The purpose of this presentation is to introduce ICD-10-PCS to a target audience of students in the schools of medicine, nursing, and health professions. This presentation only provides a very brief overview, but I will also provide some additional resources for you to learn more about ICD-10-PCS.
ICD-10-PCS stands for International Classification of Diseases, 10th Revision, Procedure Coding System. Many people tend to refer to it as ICD-10, but ICD-10 and ICD-10-PCS are the same, and in fact, ICD-10-PCS is not even based on ICD-10.

ICD-10-PCS is a classification system that will be used for coding procedures and services performed on inpatients in the United States. It is not currently in use. ICD-9-CM, volume 3, is currently in use in the United States to report inpatient procedures. ICD-10-PCS will replace ICD-9-CM October 1, 2015. This is a major undertaking and has a significant impact on all aspects of healthcare, particularly all hospitals which submit electronic claims for reimbursement of inpatient encounters.

It is important to note that the transition to ICD-10-PCS will have no impact on the use of CPT and HCPCS [pronounced “hick picks”] codes. Providers who currently use CPT and HCPCS Level II codes to report procedures and services will continue to use CPT and HCPCS codes after ICD-10-PCS is implemented. ICD-10-PCS is only used by hospitals for coding procedures and services performed on inpatients. Even so, everyone who works in a hospital inpatient setting should be aware of this code set and the fact that a different code set is used by hospitals for inpatient procedures than the CPT/HCPCS codes used by other providers.

This slide provides an overview of the code sets that are used in the United States. ICD-9-CM and ICD-10-CM were developed by the National Centers for Health Statistics under authorization by the World Health Organization. They are clinical modifications of the World Health Organization’s ICD-9 and ICD-10 respectively. The clinically modified versions of ICD provide additional detail and greater specificity to meet the United States’ needs. They are not identical to the World Health Organization’s ICD.

ICD-9-CM volumes 1 and 2 are based on ICD-9 and they contain the list of diagnosis codes and the index to the code set. ICD-9-CM volume 3 is actually a procedure code set developed by the Centers for Medicare and Medicaid Services and it is not based on ICD-9. ICD-9-CM procedure codes are used by hospitals. ICD-9-CM volume 3 will be replaced by ICD-10-PCS effective with encounters on or after October 1, 2015. ICD-10-PCS, just like ICD-9-CM volume 3, was developed by Centers for Medicare and Medicaid Services.

The Centers for Medicare and Medicaid Services is the federal agency responsible for maintenance of the ICD-10-PCS in the United States. ICD-10-PCS will be used by hospitals to report inpatient procedures in the United States beginning October 1, 2015.

The ICD-10-PCS files are available free of charge at the CMS webpage. On this page you will find the ICD-10-PCS Tables and Index, ICD-10-PCS Reference Manual, and the Coding Guidelines.
As is the case with the ICD-9-CM procedure codes, ICD-10-PCS will be used for a number of purposes including communication for delivery of healthcare, conducting research, tracking public health, reimbursement, and policy-making. As indicated on this slide reimbursement is not the only purpose of ICD-10-PCS or ICD-9-CM.

ICD-9-CM procedure codes bear no resemblance to the ICD-10-PCS codes.

This slide shows some of the different characteristics of ICD-9-CM and ICD-10-PCS procedure codes. ICD-9-CM procedure codes begin with numeric characters and are 2 to 4 characters whereas ICD-10-PCS codes begin with alphabetic or numeric characters and are always 7 characters. These changes provide a greater number of potential codes to include in the code set.

ICD-9-CM procedure codes have a decimal point following the second character. No decimal points are used in ICD-10-PCS.

I have provided some examples of ICD-9-CM and ICD-10-PCS codes to illustrate the two different code sets and to provide comparison.

If a sampling of liver tissue is excised for biopsy via a percutaneous approach, then the code assignment would be 50.11 for closed biopsy of liver in ICD-9-CM and it would by 0FB03ZX for diagnostic excision of liver via a percutaneous approach in ICD-10-PCS.

In ICD-10-PCS the diagnoses that a patient has will not impact code assignment of the procedure the way it can with some ICD-9-CM procedure codes. For example, if a laceration of the upper esophagus is repaired using suture with an open approach, it would be reported with code 42.82 in ICD-9-CM, and in ICD-10-PCS it would be reported with code 0DQ10ZZ. Notice that in ICD-10-PCS the code does not describe the repair being that of a lacerated esophagus. It merely describes that the repair is performed on the esophagus.

ICD-10-PCS Official Guidelines for Coding and Reporting are part of the ICD-10-PCS code set.

All users of ICD-10-PCS are required to adhere to these official coding guidelines according to HIPAA.

Why are we making this change?

In addition to it being a federal requirement, it will lead to more accurate reimbursement because of greater specificity in the codes. Claims will be processed more quickly. Data collection for
research will be improved. Last but not least, ICD-9-CM is an antique and it lacks space for new changes.

SLIDE 11

I have provided on the webpage where this presentation is stored a list of selected resources on ICD-10-CM and ICD-10-PCS if you are interested in learning more about these code sets.

SLIDE 12

CMS in particular has created a wealth of resources and they do a really nice job of educating people about what needs to occur in order to prepare for implementation of ICD-10-CM and ICD-10-PCS. I urge you to go to the CMS website to sign up for their list serv. The link to this webpage is also provided on the webpage where this presentation is stored.

Well, my 10 minutes are up. I hope that you have learned a thing or two about ICD-10-PCS.