Procedure Coding in ICD-9-CM and ICD-10-PCS

ICD-9-CM Volume 3
Procedures are classified in volume 3 of ICD-9-CM, and this section includes both an Alphabetic Index and a Tabular List. This volume follows the same format, organization and conventions as the classification of diseases in volumes 1 and 2.

ICD-10-PCS
ICD-10-PCS will replace volume 3 of ICD-9-CM. Unlike ICD-10-CM for diagnoses, which is similar in structure and format as the ICD-9-CM volumes 1 and 2, ICD-10-PCS is a completely different system. ICD-10-PCS has a multiaxial seven-character alphanumeric code structure providing unique codes for procedures.

The table below gives a brief side-by-side comparison of ICD-9-CM and ICD-10-PCS.

<table>
<thead>
<tr>
<th>ICD-9-CM Volume 3</th>
<th>ICD-10-PCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follows ICD structure (designed for diagnosis coding)</td>
<td>Designed and developed to meet healthcare needs for a procedure code system</td>
</tr>
<tr>
<td>Codes available as a fixed or finite set in list form</td>
<td>Codes constructed from flexible code components (values) using tables</td>
</tr>
<tr>
<td>Codes are numeric</td>
<td>Codes are alphanumeric</td>
</tr>
<tr>
<td>Codes are 3-4 digits long</td>
<td>All codes are seven characters long</td>
</tr>
</tbody>
</table>

ICD-9-CM and ICD-10-PCS are used to code only hospital inpatient procedures. Hospital outpatient departments, other ambulatory facilities, and physician practices are required to use CPT and HCPCS to report procedures.

ICD-9-CM Conventions in Volume 3

Code Also

In volume 3, the phrase “code also” is a reminder to code additional procedures only when they have actually been performed. This instruction has two purposes:

1. To code each individual component of an operation or two procedures that are often performed together.
2. To code the use of special adjunctive procedures or equipment.
**Omit Code and Coding Operative Approach**

The convention **omit code** is found only in volume 3 of ICD-9-CM. This instruction indicates that no code is to be assigned and usually applies to the following procedures:

- An exploratory procedure incidental to the procedure carried out
- The usual surgical approaches of a given procedure
- Blunt, digital, manual, or mechanical lysis of adhesions
- The closure portion of a procedure

**Basic Instructions for ICD-9-CM Procedural Coding**

To code procedures performed for a patient completely and accurately, the code must:

1. Identify all main terms included in the procedural statement.
2. Locate each main term in the Alphabetic Index.
3. Refer to any subterms indented under the main term.
4. Follow cross-reference instructions when the needed code is not located under the first main entry consulted.
5. Verify the code selected from the Index in the Tabular List.
6. Read and be guided by any instructional terms in the Tabular List.
7. Continue coding the procedural statement until all the component elements are fully identified.
8. Note: When the same procedure is performed bilaterally, and ICD-9-CM does not identify it as a bilateral procedure, assign the code of the procedure twice.

**Introduction to ICD-10-PCS**

All codes in ICD-10-PCS have seven characters. Each character represents an aspect of the procedure. For example, in the first section of ICD-10-PCS, Medical and Surgical, the characters represent the following:

<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>

Each of the characters has a defined meaning:

- Character 1: Section – The broad procedure category or section where the code is located.
- Character 2: Body System – The body system which is the general physiological or anatomical region involved
- **Character 3: Root Operation** – The root operation or the objective of the procedure being performed. Examples of root operations are: excision, bypass, division, etc.
- **Character 4: Body Part** – The fourth character defines the body part of specific anatomical site where the procedure was performed.
- **Character 5: Approach** – The fifth character defines the approach or technique used to reach the operative site.
- **Character 6: Device** – The sixth character defines the device and depends on the procedure performed, and there may or may not be a device left in place at the end of the procedure. Devices have four basic categories: Grafts and prostheses, implants, simple or mechanical appliances, and electronic appliances.
- **Character 7: Qualifier** – The seventh character specifies an additional attribute of the procedure, if applicable.

If a character has no value assigned, the Z value is used. This is particularly frequent for the seventh character (qualifier) and the sixth character, generally for the device.

An ICD-10-PCS code is built by assigning values for each of the characters. The procedure term is referenced in the Index. The main terms listed in the Index can be either the root operation phrase, such as resection, with the subterm gallbladder, or a common procedure term, such as cholecystectomy.

For example, the code for a cholecystectomy performed through a laparoscopic approach would be \(0\text{FT}44\text{ZZ}\):

- \(0\) = Medical and Surgical Section
- \(F\) = Hepatobiliary system and pancreas body system
- \(T\) = Resection
- \(4\) = Gallbladder body part
- \(4\) = Percutaneous endoscopic approach
- \(Z\) = No device
- \(Z\) = No qualifier

Please see coding exercises below:
Coding Exercises
Assign ICD-9-CM Procedure Codes to the following:

1. Arthrodesis of ankle ____________________________________________
2. Percutaneous needle biopsy of breast ____________________________
3. Phlebectomy with thoracic graft replacement ______________________
4. Marshall-Marchetti-Krantz operation ______________________________
5. Shirodkar operation ___________________________________________
6. Mayo operation – bunionectomy __________________________________
7. Partial resection of colon with end-to-end anastomosis ________________
8. Craniotomy with excision of meningeal cyst _________________________
9. Arthroscopy of knee ____________________________________________
10. Removal of leg cast _____________________________________________
11. Alcoholism counseling __________________________________________
12. Appendectomy with drainage of appendiceal abscess _________________
13. Esophagoscopy with removal of chicken bone _________________________
14. Gill arthrodesis, shoulder ______________________________________
15. Open reduction of femur fracture with internal fixation ______________

Assign ICD-10-PCS Procedure Codes to the following:

1. Diagnostic EGD with gastric biopsy _________________________________
2. Percutaneous irrigation of knee joint _______________________________
3. Laparoscopy with total excision of tubal pregnancy ___________________
4. Reattachment of severed right hand _________________________________
5. Diagnostic percutaneous paracentesis for ascites ______________________