Review of the ICD-10-PCS Official Coding Guidelines

Wednesday, December 3, 2014
12:00 – 1:00pm CST

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“Housekeeping” Instructions

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Objectives

• Learn the General ICD-10-PCS Coding Guidelines
• Understand the ICD-10-PCS Coding Guidelines for the Medical and Surgical Section including:
  – Body system guidelines
  – Root operation guidelines
  – Body part guidelines
  – Approach guidelines
  – Device guidelines
• Understand the Obstetrics Section Guidelines

Guideline Organization

A. Conventions

B. Medical and Surgical section guidelines
  2. Body system guidelines
  3. Root operation guidelines
  4. Body part guidelines
  5. Approach guidelines
  6. Device guidelines

C. Obstetrics Section Guidelines
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.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section</td>
<td>Root</td>
<td>Operation</td>
<td>Approach</td>
<td>Device</td>
<td>Qualifier</td>
<td></td>
</tr>
</tbody>
</table>

Conventions: A2

One of 34 possible values can be assigned to each axis of classification in the seven-character code: they are the numbers 0 through 9 and the alphabet (except I and O because they are easily confused with the numbers 1 and 0). The number of unique values used in an axis of classification differs as needed.

Approach Examples:
0 Open
3 Percutaneous
4 Percutaneous endoscopic
7 Via natural or artificial opening
8 Via natural or artificial opening endoscopic
F Via natural or artificial opening with percutaneous endoscopic assistance
X External
Conventions: 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.

Conventions: 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.

Examples:
- Body part value 0 in Central Nervous System = Brain
  00800ZX Excision of Brain, Open Approach, Diagnostic

- Body part value 0 in Peripheral Nervous Body System = Cervical Plexus
  01800ZX - Excision of Cervical Plexus, Open Approach, Diagnostic
Example:

- **Body part value 0 in Central Nervous System = Brain**
  00B00ZX Excision of Brain, Open Approach, Diagnostic

Example (cont.):

- **Body part value 0 in Peripheral Nervous System = Cervical Plexus**
  01B00ZX - Excision of Cervical Plexus, Open Approach, Diagnostic
Conventions: 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.

Conventions: A6 – A9

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.

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.
Sample Alphabetical Index Entries

Cholecystectomy
see Excision, Gallbladder OFB4
see Resection, Gallbladder OFT4

Cholecystojejunostomy
see Bypass, Hepatobiliary System and Pancreas OF1
see Drainage, Hepatobiliary System and Pancreas OF9

Cholecystopecty
see Repair, Gallbladder OFQ4
see Reposition, Gallbladder OFS4

Cholecystoscopy OFJ44ZZ

Cholecystostomy
see Drainage, Gallbladder OF94
see Bypass, Gallbladder OF14

Sample Alphabetical Index Entries

Resection continued
Eye continued
Right Q8T0XZZ
Eyelid
Lower
Left Q8TR
Right Q8TQ
Upper
Left Q8TP
Right Q8TN
Fallopian Tube
Left OUT6
Right OUT5
Fallopian Tubes, Bilateral OUT7
Femoral Shaft
Left QQT90ZZ
Right QQT80ZZ
Femur
Lower
Left QQT60ZZ
Right QQT60ZZ
Upper
Left QQT70ZZ
Right QQT70ZZ
Fibula
Left QQT90ZZ
Right QQT90ZZ
Gallbladder OPT4

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Sample ICD-10-PCS Table

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Liver</td>
<td>0 Open, 4 Percutaneous Endoscopic</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>1 Liver, Right Lobe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Liver, Left Lobe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gallbladder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Pancreas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Hepatic Duct, Right</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Hepatic Duct, Left</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Cystic Duct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Common Bile Duct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Ampulla of Vater</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Pancreatic Duct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F Pancreatic Duct, Accessory</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ICD-10-PCS – Characters (Med/Surg)

0  F  T  4 4  Z  Z

Section: Medical and Surgical
Body System: Hepatobiliary System and Pancreas
Body Part: Gallbladder
Approach: Percutaneous Endoscopic
Device: No device
Qualifier: No qualifier
Conventions: A10

“And,” when used in a code description, means “and/or.”

Example: Lower Arm and Wrist Muscle means lower arm and/or wrist muscle.

Conventions: A11

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.
Example

- Example: When the physician documents “partial resection” the coder can independently correlate “partial resection” to the root operation Excision without querying the physician for clarification.

Guideline Organization

A. Conventions
B. Medical and Surgical section guidelines
   2. Body system guidelines
   3. Root operation guidelines
   4. Body part guidelines
   5. Approach guidelines
   6. Device guidelines
C. Obstetrics Section Guidelines
Body System: General Guidelines

B2.1a

The procedure codes in the general anatomical regions body systems should only be used when the procedure is performed on an anatomical region rather than a specific body part (e.g., root operations Control and Detachment, drainage of a body cavity) or on the rare occasion when no information is available to support assignment of a code to a specific body part.

Example: Control of postoperative hemorrhage is coded to the root operation Control found in the general anatomical regions body systems.
Clinical Example #1

A patient status post transurethral resection of the prostate is admitted with increasing hematuria. The patient underwent cystoscopy for control of bleeding.

Clinical Example #1 (cont.)

Example:

Body part value R - Genitourinary Tract
0W3R8ZZ, Control bleeding in genitourinary tract, via natural or artificial opening, endoscopic
**Clinical Example #1 — Patient experiences post-operative prostatic hemorrhage.**

- **0W3R8ZZ** Control bleeding in genitourinary tract, via natural or artificial opening endoscopic

---

**Clinical Example #1 (cont.)**

- The following procedure codes for control of prostatic hemorrhage are assigned based on the operative approach:
  - **0W3R0ZZ**, Control bleeding in genitourinary tract, open approach
  - **0W3R3ZZ**, Control bleeding in genitourinary tract, percutaneous approach
  - **0W3R4ZZ**, Control bleeding in genitourinary tract, percutaneous endoscopic approach
  - **0W3R7ZZ**, Control bleeding in genitourinary tract, via natural or artificial opening
Body System General Guidelines
(cont.)

B2.1b
Body systems designated as upper or lower contain body parts located above or below the diaphragm respectively.

Example: Vein body parts above the diaphragm are found in the Upper Veins body system; vein body parts below the diaphragm are found in the Lower Veins body system.

Root Operation: General Guidelines

B3.1a
In order to determine the appropriate root operation, the full definition of the root operation as contained in the PCS Tables must be applied.
Root Operation: General Guidelines (cont.)

B3.1b

Components of a procedure specified in the root operation definition and explanation are not coded separately. Procedural steps necessary to reach the operative site and close the operative site are also not coded separately.

Example: Resection of a joint as part of a joint replacement procedure is included in the root operation definition of Replacement and is not coded separately. Laparotomy performed to reach the site of an open liver biopsy is not coded separately.

Example
Clinical Example #2 – Patient underwent right metal on polyethylene total hip replacement.

- **0SR902Z** Replacement of right hip joint with synthetic substitute, metal on polyethylene, open approach

---

**Clinical Example #2 (cont.)**

<table>
<thead>
<tr>
<th>0</th>
<th>S</th>
<th>R</th>
<th>9</th>
<th>0</th>
<th>2</th>
<th>Z</th>
</tr>
</thead>
</table>

*Body System: Lower Joints*
*Body Part: Hip Joint, Right*
*Root Operation: Replacement*
*Approach: Open*
*Device: Synthetic Substitute, Metal on Polyethylene*
*Qualifier: No Qualifier*

*Example: Body part value 9 – Hip Joint, Right*
*0SR902Z Replacement of right hip joint with synthetic substitute, metal on polyethylene, open approach*
Clinical Example #3- Patient status post right partial hip replacement underwent removal of the old prosthesis, and a total metal on polyethylene hip cemented prosthesis was placed.

- **0SR9029** Replacement of right hip joint with metal on polyethylene synthetic substitute, cemented, open approach
- **0SP90JZ** Removal of synthetic substitute from right hip joint, open approach

– In ICD-10-PCS, both the removal and replacement procedures are coded since the old device was removed.

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Clinical Example #3 (cont.)

Example:

- **Body part value 9 – Hip Joint, Right**
- **0SR9029** Replacement of right hip joint with metal on polyethylene synthetic substitute, cemented, open approach
Clinical Example #3 (cont.)

Example:

Body part value 9 – Hip Joint, Right
0SP90JZ Removal of synthetic substitute from right hip joint, open approach

Root Operation Definitions

• Think about the possible root operation (objective of the procedure):
  – Repair – Restoring to the extent possible, a body part to its normal anatomic structure and function
  – Reposition – Moving to its normal location or other suitable location all or a portion of a body part (note that reduction of a displaced fracture is coded to the root operation Reposition)
  – Insertion – Putting in a non-biological device that monitors, assists, performs or prevents a physiological function but does not physically take the place of a body part (note that putting a pin in a nondisplaced fracture is coded to the root operation Insertion)
Clinical Example #4 - Patient suffered a displaced fracture of the left tibia secondary to blunt trauma and underwent open reduction with internal fixation.

- **0QSH04Z** Reposition left tibia with internal fixation device, open approach

Clinical Example #4 (cont.)

Example: 
Body part value H – Tibia Left  
**0QSH04Z** Reposition left tibia with internal fixation device, open approach
Root Operation Guidelines: Multiple Procedures

B3.2 During the same operative episode, multiple procedures are coded if:

a. The same root operation is performed on different body parts as defined by distinct values of the body part character.

b. The same root operation is repeated at different body sites that are included in the same body part value.

c. Multiple root operations with distinct objectives are performed on the same body part.

d. The intended root operation is attempted using one approach, but is converted to a different approach.

Root Operation Guidelines: Multiple Procedures (cont.)

- The same root operation is performed on different body parts as defined by distinct values of the body part character. Example: Diagnostic Excision of liver and pancreas
Clinical Example #5 - *Patient underwent total laparoscopic abdominal hysterectomy and laparoscopic bilateral salpingo-oophorectomy.*

- **OUT94ZZ** Resection of uterus, percutaneous endoscopic approach
- **OUTC4ZZ** Resection of cervix, percutaneous endoscopic approach
- **OUT24ZZ** Resection of bilateral ovaries, percutaneous endoscopic approach
- **OUT74ZZ** Resection of bilateral fallopian tubes, percutaneous endoscopic approach

**Clinical Example #5 (cont.)**

<table>
<thead>
<tr>
<th>0</th>
<th>U</th>
<th>T</th>
<th>9</th>
<th>4</th>
<th>Z</th>
<th>Z</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section</td>
<td>Root Operation</td>
<td>Approach</td>
<td>Qualifier</td>
<td>Device</td>
<td>No Qualifier</td>
<td></td>
</tr>
<tr>
<td>Medical and Surgical</td>
<td>Resection</td>
<td>Percutaneous Endoscopic</td>
<td></td>
<td>No Device</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body System</td>
<td>Body Part</td>
<td>Uterus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Reproductive System</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example:
*Body part value 9 – Uterus*

**OUT94ZZ** Resection of uterus, percutaneous endoscopic approach

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Clinical Example #5 (cont.)

Example:
Body part value C – Cervix
0UTC4ZZ Resection of cervix, percutaneous endoscopic approach

Example:
Body part value 2 – Ovaries, Bilateral
0UT24ZZ Resection of bilateral ovaries, percutaneous endoscopic approach
Clinical Example #5 (cont.)

Example:

*Body part value 7 – Fallopian Tubes, Bilateral*

0UT74ZZ Resection of bilateral fallopian tubes, percutaneous endoscopic approach

Root Operation Guidelines: Multiple Procedures (cont.)

The same root operation is repeated at different body sites that are included in the same body part value. *Example: Excision of the sartorius muscle and excision of the gracilis muscle.*
Multiple root operations with distinct objectives are performed on the same body part. Example: Destruction of sigmoid lesion and bypass of sigmoid colon are coded separately.

The intended root operation is attempted using one approach, but is converted to a different approach. Example: Laparoscopic cholecystectomy converted to an open cholecystectomy is coded as percutaneous endoscopic Inspection and open Resection.
Example

- Patient presents for planned laparoscopic cholecystectomy for an acute and chronic cholecystitis. Procedure converted to open because dissection was too difficult due to previous abdominal surgery scarring. An open cholecystectomy is then carried out uneventfully.
- The following ICD-10-PCS codes are assigned:
  - 0FT40ZZ Resection of gallbladder, open approach
  - 0FJ44ZZ Inspection of gallbladder, percutaneous endoscopic approach

Root Operation Guidelines: Biopsy Followed by More Definitive Treatment

**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.*
Root Operation Guidelines: Biopsy Followed by More Definitive Treatment (cont.)

- **0HBT3ZX** Excision of right breast, percutaneous approach, diagnostic
- **0HBT0ZZ** Excision of right breast, open approach

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Root Operation Guidelines: Overlapping Body Layers

**B3.5**

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.

*Example: Excisional debridement that includes skin and subcutaneous tissue and muscle is coded to the muscle body part.*

---

**Example**

*Example: Excisional debridement of skin, subcutaneous tissue, and muscle of buttocks.*

- **OKBNOZZ** Excision of right hip muscle, open approach

  Or

- **OKBPOZZ** Excision of left hip muscle, open approach
Previous Coding Clinic Advice

• Assign only a code for the deepest layer of debridement when multiple layers of the same site are debrided.  
  Coding Clinic, First Quarter 1999 Pages: 8-9

• As previously stated, when coding multiple layer debridements of the same site, the coder should assign a code only for the deepest layer of debridement.  
  Coding Clinic, Second Quarter 2005 Pages: 3-4

Root Operation Guidelines: Bypass Procedures

B3.6a

Bypass procedures are coded by identifying the body part bypassed “from” and the body part bypassed “to.” The fourth character body part specifies the body part bypassed from, and the qualifier specifies the body part bypassed to.
Example

Example: Bypass from stomach to jejunum, stomach is the body part and jejunum is the qualifier.

<table>
<thead>
<tr>
<th>Body part</th>
<th>Approach</th>
<th>Device</th>
<th>Operation</th>
<th>Substitution</th>
<th>Tissue Substitute</th>
<th>Synthetic Substitute</th>
<th>Other</th>
<th>Transverse Colostomy</th>
<th>Stoma</th>
<th>Device</th>
<th>Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esophageus, Upper</td>
<td>Open</td>
<td>No</td>
<td>Stomach</td>
<td>Synthetic Substitute</td>
<td>Stomach</td>
<td>Stomach</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Esophageus, Middle</td>
<td>Percutaneous</td>
<td>No</td>
<td>Stomach</td>
<td>Synthetic Substitute</td>
<td>Stomach</td>
<td>Stomach</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Esophageus, Lower</td>
<td>Percutaneous</td>
<td>No</td>
<td>Stomach</td>
<td>Synthetic Substitute</td>
<td>Stomach</td>
<td>Stomach</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach</td>
<td>Percutaneous</td>
<td>No</td>
<td>Stomach</td>
<td>Synthetic Substitute</td>
<td>Stomach</td>
<td>Stomach</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jejunum</td>
<td>Percutaneous</td>
<td>No</td>
<td>Stomach</td>
<td>Synthetic Substitute</td>
<td>Stomach</td>
<td>Stomach</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duodenum</td>
<td>Percutaneous</td>
<td>No</td>
<td>Stomach</td>
<td>Synthetic Substitute</td>
<td>Stomach</td>
<td>Stomach</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jejunum</td>
<td>Percutaneous</td>
<td>No</td>
<td>Stomach</td>
<td>Synthetic Substitute</td>
<td>Stomach</td>
<td>Stomach</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example

Morbid obesity -- admitted for laparoscopic gastric bypass with Roux limb.

- **0D164Z9** Bypass stomach to duodenum, percutaneous endoscopic approach

Or

- **0D164ZA** Bypass stomach to jejunum, percutaneous endoscopic approach

Or

- **0D164ZB** Bypass stomach to ileum, percutaneous endoscopic approach
Root Operation Guidelines: Coronary Bypass

**B3.6b**
Coronary arteries are classified by number of distinct sites treated, rather than number of coronary arteries or anatomic name of a coronary artery (e.g., left anterior descending). Coronary artery bypass procedures are coded differently than other bypass procedures as described in the previous guideline. Rather than identifying the body part bypassed from, the body part identifies the number of coronary artery sites bypassed to, and the qualifier specifies the vessel bypassed from.

---

Example

Example: Aortocoronary artery bypass of one site on the left anterior descending coronary artery and one site on the obtuse marginal coronary artery is classified in the body part axis of classification as two coronary artery sites and the qualifier specifies the aorta as the body part bypassed from.
Root Operation Guidelines: Coronary Bypass - Multiple Arteries

**B3.6c**

If multiple coronary artery sites are bypassed, a separate procedure is coded for each coronary artery site that uses a different device and/or qualifier.

---

**Example**

Example: Aortocoronary artery bypass and internal mammary coronary artery bypass are coded separately.

<table>
<thead>
<tr>
<th>Section</th>
<th>0 Medical and Surgical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body System</td>
<td>2 Heart and Great Vessels</td>
</tr>
<tr>
<td>Operation</td>
<td>1 Bypass: Altering the route of passage of the contents of a tubular body part</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Coronary Artery, One Site</td>
<td>Open</td>
<td>9 Autologous Venous Tissue</td>
<td>3 Coronary Artery</td>
</tr>
<tr>
<td>1 Coronary Artery, Two Sites</td>
<td></td>
<td>A Autologous Arterial Tissue</td>
<td></td>
</tr>
<tr>
<td>2 Coronary Artery, Three Sites</td>
<td></td>
<td>J Synthetic Substitute</td>
<td></td>
</tr>
<tr>
<td>3 Coronary Artery, Four or More Sites</td>
<td></td>
<td>K Nonautologous Tissue Substitute</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8 Internal Mammary, Right</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9 Internal Mammary, Left</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>C Thoracic Artery</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>F Abdominal Artery</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>W Aorta</td>
</tr>
</tbody>
</table>
ICD-10-PCS

- **021109W** Bypass Coronary Artery, two sites to aorta with autologous venous tissue, open approach
  
  Or
  
  - **02110AW** Bypass coronary artery, two sites to aorta with autologous arterial tissue, open approach
  
  Or
  
  - **02110JW** Bypass coronary artery, two sites to aorta with synthetic substitute, open approach
  
  Or
  
  - **02110KW** Bypass coronary artery, two sites to aorta with nonautologous tissue substitute, open approach

**Note:** plus four codes for percutaneous endoscopic approach

---

**Root Operation Guidelines: Control vs. More Definitive Root Operations**

### B3.7

The root operation Control is defined as, “Stopping, or attempting to stop, postprocedural bleeding.” If an attempt to stop postprocedural bleeding is initially unsuccessful, and to stop the bleeding requires performing any of the definitive root operations Bypass, Detachment, Excision, Extraction, Reposition, Replacement, or Resection, then that root operation is coded instead of Control.

*Example:* Resection of spleen to stop postprocedural bleeding is coded to Resection instead of Control.
Root Operation Guidelines: Excision vs. Resection

B3.8

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 lobeectomy is coded to Resection of Upper Lung Lobe, Left rather than Excision of Lung, Left.

Excision vs. Resection

Cutting out or off, without replacement:

• **Excision:**
  – Portion of a body part
  – Qualifier “diagnostic” used to identify biopsy

• **Resection:**
  – All of a body part
  – Any subdivision of a body part that has it’s own body part value.
Example

*Open left upper lung lobectomy OBTG0ZZ*

<table>
<thead>
<tr>
<th>Section</th>
<th>Body System</th>
<th>Operation</th>
<th>Approach</th>
<th>Service</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Medical and Surgical</td>
<td>Resection</td>
<td>Cutting out or off, without replacement all of a body part</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>0</td>
<td>Respiratory System</td>
<td>Upper Lung Lobectomy, Left</td>
<td>Open</td>
<td>Percutaneous Endoscopic</td>
<td></td>
</tr>
</tbody>
</table>

Root Operation Guidelines: Excision for Graft

**B3.9**

If an autograft is obtained from a different body part in order to complete the objective of the procedure, a separate procedure is coded.

*Example: Coronary bypass with excision of saphenous vein graft, excision of saphenous vein is coded separately.*
Example

Example: Right greater saphenous vein graft used to bring blood from aorta to right coronary artery, left coronary artery and left anterior descending artery

- **021209W** Bypass coronary artery, three sites to aorta with autologous venous tissue, open approach

- **06BP0ZZ** Excision of right greater saphenous vein, open approach

Example

Example: Repair of left eyelid laceration with advancement flap and skin graft from right eyelid.

- **08UPX7Z** Supplement left upper eyelid with autologous tissue substitute, external approach

- **08BQXZZ** Excision of right lower eyelid, external approach
Root Operation Guidelines: Fusion Procedures of the Spine

**B3.10a**
The body part coded for a spinal vertebral joint(s) rendered immobile by a spinal fusion procedure is classified by the level of the spine (e.g., thoracic). There are distinct body part values for a single vertebral joint and for multiple vertebral joints at each spinal level.

---

Excerpt from ICD-10-PCS Table

*Example: Body part values specify Lumbar Vertebral Joint, Lumbar Vertebral Joints, 2 or More and Lumbosacral Joint.*
Root Operation Guidelines: Fusion Procedures of the Spine (cont.)

**B3.10b**
If multiple vertebral joints are fused, a separate procedure is coded for each vertebral joint that uses a different device and/or qualifier.

*Example:* Fusion of lumbar vertebral joint, posterior approach, anterior column and fusion of lumbar vertebral joint, posterior approach, posterior column are coded separately.

---

**Example**

- **0SG00Z1** Fusion of lumbar vertebral joint, posterior approach, anterior column, open approach
- **0SG00Z1** Fusion of lumbar vertebral joint, posterior approach, posterior column, open approach

---

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumbar Vertebral Joint</td>
<td>Open</td>
<td>Autogenous Tissue Substitute</td>
<td>Anterior Approach, AnteriorColumn</td>
</tr>
<tr>
<td>1 Lumbar Vertebral Joints, 2 or more</td>
<td>Percutaneous</td>
<td>Interbody Fusion Device</td>
<td>Posterior Approach, PosteriorColumn</td>
</tr>
<tr>
<td>3 Lumbosacral Joint</td>
<td>Percutaneous Endoscopic</td>
<td>Synthetic Substitute</td>
<td>Posterior Approach, AnteriorColumn</td>
</tr>
<tr>
<td>4 Lumbosacral Joint</td>
<td>Use Device</td>
<td>Nontissue Substitute</td>
<td>Posterior Approach, AnteriorColumn</td>
</tr>
</tbody>
</table>
B3.10c
Combinations of devices and materials are often used on a vertebral joint to render the joint immobile. When combinations of devices are used on the same vertebral joint, the device value coded for the procedure is as follows:

• If an interbody fusion device is used to render the joint immobile (alone or containing other material like bone graft), the procedure is coded with the device value Interbody Fusion Device

B3.10c (cont.)
• If bone graft is the only device used to render the joint immobile, the procedure is coded with the device value Nonautologous Tissue Substitute or Autologous Tissue Substitute
• If a mixture of autologous and nonautologous bone graft (with or without biological or synthetic extenders or binders) is used to render the joint immobile, code the procedure with the device value Autologous Tissue Substitute
Root Operation Guidelines: Fusion Procedures of the Spine (cont.)

**B3.10c** (cont.)

- Examples: Fusion of a vertebral joint using a cage style interbody fusion device containing morsellized bone graft is coded to the device Interbody Fusion Device.
- Fusion of a vertebral joint using a bone dowel interbody fusion device made of cadaver bone and packed with a mixture of local morsellized bone and demineralized bone matrix is coded to the device Interbody Fusion Device.
- Fusion of a vertebral joint using both autologous bone graft and bone bank bone graft is coded to the device Autologous Tissue Substitute.

Root Operation Guidelines: Inspection Procedures

**B3.11a**

Inspection of a body part(s) performed in order to achieve the objective of a procedure is not coded separately.

Example: Fiberoptic bronchoscopy performed for irrigation of bronchus, only the irrigation procedure is coded.
Root Operation Guidelines: Inspection Procedures (cont.)

B3.11b
If multiple tubular body parts are inspected, the most distal body part inspected is coded. If multiple non-tubular body parts in a region are inspected, the body part that specifies the entire area inspected is coded.

Examples: Cystoureteroscopy with inspection of bladder and ureters is coded to the ureter body part value. Exploratory laparotomy with general inspection of abdominal contents is coded to the peritoneal cavity body part value.

Root Operation Guidelines: Inspection Procedures (cont.)

B3.11c
When both an inspection procedure and another procedure are performed on the same body part during the same episode, if the inspection procedure is performed using a different approach than the other procedure, the inspection procedure is coded separately.
Examples

- **Endoscopic Inspection of the duodenum is coded separately when open Excision of the duodenum is performed during the same procedural episode.**
  - **0DJ08ZZ** Inspection of upper intestinal tract, via natural or artificial opening endoscopic
  - **0DB90ZX** Excision of duodenum, open approach, diagnostic

- **EGD is not coded separately when a biopsy of the esophagus is performed during the same episode as the EGD.**
  - **0DB58ZX** Excision of esophagus, via natural or artificial opening endoscopic, diagnostic

---

Nelly Leon-Chisen, RHIA
Director, Coding and Classification
Root Operation Guidelines: Occlusion vs. Restriction for Vessel Embolization Procedures

B3.12
If the objective of an embolization procedure is to completely close a vessel, the root operation Occlusion is coded. If the objective of an embolization procedure is to narrow the lumen of a vessel, the root operation Restriction is coded.

Examples:
- Tumor embolization is coded to the root operation Occlusion, because the objective of the procedure is to cut off the blood supply to the vessel.
- Embolization of a cerebral aneurysm is coded to the root operation Restriction, because the objective of the procedure is not to close off the vessel entirely, but to narrow the lumen of the vessel at the site of the aneurysm where it is abnormally wide.

Root Operation Guidelines: Release Procedures

B3.13
In the root operation Release, the body part value coded is the body part being freed and not the tissue being manipulated or cut to free the body part.

Example: Lysis of intestinal adhesions is coded to the specific intestine body part value.
Root Operation Guidelines: Release Procedures vs. Division

B3.14

If the sole objective of the procedure is freeing a body part without cutting the body part, the root operation is Release. If the sole objective of the procedure is separating or transecting a body part, the root operation is Division.

Examples: Freeing a nerve root from surrounding scar tissue to relieve pain is coded to the root operation Release. Severing a nerve root to relieve pain is coded to the root operation Division.

Root Operation Guidelines: Reposition for Fracture Treatment

B3.15

Reduction of a displaced fracture is coded to the root operation Reposition and the application of a cast or splint in conjunction with the Reposition procedure is not coded separately. Treatment of a nondisplaced fracture is coded to the procedure performed.

Examples: Casting of a nondisplaced fracture is coded to the root operation Immobilization in the Placement section.

Putting a pin in a nondisplaced fracture is coded to the root operation Insertion.
Root Operation Guidelines: Transplantation vs. Administration

**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.

Body Part: General Guidelines

**B4.1a**

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:* A procedure performed on the alveolar process of the mandible is coded to the mandible body part.

**B4.1b**

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:* A procedure site identified as perirenal is coded to the kidney body part.
Body Part Guidelines: Branches of Body Parts

B4.2
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: A procedure performed on the mandibular branch of the trigeminal nerve is coded to the trigeminal nerve body part value.

Body Part Guidelines: Bilateral Body Part Values

B4.3
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. If no bilateral body part value exists, each procedure is coded separately using the appropriate body part value.

Examples: The identical procedure performed on both fallopian tubes is coded once using the body part value Fallopian Tube, Bilateral. The identical procedure performed on both knee joints is coded twice using the body part values Knee Joint, Right and Knee Joint, Left.
Example

Example: Laparoscopic bilateral oophorectomy OUT24ZZ

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ovary, Right</td>
<td>Open</td>
<td>4 Percutaneous Endoscopic</td>
<td>No Device</td>
</tr>
<tr>
<td>Ovary, Left</td>
<td>Open</td>
<td>4 Percutaneous Endoscopic</td>
<td>No Device</td>
</tr>
<tr>
<td>Fallopian Tube, Right</td>
<td>Serosal</td>
<td>0 Open</td>
<td>No Device</td>
</tr>
<tr>
<td>Fallopian Tube, Left</td>
<td>Serosal</td>
<td>0 Open</td>
<td>No Device</td>
</tr>
<tr>
<td>Fallopian Tubes, Bilateral</td>
<td>Serosal</td>
<td>0 Open</td>
<td>No Device</td>
</tr>
<tr>
<td>Uterus</td>
<td>Serosal</td>
<td>0 Open</td>
<td>No Device</td>
</tr>
<tr>
<td>Uterine Supporting Structure</td>
<td>Serosal</td>
<td>0 Open</td>
<td>No Device</td>
</tr>
<tr>
<td>Cervix</td>
<td>Serosal</td>
<td>0 Open</td>
<td>No Device</td>
</tr>
<tr>
<td>Vulva</td>
<td>Serosal</td>
<td>0 Open</td>
<td>No Device</td>
</tr>
<tr>
<td>Vagina</td>
<td>Serosal</td>
<td>0 Open</td>
<td>No Device</td>
</tr>
<tr>
<td>Labia</td>
<td>Serosal</td>
<td>0 Open</td>
<td>No Device</td>
</tr>
<tr>
<td>Vestibular Gland</td>
<td>Serosal</td>
<td>0 Open</td>
<td>No Device</td>
</tr>
<tr>
<td>Hymen</td>
<td>Serosal</td>
<td>0 Open</td>
<td>No Device</td>
</tr>
</tbody>
</table>

Example: Bilateral hip replacement, cemented, metal on polyethylene OSR9029, OSRB029

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip Joint, Right</td>
<td>Open</td>
<td>0 Synthetic Substitute, Metal</td>
<td>Cemented</td>
</tr>
<tr>
<td>Hip Joint, Left</td>
<td>Open</td>
<td>0 Synthetic Substitute, Metal on Polyethylene</td>
<td>Uncemented</td>
</tr>
<tr>
<td>3 Synthetic Substitute, Ceramic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Synthetic Substitute, Ceramic on Polyethylene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Synthetic Substitute</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Body Part Guidelines: Coronary Arteries

B4.4

The coronary arteries are classified as a single body part that is further specified by number of sites treated and not by name or number of arteries. Separate body part values are used to specify the number of sites treated when the same procedure is performed on multiple sites in the coronary arteries.

Examples: Angioplasty of two distinct sites in the left anterior descending coronary artery with placement of two stents is coded as Dilation of Coronary Arteries, Two Sites, with Intraluminal Device.

Angioplasty of two distinct sites in the left anterior descending coronary artery, one with stent placed and one without, is coded separately as Dilation of Coronary Artery, One Site with Intraluminal Device, and Dilation of Coronary Artery, One Site with no device.

Body Part Guidelines: Tendons, Ligaments, Bursae and Fascia near a Joint

B4.5

Procedures performed on tendons, ligaments, bursae and fascia supporting a joint are coded to the body part in the respective body system that is the focus of the procedure. Procedures performed on joint structures themselves are coded to the body part in the joint body systems.

Examples: Repair of the anterior cruciate ligament of the knee is coded to the knee bursae and ligament body part in the bursae and ligaments body system. Knee arthroscopy with shaving of articular cartilage is coded to the knee joint body part in the Lower Joints body system.
Body Part Guidelines: Skin, Subcutaneous Tissue and Fascia Overlying a Joint

B4.6
If a procedure is performed on the skin, subcutaneous tissue or fascia overlying a joint, the procedure is coded to the following body part:
- Shoulder is coded to Upper Arm
- Elbow is coded to Lower Arm
- Wrist is coded to Lower Arm
- Hip is coded to Upper Leg
- Knee is coded to Lower Leg
- Ankle is coded to Foot

Body Part Guidelines: Fingers and Toes

B4.7
If a body system does not contain a separate body part value for fingers, procedures performed on the fingers are coded to the body part value for the hand. If a body system does not contain a separate body part value for toes, procedures performed on the toes are coded to the body part value for the foot.

Example: Excision of finger muscle is coded to one of the hand muscle body part values in the Muscles body system.
Body Part Guidelines: Upper and Lower G.I. Tract

**B4.8**

In the 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 and Revision. Upper Intestinal Tract includes the portion of the gastrointestinal tract from the esophagus down to and including the duodenum, and Lower Intestinal Tract includes the portion of the gastrointestinal tract from the jejunum down to and including the rectum and anus.

*Example: In the root operation Change table, change of a device in the jejunum is coded using the body part Lower Intestinal Tract.*

Approach Guidelines: Open Approach with Percutaneous Endoscopic Assistance

**B5.2**

Procedures performed using the open approach with percutaneous endoscopic assistance are coded to the approach Open.

*Example: Laparoscopic-assisted sigmoidectomy is coded to the approach Open.*
Approach Guidelines: External Approach

**B5.3a**

Procedures performed within an orifice on structures that are visible without the aid of any instrumentation are coded to the approach External.

*Example: Resection of tonsils is coded to the approach External.*

---

Approach Guidelines: External Approach

**B5.3b**

Procedures performed indirectly by the application of external force through the intervening body layers are coded to the approach External.

*Example: Closed reduction of fracture is coded to the approach External.*

**Approach Guidelines: Percutaneous Procedure via Device**

**B5.4**

Procedures performed percutaneously via a device placed for the procedure are coded to the approach Percutaneous.

*Example: Fragmentation of kidney stone performed via percutaneous nephrostomy is coded to the approach Percutaneous.*

---

**Open vs. Percutaneous Approach Examples**

Device Guidelines

B6.1a
A device is coded only if a device remains after the procedure is completed. If no device remains, the device value No Device is coded.

B6.1b
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.

B6.1c
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.

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

Obstetric Section Guidelines

Products of Conception

C1
Procedures performed on the products of conception are coded to the Obstetrics section. Procedures performed on the pregnant female other than the products of conception are coded to the appropriate root operation in the Medical and Surgical section.

Example: Amniocentesis is coded to the products of conception body part in the Obstetrics section. Repair of obstetric urethral laceration is coded to the urethra body part in the Medical and Surgical section.
**Obstetric Section Guidelines (cont.)**

**Procedures following delivery or abortion**

**C2**

Procedures performed following a delivery or abortion for curettage of the endometrium or evacuation of retained products of conception are all coded in the Obstetrics section, to the root operation Extraction and the body part Products of Conception, Retained. Diagnostic or therapeutic dilation and curettage performed during times other than the postpartum or post-abortion period are all coded in the Medical and Surgical section, to the root operation Extraction and the body part Endometrium.

---

**Addressing Questions to the Central Office**

Please be sure to read the FAQ section to find out what types of questions we can and cannot answer.

**Changes to AHA Coding Clinic**

The paper version of the AHA Coding Clinic for ICD-10-CM/ICD-10-PCS and HCPCS will be phased out at the end of 2015. Look for more information in the coming months as we announce new ways to access these great resources.
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This serves as verification for your Continuing Education for the AHA Central Office’s webinar Review of the ICD-10-PCS Official Coding Guidelines by Nelly Leon-Chisen, RHIA, Anita Rapier, RHIT, CCS, and Gretchen Young-Charles, RHIA. The webinar was held on December 3, 2014 from 12:00pm – 1:00pm CST.

Retain this verification in your personal file for audit purposes.

Thank you for your interest and participation.

Nelly Leon-Chisen, RHIA
Program Chairperson
American Hospital Association
AHA Central Office

Certificate of Approval

Name

Review of the Official ICD-10-PCS Coding Guidelines

Index #AHAC111120141050A

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