

Chapter 6 – Introduction to ICD-10-PCS Coding

Page 111

Character 1 Section	Character 2 Body System	Character 3 Root Operation	Character 4 Body System Part	Character 5 Duration	Character 6 Function	Character 7 Qualifier
Extracorp. Assist. and Performance	Physiological Systems	Assistance	Cardiac	Continuous	Output	Balloon Pump
5	A	0	2	2	1	0

Page 113

There are many tables in ICD-10-PCS besides the tables used to construct the codes. The appendices in the ICD-10-PCS codebook contain many helpful tables.

Appendix A contains a table that defines all root operations in the ICD-10-PCS codebook. It lists not only the definition, but also an explanation and example(s) for each root operation.

Appendix B contains a comparison table of medical and surgical root operations. The tables are constructed according to the purpose of the root operation. For example, one table indicates all procedures that take out some or all of a body part. It also lists examples:

Appendix C is a body part key. This is a very helpful tool to help match a specific body part to a descriptor in ICD-10-PCS. It is listed in alphabetic order.

Appendix D is a device key and aggregation table. Similar to the body part key, it matches a device to a descriptor in ICD-10-PCS. But there are two tables in the appendix. The first is the match as described previously. The second table

Appendix D is the Device Aggregation Table. This crosswalks specific device character value definitions for specific root operations in a specific body system to the more general device character value to be used when the root operation covers a wide range of body parts and the device character represents an entire family of devices.

Appendix E contains type and type qualifier definitions for Sections B–H. It is like the tables in Appendix A.

Appendix F has the components of the Medical and Surgical approach definitions. These tables indicate the “pieces” that make up an approach. It defines the access location necessary, the method, and type of instrumentation needed to meet the definition for a specific approach in the Medical and Surgical section of ICD-10-PCS. For example, in order to perform an open approach, cutting (method) of the skin or mucous membrane/any other body layers (access location) without instrumentation (types of instrumentation) is necessary.

Appendix G-E contains the character meanings tables. These give an overview of the codes for an entire system in one place. The following example shows the introductory table for the Urinary system. (this is the first sentence on page 6).

The following example shows the introductory table for the Urinary system.

Table 3. Introductory table of values for the medical and surgical section urinary body system (characters 3–7)

0: Medical and Surgical

T: Urinary System

Character 3 Operation	Character 4 Body Part	Character 5 Approach	Character 6 Device	Character 7 Qualifier
1 Bypass	0 Kidney, Right	0 Open	0 Drainage Device	0 Allogeneic
2 Change	1 Kidney, Left	3 Percutaneous	2 Monitoring Device	1 Syngeneic
5 Destruction	2 Kidneys, Bilateral	4 Percutaneous Endoscopic	3 Infusion Device	2 Zooplastic
7 Dilation	3 Kidney Pelvis, Right	7 Via Natural or Artificial Opening	7 Autologous Tissue Substitute	3 Kidney Pelvis, Right
8 Division	4 Kidney Pelvis, Left	8 Via Natural or Artificial Opening Endoscopic	C Extraluminal Device	4 Kidney Pelvis, Left
9 Drainage	5 Kidney	X External	D Intraluminal Device	6 Ureter, Right
B Excision	6 Ureter, Right		J Synthetic Substitute	7 Ureter, Left
C Extirpation	7 Ureter, Left		K Nonautologous Tissue Substitute	8 Colon
D Extraction	8 Ureters, Bilateral		L Artificial Sphincter	9 Colocutaneous
F Fragmentation	9 Ureter		M Stimulator Lead	A Ileum
H Insertion	B Bladder		Y Other Device	B Bladder
J Inspection	C Bladder Neck		Z No Device	C Ileocutaneous
L Occlusion	D Urethra			D Cutaneous
M Reattachment				X Diagnostic
N Release				Z No Qualifier
P Removal				
Q Repair				
R Replacement				
S Reposition				
T Resection				
U Supplement				
V Restriction				
W Revision				
X Transfer				
Y Transplantation				

Table 3

Appendix F contains the substance key. This table provides the substance term and then the corresponding ICD 10 PCS Value. For instance, Seprafilm has an ICD 10 PCS Value as an adhesion barrier.

Appendix G contains Combination Clusters. This table is used for codes that require more than one ICD 10 PCS procedure code for correct reporting. An example is provided for insertion of a cardiac pacemaker lead into a coronary vein. The additional procedures describe the exact location of where the lead is inserted, which is required for correct reporting.

02H40JZ - Insertion of Pacemaker Lead into Coronary Vein, Open Approach

and 02H60JZ Insertion of Pacemaker Lead into Right Atrium, Open Approach

and 02HK0JZ Insertion of Pacemaker Lead into Right Ventricle, Open Approach

and 0JH607Z Insertion of Cardiac Resynchronization Pacemaker Pulse Generator into Chest Subcutaneous Tissue and Fascia, Open Approach

Page 129

Detachment Qualifiers

Body Part	Qualifier Value	Definition
Upper Arm and Upper Leg	0-1	HIGH: Amputation at the proximal portion of the humerus or femur
	1-2	MID: Amputation at the middle portion of the shaft of the humerus or femur
	2-3	LOW: Amputation at the distal portion of the shaft of the humerus or femur

Page 137

Example

A physician performs an endotracheal tube extubation.

The correct code in this scenario is 0BPIXDZ: Removal of a device from the trachea.

0—Medical and Surgical

B—Respiratory System

P—Removal

1—Trachea

X—External

D—Intraluminal Device

Z—No Qualifier

Page 144

Example

A physician performs a D&C of a patient’s endometrium secondary to prolonged heavy bleeding.

The correct code for this scenario is 0UDB7ZZ: ~~Excision~~ Extraction of lining of uterus.

- 0—Medical and Surgical
- U—Female Reproductive System
- D—Extraction
- B—Endometrium
- 7—Via Natural or Artificial Opening
- Z—No Device
- Z—No Qualifier

Page 155

List of Ancillary Sections in ICD-10-PCS

~~Six~~ **Seven** ancillary sections of ICD-10-PCS include procedures such as Imaging, Radiation Oncology, and Rehabilitation.

Section Value	Description
B	Imaging
C	Nuclear Medicine
D	Radiation Oncology
F	Physical Rehabilitation and Diagnostic Audiology
G	Mental Health
H	Substance Abuse Treatment
X	New Technology

Page 165

New Technology - Section X

Section X, New Technology is the section in ICD 10 PCS for codes that uniquely identify procedures requested via the New Technology Application Process, and for codes that capture new technologies not currently classified in ICD 10 PCS.

This section may include codes for medical and surgical procedures, medical and surgical related procedures, or ancillary procedures designated as new technology.

In section X, the seven characters are defined as follows:

First Character: Section (X)

Second Character: Body System

Third Character: Operation

Fourth Character: Body Part

Fifth Character: Approach

Sixth Character: Device/Substance/Technology

Seventh Character: New Technology Group

In this section, the seventh character qualifier is a number or letter that changes each year that new technology codes are added to the system.

Page 167

Chapter 6 Questions

2. Laparoscopic vaginal assisted hysterectomy with bilateral salpingoophrectomy for dysplasia:

- A. 0UT9FZZ
 - B. 0UT9FZZ, 0UT7FZZ, 0UT2FZZ
 - C. 0UT98ZZ
 - D. 0UT90ZZ, 0UT70ZZ
-

Page 168

7. A physician performs a four-vessel autologous (one venous, three arterial, left radial artery free graft, and 2 IM pedicle grafts) coronary bypass on a patient who had a previous CABG two years ago, utilizing the left greater saphenous vein, radial artery and the left and right internal mammary arteries.

Left greater saphenous vein graft, and the left radial artery graft were harvested from patient in open procedures just prior to the CABG procedure. Cardiopulmonary bypass is used during the procedure.

Chapter 7 – CMS and Inpatient Payment Systems

Page 182

These MS-DRGs are divided into three groups: Extensive OR Procedures, Prostatic OR Procedures, and Nonextensive OR Procedures.

Chapter 10 – Business in the Inpatient Facility

Page 216

18. Wrong procedure performed—Certain E Y codes are reported when the wrong procedure is performed.

Chapter 12 – Practice Examination

Page 253

Question 15

I. The patient has a NYHA classification of heart failure **H III** or IV; and has an LVEF less than or equal to 35%; and chronic atrial fibrillation; and LVEF equal to 35%; and QRS duration greater than 120 msec; and is on a stable pharmacologic regimen of digoxin, and the device is approved by the FDA.

Page 259

Case 4

ASSESSMENT/PLAN: The patient is a 33-year-old, gravida 3, para 2-0-0-2, with a **28 38** week and 6 day intrauterine pregnancy with signs, symptoms consistent with active labor. Plan to admit the patient for expectant management. We will proceed with artificial rupture of membranes. The patient plans for epidural. We will notify Anesthesia at the appropriate time.

Chapter Questions – Answers and Rationales

Page 273

Chapter 6

2. **Answer:** B. 0UT9FZZ, 0UT7FZZ, 0UT2FZZ

0UT2FZZ

Section	(0) Medical and Surgical
Body System	(U) Female Reproductive System
Operation	(T) Resection
Body Part	(2) Ovaries, Bilateral
Approach	(F) Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance
Device	(Z) No Device
Qualifier	(Z) No Qualifier

Page 275

6. **Answer:** 0BBTJ0ZZ

Rationale: The root operation of the lobectomy is ~~excision~~ because only a resection because the entirety of the portion of an organ is being removed, and in this case the left lower lobe of the lung is removed completely.

Section	(0) Medical and Surgical
Body System	(B) Respiratory System
Operation	(BT) Excision Resection

Body Part	(J) Lower Lung Lobe, Left
Approach	(0) Open
Device	(Z) No Device
Qualifier	(Z) No Qualifier

7. **Answer:** 0210093, 02100~~AZ~~8, 02100~~AZ~~9, 02100A3, 06BQ0ZZ, ~~03BC0ZZ~~, 5A1221Z

Rationale: There are four vessels bypasses in this procedure and each is done with a separate device and qualifier, so to correctly capture the CABG procedure, four codes are needed. Each arterial graft needs to be correctly captured, along with the venous graft. An Additional codes for the harvesting of the left greater saphenous graft and radial artery grafts for the procedure is are needed. The procedure also required cardiopulmonary bypass reported with 5A1221Z.

02100~~AZ~~8

Section	(0) Medical and Surgical
Body System	(2) Heart and Great Vessels
Operation	(1) Bypass
Body Part	(0) Coronary Artery, One Site
Approach	(0) Open
Device	(AZ) Autologous Arterial Tissue-No Device
Qualifier	(8) Internal Mammary, Right

02100~~AZ~~9

Section	(0) Medical and Surgical
Body System	(2) Heart and Great Vessels
Operation	(1) Bypass
Body Part	(0) Coronary Artery, One Site
Approach	(0) Open
Device	(AZ) Autologous Arterial Tissue No Device
Qualifier	(9) Internal Mammary, Left

03BC0ZZ

Section	(0) Medical and Surgical
Body System	(3) Upper Arteries
Operation	(B) Excision
Body Part	(C) Radial Artery, Left

Approach	(0) Open
Device	(Z) No Device
Qualifier	(Z) No Qualifier

Page 277

8. Answer: 4A023N8, B216YZZ, **B211YZZ**

Rationale: In the ICD-10-PCS, a cardiac catheterization, with no intervention, codes to the root operation measurement which is found in the medicine section of ICD-10-PCS. ~~An~~ Additional codes ~~is~~ **are** needed to report the angiography, and that is reported with a codes from the imaging section, also found in the Medicine section of PCS.

B211YZZ

Section	(B) Imaging
Body System	(2) Heart
Type	(1) Fluoroscopy
Body Part	(1) Coronary Arteries, Multiple
Contrast	(Y) Other Contrast
Qualifier	(Z) None
Qualifier	(Z) None

Page 278

9. Answer: 0270~~4~~**3**ZZ, B210YZZ

Rationale: The root operation of the procedure is dilation, as that is the intent of the procedure. An additional code for the imaging is also reported.

02703**ZZ**

Section	(0) Medical and Surgical
Body System	(2) Heart and Great Vessels
Operation	(7) Dilation
Body Part	(0) Coronary Artery, One Site
Approach	(4 3) Percutaneous Endoscopic
Device	(Z) No Device
Qualifier	(Z) No Qualifier

Practice Examination – Answers and Rationales

Page 287

6. Answer: A. **05HM33Z 02HV33Z**

Rationale: A central venous catheter usually is placed in the subclavian, internal jugular, or femoral vein used to administer fluids and medication, obtain blood, or measure central venous pressure. Central venous catheters can be either tunneled or non-tunneled, but the ports are external to the body and not implanted under the skin. Because the catheter is placed in the **right internal jugular vein superior vena cava** percutaneously, and for infusions, the correct procedure is **05HM33Z 02HV33Z**. An additional code is reported for the guidance with B543ZZA Ultrasonography of Right Jugular Veins, Guidance.

Page 291

23. Diagnoses: S02.0XXA, S06.54X0A, V00.131A

Procedures: 0NS304Z, 00C30ZZ

Rationale: The patient is admitted with a skull fracture and **subdural-epidural** hematoma. To locate the code, look up Fracture/parietal bone (skull), you are directed to code S02.0, and then to the tabular index to check for the remainder of the code. From the tabular index, there are not subcategories to the code, so “X” place holders are used for the 5th and 6th characters, and “A” is used in the 7th character place for this being the “initial encounter.” The patient also has a **subdural epidural** hematoma, which indexes to code S06.54X0A. The sixth character, “0” indicates there was no loss of consciousness. The injury occurred as the result of falling from a skateboard. In the external cause index look up Accident, transport, pedestrian, conveyance, skateboard, which refers you to V00.131A. Verify all codes in the Tabular List.

24. Diagnoses: O70.0, O69.81X0, O99.02, D64.9, Z37.0, **Z3A.38**

Rationale: Patient admitted for induction and delivery. During delivery patient develops a first-degree perineal laceration, which is repaired. The principal diagnosis is O70.0 First-degree perineal laceration with delivery. A nuchal cord entanglement is also documented reported with O69.81X0 Labor and delivery complicated by cord around neck, without compression, single gestation. Anemia is also documented. The code reported is O99.02 Anemia complicating childbirth. There is a note in category O99.0 that indicates to report an additional code for the condition, which is anemia, D64.9. A code is reported to indicate the outcome of delivery, Z37.0 Single live birth, **and Z3A.38 is also reported to indicate the weeks of gestation.**

Page 292

25. Diagnoses: K56.5, K45.0, E03.9, I48.0, J98.11, Z79.01

Procedure: 0DN**S84ZZ**

Rationale: Patient was admitted with abdominal pain due to an adhesive band that caused an internal hernia and obstruction. The patient underwent a lysis of adhesions to free the area. The patient also has hypothyroidism, paroxysmal atrial fibrillation, and atelectasis. The patient is taking Coumadin. The diagnosis codes include: K56.5, K45.0, E03.9, I48.0, J98.11, and Z79.01. The lysis of adhesions was performed laparoscopically, which is reported with 0DN**S84ZZ**. The root operation for lysis is release and the correct body system is gastrointestinal. The physician specified the section of the omentum **was** causing the obstruction. **The PCS guidelines for release procedures indicate that the body part should be coded to the body part freed, in this case the small bowel.** The approach was laparoscopic, so percutaneous endoscopic is indicated. The code mapping is below:



Errata

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0DN84ZZ

Section	(0) Medical and Surgical
Body System	(D) Gastrointestinal System
Operation	(N) Release
Body Part	(S8) Greater Omentum Small Intestine
Approach	(4) Percutaneous Endoscopic
Device	(Z) No Device
Qualifier	(Z) No Qualifier.