



Medical Coding ICD-10-PCS

INPATIENT PROCEDURE CODING

Selection of Principal Procedure

The following instructions should be applied in the selection of the principal procedure and clarification on the importance of its relation to the principal diagnosis when more than one procedure is performed:

1. Procedure was performed for definitive treatment of both the principal diagnosis and secondary diagnosis.
 - a. Sequence procedure was performed for definitive treatment most related to a principal diagnosis as the principal procedure.
2. Procedure was performed for definitive treatment, and diagnostic procedures were performed for both the principal diagnosis and secondary diagnosis.
 - a. Sequence procedure was performed for definitive treatment most related to a principal diagnosis as the principal procedure.

3. A diagnostic procedure was performed for the principal diagnosis, and a procedure was performed for definitive treatment of a secondary diagnosis.
 - a. Sequence diagnostic procedure as the principal procedure, since the procedure most related to the principal diagnosis takes precedence.
4. No procedures are performed that are related to the principal diagnosis; procedures were performed for definitive treatment, and diagnostic procedures were performed for secondary diagnosis.
 - a. Sequence procedure was performed for definitive treatment of a secondary diagnosis as the principal procedure, since there are no procedures (definitive or nondefinitive treatment) related to the principal diagnosis.

ICD-10-PCS Coding Conventions

A1 ICD-10-PCS codes are composed of seven characters. Each character is an axis of classification that specifies information about the procedure performed. Within a defined code range, a character specifies the same type of information in that axis of classification.

EX: The fifth axis of classification specifies the approach in sections 0 through 4 and 7 through 9 of the system.

1	2	3	4	5	6	7
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier

A2 One of 34 possible values can be assigned to each axis of classification in the seven-character code: they are the numbers 0 through 9 and the alphabet (except I and O because they are easily confused with the numbers 1 and 0). The number of unique values used in an axis of classification differs as needed.

EX: Where the fifth axis of classification specifies the approach, seven different approach values are currently used to specify the approach.

A3 The valid values for an axis of classification can be added to as needed.
EX: If a significantly distinct type of device is used in a new procedure, a new device value can be added to the system.

A4 As with words in their context, the meaning of any single value is a combination of its axis of classification and any preceding values on which it may be dependent.

EX: The meaning of a body part value in the Medical and Surgical section is always dependent on the body system value. The body part value 0 in the Central Nervous System specifies Brain and the body part value 0 in the Peripheral Nervous System specifies Cervical Plexus.

A5 As the system is expanded to become increasingly detailed, over time more values will depend on preceding values for their meaning.

EX: In the Lower Joints body system, the device value 3 in the root operation Insertion specifies Infusion Device and the device value 3 in the root operation Replacement specifies Ceramic Synthetic Substitute.

A6 The purpose of the alphabetic index is to locate the appropriate table that contains all information necessary to construct a procedure code. The PCS tables should always be consulted to find the most appropriate valid code.

A7 It is not required to consult the index first before proceeding to the tables to complete the code. A valid code may be chosen directly from the tables.

A8 All seven characters must be specified to be a valid code. If the documentation is incomplete for coding purposes, the physician should be queried for the necessary information.

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, 00PY37Z is a valid code, and 00PYX7Z is not a valid code.

Section	0	Medical and Surgical	
Body System	M	Muscles	
Operation	P	Removal: Taking out or off a device from a body part	
Body Part	Approach	Device	Qualifier
X: Upper Muscle	0: Open	0: Drainage Device	2: None
Y: Lower Muscle	1: Percutaneous	7: Autologous Tissue Substitute	
	4: Percutaneous Endoscopic	J: Synthetic Substitute	
		K: Nonautologous Tissue Substitute	
		M: Stimulator Lead	
X: Upper Muscle		Y: Other Device	2: None
Y: Lower Muscle	X: External	0: Drainage Device	
		M: Stimulator Lead	

A10 "And," when used in a code description, means "and/or."

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

A11 Many of the terms used to construct PCS codes are defined within the system. It is the coder's responsibility to determine what the documentation in the medical record equates to in the PCS definitions. The physician is not expected to use the terms in the PCS code descriptions, nor is the coder required to query the physician when the correlation between the documentation and the defined PCS terms is clear.

EX: When the physician documents "partial resection," the coder can independently correlate "partial resection" to the root operation Excision without querying the physician for clarification.

ICD-10-PCS Sections & Subsections

0: Medical and Surgical Central Nervous System Peripheral Nervous System Heart and Great Vessels Upper Arteries Lower Arteries Upper Veins Lower Veins Lymphatic and Hemio Systems Eye Ear, Nose, Sinus Respiratory System Mouth and Throat Gastrointestinal System Hepatobiliary System and Pancreas Endocrine System Skin and Breast Subcutaneous Tissue and Fascia	Muscles Tendons Bursae and Ligaments Head and Facial Bones Upper Bones Lower Bones Upper Joints Lower Joints Urinary System Female Reproductive System Male Reproductive System Anatomical Regions: General Anatomical Regions: Upper Extremities Anatomical Regions: Lower Extremities 1: Obstetrics 2: Placement	Anatomical Regions Anatomical Offices 3: Administration 4: Measurement and Monitoring 5: Extracorporeal or Systemic Assistance and Performance 6: Extracorporeal or Systemic Therapies 7: Osteopathic 8: Other Procedures 9: Chiropractic B: Imaging C: Nuclear Medicine D: Radiation Therapy E: Physical Rehabilitation and Diagnostic Audiology G: Mental Health H: Substance Abuse Treatment X: New Technology
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Icd 9 Coding Study Guide

Lisa Selman-Holman, Victoria Forlini

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degree in English Literature from University of California Los Angeles an RHIT from AHIMA after completing the RHIT program at East Los Angeles College and a CCS certificate from AHIMA Extensive experience as a hands on coder auditor and educator and has given the author the expertise to help coders prepare for the professional coding environment

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