My co-worker and I were at a client site working to identify potential DRG shifts due to ICD-10-CM/PCS (I10) implementation by recoding the cases in I10. The facility has taken a very pro-active approach in their I10 efforts and has already started dual coding. In addition to DRG shift findings, they were using the results for I10 coding validation. To their credit, the facility decided their approach to I-10 preparedness was to include Finance, Health Information Management, Clinical Documentation Improvement, Medical Staff, and consultants.

My colleague and I were coding a spinal decompression accomplished by laminectomy and our encoder gave us options that included three different root operations. We quickly decided that drainage was not correct for this case but we were undecided between the choices of release and excision. We discussed this together, reviewed our ICD-10-PCS books and applied our knowledge of root operations and coding guidelines. We also posted the question on the AHIMA website and other coding professional sites. Needless to say, the responses were numerous and varied. We also discussed the various procedure code choices with coding professionals at the facility. They shared with us that they had received guidance from a payer based sample claim submissions to code this procedure with a root operation of release. To add to the confusion, the client’s encoder was leading the coders to assign excision as the root operation.

This was a “grey area” in coding and there was not a clear rule to follow. Shortly after this exercise, Coding Clinic, Fourth Quarter 2013 Page: 116 provided guidance and directed us to assign the code for the procedure being performed to relieve the pressure. Using this advice, we now know to use the root operation of excision to code spinal decompression accomplished by laminectomy.

Who was wrong? The answer to that is no one. So then, who was right? The answer to that is everyone. There are times when right and wrong matters but as we work with ICD-10-CM we have to accept that we have unknowns and that the “grey areas” are plentiful. In this case, each entity applied their knowledge in a thoughtful manner but, the only way for everyone to be on the same page was to communicate on a multi-disciplinary level, revisit the issue periodically by doing fresh research, and network with others for input. This facility’s pro-active approach and working as a team will help them identify and resolve many of these issues prior to implementation of ICD-10-CM/PCS.

Here are some suggestions regardless of what encoder you choose that should help:

1. When done with your coding exercise check the nomenclature of your codes. Ask yourself “do these make sense?”
2. Research the codes that you think are wrong. Ask yourself why is it wrong? Did I select the correct root operation or did I answer the right question on my coding path?
3. Remember than an encoder does not replace your knowledge or experience.
4. When you have completed your coding abstract and you still question the code (s) assigned you should contact your vendor. They should have a coding specialist or help desk who can assist you with the problem.

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