ICD-10-PCS Changes to Procedural Documentation Requirements

PCS includes significant changes to how procedures must be captured and coded, with more specificity required for code assignment. All 7 characters of the PCS code need to be captured. Documentation of procedures should identify sufficient information to capture these items to avoid excessive queries from your CDI or coding staff.

ICD-10-CM/PCS Structural Code Change Overview

The coding system used to classify diseases and other conditions will transition to International Classification of Diseases version 10, or ICD-10-CM.

Anatomy is the primary axis of classification of ICD-10-CM, or diagnosis. The structure of ICD-10-CM diagnosis codes captures a greater degree of detail than could be captured using the ICD-9-CM classification.

ICD-10 CM codes are 3–7 Characters (alpha-numeric) with all codes starting with an alphabetic character.

Device Identified

Category Subcategories:  
- Etiology  
- Anatomic Site  
- Complication  
- Severity  
- Laterality

Extension (7th character)

Complications

Accidental or complication? 
Due to:  
- Disease/condition  
- Patient characteristics  
- Surgery  
- Drugs (name the drug)  
- Unrelated to the surgery

Clarity whether they are:  
- An unexpected post-procedural or post-surgical condition  
- An unexpected post-procedural or post-surgical condition, unrelated to surgical procedure  
- An unexpected post-procedural or post-surgical condition, related to the patient’s underlying medical comorbidites  
- An unexpected post-procedural or post-surgical condition related to surgical care (a complication of care)

Remember:  
All 7 characters of a procedure (PCS code) need to be captured to submit a claim.

Vascular Surgery Tips

Documentation Overview

Your documentation tells a patient’s story.

- H&P – Introduction
- Progress/Op Notes – Body
- Discharge summary – Conclusion

It is critical to paint a clear picture from start to finish and cover the initial situation, changes through the stay, and a clear summary that brings it all together.

Documentation Best Practices

- Always document the diagnosis(es) that contributed to the reason for inpatient admission
- Indicate what additional diagnoses are present on admission (POA)
- Indicate acuity/severity of all diagnoses: acute, chronic, acute on chronic, exacerbation
- Indicate “suspected,” “probable,” “can’t rule out,” “presumed” or “likely” if you are treating a condition based on medical decision making or risk factors (e.g. probable sepsis due to acute cholecystitis). Coding guidelines require that uncertain diagnoses are reconfirmed at the time of discharge (include in the discharge summary).
- Identify the significance of radiology/pathology/diagnostic test results including lab with a corresponding diagnosis in your documentation
- Link each diagnosis to signs/symptoms/clinical indicators/descriptors (e.g.; “altered mental status secondary to metabolic encephalopathy”) and treatment
- Link diagnoses to underlying etiology or manifestations whenever possible (e.g. “GI bleed due to peptic ulcer hemorrhage” or DM2 uncontrolled with PVD and ischemic ulcer of left calf)
- Clearly identify conditions that have been ruled out and those resolved
- Utilize consults to improve specificity of diagnoses, if agree, then confirm. The attending needs to clarify conflicting documentation by various providers within the record. Instead of “appreciate hospitalist’s consult”, can say “hospitalist’s consult reviewed and agreed”
- Avoid use of arrows/symbols. Spell out acronyms and abbreviations at least one time (e.g., hyponatremia instead of ↓Na)

Have more questions about documentation?
Reach out to your Clinical Documentation Improvement Team:

Phone: XXX-XXX-XXXX  
Email: XXX@YYY.org

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Key Vascular Surgery Documentation Requirements in ICD-10-PCS:

PCS includes significant changes to how procedures must be captured and coded, with more specificity required for code assignment. All 7 characters of the PCS code need to be captured. Documentation of procedures should identify sufficient information to capture these items to avoid excessive queries from your CDI or coding staff.

**Bypass Procedures**

- **Body part**
  - Body part bypasses “from”
  - Coronary bypasses
- **Qualifier**
  - Body part bypassed “to”
- **Device**
  - Autologous (vein or artery)
  - Synthetic substitute
  - Nonautologous tissue substitute

**Percutaneous Aorta Femoral Bypass**

- **Documentation Required**
  - Possible Options
- **Root Operation**
  - Bypass
- **Body Part**
  - e.g. Abdominal aorta (bypass from)
- **Approach**
  - e.g. percutaneous endoscopic
- **Device**
  - Synthetic substitute
- **Qualifier**
  - Bilateral femoral arteries (bypass to)

**Coronary Artery Bypass**

- **Documentation Required**
  - Possible Options
  - Root Operation
  - Body Part
  - Approach
  - Device
  - Qualifier

**04104JK** - Percutaneous Endoscopic Approach

**Requirement in Vascular Surgery Documentation**

- **Sepsis**
  - Identify Organism
  - Document what Sepsis is due to:
    - e.g. Streptococcus (Group A or B), Staphylococcus aureus, MSSA, MRSA, Haemophilus influenzae, anaerobes. Gram-negative organism, Enterococci

**Severe Sepsis**

- Acute
- Identify Organism
- Document with or without organ dysfunction
- With acute organ dysfunction
- With multiple organ dysfunction
- SIRS - d1 infectious process with acute organ dysfunction

**Note:**

- The term “Urosepsis” is not considered synonymous with sepsis. It does not default to UTI in ICD-10-CM. Should a provider use this term a query must be submitted for clarification.

**Capturing Severity of Illness (SOI) in ICD-10-CM Terms**

A patient’s SOI is conveyed to CMS and quality organizations via ICD-10-CM codes, assigned by a coder reading the medical record. Document known or suspected relationships between concomitant conditions wherever possible to ensure accurate capture of the patient’s true risk of mortality and/or readmission.

**Key Concepts to Remember**

- **Identify Organism**
- **Document with or without Septic Shock**

**Temperature**

- < 36.8°F (36°C) or > 100.4°F (38°C)

**Heart Rate**

- > 90 bpm

**Respiratory Rate**

- > 20 breaths/min or PaCO₂ < 32 mmHg

**White Blood Cell Count**

- > 12,000 or < 4,000 cells/mm³ or > 10% bands

**Pressure Ulcers**

- Acute
- Chronic
- Non pressure
- Non pressure ulcers also need depth (tissue level) documented

**Diabetes Mellitus**

- Type
  - Diabetes Type 1
  - Diabetes Type 2

**Pressure Ulcers**

- Include:
  - Type: pressure
  - Latent
  - Stage: Stage 1-4 or unstageable (Stages 3 & 4)

**Note:** If the type of DM is not documented or unclear the default is Type 2