

ICD-10-PCS

1. ICD-10-PCS codes: 00HU0MZ, 0JH70BZ, BR17ZZZ

Rationale: One code is assigned for the neurostimulator lead and another for the stimulator generator. The root operation Insertion is coded for both procedures and they both use the open approach. The device value for the lead is M. The device value for the neurostimulator generator is B, Stimulator Generator, Single Array because a single paddle electrode including 16 leads is inserted. Neither code has a qualifier value. The fluoroscopy guidance is coded using the root type Fluoroscopy of the body part value 7, Thoracic spine.

2. ICD-10-PCS codes: 0TY00Z0, 0WPG00Z

Rationale: The root operation Transplantation is used to code the renal transplant from a living, related donor (the father, not stated as an identical twin). The body part value is 0, Kidney, Right because the transplanted organ was placed into position in the patient's right abdomen. The approach was open. There was no device value and the qualifier value is 0, Allogeneic because it was a donor kidney. The root operation Removal is used to code the removal of the peritoneal dialysis catheter. The body part value is G, Peritoneal Cavity in the Anatomical Regions, General body system. The device value is 0, Drainage Device. There is no qualifier value. Question arose whether this is an infusion or drainage device. If considered infusion device, ICD-10-PCS code is: 0WPG03Z.

3. ICD-10-PCS codes: 041K09N, 06BP0ZZ

Rationale: The root operation bypass is used to code this procedure. The body part value is K, Femoral Artery, Right. The approach is open. The device value is 9, Autologous Venous Tissue because the greater saphenous vein was

harvested. The qualifier value is N, Posterior Tibial Artery because that is the artery to which the bypass was created. The root operation Excision is used to code the harvesting of the right greater saphenous vein graft. The body part value is P, Greater Saphenous Vein, Right. The approach was open, and there were no device or qualifier values.

4. ICD-10-PCS codes: 099500Z, 099600Z

Rationale: The root operation Drainage is used to code the placement of a drainage device into the tympanic membrane to drain the middle ear. The ventilation tube is a device placed into the ear to allow air to pass between the external ear and the middle ear. The device value 0, Drainage Device, is used to code the device. The approach is open, and there is no qualifier.

5. ICD-10-PCS code: B41D1ZZ

Rationale: Angiography is coded with the root type Fluoroscopy. There is a body part value that defines the common combination of Aorta and Bilateral Lower Extremity Arteries, which is documented here. The contrast value is 1, Low Osmolar because Omnipaque is low osmolar contrast. There is no 6th or 7th character qualifier.

6. ICD-10-PCS code: 0Y6J0Z2

Rationale: The root operation Detachment is used to code this below-the-knee amputation at mid-shaft of the lower leg. The body system is the Anatomical Regions, Lower Extremities because in the root operation Detachment, all of the layers of many systems are removed; therefore, it is coded to one of the anatomical regions systems. The body part value is J, Lower Leg, Left. The approach is Open and the qualifier is 2, Mid.

7. ICD-10-PCS code: 03170JF

Rationale: The root operation Bypass is used to code this connection between the brachial artery (body part value 7) and the antecubital vein (body part value F, lower arm vein). The brachial artery is the location bypassed from. The device value is J, Synthetic Substitute for the Gore-Tex graft. The approach is open, and the qualifier value is F for the antecubital vein (the location “bypassed to”).

8. ICD-10-PCS codes: 09SM0ZZ, 09BL0ZZ

Rationale: The root operation Reposition is used to code the reposition of the deviated septum. Although cartilage is removed on each side of the septum, the intent of the procedure is to bring the septum back into the midline. Therefore, the root operation Reposition is coded. The body part value M, Nasal Septum is assigned, and the approach is Open. There are no device or qualifier values. The root operation Excision is used to code what is documented as a nasal turbinate resection because the documentation states that the removal was done “in the anterior one third of the inferior turbinate.” The body part value L, Nasal Turbinate is assigned.

9. ICD-10-PCS code: 0YU50JZ

Rationale: The root operation Supplement is used to code this procedure because the inguinal hernia repair is completed with the use of Marlex mesh to supplement the inguinal region. The body part value 5, Inguinal Region, Right is assigned. The approach is Open, and the device value is J, Synthetic Substitute. There is no qualifier.

10. ICD-10-PCS codes: 0DTN0ZZ, 0FB20ZX

Rationale: The root operation Resection is used to code the complete removal of the sigmoid colon, body part value N, Sigmoid Colon. The root operation Excision is used to code

the liver biopsy, body part value 2, Liver, Left Lobe. All procedures were completed using an open approach. None of the procedures had a device value, and the liver biopsy code has a qualifier of X, Diagnostic because it is a biopsy.

11. ICD-10-PCS codes: 0VB07ZX, BV49ZZZ

Rationale: The body part value is 0, Prostate. The approach is 7, Via Natural or Artificial Opening and the qualifier of X, Diagnostic is assigned because this is a biopsy. The digital rectal exam of the prostate (root operation Inspection) is not assigned because a more definitive procedure is performed at the same site. Note: Consult facility policy to determine if a code for intra-operative imaging is to be assigned.

12. ICD-10-PCS codes: 0SRN0JZ, 0LSW0ZZ

Rationale: The root operation Replacement is used to code the metatarsophalangeal joint implant. The excision of the metatarsal head and the base of the proximal phalanx are included in the replacement procedure and not coded separately. The body part value is N, Metatarsal-Phalangeal Joint, Left. The device value is J, Synthetic Substitute. The hammertoe repair is coded to the root operation Reposition because the extensor tendon is repositioned more proximally to allow the toe to relax into position. The body part value W, Foot Tendon, Left is coded. Both procedures used an open approach.

13. ICD-10-PCS code: 0D738ZZ

Rationale: The root operation Dilation is used to code the balloon dilation of the lower esophagus, body part value 3, Esophagus, Lower. The approach is 8, Via Natural or Artificial Opening, Endoscopic. There is no device or qualifier value. The upper endoscopy is not coded separately because this was the approach. In addition, the upper endoscopy would be the root operation Inspection, which is

not coded if a more definitive procedure is performed at the same time.

14. ICD-10-PCS codes: 0TC78ZZ, 0T778DZ, BT131ZZ

Rationale: The root operation Extirpation is used to code the basket extraction of stone fragments. The fragmentation is not coded separately because it is integral to the extirpation. The body part value is also 7, Ureter, Left. The approach value is also 8. There are no device or qualifier values. The root operation, Dilation is used to code the placement of the stent into the left ureter, body part value 7, Ureter, Left. The device value is D, Intraluminal Device, and there is no qualifier. A retrograde pyelogram is performed by injecting contrast material into the ureter to watch the flow of contrast upward (backwards) into the kidney. Fluoroscopy is used to record images. The body part value is 3, Kidneys, Bilateral. The contrast value is 1, Low Osmolar.

15. ICD-10-PCS code: 0B113F4

Rationale: The root operation Bypass is used to code the creation of the new passage between the trachea and the skin using a cricothyroidotomy or cutting into the thyroid cartilage. The body part value is 1, Trachea. The device value is F, Tracheostomy Device, and the qualifier is the location to which the trachea was bypassed, or value 4, Cutaneous.

16. ICD-10-PCS codes: 07B50ZX, 0HBT0ZZ

Rationale: The root operation Excision is used to code both the lymph node biopsy, body part value 5, Lymphatic, Right Axillary and the lumpectomy of the breast, body part value T, Breast, Right. Both procedures are performed using an open approach. There are no device values, and the lymph node biopsy code has a qualifier of X, Diagnostic because it was a biopsy

17. ICD-10-PCS codes: 3E0S33Z, 3E0S3CZ

Rationale: The root operation Introduction is used to code this injection of anti-inflammatory into the epidural space, body part value S, Epidural Space. The approach is 3, Percutaneous. The substance value is 3, Anti-inflammatory. There is no qualifier. The introduction of the local anesthetic is not coded because it is injected only to ease the pain of the anti-inflammatory injection. The Marcaine and Fentanyl are regional anesthesia and are coded separately.

18. ICD-10-PCS code: BT4JZZZ

Rationale: The root operation Ultrasonography is used to code this bilateral renal and bladder ultrasound. The body part value is J, Kidneys and Bladder, because the bladder was also scanned.

19. ICD-10-PCS codes: 0BBC8ZX, 0BB48ZX, 0BC48ZZ

Rationale: The root operation Excision is used to code the transbronchial biopsy (of the lung). The approach is 8, Via Natural or Artificial Opening, Endoscopic. The qualifier is X, Diagnostic because it is a biopsy. The body part value is C, Upper Lung Lobe, Right. The qualifier is X, Diagnostic because it is a biopsy. The root operation Excision is used to code the endobronchial biopsy of body part value 4, Upper Lobe Bronchus, Right. The approach is 8, Via Natural or Artificial Opening, Endoscopic. The qualifier is X, Diagnostic because it is a biopsy. The root operation Extirpation is used to code the removal of the mucus plug from body part value 4, Upper Lobe Bronchus, Right.

20. ICD-10-PCS codes: 0RQV0ZZ, 0RQV0ZZ, 0LQ80ZZ, 0LQ80ZZ, 0LQ80ZZ, 0LQ80ZZ

Rationale: Guideline B3.2b directs the coder to code multiple procedures when the same root operation is repeated at different body sites that are included in the same body part value. Therefore, two codes are required for the repair of the

left metacarpophalangeal joints, 4th digit and 5th digit, and four codes are required for the repair of the hand tendons, 2nd, 3rd, 4th, and 5th digits.

21. ICD-10-PCS: 8E0H30Z Rationale: The root operation Other Procedures and a method of Acupuncture are used to code this procedure. The body region is H, Integumentary System and Breast. The approach is 3, Percutaneous, method is 0, Acupuncture, and there is no qualifier.

22. ICD-10-PCS codes: 0CNX0Z1, 0CDWXZ1, 0CDXXZ0 Rationale: The root operation Release is used to code the surgical exposure of teeth #18 and #31, both lower teeth, body part value X. The approach was open because an incision was required. The qualifier value is 1, Multiple. The root operation Extraction is used to code the removal of teeth #A and #8, upper teeth, body part value W, and lower tooth #32, body part value X. The approach for the extractions is X, External because no incision was required. The qualifier value for the upper teeth is 1, Multiple, and the qualifier value for the lower tooth is 0, Single.

23. ICD-10-PCS code: CB221ZZ

Rationale: SPECT is coded with the root type tomographic nuclear medicine imaging. The body part value is 2, Lungs and Bronchi, and the radionuclide value is 1, Technetium 99m.

24. ICD-10-PCS code: 0QWC34Z

Rationale: The root operation Revision is used to code this trimming of the internal fixation device. Nancy nails are long, curved nails that are placed percutaneous through the femur to draw a fracture together. These nails migrated out of the lower end of the femur and needed to be shortened. The body part value is C, Lower Femur, Left. The approach is 3, Percutaneous and the device value is 4, Internal Fixation Device.

25. ICD-10-PCS codes: 0JB00ZZ, 0N560ZZ, 09U807Z
Rationale: The root operation Excision is used to code the harvesting of the temporalis fascia graft to be used in the Supplement procedure on the tympanic membrane. The body part value for the temporalis fascia is 0, Subcutaneous Tissue and Fascia, Scalp. The approach is open. This is coded based on Guideline B3.9 that states if an autograft is obtained from a different body part in order to complete the objective of the procedure, a separate procedure is coded. The root operation Destruction is used to code the canaloplasty procedure, which is widening the ear canal by destroying extra temporal bone using a cutting burr (the external auditory meatus and canal are located in the temporal bone). This is not the root operation Dilation because the ear canal is not a tubular body part. The root operation Supplement is used to code the tympanoplasty because a graft is used to reinforce the tympanic membrane. The approach is open and the device value is 7, Autologous Tissue Substitute.