Querying for ICD-10-PCS Documentation

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Learning Objectives

• At the completion of this educational activity, the learner will be able to:
  – Describe the difference in terminology and specificity between ICD-9 and ICD-10-PCS codes for common procedures
  – Explain the clinical documentation required to fully leverage the specificity available in ICD-10-PCS codes
  – Write queries to incorporate the additional specificity that will be needed for specific/common ICD-10-PCS codes

ICD-10-PCS Structure

Difference in Terminology and Specificity Between ICD-9 and ICD-10-PCS Codes for Common Procedures
ICD-10-PCS Structure

- Seven-character alphanumeric code
  - Digits 0–9; letters A–H, J–N, P–Z
- Tabular List
  - Grid with rows and columns to delineate valid combinations of code characters
- Index
  - Alphabetic listing by type of procedure, including common procedure name (e.g., hysterectomy, appendectomy)

ICD-10-PCS Code Structure

<table>
<thead>
<tr>
<th>ICD-9-CM Volume 3</th>
<th>ICD-10-PCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3–4 characters</td>
<td>7 characters</td>
</tr>
<tr>
<td>All characters are numeric</td>
<td>All either alpha or numeric</td>
</tr>
<tr>
<td>All codes have at least 3 characters</td>
<td>Uses 0–9, A–H, J–N, P–Z</td>
</tr>
<tr>
<td></td>
<td>Alpha is not case sensitive</td>
</tr>
<tr>
<td></td>
<td>All codes must have seven (7) characters</td>
</tr>
</tbody>
</table>
Procedure Code Structure

- ICD-9-CM Volume 3

\[ \begin{array}{c}
4 \\
2 \\
\end{array} \quad . \quad \begin{array}{c}
2 \\
4 \\
\end{array} \]

- ICD-10-PCS

\[ \begin{array}{c}
0 \\
D \\
B \\
5 \\
8 \\
Z \\
X \\
\end{array} \]

PCS Characters for Med/Surg

- Section
- Body system
- Root operation
- Body part
- Approach
- Device
- Qualifier
Specificity for ICD-10-PCS
Med/Surg Section

• Section (1) – type of procedure
• Body system (2) – general body system
• Root operation (3) – objective of the procedure
• Body part (4) – specific anatomical location in the body system on which the procedure is being performed
• Approach (5) – techniques used to reach the site of the procedure
• Device (6) – devices that remain after the procedure is completed
• Qualifier (7) – additional information about the specific procedure

PCS Coding Guidelines

• Character value has different meaning when used in different position in code, except “Z”
• NEC option rarely allowed except for devices and drugs
• All possible procedures are defined
• Codes exists as groups of interchangeable components called “characters” that must be assembled into a valid code for each procedure performed
• Root operations have a precise definition
ICD-10-PCS Coding Example
Laparoscopic Appendectomy

- **Appendectomy**
  - see Excision, Appendix 0DBJ
  - see Resection, Appendix 0DTJ

- **Resection**
  - Appendix 0DTJ

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ICD-10-PCS Coding Example
Laparoscopic Appendectomy

*Section 0* Medical and Surgical  
*Body system* D Gastrointestinal System  
*Operation* T Resection: Cutting out or off, without replacement, all of a body part

<table>
<thead>
<tr>
<th>Body part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>...</td>
<td>0 Open</td>
<td>Z No Device</td>
<td>Z No Qualifier</td>
</tr>
<tr>
<td>E Large Intestine</td>
<td>4 Percutaneous Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F Large Intestine, Right</td>
<td>7 Via Natural or Artificial Opening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G Large Intestine, Left</td>
<td>8 Via Natural or Artificial Opening Endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H Cecum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J Appendix</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K Ascending Colon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L Transverse Colon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>...</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ICD-10-PCS Coding Example
Laparoscopic Appendectomy

Code 0DTJ4ZZ
• Section: Medical & surgical – 0
• Body system: Gastrointestinal – D
• Root operation: Resection – T
• Body part: Appendix – J
• Approach: Percutaneous endoscopic – 4
• Device: None – Z
• Qualifier: None – Z

Cardiovascular:
CABG

Documentation Requirements for ICD-10
Cardiac System
CABG

Root operation:
**Bypass (1)** – Altering the route of passage of the contents of a tubular body part

- Rerouting contents of a tubular body part to a downstream area of the normal route, to a similar route and body part, or to an abnormal route & dissimilar body part
- Includes one or more anastomoses with or without the use of a device
Procedure description:

**Coronary artery bypass surgery**, also **coronary artery bypass graft (CABG) surgery**, is a surgical procedure performed to relieve angina and reduce the risk of death from CAD. Arteries or veins from elsewhere in the patient's body are grafted to the coronary arteries to bypass atherosclerotic narrowing and improve the blood supply to the coronary circulation supplying the myocardium (heart muscle). This surgery is usually performed with the heart stopped, necessitating the usage of cardiopulmonary bypass; techniques are available to perform CABG on a beating heart, so-called "off-pump" surgery.

ICD-10-PCS GUIDELINES

Root operation guidelines

**Discontinued procedures** – B3.3

- If the intended procedure is discontinued, code the procedure to the root operation performed. If a procedure is discontinued before any other root operation is performed, code the root operation inspection of the body part or anatomical region inspected.

**Example**: A planned CABG procedure is discontinued after the initial thoracotomy when the patient becomes hemodynamically unstable. This procedure is coded as an open inspection of the mediastinum.
ICD-10-PCS GUIDELINES

Root operation guidelines – B3.6b

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

**Example:** Aortocoronary artery bypass of one site on the left anterior descending coronary artery and one site on the obtuse marginal coronary artery is classified in the body part axis of classification as two coronary artery sites, and the qualifier specifies the aorta as the body part bypassed from.

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ICD-10-PCS GUIDELINES

Root operation guidelines – 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.

**Example:** Thoracotomy to reach the site, pericardiotomy to expose the heart, anastomosis of the grafts, closure of the sternum, and skin chest tube and other postop drains would all be included in the CABG code.
Root operation guidelines – B3.6c

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

**Example:** Aortocoronary artery bypass and internal mammary coronary artery bypass are coded separately.
ICD-10-PCS GUIDELINES

Root operation guideline

*Excision for graft* – B3.9

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

**Example:** Coronary bypass with excision of saphenous vein graft, excision of saphenous vein is coded separately. A separate code is not needed for LIMA or RIMA grafts.

### Device characters

<table>
<thead>
<tr>
<th>Type of tissue</th>
<th>Device character</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autologous vein</td>
<td>9</td>
<td>A venous graft in which the donor and recipient area are in the same individual</td>
</tr>
<tr>
<td>Autologous artery</td>
<td>A</td>
<td>An arterial graft in which the donor and recipient area are in the same individual</td>
</tr>
<tr>
<td>Synthetic substitute</td>
<td>J</td>
<td>Any type of synthetic substitute (gortex)</td>
</tr>
<tr>
<td>Nonautologous tissue substitute</td>
<td>K</td>
<td>Nonautologous allogenic donor tissue implanted from one human to another</td>
</tr>
</tbody>
</table>
An autograft is tissue or organ transferred into a new position in the body of the same individual. AKA – autotransplant, autogenic graft, autologous graft, autoplastic graft.

When assigning the device value, remember a device needs to be completely excised and separated before being moved – the internal mammary arteries are excised at only one end and brought down to the blocked coronary artery and therefore have a device value of None.

**Cardiac System**

**CABG – With Device (Free Graft)**

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

<table>
<thead>
<tr>
<th>Body part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Coronary Artery, 1 Site 1 Coronary Artery, 2 Sites 2 Coronary Artery, 3 Sites 3 Coronary Artery, 4 or More Sites</td>
<td>0 Open</td>
<td>9 Autologous Venous Tissue A Autologous Arterial Tissue J Synthetic Substitute K Nonautologous Tissue Substitute</td>
<td>3 Coronary Artery 8 Internal Mammary, Right 9 Internal Mammary, Left C Thoracic Artery F Abdominal Artery W Aorta</td>
</tr>
</tbody>
</table>
### Cardiac System

**CABG – Without Device (With/Out Free Graft)**

*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

<table>
<thead>
<tr>
<th>Body part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
</table>
| 0 Coronary Artery, 1 Site  
1 Coronary Artery, 2 Sites  
2 Coronary Artery, 3 Sites  
3 Coronary Artery, 4 or More Sites | 0 Open | Z No Device | 3 Coronary Artery  
8 Internal Mammary, Right  
9 Internal Mammary, Left  
C Thoracic Artery  
P Abdominal Artery |

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### Cardiac System

**CABG**

*Section* 0 Medical and Surgical  
*Body system* 6 Lower Veins  
*Operation* B Excision: Cutting out or off, without replacement, a portion of a body part

<table>
<thead>
<tr>
<th>Body part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
</table>
| ...  
P Greater Saphenous Vein, Right  
Q Greater Saphenous Vein, Left  
R Lesser Saphenous Vein, Right  
S Lesser Saphenous Vein, Left  
... | 0 Open  
3 Percutaneous  
4 Percutaneous Endoscopic | Z No Device | X Diagnostic  
Z No Qualifier |
Cardiac System
CABG Documentation Requirements

- **Need to know:**
  - ✓ The number of sites treated rather than the number of coronary arteries bypassed treated
  - ✓ Devices used for bypass
  - ✓ Laterality, specific site, and approach for any autologous grafts harvested from another body site for bypass conduits
  - ✓ If patient was placed on a pump or not

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Case #1: CABG

INDICATION FOR PROCEDURE: Mr. [Redacted] is a very pleasant, 67-year-old male with a history of coronary artery disease, status post PCI with drug-eluting stent to the ramus artery several months ago. He presented with acute onset of chest pain today, and given the significant history of coronary artery disease, he was referred for coronary angiogram and possible revascularization if indicated.
Case #1: CABG

- **Coronary angiogram results**
  - Severe native multi-vessel coronary artery disease involving the CTO of the right coronary artery as previously documented, as well as significant stenosis in the major caliber ramus artery, mid left anterior descending, and the proximal circumflex artery

- **Preop diagnosis**
  - Three-vessel coronary artery disease, reduced ejection fraction, diabetes, PVD, ischemic cardiomyopathy

Case #1: CABG – Op Note

OPERATIVE PROCEDURE: After successful induction of general endotracheal anesthesia, the patient was prep
red and draped in the usual sterile fashion. Median sternotomy incision was made and taken down to subcutaneous tissue and fascia. The sternum was opened with the use of the electric saw. The left internal mammary artery was harvested using electrocautery and the branches were hemoclipped. The mammary artery was harvested in skeletonized fashion. The pleural space was opened.