ICD-10 Update

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ICD-9-CM Coordination & Maintenance Committee September 24, 2008
ICD-10 Update Topics

• A Word (or two) about Numbers
• MS-DRG Conversion to ICD-10
  – Conversion of MDC 6 is complete
  – Report on MS-DRGs conversion process
  – Final ICD-10 version of MS-DRGs will be subject to rulemaking
• ICD-10 Reimbursement Mappings
• ICD-10 General Equivalence Mappings (GEMs) Update
• ICD-10-PCS Update
A Large Number of Codes Does Not Mean Greater Complexity

Complexity comes from...

• Inconsistency
  – Varying levels of detail are difficult to compare

• Incompleteness
  – Overuse of NEC and NOS do not make good data

• Ambiguity in the system
  – Nonstandardized code elements and undefined terms in codes result in inconsistent coding

• Lack of capacity
  – ICD-9-CM no longer adheres to the structure of its own classification
**Example**

**ICD-10-CM Code Structure**

<table>
<thead>
<tr>
<th>S34 Injury of lumbar and sacral spinal cord and nerves at abdomen, lower back and pelvis level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code to highest level of lumbar cord injury</td>
</tr>
<tr>
<td>Code also any associated:</td>
</tr>
<tr>
<td>fracture of vertebra (S22.0-, S32.0-)</td>
</tr>
<tr>
<td>open wound of abdomen, lower back and pelvis (S31.-)</td>
</tr>
<tr>
<td>transient paralysis (R29.5)</td>
</tr>
<tr>
<td>The appropriate 7th character is to be added to each code from category S34</td>
</tr>
<tr>
<td>A initial encounter</td>
</tr>
<tr>
<td>D subsequent encounter</td>
</tr>
<tr>
<td>S sequela</td>
</tr>
</tbody>
</table>

**S34.0 Concussion and edema of lumbar and sacral spinal cord**

- **S34.01 Concussion and edema of lumbar spinal cord**
- **S34.02 Concussion and edema of sacral spinal cord**

- **1,922 I-10-CM three-character diagnosis categories**
  - **1,025 I-9-CM three-character diagnosis categories**

- **32,074 I-10-CM codes without 7th character extension**
  - vs. 13,678 codes in the 2008 version of ICD-9-CM

- **45 unique values for 7th character extensions**
  - **82% of the codes with 7th character extensions are in the injury and poisoning chapters**
Example
ICD-10-PCS Code Structure

<table>
<thead>
<tr>
<th>1st Character Section</th>
<th>2nd Character Body System</th>
<th>3rd Character Root Operation</th>
<th>4th Character Body Part</th>
<th>5th Character Approach</th>
<th>6th Character Device</th>
<th>7th Character Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>31</td>
<td>30</td>
<td>852</td>
<td>8</td>
<td>53</td>
<td>266</td>
</tr>
</tbody>
</table>

- 1,241 different concepts in Med/Surg section
  - ~90% of all PCS codes are built from these concepts
  - Since body parts are self-evident, only ~350 defined PCS concepts need to be learned to attain coding proficiency
- Complete, consistent, defined in the system
- Flexible, expandable, endlessly aggregable
Condensed ICD-10 Descriptions

For this presentation—
Examples may contain condensed codes and descriptions

• All ICD-10 Codes—An asterisk (*) means all valid possibilities for codes in that category or subcategory are included
  – A00* Cholera (3 codes)
    • All three ICD-10-CM cholera codes apply to the example

• ICD-10-PCS Codes—All valid possibilities for an axis of classification are displayed in square brackets
  – 0DN9[034]ZZ Release Duodenum (3 codes)
    • All three ICD-10-PCS approaches apply to the example
MS-DRG Conversion Goals

- Coded in I-9 or I-10, the same patient is assigned to the same MS-DRG
- Clinically equivalent
- Definitions manual has familiar look and feel

MDC 6, DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM

- A00* Cholera (3 codes)
- A020 Salmonella enteritis
- A03* Shigellosis (6 codes)
- A04* Other bacterial intestinal infections (10 codes)
- A050 Foodborne staphylococcal intoxication
- A052 Foodborne Clostridium perfringens [Clostridium welchii] intoxication
- A053 Foodborne Vibrio parahaemolyticus intoxication
- A054 Foodborne Bacillus cereus intoxication
- A055 Foodborne Vibrio vulnificus intoxication
- A058 Other specified bacterial foodborne intoxications
- A059 Bacterial foodborne intoxication, unspecified
MS-DRG Conversion Requirements

- Uses only I-10 codes
- Replicates current DRG logic
  - Minor departures where necessary

<table>
<thead>
<tr>
<th>DRG Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>335</td>
<td>Peritoneal adhesiolysis w MCC</td>
</tr>
<tr>
<td>336</td>
<td>Peritoneal adhesiolysis w CC</td>
</tr>
<tr>
<td>337</td>
<td>Peritoneal adhesiolysis w/o CC/MCC</td>
</tr>
</tbody>
</table>

Operating Room Procedures

- 0DN8[0234]ZZ Release Small Intestine (4 codes)
- 0DN9[0234]ZZ Release Duodenum (4 codes)
- 0DNA[0234]ZZ Release Jejunum (4 codes)
- 0DNB[0234]ZZ Release Ileum (4 codes)
- 0DNC[034]ZZ Release Ileocecal Valve (3 codes)
- 0DN[EFG][0234]ZZ Release Large Intestine (12 codes)
- 0DNH[0234]ZZ Release Cecum (4 codes)
- 0DNJ[0234]ZZ Release Appendix (4 codes)
- 0DNK[0234]ZZ Release Ascending Colon (4 codes)
- 0DNL[0234]ZZ Release Transverse Colon (4 codes)
- 0DNM[0234]ZZ Release Descending Colon (4 codes)
- 0DNN[0234]ZZ Release Sigmoid Colon (4 codes)
- 0DN[ST]*** Release Omentum (6 codes)
- 0DNV*** Release Mesentery (3 codes)
- 0DNW*** Release Peritoneum (3 codes)
ICD-10 GEMs
(General Equivalence Mappings)

• General purpose translation aid
• Consists of four GEM files with documentation and annual updates at the end of the year
  – Public domain diagnosis mappings on NCHS website
    • ICD-10-CM to ICD-9-CM
    • ICD-9-CM to ICD-10-CM
  – Public domain procedure mappings on CMS website
    • ICD-10-PCS to ICD-9-CM
    • ICD-9-CM to ICD-10-PCS
Wherever possible, assign an I-10 code to the same DRG(s) as the I-9 code it was translated to in the I-10 to I-9 GEM.
Find and Replace Diagnosis Codes

DRG 385 Inflammatory bowel disease w MCC
DRG 386 Inflammatory bowel disease w CC
DRG 387 Inflammatory bowel disease w/o CC/MCC

Principal Diagnosis
K5000 Crohn's disease of small intestine without complications
K5011 Crohn's disease of small intestine with rectal bleeding
K5012 Crohn's disease of small intestine with intestinal obstruction
K5013 Crohn's disease of small intestine with fistula
K5014 Crohn's disease of small intestine with abscess
K50018 Crohn's disease of small intestine with other complication
K50019 Crohn's disease of small intestine with unspecified complications
K5010 Crohn's disease of large intestine without complications
K50111 Crohn's disease of large intestine with rectal bleeding
K50112 Crohn's disease of large intestine with intestinal obstruction
K50113 Crohn's disease of large intestine with fistula
K50114 Crohn's disease of large intestine with abscess
K50118 Crohn's disease of large intestine with other complication
K50119 Crohn's disease of large intestine with unspecified complications
K50120 Crohn's disease of both small and large intestine without complications
K50111 Crohn's disease of both small and large intestine with rectal bleeding
K50112 Crohn's disease of both small and large intestine with intestinal obstruction
K50113 Crohn's disease of both small and large intestine with fistula
K50114 Crohn's disease of both small and large intestine with abscess
K50118 Crohn's disease of both small and large intestine with other complication
K50119 Crohn's disease of both small and large intestine with unspecified complications
K50120 Crohn's disease of both small and large intestine without complications
K50111 Crohn's disease of both small and large intestine with rectal bleeding
K50112 Crohn's disease of both small and large intestine with intestinal obstruction
K50113 Crohn's disease of both small and large intestine with fistula
K50114 Crohn's disease of both small and large intestine with abscess
K50118 Crohn's disease of both small and large intestine with other complication
K50119 Crohn's disease of both small and large intestine with unspecified complications

# of ICD-10-CM codes: 28

# of ICD-9-CM codes: 4
## Find and Replace Procedure Codes

| DRG335 PERITONEAL ADHESIOLYSIS W MCC | DRG 335 Peritoneal adhesiolysis w MCC |
| DRG336 PERITONEAL ADHESIOLYSIS W CC | DRG 336 Peritoneal adhesiolysis w CC |
| DRG337 PERITONEAL ADHESIOLYSIS W/O CC/MCC | DRG 337 Peritoneal adhesiolysis w/o CC/MCC |

**Operating Room Procedures: lysis**

- 0DN80ZZ Release Small Intestine, Open Approach
- 0DN82ZZ Release Small Intestine, Open Endoscopic Approach
- 0DN83ZZ Release Small Intestine, Percutaneous Approach
- 0DN84ZZ Release Small Intestine, Percutaneous Endoscopic Approach
- 0DN90ZZ Release Duodenum, Open Approach
- 0DN92ZZ Release Duodenum, Open Endoscopic Approach
- 0DN93ZZ Release Duodenum, Percutaneous Approach
- 0DN94ZZ Release Duodenum, Percutaneous Endoscopic Approach
- 0DNA0ZZ Release Jejunum, Open Approach
- 0DNA2ZZ Release Jejunum, Open Endoscopic Approach
- 0DNA3ZZ Release Jejunum, Percutaneous Approach
- 0DNA4ZZ Release Jejunum, Percutaneous Endoscopic Approach
- 0DNB0ZZ Release Ileum, Open Approach
- 0DNB2ZZ Release Ileum, Open Endoscopic Approach
- 0DNB3ZZ Release Ileum, Percutaneous Approach
- 0DNB4ZZ Release Ileum, Percutaneous Endoscopic Approach
- 0DNE0ZZ Release Large Intestine, Open Approach
- 0DNE2ZZ Release Large Intestine, Open Endoscopic Approach

- # of ICD-9-CM codes: 2
- # of ICD-10-PCS codes: 112

**PCS root operation definition**

**Release**: Freeing a body part from an external physical constraint
“Find and Replace” Conversion Process is...

- **Fundamental**
  - The task of I-10 conversion consists of a straightforward replacement of individual I-9 codes and lists of codes with their I-10 counterparts

- **Repeatable**
  - Can be used as many times as needed to replicate the hierarchy of relationships in MS-DRGs

- **Adaptable**
  - Can be used to convert any I-9 based application or system so that it can process comparable I-10 codes

- **Flexible**
  - Can be used to convert “list to list” applications as well as “code to code” applications. Works for any size of application, from MS-DRGs to a facility’s one-page document outlining treatment protocol for MRSA
Conversion of MS-DRGs

• At first, conversion of MS-DRGs to I-10 appeared more difficult than it turned out to be
• MS-DRGs are composed of logical relationships among lists of I-9 codes
  – Conversion to I-10 leaves the logic of MS-DRGs unchanged
• *Only* the I-9 lists of codes that underlie MS-DRGs need to be converted
  – The conversion of the I-9 code lists to I-10 code lists is straightforward
  – A process of “find and replace”
  – Can be partially automated
“Find and Replace” Process Used for Converting MS-DRGs

Find
• For the I-9 codes in an MS-DRG code list, find the corresponding I-10 code(s) in the I-10 to I-9 GEM

Replace
• Convert each I-9 code list to the corresponding I-10 codes assigned by the I-10 to I-9 GEM
• Review and evaluate the results of GEM-based automated replacement
• Underlying DRG assignment logic is untouched
MS-DRGs Conversion Summary

<table>
<thead>
<tr>
<th></th>
<th>Diagnosis codes</th>
<th>Procedure codes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of unique lists in MS-DRGs</td>
<td>~200</td>
<td>~300</td>
<td>~500</td>
</tr>
<tr>
<td>Codes in MDC 6 lists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>auto-replaced by GEMs</td>
<td>99%</td>
<td>91%</td>
<td>95%</td>
</tr>
<tr>
<td>Codes in MDC 6 lists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>auto-replaced by GEMs and modified</td>
<td>1%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>by clinical review</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- A fixed, manageable number of lists in MS-DRGs
- The GEMs produce 95% of the mapping without any need for review
- The remaining 5% is based on MDC 6
  - Need for review of the remaining MDCs is expected to steadily decrease
  - As the rules derived for MDC 6 are applied to the remaining MDCs, fewer codes will need clinical review
- MDC 6 conversion to ICD-10 is complete
  - To be posted on the CMS website by 12/31/2008
Issues Discovered in Converting MS-DRGs

• Overly broad I-9 procedure codes
  – Lack of anatomic specificity, NOS procedures
  – Require list-specific criteria for identifying the appropriate anatomic subset of PCS codes that belong on a list

• I-9 code conflicts
  – When an I-10 code does not contain a distinction found in two or more I-9 codes, all the I-9 codes are mapped to the same I-10 code
    • A conflict exists if the I-9 codes are in different MS-DRGs
    • This is to be expected between code sets with significant differences in design and structure
Overly Broad I-9 Procedure Codes

- Should an I-9 procedure code be replaced with all associated PCS codes everywhere an I-9 code is listed?
  - A PCS code may be irrelevant to a list because of its anatomic or root operation specificity
- ~200 overly broad I-9 procedure codes identified

Examples of Overly Broad I-9 Codes

<table>
<thead>
<tr>
<th>I-9</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>92.27</td>
<td>Radioactive elem implant</td>
</tr>
<tr>
<td>86.09</td>
<td>Skin &amp; subq incision NEC</td>
</tr>
<tr>
<td>83.82</td>
<td>Muscle or fascia graft</td>
</tr>
<tr>
<td>81.96</td>
<td>Other repair of joint</td>
</tr>
<tr>
<td>80.19</td>
<td>Other arthrotomy NEC</td>
</tr>
<tr>
<td>77.19</td>
<td>Bone incis w/o div NEC</td>
</tr>
<tr>
<td>39.50</td>
<td>Angio oth non-coronary</td>
</tr>
<tr>
<td>39.31</td>
<td>Suture of artery</td>
</tr>
<tr>
<td>39.29</td>
<td>Vasc shunt &amp; bypass NEC</td>
</tr>
<tr>
<td>38.21</td>
<td>Blood vessel biopsy</td>
</tr>
<tr>
<td>01.24</td>
<td>Other craniotomy</td>
</tr>
<tr>
<td>04.04</td>
<td>Peripheral nerve incis NEC</td>
</tr>
</tbody>
</table>

Because PCS codes always specify body part, approach and device, 261 PCS codes are translated to 92.27.
Solution for I-9 Overly Broad Procedure Codes

- Limit the assignment of PCS codes associated with overly broad I-9 codes to anatomic sites corresponding to each MDC

MDC 6 Example:
MS-DRGs 356, 357, 358 Other Digestive System O.R. Procedures
92.27 Implantation or Insertion of Radioactive Elements
- For procedure 92.27, only 10 of the 261 PCS codes are assigned to MDC 6

<table>
<thead>
<tr>
<th>Likely in MDC 6</th>
<th>Extremely Unlikely in MDC 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>0DH571Z Insertion of Radioactive Element into Esophagus, Via Natural or Artificial Opening</td>
<td>08H0X1Z Insertion of Radioactive Element into Right Eye, External Approach</td>
</tr>
<tr>
<td>0DHP81Z Insertion of Radioactive Element into Rectum, Via Natural or Artificial Opening Endoscopic</td>
<td>0BHL01Z Insertion of Radioactive Element into Left Lung, Open Approach</td>
</tr>
<tr>
<td></td>
<td>0HHU31Z Insertion of Radioactive Element into Left Breast, Percutaneous Approach</td>
</tr>
</tbody>
</table>
I-9 Code Conflicts

• I-9 codes may contain detail not pertinent to current understanding of disease or to a PCS axis of classification
  – I-9 diagnosis codes may use outmoded terminology
  – I-9 procedure codes may include diagnosis information (e.g., drainage of a cyst, drainage of an abscess)

• In such cases, the I-10 code is assigned to the I-9 code that results in the most appropriate MS-DRG assignment
I-9 Code Conflicts

Conflict: Where an I-10 code is assigned to more than one I-9 code and the I-9 codes are assigned to different MS-DRGs

I09.89 *Other specified rheumatic heart diseases*
Rheumatic disease of pulmonary valve

398.99 *Other rheumatic heart diseases*
in MDC 5 DRG 314,315,316
Other circulatory system diagnoses

397.1 *Rheumatic diseases of pulmonary valve*
in MDC 5 DRG 306,307
Cardiac congenital & valvular disorders

I09.89 combines the descriptions of two I-9 codes. All other rheumatic diseases of the heart currently classified have unique codes in ICD-10-CM, and according to frequency data I-9 code 398.99 is rarely used.

To resolve the conflict for I-10 code I09.89, the I-10 code is assigned to the I-9 code 397.1, which results in the most appropriate MS-DRG assignment.
The GEMs and the Reimbursement Mappings

• The GEMs are designed to aid in converting applications and systems from I-9 to I-10
  – General purpose translation aid
  – For “finding and replacing” codes or lists of codes

• The reimbursement mappings are designed to be interposed between data submitted using I-10 codes and legacy systems using I-9 codes so data can continue to be processed without converting the legacy system to I-10
  – Interim measure while systems are being converted
The Reimbursement Mappings

• In the GEMs, a single I-10 code can be translated to two or more alternative I-9 codes
  – I09.89 Other specified rheumatic heart diseases is associated with
    • 397.1 Rheumatic diseases of pulmonary valve
    • 398.99 Other rheumatic heart diseases

• The reimbursement mapping will indicate which alternative I-9 code is the most appropriate choice for reimbursement
The Reimbursement Mappings May Require Multiple I-9 Codes

• Because ICD-10-PCS contains a complete description of the procedure, and ICD-10-CM may contain both specification of the underlying disease and a current exacerbation or complication, multiple I-9 codes may be necessary to attain the same level of completeness
  – ~3% of I-10 codes are assigned to an “I-9 code cluster”
    • I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
    • 0270346 Dilation of Coronary Artery, One Site, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach
Development of Reimbursement Mappings

• Start with the I-10 to I-9 GEM

• Where an I-10 code is translated to one I-9 code, no additional review is necessary
  – 95% of the I-10 codes are translated to a single I-9 code
  – Many I-10 codes are translated to the same I-9 code

• Where an I-10 code is translated to more than one I-9 code, historical I-9 code frequency data are used to determine the most commonly used I-9 code among the I-9 code alternatives
  – MedPAR and California (for newborn and OB codes) data were used
  – In the vast majority of cases there is a clear dominant code in terms of frequency
  – In rare cases, clinical review is needed to make the final choice
Reimbursement Mappings

• All I-10 codes with an entry in the GEMs are included
• Each I-10 code is assigned to a single I-9 code or I-9 code cluster
  – I-9 code cluster contains two or more I-9 codes that must be used in combination to attain the complete meaning of one I-10 code

Assigned for reimbursement:
S72.032G Displaced midcervical fracture of left femur, subsequent encounter for closed fracture with delayed healing is assigned to this I-9 single code:
820.02 Fracture of midcervical section of femur, closed

Assigned for reimbursement:
02733D6 Dilation of Coronary Artery, Four or More Sites, Bifurcation, with Intraluminal Device, Percutaneous Approach is assigned to this I-9 code cluster:
00.66 [PTCA] or coronary atherectomy
00.43 Procedure on four or more vessels
00.48 Insertion of four or more vascular stents
36.06 Insertion of non-drug eluting coronary stent(s)
00.44 Procedure on vessel bifurcation
Reimbursement Mappings Format

- Separate files, not part of the GEM files
  - Two files, a diagnosis code reimbursement mapping and a procedure code reimbursement mapping
- Seven-character field for I-10 code
- Up to three, five-character fields for I-9 diagnoses
- Up to five, four-character fields for I-9 procedures

Reimbursement Mapping Examples

<table>
<thead>
<tr>
<th>ICD-10-CM</th>
<th>Single I-9 code</th>
<th>ICD-10-PCS</th>
<th>I-9 code cluster:</th>
</tr>
</thead>
<tbody>
<tr>
<td>S72032G</td>
<td>82002</td>
<td>02733D6</td>
<td>0066 0043 0048 3606 0044</td>
</tr>
</tbody>
</table>
ICD-10 General Equivalence Mappings (GEMs) Update

• GEMs will be posted by December 31, 2008
  – Diagnosis GEMs on NCHS website
  – Procedure GEMs on CMS website

• GEMs will be updated for the 2009 versions of ICD-9-CM, ICD-10-CM and ICD-10-PCS codes

Note: Reimbursement mapping is a separate file, on CMS website only
ICD-10-PCS 2009 Annual Update

• Annual release schedule
• PCS Body Part Key completed
• New root operation: Supplement
• Further streamlining of Med/Surg section codes pertaining to body parts that use devices
PCS Body Part Key

<table>
<thead>
<tr>
<th>Carpal Bone, Right</th>
<th>Capitate Bone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carpal Bone, Right</td>
<td>Hamate Bone</td>
</tr>
<tr>
<td>Carpal Bone, Right</td>
<td>Lunate Bone</td>
</tr>
<tr>
<td>Carpal Bone, Right</td>
<td>Pisiform Bone</td>
</tr>
<tr>
<td>Carpal Bone, Right</td>
<td>Trapezium Bone</td>
</tr>
<tr>
<td>Carpal Bone, Right</td>
<td>Trapezoid Bone</td>
</tr>
<tr>
<td>Carpal Bone, Right</td>
<td>Triquetral Bone</td>
</tr>
<tr>
<td>Carpal Bone, Left</td>
<td>Capitate Bone</td>
</tr>
<tr>
<td>Carpal Bone, Left</td>
<td>Hamate Bone</td>
</tr>
<tr>
<td>Carpal Bone, Left</td>
<td>Lunate Bone</td>
</tr>
<tr>
<td>Carpal Bone, Left</td>
<td>Pisiform Bone</td>
</tr>
<tr>
<td>Carpal Bone, Left</td>
<td>Trapezium Bone</td>
</tr>
<tr>
<td>Carpal Bone, Left</td>
<td>Trapezoid Bone</td>
</tr>
<tr>
<td>Carpal Bone, Left</td>
<td>Triquetral Bone</td>
</tr>
</tbody>
</table>

- Help users choose the correct PCS body part for a given anatomical term or procedure site
- To be included in 2009 ICD-10-PCS version
- Public domain reference to accompany PCS Tables
- Arranged by anatomical term and PCS body part
- PCS Key is “official” (as ICD-9-CM includes notes are official)
New Root Operation: 
**Supplement**

- Distinguishes between procedures where a body part is *physically replaced* with biologic or synthetic material (root operation Replacement) and where a body part is *reinforced or augmented* with biologic or synthetic material (new root operation)

**Supplement**

*Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part*

**Explanation**

*The biological material is non-living, or the biological material is living and from the same individual. The body part may have been previously replaced. If the body part has been previously replaced, the Supplement procedure is performed to physically reinforce and/or augment the function of the replaced body part.*

**Examples**

*Herniorrhaphy using mesh, free nerve graft, mitral valve ring annuloplasty, put in a new acetabular liner in a previous hip replacement*
Body Part Specificity
For Codes with Devices

- Body part specificity was streamlined for codes with devices where
detail was unneeded (e.g., one code in I-9 for insertion of radioactive
element, 2,387 codes in PCS)
- Affects three root operations
  - Insertion, Removal, Revision
- Limited application of device codes to a smaller subset of applicable
body parts for every body system
  - Example: Insertion of radioactive element previously had choices for all
respiratory system body parts (126 codes), and now has choices for
tracheobronchial tree, left lung and right lung (15 codes)

<table>
<thead>
<tr>
<th>PCS 6th Character</th>
<th>2008 Version</th>
<th>2009 Version</th>
<th>Change in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Device Value</td>
<td>No. of Codes</td>
<td>No. of Codes</td>
<td>No. of Codes</td>
</tr>
<tr>
<td>1 Radioactive Element</td>
<td>3,185</td>
<td>572</td>
<td>-2,163</td>
</tr>
<tr>
<td>2 Monitoring Device</td>
<td>1,524</td>
<td>487</td>
<td>-1,037</td>
</tr>
<tr>
<td>3 Infusion Device</td>
<td>3,744</td>
<td>1,982</td>
<td>-1,762</td>
</tr>
<tr>
<td>M Electrode</td>
<td>1,288</td>
<td>452</td>
<td>-836</td>
</tr>
<tr>
<td>Y Other Device</td>
<td>3,895</td>
<td>489</td>
<td>-3,406</td>
</tr>
<tr>
<td>Total</td>
<td>13,636</td>
<td>3,982</td>
<td>-9,654</td>
</tr>
</tbody>
</table>
Summary

• Conversion of ICD-9 based systems and processes to ICD-10 is straightforward
  – GEMs facilitate conversion

• Conversion of MS-DRGs to ICD-10 codes is in progress
  – Preliminary version will be available October 1, 2009
  – Final version of MS-DRGs using ICD-10 codes will be subject to the rule-making process

• ICD-10 2009 update files will be available on the CMS website by December 31, 2008, including:
  – MDC 6 of MS-DRGs converted to ICD-10 codes
  – ICD-10 Reimbursement Mappings
  – ICD-10 General Equivalence Mappings (GEMs)
    • Diagnosis GEMs on NCHS website
  – ICD-10-PCS Tables, Index, Reference Manual