ICD-10 Procedure Coding

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Code Structure

- Always seven alpha-numeric characters.
  - Section (of the book)
  - Body system
  - Root operation
  - Body part
  - Approach
  - Device
  - Qualifier.
- Uses 0-9.
- No O's or I's.

Procedure codes for Trauma

- Serves a different purpose than coding for Medical Records.
- Trauma – to capture the operation.
- Medical Records – codes for reimbursement.

Requirements for NTDB

Definition

Operative and selected non-operative procedures conducted during hospital stay. Operative and selected non-operative procedures are those that were essential to the diagnosis, stabilization, or treatment of the patient's specific injuries or complications. The list of procedures below should be used as a guide to non-operative procedures that should be provided to NTDB.

Additional Information

- The null value "Not Applicable" is reported if the patient did not have procedures.
- Include only procedures performed at your institution.
- Report all procedures performed in the operating room.
- Report all procedures in the ED, ICU, ward, or radiology department that were essential to the diagnosis, stabilization, or treatment of the patient's specific injuries or their complications.
- Procedures with an asterisk have the potential to be performed multiple times during one episode of hospitalization. In this case, report only the first event. If there is no asterisk, report each event even if there is more than one.
- Note that the hospital may report additional procedures.

- Registry is for the hospital first.
- Second is TQIP, MTQIP, State of MI.

Requirements for NTDB

DIAGNOSTIC AND THERAPEUTIC IMAGING

Computerized tomographic Head *

Computerized tomographic Chest *

Computerized tomographic Abdomen *

Computerized tomographic Pelvis *

Computerized tomographic C-Spine*

Computerized tomographic T-Spine*

Computerized tomographic L-Spine*

Doppler ultrasound of extremities *

Diagnostic ultrasound (includes FAST) *

Angioembolization

Angiography

IVC filter

REBOA

CARDIOVASCULAR

Open cardiac massage

CPR

CNS

Insertion of ICP monitor *

Ventriculostomy *

Cerebral oxygen monitoring *

GENITOURINARY

Ureteric catheterization (i.e. Ureteric stent)

Suprapubic cystostomy

MUSCULOSKELETAL

Soft tissue/bony debridement *

Closed reduction of fractures

Skeletal and halo traction

Fasciotomy

TRANSFUSION

Transfusion of red cells * (only capture first 24 hours after hospital arrival)

Transfusion of platelets * (only capture first 24 hours after hospital arrival)

Transfusion of plasma * (only capture first 24 hours after hospital arrival)

RESPIRATORY

Insertion of endotracheal tube * (exclude intubations performed in the OR)

Continuous mechanical ventilation *

Chest tube *

Bronchoscopy *

Tracheostomy

GASTROINTESTINAL

Endoscopy (includes gastroscopy, sigmoidoscopy, colonoscopy)

Gastrostomy/jejunostomy (percutaneous or endoscopic)

Percutaneous (endoscopic) gastrojejunoscopy

Tough codes

- Based on provider documentation.
- Joint replacement codes, for example.
- Spinal repair and fusion.
  - ORIF of vertebrae and fusion of the joints.
  - Kyphoplasty – reposition then supplement.
- Excision vs. Resection.
- Resection vs. Removal.

QUESTIONS???