Best of AHA Coding Clinic for ICD-10-PCS

Wednesday, September 17, 2014
12:00 – 1:00pm CST

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Overview

- Excision vs. resection of remaining ovarian remnant
- Repair perineal obstetric laceration
- Endoscopic banding of esophageal varices
- Injection of sclerosing agent into esophageal varix
- Minimally invasive surgical approaches
- Total hysterectomy
- Endovascular embolization for G.I. bleeding
- Endovascular aneurysm repair
- Repair of aneurysm and pseudoaneurysms
- Endovascular repair of endoleak
- Pharmacomechanical thrombolysis
- Lithotripsy
- Lumbar tap/aspiration
- Dermal regenerative grafts
- Composite grafting
- Excision of polyp of ileal loop urinary diversion

Gretchen Young-Charles, RHIA
Senior Coding Consultant
Excision vs. Resection of Ovarian Remnant

• Partial removal of ovary years ago, now having remaining portion of ovary removed.

  – Resection vs. Excision
    • 0UT00ZZ, Resection of right ovary, open approach

*Coding Clinic, First Quarter 2013, page 24*

Excision vs. Resection of Ovarian Remnant (cont.)

• Resection: Cutting out or off, without replacement, all of a body part.
• Excision: Cutting out or off, without replacement, a portion of a body part
Excision vs. Resection of Ovarian Remnant (cont.)

- Official Coding Guideline:
  - Excision vs. Resection: PCS contains specific body parts for anatomical subdivisions of a body part, such as lobes of the lungs or liver and regions of the intestine. Resection of the specific body part is coded whenever all of the body part is cut out or off, rather than coding Excision of a less specific body part.
  - Example: Left upper lung lobectomy is coded to Resection of Upper Lung Lobe, Left rather than Excision of Lung, Left.

Repair of Perineal Obstetric Laceration

- Patient suffered second degree perineum laceration. Repair involved suturing of muscle. How is this coded?
  - Assign code 0KQM0ZZ, Repair perineum muscle, open approach

*Coding Clinic, Fourth Quarter 2013, page 120*
Repair of Perineal Obstetric Laceration (cont.)

• Second degree perineum lacerations:
  — Involves:
    • Vaginal tissue
    • Underlying tissue
    • Pelvic floor muscles
  — Requires stitches

• ICD-10-PCS Official Coding Guideline B3.5:
  — Overlapping body layers: If the root operations Excision, Repair or Inspection are performed on overlapping layers of the musculoskeletal system, the body part specifying the deepest layer is coded.
Repair of Perineal Obstetric Laceration  
(cont.)

• Approach
  – Open: Cutting through the skin or mucous membrane and any other body layers necessary to expose the site of the procedure.
    • The laceration has cut through the external body layers exposing the muscle.

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Endoscopic Banding of Esophageal Varices

• Patient presents for EGD and found to have esophageal varices. Ligation of varices was performed using bands placed via a band ligation device. What is the appropriate body part: GI system or lower veins?
  – Assign code 06L34CZ, Occlusion of esophageal vein with extraluminal device, percutaneous endoscopic approach

_Coding Clinic, Fourth Quarter 2013, pages 112-113_
Endoscopic Banding of Esophageal Varices (cont.)

- Enlarged veins in the esophagus
- Can spontaneously rupture
- Severe bleeding
- Endoscopic banding:
  - Complete occlusion of blood flow
  - Meets definition of root operation “Occlusion”
  - Lumen of esophageal vein is occluded, not esophagus

Endoscopic Banding of Esophageal Varices (cont.)

- Occlusion: Completely closing an orifice or the lumen of a tubular body part.
  - Can be a natural orifice or artificially created orifice
    - Example: fallopian tube ligation
Injection of Sclerosing Agent into an Esophageal Varix

• What is ICD-10-PCS code for injection of sclerosing agent into an esophageal varix of lower esophagus?
  – Assign code 3E0G8TZ, Introduction of destructive agent into upper GI, via natural or artificial opening endoscopic

*Coding Clinic, First Quarter 2013, page 27*

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Injection of Sclerosing Agent into an Esophageal Varix (cont.)

• Sclerotherapy for esophageal varices: Injection of a sclerosing solution into veins.
  – When injected into the veins, it causes blood clots to form and stops the bleeding.
  – When injected into the area beside the distended vein, it thickens and swells the vein to compress the blood vessel.
Injection of Sclerosing Agent into an Esophageal Varix (cont.)

• Introduction vs. Destruction
  – Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products.
    – Example: Infusion of chemotherapy
  – Destruction: Physical eradication of all or a portion of a body part by the direct use of energy, for or a destructive agent.
    – Example: Cautery of skin lesion

Minimally Invasive Surgical Approaches

• Does ICD-10-PCS distinguish minimally invasive approaches to surgery?
  – No
  – Refer to definition in ICD-10-PCS to determine approach

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Minimally Invasive Surgical Approaches (cont.)

• Minimally invasive surgery:
  – Small skin incisions
  – Minimizes the damage to human tissue
  – Attempts to leave the body as naturally intact as it was prior to surgery
  – Goal is to achieve a more rapid recovery and lessen post-operative pain

Total Hysterectomy

• Total hysterectomy (open) is documented in the medical record. Is this coded as a resection of the uterus and the cervix?

• Assign codes:
  – 0UT90ZZ, Resection of uterus, open approach
  – 0UTC0ZZ, Resection of cervix, open approach
Total Hysterectomy

- ICD-10-PCS Official Guidelines for Coding and Reporting:
  - “During the same operative episode, multiple procedures are coded if: The same root operation is performed on different body parts as defined by distinct values of the body part character.”
Endovascular Embolization for Hemorrhage

• Method to stop or prevent hemorrhage
  — Occludes (embolizes) arteries or veins via the deployment of catheters or by direct percutaneous puncture of the vessel.
  — Catheter is advanced into the target vessel
  — Embolic agents are injected
  — Blood flow is blocked

Root Operation - “Occlusion”

• Code the root operation “Occlusion” for endovascular embolization when the objective of the procedure is to close off a tubular body part or orifice.
• Featured two questions involving microbead and microcoil embolization to treat bleeding of the inferior mesenteric and colic arteries.

• The following ICD-10-PCS codes should be assigned:
  – 04LB3DZ Occlusion of inferior mesenteric artery with intraluminal device, percutaneous approach
  – 04L73DZ Occlusion of left colic artery with intraluminal device, percutaneous approach

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**Endovascular Aneurysm Repair (EVAR)**

• Abdominal aortic aneurysm is the enlargement and weakening of the aorta, which can rupture and become life threatening.
  – EVAR is a procedure to repair abdominal aortic aneurysms within the vessel without open surgery.
Root Operation “Restriction”

• Defined as partially closing an orifice or the lumen of a tubular body part.
  – The orifice can be a natural orifice or an artificially created orifice.

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• Featured endovascular repair of abdominal aortic aneurysm involving deployment of a stent graft.
  – The following ICD-10-PCS procedure code should be assigned:
    • 04V03DZ Restriction of abdominal aorta with intraluminal device, percutaneous approach
Open Repair of Abdominal Aortic Aneurysm

• The open method is the traditional approach to repair an abdominal aortic aneurysm.
  – Involves placement of a nonautologous graft to replace the weakened and bulging section of the aorta.
  – Aneurysm is excised and the graft is attached to the aorta.

Root Operation “Replacement”

• Replacement is defined as putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part:
  – The body part may have been taken out or replaced, or physically eradicated, or rendered nonfunctional during the “Replacement” procedure.
• Featured a case involving thoracic aortic and transverse arch aneurysm repair using a nonautologous graft, and coronary artery disease treated by coronary artery bypass graft (x1) with a right greater saphenous vein graft and cardiopulmonary bypass.

• The following ICD-10-PCS codes should be assigned:
  – 02RW0KZ Replacement of thoracic aorta with nonautologous tissue substitute, open approach
  – 021009W Bypass coronary artery, one site from aorta with autologous venous tissue, open approach
  – 06BP0ZZ Excision of right greater saphenous vein, open approach
  – 5A1221Z Performance of cardiac output, continuous

Pseudoaneurysm

• Hematoma adjacent to a hole or other disruption of the arterial wall.
  – Caused by the slow leaking of blood into the surrounding tissues.
  – Appears to be a sac, however the blood collection is outside the arterial wall.
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- Patient presents for open repair of femoral artery pseudoaneurysm via suturing.
  - Cut down and suturing of the pseudoaneurysm is coded as “Repair.”
- Assign the following ICD-10-PCS code:
  - 04QK0ZZ Repair right femoral artery, open approach

**Root Operation— “Repair”**

- Repair is defined as restoring, to the extent possible, a body part to its normal anatomic structure and function.
  - Used only when the method to accomplish the repair is not one of the other root operations
Patient presents with pseudoaneurysm as a complication of a previously placed right femoral popliteal bypass graft.
- Stent graft was deployed inside of the existing graft to reinforce it and prevent recurrence of the rupture.

Assign the following ICD-10-PCS codes:
- 04WY37Z Revision of autologous tissue substitute in lower artery, percutaneous approach
- 04UK3JZ Supplement right femoral artery with synthetic substitute, percutaneous approach

Root Operations - “Revision” and “Supplement”

Revision is defined as correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device.

Supplement is defined as putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part.
Endoleak Following Endovascular Repair

• An endoleak is defined as persistent blood flow outside the lumen of the endovascular graft, but within the aneurysm sac or an adjacent vascular segment.
  – Caused by failure of the stent-graft to completely exclude blood flow to the aneurysm sac.

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• Featured a case where a patient, who had previously undergone abdominal aortic aneurysm (AAA) repair using an endovascular graft system, presents for repair of endoleak. An endostaple device was used to attach the stent graft.
• Code “Revision,” since an endostaple was used to reattach the endograft.
• Assigned the following ICD-10-PCS code:
  – 04WY3DZ Revision of intraluminal device in lower artery, percutaneous approach
• Pharmacomechanical thrombolysis of left femoral, popliteal and iliac deep venous thrombosis is currently assigned code 39.79 in ICD-9-CM.
  – GEMs cross-reference the root operations “Restriction” and “Oclusion.”
• Coders should not use the GEMS to assign codes to medical records.
• Extirpation is the appropriate root operation.
  – ICD-10-PCS Reference Manual lists "thrombectomy" as an example of the root operation "Extirpation."

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Nelly Leon-Chisen, RHIA
Director, Coding and Classification
Lithotripsy: Fragmentation and Extirpation

- Fragmentation: Breaking solid matter in a body part into pieces
  - Physical force (e.g., manual, ultrasonic) applied directly or indirectly is used to break the solid matter into pieces. The solid matter may be an abnormal byproduct of a biological function or a foreign body. The pieces of solid matter are not taken out.

Lithotripsy: Fragmentation and Extirpation (cont.)

- Extirpation: Taking or cutting out solid matter from a body part
  - The solid matter may be an abnormal byproduct of a biological function or a foreign body; it may be imbedded in a body part or in the lumen of a tubular body part. The solid matter may or may not have been previously broken into pieces.
Lithotripsy Procedure

• Requires determining whether fragments were removed or not.
• Example:
  – 0TC68ZZ Extirpation of matter from right ureter, via natural or artificial opening endoscopic
  – Fragmentation not coded separately—inherent to the extirpation
• ICD-10-PCS Index:
  – Lithotripsy
  – see Fragmentation
  – with removal of fragments see Extirpation

Diagnostic Lumbar Tap

• Root operation: Drainage
• Body part: Spinal canal
• 009U3ZX Drainage of spinal canal, percutaneous approach, diagnostic
Aspiration via Lumbar Drain Port

• Body part: Spinal canal
• Approach: Percutaneous
• Procedure may be therapeutic or diagnostic
• Qualifier is dependent on objective of procedure:
  – “X” for diagnostic
  – “Z” for therapeutic

Aspiration via Lumbar Drain Port (cont.)

• ICD-10-PCS Guideline B3.4a
  – Current version: The qualifier Diagnostic is used only for biopsies.
  – Next version: Will be revised, so that qualifier “X” may be used whenever the objective of the procedure is diagnostic.

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Skin Substitutes – Dermal Regenerative Grafts

• Acellular dermal replacement described as human tissue derived with the cellular DNA material removed.
• Skin substitute products, such as Integra and Dermagraft, are biologically derived.
  – Assign device value indicating “nonautologous tissue substitute.”

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Composite Grafting

• Case Scenario
  – Patient with left buccal intraoral lymphatic malformation, underwent excision of the lesion, and grafting with Oasis® acellular matrix (porcine derived).
  • OCR4XKZ Replacement of buccal mucosa with nonautologous tissue substitute, external approach
Composite Grafting (cont.)

• If the material used is derived from a living or biologic basis, code as “nonautologous tissue substitute;” otherwise it is considered synthetic.

• If living or biologic material is mixed with synthetic material, code as “nonautologous tissue substitute.”

• If two separate products are used, (synthetic and biologic), code both separately.

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Excision Polyp Ileal Loop Urinary Diversion

• Case scenario
  – Past history: Carcinoma of the bladder and kidney, ileal loop urinary diversion
  – Presents with calcified polyp within ileal loop conduit
  – Ileoscopy of right ileal loop urinary diversion and excision of the polyp with cauterization at the base of the polyp performed.
Excision Polyp Ileal Loop Urinary Diversion (cont.)

- Past surgery: Ileal loop urinary diversion
  - Current surgery performed on small intestine now functioning as an artificial bladder
- ICD-10-PCS body part: Bladder
- 0TBB8ZZ Excision of bladder via natural or artificial opening endoscopic

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Thank you for your interest and participation.

Nelly Leon-Chisen, RHIA
Program Chairperson
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AHA Central Office

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