

hcpro | boot camps

Certified Coder Boot Camp – Inpatient Version

Module 4: Introduction to ICD-10-PCS

1

ICD-10-PCS – Background

- CMS awarded a contract to 3M Health Information Systems to develop a new procedure coding system for the United States.

hcpro | boot camps

2

ICD-10-PCS – Background

- Final draft has been in existence since 1998
 - Has been updated annually
- Goals
 - Improve accuracy and efficiency of coding
 - Reduce training effort
 - Improve communication with physicians

hcpro | boot camps

3

ICD-10-PCS – Benefits

- Completeness – All substantially different procedures have a unique code (7 characters in length)
- Expandability – The structure of the system allows incorporation of new procedures as unique codes
- Standardized terminology
 - Creation of ‘Root Operations’

hcpro | boot camps

4

ICD-10-PCS – Structure

- ICD-10-PCS procedure codes
 - ICD-10-PCS codes consist of a seven-digit alphanumeric formula
 - Each character has up to 34 possible values
 - The digits 0–9 and the letters A–H, J–N, and P–Z may be assigned to each character
 - The letters O and I are not used to avoid confusion with the numeric digits 0 and 1
 - The term “procedure” is used to refer to the complete specification of the seven characters

5

ICD-10-PCS – Structure

- ICD-10-PCS procedure codes
 - Beware! PCS does not contain placeholders
 - **X's are used as characters in ICD-10-PCS**
 - Example:
 - 0X6B0ZZ = Amputation at right elbow level
 - “X” identifies → Anatomical regions, Upper Extremities

6

ICD-10-PCS – First Character

- Identifies the section: There are 17 from which to choose:
 - 0—Medical and Surgical
 - 1—Obstetrics
 - 2—Placement
 - 3—Administration
 - 4—Measurement and Monitoring
 - 5—Extracorporeal Assistance and Performance
 - 6—Extracorporeal Therapies
 - 7—Osteopathic
 - 8—Other Procedures
 - 9—Chiropractic
 - B—Imaging
 - C—Nuclear Medicine
 - D—Radiation Therapy
 - F—Physical Rehabilitation and Diagnostic Audiology
 - G—Mental Health
 - H—Substance Abuse Treatment
 - X—New Technology

7

ICD-10-PCS – Second Through Seventh Characters

- Characters 2–7 have a standard meaning within each section but may differ in meaning across each of the 17 sections
- The order and type of characters 2–7 are dependent on the section chosen for character 1

8

ICD-10-PCS – Section 0 – Med/Surg

Character 1	Character 2	Character 3	Character 4	Character 5	Character 6	Character 7
Name of Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier

hcpro | boot camps

9

ICD-10-PCS Coding Guidelines: Conventions

10

ICD-10-PCS – Coding Guidelines

- ICD-10-PCS guidelines provide general information about proper procedure code assignment
 - <https://www.cms.gov/files/document/2023-official-icd-10-pcs-coding-guidelines.pdf>

hcpro | boot camps

11

ICD-10-PCS – Coding Conventions

- In ICD-10-PCS there is an alphabetic index
 - Indexed by either root operation or composite term of the root operation (can generally only identify the first 3-4 characters)
 - Subterms are generally categorized by body part
 - Some acronyms have been added to alphabetic index
 - Example: ESWL (extracorporeal shockwave lithotripsy)
 - The index does not usually include eponyms (i.e., McBride, Billroth, Maze etc.)
 - Example exception: Roux-en-Y operation (bypass)

hcpro | boot camps

12

ICD-10-PCS – Coding Conventions

- Highlights
 - The purpose of the alphabetic index is to locate the appropriate table that contains all information necessary to construct a procedure code.
 - The PCS tables should always be consulted to find the most appropriate valid code.
 - It is not required to consult the index first before proceeding to the tables to complete the code. A valid code may be chosen directly from the tables.
 - This is a whole different philosophy for coders!

13

ICD-10-PCS – Tables

- ICD-10-PCS tables
 - The tabular listing is formatted as a grid with rows and columns that can be used to obtain the complete code
 - The columns in the grid specify the last characters of the procedure, and the rows specify the allowable combinations of the last four characters

14

ICD-10-PCS – Coding Conventions

- Highlights
 - Many of the terms used to construct PCS codes are defined within the system
 - It is the coder's responsibility to determine what the documentation in the medical record equates to in the PCS definitions
 - The physician is not expected to use the terms used in PCS code descriptions, nor is the coder required to query the physician when the correlation between the documentation and the defined PCS terms is clear
 - For example: If a physician documents a total pancreatectomy, it is not necessary to query to assign a code for "resection"

15

ICD-10-PCS – Coding Conventions

- Highlights
 - The word "and" when used in a code description means "and/or"

16

ICD-10-PCS – Coding Conventions

- Highlights
 - All seven characters must be specified to be a valid code. If the documentation is incomplete for coding purposes, the physician should be queried for the necessary information.
 - Within a PCS table, valid codes include all combinations of choices in characters 4 through 7 contained in the same row of the table

17

ICD-10-PCS – Coding Conventions

- Example: Open insertion of a clip to close the left atrial appendage – PCS code 02L70CK

<small>0 Medical and Surgical 2 Heart and Great Vessels L Occlusion Completely closing an orifice or the lumen of a tubular body part</small>			
Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
7 Atrium, Left	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	C Extraluminal Device D Intraluminal Device Z No Device	K Left Atrial Appendage
R Pulmonary Artery, Left	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	C Extraluminal Device D Intraluminal Device Z No Device	T Ductus Arteriosus

18

ICD-10-PCS – Organization

- The tables are arranged with numbers first, then letters
 - For example:
 - 025 will come before 02C
 - 00N will come before 0D1

19

ICD-10-PCS – Medical and Surgical

- Coding example:
 - Esophagogastroduodenoscopy (EGD)
 - Process:
 - Can you look up the acronym?
 - What's the objective of the procedure?
 - What's the body part?
 - **0DJ08ZZ**
 - The first three characters can be used to locate the appropriate table

20

ICD-10-PCS – Medical and Surgical

- Character 1
 - Identifies the section
 - E.g., Medical/Surgical procedures (0)
 - Note: Vast majority of procedures in an inpatient setting will be either in section 0 or 1 (Obstetrics)
- Character 2
 - Identifies the 'general' body system the procedure is being performed
 - E.g., GI system (D)
- Character 3
 - Identifies the root operation: the objective of the procedure
 - E.g., inspection (J)

21

ICD-10-PCS – Medical and Surgical

- 4th Character – Body Part
 - Indicates the specific body part the procedure was performed
 - E.g., Upper intestinal tract (0)
- 5th Character – Approach
 - Indicates how the procedure site was reached
 - E.g., Via natural or artificial opening endoscopic (8)
- 6th Character – Device
 - Indicates whether a device was left in place during the procedure (and remains after the procedure is completed)
 - E.g., No device (Z)
- 7th Character – Qualifier
 - Indicates a specific aspect of a particular root operation, most procedures do not have a qualifier
 - E.g., No qualifier (Z)

22

ICD-10-PCS – Root Operations

- ICD-10-PCS introduces the concept of Root Operations
 - Character 3 for most sections will identify the objective of the procedure
 - Composite terms (e.g., colonoscopy, herniorrhaphy) are not root operations
 - In ICD-10-PCS components of a procedure are defined separately by the characters making up the complete code
 - Each root operation has a precise definition
 - See Introduction, PCS Tables, or in Appendices
 - There is a clear distinction between each root operation
 - See Appendix for comparison

23

ICD-10-PCS – Root Operations

- Root Operation character value is selected based on the procedure actually performed, which may or may not be the intended procedure
 - Example: A scheduled right total mastectomy (resection) is converted to a right lumpectomy (excision)
 - Root operation → **Excision**

24

ICD-10-PCS – Root Operations

- If the desired result is not attained after completing a procedure, the root operation is still selected based on the procedure actually performed
 - Example: Physician dilates the right coronary artery via balloon angioplasty. After the angioplasty is completed the physician determines the vessel is insufficiently patent and requires a CABG.
 - Root operation → **Dilation**
 - Note: CABG would be coded as a separate procedure

25

ICD-10-PCS – Medical and Surgical

- Character 3 – Root Operations
 - 31 root operations
 - Root Operations are grouped into 9 categories
 - Procedures that Take out Some or All of a Body Part
 - Procedures that Put in/Put Back or Move Some or All of a Body Part
 - Procedures that Take Out or Eliminate Solid Matter, Fluids, or Gases from a Body Part
 - Procedures that Involve Only Examination of Body Parts/Regions
 - Procedures that Alter the Diameter/Route of a Tubular Body Part
 - Procedures that Always Involve Devices
 - Procedures Involving Cutting/Separation Only
 - Procedures that Define Other Repairs
 - Procedures that Define Other Objectives

26

ICD-10-PCS – Medical and Surgical

- Root Operations
 - That **Take Out** Some or All of A Body Part
 - Extraction (D)
 - Destruction (5)
 - Detachment (6)
 - Excision (B)
 - Resection (T)

27

ICD-10-PCS – Medical and Surgical

- Root Operations
 - **Extraction** – Pulling or stripping out
 - D & C
 - Even though we know the “D” stands for dilation
 - **Destruction** – Eradicating by use of force, energy, or a destructive agent
 - Cautery of skin lesions
 - **Detachment** – Cutting off all or a portion of an extremity
 - Amputations

28

ICD-10-PCS – Medical and Surgical

- Root Operations
 - Excision vs. Resection
 - Excision** – cutting out or off, without replacement, a portion of a body part
 - E.g., lumpectomy
 - Resection** – cutting out or off, without replacement, all of a body part
 - E.g., total mastectomy
 - This can be confusing because “resection” generally means to excise all or part of an organ or structure

If an excision/resection is followed by a Replacement procedure, code both procedures

Except when it is integral to prepare for the Replacement (e.g., Resecting a valve before a valve replacement) <PCS guideline B3.18>

29

ICD-10-PCS – Medical and Surgical

- Root Operations
 - Procedures that involve **putting in or on, putting back, or moving** living body parts
 - Reattachment (M)
 - Reposition (S)
 - Transplantation (Y)
 - Transfer (X)

30

ICD-10-PCS – Medical and Surgical

- Root Operations
 - Reattachment** – Putting back on a body part to its normal location (or other suitable location)
 - Reattachment of ear
 - Reposition** – Moving a body part to its normal location
 - Fracture reduction

31

ICD-10-PCS – Medical and Surgical

- Root Operations
 - Transplantation** – Putting in a living body part taken from another individual (or animal) to take the place of a similar body part
 - Heart transplant
 - Transfer** – Moving, without taking out, a body part to another location to take over the function
 - Skin flap

32

ICD-10-PCS – Medical and Surgical

- Root Operations
 - Procedures that **take out or eliminate solid matter, fluids or gases** from a body part
 - Drainage (9)
 - Extirpation (C)
 - Fragmentation (F)

33

ICD-10-PCS – Medical and Surgical

- Root Operations
 - **Drainage** – Taking or letting fluid/gas out
 - Arthrocentesis

34

ICD-10-PCS – Medical and Surgical

- Root Operations
 - Extirpation vs. fragmentation
 - **Extirpation** – the solid matter is removed; may or may not have previously been broken into pieces.
 - The solid matter may be an abnormal biological byproduct (e.g. calculus) or a foreign body. It may be embedded in the body part or in the lumen of a tubular body part. <ICD-10-PCS Reference Manual>
 - **Fragmentation** – the solid matter is broken into pieces and may either be absorbed or eliminated through normal biological functions.
 - If a patient undergoes fragmentation followed by extirpation only the root operation extirpation would be reported. The code selection of the body part value is based on the location of the stone at the beginning of the procedure. <AHA, Coding Clinic for ICD-10-CM/PCS, Q2, 2015>
 - Example: Lithotripsy followed by basket extraction of a ureteral stone → Extirpation only

35

ICD-10-PCS – Medical and Surgical

- Root Operations
 - Procedures that only involve **examination** of body parts and regions
 - Inspection (J)
 - Map (K)

36

ICD-10-PCS – Medical and Surgical

- Root Operations
 - **Inspection** – Visually or manually explore a body part
 - Diagnostic endoscopy
 - **Map** – Locating the route of passage of electrical impulses
 - Cardiac mapping

37

ICD-10-PCS – Medical and Surgical

- Root Operations
 - Procedures that can be performed only on **tubular** body parts
 - Bypass (1)
 - Dilation (7)
 - Occlusion (L)
 - Restriction (V)

38

ICD-10-PCS – Medical and Surgical

- Root Operations
 - **Bypass** – Altering the route of passage
 - Arteriovenous fistula
 - **Dilation** – Expanding an orifice or lumen
 - PTCA
 - **Occlusion** – Completely closing an orifice or lumen
 - Ligation of fallopian tubes
 - **Restriction** – Partially closing the orifice or lumen
 - Cervical cerclage

39

ICD-10-PCS – Medical and Surgical

- Root Operations
 - Procedures that **always involve devices**
 - Insertion (H)
 - Replacement (R)
 - Supplement (U)
 - Removal (P)
 - Change (Z)
 - Revision (W)

40

ICD-10-PCS – Medical and Surgical

- Root Operations
 - **Insertion** – Putting in a non-biological appliance that monitors, assists, performs or prevents a function but does not physically take the place of the body part
 - Central venous catheters
 - **Replacement** – Putting in a biological or synthetic material to physically take the place of the body part
 - Mitral valve replacement with porcine valve
 - If an excision/resection of a body part is considered integral and preparatory for a replacement procedure the excision/resection is not reported separately. <PCS guideline, B3.18>

41

ICD-10-PCS – Medical and Surgical

- Root Operations
 - **Supplement** – Putting in or on a material that reinforces and/or augments the function of a body part
 - Hernia repair with mesh
 - **Removal** – Taking out or off a device
 - Removal of ET tube
 - Can easily be confused with “-ectomy” procedures like appendectomy – surgical excision or removal of the appendix
 - A total appendectomy is a root operation of “resection”

42

ICD-10-PCS – Medical and Surgical

- Root Operations
 - **Change** – Taking out or off a device and replacing with an identical or similar device without cutting or puncturing the skin or mucous membrane
 - Always involves a device
 - Urinary catheter change
 - Only approach is EXTERNAL
 - **Terminology Caution** – Replacement = replacing body parts, not devices
 - **Revision** – Correcting a previously placed device that is malfunctioning or is displaced
 - Example – Repositioning of a pacemaker lead
 - Revision should not be assigned if the device is taken out and replaced with a new device. A complete re-do of a procedure is coded to the root operation performed. <ICD-10-PCS Reference Manual>

43

ICD-10-PCS – Medical and Surgical

- Root Operations
 - Procedures involving **cutting or separation** only
 - **Division** (8) – Separating, without taking out or draining fluids or gases
 - Osteotomy
 - **Release** (N) – Freeing a body part
 - Adhesiolysis
 - **Terminology caution** - could be confused with destruction because “-lysis” means to cut away or destroy

44

ICD-10-PCS – Medical and Surgical

- Root Operations
 - Procedures involving **other repairs**
 - Control** (3) – Stopping, or attempting to stop, postprocedural bleeding or other acute bleeding
 - Cauterization of post-tonsillectomy bleeding
 - Control of duodenal ulcer bleeding
 - Repair** (Q) – Restoring a body part to its normal structure and function
 - Suture of a laceration
 - Terminology Caution** – the term ‘Repair’ is often used by physicians (e.g. repair of a transvenous lead → “Revision” of device)
 - Repair should only be assigned if the root operation cannot be assigned to any other root operation in the Med/Surg section (NEC) <ICD-10-PCS Reference Manual>

hcpro | boot camps

45

ICD-10-PCS – Medical and Surgical

- Root Operations
 - Procedures with **other objectives**
 - Alteration** (0) – Modifying the natural structure without affecting the function
 - Alteration is assigned when the principal purpose is to improve appearance only <ICD-10-PCS Reference Manual>
 - Breast Augmentation
 - Creation** (4) – Putting in or on a biological or synthetic material to form a new body part that to the extent possible replicates the anatomical structure or function of a body part
 - Gender reassignment
 - Creation of an atrioventricular valve from a common AV valve to repair a congenital anomaly.

hcpro | boot camps

46

ICD-10-PCS – Medical and Surgical

- Root Operations
 - Procedures with other objectives
 - Fusion** (G) – Joining together portions of an articular body part rendering it immobile
 - Arthrodesis (spine, ankle, wrist)

hcpro | boot camps

47

Character 4: Body Part

48

ICD-10-PCS – Medical and Surgical

- Body Part (character 4)
 - Indicates the specific part of the body system on which the procedure was performed (e.g., duodenum)
- ICD-10-PCS contains a Body Part Key
 - Helps with body part selection when the specific body part is not identified at the root operation
 - PCS Body Part Description: Humerus, Distal
 - [Humeral Shaft](#)

49

Tubular Body Parts

- Per ICD-10-PCS, tubular body parts are defined as:
 - Hollow body parts that provide a route of passage for solids, liquids, or gases
 - They include the cardiovascular system, and body parts such as those contained in the gastrointestinal, genitourinary, biliary, and respiratory tracts
- If a procedure is performed on a continuous section of a arterial/venous tubular body part code the body part value that corresponds to the anatomically most proximal site (closest to the heart). <PCS Guidelines, B4.1c>
 - For example – a carotid endarterectomy is performed on a lesion that extends from the common carotid into the internal carotid → Coded to the body part value of the common carotid

50

ICD-10-PCS Guidelines – Body Part

- General Guidelines
 - If a procedure is performed on a portion of a body part that does not have a separate body part value, code the body part value corresponding to the whole body part
 - Example: partial resection of the right coracoid process for osteochondroma
 - PCS Body Part Description: Coracoid process
 - [Scapula \(see body part key\)](#)

51

ICD-10-PCS Guidelines – Body Part

- General Guidelines
 - If the prefix 'peri' is combined with a body part to identify the site of the procedure, the procedure is coded to the body part named
 - Example: Drainage of perirenal abscess
 - PCS Body Part Description:
 - [Kidney \(renal\)](#)

52

ICD-10-PCS Guidelines – Body Part

- Branches of body parts
 - Where a specific branch of a body part does not have its own body part value in PCS, the body part is coded to the closest proximal branch that has a specific body part value
 - Example: Transection of obturator nerve
 - PCS Body Part Description:
 - Nerve, lumbar plexus (see body part key)

53

ICD-10-PCS Guidelines – Body Part

- Bilateral body part values
 - In ICD-10-PCS bilateral body part values are available for a limited number of body parts
 - If the identical procedure is performed on contralateral body parts, and a bilateral body part value exists for that body part, a single procedure is coded using the bilateral body part value
 - Example: Ligation of bilateral fallopian tubes → fallopian tubes, bilateral
 - If no bilateral body part value exists, each procedure is coded separately using appropriate body part value
 - Example: Bilateral total knee replacements → knee, left and knee, right

54

ICD-10-PCS Guidelines – Body Part

- Tendons, ligaments, bursae and fascia near a joint
 - Procedures performed on tendons, ligaments, bursae, and fascia supporting a joint are coded to the body part in the body system that is the focus of the procedure
 - Example: Repair posterior cruciate ligament of the knee → Use knee bursa and ligament body part
 - Procedures performed on joint structures themselves are coded to the body part in the joint body systems
 - Example: Meniscectomy of the knee → knee joint

55

ICD-10-PCS Guidelines – Body Part

- Skin, subcutaneous tissue and fascia overlying a joint
 - If a procedure is performed on the skin, subcutaneous tissue or fascia overlying a joint, code to the following body part:

• Shoulder	→	Upper Arm
• Elbow	→	Lower Arm
• Wrist	→	Lower Arm
• Hip	→	Upper Leg
• Knee	→	Lower Leg
• Ankle	→	Lower Leg

56

ICD-10-PCS Guidelines – Body Part

- Fingers and toes
 - If a body system does not contain a separate body part value for fingers, fingers are coded to the body part value for the hand
 - Example: Excision of finger tendon → hand
 - If a body system does not contain a separate body part value for toes, toes are coded to the body part value for the foot
 - Example: Excision of toe muscle → foot

57

ICD-10-PCS Guidelines – Body Part

- Gastrointestinal body system
 - The general body part values Upper Intestinal Tract and Lower Intestinal Tract are provided as an option for the root operations Change, Inspection, Removal, Revision
 - Upper Intestinal Tract includes the portion of the gastrointestinal tract from the esophagus down to and including the duodenum
 - Example: Insertion of gastrostomy tube → Upper Intestinal Tract
 - Lower Intestinal Tract includes the portion of the gastrointestinal tract from the jejunum down to and including the rectum and anus
 - Example: Change jejunostomy tube → Lower Intestinal Tract

58

Character 5: Approach

59

ICD-10-PCS – Medical and Surgical

- Character 5 – Approach
 - Defines the technique used to reach the site of the procedure
 - See Appendix: Medical and Surgical Approach Definitions

60

ICD-10-PCS – Medical and Surgical

- Approaches
 - 3 major types
 - Through the skin
 - Through an orifice
 - External
 - There are 7 different approaches

61

ICD-10-PCS – Medical and Surgical

- Approaches
 - Through the skin
 - Open – Cutting through the skin/mucous membrane and any other body layers necessary to expose the site of the procedure
 - Example: Total abdominal hysterectomy
 - Percutaneous - Entry, by puncture or minor incision, of instrumentation through the skin/mucous membrane and any other body layers necessary to reach the site of the procedure
 - Example: Needle core biopsy of liver
 - Percutaneous endoscopic – Entry, by puncture or minor incision, of instrumentation through the skin/mucous membrane and any other body layers to reach and visualize the site of the procedure
 - Example: Laparoscopic cholecystectomy

62

ICD-10-PCS – Medical and Surgical

- Approaches
 - Through an orifice
 - Via natural or artificial opening – Entry of instrumentation through a natural or artificial external opening to reach the site of the procedure
 - Example: Endotracheal tube insertion
 - Via natural or artificial opening endoscopic – Entry of instrumentation through a natural or artificial external opening to reach and visualize the site of the procedure
 - Example: Colonoscopy
 - Via natural or artificial opening endoscopic with percutaneous endoscopic assistance –
 - Example: Laparoscopic-assisted vaginal hysterectomy

63

ICD-10-PCS – Medical and Surgical

- Approaches
 - External approach
 - Procedures performed within an orifice on structures that are visible without the aid of any instrumentation are coded to the approach External
 - Example: Tonsillectomy → External approach
 - Procedures performed indirectly by the application of external force through the intervening body layers are coded to the approach External
 - Example: Closed reduction of radial fracture → External approach

64

ICD-10-PCS Guidelines – Approach

- Open approach with percutaneous endoscopic assistance
 - Procedures performed using the open approach with percutaneous endoscopic assistance are coded to the approach Open
 - Laparoscopic-assisted sigmoidectomy → Open approach

65

ICD-10-PCS Guidelines – Approach

- Percutaneous procedure via device
 - Procedures performed percutaneously via a device placed for the procedure are coded to the approach Percutaneous
 - Example: Removal of a kidney stone via nephrostomy tube → Percutaneous approach

66

ICD-10-PCS Guidelines – Approach

- Percutaneous endoscopic approach with extension of incision
 - Extensions of an incision to assist in the Excision/Resection of a body part or to anastomose a tubular body part to complete the procedure are code to the Approach value for Percutaneous Endoscopic
 - Example: Robotic assisted lap prostatectomy w/extension to remove → Percutaneous Endoscopic approach

67

Character 6: Device

68

ICD-10-PCS – Medical and Surgical

- Character 6 – Devices
 - The term “device” refers to only devices that remain after the procedure is completed
 - If no device remains, the device value No Device (Z) is assigned.
 - Materials such as sutures, ligatures, radiological markers and temporary post-operative wound drains are considered integral to the performance of a procedure and are not coded as devices
 - Instruments that describe how a procedure is performed are not specified in the device character
 - Instruments for visualization are specified in the approach character (e.g., cystoscope is via a natural orifice endoscopic)
 - Procedures performed on a device only and not on a body part are specified in the root operations Change, Irrigation, Removal and Revision, and are coded to the procedure performed

69

ICD-10-PCS – Medical and Surgical

- Character 6 – Devices
 - In limited root operations, the classification provides the qualifier values Temporary and Intraoperative, for specific procedures involving clinically significant devices, where the purpose of the device is to be utilized for a brief duration during the procedure or current inpatient stay.

Section	0	Medical and Surgical
Body System	4	Lower Arteries
Operation	L	Occlusion: Completely closing an orifice or the lumen of a tubular body part
0 Abdominal Aorta	3 Percutaneous	D Intraluminal Device
		J Temporary
		Z No Qualifier

70

ICD-10-PCS – Medical and Surgical

- Devices
 - There are 4 types of devices:
 - Grafts and Prostheses
 - Example: Coronary artery bypass graft
 - Implants
 - Example: Total shoulder joint replacement
 - Simple/Mechanical Appliances
 - Example: Internal Fixation
 - Electronic Appliances
 - Example: Pacemaker

71

ICD-10-PCS – Medical and Surgical

- Devices
 - Specific device values
 - Some root operations identify a specific type of device
 - Example: Insertion of transvenous pacemaker lead into the right atrium
 - 02H6-
 - Device character value: (J) Cardiac lead pacemaker
 - Some root operations identify a broad (general) range of devices
 - Example: Removal of pacemaker lead from the right atrium
 - 02PA-
 - Device character value: (M) Cardiac lead

72

ICD-10-PCS – Medical and Surgical

- Devices
 - ICD-10-PCS contains a PCS Device Key
 - Crosswalks common device terms to the PCS Description
 - Example: BAK/C Interbody Cervical Fusion System
 - Per Device Key: Interbody Fusion Device in Upper Joints

73

ICD-10-PCS – Medical and Surgical

- Devices
 - ICD-10-PCS also contains an Aggregation Table
 - Crosswalks the 'specific' device character values to the 'general' device character value for those root operations that represent a broad range of procedures/general operations
 - Example: Revision of an intramedullary nail in the left femoral shaft
 - 0QW9-
 - Device character value: 4, Internal Fixation Device (Per Device Key)

74

ICD-10-PCS – Medical and Surgical

- Devices
 - If the objective of the procedure is to:
 - Put in a device, the root operation is . . .
 - Insertion
 - If the device is placed to meet an objective other than Insertion the root operation defining the objective of the procedure is used
 - Example: Total knee arthroplasty
 - The root operation is Replacement
 - The objective of the procedure is to 'replace' the diseased, non-functioning joint
 - The prosthetic type of device is captured in the device character value

75

ICD-10-PCS – Medical and Surgical

- Devices
 - Other Device
 - ICD-10-PCS contains a character value option for *Other Device* to help capture new devices as they are developed
 - Provided as a temporary character value option until a specific device value is added to the body system
 - Example – PCS Table 0H2-

76

ICD-10-PCS Guidelines – Device

- Drainage device
 - A separate procedure to put in a drainage device is coded to the root operation Drainage with the device value Drainage Device
 - Example – 0H9-
 - Device character – (0) = Drainage Device

77

Character 7: Qualifier

78

ICD-10-PCS – Qualifiers

- Character 7 - Qualifiers
 - Contain unique values for individual procedures
 - Adds specificity where required
 - Examples of qualifiers
 - Type of transplant
 - Allogenic, syngeneic, zooplasmic,
 - Source of transfusion
 - Autologous, nonautologous
 - Second site for a bypass
 - Identification of a procedure performed for "Diagnostic" purposes

79

ICD-10-PCS – Multiple Procedures Guidelines

- Multiple procedures
 - A code is assigned for each procedure if:
 - Same root operation is performed on different body part values
 - Coding Example: Open resection of right and left upper lung lobes
 - 0BTC0ZZ – Right upper lung lobe
 - 0BTG0ZZ – Left upper lung lobe

80

ICD-10-PCS – Multiple Procedures Guidelines

- Multiple procedures
 - A code is assigned for each procedure if:
 - Same root operation is performed at different body sites that are included in the same body part value
 - Coding Example: Open excision of the right deltoid muscle and teres minor muscle, nondiagnostic
 - 0KB50ZZ
 - 0KB50ZZ
 - Both are considered Muscle, shoulder – See Body Part Key
 - The code would be reported two times

hcpro | boot camps

81

ICD-10-PCS – Multiple Procedures Guidelines

- Multiple procedures
 - A code is assigned for each procedure if:
 - Multiple root operations with distinct objectives are performed on the same body part
 - Example: Destruction of a lesion of the ascending colon and bypass of ascending colon
 - PCS table – OD5 (“5” as the third character identifies destruction)
 - PCS table – OD1 (“1” as the third character identifies bypass)

hcpro | boot camps

82

ICD-10-PCS – Multiple Procedures Guidelines

- Multiple procedures
 - A code is assigned for each procedure if:
 - A procedure is intended to be one approach and ends up being converted to another
 - Coding Example: Laparoscopic converted to an open cholecystectomy
 - 0FT40ZZ
 - 0FJ44ZZ
 - Coded as percutaneous endoscopic inspection and open resection

hcpro | boot camps

83

hcpro | boot camps

84