PRESENTED BY
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2020 ICD-10-PCS Updates

OCTOBER 2019

Objectives

- Review new FY 2020 ICD-10-PCS codes
- Understand driving forces for new PCS codes
- Create awareness for impactful codes
- Review revised PCS guidelines

- ICD-10-PCS index AND tabular addenda are also available as an appendix at the end of the presentation

FY 2020 Update Summary

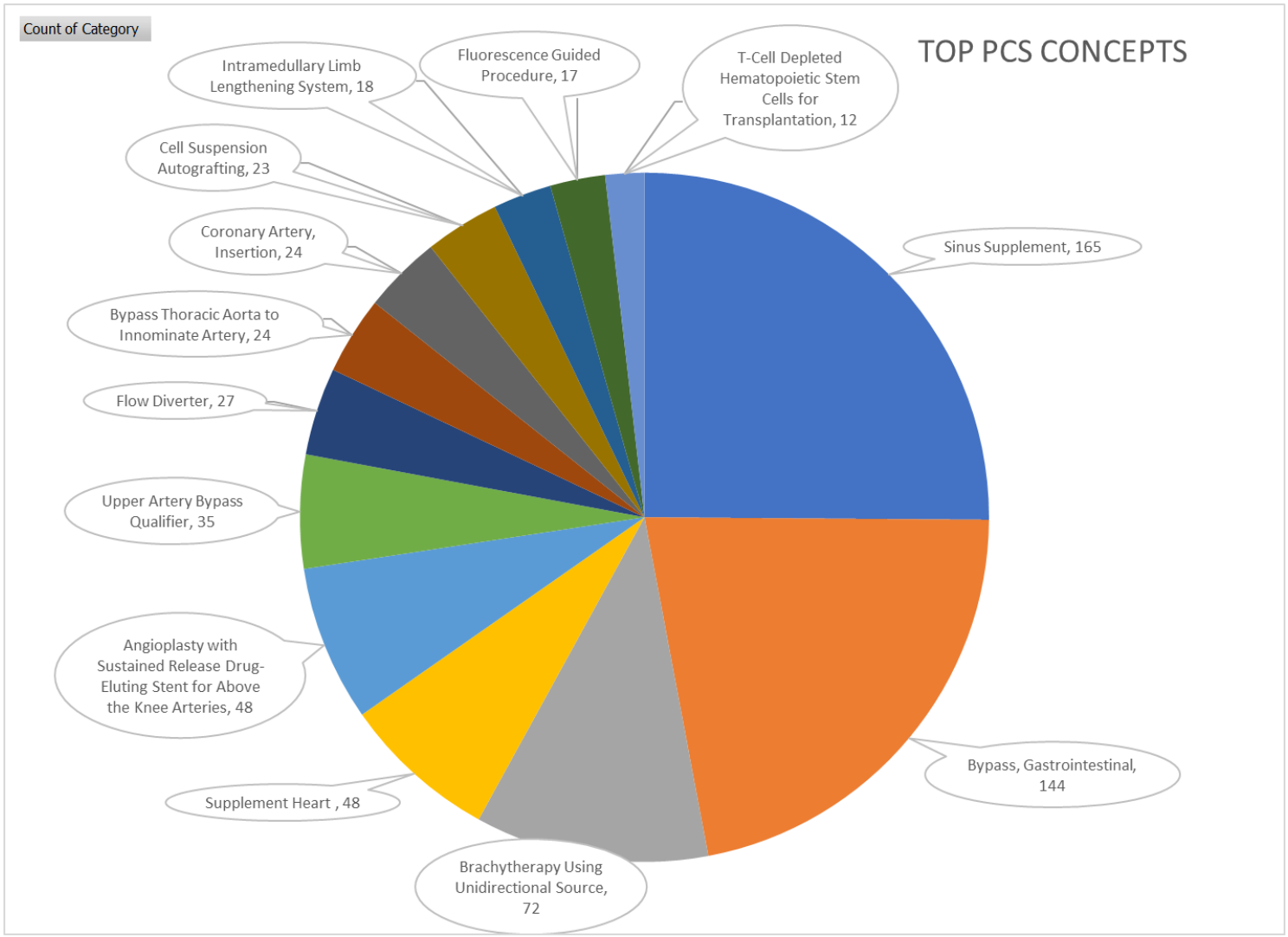
ICD-10-PCS FY 2020 Version

FY 2020 Update Summary

Change Summary Table

2019 Total	New Codes	Revised Titles	Deleted Codes	2020 Total
78,881	734	2	2,056	**77,559**

FY 2020 UPDATE SUMMARY
TOP CONCEPTS



OVER-ARCHING PCS CHANGES

OVER-ARCHING CHANGES: *GROWTH THEMES*

Supplement Procedures

- This change allows the capture of more detail for procedures where additional material is used to reinforce the body part
- 165 New codes were added to supplement table 09U related to sinus body parts
- 48 New codes were added to the Supplement Table 02U related to coronary body part values

Many body part and qualifier values were added to bypass tables

- Solves coding problems for coding many different types of bypass procedures
- 144 codes were added in the GI system,
- 35 codes were added in the upper artery bypass table
- 24 codes were added to Thoracic Aorta to innominate artery bypass table

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OVER-ARCHING CHANGES: *DELETED CODES*

Bifurcation Qualifiers Deleted (Exception Heart and Great Vessels Table)

- 1845 Deleted Codes
- The original proposal for the qualifier Bifurcation was intended to capture data regarding procedures on the coronary arteries.

Deleted Peripheral Artery and Central Artery from Transfusion

- 128 codes due to clinically invalid procedures

Breast Procedures and External Approach

- 83 Codes Deleted
- In the Skin and Breast body system of the Medical and Surgical section, they deleted the approach value X External Approach for the breast body part values
- This change facilitates a clear distinction in the classification, between procedures on the breast and procedures on the skin of the chest. All procedures performed on the skin of the breast will be classified to the body part value 5 Skin, Chest, and will use the External approach

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PCS CHANGES

PCS CHANGES:
BODY PART

EXTRACTION, BREAST

In the Skin and Breast body system of the Medical and Surgical section, they added the breast body part values and the approach value Open, to enable accurate data for non-excisional debridement of breast tissue, beneath the level of the skin.

Section	**0** Medical and Surgical
Body System	**H** Skin and Breast
Operation	**D** Extraction: Pulling or stripping out or off all or a portion of a body part by the use of force

Body Part	*Approach*	*Device*	*Qualifier*
ADD T Breast, Right **ADD U** Breast, Left **ADD V** Breast, Bilateral **ADD Y** Supernumerary Breast	**ADD 0** Open	**Z** No Device	**Z** No Qualifier

Guideline Alert!

Extraction: Added for FY 2020

Overlapping body layers
B3.5
If root operations such as Excision, Extraction, 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.

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PCS CHANGES: *BODY PART*

CORONARY ARTERY BODY PART ADDED TO ROOT OPERATION INSERTION

- Coronary artery body part values to Insertion table 02H
- This change allows the capture of detail for procedures on the coronary arteries such as insertion of a stent into the coronary artery to prevent the risk of coronary obstruction following a prosthetic valve deployment.

Section **0** Medical and Surgical
Body System **2** Heart and Great Vessels
Operation **H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	*Approach*	*Device*	*Qualifier*
ADD 0 Coronary Artery, One Artery **ADD 1** Coronary Artery, Two Arteries **ADD 2** Coronary Artery, Three Arteries **ADD 3** Coronary Artery, Four or More Arteries	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**D** Intraluminal Device **Y** Other Device	**Z** No Qualifier
4 Coronary Vein **6** Atrium, Right **7** Atrium, Left **K** Ventricle, Right **L** Ventricle, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**0** Monitoring Device, Pressure Sensor **2** Monitoring Device **3** Infusion Device **D** Intraluminal Device **J** Cardiac Lead, Pacemaker **K** Cardiac Lead, Defibrillator **M** Cardiac Lead **N** Intracardiac Pacemaker **Y** Other Device	**Z** No Qualifier
A Heart	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Q** Implantable Heart Assist System **Y** Other Device	**Z** No Qualifier
A Heart	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**R** Short-term External Heart Assist System	**J** Intraoperative **S** Biventricular **Z** No Qualifier

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PCS CHANGES: *BODY PART*

CORONARY ARTERY TO ROOT OPERATION SUPPLEMENT

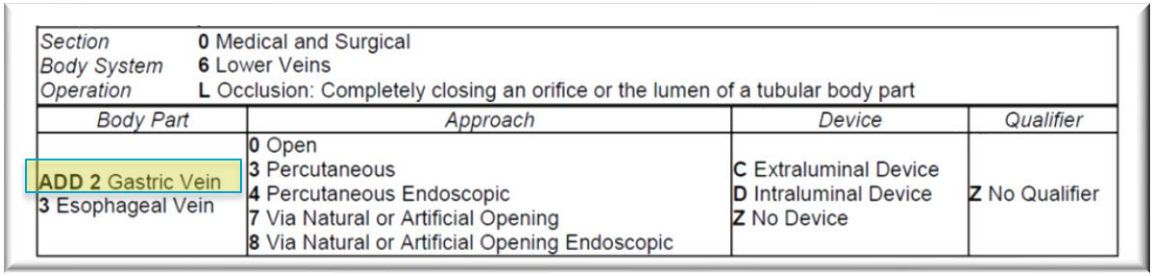
In the Heart and Great Vessels body system of the Medical and Surgical section, the coronary artery body part values were added to to root operation Supplement table 02U, to enable capture of specific detail for a procedure to reinforce or augment coronary arteries, such as a stent graft placed to seal and reinforce a perforated coronary artery status post atherectomy

Section **0** Medical and Surgical
Body System **2** Heart and Great Vessels
Operation **U** Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
ADD 0 Coronary Artery, One Artery **ADD 1** Coronary Artery, Two Arteries **ADD 2** Coronary Artery, Three Arteries **ADD 3** Coronary Artery, Four or More Arteries **5** Atrial Septum **6** Atrium, Right **7** Atrium, Left **9** Chordae Tendineae **A** Heart **D** Papillary Muscle **H** Pulmonary Valve **K** Ventricle, Right **L** Ventricle, Left **M** Ventricular Septum **N** Pericardium **P** Pulmonary Trunk **Q** Pulmonary Artery, Right **R** Pulmonary Artery, Left **S** Pulmonary Vein, Right **T** Pulmonary Vein, Left **V** Superior Vena Cava	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**7** Autologous Tissue Substitute **8** Zooplastic Tissue **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier

PCS CHANGES
BODY PART

TRANSORIFICE OCCLUSION OF GASTRIC VARICES



Section	**0** Medical and Surgical		
Body System	**6** Lower Veins		
Operation	**L** Occlusion: Completely closing an orifice or the lumen of a tubular body part		
Body Part	*Approach*	*Device*	*Qualifier*
ADD 2 Gastric Vein **3** Esophageal Vein	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**C** Extraluminal Device **D** Intraluminal Device **Z** No Device	**Z** No Qualifier

Body value 2 Gastric vein was added to the Occlusion table 06L

This change enables accurate data for transorifice and transorifice endoscopic procedures where occlusion of the gastric vein is performed, such as EGD with ligation of gastric varices. This change is consistent with previous changes made to table for the body part value Esophageal Vein.

PCS CHANGES
BODY PART

SINUS BODY PART TO ROOT OPERATION SUPPLEMENT

The sinus body part values were added to the Supplement table 09U

This change allows the capture of more detail for procedures where additional material is used to reinforce or augment the sinus.

Section **0** Medical and Surgical
Body System **9** Ear, Nose, Sinus
Operation **U** Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 External Ear, Right **1** External Ear, Left **2** External Ear, Bilateral	**0** Open **X** External	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier
5 Middle Ear, Right **6** Middle Ear, Left **9** Auditory Ossicle, Right **A** Auditory Ossicle, Left **D** Inner Ear, Right **E** Inner Ear, Left	**0** Open **8** Via Natural or Artificial Opening Endoscopic	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier
7 Tympanic Membrane, Right **8** Tympanic Membrane, Left **N** Nasopharynx	**0** Open **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier
ADD B Mastoid Sinus, Right **ADD C** Mastoid Sinus, Left **L** Nasal Turbinate **ADD P** Accessory Sinus **ADD Q** Maxillary Sinus, Right **ADD R** Maxillary Sinus, Left **ADD S** Frontal Sinus, Right **ADD T** Frontal Sinus, Left **ADD U** Ethmoid Sinus, Right **ADD V** Ethmoid Sinus, Left **ADD W** Sphenoid Sinus, Right **ADD X** Sphenoid Sinus, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier
K Nasal Mucosa and Soft Tissue	**0** Open **8** Via Natural or Artificial Opening Endoscopic **X** External	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier
M Nasal Septum	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **8** Via Natural or Artificial Opening Endoscopic	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier

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PCS CHANGES
BODY PART

EXTIRPATION OF UPPER AND LOWER JAW

In the General Anatomical Region body system of the Medical and Surgical section, upper and lower jaw body part values were added to the root operation Extirpation

This will allow the capture of an extirpation procedure of the upper and lower jaw such as evacuation of a semisolid hematoma from mandibular and maxillary spaces

Section	**0** Medical and Surgical
Body System	**W** Anatomical Regions, General
Operation	**C** Extirpation: Taking or cutting out solid matter from a body part

Body Part	*Approach*	*Device*	*Qualifier*
1 Cranial Cavity **3** Oral Cavity and Throat **ADD 4** Upper Jaw **ADD 5** Lower Jaw **9** Pleural Cavity, Right **B** Pleural Cavity, Left **C** Mediastinum **D** Pericardial Cavity **G** Peritoneal Cavity **H** Retroperitoneum **J** Pelvic Cavity **P** Gastrointestinal Tract **Q** Respiratory Tract **R** Genitourinary Tract	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**Z** No Qualifier

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PCS CHANGES:
BODY PART/QUALIFIER

BYPASS, GASTROINTESTINAL

In the Gastrointestinal body system of the Medical and Surgical section, they added general body part values 8 Small Intestine and E Large Intestine to Bypass table 0D1, with applicable qualifier values including new general qualifier Small Intestine and new general qualifier Large Intestine, to enable accurate data for bypass procedures where the physician cannot determine the specific anatomical site on the intestine, such as colostomy, in a patient with previous colon resections.

Section	**0** Medical and Surgical
Body System	**D** Gastrointestinal System
Operation	**1** Bypass: Altering the route of passage of the contents of a tubular body part

Body Part	*Approach*	*Device*	*Qualifier*
ADD 8 Small Intestine	**0** Open **4** Percutaneous Endoscopic **8** Via Natural or Artificial Opening Endoscopic	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **Z** No Device	**4** Cutaneous **ADD 8** Small Intestine **H** Cecum **K** Ascending Colon **L** Transverse Colon **M** Descending Colon **N** Sigmoid Colon **P** Rectum **Q** Anus
ADD E Large Intestine	**0** Open **4** Percutaneous Endoscopic **8** Via Natural or Artificial Opening Endoscopic	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **Z** No Device	**4** Cutaneous **ADD E** Large Intestine **P** Rectum

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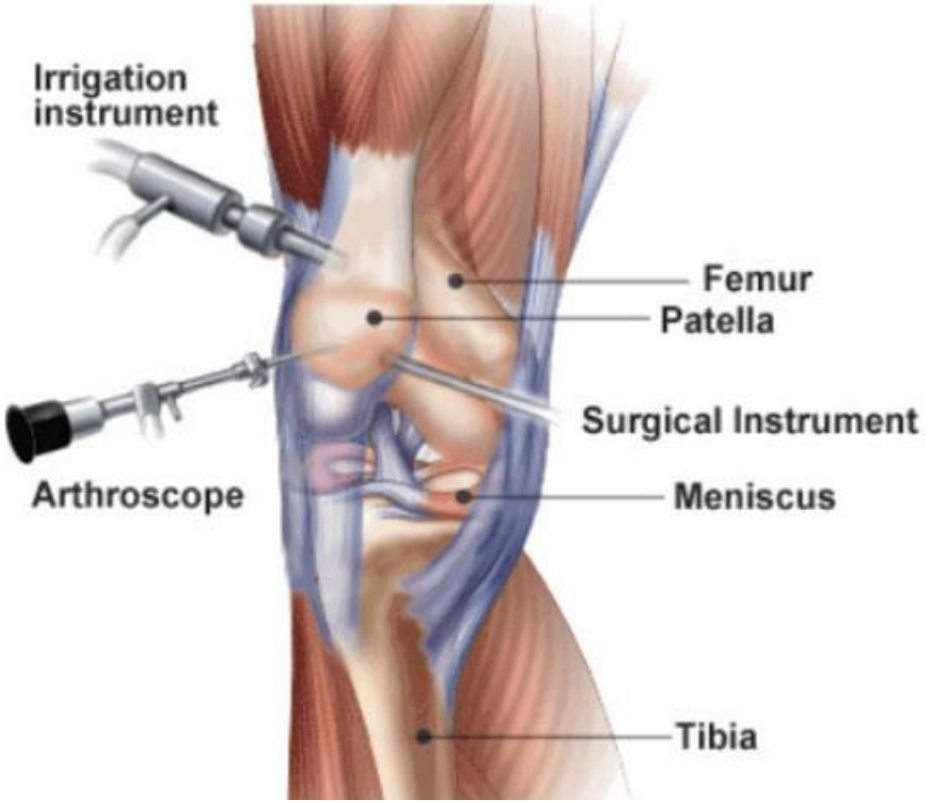
PCS CHANGES: APPROACH

ARTHROSCOPIC IRRIGATION OF JOINTS

Section	**3** Administration
Body System	**E** Physiological Systems and Anatomical Regions
Operation	**1** Irrigation: Putting in or on a cleansing substance

Body System / Region	*Approach*	*Substance*	*Qualifier*
U Joints	~~**3** Percutaneous~~ **ADD 4** Percutaneous Endoscopic	**8** Irrigating Substance	**X** Diagnostic **Z** No Qualifier

In the Administration section, they added the approach value 4 Percutaneous Endoscopic to Irrigation table 3E1, for the axis 4 body system/region value Joints. This change enables accurate data for procedures where arthroscopic irrigation of a joint is the definitive procedure performed.



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PCS CHANGES: *DEVICE*

SUBCUTANEOUS IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (S-ICD) LEAD

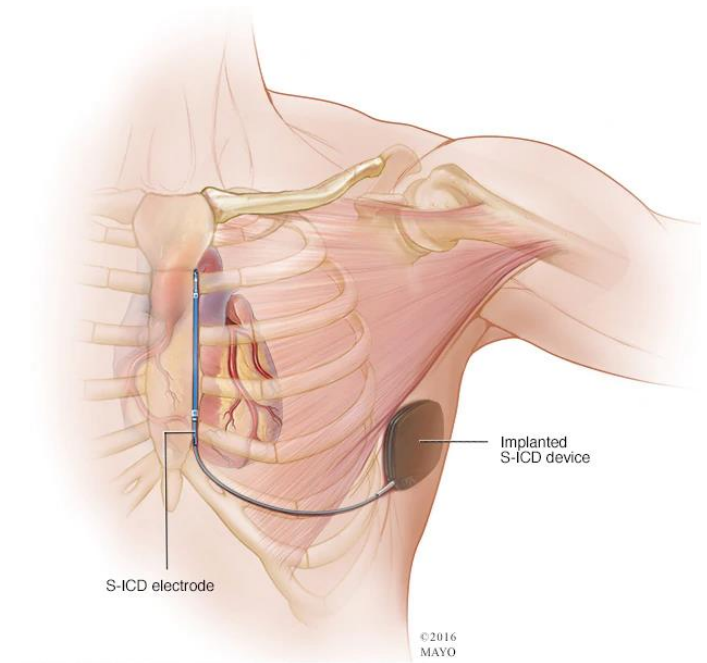
Currently, there is not a unique ICD-10-PCS device value in table 0JH to describe a subcutaneous implantable cardioverter defibrillator (S-ICD) lead.

In tables 0JH, 0JP and 0JW, root operations Insertion, Removal, and Revision, create device value F Subcutaneous Defibrillator Lead, applied to the corresponding chest/trunk body part value and approach values in the table.

[Watch Video here]

Section **0** Medical and Surgical
Body System **J** Subcutaneous Tissue and Fascia
Operation **H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	*Approach*	*Device*	*Qualifier*
6 Subcutaneous Tissue and Fascia, Chest	**0** Open **3** Percutaneous	**0** Monitoring Device, Hemodynamic **2** Monitoring Device **4** Pacemaker, Single Chamber **5** Pacemaker, Single Chamber Rate Responsive **6** Pacemaker, Dual Chamber **7** Cardiac Resynchronization Pacemaker Pulse Generator **8** Defibrillator Generator **9** Cardiac Resynchronization Defibrillator Pulse Generator **A** Contractility Modulation Device **B** Stimulator Generator, Single Array **C** Stimulator Generator, Single Array Rechargeable **D** Stimulator Generator, Multiple Array **E** Stimulator Generator, Multiple Array Rechargeable **ADD F** Subcutaneous Defibrillator Lead **H** Contraceptive Device **M** Stimulator Generator **N** Tissue Expander **P** Cardiac Rhythm Related Device **V** Infusion Device, Pump **W** Vascular Access Device, Totally Implantable **X** Vascular Access Device, Tunneled	**Z** No Qualifier



PCS CHANGES
DEVICE

Section	**0** Medical and Surgical		
Body System	**J** Subcutaneous Tissue and Fascia		
Operation	**P** Removal: Taking out or off a device from a body part		
Body Part	*Approach*	*Device*	*Qualifier*
T Subcutaneous Tissue and Fascia, Trunk	**0** Open **3** Percutaneous	**0** Drainage Device **1** Radioactive Element **2** Monitoring Device **3** Infusion Device ~~**7** Autologous Tissue Substitute~~ **ADD F** Subcutaneous Defibrillator Lead **H** Contraceptive Device **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **M** Stimulator Generator **N** Tissue Expander **P** Cardiac Rhythm Related Device **V** Infusion Device, Pump **W** Vascular Access Device, Totally Implantable **X** Vascular Access Device, Tunneled **Y** Other Device	**Z** No Qualifier

Section	**0** Medical and Surgical		
Body System	**J** Subcutaneous Tissue and Fascia		
Operation	**W** Revision: Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device		
Body Part	*Approach*	*Device*	*Qualifier*
T Subcutaneous Tissue and Fascia, Trunk	**0** Open **3** Percutaneous	**0** Drainage Device **2** Monitoring Device **3** Infusion Device **7** Autologous Tissue Substitute **ADD F** Subcutaneous Defibrillator Lead ~~**H** Contraceptive Device~~ **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **M** Stimulator Generator **N** Tissue Expander **P** Cardiac Rhythm Related Device **V** Infusion Device, Pump **W** Vascular Access Device, Totally Implantable **X** Vascular Access Device, Tunneled **Y** Other Device	**Z** No Qualifier
T Subcutaneous Tissue and Fascia, Trunk	**X** External	**0** Drainage Device **2** Monitoring Device **3** Infusion Device **7** Autologous Tissue Substitute **ADD F** Subcutaneous Defibrillator Lead **H** Contraceptive Device **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **M** Stimulator Generator **N** Tissue Expander **P** Cardiac Rhythm Related Device **V** Infusion Device, Pump **W** Vascular Access Device, Totally Implantable **X** Vascular Access Device, Tunneled	**Z** No Qualifier

SUBCUTANEOUS IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (S-ICD) LEAD (CONT.)

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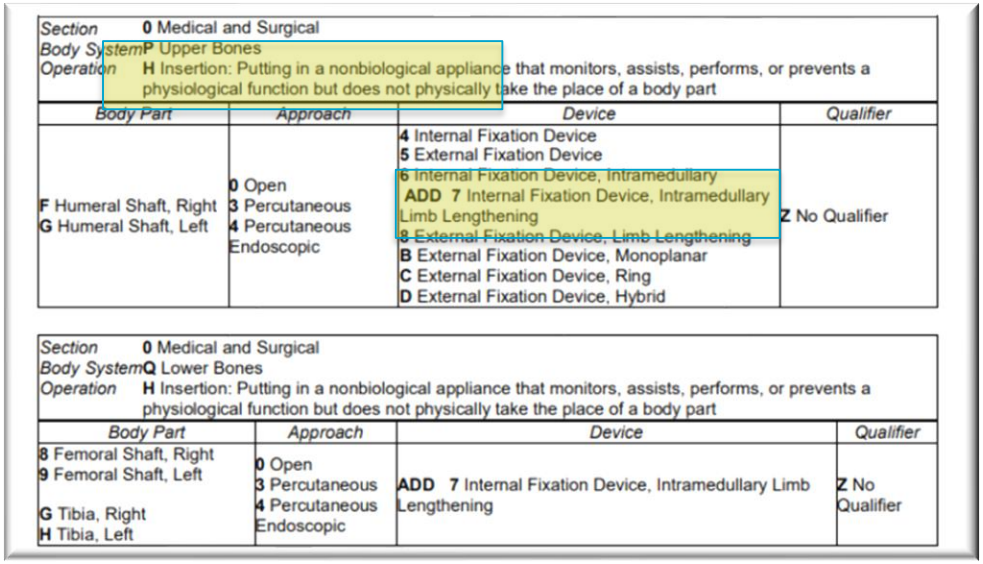
PCS CHANGES: *DEVICE*

INTRAMEDULLARY LIMB LENGTHENING SYSTEM

Limb discrepancy may be congenital, developmental, or result from trauma or bone diseases

Similar to implanting an intramedullary nail but the system has a small magnet that allows the implant to get shorter or longer

Lower risk of infections when compared to external fixation devices



Section	0 Medical and Surgical		
Body System	P Upper Bones		
Operation	H Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part		
Body Part	*Approach*	*Device*	*Qualifier*
F Humeral Shaft, Right G Humeral Shaft, Left	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	4 Internal Fixation Device 5 External Fixation Device 6 Internal Fixation Device, Intramedullary ADD 7 Internal Fixation Device, Intramedullary Limb Lengthening 8 External Fixation Device, Limb Lengthening B External Fixation Device, Monoplanar C External Fixation Device, Ring D External Fixation Device, Hybrid	Z No Qualifier

Section	0 Medical and Surgical		
Body System	Q Lower Bones		
Operation	H Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part		
Body Part	*Approach*	*Device*	*Qualifier*
8 Femoral Shaft, Right 9 Femoral Shaft, Left G Tibia, Right H Tibia, Left	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	ADD 7 Internal Fixation Device, Intramedullary Limb Lengthening	Z No Qualifier

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ICD-10-PCS Value	Definition
Internal Fixation Device, Intramedullary Limb Lengthening for Insertion in Lower Bones	PRECICE intramedullary limb lengthening system
Internal Fixation Device, Intramedullary Limb Lengthening for Insertion in Upper Bones	PRECICE intramedullary limb lengthening system

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PCS CHANGES: *DEVICE*

TREATMENT OF UNRUPTURED INTRACRANIAL ANEURYSM USING FLOW DIVERTER STENT

There is not a unique ICD-10-PCS device value to describe the use of a Flow Diverter stent that is implanted to treat nonruptured intracranial aneurysm

Available Devices classified as Flow Diverters

- Stryker's Surpass Streamline™ Flow Diverter
- The Pipeline™ Flex embolization device (Medtronic)

Section	**0** Medical and Surgical		
Body System	**3** Upper Arteries		
Operation	**V** Restriction: Partially closing an orifice or the lumen of a tubular body part		
Body Part	*Approach*	*Device*	*Qualifier*
G Intracranial Artery **H** Common Carotid Artery, Right **J** Common Carotid Artery, Left **K** Internal Carotid Artery, Right **L** Internal Carotid Artery, Left **M** External Carotid Artery, Right **N** External Carotid Artery, Left **P** Vertebral Artery, Right **Q** Vertebral Artery, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**B** Intraluminal Device, Bioactive **C** Extraluminal Device **D** Intraluminal Device **ADD F** Intraluminal Device, Flow Diverter **Z** No Device	**Z** No Qualifier

Device Key changes have been made related to the entry related to the Pipeline™ Embolization Device

ICD-10-PCS Value	Definition
Intraluminal Device, Endotracheal Airway in Respiratory System	**Includes:** Endotracheal tube (cuffed)(double-lumen)
Intraluminal Device, Flow Diverter for Restriction in Upper Arteries	**Includes:** Flow Diverter embolization device Pipeline(tm) (Flex) embolization device Surpass Streamline(tm) Flow Diverter

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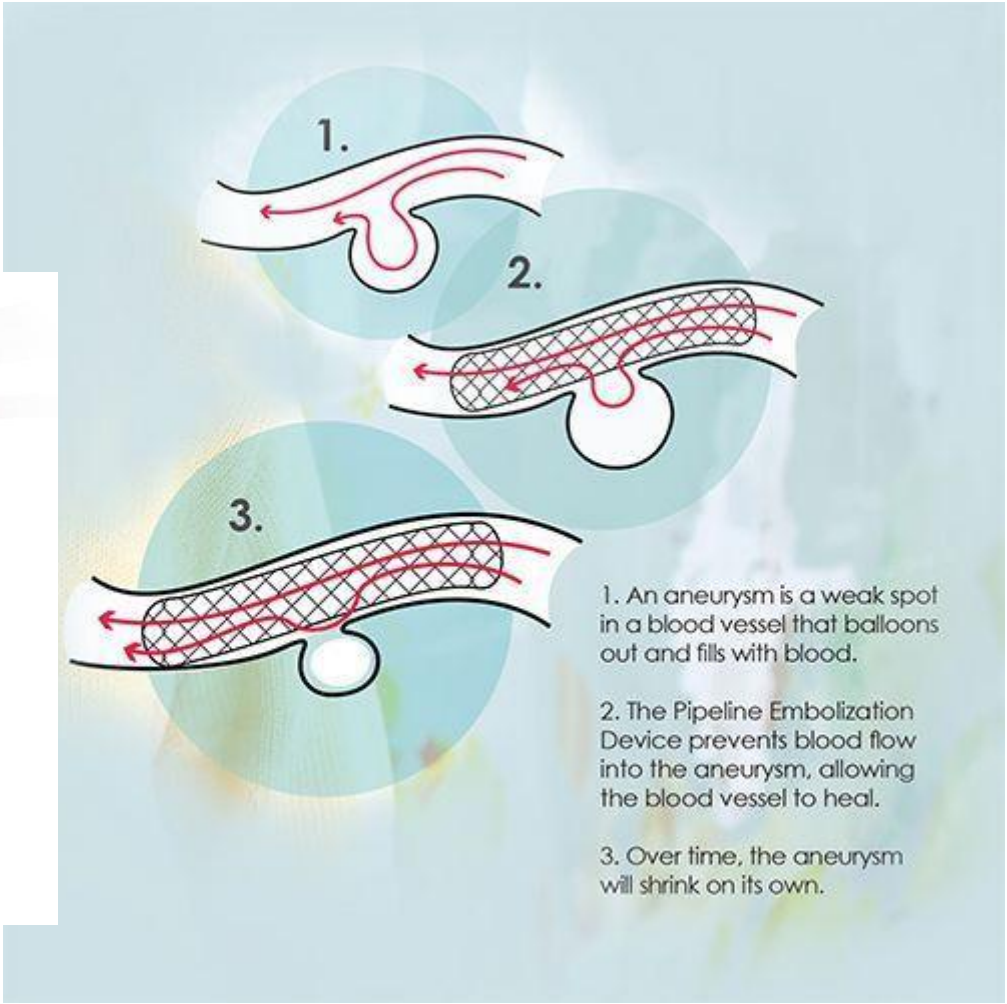
PCS CHANGES:
DEVICE

TREATMENT OF UNRUPTURED INTRACRANIAL ANEURYSM USING FLOW DIVERTER STENT



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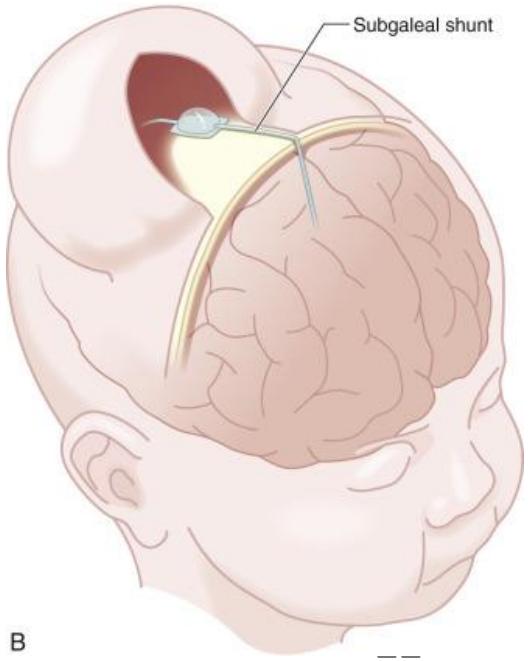
PCS CHANGES: *QUALIFIER*

CEREBRAL VENTRICLE BYPASS QUALIFIER

- New qualifier value Subgaleal Space to the root operation Bypass table 001 for the Cerebral Ventricle body part value.
- This change enables capture of detail for procedures from the cerebral ventricle to the subgaleal space, such as subgaleal shunt placement.

Section	**0** Medical and Surgical
Body System	**0** Central Nervous System and Cranial Nerves
Operation	**1** Bypass: Altering the route of passage of the contents of a tubular body part

Body Part	*Approach*	*Device*	*Qualifier*
6 Cerebral Ventricle	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**0** Nasopharynx **1** Mastoid Sinus **2** Atrium **3** Blood Vessel **4** Pleural Cavity **5** Intestine **6** Peritoneal Cavity **7** Urinary Tract **8** Bone Marrow **ADD A** Subgaleal Space **B** Cerebral Cisterns



PCS CHANGES: *DURATION/QUALIFIER*

EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) FOR CARDIOPULMONARY SUPPORT

Section	**5** Extracorporeal or Systemic Assistance and Performance		
Body System	**A** Physiological Systems		
Operation	**1** Performance: Completely taking over a physiological function by extracorporeal means		
Body System	*Duration*	*Function*	*Qualifier*
5 Circulatory	**2** Continuous **ADD A** Intraprocedural	**2** Oxygenation	**REVISE F** Membrane, Open Central Cannulation **REVISE G** Membrane, Percutaneous Peripheral Veno-arterial Cannulation **REVISE H** Membrane, Percutaneous Peripheral Veno-venous Cannulation **ADD J** Membrane, Open Peripheral Veno-arterial Cannulation **ADD K** Membrane, Open Peripheral Veno-venous Cannulation

New duration value A Intraprocedural was added to the table 5A1 Extracorporeal Performance, applied to the physiological system Circulatory and the function value Oxygenation, to identify ECMO support during a procedure that is discontinued at the end of the procedure

Also they revised existing qualifiers, so they specify the approach used for cannulation, and create two new qualifier values J Membrane, Open Peripheral Veno-arterial Cannulation, and K Membrane, Open Peripheral Venovenous Cannulation.

Current Coding (Prior to 10/1/2019) : ECMO support during a procedure is coded to table 5A1 Extracorporeal Performance using the physiological system value Circulation, the function value Oxygenation, and the appropriate qualifier specifying the method of cannulation.

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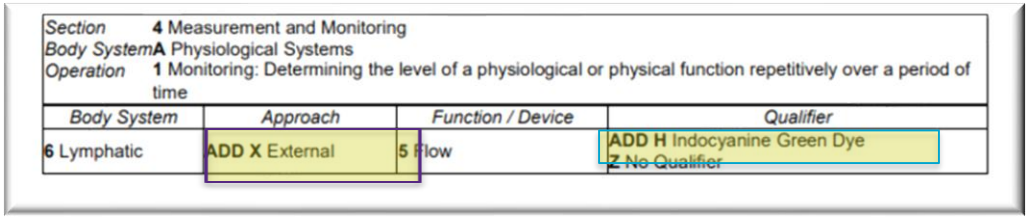
PCS CHANGES: *QUALIFIER/APPROACH*

INTRAOPERATIVE FLUORESCENCE LYMPHATIC MAPPING IN GYNECOLOGICAL CANCERS USING INDOCYANINE GREEN (ICG) DYE



Section **4** Measurement and Monitoring
Body System **A** Physiological Systems
Operation **1** Monitoring: Determining the level of a physiological or physical function repetitively over a period of time

Body System	*Approach*	*Function / Device*	*Qualifier*
6 Lymphatic	**ADD X** External	**5** Flow	**ADD H** Indocyanine Green Dye **Z** No Qualifier

PINPOINT as an intraoperative fluorescence visualization system for the identification of lymph nodes during lymphatic mapping in cervical and uterine cancers.

In table 4A1, Monitoring of Physiological Systems, add qualifier value H Indocyanine Green Dye for the body system value Lymphatic and the function value Flow, to enable capture of additional detail for lymphatic mapping procedures using Indocyanine Green dye

Current Coding (Prior to 10/1/2019): For current coding CMS advises using 4A16X5Z, NO qualifier

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PCS CHANGES: *QUALIFIER*

FLUORESCENCE GUIDED PROCEDURE FOR OTHE BODY REGIONS

In section 8, Other Procedures, they created new method value Fluorescence Guided Procedure and new qualifier value Indocyanine Green Dye, applied to all fourth character body region values and applicable approaches.

These changes will enable capture of additional detail for fluorescence-guided procedures that use indocyanine green dye (ICG). Note: Additional detail can be added to Axis 4 to specify the body region

Section **8** Other Procedures *Body System* **E** Physiological Systems and Anatomical Regions *Operation* **0** Other Procedures: Methodologies which attempt to remediate or cure a disorder or disease			
Body Region	*Approach*	*Method*	*Qualifier*
9 Head and Neck Region **W** Trunk Region	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**C** Robotic Assisted Procedure	**Z** No Qualifier
9 Head and Neck Region **W** Trunk Region	**X** External	**B** Computer Assisted Procedure	**F** With Fluoroscopy **G** With Computerized Tomography **H** With Magnetic Resonance Imaging **Z** No Qualifier
9 Head and Neck Region **W** Trunk Region	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**ADD E** Fluorescence Guided Procedure	**ADD N** Indocyanine Green Dye **Z** No Qualifier
X Upper Extremity **Y** Lower Extremity	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**C** Robotic Assisted Procedure	**Z** No Qualifier
X Upper Extremity **Y** Lower Extremity	**X** External	**B** Computer Assisted Procedure	**F** With Fluoroscopy **G** With Computerized Tomography **H** With Magnetic Resonance Imaging **Z** No Qualifier
X Upper Extremity **Y** Lower Extremity	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**ADD E** Fluorescence Guided Procedure	**ADD N** Indocyanine Green Dye **Z** No Qualifier

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PCS CHANGES: *QUALIFIER/METHOD*

FLUORESCENCE-GUIDED BRAIN TUMOR SURGERY (FGS) USING GLEOLAN™ (ALA, AMINOLEVULINIC ACID)

Gleolan™ (ALA, aminolevulinic acid), is an optical imaging agent intended for oral administration indicated in patients with glioma, as an adjunct for the visualization of malignant tissue during surgery.

Section **8** Other Procedures *Body System* **E** Physiological Systems and Anatomical Regions *Operation* **0** Other Procedures: Methodologies which attempt to remediate or cure a disorder or disease			
Body Region	*Approach*	*Method*	*Qualifier*
9 Head and Neck Region **W** Trunk Region	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**C** Robotic Assisted Procedure	**Z** No Qualifier
9 Head and Neck Region **W** Trunk Region	**X** External	**B** Computer Assisted Procedure	**F** With Fluoroscopy **G** With Computerized Tomography **H** With Magnetic Resonance Imaging **Z** No Qualifier
9 Head and Neck Region **W** Trunk Region	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**ADD E** Fluorescence Guided Procedure	**ADD M** Aminolevulinic Acid **Z** No Qualifier
X Upper Extremity **Y** Lower Extremity	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**C** Robotic Assisted Procedure	**Z** No Qualifier
X Upper Extremity **Y** Lower Extremity	**X** External	**B** Computer Assisted Procedure	**F** With Fluoroscopy **G** With Computerized Tomography **H** With Magnetic Resonance Imaging **Z** No Qualifier
X Upper Extremity **Y** Lower Extremity	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**ADD E** Fluorescence Guided Procedure	**ADD M** Aminolevulinic Acid **Z** No Qualifier

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PCS CHANGES: *QUALIFIER*

BYPASS THORACIC AORTA TO INNOMINATE ARTERY

In the Heart and Great Vessels body system of the Medical and Surgical section, they added the qualifier value Innominate Artery to Bypass table 021 for the thoracic aorta body part values. This change enables the capture of a bypass procedure from the thoracic aorta to the innominate artery

Section	**0** Medical and Surgical
Body System	**2** Heart and Great Vessels
Operation	**1** Bypass: Altering the route of passage of the contents of a tubular body part

Body Part	*Approach*	*Device*	*Qualifier*
W Thoracic Aorta, Descending	**0** Open	**8** Zooplastic Tissue **9** Autologous Venous Tissue **A** Autologous Arterial Tissue **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**ADD A** Innominate Artery **B** Subclavian **D** Carotid **F** Abdominal Artery **G** Axillary Artery **H** Brachial Artery **P** Pulmonary Trunk **Q** Pulmonary Artery, Right **R** Pulmonary Artery, Left **V** Lower Extremity Artery
W Thoracic Aorta, Descending	**0** Open	**Z** No Device	**ADD A** Innominate Artery **B** Subclavian **D** Carotid **P** Pulmonary Trunk **Q** Pulmonary Artery, Right **R** Pulmonary Artery, Left
W Thoracic Aorta, Descending	**4** Percutaneous Endoscopic	**8** Zooplastic Tissue **9** Autologous Venous Tissue **A** Autologous Arterial Tissue **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **Z** No Device	**ADD A** Innominate Artery **B** Subclavian **D** Carotid **P** Pulmonary Trunk **Q** Pulmonary Artery, Right **R** Pulmonary Artery, Left
X Thoracic Aorta, Ascending/Arch	**0** Open **4** Percutaneous Endoscopic	**8** Zooplastic Tissue **9** Autologous Venous Tissue **A** Autologous Arterial Tissue **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **Z** No Device	**ADD A** Innominate Artery **B** Subclavian **D** Carotid **P** Pulmonary Trunk **Q** Pulmonary Artery, Right **R** Pulmonary Artery, Left

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PCS CHANGES: *QUALIFIER*

UPPER ARTERY BYPASS QUALIFIER

In the Upper Arteries body system of the Medical and Surgical section, add new qualifier value Lower Extremity Vein to the root operation Bypass table 031 for the upper extremity artery body part values.

This change enables capture of detail for arteriovenous bypass (fistula) from an upper extremity to a lower extremity vein such as the femoral vein.

Section	**0** Medical and Surgical
Body System	**3** Upper Arteries
Operation	**1** Bypass: Altering the route of passage of the contents of a tubular body part

Body Part	*Approach*	*Device*	*Qualifier*
2 Innominate Artery	**0** Open	**9** Autologous Venous Tissue **A** Autologous Arterial Tissue **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **Z** No Device	**0** Upper Arm Artery, Right **1** Upper Arm Artery, Left **2** Upper Arm Artery, Bilateral **3** Lower Arm Artery, Right **4** Lower Arm Artery, Left **5** Lower Arm Artery, Bilateral **6** Upper Leg Artery, Right **7** Upper Leg Artery, Left **8** Upper Leg Artery, Bilateral **9** Lower Leg Artery, Right **B** Lower Leg Artery, Left **C** Lower Leg Artery, Bilateral **D** Upper Arm Vein **F** Lower Arm Vein **J** Extracranial Artery, Right ~~**K** Extracranial Artery, Left~~ **ADD W** Lower Extremity Vein
3 Subclavian Artery, Right **4** Subclavian Artery, Left	**0** Open	**9** Autologous Venous Tissue **A** Autologous Arterial Tissue	**0** Upper Arm Artery, Right **1** Upper Arm Artery, Left

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PCS CHANGES
QUALIFIER

TRANSFER LARGE INTESTINE TO VAGINA

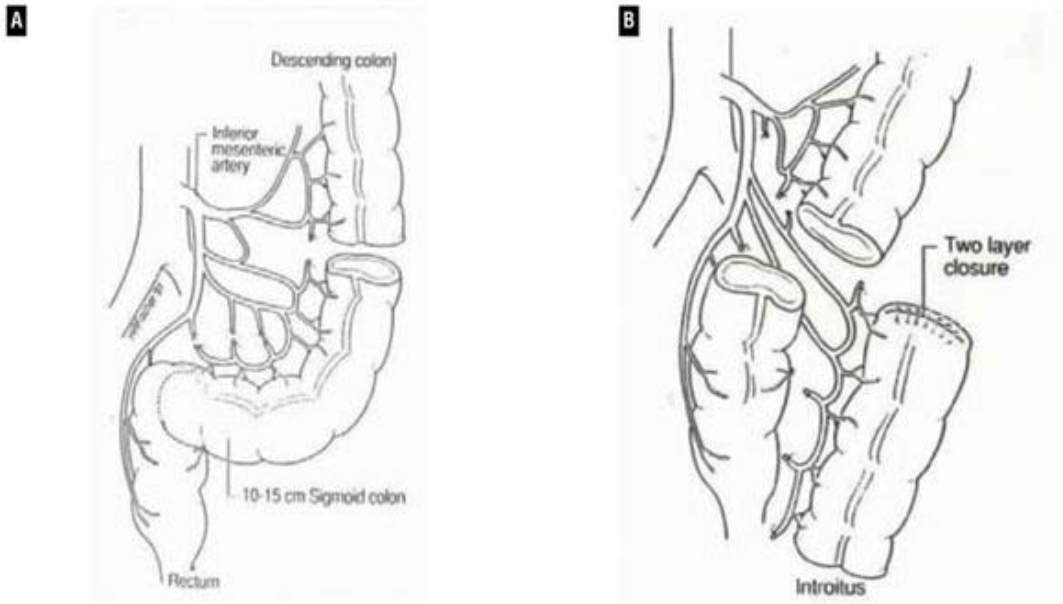
Section	**0** Medical and Surgical
Body System	**D** Gastrointestinal System
Operation	**X** Transfer: Moving, without taking out, all or a portion of a body part to another location to take over the function of all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
E Large Intestine	**0** Open **4** Percutaneous Endoscopic	**Z** No Device	**5** Esophagus **ADD 7** Vagina

In the Gastrointestinal body system of the Medical and Surgical section, they added the qualifier value Vagina to Transfer table 0DX for the large intestine body part value.

This change enables the capture of vaginal construction procedures using the large intestine to create a neovagina

Figure 1 - (A): Isolation of 12-15 cm of sigmoid colon, (B): The bowel segment has been positioned to be anastomosed to vulvar mucosa.



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PCS CHANGES: QUALIFIER

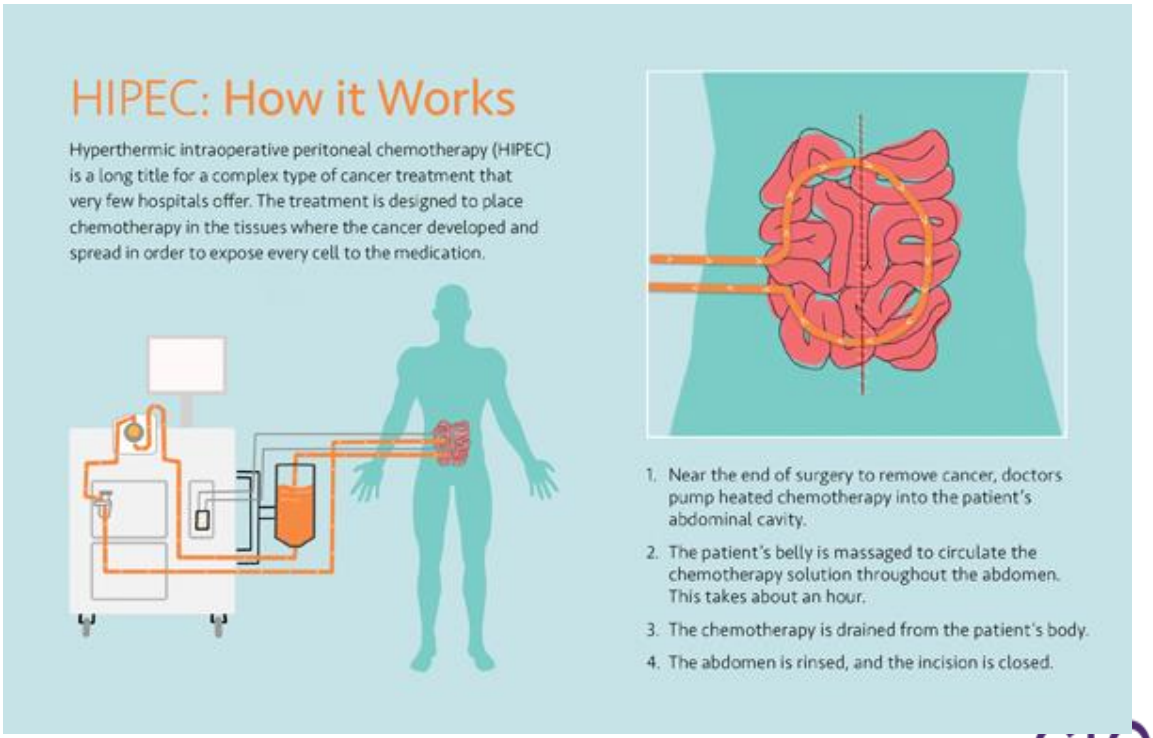
HYPERTHERMIA ANTINEOPLASTIC CHEMOTHERAPY

In the Administration section, they created new qualifier value Y, Hyperthermia to Introduction table 3E0, for the body part value M, Peritoneal Cavity for the antineoplastic substance.

This change enables the capture of administering hyperthermic intraperitoneal chemotherapy (HIPEC)

Section	**3** Administration
Body System	**E** Physiological Systems and Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System / Region	*Approach*	*Substance*	*Qualifier*
M Peritoneal Cavity	**3** Percutaneous	**0** Antineoplastic	**4** Liquid Brachytherapy Radioisotope **5** Other Antineoplastic **M** Monoclonal Antibody **ADD Y** Hyperthermic



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PCS CHANGES: *QUALIFIER*

Watch video here

ENDOVASCULAR ARTERIOVENOUS FISTULA (ENDOAVF) CREATION USING MAGNETIC-GUIDED RADIOFREQUENCY ENERGY AND VENOUS EMBOLIZATION

Section **0** Medical and Surgical			
Body System **3** Upper Arteries			
Operation **1** Bypass: Altering the route of passage of the contents of a tubular body part			
Body Part	*Approach*	*Device*	*Qualifier*
9 Ulnar Artery, Right **A** Ulnar Artery, Left **B** Radial Artery, Right **C** Radial Artery, Left	**0** Open **ADD 3** Percutaneous	**Z** No Device	**F** Lower Arm Vein

The WavelinQ endoAVF system is a dual, magnet-lined catheter system that uses radiofrequency energy to create an anastomosis between the ulnar artery and adjacent ulnar vein in the proximal forearm

The approach value Percutaneous was added to table 031, Bypass of Upper Arteries, for the ulnar and radial artery body part values, the device value No Device, and the qualifier Lower Arm Vein, to identify percutaneous endovascular AV fistula creation using magnetic-guided radio-frequency technique (the WavelinQ system)

Current Coding (Prior to 10/1/19 Discharges): To report these procedures, facilities may use the open approach, which is the only approach currently in Table 031 Bypass of Upper Arteries, the appropriate body part value, and the device value Z No Device.

In addition, report coil embolization of the brachial vein using Table 05L Occlusion of Upper Veins, with the appropriate body part value, the percutaneous approach, and the device value D Intraluminal Device.

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PCS CHANGES: *QUALIFIER*

CELL SUSPENSION AUTOGRAFTING

RECELL® is a type of epithelial autograft that can be used for large wounds such as major burns

New qualifier Cell Suspension Technique was added table 0HR, Replacement of Skin and Breast, applied to the skin body part values and the device value Autologous Tissue Substitute, to identify cell suspension autografting.

Section	**0** Medical and Surgical
Body System	**H** Skin and Breast
Operation	**R** Replacement: 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

Body Part	*Approach*	*Device*	*Qualifier*
0 Skin, Scalp **1** Skin, Face **2** Skin, Right Ear **3** Skin, Left Ear **4** Skin, Neck **5** Skin, Chest **6** Skin, Back **7** Skin, Abdomen **8** Skin, Buttock **9** Skin, Perineum **A** Skin, Inguinal **B** Skin, Right Upper Arm **C** Skin, Left Upper Arm **D** Skin, Right Lower Arm **E** Skin, Left Lower Arm **F** Skin, Right Hand **G** Skin, Left Hand **H** Skin, Right Upper Leg **J** Skin, Left Upper Leg **K** Skin, Right Lower Leg **L** Skin, Left Lower Leg **M** Skin, Right Foot **N** Skin, Left Foot	**X** External	**7** Autologous Tissue Substitute	**ADD 2** Cell Suspension Technique **3** Full Thickness **4** Partial Thickness

More info on Recell can be found here

Current Coding (Prior to 10/1/19 Discharges): Report the split-thickness skin harvest from the donor site on the patient using the appropriate body part in table 0HB, Excision of Skin and Breast, and the qualifier Z, to indicate that the skin excision is therapeutic, not diagnostic

Facilities can report the application of cell suspension autografting using the following ICD-10- PCS code: 3E00XGC Introduction of Other Therapeutic Substance into Skin and Mucous Membranes, External Approach

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PCS CHANGES: *QUALIFIER*

BRACHYTHERAPY USING UNIDIRECTIONAL SOURCE

Existing ICD-10-PCS codes that describe low-dose rate (LDR) brachytherapy do not specify application that uses a unidirectional source

A new technology application was submitted for CivaSheet® for FY 2020

Section **D** Radiation Therapy
Body System **0** Central and Peripheral Nervous System
Modality **1** Brachytherapy

Treatment Site	*Modality Qualifier*	*Isotope*	*Qualifier*
0 Brain **1** Brain Stem **6** Spinal Cord **7** Peripheral Nerve	**B** Low Dose Rate (LDR)	**B** Palladium 103 (Pd-103)	**ADD 1** Unidirectional Source **Z** None

Section **D** Radiation Therapy
Body System **7** Lymphatic and Hematologic System
Modality **1** Brachytherapy

Treatment Site	*Modality Qualifier*	*Isotope*	*Qualifier*
0 Bone Marrow **1** Thymus **2** Spleen **3** Lymphatics, Neck **4** Lymphatics, Axillary **5** Lymphatics, Thorax **6** Lymphatics, Abdomen **7** Lymphatics, Pelvis **8** Lymphatics, Inguinal	**B** Low Dose Rate (LDR)	**B** Palladium 103 (Pd-103)	**ADD 1** Unidirectional Source **Z** None

Section **D** Radiation Therapy
Body System **8** Eye
Modality **1** Brachytherapy

Treatment Site	*Modality Qualifier*	*Isotope*	*Qualifier*
0 Eye	**B** Low Dose Rate (LDR)	**B** Palladium 103 (Pd-103)	**ADD 1** Unidirectional Source **Z** None

More info can be found here

CivaSheet® is an implantable, LDR brachytherapy device that is indicated for the treatment of selected localized tumors. It is configured as an array of directional radioactive palladium-103 sources encapsulated in an organic polymer and embedded within a flexible, membrane-like bioabsorbable substrate. CivaSheet® is applied during the same operative episode as tumor resection, and can be cut and customized to the body cavity or tissue of the patient.

PCS CHANGES: *SUBSTANCE*

T-CELL DEPLETED HEMATOPOIETIC STEM CELLS FOR TRANSPLANTATION

Section	**3** Administration		
Body System	**0** Circulatory		
Operation	**2** Transfusion: Putting in blood or blood products		
Body System / Region	*Approach*	*Substance*	*Qualifier*
3 Peripheral Vein **4** Central Vein	**0** Open **3** Percutaneous	**ADD U** Stem Cells, T-cell Depleted Hematopoietic	**2** Allogeneic, Related **3** Allogeneic, Unrelated **4** Allogeneic, Unspecified

T-cell depletion is a technique utilized with cells from unrelated donors or related donors other than human leukocyte antigens (HLA)-identical sibling donors to reduce the incidence of Graft versus Host Disease (GVHD).

The T-cell depletion procedure occurs following apheresis and prior to the infusion of the cells. TCD HCT has resulted in improved time to engraftment, reduction in the incidence of GVHD, and lower rates of transplant-related complications. With the exception of chronic myeloid leukemia, TCD is not associated with adverse relapse or survival outcomes compared to conventional GVHD prophylaxis.

The medical record should indicate both the order for T-cell depletion and documentation in the procedure note that the cells were T-cell depleted.

New substance value Stem Cells, T-cell Depleted Hematopoietic was added to table 302 of section 3, Administration, applied to the qualifier values specifying an Allogeneic donor source.

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NEW TECHNOLOGY CODES

PCS CHANGES:
NEW TECHNOLOGY

Section	**X** New Technology		
Body System	**T** Urinary System		
Operation	1 Monitoring: Determining the level of a physiological or physical function repetitively over a period of time		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
ADD 5 Kidney	**X** External	**ADD E** Fluorescent Pyrazine	**5** New Technology Group 5

RENAL FUNCTION MONITORING USING FLUORESCENT PYRAZINE

The noninvasive monitoring technology (works in a similar fashion to pulse oximetry by using a light sensor placed on the skin. After the sensor has been placed, the proprietary biocompatible tracer is administered.

Medibeacon's Transdermal GFR Measurement System is a three component system consisting of (1) an optical skin sensor, (2) a monitor and (3) MB-102, which is a proprietary fluorescent tracer agent that glows in the presence of light.

MB102 is a pyrazine based small molecule

The system has the potential to provide early detection of problems, enable rapid intervention, and thus improve patient outcomes in a cost-effective manner.

Current Coding (Prior to 10/1/19 Discharges): Transdermal measurement and/or monitoring of the glomerular filtration rate (GFR) in real-time is not currently coded in the inpatient setting.

For more info and video:

PCS CHANGES: *NEW TECHNOLOGY*

Guideline Alert

CEREBRAL EMBOLIC PROTECTION DURING TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR)

Section **X** New Technology			
Body System **2** Cardiovascular System			
Operation **A** Assistance: Taking over a portion of a physiological function by extracorporeal means			
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
5 Innominate Artery and Left Common Carotid Artery	**3** Percutaneous	**1** Cerebral Embolic Filtration, Dual Filter	**2** New Technology Group 2
ADD 6 Aortic Arch	**3** Percutaneous	**ADD 2** Cerebral Embolic Filtration, Single Deflection Filter	**ADD 5** New Technology Group 5

A new code in section X, New Technology, was created to identify cerebral embolic protection during TAVR using a deflection filter placed in the aortic arch. A separate code is assigned for the TAVR procedure.

Periprocedural neurological injury remains an important limitation of TAVR. Under fluoroscopic guidance, the device is positioned in the aortic arch to cover all major cerebral arteries (covering the innominate, left carotid, and left subclavian arteries),

Device Name:

- **The Keystone Heart TriGuard 3™ Cerebral Embolic Protection Device (CEPD)**

Current Coding (Prior to 10/1/19 Discharges) : There is no unique ICD-10-PCS code for cerebral embolic protection during TAVR procedures using a deflection filter device placed in the aortic arch. Code for the TAVR procedure only, with the appropriate values from table 02R, Replacement of Heart and Great Vessels. Videos and More Info: (click here)

PCS CHANGES: *NEW TECHNOLOGY*

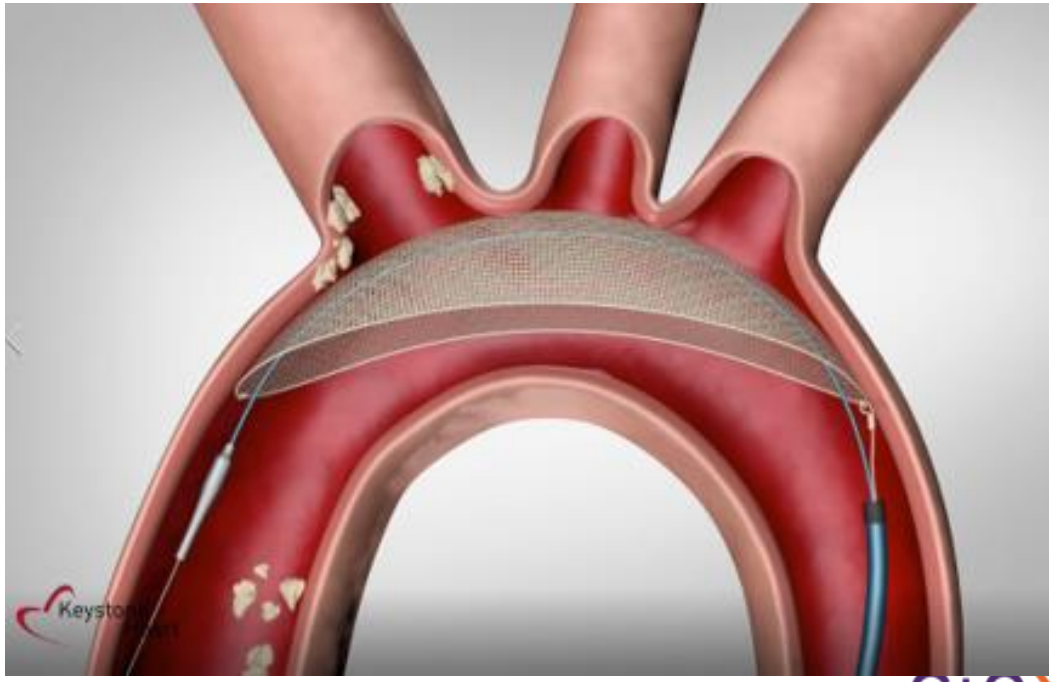
CEREBRAL EMBOLIC PROTECTION DURING TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) (CONT.)

The TriGUARD *3™* Cerebral Embolic Protection Device

- Self-positioning, self-stabilizing
- Polymeric mesh (pore size 115 x 145 µm)
- 8 Fr OTW delivery
- Designed to protect all three major arteries that supply blood to the brain
- Eliminates need for third access site during TAVI
- Removed upon completion of procedure

Guideline Alert

Section	**X** New Technology		
Body System	**2** Cardiovascular System		
Operation	**A** Assistance: Taking over a portion of a physiological function by extracorporeal means		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
5 Innominate Artery and Left Common Carotid Artery	**3** Percutaneous	**1** Cerebral Embolic Filtration, Dual Filter	**2** New Technology Group 2
ADD 6 Aortic Arch	**3** Percutaneous	**ADD 2** Cerebral Embolic Filtration, Single Deflection Filter	**ADD 5** New Technology Group 5



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PCS CHANGE: *NEW TECHNOLOGY*

ANGIOPLASTY WITH SUSTAINED RELEASE DRUG-ELUTING STENT FOR ABOVE THE KNEE ARTERIES

Section	**X** New Technology		
Body System	**2** Cardiovascular System		
Operation	**7** Dilation: Expanding an orifice or the lumen of a tubular body part		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
ADD H Femoral Artery, Right **ADD J** Femoral Artery, Left **ADD K** Popliteal Artery, Proximal Right **ADD L** Popliteal Artery, Proximal Left **ADD M** Popliteal Artery, Distal Right **ADD N** Popliteal Artery, Distal Left **ADD P** Anterior Tibial Artery, Right **ADD Q** Anterior Tibial Artery, Left **ADD R** Posterior Tibial Artery, Right **ADD S** Posterior Tibial Artery, Left **ADD T** Peroneal Artery, Right **ADD U** Peroneal Artery, Left	**3** Percutaneous	**ADD 8** Intraluminal Device, Sustained Release Drug-eluting **ADD 9** Intraluminal Device, Sustained Release Drug-eluting, Two **ADD B** Intraluminal Device, Sustained Release Drug-eluting, Three **ADD C** Intraluminal Device, Sustained Release Drug-eluting, Four or More	**5** New Technology Group 5

Two different purpose built sustained release drug-eluting stent systems: Eluvia for disease above the knee (proximal SFA and PPA) and Saval for disease below the knee (infrapopliteal, tibial and peroneal).

Eluvia™ it is the first and only polymer-based, sustained release drug eluting stent designed to treat and restore blood flow in the peripheral arteries above the knee, specifically the SFA and PPA, and elutes medication that helps to prevent tissue regrowth during the entire period most commonly associated with restenosis.

The sustained release of the anti-restenotic drug paclitaxel is intentionally **designed to elute beyond twelve months delivering drug when restenosis is most likely to occur, a significantly longer period than the two-month duration of drug deposited from drug-coated balloons and drug-coated stents.**

Watch video here

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PCS CHANGES: *NEW TECHNOLOGY*

ANGIOPLASTY WITH SUSTAINED RELEASE DRUG-ELUTING STENT FOR BELOW THE KNEE ARTERIES

The Saval Stent System is intended to improve luminal diameter in critical limb ischemia (CLI) subjects with lesions of the infrapopliteal arteries ((infrapopliteal, tibial and peroneal)

The infrapopliteal are all vessels distal to the 3rd portion of the popliteal artery (i.e., from where the anterior tibial arises all the way to the foot) and are all below the knee.

The SAVAL BTK stent system is an investigative device only

Section **X** New Technology
Body System **2** Cardiovascular System
Operation **7** Dilation: Expanding an orifice or the lumen of a tubular body part

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
ADD H Femoral Artery, Right **ADD J** Femoral Artery, Left **ADD K** Popliteal Artery, Proximal Right **ADD L** Popliteal Artery, Proximal Left **ADD M** Popliteal Artery, Distal Right **ADD N** Popliteal Artery, Distal Left **ADD P** Anterior Tibial Artery, Right **ADD Q** Anterior Tibial Artery, Left **ADD R** Posterior Tibial Artery, Right **ADD S** Posterior Tibial Artery, Left **ADD T** Peroneal Artery, Right **ADD U** Peroneal Artery, Left	3 Percutaneous	**ADD 8** Intraluminal Device, Sustained Release Drug-eluting **ADD 9** Intraluminal Device, Sustained Release Drug-eluting, Two **ADD B** Intraluminal Device, Sustained Release Drug-eluting, Three **ADD C** Intraluminal Device, Sustained Release Drug-eluting, Four or More	**5** New Technology Group 5

Current Coding for Sustained Release Drug-Eluting Stents (Prior to 10/1/19 Discharges): Angioplasty procedures of the lower extremity arteries that utilize placement of a sustained-release drug-eluting stent can be reported using the device value 4 Intraluminal Device, Drug-Eluting in table 047, Dilation of Lower Arteries, with the applicable body part and approach. A procedure in which multiple sustained-release drug-eluting stents are placed at the angioplasty site can be reported using one of the device values below: • 5 Intraluminal Device, Drug-eluting, Two • 6 Intraluminal Device, Drug-eluting, Three • 7 Intraluminal Device, Drug-eluting, Four or More

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PCS CHANGES:
NEW TECHNOLOGY

T2BACTERIA® PANEL (WHOLE BLOOD NUCLEIC ACID-BASE MICROBIAL DETECTION)

Section	**X** New Technology		
Body System	**X** Physiological Systems		
Operation	**E** Measurement: Determining the level of a physiological or physical function at a point in time		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
5 Circulatory	**X** External	**ADD M** Infection, Whole Blood Nucleic Acid-base Microbial Detection	**5** New Technology Group 5

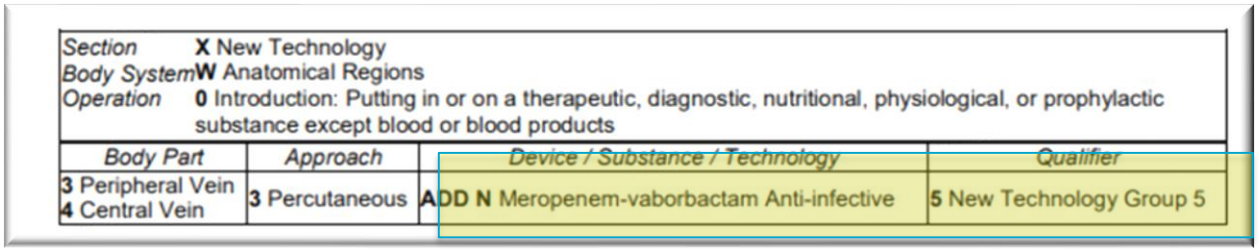
The T2Bacteria® Panel is a new diagnostic technology that can detect five major bacterial pathogens directly from whole blood and provide a result within three to five hours, with an overall sensitivity of 90% and overall specificity of 98%. More rapid effective antimicrobial therapy has been shown to reduce the odds of death by over 50% and reduce the length of stay by an average of 8 days.

The T2Bacteria® Panel is indicated as an aid in the diagnosis of bacteremia and results should be used in conjunction with other clinical and laboratory data. Blood cultures are necessary to recover organisms for susceptibility testing or further identification and for organisms not detected by the T2Bacteria® Panel.

To administer a T2Bacteria diagnostic test, a healthcare professional will collect a blood sample via venipuncture or intravenous catheter.

Current Coding (Prior to 10/1/19 Discharges) : If desired, facilities can report the collection of blood from an indwelling vascular catheter for microbial testing using the T2Bacteria Panel with the following ICD-10-PCS code: 8C02X6K Collection of Blood from Indwelling Device in Circulatory System

PCS CHANGES: *NEW TECHNOLOGY*



Section	**X** New Technology		
Body System	**W** Anatomical Regions		
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
3 Peripheral Vein **4** Central Vein	**3** Percutaneous	**ADD N** Meropenem-vaborbactam Anti-infective	**5** New Technology Group 5

ADMINISTRATION OF VABOMERE (MEROPENEM-VARBORBACTAM)

A New Technology Add-on Payment (NTAP) application was submitted and has been approved for Vabomere™ (meropenem-vaborbactam) for FY 2019 but did not submit new code request in time for FY 19

Vabomere™ was developed to address certain gram-negative bacteria, widely considered to be one of the largest current areas of unmet medical need

FDA-approved for the treatment of patients 18 years of age and older with complicated urinary tract infections (cUTI) including pyelonephritis caused by the following susceptible microorganisms: Escherichia coli (E. coli), Klebsiella pnemoniae, and Enterobacter cloacae species complex.

Current Coding (Prior to 10/1/2019 Discharges):
Facilities can report the administration of Vabomere™ (meropenemvaborbactam) with one of the following ICD-10-PCS codes:

- 3E03329 Introduction of Other Anti-Infective into Peripheral Vein, Percutaneous Approach
- 3E04329 Introduction of Other Anti-Infective into Central Vein, Percutaneous Approach

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PCS CHANGES: *NEW TECHNOLOGY*

Section	**X** New Technology		
Body System	**W** Anatomical Regions		
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
D Mouth and Pharynx	**X** External	**ADD L** Erdafitinib Antineoplastic	**ADD 5** New Technology Group 5

ADMINISTRATION OF ERDAFITINIB

Erdafitinib is an orally-administered fibroblast grown factor receptor (FGFR) tyrosine kinase inhibitor that is a targeted treatment for patients with metastatic or surgically unresectable urothelial cancer

For patients with metastatic disease, outcomes can be dire because the tumors often progress rapidly and there is a lack of effective treatments, especially in relapsed or refractory disease

Patients with locally advanced or metastatic urothelial cancer have low survival rates.

A subset of patients, who have a FGFR genetic alteration in the tumor, and who have had disease progression during or following at least one line of prior chemotherapy including within 1 2 months of chemotherapy, may benefit from erdafitinib

Current Coding (Prior to 10/1/19 Discharges) : Facilities can report the oral administration of erdafitinib with the following ICD-10-PCS code: 3E0DX05 Introduction of Other Antineoplastic into Mouth and Pharynx, External Approach

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PCS CHANGES:
NEW TECHNOLOGY

Section	**X** New Technology
Body System	**W** Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
D Mouth and Pharynx	**X** External	**ADD J** Apalutamide Antineoplastic	**ADD 5** New Technology Group 5

ADMINISTRATION OF ERLEADA (APALUTAMIDE), FOR ORAL USE

ERLEADA™ (apalutamide) is an androgen receptor inhibitor indicated for the treatment of patients with non-metastatic castration-resistant prostate cancer (NM-CRPC).

ERLEADA™ is an androgen receptor inhibitor indicated for the treatment of patients with non-metastatic castration-resistant prostate cancer (NM-CRPC)

ERLEADA™ is administered orally . Patients receiving ERLEADA™ should also receive a gonadotropin-releasing hormone (GnRH) analog concurrently or should have had bilateral orchiectomy

Current Coding (Prior to 10/1/19 Discharges) : Facilities can report the administration of ERLEADA™ (apalutamide) with the following ICD-10-PCS code: 3E0DX05 Introduction of Other Antineoplastic into Mouth and Pharynx, External Approach

PCS CHANGES: *NEW TECHNOLOGY*

Section	**X** New Technology
Body System	**W** Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
3 Peripheral Vein **4** Central Vein	**3** Percutaneous	**ADD S** Iobenguane I-131 Antineoplastic	**5** New Technology Group 5

ADMINISTRATION OF AZEDRA® (IOBENGUANE I-131)

AZEDRA®, a very high specific activity radiopharmaceutical, is the first and only drug approved for the treatment of adult and pediatric patients 12 years and older with unresectable, locally advanced or metastatic pheochromocytoma or paraganglioma (collectively referred to as PPGL) who require systemic anticancer therapy.

Before AZEDRA®, patients in the U.S. had no approved treatment option for advanced PPGL disease

With the FDA approval of AZEDRA®, for the first time, physicians have an FDAapproved treatment option that is proven to control the symptomatic high blood pressure in people with PPGL, shrink and control tumor growth, and reduce dangerous cardiovascular complications, all contributing to improved outcomes

Current Coding (Prior to 10/1/19 Discharges) If desired, facilities can report the administration of AZEDRA® (Iobenguane I131) with one of the following ICD-10-PCS codes: 3E03305 Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach 3E04305 Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach Facilities may also choose to report CW7NGZZ Systemic Nuclear Medicine Therapy of Whole Body using Iodine 131 (I-131) to capture additional information about the procedure.

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PCS CHANGES: *NEW TECHNOLOGY*

Section	**X** New Technology		
Body System	**W** Anatomical Regions		
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
1 Subcutaneous Tissue **3** Peripheral Vein **4** Central Vein	**3** Percutaneous	**ADD W** Caplacizumab	**5** New Technology Group 5

ADMINISTRATION OF CAPLACIZUMAB

Caplacizumab is an intravenously administered, humanized bivalent Nanobody® which is FDA approved to treat adults with acquired thrombotic thrombocytopenic purpura (aTTP).

aTTP is a life-threatening, immune-mediated thrombotic microangiopathy characterized by severe thrombocytopenia, hemolytic anemia, and organ ischemia

It is an Ultra-orphan disease with an estimated incidence of 3-11 cases per million per year in the UK and US

Nanobodies represent a novel therapeutic class of proteins

Current Coding (Prior to 10/1/19 Discharges) : If desired, facilities can report the administration of caplacizumab with one of the following ICD-10-PCS codes: 3E013GC Introduction of Other Therapeutic Substance into Subcutaneous Tissue, Percutaneous Approach 3E033GC Introduction of Other Therapeutic Substance into Peripheral Vein, Percutaneous Approach 3E043GC Introduction of Other Therapeutic Substance into Central Vein, Percutaneous Approach

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PCS CHANGES:
NEW TECHNOLOGY

Section	**X** New Technology
Body System	**W** Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
3 Peripheral Vein **4** Central Vein	**3** Percutaneous	**ADD K** Fosfomycin Anti-infective	**ADD 5** New Technology Group 5

ADMINISTRATION OF CONTEPO™ (FOSFOMYCIN)

Increasing rates of Enterobacteriaceae resistance to fluoroquinolones and beta-lactam antibiotics have limited both classes use as first-line therapies among inpatients with infections caused by suspected or confirmed MDR pathogens

CONTEPO™ (fosfomycin) is a novel, potentially first-in-class in the United States

CONTEPO™'s (fosfomycin) unique mechanism of action will provide treatment against most contemporary multidrug resistant (MDR) pathogens with limited treatment options

Current Coding (Prior to 10/1/19 Discharges) If desired, facilities can report the administration of fosfomycin for injection with one of the following ICD-10-PCS codes: 3E03329 Introduction of Other Anti-infective into Peripheral Vein, Percutaneous Approach 3E04329 Introduction of Other Anti-infective into Central Vein, Percutaneous Approach

PCS CHANGES: *NEW TECHNOLOGY*

Section	**X** New Technology		
Body System	**W** Anatomical Regions		
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
3 Peripheral Vein **4** Central Vein	**3** Percutaneous	**ADD Q** Tagraxofusp-erzs Antineoplastic	**ADD 5** New Technology Group 5

ADMINSTRATION OF TAGRAXOFUSP-ERZS (ELZONRIS™) ANTINEOPLASTIC

Tagraxofusp-erzs is an intravenously administered antineoplastic approved for treatment of Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN) **(C86.4, Blastic NK-cell lymphoma)** in adults and in pediatric patients 2 years and older

BPDCN is a highly aggressive hematologic cancer that is most frequently diagnosed in males between the ages of 60 and 70. Primary sites include the skin and bone marrow

Treatment leads to growth arrest and apoptosis in leukemia blasts and cancer stem cells.

There is no other FDA-approved treatment or standard of care for BPDCN, and patients have a poor prognosis, with median overall survival of approximately 8 to 14 months

Current Coding (Prior to 10/1/19 Discharges) : Facilities can report the administration of tagraxofusp-erzs with one of the following ICD-10-PCS codes:

3E03305 Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach
3E04305 Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach

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PCS CHANGES:
NEW TECHNOLOGY

Section	**X** New Technology		
Body System	**W** Anatomical Regions		
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
3 Peripheral Vein **4** Central Vein	**3** Percutaneous	**ADD U** Imipenem/cilastatin/relebactam Anti-infective	**5** New Technology Group 5

ADMINISTRATION OF IMI/REL (IMIPENEM/CILASTATIN/RELEBACTAM)

The FDA has designated the combination of relebactam with imipenem/cilastatin for intravenous use as a Qualified Infectious Disease Product (QIDP) with Fast Track status for the treatment of complicated **urinary tract infections (cUTI), complicated intra-abdominal infections (cIAI) and hospital-acquired bacterial pneumonia/ventilator-associated bacterial pneumonia (HABP/VABP).**

IMI/REL has shown to be effective against MDR Pseudimonas aeruginosa and Klebsiella pneumoniae

Current Coding (Prior to 10/1/19 Discharges) : If desired, facilities can report the administration of IMI/REL (imipenem/cilastatin/relebactam) with one of the following ICD-10-PCS codes:

- 3E03329 Introduction of Other Anti-Infective into Peripheral Vein, Percutaneous Approach
- 3E04329 Introduction of Other Anti-Infective into Central Vein, Percutaneous Approach

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PCS CHANGES:
NEW TECHNOLOGY

Section	**X** New Technology		
Body System	**W** Anatomical Regions		
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
D Mouth and Pharynx	**X** External	**ADD T** Ruxolitinib	**ADD 5** New Technology Group 5

ADMINISTRATION OF JAKAFI® (RUXOLITINIB)

Jakafi® for the treatment of patients with acute graft versus host disease (GVHD) who have had an inadequate response to corticosteroids, submitted with Orphan Drug and Breakthrough Therapy designations

Jakafi® is dosed orally and can be administered with or without food. No other formulations are available.

Allogeneic hematopoietic stem cell transplantation (allo-HSCT) represents a potentially curative treatment option for several high-risk or relapsed hematologic malignancies, as well as for certain non-malignant hematologic disorders. Despite the increasing use of allo-HSCT and advances in methodology, outcomes remain suboptimal. Major barriers to successful outcomes include relapse of the underlying malignancy and transplant-related complication

Jakafi® is expected to often be initiated in the inpatient setting (60-80% of the time during either hospital admission for alloHSCT, or upon need for hospital re-admission for treating patients with acute GVHD who have had an inadequate response to corticosteroids)

Current Coding (PRIOR to Discharges of 10/1/2019):
3E0DXGC Introduction of Other Therapeutic Substance into Mouth and Pharynx, External Approach

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PCS CHANGES:
NEW TECHNOLOGY

Section	**X** New Technology
Body System	**W** Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
D Mouth and Pharynx	**X** External	**ADD R** Venetoclax Antineoplastic	**ADD 5** New Technology Group 5

ADMINISTRATION OF VENCLEXTA® (VENETOCLAX TABLETS)

The FDA approved Venclexta for the treatment of newly-diagnosed AML patients that are ineligible for intensive chemotherapy, either due to age greater than 75 or due to the presence of comorbidities

AML patients who are ineligible for intensive chemotherapy currently receive lower intensity treatments that result in low complete remission rates and therefore have a median survival of 5 to 10 months.

Venclexta is an orally administered

Current Coding (Prior to 10/1/19 Discharges)

Facilities can report the administration of Venclexta with the following ICD-10- PCS code: 3E0DX05 Introduction of Other Antineoplastic into Mouth and Pharynx, External Approach

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PCS CHANGES:
NEW TECHNOLOGY

Section	**X** New Technology		
Body System	**W** Anatomical Regions		
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
D Mouth and Pharynx	**X** External	**ADD V** Gilteritinib Antineoplastic	**5** New Technology Group 5

ADMINISTRATION OF XOSPATA® (GILTERITINIB)

XOSPATA® (gilteritinib) is an oral medication approved for the treatment of adult patients who **have relapsed or refractory (R/R) Acute Myeloid Leukemia (AML)** with a FLT3 mutation

Represents 1.1% of all new cases of cancer in the United States

XOSPATA® (gilteritinib) iorally administered

Current Coding (Prior to 10/1/19 Discharges) : Facilities can report the oral administration of XOSPATA® (gilteritinib) with the following ICD-10-PCS code:
3E0DX05 Introduction of Other Antineoplastic into Mouth and Pharynx, External Approach.

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GUIDELINE CHANGES

Radiation Therapy Section Guidelines (section D)

D. Radiation Therapy Section

Brachytherapy

D1.a

Brachytherapy is coded to the modality Brachytherapy in the Radiation Therapy section. When a radioactive brachytherapy source is left in the body at the end of the procedure, it is coded separately to the root operation Insertion with the device value Radioactive Element.

Example: Brachytherapy with implantation of a low dose rate brachytherapy source left in the body at the end of the procedure is coded to the applicable treatment site in section D, Radiation Therapy, with the modality Brachytherapy, the modality qualifier value Low Dose Rate, and the applicable isotope value and qualifier value. The implantation of the brachytherapy source is coded separately to the device value Radioactive Element in the appropriate Insertion table of the Medical and Surgical section. The Radiation Therapy section code identifies the specific modality and isotope of the brachytherapy, and the root operation Insertion code identifies the implantation of the brachytherapy source that remains in the body at the end of the procedure.

Exception: Implantation of Cesium-131 brachytherapy seeds embedded in a collagen matrix to the treatment site after resection of brain tumor is coded to the root operation Insertion with the device value Radioactive Element, Cesium-131 Collagen Implant. The procedure is coded to the root operation Insertion only, because the device value identifies both the implantation of the radioactive element and a specific brachytherapy isotope that is not included in the Radiation Therapy section tables.

Radiation Therapy Section Guidelines (section D)

D. Radiation Therapy Section

D1.b

A separate procedure to place a temporary applicator for delivering the brachytherapy is coded to the root operation Insertion and the device value Other Device.

Examples: Intrauterine brachytherapy applicator placed as a separate procedure from the brachytherapy procedure is coded to Insertion of Other Device, and the brachytherapy is coded separately using the modality Brachytherapy in the Radiation Therapy section.

Intrauterine brachytherapy applicator placed concomitantly with delivery of the brachytherapy dose is coded with a single code using the modality Brachytherapy in the Radiation Therapy section.

GUIDELINE CHANGES:
REVISED GUIDELINES

GUIDELINES PAGE 1, PARAGRAPH 3 REVISED

These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD-10-PCS itself**. They are intended to provide direction that is applicable in most circumstances. However, there may be unique circumstances where exceptions are applied.** The instructions and conventions of the classification take precedence over guidelines. These guidelines are based on the coding and sequencing instructions in the Tables, Index and Definitions of ICD-10-PCS, but provide additional instruction. Adherence to these guidelines when assigning ICD-10-PCS procedure codes is required under the Health Insurance Portability and Accountability Act (HIPAA). The procedure codes have been adopted under HIPAA for hospital inpatient healthcare settings. A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. These guidelines have been developed to assist both the healthcare provider and the coder in identifying those procedures that are to be reported. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved.

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GUIDELINE CHANGES:
REVISED GUIDELINES

Conventions A9

Updated the Table in the example as the table was out of date

A9

Within a PCS table, valid codes include all combinations of choices in characters 4 through 7 contained in the same row of the table. In the example below, 0JHT3VZ is a valid code, and 0JHW3VZ is *not* a valid code.

Section: 0 Medical and Surgical
Body System: J Subcutaneous Tissue and Fascia
Operation: H Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	Approach	Device	Qualifier
S Subcutaneous Tissue and Fascia, Head and Neck V Subcutaneous Tissue and Fascia, Upper Extremity W Subcutaneous Tissue and Fascia, Lower Extremity	0 Open 3 Percutaneous	1 Radioactive Element 3 Infusion Device Y Other Device	Z No Qualifier
T Subcutaneous Tissue and Fascia, Trunk	0 Open 3 Percutaneous	1 Radioactive Element 3 Infusion Device V Infusion Pump Y Other Device	Z No Qualifier

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GUIDELINE CHANGES:
REVISED GUIDELINES

B2. Body System, *B2.1A* 2020 Guideline

B2. Body System

General guidelines
B2.1a
The procedure codes in Anatomical Regions, General, Anatomical Regions, Upper Extremities and Anatomical Regions, Lower Extremities can be used when the procedure is performed on an anatomical region rather than a specific body part, or on the rare occasion when no information is available to support assignment of a code to a specific body part.
Examples: Chest tube drainage of the pleural cavity is coded to the root operation Drainage found in the body system Anatomical Regions, General.
Suture repair of the abdominal wall is coded to the root operation Repair in the body system Anatomical Regions, General.
Amputation of the foot is coded to the root operation Detachment in the body system Anatomical Regions, Lower Extremities.

Versus

2019 Guideline

General guidelines
B2.1a
The procedure codes in the general anatomical regions body systems can 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.
~~*Examples*: Control of postoperative hemorrhage is coded to the root operation Control found in the general anatomical regions body systems.~~
Chest tube drainage of the pleural cavity is coded to the root operation Drainage found in the general anatomical regions body systems. Suture repair of the abdominal wall is coded to the root operation Repair in the general anatomical regions body system.

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Reference: Deep inferior epigastric artery perforator flap breast reconstruction
ICD-10-CM/PCS Coding Clinic, Third Quarter ICD-10 2018 Pages: 13-14 Effective with discharges: September 24, 2018

B3. Root Operation, *B3.1b*

2020 Guideline

B3.1b
Components of a procedure specified in the root operation definition or explanation as integral to that root operation are not coded separately. Procedural steps necessary to reach the operative site and close the operative site, including anastomosis of a tubular body part, are also not coded separately.
Examples: 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.
In a resection of sigmoid colon with anastomosis of descending colon to rectum, the anastomosis is not coded separately.
Exceptions: Mastectomy followed by breast reconstruction, both resection and replacement of the breast are coded separately.

Versus

2019 Guideline

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, including anastomosis of a tubular body part, are also not coded separately.
Examples: 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.
In a resection of sigmoid colon with anastomosis of descending colon to rectum, the anastomosis is not coded separately.

B3.5. Root Operation

2020 Guideline

Overlapping body layers
B3.5
If root operations such as Excision, Extraction, 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.

Versus

2019 Guideline

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.

GUIDELINE CHANGES
REVISED GUIDELINES

B3.9. Root Operation

2020 Guideline

Excision for graft
B3.9
If an autograft is obtained from a different procedure site in order to complete the objective of the procedure, a separate procedure is coded, except when the seventh character qualifier value in the ICD-10-PCS table fully specifies the site from which the autograft was obtained.
Examples: Coronary bypass with excision of saphenous vein graft, excision of saphenous vein is coded separately.
Replacement of breast with autologous deep inferior epigastric artery perforator (DIEP) flap, excision of the DIEP flap is not coded separately. The seventh character qualifier value Deep Inferior Epigastric Artery Perforator Flap in the Replacement table fully specifies the site of the autograft harvest.

Versus

2019 Guideline

Excision for graft
B3.9
If an autograft is obtained from a different procedure site 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.

Reference: Deep inferior epigastric artery perforator flap breast reconstruction ICD-10-CM/PCS Coding Clinic, Third Quarter ICD-10 2018 Pages: 13-14 Effective with discharges: September 24, 2018

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GUIDELINE CHANGES:
REVISED GUIDELINES

B4.1b. Body Part

2020 Guideline

B4.1b
If the prefix "peri" is combined with a body part to identify the site of the procedure, and the site of the procedure is not further specified, then the procedure is coded to the body part named. This guideline applies only when a more specific body part value is not available.
Examples: A procedure site identified as perirenal is coded to the kidney body part when the site of the procedure is not further specified.
A procedure site described in the documentation as peri-urethral, and the documentation also indicates that it is the vulvar tissue and not the urethral tissue that is the site of the procedure, then the procedure is coded to the vulva body part.
A procedure site documented as involving the periosteum is coded to the corresponding bone body part.

Reference: Excisional debridement of periosteum ICD-10-CM/PCS Coding Clinic, Third Quarter ICD-10 2018 Pages: 17-18
Effective with discharges: September 24, 2018

Versus

2019 Guideline

B4.1b
If the prefix "peri" is combined with a body part to identify the site of the procedure, and the site of the procedure is not further specified, then the procedure is coded to the body part named. This guideline applies only when a more specific body part value is not available.
Examples: A procedure site identified as perirenal is coded to the kidney body part when the site of the procedure is not further specified.
A procedure site described in the documentation as peri-urethral, and the documentation also indicates that it is the vulvar tissue and not the urethral tissue that is the site of the procedure, then the procedure is coded to the vulva body part.

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GUIDELINE CHANGES:
REVISED GUIDELINES

E1 . NEW TECHNOLOGY

E. New Technology Section

General guidelines
E1.a
Section X codes fully represent the specific procedure described in the code title, and do not require additional codes from other sections of ICD-10-PCS. When section X contains a code title which fully describes a specific new technology procedure, and it is the only procedure performed, only the section X code is reported for the procedure. There is no need to report an additional code in another section of ICD-10-PCS.
Example: XW04321 Introduction of Ceftazidime-Avibactam Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 1, can be coded to indicate that Ceftazidime-Avibactam Anti-infective was administered via a central vein. A separate code from table 3E0 in the Administration section of ICD-10-PCS is not coded in addition to this code.

E1.b
When multiple procedures are performed, New Technology section X codes are coded following the multiple procedures guideline.
Examples: Dual filter cerebral embolic filtration used during transcatheter aortic valve replacement (TAVR), X2A5312 Cerebral Embolic Filtration, Dual Filter in Innominate Artery and Left Common Carotid Artery, Percutaneous Approach, New Technology Group 2, is coded for the cerebral embolic filtration, along with an ICD-10-PCS code for the TAVR procedure.
Magnetically controlled growth rod (MCGR) placed during a spinal fusion procedure, a code from table XNS, Reposition of the Bones is coded for the MCGR, along with an ICD-10-PCS code for the spinal fusion procedure.

2020 Guideline

Versus

D. New Technology Section

General guidelines
D1
Section X codes are standalone codes. They are not supplemental codes. Section X codes fully represent the specific procedure described in the code title, and do not require any additional codes from other sections of ICD-10-PCS. When section X contains a code title which describes a specific new technology procedure, only that X code is reported for the procedure. There is no need to report a broader, non-specific code in another section of ICD-10-PCS.
Example: XW04321 Introduction of Ceftazidime-Avibactam Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 1, can be coded to indicate that Ceftazidime-Avibactam Anti-infective was administered via a central vein. A separate code from table 3E0 in the Administration section of ICD-10-PCS is not coded in addition to this code.

2019 Guideline

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CONCLUSIONS

Conclusions

- Bifurcation Qualifiers Deleted (Exception Heart and Great Vessels Table)
- In the Skin and Breast body system of the Medical and Surgical section, X External Approach for the breast body part values was deleted to facilitate a clear distinction in the classification, between procedures on the breast and procedures on the skin of the chest
- Multiple changes made to accommodate different bypass procedures
- Multiple revisions to better align coding terminology with clinical terminology
- Guidelines added or revised to take in to account newer coding advice or to provide new guidance

Sources & Citations

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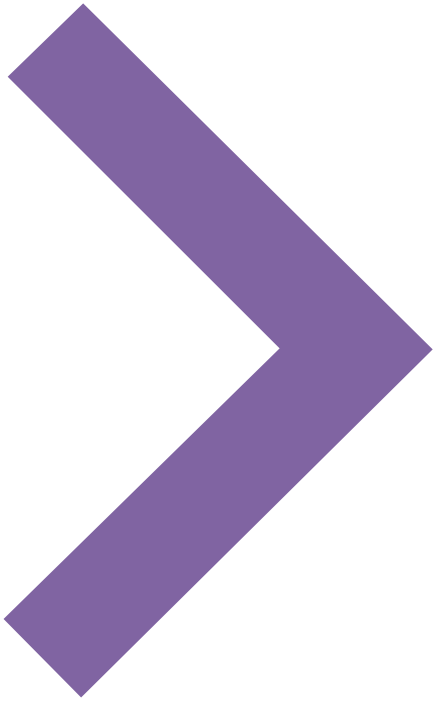
Thank you



ICD-10-PCS INDEX AND TABULAR ADDENDA

ICD-10-PCS INDEX AND TABULAR ADDENDA:
BODY PART KEY CHANGES

PCS Value	Definition	Coding Clinic Reference/Rationale for code changes
Popliteal Artery, Left Popliteal Artery, Right	Tibioperoneal trunk	Femoral artery to tibioperoneal trunk bypass ICD-10-CM/PCS Coding Clinic, Third Quarter ICD-10 2018 Page: 25 Effective with discharges: September 24, 2018
Subcutaneous Tissue and Fascia	**Submandibular Space**	Incision and drainage of submandibular space, ICD-10-CM/PCS Coding Clinic, Third Quarter ICD-10 2018 Page:16 Effective with discharges: September 24, 2018
Skin, Chest	Brest procedures, Skin only	Excisional debridement of breast tissue and skin, ICD-10-CM/PCS Coding Clinic, First Quarter ICD-10 2018 Pages: 14-15 Effective with discharges: February 18, 2018

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ICD-10-PCS INDEX AND TABULAR ADDENDA: ROOT OPERATION DEFINITION

PCS Value	Change	Coding Clinic Reference/Rationale for code changes
Control	Explanation Deleted ~~The site of the bleeding is coded as an anatomical region and not to a specific body part~~	**It can now be coded to the specific body part as they added control in the ear nose and sinus body system to be able to capture control of epistaxis. Therefore the explanation is no longer valid.**

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ICD-10-PCS INDEX AND TABULAR ADDENDA: DEVICE (NEW)

Reclassified from intraluminal device

PCS Value	Additions
Internal Fixation Device, Intramedullary Limb Lengthening for insertion in Upper Bones Internal Fixation Device, Intramedullary LimbLengthening for Insertion in Lower Bones	PRECICE intramedullary limb lengthening system
Intraluminal Device, Flow Diverter for Restriction in Upper Arteries	*Flow Diverter embolization device* *Pipeline(tm) (Flex) embolization device* *Surpass Streamline(tm) Flow Diverter*
Monitoring Device	Reveal (DX)(XT) Reveal (LINQ)(DX)(XT)
Radioactive Element	CivaSheet(R)
Subcutaneous DefibrillatorLead in Subcutaneous Tissueand Fascia	S-ICD(tm) lead

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ICD-10-PCS INDEX AND TABULAR ADDENDA: SUBSTANCE

PCS Value	Addition
Anti-Infective Envelope	Antibacterial Envelope (TYRX) (AIGISRx) TYRX Antibacterial Envelope

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ICD-10-PCS INDEX AND TABULAR ADDENDA: NEW TECHNOLOGY DEVICE/SUBSTANCE/ TECHNOLOGY

ICD-10-PCS Value	Definition
Andexanet Alfa, Factor Xa Inhibitor Reversal Agent	Factor Xa Inhibitor Reversal Agent, Andexanet Alfa
Apalutamide Antineoplastic	ERLEADA(tm)
Coagulation Factor Xa, Inactivated	Andexanet Alfa, Factor Xa Inhibitor Reversal Agent Andexxa Coagulation Factor Xa, (Recombinant) Inactivated Factor Xa Inhibitor Reversal Agent, Andexanet Alfa
Fosfomycin Anti-infective	CONTEPO(tm) Fosfomycin injection
Gilteritinib Antineoplastic	XOSPATA(R)
Imipenem-cilastatin-relebactam Anti-infective	IMI/REL
Intraluminal Device, Sustained Release Drug-eluting in New Technology	Eluvia(tm) Drug-Eluting Vascular Stent System SAVAL below-the-knee (BTK) drug-eluting stent system
Intraluminal Device, Sustained Release Drug-eluting, Four or More in New Technology	Eluvia(tm) Drug-Eluting Vascular Stent System SAVAL below-the-knee (BTK) drug-eluting stent system
Intraluminal Device, Sustained Release Drug-eluting, Three in New Technology	Eluvia(tm) Drug-Eluting Vascular Stent System SAVAL below-the-knee (BTK) drug-eluting stent system
Intraluminal Device, Sustained Release Drug-eluting, Two in New Technology	Eluvia(tm) Drug-Eluting Vascular Stent System SAVAL below-the-knee (BTK) drug-eluting stent system
Iobenguane I-131 Antineoplastic	AZEDRA(R) Iobenguane I-131, High Specific Activity (HSA)
Meropenem-vaborbactam Anti-infective	Vabomere(tm)
Ruxolitinib	Jakafi(R)
Tagraxofusp-erzs Antineoplastic	ELZONRIS(tm)
Venetoclax Antineoplastic	Venclexta(R)

ICD-10-PCS INDEX AND TABULAR ADDENDA: SIGNIFICANT INDEX ADDENDA

FY 2019	FY 2020	Coding Clinic Reference/Rationale for code changes
Ablation, See Destruction	Ablation, See Control Bleeding in See Destruction	Argon plasma coagulation of duodenal arteriovenous malformation, ICD-10-CM/PCS Coding Clinic, First Quarter ICD-10 2018 Page: 19 Effective with discharges: February 18, 201
Block, Nerve, anesthetic injection 3E0T3CZ	Block, Nerve, anesthetic injection 3E0T3BZ	3E0T3CZ is an invalid code
N/A	Dismembered pyeloplasty see Repair, Kidney Pelvis Pyeloplasty, dismembered see Repair, Kidney Pelvis	Dismembered pyeloplasty ICD-10-CM/PCS Coding Clinic, Second Quarter ICD-10 2018 Page: 27 Effective with discharges: June 6, 2018

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ICD-10-PCS INDEX AND TABULAR ADDENDA: SIGNIFICANT INDEX ADDENDA

FY 2019	FY 2020	Coding Clinic Reference/Rationale for code changes
N/A	Submandibular space use Subcutaneous Tissue and Fascia, Face	Incision and drainage of submandibular space, ICD-10-CM/PCS Coding Clinic, Third Quarter ICD-10 2018 Page:16 Effective with discharges: September 24, 2018
N/A	Tibioperoneal trunk use Popliteal Artery, Right use Popliteal Artery, Left	Femoral artery to tibioperoneal trunk bypass ICD-10-CM/PCS Coding Clinic, Third Quarter ICD-10 2018 Page: 25 Effective with discharges: September 24, 2018
N/A	TYRX Antibacterial Envelope use Anti-Infective Envelope	

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ICD-10-PCS INDEX AND TABULAR ADDENDA: *REVISED CODE TITLES*

ANDEXANET ALFA TO COAGULATION FACTOR XA, INACTIVATED

In the New Technology section, revise the axis 6 device/substance/technology value from Andexanet Alfa to Coagulation Factor Xa, Inactivated. To reflect the final generic name of the drug.

In addition, the manufacturer Portola requests the addition of the brand name Andexxa to the Substance Key.

Provides an antidote , when reversal of Eliquis (apixaban) and Xareleto (rivaroxaban) anticoagulants is needed for life-threatening bleeding

Section	**X** New Technology
Body System	**W** Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
3 Peripheral Vein **4** Central Vein	**3** Percutaneous	**REVISE from 7** Andexanet Alfa, Factor Xa Inhibitor Reversal Agent **REVISE to 7** Coagulation Factor Xa, Inactivated	**2** New Technology Group 2

Section X	New Technology	
Axis 6	Device / Substance / Technology	
Term	Delete	Andexanet Alfa, Factor Xa Inhibitor Reversal Agent
Includes	Delete	Factor Xa Inhibitor Reversal Agent, Andexanet Alfa
Term	Add	Coagulation Factor Xa, Inactivated
Includes	Add	Andexxa
Includes	Add	Coagulation Factor Xa, (Recombinant) Inactivated

Eliquis (apixaban) and Xarelto (rivaroxaban) are Alternate blood thinners (anticoagulants) to warfarin used to treat and prevent blood clots and to prevent stroke in people with atrial fibrillation

The use of warfarin reduces the rate of ischemic stroke in patients with atrial fibrillation but requires frequent monitoring and dose adjustment. Rivaroxaban, an oral factor Xa inhibitor, may provide more consistent and predictable anticoagulation than warfarin

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