

Applying ICD-10-PCS Guidelines

Illustrated guide and practical examples of
ICD-10-PCS coding guidelines and conventions

2021

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Introduction

ICD-10 Essentials: Applying ICD-10-PCS Guidelines is a coding reference for ICD-10-PCS focusing on application of the coding guidelines. This book provides a comprehensive look at each ICD-10-PCS guideline along with supporting examples, case studies, and in-depth coding rationale designed to ensure accurate application of the guideline in real-life coding situations. New and veteran coding professionals will find this book to be a valuable resource that explains and clarifies key coding concepts related to ICD-10-PCS.

The coding guidance found in *ICD-10 Essentials: Applying ICD-10-PCS Guidelines* is based on the official version of the ICD-10 Procedure Coding System (ICD-10-PCS), effective October 1, 2020.

Changes reflecting the dynamic world of coding are ongoing, and Optum encourages input for inclusion in future editions of the book.

How to Use *ICD-10 Essentials: Applying ICD-10-PCS Guidelines*

The organization of *ICD-10 Essentials: Applying ICD-10-PCS Guidelines* follows the format of *ICD-10-PCS Official Guidelines for Coding and Reporting*. There is a chapter devoted to each of the topics covered in the guidelines as follows:

- PCS Official Introduction and Conventions
- Medical and Surgical Body System Guidelines
- Medical and Surgical Root Operation Guidelines
- Medical and Surgical Body Part Guidelines
- Medical and Surgical Approach Guidelines
- Medical and Surgical Device Guidelines
- Obstetrics Section Guidelines
- Radiation Therapy Section Guidelines
- New Technology Section Guidelines

Shaded boxes in different colors allow the user to quickly differentiate the various components of each chapter. Blue boxes enclose the focus guideline in each section. Supporting guidelines included to assist in explaining case studies are shown in orange boxes. Spotlights in yellow boxes alert the user to key facts, important information, and coding advice, while pink boxes highlight definitions.

Valuable information has been provided in case studies, tables, and figures that include illustrations and decision trees, all of which are listed in the front of the book and are easily searchable. Located in the back of the book are appendixes to supplement the material contained in the chapters, as well as an alphabetical index to search pertinent information.

General ICD-10-PCS Coding Conventions

Each official convention and any corresponding example, contained in the *ICD-10-PCS Official Guidelines for Coding and Reporting* is provided, followed by additional and supplementary information to further interpret the convention. It should be noted that the instructions and conventions of the classification take precedence over guidelines.

Convention A1

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 0 through 4 and 7 through 9 of the system.

As shown in the following table (097), although there are multiple values listed, character 4 always represents Body Part, character 5 Approach, and character 6 Device.

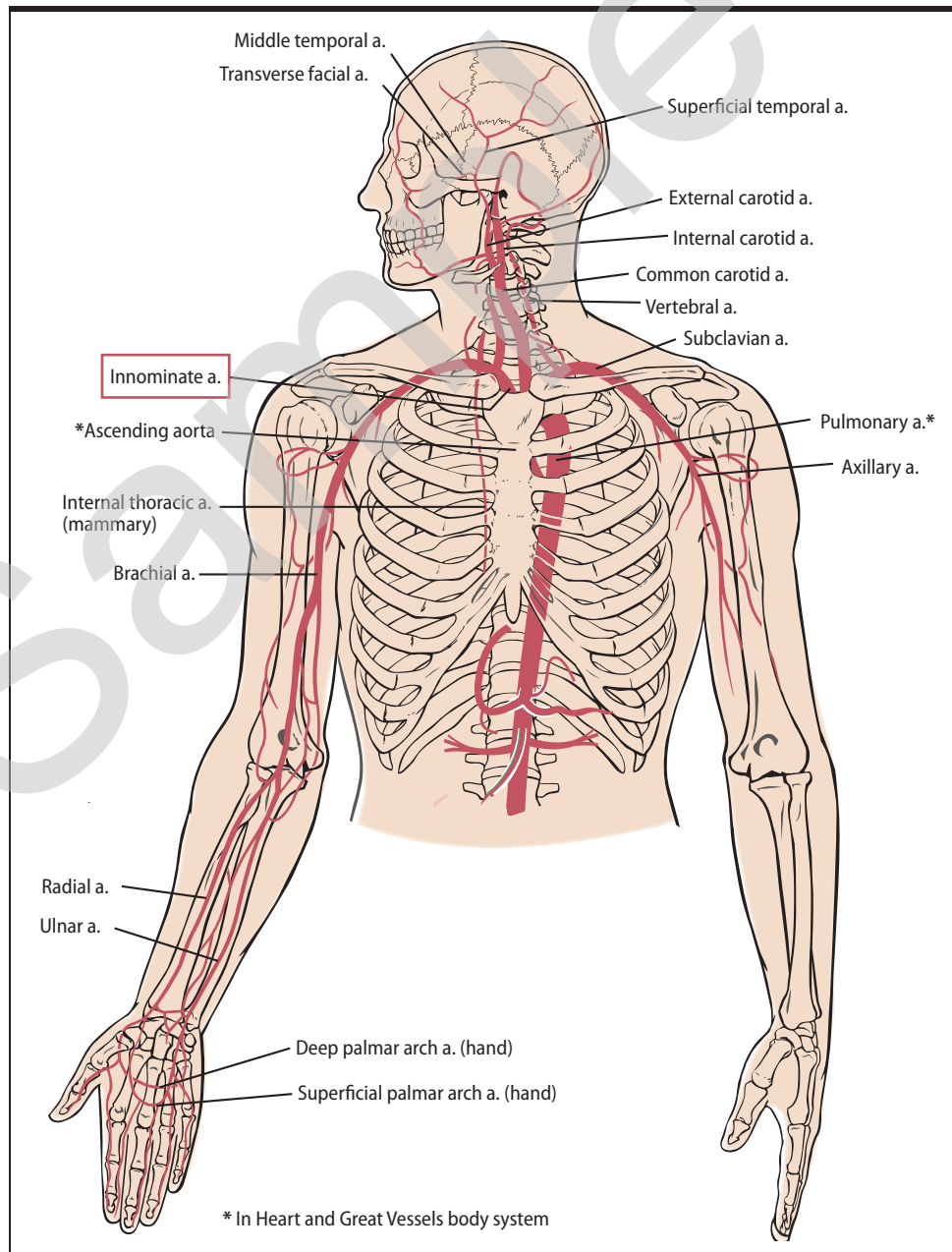
0 Medical and Surgical			
9 Ear, Nose, Sinus			
7 Dilation <i>Definition: Expanding an orifice or the lumen of a tubular body part</i>			
Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
F Eustachian Tube, Right	0 Open	D Intraluminal Device	Z No Qualifier
G Eustachian Tube, Left	7 Via Natural or Artificial Opening	Z No Device	
	8 Via Natural or Artificial Opening Endoscopic		
F Eustachian Tube, Right	3 Percutaneous	Z No Device	Z No Qualifier
G Eustachian Tube, Left	4 Percutaneous Endoscopic		

Regardless of whether the specific character values represent clinical concepts or function as placeholders (e.g., No Device (Z) or No Qualifier (Z)), all seven characters must be assigned for each PCS code.

Upper Arteries (3) Body System Character Meaning Table

Operation-Character 3	Body Part-Character 4	Approach-Character 5	Device-Character 6	Qualifier-Character 7
1 Bypass	0 Internal Mammary Artery, Right	0 Open	0 Drainage Device	0 Upper Arm Artery, Right
5 Destruction	1 Internal Mammary Artery, Left	3 Percutaneous	2 Monitoring Device	1 Upper Arm Artery, Left OR Drug-Coated Balloon
7 Dilatation	2 Innominate Artery	4 Percutaneous Endoscopic	3 Infusion Device	2 Upper Arm Artery, Bilateral
9 Drainage	3 Subclavian Artery, Right	X External	4 Intraluminal Device, Drug-eluting	3 Lower Arm Artery, Right
B Excision	4 Subclavian Artery, Left		5 Intraluminal Device, Drug-eluting, Two	4 Lower Arm Artery, Left
C Extirpation	5 Axillary Artery, Right		6 Intraluminal Device, Drug-eluting, Three	5 Lower Arm Artery, Bilateral

Figure 3.8. Map of Upper Arteries



Biopsy Followed by More Definitive Treatment

Guideline B3.4b

B3.4b If a diagnostic Excision, Extraction, or Drainage procedure (biopsy) is followed by a more definitive procedure, such as Destruction, Excision or Resection at the same procedure site, both the biopsy and the more definitive treatment are coded.

Example: Biopsy of breast followed by partial mastectomy at the same procedure site, both the biopsy and the partial mastectomy procedure are coded.

AHA Coding Clinic

2017, 3Q, 12 Therapeutic and Diagnostic Paracentesis

Root Operation		
Excision (B)	Definition: Explanation:	Cutting out or off, without replacement, a portion of a body part The qualifier DIAGNOSTIC is used to identify excision procedures that are biopsies
Extraction (D)	Definition: Explanation:	Pulling or stripping out or off all or a portion of a body part by the use of force The qualifier DIAGNOSTIC is used to identify extraction procedures that are biopsies
Drainage (9)	Definition: Explanation:	Taking or letting out fluids and/or gases from a body part The qualifier DIAGNOSTIC is used to identify drainage procedures that are biopsies
Destruction (5)	Definition: Explanation:	Physical eradication of all or a portion of a body part by the direct use of energy, force, or a destructive agent None of the body part is physically taken out
Resection (T)	Definition: Explanation:	Cutting out or off, without replacement, all of a body part None

The diagnostic objective of the biopsy is to determine the nature of the lesion or tissue. In addition, a separate procedure may be performed on the same site during the same surgical episode in order to fulfill a therapeutic objective. The assignment of separate codes, one for the biopsy and one for the therapeutic procedure, provides a means of capturing these separate objectives. A second guideline, B3.2c, which covers multiple procedure coding guidelines, provides further support for assigning separate codes for these separate objectives.

PCS Guideline	
Multiple procedures	
B3.2	During the same operative episode, multiple procedures are coded if: c. Multiple root operations with distinct objectives are performed on the same body part. <i>Example:</i> Destruction of sigmoid lesion and bypass of sigmoid colon are coded separately.

Transplantation Versus Administration

Guideline B3.16

B3.16 Putting in a mature and functioning living body part taken from another individual or animal is coded to the root operation Transplantation. Putting in autologous or nonautologous cells is coded to the Administration section.

Example: Putting in autologous or nonautologous bone marrow, pancreatic islet cells or stem cells is coded to the Administration section.

AHA Coding Clinic

- 2018, 4Q, 40 Uterus Transplant
- 2016, 4Q, 112 Transplantation
- 2016, 4Q, 113 Bone Marrow and Stem Cell Transfusion (Transplantation)
- 2014, 3Q, 13 Orthotopic Liver Transplant with End to Side Cavoplasty
- 2013, 3Q, 18 Heart Transplant Surgery

Traditionally, the term transplant has been used to describe transplantation of part or all of a living body part, such as a lobe of the liver or an entire kidney, as well as putting in cells such as stem cells, bone marrow, or pancreatic islet cells. In PCS, these two different types of transplants are reported with codes from different sections. Transplantation of living body parts are coded in the Medical and Surgical (Ø) section with the root operation Transplantation (Y). When stem cells, bone marrow, and pancreatic islet cells are transplanted, the procedure is coded in the Administration (3) section with one of two root operations: Transfusion (2) or Introduction (Ø).

Transplantation (Y)—Medical and Surgical (Ø) and Obstetrics (1) Sections

The root operation Transplantation (Y) represents a relatively small number of procedure codes performed on a limited number of body parts in ICD-10-PCS. In the Medical and Surgical section and the Obstetrics section, the definition and explanation are the same.

Root Operation		
Transplantation (Y)	Definition:	Putting in or on all or a portion of a living body part taken from another individual or animal to physically take the place and/or function of all or a portion of a similar body part
	Explanation:	The native body part may or may not be taken out, and the transplanted body part may take over all or a portion of its function

Transplantation procedures coded to the Medical and Surgical (Ø) section can involve a variety of different sources, including organs or portions of organs from other individuals or from animals. Coders should understand the different definitions related to the tissue type for transplantation organs. This information is used in the selection of the seventh-character Qualifier.

Definitions
allogeneic. Taken from different individuals of the same species.
syngeneic. Having to do with individuals or tissues that have identical genes, such as identical twins.
zooplasmic. Tissue obtained from an animal.

The operative report for an organ transplant may include a detailed description of the work done to obtain the donor organ, as well as procedures performed on the donor organ itself. However, only those procedures performed on the recipient are coded.

Coronary Arteries

Guideline B4.4

B4.4 The coronary arteries are classified as a single body part that is further specified by number of arteries treated. One procedure code specifying multiple arteries is used when the same procedure is performed, including the same device and qualifier values.

Examples: Angioplasty of two distinct coronary arteries with placement of two stents is coded as Dilation of Coronary Artery, Two Arteries with Two Intraluminal Devices.

Angioplasty of two distinct coronary arteries, one with stent placed and one without, is coded separately as Dilation of Coronary Artery, One Artery with Intraluminal Device, and Dilation of Coronary Artery, One Artery with no device.

AHA Coding Clinic

- 2018, 2Q, 24 Coronary Artery Bifurcation
- 2017, 4Q, 35 Release of Myocardial Bridge
- 2016, 4Q, 82 Coronary Artery, Number of Arteries
- 2016, 4Q, 84 Coronary Artery, Number of Stents
- 2016, 4Q, 86 Coronary and Peripheral Artery Bifurcation

Note: The following were written before the phrase “number of sites” was replaced with “number of arteries.”

- 2016, 3Q, 36 Type of Contrast Medium for Angiography (High Osmolar, Low Osmolar, and, Other)
- 2016, 1Q, 27 Aortocoronary Bypass Graft Utilizing Y-Graft
- 2015, 3Q, 9 Failed Attempt to Treat Coronary Artery Occlusion
- 2015, 3Q, 10 Coronary Angioplasty with Unsuccessful Stent Insertion
- 2015, 2Q, 3 Coronary Artery Intervention Site
- 2014, 2Q, 4 Coronary Angioplasty of Bypassed Vessel

Beginning with the FY 2017 version of ICD-10-PCS, the coronary body part values and guideline B4.4 were reworded with a very important distinction, changing the focus from the number of sites treated to the number of **arteries** treated. This change in wording impacts all previous instructions that were released prior to the third quarter of 2016, including *AHA Coding Clinic*. Since much of the advice contained within the *AHA Coding Clinic* is still relevant, they are still listed in this chapter. Users should take care to use the advice of the newly worded guideline when applying these *AHA Coding Clinic*.

New device values indicating the number of stents placed were also added for FY 2017. This change, in addition to counting the number of arteries rather than sites, offers more accurate data collection. The number of distinctly separate arteries that are included in the coronary artery body parts plus the number of stents used to treat those arteries are now accounted for.

Root Operation (Character 3)

In the Heart and Great Vessels (2) body system of the Medical Surgical section (0), coronary artery body part values are offered in root operation tables Bypass, Dilation, Extirpation, Insertion, Release, Repair, Reposition, and Supplement. In the New Technology section (X), coronary artery body part values are offered only in the root operation Extirpation for the Cardiovascular (2) body system.

Note: Reposition only offers Coronary Artery, One Artery (0) and Coronary Artery, Two Arteries (1).

Drainage Device

Guideline B6.2

Drainage device

B6.2 A separate procedure to put in a drainage device is coded to the root operation Drainage with the device value Drainage Device.

AHA Coding Clinic

- 2018, 4Q, 85 Externalization of Lumboatrial Shunt
- 2018, 2Q, 17 Arthroscopic Drainage of Knee and Nonexcisional Debridement
- 2017, 3Q, 19 Ureteral Stent Placement for Urinary Leakage
- 2015, 3Q, 11 Percutaneous Drainage of Subdural Hematoma
- 2015, 3Q, 12 Placement of Ventriculostomy Catheter via Burr Hole
- 2015, 3Q, 12 Subdural Evacuation Portal System (SEPS) Placement
- 2015, 3Q, 23 Incision and Drainage of Multiple Abscess Cavities Using Vessel Loop
- 2015, 2Q, 29 Insertion of Nasogastric Tube for Drainage and Feeding
- 2015, 2Q, 30 Drainage of Syrinx
- 2015, 1Q, 32 Percutaneous Transhepatic Biliary Drainage Catheter Placement
- 2014, 3Q, 15 Drainage of Pancreatic Pseudocyst

Placement of a drainage device is a commonly performed procedure on various sites throughout the body. The objective of the procedure is to drain the body part, which means root operation Drainage should be assigned. It should not be automatically assumed that initial placement of any device is assigned to the root operation Insertion. Appropriate root operation assignment requires a thorough understanding of the intent of a procedure.

Spotlight

A code for Drainage Device is only assigned when it is used to perform the objective of the procedure and remains in the body after the conclusion of the procedure.

Practical Application for Guideline B6.2

Case Study 7.17. Myringotomy with Tubes

Indications: Chronic otitis media with effusion.

Procedure performed: Right myringotomy with tympanostomy tube placement.

The patient was placed in supine position and the patient's head was turned to the left exposing the right ear. The operative microscope and small-sized ear speculum were placed and the cerumen from the external auditory canal was removed with a cerumen loop to suction. The tympanic membrane was brought into direct visualization with no signs of any gross retracted pockets or cholesteatoma. A myringotomy incision was made within the posterior inferior quadrant and the middle ear was suctioned until demonstrating dry contents. A short-term tube was placed in the myringotomy incision utilizing forceps. Cortisporin otic drops were placed followed by cotton balls.

Code(s):

099500Z Drainage of Right Middle Ear with Drainage Device, Open Approach

Rationale:

During a myringotomy, a small incision is made into the tympanic membrane (eardrum) to suction out fluid buildup and relieve pressure from the middle ear. A small tube, referred to as a

Appendix C. Root Operation Definitions

Ø Medical and Surgical			
ICD-10-PCS Value		Definition	
Ø	Alteration	Definition:	Modifying the anatomic structure of a body part without affecting the function of the body part
		Explanation:	Principal purpose is to improve appearance
		Examples:	Face lift, breast augmentation
1	Bypass	Definition:	Altering the route of passage of the contents of a tubular body part
		Explanation:	Rerouting contents of a body part to a downstream area of the normal route, to a similar route and body part, or to an abnormal route and dissimilar body part. Includes one or more anastomoses, with or without the use of a device.
		Examples:	Coronary artery bypass, colostomy formation
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:	All CHANGE procedures are coded using the approach EXTERNAL
		Example:	Urinary catheter change, gastrostomy tube change
3	Control	Definition:	Stopping, or attempting to stop, postprocedural or other acute bleeding
		Explanation:	None
		Examples:	Control of post-prostatectomy hemorrhage, control of intracranial subdural hemorrhage, control of bleeding duodenal ulcer, control of retroperitoneal hemorrhage
4	Creation	Definition:	Putting in or on biological or synthetic material to form a new body part that to the extent possible replicates the anatomic structure or function of an absent body part
		Explanation:	Used for gender reassignment surgery and corrective procedures in individuals with congenital anomalies
		Examples:	Creation of vagina in a male, creation of right and left atrioventricular valve from common atrioventricular valve
5	Destruction	Definition:	Physical eradication of all or a portion of a body part by the direct use of energy, force, or a destructive agent
		Explanation:	None of the body part is physically taken out
		Examples:	Fulguration of rectal polyp, cautery of skin lesion
6	Detachment	Definition:	Cutting off all or a portion of the upper or lower extremities
		Explanation:	The body part value is the site of the detachment, with a qualifier if applicable to further specify the level where the extremity was detached
		Examples:	Below knee amputation, disarticulation of shoulder
7	Dilation	Definition:	Expanding an orifice or the lumen of a tubular body part
		Explanation:	The orifice can be a natural orifice or an artificially created orifice. Accomplished by stretching a tubular body part using intraluminal pressure or by cutting part of the orifice or wall of the tubular body part.
		Examples:	Percutaneous transluminal angioplasty, internal urethrotomy
8	Division	Definition:	Cutting into a body part, without draining fluids and/or gases from the body part, in order to separate or transect a body part
		Explanation:	All or a portion of the body part is separated into two or more portions
		Examples:	Spinal cordotomy, osteotomy
9	Drainage	Definition:	Taking or letting out fluids and/or gases from a body part
		Explanation:	The qualifier DIAGNOSTIC is used to identify drainage procedures that are biopsies
		Examples:	Thoracentesis, incision and drainage

Continued on next page

Lower Arteries 041–04W

Character Meanings

This Character Meaning table is provided as a guide to assist the user in the identification of character members that may be found in this section of code tables. It **SHOULD NOT** be used to build a PCS code.

Operation–Character 3	Body Part–Character 4	Approach–Character 5	Device–Character 6	Qualifier–Character 7
1 Bypass	0 Abdominal Aorta	0 Open	0 Drainage Device	0 Abdominal Aorta
5 Destruction	1 Celiac Artery	3 Percutaneous	1 Radioactive Element	1 Celiac Artery OR Drug-coated Balloon
7 Dilation	2 Gastric Artery	4 Percutaneous Endoscopic	2 Monitoring Device	2 Mesenteric Artery
9 Drainage	3 Hepatic Artery	X External	3 Infusion Device	3 Renal Artery, Right
B Excision	4 Splenic Artery		4 Intraluminal Device, Drug-eluting	4 Renal Artery, Left
C Extirpation	5 Superior Mesenteric Artery		5 Intraluminal Device, Drug-eluting, Two	5 Renal Artery, Bilateral
H Insertion	6 Colic Artery, Right		6 Intraluminal Device, Drug-eluting, Three	6 Common Iliac Artery, Right
J Inspection	7 Colic Artery, Left		7 Intraluminal Device, Drug-eluting, Four or More OR Autologous Tissue Substitute	7 Common Iliac Artery, Left
L Occlusion	8 Colic Artery, Middle		9 Autologous Venous Tissue	8 Common Iliac Arteries, Bilateral
N Release	9 Renal Artery, Right		A Autologous Arterial Tissue	9 Internal Iliac Artery, Right
P Removal	A Renal Artery, Left		C Extraluminal Device	B Internal Iliac Artery, Left
Q Repair	B Inferior Mesenteric Artery		D Intraluminal Device	C Internal Iliac Arteries, Bilateral
R Replacement	C Common Iliac Artery, Right		E Intraluminal Device, Two OR Intraluminal Device, Branched or Fenestrated, One or Two Arteries	D External Iliac Artery, Right
S Reposition	D Common Iliac Artery, Left		F Intraluminal Device, Three OR Intraluminal Device, Branched or Fenestrated, Three or More Arteries	F External Iliac Artery, Left
U Supplement	E Internal Iliac Artery, Right		G Intraluminal Device, Four or More	G External Iliac Arteries, Bilateral
V Restriction	F Internal Iliac Artery, Left		J Synthetic Substitute	H Femoral Artery, Right
W Revision	H External Iliac Artery, Right		K Nonautologous Tissue Substitute	J Femoral Artery, Left OR Temporary
	J External Iliac Artery, Left		Y Other Device	K Femoral Arteries, Bilateral
	K Femoral Artery, Right		Z No Device	L Popliteal Artery
	L Femoral Artery, Left			M Peroneal Artery
	M Popliteal Artery, Right			N Posterior Tibial Artery
	N Popliteal Artery, Left			P Foot Artery
	P Anterior Tibial Artery, Right			Q Lower Extremity Artery
	Q Anterior Tibial Artery, Left			R Lower Artery

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