quadriplegia
  - 780.79 Other malaise and fatigue

# Fatigue ICD-10

- R53 Malaise and fatigue
  - R53.0 Neoplastic (malignant) related fatigue
  - R53.1 Weakness
  - R53.2 Functional quadriplegia
  - R53.8 Other malaise and fatigue
    - R53.81 Other malaise
    - R53.82 Chronic fatigue, unspecified
    - R53.83 Other fatigue
      - fatigue NOS, lack of energy, lethargy, tiredness

# Pain

The following are important documentation tips and strategies for this disease/condition as required by the specificity needed in ICD-10:

- State the acuity (i.e., acute or chronic).
- Identify the cause (e.g., trauma, post-thoracotomy, neoplasm, etc.).
- Detail the following:
  - When patients are admitted for pain management or control.
  - Psychological pain.
  - The site of the pain.

# Pancreatitis

To properly classify diseases of the pancreas in ICD-10-CM, specify as acuity and type:

- Acute pancreatitis
  - Idiopathic acute pancreatitis
  - Biliary acute pancreatitis
  - Alcohol-induced acute pancreatitis
  - Drug-induced acute pancreatitis
  - Other acute pancreatitis
  - Acute pancreatitis, unspecified
- Other diseases of pancreas
  - Alcohol-induced chronic pancreatitis
  - Other chronic pancreatitis
  - Cyst of pancreas
  - Pseudocyst of pancreas
  - Other specified/unspecified diseases of pancreas

# Alcohol Induced Pancreatitis

- Now differentiated by alcohol induced
- Need to specify acute or chronic
  - K86.0-*Alcohol induced chronic pancreatitis*
  - K85.2- *Alcohol induced acute pancreatitis*

*Pearl: Include documentation if acute or chronic and alcohol induced*

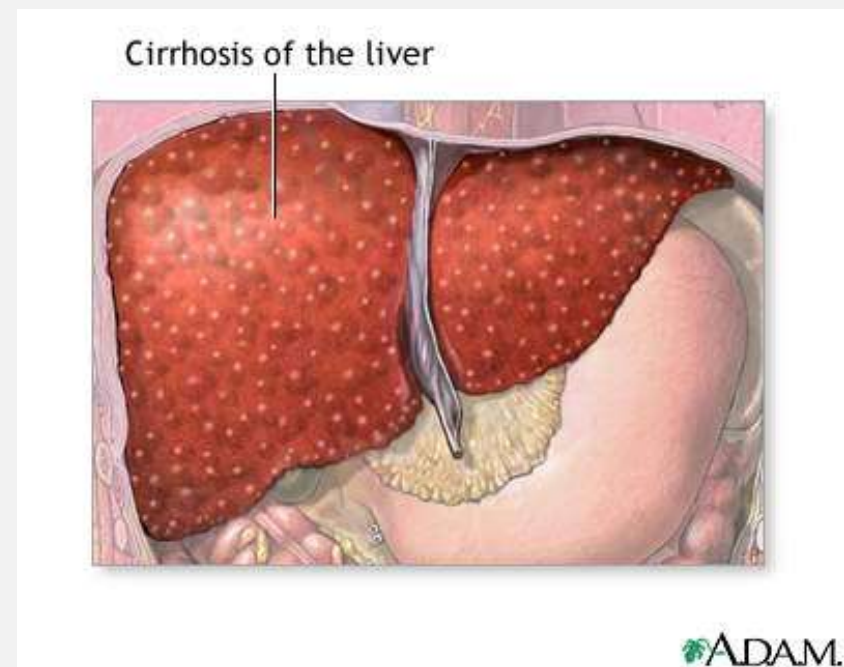




# Toxic Liver Disease

•To properly classify toxic liver disease in ICD-10-CM, specify by type.

- With cholestasis
- With hepatic necrosis
- With/without coma
- With acute hepatitis
- With chronic persistent hepatitis
- With chronic lobular hepatitis
- With chronic active hepatitis
- With/without ascites
- With hepatitis, NEC
- With fibrosis and cirrhosis of liver
- With other disorders of liver
- Unspecified



# Liver Cirrhosis

The following are important documentation tips and strategies for this disease/condition as required by the specificity needed in ICD-10:

- Identify the underlying cause (e.g., alcohol, congenital, syphilis, etc.).
- List any associated ascites or fibrosis.
- Detail other associated conditions (e.g., fatty liver, esophageal varices, etc.).
- Specify any alcohol or drug use, abuse, or dependence.
- Provide information regarding viral hepatitis when applicable



# Malnutrition and other nutritional deficiencies

The following are important documentation tips and strategies for this disease/condition as required by the specificity needed in ICD-10:

- Identify the type or degree of malnutrition.
- List conditions resulting from malnutrition (e.g., nutritional short stature).
- Detail the specific vitamin and/or mineral deficiency or disorder.
- Provide information regarding any adverse effects of a vitamin, mineral, or fatty acid deficiency (e.g., Bitot's spot).
- Specify any nutritional anemia (e.g., EFA deficiency with secondary thrombocytopenia).

# Documentation Tips

The following are important documentation tips and strategies for this disease/condition as required by the specificity needed in ICD-10:

- List the specific disorder, disease, defect, deficiency, or syndrome.
- Identify any underlying condition (e.g., feeding difficulties).
- Detail disorders as being congenital, hereditary, primary, idiopathic, secondary, pseudo, and familial when applicable (e.g., hypoparathyroidism, hyperparathyroidism, iodine-deficiency syndrome, etc.).

## Documentation Tips

- Describe Cushing's syndrome as pituitary-dependent, drug-induced, alcohol-induced, Nelson's syndrome, ectopic ACTH syndrome, or other.
- Provide information related to ovarian dysfunction indicating estrogen or androgen excess, primary ovarian failure, polycystic ovarian syndrome, symptomatic or asymptomatic premature menopause, or other.
- Indicate thymus disorders as being persistent hyperplasia, abscess, or other.

# Obesity ICD-9

- 278 Overweight, obesity, and other hyperalimentation
  - 278.0 Overweight and obesity
    - 278.00 Obesity, unspecified (Obesity NOS)
    - 278.01 Morbid obesity
    - 278.02 Overweight

# Obesity ICD-10

- E66 Overweight and obesity
  - E66.0 **Obesity due to excess calories**
    - E66.01 Morbid (severe) obesity due to excess calories, excludes E66.2
    - E66.09 **Other obesity due to excess calories**
  - E66.1 **Drug-induced obesity**
  - E66.2 Morbid (severe) obesity with alveolar hypoventilation
  - E66.3 Overweight
  - E66.8 **Other obesity**
  - E66.9 **Obesity, unspecified (Obesity NOS)**

# Acquired Hypothyroidism ICD-9

- 244 Acquired hypothyroidism
  - 244.0 Postsurgical hypothyroidism
  - 244.1 Other postablative hypothyroidism
  - 244.2 Iodine hypothyroidism
  - 244.3 Other iatrogenic hypothyroidism
  - 244.8 Other specified acquired hypothyroidism
  - **244.9 Unspecified hypothyroidism**

# Acquired Hypothyroidism ICD-10

- E03 Other hypothyroidism
  - E03.0 Congenital hypothyroidism with diffuse goiter
  - E03.1 Congenital hypothyroidism w/o diffuse goiter
  - E03.2 Hypothyroidism due to medicaments and other exogenous substances
  - E03.3 Postinfectious hypothyroidism
  - E03.4 Atrophy of thyroid (acquired)
  - E03.5 Myxedema coma
  - E03.8 Other specified hypothyroidism
  - **E03.9 Hypothyroidism, unspecified**
    - **Myxedema NOS**

# Iodine Deficiency Thyroid Disorder

- Iodine Deficiency Thyroid Disorder
  - Congenital Iodine-deficiency Disorder
    - Documentation requirement
      - Neurological type
      - Myxedematous type
      - Mixed type or
      - Unspecified
  - Iodine deficiency related thyroid disorder and allied conditions
    - Documentation requirements
      - Diffuse (endemic) goiter
      - Multinodular (endemic) goiter and
      - Endemic goiter unspecified

## Hypothyroidism

Congenital Hypothyroidism  
expanded to include:

- With and without goiter

Other (Acquired)  
hypothyroidism expanded  
to include:

- Drug induced
- Post infection
- Atrophy
- Myxedema coma

# Thyroiditis

- Document acuity/underlying cause
  - Acute
  - Subacute
  - Chronic
  - Autoimmune
  - Drug induced

## Thyroiditis/Hyperthyroidism

### Hyperthyroidism document:

- Goiter/Nodule
  - Diffuse goiter
  - Toxic single thyroid nodule
  - Toxic multinodular goiter

## Hypothyroidism Scenario

### Patient diagnosis

- Hypothyroidism
- Patient recently discontinued lithium due to history of bipolar depression

Hypothyroidism (E03.9), unspecified coded

***NOTE: Relationship of medications to disorders must be documented if known by the attending physician for reflection of appropriate patient acuity and quality of healthcare data. If determined to be drug related, code is E03.2.***

# Smoking ICD-9

- 305 Nondependent abuse of drugs

Note: Includes cases where a person, for whom no other diagnosis is possible, has come under medical care because of the maladaptive effect of a drug on which he is not dependent and that he has taken on his own initiative to the detriment of his health or social functioning.

- 305.0 Alcohol abuse
- **305.1 Tobacco use disorder**
- 305.2 Cannabis abuse.....

# Smoking ICD-10

- Z72 Problems related to lifestyle
  - Z72.0 Tobacco use
    - Excludes hx tobacco dependence, use in pregnancy
- F17.2 Nicotine dependence
  - F17.21 Nicotine dependence, cigarettes

# Smoking ICD-10

- **F17.2 Nicotine dependence**
  - **F17.20 Nicotine dependence, Unspecified**
    - F17.200 – Uncomplicated
    - F17.201 – In remission
    - F17.203 – With withdrawal
    - F17.208 – With other nicotine-induced disorders
    - F17.209 – With unspecified nicotine-induced disorders
  - **F17.21 Nicotine dependence, cigarettes**
    - F17.210 – Uncomplicated
    - F17.211 – In remission
    - F17.213 – With withdrawal
    - F17.218 – With other nicotine-induced disorders
    - F17.219 – With unspecified nicotine-induced disorders
  - **F17.29 Nicotine dependence, other tobacco products**
    - F17.290 – Uncomplicated
    - F17.291 – In remission
    - F17.293 – With withdrawal
    - F17.298 – With other nicotine-induced disorders
    - F17.299 – With unspecified nicotine-induced disorders

# Clinical Examples – Documentation Improvement

## Alcohol Abuse/Use

- ***Classifications include***
  - ***Uncomplicated***
  - ***Complications***
    - With intoxication
    - Delirium
    - Delusions
    - Hallucinations
    - Anxiety disorder
    - Sexual dysfunction
    - Sleep disorder
    - unspecified



# Alcohol- Documentation Improvement

- Documentation Requirements
  - Physician (provider) must document whether the complication is associated with/due to the alcohol abuse.
  - Alcohol abuse uncomplicated is how disease is classified without further documentation of relationship between specified complication and the alcohol abuse.
    - F10.10 – Alcohol abuse, uncomplicated

# Alcohol Abuse ICD-10 Code Examples

## Alcohol Abuse

F10.10 – Alcohol abuse, uncomplicated

F10.12 – Alcohol abuse **with intoxication**

F10.14 – Alcohol abuse with **alcohol-induced mood disorder**

F10.15 – Alcohol abuse with **alcohol-induced psychotic disorder**

F10.150 – alcohol abuse with **alcohol-induced psychotic disorder with delusions**

F10.151 – alcohol abuse with **alcohol-induced psychotic disorder with hallucinations**

F10.159 – alcohol abuse with **alcohol-induced psychotic disorder, unspecified**

F10.18 – Alcohol abuse with **other alcohol-induced disorder**

F10.19 – Alcohol abuse **with unspecified alcohol-induced disorder**

# Underdosing

## *Underdosing – new concept in ICD-10*

- Taking less of a medication than prescribed by physician or manufacturer's instruction
  - Noncompliance
  - Complication of care

## Underdosing – *Documentation Needed:*

- If a patient is purposely stopping or altering their medication regimen this needs to be documented to provided accurate coding

# Underdosing

## *Underdosing of drugs specifies documentation of intentional or unintentional underdosing:*

- Intentional underdosing
  - Due to financial hardship
  - Other reasons
- Unintentional underdosing
  - Age-related debility
  - Other reasons

**Separate “Z” code that is submitted alongside the code for underdosing.**

# Underdosing

- These codes also require a 7th character to identify whether this is:
  - **A:** Initial encounter – when the patient is receiving active treatment/first visit by that physician
  - **D:** Subsequent encounter – after the active phase of treatment and when the patient is receiving repeat or routine care for the injury.
  - **S:** Sequela is assigned for complication or condition that arises as a direct result of an injury (takes priority for code- if no sequelae, code initial or subsequent)

# Correct Use of “R” (symptom) Codes

- Chapter 18. Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, NEC (R00-R99)
  - Includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions.
  - Signs and symptoms pointing rather definitely to a given diagnosis have been assigned to a category in other chapters of the classification.
  - In general, categories in this chapter include the less well-defined conditions and symptoms that, without the necessary study of the case to establish a final diagnosis, point perhaps equally to two or more diseases or to two or more systems of the body.

# Correct Use of “R” (symptom) Codes

- Chapter 18. Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, NEC (R00-R99)
  - Cases for which no more specific dx can be made even after all facts bearing on the case have been investigated
  - Signs and symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined
  - Provisional diagnosis in a patient who failed to return for further investigation or care
  - Cases referred elsewhere for investigation or treatment before the diagnosis was made
  - Cases in which a more precise diagnosis was not available for any other reason
  - Certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right



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# Procedure Documentation Examples



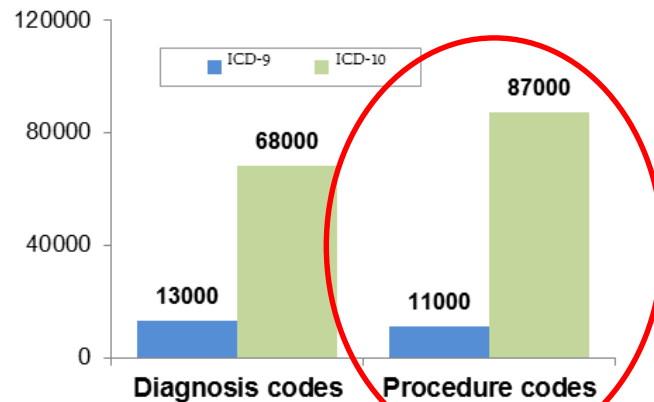
## Overview of ICD-10-PCS

- Basic principles used when developing the system were that **no diagnostic information is included** in the procedure description (i.e., no codes for procedures exclusive to aneurysms, cleft lip, strictures or neoplasms, etc.).
- This procedure classification system is only utilized in the **inpatient hospital setting**.



# ICD-10-PCS

Number of ICD 9 and ICD 10 codes for diagnoses and procedures



(Source: ICD-10-CM and ICD-10-PCS Update, Thirteenth National HIPAA Summit, 9/26/2006; Rand Study, March 2004)

**ICD-10 procedure codes will require additional and significant detail in surgical reporting**

- Key ICD 10 characteristics
  - ICD -10 is a “dramatic departure” from current practice
  - Surgical codes lack decimals
  - The new code set will allow for incorporation of new procedures and technologies
  - Terminology is precisely defined and used consistently across all codes

# ICD-10-PCS Partial Thyroidectomy

Patient present for an open excision of the right thyroid gland lumbar puncture to rule out meningitis

## ICD-10-PCS

0GBH0ZZ

- Excision of Right Thyroid Gland Lobe, Open Approach



# ICD-10-PCS Table

Section	0	Medical and Surgical	
Body System	G	Endocrine System	
Operation	B	Excision: Cutting out or off, without replacement, a portion of a body part	
Body Part	Approach	Device	Qualifier
<b>0</b> Pituitary Gland <b>1</b> Pineal Body <b>2</b> Adrenal Gland, Left <b>3</b> Adrenal Gland, Right <b>4</b> Adrenal Glands, Bilateral <b>6</b> Carotid Body, Left <b>7</b> Carotid Body, Right <b>8</b> Carotid Bodies, Bilateral <b>9</b> Para-aortic Body <b>B</b> Coccygeal Glomus <b>C</b> Glomus Jugulare <b>D</b> Aortic Body <b>F</b> Paraganglion Extremity <b>G</b> Thyroid Gland Lobe, Left <b>H</b> Thyroid Gland Lobe, Right <b>L</b> Superior Parathyroid Gland, Right <b>M</b> Superior Parathyroid Gland, Left <b>N</b> Inferior Parathyroid Gland, Right <b>P</b> Inferior Parathyroid Gland, Left <b>Q</b> Parathyroid Glands, Multiple <b>R</b> Parathyroid Gland	<b>0</b> Open <b>3</b> Percutaneous <b>4</b> Percutaneous Endoscopic	<b>Z</b> No Device	<b>X</b> Diagnostic <b>Z</b> No Qualifier

# ICD-10-PCS

<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>	<b>5<sup>th</sup></b>	<b>6<sup>th</sup></b>	<b>7<sup>th</sup></b>
<b>Section</b>	<b>Body System</b>	<b>Root Operation</b>	<b>Body Part</b>	<b>Approach</b>	<b>Device</b>	<b>Qualifier</b>
<b>0</b>	<b>G</b>	<b>B</b>	<b>H</b>	<b>0</b>	<b>Z</b>	<b>Z</b>

The ICD-10-PCS code structure tells a story

# ICD-10-PCS Adrenalectomy

Patient present for a laparoscopic bilateral adrenalectomy

## ICD-10-PCS

0GB44ZZ

- Excision of Bilateral Adrenal Glands, Percutaneous Endoscopic Approach



# ICD-10-PCS Table

Section	0	Medical and Surgical	
Body System	G	Endocrine System	
Operation	B	Excision: Cutting out or off, without replacement, a portion of a body part	
Body Part	Approach	Device	Qualifier
<b>0</b> Pituitary Gland			
<b>1</b> Pineal Body			
<b>2</b> Adrenal Gland, Left			
<b>3</b> Adrenal Gland, Right			
<b>4</b> Adrenal Glands, Bilateral			
<b>6</b> Carotid Body, Left			
<b>7</b> Carotid Body, Right			
<b>8</b> Carotid Bodies, Bilateral			
<b>9</b> Para-aortic Body			
<b>B</b> Coccygeal Glomus	<b>0</b> Open	<b>Z</b> No Device	<b>X</b> Diagnostic
<b>C</b> Glomus Jugulare	<b>3</b> Percutaneous		<b>Z</b> No Qualifier
<b>D</b> Aortic Body	<b>4</b> Percutaneous Endoscopic		
<b>F</b> Paraganglion Extremity			
<b>G</b> Thyroid Gland Lobe, Left			
<b>H</b> Thyroid Gland Lobe, Right			
<b>L</b> Superior Parathyroid Gland, Right			
<b>M</b> Superior Parathyroid Gland, Left			
<b>N</b> Inferior Parathyroid Gland, Right			
<b>P</b> Inferior Parathyroid Gland, Left			
<b>Q</b> Parathyroid Glands, Multiple			
<b>R</b> Parathyroid Gland			

# ICD-10-PCS

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>
<b>Section</b>	<b>Body System</b>	<b>Root Operation</b>	<b>Body Part</b>	<b>Approach</b>	<b>Device</b>	<b>Qualifier</b>
<b>0</b>	<b>G</b>	<b>B</b>	<b>4</b>	<b>4</b>	<b>Z</b>	<b>Z</b>

The ICD-10-PCS code structure tells a story

## ICD-10-PCS Bx. Liver

Patient present for a laparoscopic biopsy of the left liver lobe

### ICD-10-PCS

0FB24ZX

- Excision of Left Lobe Liver, Percutaneous Endoscopic Approach, Diagnostic



# ICD-10-PCS Table

<i>Section</i>	<b>0</b> Medical and Surgical		
<i>Body System</i>	<b>F</b> Hepatobiliary System and Pancreas		
<i>Operation</i>	<b>B</b> Excision: Cutting out or off, without replacement, a portion of a body part		
<i>Body Part</i>	<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
<b>0</b> Liver <b>1</b> Liver, Right Lobe <b>2</b> Liver, Left Lobe <b>4</b> Gallbladder <b>G</b> Pancreas	<b>0</b> Open <b>3</b> Percutaneous <b>7</b> Percutaneous Endoscopic	<b>Z</b> No Device	<b>X</b> Diagnostic <b>Z</b> No Qualifier
<b>5</b> Hepatic Duct, Right <b>6</b> Hepatic Duct, Left <b>8</b> Cystic Duct <b>9</b> Common Bile Duct <b>C</b> Ampulla of Vater <b>D</b> Pancreatic Duct <b>F</b> Pancreatic Duct, Accessory	<b>0</b> Open <b>3</b> Percutaneous <b>4</b> Percutaneous Endoscopic <b>7</b> Via Natural or Artificial Opening <b>8</b> Via Natural or Artificial Opening Endoscopic	<b>Z</b> No Device	<b>X</b> Diagnostic <b>Z</b> No Qualifier

# ICD-10-PCS

<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>	<b>5<sup>th</sup></b>	<b>6<sup>th</sup></b>	<b>7<sup>th</sup></b>
<b>Section</b>	<b>Body System</b>	<b>Root Operation</b>	<b>Body Part</b>	<b>Approach</b>	<b>Device</b>	<b>Qualifier</b>
<b>0</b>	<b>F</b>	<b>B</b>	<b>2</b>	<b>4</b>	<b>Z</b>	<b>x</b>

The ICD-10-PCS code structure tells a story

# Physician Queries



## Query...why?

A query is a communication tool used to clarify documentation in the health record for accurate code assignment.



The desired outcome from a query is an update of a health record to better reflect a practitioner's intent and clinical thought processes, documented in a manner that supports accurate code assignment.

*Article citation: AHIMA. "Guidelines for Achieving a Compliant Query Practice." Journal of AHIMA 84*

## Query...when?

A query is written when the Health record Documentation:

- Is conflicting, imprecise, incomplete, illegible, ambiguous, or inconsistent
  - Describes or is associated with clinical indicators without a definitive relationship to an underlying diagnosis
  - Includes clinical indicators, diagnostic evaluation, and/or treatment not related to a specific condition or procedure
  - Provides a diagnosis without underlying clinical validation
  - Is unclear for present on admission indicator assignment
- “A proper query process ensures that appropriate documentation appears in the health record”**

*Article citation: AHIMA. "Guidelines for Achieving a Compliant Query Practice." Journal of AHIMA 84*

## Query...when?

**“A proper query process ensures that appropriate documentation appears in the health record”**



*Article citation: AHIMA. "Guidelines for Achieving a Compliant Query Practice." Journal of AHIMA 84*

## Query... answer?

- Coding data is incorporated into the information used by insurance companies to determine which physicians they are going to contract.
- *Coded information is made available to consumers on various platforms, such as HealthGrades, which uses coding data as well as other information to 'rate' facility and provider service*



## Query... answer how?

*Queries are generated to elicit more information from the Provider.*

- A response is ***necessary*** from the provider to fulfill this process.



- ***A. signature alone on a generated query does not fulfill this requirement***

## Query... answer how?

*Queries are generated in various formats depending on the information being requested:*

- *Written response* format
  - Requesting provider to freehand a response
- *Multiple Choice* format
  - Requesting provider select one of the offered responses



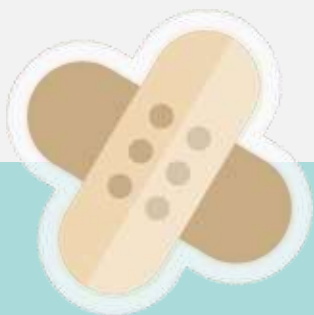
**Please sign, date and time Queries!**

## Query... answer how?

A Physician response, 'see notes' does not fulfill the request generated by the query.

- The coder has already reviewed the notes and Medical Record Documentation
- ***Although the response may seem 'obvious' coders are only 'reporters' of the medical record and *cannot code a diagnosis that is not documented by the Provider.****





# Questions?

