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DESK REFERENCE

Coders' Desk Reference for ICD-10-PCS Procedures

Clinical descriptions with answers to your toughest ICD-10-PCS coding questions

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Contents

Main Terms
The alphabetic index reflects the structure of the tables. The index:

- Is based on the value of the third character
- Contains common procedure terms
- Lists anatomic sites
- Uses device terms

The main terms in the alphabetic index are root operations, root procedure types, or common procedure names. The index provides at least the first three or four values of the code, and some entries may provide complete valid codes. However, the user should always consult the appropriate table to verify that the most appropriate valid code has been selected.

For the Medical and Surgical and related sections, the root operation values are used as main terms in the index. The subterms under the root operation main terms are body parts. For the Ancillary section of the code tables, the main terms in the index are the general type of procedure performed.

The second type of term in the index uses common procedure names, such as "appendectomy" or "fundoplication." These common terms are listed as main terms with a "see" reference noting the PCS root operations that are possible valid code tables based on the objective of the procedure.

Use Reference
The index also lists anatomic sites from the Body Part Key and device terms from the Device Key. These terms are listed with "use" references, which are additional references to the terms located in the appendix keys. The term provided is the body part value or device value to be selected when constructing a procedure code using the code tables. This type of index reference does not direct the user to another term in the index, but provides guidance regarding character value selection. Therefore, "use" references generally do not refer to specific valid code tables.

ICD-10-PCS Code Tables

ICD-10-PCS contains 17 sections of code tables organized by general type of procedure. Each table is composed of rows that specify the valid combinations of code values. In most sections of the coding system, the upper portion of each table contains a description of the first three characters of the procedure code. In the Medical and Surgical section, for example, the first three characters contain the name of the section, the body system, and the root operation performed. The four columns in the table specify the last four characters. In the Medical and Surgical section, they are labeled body part, approach, device and qualifier, respectively. Each row in the table specifies the valid combination of values for characters 4 through 7. All seven characters must be specified to form a valid code.

Note that the code must be constructed with a combination of values within the same row of the table. A combination of values from different rows of the same table will result in an invalid code.

How to Use *Coders' Desk Reference for ICD-10-PCS Procedures*

Coders' Desk Reference for ICD-10-PCS Procedures is divided into convenient sections for easy use. The basic format of the book provides clinical coding support with illustrations, narratives, and other resources that help the user work from the medical record. The book begins with special chapters that provide detailed information on coding guidelines and conventions relating to ICD-10-PCS procedure coding, as well as common abbreviations, acronyms, symbols, eponyms, and surgical terms found in the medical record. It then follows the organization of ICD-10-PCS, looking at procedures and their associated ICD-10-PCS root operation tables. Due to the significant expansion of the number of ICD-10-PCS codes, it is impossible to include a description of every procedure. Included are representative examples of procedures, organized by section and subsection.

List of Illustrations

This is a list of illustrations by procedure name with a cross-reference to the appropriate page.

ICD-10-PCS Official Guidelines for Coding and Reporting 2020

For the new coder, and even for the veteran, this chapter provides an overview and detailed instructions on ICD-10-PCS coding guidelines and conventions.

ICD-10-PCS Root Operation Definitions

This resource is a compilation of all root operations in the Medical and Surgical-Related sections of the ICD-10-PCS manual. It provides a definition and in some cases a more detailed explanation of the root operation to better reflect its purpose or objective. Examples of related procedures may also be provided.

Abbreviations, Acronyms, and Symbols

The medical profession has its own shorthand for documentation. Here, acronyms, abbreviations, and symbols commonly seen on operative reports or medical charts are listed for easy reference.

Procedure Eponyms

In the medical record, procedures are often documented by their common name or eponym (such as Billroth's operation I). Eponyms honor the developer of a procedure or test but do little to clarify what the procedure is. ICD-10-PCS does not cross-reference eponyms even though they are commonly noted in

ICD-10-PCS Official Guidelines for Coding and Reporting 2020

Narrative changes appear in **bold** text.

The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), two departments within the U.S. Federal Government's Department of Health and Human Services (DHHS) provide the following guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS). These guidelines should be used as a companion document to the official version of the ICD-10-PCS as published on the CMS website. The ICD-10-PCS is a procedure classification published by the United States for classifying procedures performed in hospital inpatient health care settings.

These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD-10-PCS: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS.

These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD-10-PCS itself. **They are intended to provide direction that is applicable in most circumstances. However, there may be unique circumstances where exceptions are applied.** The instructions and conventions of the classification take precedence over guidelines. These guidelines are based on the coding and sequencing instructions in the Tables, Index and Definitions of ICD-10-PCS, but provide additional instruction. Adherence to these guidelines when assigning ICD-10-PCS procedure codes is required under the Health Insurance Portability and Accountability Act (HIPAA). The procedure codes have been adopted under HIPAA for hospital inpatient healthcare settings. A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. These guidelines have been developed to assist both the healthcare provider and the coder in identifying those procedures that are to be reported. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved.

Conventions

A1. ICD-10-PCS codes are composed of seven characters. Each character is an axis of classification that specifies information about the procedure performed. Within a defined code range, a character specifies the same type of information in that axis of classification.

Example:

> The fifth axis of classification specifies the approach in sections Ø through 4 and 7 through 9 of the system.

A2. One of 34 possible values can be assigned to each axis of classification in the seven-character code: they are the numbers Ø through 9 and the alphabet (except I and O because they are easily confused with the numbers 1 and Ø). The number of unique values used in an axis of classification differs as needed.

Example:

> Where the fifth axis of classification specifies the approach, seven different approach values are currently used to specify the approach.

A3. The valid values for an axis of classification can be added to as needed.

Example:

> If a significantly distinct type of device is used in a new procedure, a new device value can be added to the system.

A4. As with words in their context, the meaning of any single value is a combination of its axis of classification and any preceding values on which it may be dependent.

Example:

> The meaning of a body part value in the Medical and Surgical section is always dependent on the body system value. The body part value Ø in the Central Nervous body system specifies Brain and the body part value Ø in the Peripheral Nervous body system specifies Cervical Plexus.

A5. As the system is expanded to become increasingly detailed, over time more values will depend on preceding values for their meaning.

Example:

> In the Lower Joints body system, the device value 3 in the root operation Insertion specifies Infusion Device and the device value 3 in the root operation Replacement specifies Ceramic Synthetic Substitute.

A6. The purpose of the alphabetic index is to locate the appropriate table that contains all information

Root Operation Definitions for Other Sections

1 Obstetrics			
ICD-10-PCS Value		**Definition**	
2	Change	Definition:	Taking out or off a device from a body part and putting back an identical or similar device in or on the same body part without cutting or puncturing the skin or a mucous membrane
		Explanation:	None
		Examples:	Replacement of fetal scalp electrode
9	Drainage	Definition:	Taking or letting out fluids and/or gases from a body part
		Explanation:	None
		Examples:	Biopsy of amniotic fluid
A	Abortion	Definition:	Artificially terminating a pregnancy
		Explanation:	None
		Examples:	Transvaginal abortion using vacuum aspiration technique
D	Extraction	Definition:	Pulling or stripping out or off all or a portion of a body part by the use of force
		Explanation:	None
		Examples:	Low-transverse C-section
E	Delivery	Definition:	Assisting the passage of the products of conception from the genital canal
		Explanation:	None
		Examples:	Manually-assisted delivery
H	Insertion	Definition:	Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part
		Explanation:	None
		Examples:	Placement of fetal scalp electrode
J	Inspection	Definition:	Visually and/or manually exploring a body part
		Explanation:	Visual exploration may be performed with or without optical instrumentation. Manual exploration may be performed directly or through intervening body layers.
		Examples:	Bimanual pregnancy exam
P	Removal	Definition:	Taking out or off a device from a body part, region or orifice
		Explanation:	If a device is taken out and a similar device put in without cutting or puncturing the skin or mucous membrane, the procedure is coded to the root operation CHANGE. Otherwise, the procedure for taking out a device is coded to the root operation REMOVAL.
		Examples:	Removal of fetal monitoring electrode
Q	Repair	Definition:	Restoring, to the extent possible, a body part to its normal anatomic structure and function
		Explanation:	Used only when the method to accomplish the repair is not one of the other root operations
		Examples:	In utero repair of congenital diaphragmatic hernia

LOC	level of consciousness/loss of consciousness
LOM	limitation of motion
LOP	left occiput posterior position
LOPS	loss of protective sensation
LOS	length of stay
LOT	left occiput transverse position
LP	lumbar puncture
LPC	licensed professional counselor
LPM	liters per minute
LPT	lymphatic pump treatment
LR	lactated Ringer's/log roll
LS	lumbar sacral
LSA	left sacrum anterior position
LSB	left sternal border
LSF	lumbar spinal fusion
LSH	laparoscopic supracervical hysterectomy
LSO	lumbar sacral orthosis
LT	left
LTC	long term care
LUCL	lateral ulnar collateral ligament
lul	left upper lobe
luq	left upper quadrant
LUTS	lower urinary tract symptoms
LV	left ventriculography/ left ventricle
LVAD	left ventricular assist device
LVAS	left ventricle assist system
LVB	lymphovenous bypass
LVHA	low velocity-high amplitude
lymphs	lymphocytes
lytes	electrolytes
M	manifest refraction/male
M1	mitral first sound
M2	mitral second sound
m^2	meters squared
MA1	volume respirator
MAA	macroaggregated albumin
MAC	maximum allowable cost/monitored anesthesia care
MALT	mucosa associated lymphoid tissue
man. prim.	first thing in the morning
MAO	monoamine oxidase (inhibitor)
MAP	mean arterial pressure
MARS	molecular adsorbent recirculating system
MASER	microwave amplification by stimulated emission of radiation
MBC	minimum bactericidal concentration/ maximum breathing capacity
MBD	minimal brain dysfunction
MBS	modified barium swallow
MCAD	medium chain acyl CoAdehydrogenase deficiency
mcg	microgram
MCGR	magnetically controlled growing rod
MCH	mean corpuscular hemoglobin
MCHC	mean corpuscular hemoglobin concentration
MCI	mild cognitive impairment
MCL	midclavicular line
MCP	metacarpophalangeal
MCT	mediastinal chest tube
MCV	mean corpuscular volume
MD	manic depression/ medical doctor/ muscular dystrophy/myocardial disease
MDC	major diagnostic category
MDD	manic-depressive disorder
MDS	myelodysplastic syndrome
Mec	meconium
MED	minimal effective dose
med/surg	medical, surgical
meds	medications
MELAS	mitochondrial encephalopathy, lactic acidosis and stroke-like episodes
MEN	multiple endocrine neoplasia
MEP	motor evoked potentials
mEq	milliequivalent
mEq/1	milliequivalent per liter
MERRF	myoclonus with epilepsy and with ragged red fibers
MFD	minimum fatal dose
MFR	myofascial release
MFT	muscle function test
Mg	magnesium
mg	milligram
MH/CD	mental health/chemical dependency
MH/SA	mental health/substance abuse
MHC	mental health clinic
MI	myocardial infarction
min	minimum/minimal/minute
MIRPE	minimally invasive repair of pectus excavatum
misce.	miscellaneous
MIVAT	minimally invasive video-assisted thyroidectomy
ML	midline
ml	milliliter
MLC	midline catheter
mm	millimeter
mmHg	millimeters of mercury
MMK	Marshall-Marchetti-Krantz

Procedure Eponyms

Eponym	Description	ICD-10-PCS Table Reference
Abbe	Vaginal construction — creation of vaginal canal (vaginoplasty) without graft or prosthesis	**0UQG** Repair Vagina
Abbe	Vaginal construction — creation of vaginal canal (vaginoplasty) with graft or prosthesis	**0UUG** Supplement Vagina
AbioCor®	Implantation of total internal biventricular heart replacement system	**02RK** Replacement Ventricle, Right **02RL** Replacement Ventricle, Left
Aburel	Intra-amniotic injection of abortifacient for abortion	**10A** Abortion Pregnancy
Adams	Excision of palmar fascia for release of Dupuytren's contracture	**0JB** Excision Subcutaneous Tissue and Fascia
Adams	Advancement of round ligament(s) of uterus	**0US9** Reposition Uterus
Adams	Crushing of nasal septum	**09SM** Reposition Nasal Septum
AESOP®	Robotic assisted procedures — Automated Endoscopic System for Optimal Positioning	**8E0** Other Procedures Physiological Systems and Anatomical Regions
Albee	Bone peg, femoral neck Graft for slipping patella Sliding inlay graft, tibia	**0QU** Supplement Lower Bones
Albert	Arthrodesis, knee	**0SG** Fusion Lower Joints
Aldridge (-Studdiford)	Urethral sling	**0TSD** Reposition Urethra
Alexander	Shortening of round ligaments of uterus	**0US9** Reposition Uterus
Alexander-Adams	Shortening of round ligaments of uterus	**0US9** Reposition Uterus
Almoor	Extrapetrosal drainage	**099** Drainage Ear, Nose, Sinus
Altemeier	Perineal rectal pull-through operation	**0DTP** Resection Rectum
Ammon	Dacryocystotomy incision (for drainage) of a lacrimal sac	**089** Drainage Eye
Anderson	Tibial lengthening	**0Q8** Division Lower Bones **0QR** Replacement Lower Bones **0QU** Supplement Lower Bones
Anderson-Hynes	Dismembered Pyeloplasty	**0TQ** Repair Urinary System
Anel	Dilation of lacrimal duct	**087X** Dilation Lacrimal Duct, Right **087Y** Dilation Lacrimal Duct, Left
Arslan	Fenestration of inner ear	**09QD** Repair Inner Ear, Right **09QE** Repair Inner Ear, Left
Asai	Laryngoplasty	**0CQS** Repair Larynx **0CRS** Replacement Larynx **0CUS** Supplement Larynx
Baffes	Interatrial transposition of venous return	**02U5** Supplement Atrial Septum
Baffle	Atrial/interatrial/intra-atrial transposition of venous return	**02U5** Supplement Atrial Septum
Baldy-Webster	Uterine suspension	**0US9** Reposition Uterus

Blalock-Taussig Shunt Procedure, Modified

See also Conduit, Right Ventricle to Pulmonary Artery (RV-PA) (Sano Shunt)

Body System

Heart and Great Vessels

PCS Root Operation

Bypass

Root Operation Table
Ø21 Heart and Great Vessels, Bypass

Body Part
Pulmonary Trunk
Pulmonary Artery, Right
Pulmonary Artery, Left

Approach
Open

Device
Zooplastic Tissue
Autologous Venous Tissue
Autologous Arterial Tissue
Synthetic Substitute
Nonautologous Tissue Substitute

Qualifier
Innominate Artery
Subclavian Artery
Carotid Artery

Description

Modified Blalock-Taussig shunt procedure is a palliative procedure performed on patients with tetralogy of Fallot and other malformations or defects that affect the flow of blood from the right ventricle, through the pulmonary artery, and to the lungs. These include pulmonary atresia, pulmonary stenosis, and tricuspid atresia. This procedure creates a connection or graft between the innominate, subclavian, or carotid arteries to the pulmonary trunk or right or left pulmonary artery, also known as a systemic-to-pulmonary artery shunt. The procedure thus increases pulmonary blood flow until a fully corrective procedure can be performed.

In its unmodified form, this operation involves using an Open approach to divide the innominate, subclavian, or carotid artery, tie off the end of the artery, and create a connection between the end of this artery coming from the heart and the side of the pulmonary artery. The difficulty with this operation is making the connection to the pulmonary artery exactly the right size to supply adequate, but not excessive, blood flow to the lungs. Instead, a modified version of the operation is usually performed. Under general anesthesia, using an Open approach, the innominate or subclavian artery is not divided. Instead, one end of a 3 mm to 5 mm diameter graft (usually a Gore-Tex tube) is sewn to the side of the artery, and the other end is sewn to the pulmonary trunk or the side of the pulmonary artery. The size of the tube determines the amount of blood flow to the lungs. Cardiopulmonary bypass is not required. The ductus arteriosus (a connection between the aorta and pulmonary artery that has been supplying blood to the lungs but usually closes at birth) is tied off.

Focus Point

Bypass procedures require clarification of the body part bypassed "from" and body part bypassed "to." Generally, the fourth character for body part specifies the body part bypassed from, and the qualifier specifies the body part bypassed to. However, in this case, the Bypass table reverses the classification of upstream/downstream body parts in this same body system and root operation, similar to coronary artery bypass. Based on the available values in the Heart and Great Vessels, Bypass Table, coding advice from AHA Coding Clinic, 2016, 4Q, pages 102-103, and previous precedence of the guideline B3.6b regarding the reversal of the bypass classification for coronary artery bypass, use the body part value as the "to" and qualifier as the "from."

Coding Guidance

2016, 4Q, 102-103; 2014, 3Q, 3

Insertion, Evacuating Port System, Subdural (SEPS)

Body System
Central Nervous System and Cranial Nerves

PCS Root Operation
Drainage

Root Operation Table
Ø09 Central Nervous System and Cranial Nerves, Drainage

Body Part
Subdural Space, Intracranial

Approach
Percutaneous

Device
Drainage Device

Description
The placement of a subdural evacuating port system (SEPS) drain assists in evacuating chronic and subacute hematomas as well as hygromas from the brain. This minimally invasive procedure, which uses uniform negative pressure in a closed system, may be performed at a patient's bedside.

The ideal port site is identified with diagnostic imaging. Using a Percutaneous approach, a burr hole is created through the dura and subdural membrane; the evacuating port is inserted using a twisting motion. Silicone tubing and a bulb suction apparatus are attached to the metal evacuating port. Using the bulb, negative pressure is applied for a variable time period until there is no longer drainage of the subdural fluid. The system is then removed.

This procedure may also be documented as aspiration of subarachnoid or subdural space, cranial aspiration, puncture of anterior fontanel, subdural tap, subdural tap through fontanel, or placement of a subdural evacuating port system (SEPS).

Focus Point
Open approach would not be appropriate, as the surgical site is not directly exposed. The port is inserted through a small burr hole.

Coding Guidance
AHA: 2015, 3Q, 12

Insertion, Filter, Inferior Vena Cava (IVC)

Body System
Lower Veins

PCS Root Operation
Insertion

Root Operation Table
Ø6H Lower Veins, Insertion

Body Part
Inferior Vena Cava

Approach
Percutaneous

Device
Intraluminal Device

Description
The inferior vena cava (IVC) filter is a small, cone-shaped device placed within the inferior vena cava with four legs with a small hook at the base of each for fixation. A hook at the top of the cone allows the filter to be retrieved if necessary. IVC filter placement is performed for patients with deep venous thrombosis (DVT) or pulmonary embolism (PE) who cannot be treated with anticoagulation therapy. The filter traps blood clots (embolisms) that have broken loose from the deep veins of the legs and prevents them from reaching the heart and lungs.

The patient is brought into the interventional radiology or vascular suite. Local anesthesia is administered, and the physician places an intravascular umbrella or tulip filter device using a Percutaneous (endovascular) (venous) approach. Under ultrasound guidance, the physician places a needle in the femoral (or internal jugular) vein, advances a guidewire through the needle, removes the needle over the wire, and advances an introducer sheath over the wire into the femoral vein. The physician advances the filter through the introducer sheath into the inferior vena cava under fluoroscopic guidance. The filter hooks are oriented but not released until the filter is in correct position. The wire is removed, and a contrast venography is performed to evaluate the placement of the filter. The physician removes the introducer sheath and compresses the femoral vein manually until hemostasis is achieved.

Release, Achilles' Tendon (Achillotenotomy) (Achillotomy)

Body System
Tendons

PCS Root Operation
Division

Root Operation Table
ØL8 Tendons, Division

Body Part
Lower Leg Tendon, Right
Lower Leg Tendon, Left

Approach
Open
Percutaneous

Description
Achilles tendon release is performed for contractures or developmental deformity of the tendon leading to muscle shortening. Tenotomy is performed to lengthen the Achilles tendon, which allows the muscle to return to its normal length and allows the ankle joint to straighten.

Using either a Percutaneous approach directly through the skin, or an Open approach directly visualizing the Achilles tendon, the physician performs a tenotomy of the Achilles tendon. The physician infiltrates the skin and Achilles tendon with a local anesthetic about 1 cm above the insertion into the calcaneus. A knife blade or tenotome held vertically is inserted through the skin and subcutaneous tissue into the Achilles tendon. The blade is turned medially and laterally and swept back forth, creating a nick in the tendon, until the foot can be dorsiflexed at the ankle. Pressure is applied over the incision for about five minutes. A dressing and long leg cast are applied with the ankle in 10 degree dorsiflexion and the knee in maximal extension.

Focus Point
Although the documentation may state that a "release" operation was performed, the coder must consult the operative report to confirm surgical technique. A Division is defined as cutting into a body part in order to separate or transect it, whereas a Release is the freeing of a body part by cutting into the tissues and attachments surrounding the body part. The body part itself is not cut. In this case, the Achilles tendon was transected.

Focus Point
There is no specific body part value for Achilles tendon. The ICD-10-PCS Body Part Definitions and Body Part Key direct the coder to use Lower Leg Tendon, Right, or Lower Leg Tendon, Left, as the body part value.

Thoracentesis

Body System
Anatomical Regions, General

PCS Root Operation
Drainage

Root Operation Table
ØW9 Anatomical Regions, General, Drainage

Body Part
Pleural Cavity, Right
Pleural Cavity, Left

Approach
Percutaneous

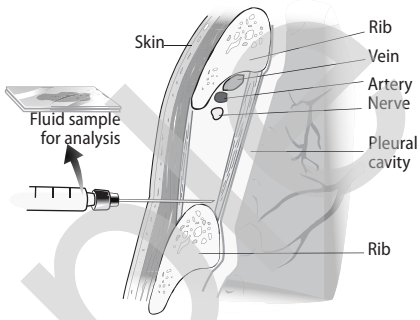
Device
Drainage Device (No Qualifier)
No Device (Diagnostic, No Qualifier)

Qualifier
Diagnostic
No Qualifier

Description
Thoracentesis is the surgical drainage of the pleural cavity with a specialized needle or hollow tubing to aspirate air or fluid from within the pleural space for diagnostic or therapeutic reasons.

Two layers of pleura cover the lungs. The inner, visceral layer follows the fissures between the lobes of each lung. The outer, parietal layer overlies the fissures. Normally, fluid between the two pleural layers acts as a lubricant to absorb the motion of breathing so that the lungs do not rub against other structures in the chest. Fluid may be removed for pathologic examination for patients suspected of having pneumonia, empyema, cancer, or other disorders. Fluid also may be removed to reduce an overload of fluid in the pleural space that is a result of heart failure, cirrhosis of the liver, or other pathologies. In some cases, thoracentesis is performed to remove air from the pleural space. When air escapes from the lungs into the pleural space (pneumothorax), the lung collapses. Removal of the air allows the lung to reinflate. Thoracentesis is also called thoracocentesis or pleurocentesis.

In thoracentesis, a needle or catheter is inserted into the pleural cavity through the space between the ribs, and fluid or air is removed via negative pressure of a syringe or vacuum bottle. With the end of the needle in the pleural space, the physician withdraws the fluid by pulling back on the plunger of the syringe. The patient is usually seated upright, leaning forward, during thoracentesis. Ultrasonography may be performed to localize the site and help with guiding the needle between two ribs and into the narrow space between pleural layers.



The root operation Drainage is coded for both diagnostic and therapeutic thoracentesis procedures. The approach value is Percutaneous.

Focus Point
ICD-10-PCS code assignment depends on the objective of the procedure (therapeutic or diagnostic). If a thoracentesis is documented as both therapeutic and diagnostic, the more definitive (therapeutic) treatment is reported.

Focus Point
When drainage is accomplished by putting in a catheter or tube that remains at the end of the procedure (thoracostomy), the device value Drainage Device is reported.

Focus Point
Thoracentesis is sometimes performed on a fetus, in which case the ICD-10-PCS section is Obstetrics and the body system is Products of Conception. The qualifier Fetal Fluid, Other is used to report pleural fluid.