



## ICD-10 for Plastic Surgery

UConn Health



Just himagine what we can accomplish together.

# ***Introduction***

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# Agenda

- After attending this session, participants will be able to:
  - Describe the challenges associated with ICD-10 implementation
  - Identify documentation standards necessary for complete and accurate code assignment
  - Identify the importance of physician documentation and coding
  - Identify documentation changes between ICD-9 and ICD-10
  - Discuss the importance behind the query writing process and Physician response.

# ICD-10 Resources: USA.GOV

# ICD-10 Resources: CMS.GOV

<http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>



- **About ICD-10**
- The transition to ICD-10 is required for everyone covered by the [Health Insurance Portability Accountability Act \(HIPAA\)](#). Please note, the change to ICD-10 does not affect CPT coding for outpatient procedures and physician services.
- **Road to 10: CMS Online Tool for Small Practices**
- **Jumpstart your ICD-10 transition with [Road to 10](#), an online resource built with input from providers in small practices.**
- **“Road to 10” includes specialty references and helps providers build ICD-10 action plans tailored for their practice needs.**
- **CMS Resources**
- Check out the updated [CMS ICD-10 Resources Flyer](#).
- Access three new **Medscape Education resources** that **provide guidance around the transition to ICD-10**. Continuing medical education (CME) and nursing continuing education (CE) credits are available to health care professionals who complete the learning modules. Anyone can earn a certificate of completion. If you are a first-time visitor to Medscape, you will need to create a free account to access these resources.
  - Video: [ICD-10: Getting From Here to There -- Navigating the Road Ahead](#)
  - Video: [ICD-10 and Clinical Documentation](#)
  - Expert Column: [Preparing for ICD-10: Now Is the Time](#)
- View the [ICD-10 Introduction](#) fact sheet.
- Find official resources designed to help [providers](#), [payers](#), [vendors](#), and [non-covered entities](#) with the transition to ICD-10.



# Important ICD-10 Updates

- **Senator Bill Cassidy** recommended that ICD-10 penalty be delayed for two years. This essentially means that CMS will continue accepting, processing and paying claims filed in ICD-9 even post **October 1 for the next 2 years.**
- Citing estimates provided by CMS about the disruption to cash flows brought about by ICD-10, **200 % spike in denial rates and doubling of days in account receivables,** Senator Cassidy pointed out the woes of small practices who are already having a hard time deploying EHR technology and coping with recent healthcare regulations.
- **“Smaller providers are already struggling with EHRs** and will soon face those payment disruptions, not because they’re doing it wrong but because the system has changed” expressed Cassidy while encouraging HHS to show some flexibility.
- **Secretary HHS Sylvia Burwell** , **countered by saying that many large payers and providers are ready and waiting for ICD-10** and that HHS is working to provide technical assistance and training to those organizations that are not at this point prepared.
- The debate is not over yet.



## Road to ICD-10

- ICD (International Classification of Diseases) System created by WHO in 1893 as worldwide standard for classifying deaths.
- Implemented worldwide with modifications by country to fit their needs.
- ICD-9 in use in the United States since 1979. ICD-10 published in 1992.
- Most recent country to implement ICD-10, Canada from 2001-2005.
- Difference in U.S., ICD used 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





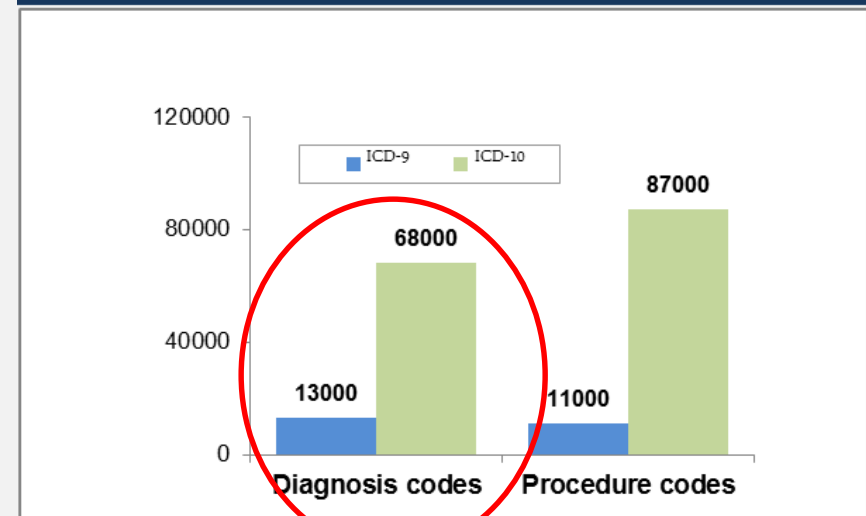
# Changes to Diagnosis Codes

The most significant difference between ICD 9 and ICD 10 is the size and composition of the new codes

- ICD 9 is five digits where ICD 10 is 7 alphanumeric characters
- Re-structured classification
- Specificity and detail have been expanded

**ICD 10 better describes acuity, complexity and laterality of the patients under your care**

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)

# Considerations

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



# Challenges

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

# Future of Documentation

- This transition is ***NOT just for reimbursement for hospitals***
- The data collection taking place over the **next 2 years** -- as well as **2 years** following implementation -- will 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***
  - ***Justifying medical necessity***

# Documentation for Diagnoses

Requirements for Detailed Documentation for Diagnoses	
Acuity	Acute, chronic or both
Specific site	Sigmoid colon, wrist, upper forearm
Laterality	Right, left, bilateral
Specific type of condition	Acute blood loss anemia, type 2 diabetes with hyperglycemia
Etiology of diagnosis	Chest pain due to gastroesophageal reflux, anxiety due to alcohol abuse
Link must be established between manifestations and underlying diseases	Hypertension due to cardiovascular disease, vascular insufficiency secondary to diabetic PVD
Complications of care	Intraoperative, postoperative, mechanical malfunctions, infections
Degree of severity	Mild, moderate, severe, e.g., malnutrition: mild, moderate, severe

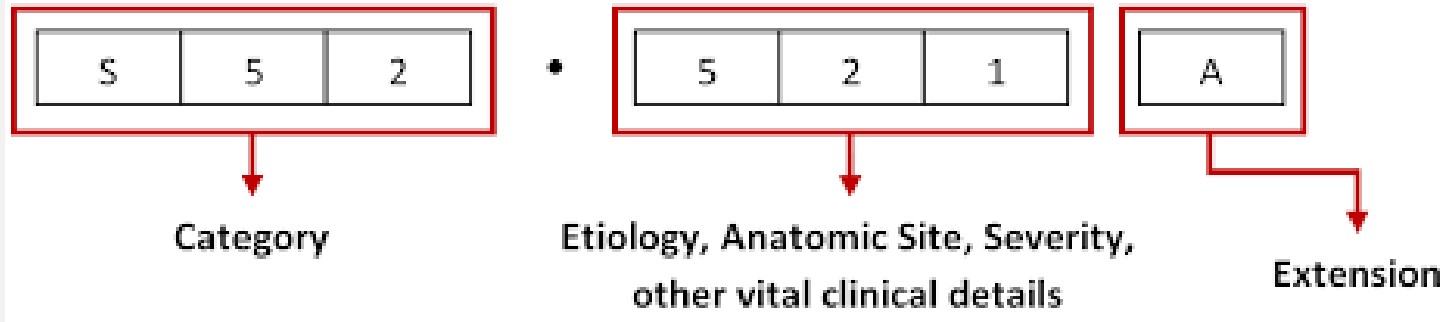
# Documentation for Diagnoses

## Requirements for Detailed Documentation for Diagnoses

Stages (I, II, III, IV)	Stage IV decubitus ulcer
Injury details	Place of occurrence, activity causing the injury
Episode of care	Initial treatment, subsequent treatment (for routine or delayed healing), sequela
Drug reactions/interactions/adverse reactions	Poisoning (accidental/intentional/assault/undetermined), adverse effect, underdosing (due to financial hardship, age-related)
Cerebral and myocardial infarctions	Site and artery specificity
Non-pressure skin ulcers	Site, laterality and depth of tissue involvement



# Structure of ICD-10 codes



Think “Dummy Code”  
Problem List diagnosis:

“Migraine”= G43

Adds detail as clinical picture  
becomes clearer.

“Headache”= C34.090

For Injuries and Fractures:

- Initial, Subsequent, Sequela
- Open, Closed, Nonunion, etc. for fractures

-Pregnancies



Reimagine Healthcare.

# Diagnosis Documentation Examples





***ICD-9 Burn (any degree) involving less than ten percent of body surface with third degree burn, less than 10% or unspecified***

- In ICD-9-CM, this would fall under 948.00 (948 being the general category for “Burns classified according to extent of body surface,” and .00 to identify it as covering <10% of the body and involving a third degree burn).



## ***ICD-10 Burn (any degree) involving less than ten percent of body surface with third degree burn, less than 10% or unspecified***

- In ICD-10-CM, this would be coded in the following manner:
- **Primary category:** T (30-32, for burns and corrosions of multiple and unspecified body regions)
- **2-digit category:** **31** (Burns classified according to extent of body surface involved)
- So the primary code would be **T31**, which is then further specified (according to body surface involved) by a final digit, following a decimal point, to create a final diagnosis code:
- **T31.0:** Burns involving less than 10% of body surface

## ICD-9 *Malignant neoplasm of the lip*

- This is coded in ICD-9-CM as **140**, which just states the general diagnosis without much specification as to location.



## ICD-10 *Malignant neoplasm of the lip*

- In the ICD-10-CM language, however, there are a number of far more specific coding options.
- **Primary category:** C (0-96, for neoplasms)
- **2-digit category:** **00** (malignant neoplasm of lip)
- So the primary code would be **C00**, and must now be specified (according to anatomic site) to create a final diagnosis code from the following possibilities:
- **C00.0:** Malignant neoplasm of external upper lip
- **C00.1:** Malignant neoplasm of external lower lip
- **C00.2:** Malignant neoplasm of external lip, unspecified
- **C00.3:** Malignant neoplasm of upper lip, inner aspect
- **C00.4:** Malignant neoplasm of lower lip, inner aspect
- **C00.5:** Malignant neoplasm of lip, unspecified, inner aspect
- **C00.6:** Malignant neoplasm of commissure of lip, unspecified
- **C00.6:** Malignant neoplasm of overlapping sites of lip
- **C00.9:** Malignant neoplasm of lip, unspecified

## ICD-9 *Cleft palate or cleft lip*

- **These are coded in ICD-9-CM as 749.10 (cleft lip) and 749.20 (cleft palate),** without much differentiation as to hard/soft palate and other factors.
- **Documentation Required:**
- **Hard/Soft/Both**
- **Uvula**
- **With or without cleft Lip**



# ICD-10 *Cleft palate or cleft lip*

- In ICD-10-CM, however, these are categorized by more specific sets of coding options.
- **Primary category:** [Q \(35-37\)](#), for cleft lip and cleft palate)
- **2-digit category:** **35** (cleft palate); **36** (cleft lip); or **37** (cleft palate with cleft lip).
- In this case, there are several possible primary codes to choose from, depending on the situation—**Q35**, **Q36**, or **Q37**. The primary code as well as the specific, final diagnosis code will need to be chosen (according to location and other vital details) from the following possibilities:
- **Q35:** Cleft palate
- **Q35.1:** Cleft hard palate
- **Q35.3:** Cleft soft palate
- **Q35.5:** Cleft hard palate with cleft soft palate
- **Q35.7:** Cleft uvula
- **Q35.9:** Cleft palate, unspecified
- **Q36:** Cleft lip
- **Q36.0:** Cleft lip, bilateral
- **Q36.1:** Cleft lip, median
- **Q36.9:** Cleft lip, unilateral
- **Q37:** Cleft palate with cleft lip
- **Q37.0:** Cleft hard palate with bilateral cleft lip
- **Q37.1:** Cleft hard palate with unilateral cleft lip
- **Q37.2:** Cleft soft palate with bilateral cleft lip
- **Q37.3:** Cleft soft palate with unilateral cleft lip
- **Q37.4:** Cleft hard and soft palate with bilateral cleft lip
- **Q37.5:** Cleft hard and soft palate with unilateral cleft lip
- **Q37.8:** Unspecified cleft palate with bilateral cleft lip
- **Q37.9:** Unspecified cleft palate with unilateral cleft lip

## ICD-10 *Cleft palate or cleft lip*

- **Documentation Required for Cleft Palate:**
- Hard/Soft/Both
- Uvula
- With or without cleft Lip
- **Documentation Required for Cleft Lip:**
- Unilateral/Bilateral/Median
- With or Without Cleft Palate

## ICD-9 Keloid scar

- ICD-9-CM **701.4** is a billable medical code that can be used to specify a diagnosis on a reimbursement claim.

# ICD-10 Keloid scar

- ICD-9-CM 701.4 converts directly to:2015 [ICD-10-CM L91.0](#)  
Hypertrophic scar
- **Documentation Requirements:**
- Acuity
- Specific Site
- Laterality
- Specific type of condition
- Etiology of diagnosis
- Link must be established between manifestations and underlying diseases
- Complications of care
- Degree of severity
- Stages (I, II, III, IV)
- Injury details
- Episode of care

## ***ICD-9 Cosmetic plastic surgery, other (breast augmentation, facelift, etc.)***

- This is coded in ICD-9-CM as **V50.1**, identifying it only as “Other plastic surgery for unacceptable cosmetic appearance.”



## ICD-10 *Cosmetic plastic surgery, other (breast augmentation, facelift, etc.)*

- This would be coded in ICD-10-CM.
- **Primary category:** Z (40-53, encounters for other specified healthcare)
- **2-digit category:** **41** (encounter for procedures for purposes other than remedying health state)
- In this case, the primary code would be **Z41**. The specific, final code would need to be chosen from the following possibilities:
- **Z41.1:** Encounter for cosmetic surgery
- **Z41.2:** Encounter for routine and ritual male circumcision
- **Z41.3:** Encounter for ear piercing
- **Z41.8:** Encounter for other procedures for purposes other than remedying health state
- **Z41.9:** Encounter for procedure for purposes other than remedying health state, unspecified

## ICD-9 Lump or mass in breast

- ICD-9-CM Diagnosis Code 611.72
- ICD-9-CM **611.72** is a billable medical code that can be used to specify a diagnosis on a reimbursement claim.

# ICD-10 Lump or mass in breast

- In ICD-10:
- [ICD-9 Convert to ICD-10-CM:](#)
- ICD-9 611.72 converts directly to:2015 ICD-10-CM [N63](#) Unspecified lump in breast.
- **Documentation Requirements:**
- Acuity
- Specific Site
- Laterality
- Specific type of condition
- Etiology of diagnosis
- Link must be established between manifestations and underlying diseases
- Complications of care
- Degree of severity
- Stages (I, II, III, IV)
- Injury details
- Episode of care



# ICD-9 Micromastia; patient desires breast implants

- **ICD-9-CM Diagnosis Codes:**
  - V50.1 Other plastic surgery for unacceptable cosmetic appearance
  - 611.82 Hypoplasia of breast



## ICD-10 Micromastia; patient desires breast implants

- **ICD-10-CM Diagnosis Codes:**  
Z41.1 Encounter for cosmetic surgery  
N64.82 Hypoplasia of breast.
- **Rationale:**  
Similarly to ICD-9-CM, code Z41.1 is assigned as the principal/first-listed diagnosis code when there is no medical reason for the procedure and it is performed for cosmetic reasons only. Also assign code N64.82 for the micromastia diagnosis.

# ICD-10 Micromastia; patient desires breast implants

- **ICD-10-PCS Procedure Code:**  
0H0V0JZ Alteration of Bilateral Breast with Synthetic Substitute, Open Approach.
- **Rationale:**  
In **ICD-10-PCS**, any procedure performed solely for cosmetic reasons is coded to the root operation of Alteration (character value 0). The specific body part character (V) represents Bilateral breasts, and the procedure is coded to the approach of Open (0), whether or not endoscopic assistance was provided. The device character refers to the material implanted into the patient, which was a saline envelope, classified as a Synthetic substitute (J).

## ICD-9 *Facial nerve disorders*

- This is coded in ICD-9-CM as 351.

## ICD-10 *Facial nerve disorders*

- In ICD-10:
- various facial nerve disorders would be coded with ICD-10-CM:
- **Primary category:** G (50-59, nerve, nerve root, and plexus disorders)
- **2-digit category:** **51** (facial nerve disorders)
- The primary code would be **G51**. The specific, final diagnosis code (based on factors such as cause, symptoms, and situation) would be chosen from the following possibilities:
- **G51.0:** Bell's palsy
- **G51.1:** Geniculate ganglionitis
- **G51.2:** Melkersson's syndrome
- **G51.3:** Clonic hemifacial spasm
- **G51.4:** Facial myokymia
- **G51.8:** Other disorders of facial nerve
- **G51.9:** Disorder of facial nerve, unspecified

## ICD-9 *Deviated nasal septum*

- In ICD-9-CM Code 470

# ICD-10 *Deviated nasal septum*

- **ICD-10-CM Possibilities:**
- **J34.2:** Deviated nasal septum
- **Documentation Requirements:**
- Acuity
- Specific Site
- Laterality
- Specific type of condition
- Etiology of diagnosis
- Link must be established between manifestations and underlying diseases
- Complications of care
- Degree of severity
- Stages (I, II, III, IV)
- Injury details
- Episode of care

## ICD-9 *Cyst of the breast, solitary*

- In ICD-9-CM Code 610.79

# ICD-10 *Cyst of the breast, solitary*

- In ICD-10
- **ICD-10-CM Possibilities:**
- **N60.0:** Solitary cyst of breast
- **N60.01:** Solitary cyst of right breast
- **N60.02:** Solitary cyst of left breast
- **N60.09:** Solitary cyst of unspecified breast
- **Documentation Requirements:**
- Acuity
- Specific Site
- Laterality
- Specific type of condition
- Etiology of diagnosis
- Link must be established between manifestations and underlying diseases
- Complications of care
- Degree of severity
- Stages (I, II, III, IV)
- Injury details
- Episode of care

# ICD-9 *Signs and symptoms of breast*

- **ICD-9-CM Code 611.01**

# ICD-10 *Signs and symptoms of breast*

- **ICD-10-CM Possibilities:**
- **N64.5:** Other Signs and symptoms in breast
- **N64.51:** Induration of breast
- **N64.52:** Nipple discharge
- **N64.53:** Retraction of nipple
- **N64.59:** Other signs and symptoms in breast
- **Documentation Requirements:**
- Acuity
- Specific Site
- Laterality
- Specific type of condition
- Etiology of diagnosis
- Link must be established between manifestations and underlying diseases
- Complications of care
- Degree of severity
- Stages (I, II, III, IV)
- Injury details
- Episode of care

## ICD-9 *Clawhand, acquired*

- ICD-9-CM Code 736.06

## ICD-10 *Clawhand, acquired*

- In ICD-10
- **ICD-10-CM Possibilities:**
- **M21.51:** Acquired clawhand
- **M21.511:** Acquired clawhand, right hand
- **M21.512:** Acquired clawhand, left hand
- **M21.513:** Acquired clawhand, unspecified hand

# 2015 ICD-10-CM Alpha Index

- **2015 ICD-10-CM Alpha Index**
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- ['B' terms](#) (395)
- ['C' terms](#) (716)
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# ICD-9 Obesity

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

# ICD-10 Obesity

- 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)

## BMI – Documentation Improvement

The BMI should also be documented and coded along with the obesity. These classifications are specific to adults or children.

- **Z68.4 – Body mass index (BMI) 40 or greater, adult.**
- **Z68.41 – Body mass index (BMI) 40.0-44.9, adult.**

# Numbness of Skin ICD-9

- 782 Symptoms involving skin and other integumentary tissue
  - 782.0 Disturbance of skin sensation
  - 782.1 Rash and other nonspecific skin eruption
  - 782.2 Localized superficial swelling, mass, or lump  
Subcutaneous nodules
  - 782.3 Edema
  - 782.4 Jaundice, unspecified, not of newborn
  - 782.5 Cyanosis
  - 782.6 Pallor and flushing
    - 782.61 Pallor
    - 782.62 Flushing
  - 782.7 Spontaneous ecchymoses
  - 782.8 Changes in skin texture
  - 782.9 Other symptoms involving skin and integumentary tissues

# Numbness of Skin ICD-10

- R20 Disturbances of skin sensation
  - R20.0 Anesthesia of skin
  - R20.1 Hypoesthesia of skin
  - R20.2 Paresthesia of skin
  - R20.3 Hyperesthesia
  - R20.8 Other disturbances of skin sensation
  - R20.9 Unspecified disturbances of skin sensation

## Pain in Limb ICD-9

- 729 Other disorders of soft tissues
  - 729.0 Rheumatism, unspecified and fibrositis
  - 729.1 Myalgia and myositis, unspecified
  - 729.2 Neuralgia, neuritis, and radiculitis, unspecified
  - 729.3 Panniculitis, unspecified
  - 729.4 Fasciitis, unspecified
  - **729.5 Pain in limb**
  - 729.6 Residual foreign body in soft tissue
  - 729.7 Nontraumatic compartment syndrome
  - 729.8 Other musculoskeletal symptoms referable to limbs
  - 729.9 Other and unspecified disorders of soft tissue

# Pain in Limb ICD-10

- **M79.6 Pain in limb, hand, foot, fingers and toes**
  - M79.60 Pain in limb, unspecified
  - M79.62 Pain in upper arm
  - M79.63 Pain in forearm
  - M79.64 Pain in hand and fingers
  - M79.65 Pain in thigh
  - M79.66 Pain in lower leg
  - M79.67 Pain in foot and toes

# Pain in Limb ICD-10

- M79.6 Pain in limb, hand, foot, fingers and toes
  - M79.64 Pain in hand and fingers
    - M79.641 right hand
    - M79.642 left hand
    - M79.643 unspecified hand
    - M79.644 right finger(s)
    - M79.645 left finger(s)
    - M79.646 unspecified finger(s)

# Hypertension ICD-10

- **I10 Essential (primary) hypertension**
  - Includes high blood pressure, hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic)
  - Excludes hypertension complicating pregnancy and associated with end organ disease

# Hypertension

- There is only one code for hypertension without manifestations (benign, malignant, essential, etc...) in ICD-10.
  - The code is I10
- Documentation is required for any relationship between hypertension and other diseases.
  - Hypertensive heart disease- I11
  - Hypertensive chronic kidney disease- I12

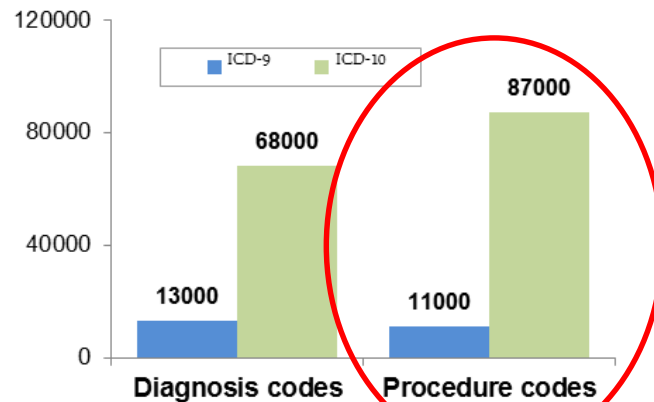
# Procedure Documentation Examples





# 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

# Overview of ICD-10-PCS

- PCS stands for **Procedure Coding System**
- It is a *multiaxial system with a 7 character alphanumeric code* classification providing a **unique code** for all substantially different procedures and with **easy expandability**, *incorporating new procedures, technologies and devices utilized in medical/surgical procedures*
- The *classification for the general surgery procedures has undergone significant revision focusing primarily on section, body system, root operation, body part, approach, device and qualifier*

# Incision and Drainage

- *Procedures require documentation of:*
  - *Level of tissue incised*
    - Skin
    - Subcutaneous tissue and fascia
  - *Was a drainage device left in*
  - Code example
    - ICD-9 – 86.04 Incision with drainage of skin and subcutaneous tissue
    - ICD-10-PCS – 0J9130Z – Drainage, subcutaneous tissue and fascia, face, percutaneous, with drainage device

# Debridement

- Some providers may refer to a debridement procedure using scissors as selective debridement. **This is not the same as excisional debridement.**
- Documenting **debridement with a sharp instrument does not qualify as excisional debridement.**
- Physicians must document whether debridement is **excisional or nonexcisional** along with specifying the deepest layer debrided.

# ICD-10-PCS Debridement

Patient present for non-excisional debridement of subcutaneous tissue, open wound, right foot

## ICD-10-PCS

0JDQ0ZZ

- Extraction of Right Foot Subcutaneous Tissue and Fascia, Open Approach



# ICD-10-PCS Table – Debridement

<i>Section</i>	<b>0</b> Medical and Surgical			
<i>Body System</i>	<b>J</b> Subcutaneous Tissue and Fascia			
<i>Operation</i>	<b>D</b> Extraction: Pulling or stripping out or off all or a portion of a body part by the use of force			
	<i>Body Part</i>	<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
	<b>0</b> Subcutaneous Tissue and Fascia, Scalp <b>1</b> Subcutaneous Tissue and Fascia, Face <b>4</b> Subcutaneous Tissue and Fascia, Anterior Neck <b>5</b> Subcutaneous Tissue and Fascia, Posterior Neck <b>6</b> Subcutaneous Tissue and Fascia, Chest <b>7</b> Subcutaneous Tissue and Fascia, Back <b>8</b> Subcutaneous Tissue and Fascia, Abdomen <b>9</b> Subcutaneous Tissue and Fascia, Buttock <b>B</b> Subcutaneous Tissue and Fascia, Perineum <b>C</b> Subcutaneous Tissue and Fascia, Pelvic Region <b>D</b> Subcutaneous Tissue and Fascia, Right Upper Arm <b>F</b> Subcutaneous Tissue and Fascia, Left Upper Arm <b>G</b> Subcutaneous Tissue and Fascia, Right Lower Arm <b>H</b> Subcutaneous Tissue and Fascia, Left Lower Arm <b>J</b> Subcutaneous Tissue and Fascia, Right Hand <b>K</b> Subcutaneous Tissue and Fascia, Left Hand <b>L</b> Subcutaneous Tissue and Fascia, Right Upper Leg <b>M</b> Subcutaneous Tissue and Fascia, Left Upper Leg <b>N</b> Subcutaneous Tissue and Fascia, Right Lower Leg <b>P</b> Subcutaneous Tissue and Fascia, Left Lower Leg <b>Q</b> Subcutaneous Tissue and Fascia, Right Foot <b>R</b> Subcutaneous Tissue and Fascia, Left Foot	<b>0</b> Open <b>3</b> Percutaneous	<b>Z</b> No Device	<b>Z</b> No Qualifier

# ICD-10-PCS Debridement

<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>J</b>	<b>D</b>	<b>Q</b>	<b>0</b>	<b>Z</b>	<b>Z</b>

The ICD-10-PCS code structure tells a story

# 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>U</b>	<b>T</b>	<b>9</b>	<b>F</b>	<b>Z</b>	<b>Z</b>

The ICD-10-PCS code structure tells a story

# REMEMBER!!!

## Procedure Documentation Needed

### Procedures require documentation of:

- Specifically what is done
  - Partial removal, entire removal, inspection, biopsy
- Site
- Approach
  - Open
  - Percutaneous
  - Percutaneous endoscopic
- Type of device

# 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 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 how?

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

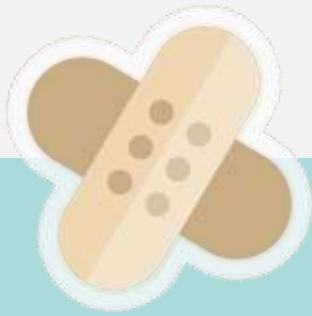
- The coder has already reviewed the notes and Medical Record Documentation
- ***Although the response may seem 'obvious' coders are only 'reporters' of the medical record and *cannot code a diagnosis that is not documented by the Provider.****





# ICD-10 Plastic Surgery Coding Resources

- **RapidCoder.com: ICD-10 Quick Reference Charts for Plastic Surgery**



# Questions?

