

New for 2016

ICD-10-PCS



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The 2016 ICD-10-PCS information, effective October 1, 2015, is now available for download at:

- <http://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-PCS-and-GEMs.html>
- Included are:
 - 2016 Official ICD-10-PCS Coding Guidelines
 - PCS Code Tables and Index
 - 2016 General Equivalence Mappings (GEMs)
 - More...

In response to public comment the Guidelines contain the following changes (new/deleted phrases printed in **orange**):

- *Multiple procedures* B3.2
 - b. The same root operation is repeated **in multiple body parts, and those body parts are separate and distinct body parts classified to a single ICD-10-PCS body part value.**
- *Biopsy procedures* B3.4a
 - Biopsy procedures are coded using the root operations Excision, Extraction, or Drainage and the qualifier Diagnostic. ~~The qualifier Diagnostic is used only for biopsies.~~

- *Inspection procedures B3.11b*
 - If multiple tubular body parts are inspected, the most distal body part (the body part furthest from the starting point of the inspection) is coded. If multiple non-tubular body parts in a region are inspected, the body part that specifies the entire area inspected is coded.

- **B4. Body Part** *General guidelines* 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.

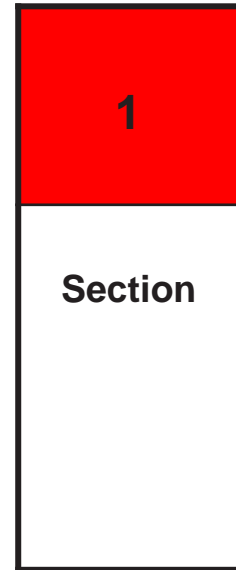
Note: *Entirely new Section has been added!*

- **New Technology Section Guidelines (section X)**
- **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.

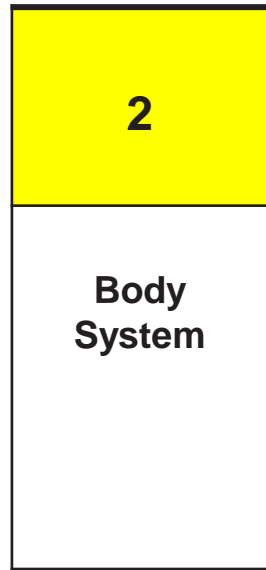
ICD-10-PCS 2016: Section X



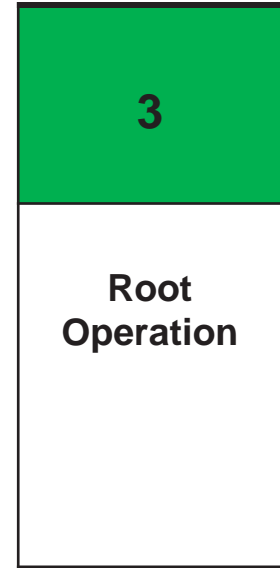
- The first character in the code determines the broad procedure category, or Section
- All codes in Section X, New Technology, begin with the letter X



- The second character in the New Technology Section defines the body system—the general physiological system or anatomical region involved. Currently the Body System choices are:
 - **2** Cardiovascular System
 - **R** Joints
 - **W** Anatomical Regions



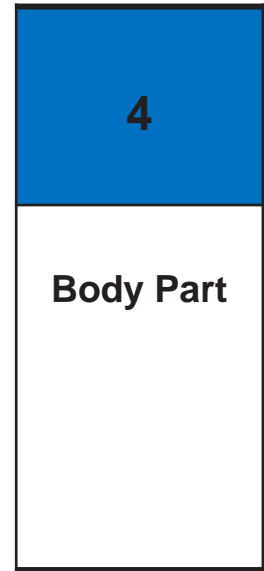
- The third character in the New Technology Section defines the root operation, or the objective of the procedure.
- The New Technology Section uses the same root operation values as their counterparts in other sections of ICD-10-PCS
- Current Root Operation choices are:
 - Extirpation: Taking or cutting out solid matter from a body part
 - Monitoring: Determining the level of a physiological or physical function repetitively over a period of time
 - Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products



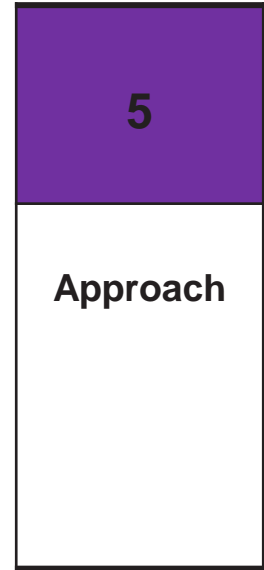
- The fourth character in the New Technology Section defines the body part, or specific anatomical site where the procedure was performed.
- The New Technology Section uses the same body part values that are used in other sections of ICD-10-PCS
- Current Body Part choices are:

- **0** Coronary Artery, One Site
- **1** Coronary Artery, Two Sites
- **2** Coronary Artery, Three Sites
- **3** Coronary Artery, Four or More Sites

- **G** Knee Joint, Right
- **H** Knee Joint, Left
- **3** Peripheral Vein
- **4** Central Vein



- The fifth character in the New Technology Section represents the technique used to reach the site of the procedure.
- The New Technology Section uses the same approach values as their closest counterparts in other sections of ICD-10-PCS.
- Current Approach choices are:
 - External
 - Open
 - Percutaneous
 - Percutaneous Endoscopic
 - Via Natural or Artificial Opening
 - Via Natural or Artificial Opening Endoscopic
 - Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance



ICD-10-PCS 2016: Section X

- The sixth character in the New Technology Section represents a Device / Substance /Technology which contains a general description of the key feature of the new technology
 - *Example:* Ceftazidime-Avibactam Anti-infective is an example of a new technology substance

6
Device/ Substance/ Technology

ICD-10-PCS 2016: Section X

- The seventh character in the New Technology Section defines a qualifier for the code.
- In the New Technology Section it is used exclusively to indicate the New Technology Group
- It is a number or letter that changes each year that new technology codes are added to the system
- It allows the ICD-10-PCS to “recycle” the values in the third, fourth, and sixth characters as needed



Scenario: Infusion of ceftazidime via peripheral venous catheter

What does the coder know?

- Infusion codes to root operation Introduction
- The body part is a peripheral vein
- The substance is ceftazidime
- A separate code from table 3E0 in the Administration section of ICD-10-PCS is not coded in addition to this code

Infusion of ceftazidime via peripheral venous catheter **XW03321**

ICD-10-PCS Index

Ceftazidime-Avibactam Anti-infective XW0 ←

<i>Section</i>	X New Technology		
<i>Body System</i>	W Anatomical Regions		
<i>Operation</i>	0 Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products		
<i>Body Part</i>	<i>Approach</i>	<i>Device / Substance / Technology</i>	<i>Qualifier</i>
3 Peripheral Vein ← 4 Central Vein	3 Percutaneous	2 Ceftazidime-Avibactam ← Anti-infective 3 Idarucizumab, Dabigatran Reversal Agent 4 Isavuconazole Anti-infective 5 Blinatumomab Antineoplastic Immunotherapy	1 New Technology Group 1

Scenario: Infusion of ceftazidime via peripheral venous catheter

- Infusion goes to root operation Introduction
- The body part is a peripheral vein
- The substance is ceftazidime

XW03321

Note: The coder must be guided by documentation in the medical record of each individual case to make the correct code selections.

Questions???



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Trauma Scenario 1

- Diagnoses
- Procedures

Trauma Scenario 2

- Diagnoses
- Procedures

You asked for answers...



Trauma Scenario 1

Trauma Scenario 1: Diagnoses

Entrance wound Upper Left Thigh

- **S71.142A** Puncture wound with foreign body, left thigh, initial encounter

Perforated:

- Pericardium, inferior wall and anterior wall
- **S26.99XA** Perforated Pericardium, inferior wall and anterior wall, initial encounter
- Small bowel
- **S36.439A** Perforated Small Bowel, initial encounter
- Left flexure of large bowel
- **S36.532A** Perforated Left flexure of Large Bowel (splenic flexure), initial encounter

Perforated:

- Diaphragm
- **S27.803A** Laceration diaphragm, initial encounter
- Fundus of stomach
- **S36.39XA** Perforated Fundus of Stomach, initial encounter
- Spleen laceration, hylum
- **S36.039A Laceration** Spleen, hylum, initial encounter - OR—
S36.09XA Perforated Spleen, hylum, initial encounter

Note: (Major, Moderate, Superficial) needs to be documented for greater specificity with Laceration of Spleen)

Trauma Scenario 1: Diagnoses

Perforated:

- Left Kidney grazed with significant surface injury
- **S37.092A** Grazed Left Kidney with significant surface injury, initial encounter
- Large contusion left upper lung
- **S27.321A** Contusion, left upper lung (unilateral), initial encounter

External Cause Codes

- **W34.00XA** Accidental discharge from unspecified firearms or gun, initial encounter
- **Y92.9** Unspecified place

Trauma Scenario 1: Procedures

- Endotracheal intubation
- **0BH17EZ**
- CPR
- **5A12012**
- Thoracotomy
- **Not coded**, it's the approach for other procedures
- Defibrillation
- **5A2204Z**
- Removal of bullet ventricle atrium (need laterality, we are using the left)
- **02C70ZZ** reflects the left side

Trauma Scenario 1: Procedures

- Open cardiac massage
- **02QA0ZZ**
- Fast US - we are limiting to heart and aorta without contrast
- **B24BZZZ**
- Central venous catheter, Left
- **05H633Z**

Note: We also need the laterality for the central venous cath. 05H633Z reflects the left for now

- Whole blood transfusion, through peripheral vein
- **30233H1**



Trauma Scenario 2

Trauma Scenario 2: Diagnoses

- Closed posterior dislocation of left knee proximal tibia, initial encounter
- **S83.125A** Posterior dislocation of proximal end of tibia, left knee, initial encounter
- Gunshot wound of thigh/femur, right, initial encounter
- **S71.101A** Unspecified open wound, right thigh, initial encounter
- Vascular injury – dissection of left popliteal artery
- **S85.092** Other specified injury of popliteal artery, left leg – **OR** – **I77.79** Dissection other artery (This appears to have been a residual of the injury to the knee)

External Cause Codes

- **W34.00XA** Accidental discharge from unspecified firearms or gun, initial encounter
- **Y92.481** Parking lot as place of occurrence
- **Y99.8** Leisure activity
- **Y93.55** Bike riding, activity
- **Y93.02** Running

Trauma Scenario 2: Procedures

- Closed Reduction of Knee
- **0SSDXZZ** Reposition Left Knee Joint, External Approach
- Incision and drainage of the hematomas of the left thigh, knee, and proximal leg areas.
- **0H9LXZZ** Drainage of Left Lower Leg Skin, External Approach
- Thrombectomy of the left superficial femoral popliteal arteries, open approach
- **04CN0ZZ** Extirpation of Matter from Left Popliteal Artery, Open Approach

How do we code this???



ICD-10-PCS

How do we code this???

ORIF Right tibia/fibula

- **0QSG04Z** Reposition Right Tibia with Internal Fixation Device, Open Approach
- **0QSJ04Z** Reposition Right Fibula with Internal Fixation Device, Open Approach

Peg tube

- **0DH63UZ** Insertion of Feeding Device into Stomach, Percutaneous Approach

Note: The tube is placed percutaneously from the outside in and the endoscope is used to guide the percutaneous placement of the tube. The guidance can be accomplished via esophagogastroduodenoscopy (EGD), laparoscopically or via CT imaging. Do not code the endoscopic guidance separately.

How do we code this???

Intubation

- **0BH17EZ** Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening

Insertion of device in
Trachea **0BH1**

<i>Section</i>	0 Medical and Surgical		
<i>Body System</i>	B Respiratory System		
<i>Operation</i>	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		
<i>Body Part</i>	<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
1 Trachea	7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	2 Monitoring Device D Intraluminal Device E Intraluminal Device, Endotracheal Airway	Z No Qualifier

How do we code this???

Mechanical Ventilation

- **5A1935Z** Respiratory Ventilation, Less than 24 Consecutive Hours
- **5A1945Z** Respiratory Ventilation, 24-96 Consecutive Hours
- **5A1955Z** Respiratory Ventilation, Greater than 96 Consecutive Hours

Mechanical ventilation see Performance, Respiratory **5A19**

How do we code this???



Brain MRI

- **B030ZZZ** Magnetic Resonance Imaging (MRI) of Brain

Magnetic Resonance Imaging (MRI)
Brain **B030**

How do we code this???

- **Head CT**
- **BW28ZZZ** Computerized Tomography (CT Scan) of Head

CAT scan *see* Computerized Tomography (CT Scan)

Computerized Tomography (CT Scan)
Head **BW28**

How do we code this???

CPR

- **5A12012** Performance of Cardiac Output, Single, Manual

Resuscitation

External chest compression **5A12012**

How do we code this???

ICP monitor

- **4A103BD** Monitoring of Intracranial Pressure, Percutaneous Approach

Monitoring

Central Nervous

Pressure 4A100BZ

Intracranial **4A10**

IVC filter

- **06H03DZ** Insertion of Intraluminal Device into Inferior Vena Cava, Percutaneous Approach

Note: Greenfield filter or IVC filter is inserted in the inferior vena cava

Insertion of device in
Vena Cava
Inferior **06H0**
Superior 02HV

Bronchoscopy

- **0BJ08ZZ** Inspection of Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic

Note: You will need to know the purpose of the bronchoscopy to code it correctly. The root operation will change depending on the purpose.

Bronchoscopy 0BJ08ZZ

Some procedures a bronchoscope may be used for and their Root Operations:

- View the airways for abnormalities – Inspection
- Remove foreign object(s) from the airway – Extirpation
- Remove small bits of tissue for biopsy – Excision with qualifier Diagnostic
- Perform a bronchial washing during viewing – Irrigation (Administration Section)
- Perform a BAL (Bronchoalveolar Lavage) – Drainage
- Perform lung ablation – Destruction
- Insertion of brachytherapy seeds - Insertion

How do we code this???

Craniotomy (Exploration) only of brain

- **00J00ZZ** Inspection of Brain, Open Approach
- **Note:** You will need to know the purpose of the craniotomy to code it correctly. The root operation will change depending on the purpose.

Exploration see Inspection

Inspection

Brain **00J0**

How do we code this???

Craniotomy (Evacuation) of hematoma – subdural space

- **00C40ZZ** Extirpation of Matter from Subdural Space, Open Approach

Evacuation

Hematoma *see* Extirpation

Extirpation

Subdural Space **00C4**

How do we code this???

External fixator placement tibia/fibula (left)

- **0QHH35Z** Insertion of External Fixation Device into Left Tibia, Percutaneous Approach
- **0QHK35Z** Insertion of External Fixation Device into Left Fibula, Percutaneous Approach

Verify the Approach

Insertion of device in

Fibula

Left **0QHK**

Tibia

Left **0QHH**

How do we code this???



Removal external fixator tibia/fibula

- **0QPHX5Z** Removal of External Fixation Device from Left Tibia, External Approach
- **0QPKX5Z** Removal of External Fixation Device from Left Fibula, External Approach

Verify the Approach

Removal of device from

Fibula

Left **0QPK**

Tibia

Left **0QPH**

Arterial line

- **04HL3DZ** Insertion of Intraluminal Device into Left Femoral Artery, Percutaneous Approach

Note: For the example the arterial line ended up in the left femoral artery, this determines the 4th character, Body Part

Insertion of device in

Artery

Femoral

Left **04HL**

Right **04HK**

How do we code this???

Arterial line placed for multiple arterial blood gases via the right radial artery

- **03HY322**, Insertion of Monitoring Device into Upper Artery, Percutaneous Approach

Insertion of device in
Artery
Upper **03HY**

Note: Upper artery (4th character) is selected because there is no Monitoring Device (6th character) with Radial Artery

Central line

- **02HV33Z** Insertion of Infusion Device into Superior Vena Cava, Percutaneous Approach

Verify the end point

Note: Central venous catheter is placed percutaneously and should end in the superior vena cava

Insertion of device in
Vena Cava
Inferior 06H0
Superior **02HV**

How do we code this???

Primary repair right atrial inferior vena caval injury

- **02Q60ZZ** Repair Right Atrium, Open Approach
- **06Q00ZZ** Repair Inferior Vena Cava, Open Approach

Note: Verify two sites were actually repaired

Repair

Atrium

Left 02Q7

Right **02Q6**

Vena Cava

Inferior **06Q0**

Debridement of skin, subcutaneous tissue, muscle and fascia in association with open fractures in toes 1-4

- **Note:** A physician query is needed for the reason for the debridement (whether a separate excisional debridement versus cleaning of the open wound was done).
- **Note:** Code to the deepest layer debrided
- **Note:** All will code to Excision, (skin, subcutaneous tissue and fascia, or muscle), Foot; there is no subterm for toe

How do we code this???

Amputation of great toe through the interphalangeal joint

Note: Query for (1) laterality and (2) which interphalangeal joint

Amputation of left great toe through the proximal interphalangeal joint

- **0Y6Q0Z2** Detachment at Left 1st Toe, Mid, Open Approach

Amputation see Detachment

Detachment

Toe

1st

Left **0Y6Q0Z**

Right 0Y6P0Z

How do we code this???



- **T11-L3 posterior nonsegmental instrumentation for unstable spine fx**
- **Posterior fusion T11-L3**
- **T12-L1 laminectomy for decompression**
- **Ligamentotaxis for spinal cord decompression**
- **Use of autograft/ allograft**

How do we code this???

Example: Posterior lumbar interbody fusion L3-L4 and L4-L5 using autologous bone graft, discectomy of L3-L4 and L4-L5, packing of the disc space with autologous bone that was harvested from the right iliac crest, and pedicle screw instrumentation

- **0SG107J** Fusion of 2 or more Lumbar Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach
- **0SB20ZZ** Excision of lumbar vertebral disc, open approach, for the discectomy
- **0QB20ZZ** Excision of right pelvic bone, open approach, for the harvesting of the autologous bone for grafting

How do we code this???

- **Note:** Discectomy is almost always performed at the same time as spinal fusion surgery. Typically, a fusion involves partial removal of the disc. If the provider performs a discectomy with spinal fusion, it should be coded as excision of disc. If, however, the provider documents “total discectomy,” it should be coded as a disc resection.
- **Note:** Fixation (rods, plates, screws) is included in the fusion root operation, no additional code is assigned.

T12-L1 laminectomy for decompression

- **Note:** The laminectomy procedure to release the spinal cord is coded only once for each level because the cervical, thoracic and lumbar spinal cord are each classified as a single body part. By convention, the vertebral level (C3, C4, and so on) is used to identify a specific area along the spinal cord, but each designation is not considered a separate and distinct body part anatomically. The current version of the ICD-10-PCS guideline B3.2b states, “During the same operative episode, multiple procedures are coded if: The same root operation is repeated at different body parts that are included in the same body part value.” The guideline uses two separate and distinct muscles in the upper leg as an example of the correct application of the guideline.

How do we code this???

- **Note, cont.:** The vertebral level designations of the spinal cord do not constitute separate and distinct body parts anatomically, therefore the multiple procedures guideline B3.2b does not apply. Assign the following ICD-10-PCS code:

00NX0ZZ Release thoracic spinal cord, open approach

00NY0ZZ Release lumbar spinal cord, open approach

Although the ICD-10-PCS' Index entry "Laminectomy," instructs to see Excision, the objective of a decompressive laminectomy is to release pressure and free up the spinal nerve root. Therefore the appropriate root operation is "Release."

How do we code this???

Repair of left common femoral artery and superficial femoral artery

- **04QLOZZ** Repair Left Femoral Artery, Open Approach

Note: There is no sub-entry for either common or superficial

Repair

Artery

Femoral

Left **04QL**

Right 04QK

How do we code this???

Ligation of left superficial femoral vein

- **06LN0ZZ** Occlusion of Left Femoral Vein, Open Approach

Ligation *see* Occlusion

Occlusion

Vein

Femoral

Left **06LN**

Right 06LM

How do we code this???

Exploratory laparotomy

- **0WJG0ZZ** Inspection of Peritoneal Cavity, Open Approach

Exploration *see* Inspection

Laparotomy

Drainage *see* Drainage, Peritoneal Cavity 0W9G

Exploratory *see* Inspection, Peritoneal Cavity **0WJG**

How do we code this???

(1) Closed reduction of mandible fracture with (2) placement of arch bars and (3) intermaxillary fixation

- **0NSTXZZ** Reposition Right Mandible, External Approach
- 2W31X9Z Immobilization of Face using Wire

Note: Query, need laterality, for this example chose **Right**

Reduction

Fracture *see* Reposition

Reposition

Mandible

Left 0NSV

Right **0NST**

How do we code this???

(1) Closed reduction of mandible fracture with (2) placement of arch bars and (3) intermaxillary fixation

- 0NSTXZZ Reposition Right Mandible, External Approach
- **2W31X9Z** Immobilization of Face using Wire

Note: Query, were the arch bars placed for fracture reduction? Changes the code.

Fitting

Arch bars, for fracture reduction see Reposition, Mouth and Throat 0CS

Arch bars, for immobilization *see* Immobilization, Face
2W31

How do we code this???

(1) Closed reduction of mandible fracture with (2) placement of arch bars and (3) intermaxillary fixation

Note: Query how was the intermaxillary fixation was performed? In this case we will assume External Fixation without reduction, percutaneous.

- **0NHR35Z** Insertion external fixation device right maxilla, Percutaneous Approach

Fixation, bone

External, with fracture reduction see
Reposition

External, without fracture reduction
see Insertion

Internal, with fracture reduction see
Reposition

Internal, without fracture reduction
see Insertion

Insertion of device in Maxilla

Left 0NHS

Right **0NHR**

How do we code this???

Left shoulder hemiarthroplasty (Glenoid) surface

- **0RRK0J7** Replacement of Left Shoulder Joint with Synthetic Substitute, Glenoid Surface, Open Approach

Note: Need specific site location (glenoid or humeral) of the shoulder to complete code for left shoulder hemiarthroplasty

Arthroplasty

see Repair, Upper Joints 0RQ

see Replacement, Upper Joints **0RR**

see Supplement, Upper Joints 0RU

How do we code this???

Left shoulder hemiarthroplasty (Humeral) surface

- **0RRK0J6** Replacement of Left Shoulder Joint with Synthetic Substitute, Humeral Surface, Open Approach

Note: Need specific site location (glenoid or humeral) of the shoulder to complete code for left shoulder hemiarthroplasty

Arthroplasty

see Repair, Upper Joints 0RQ

see Replacement, Upper Joints **0RR**

see Supplement, Upper Joints 0RU

How do we code this???

Suture left knee laceration

- **0HQXZZ** Repair Left Lower Leg Skin, External Approach

Note: Need documentation of depth of repair; for this example we selected Skin.

Suture

Laceration repair *see* Repair

Repair

Skin

Lower Leg

Left **0HQXZZ**

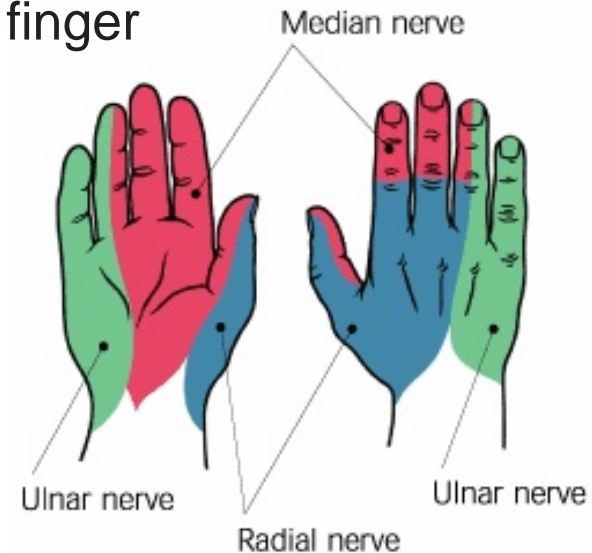
How do we code this???

Repair digital nerve small finger Right hand

- **01Q40ZZ** Repair Ulnar Nerve, Open Approach

Note: There are three nerve that serve the fingers, radial, medial and ulnar. The ulnar nerve provides feeling to the little finger

Repair
Nerve
Ulnar **01Q4**



How do we code this???

Tracheostomy (Open) approach

- **0B110F4** Bypass Trachea to Cutaneous with Tracheostomy Device, Open Approach

Tracheostomy see Bypass, Respiratory System **0B1**

Bypass

Trachea **0B11**

How do we code this???

(1) Exploration of gunshot wound of below-knee popliteal artery as well as (2) 4 compartment fasciotomy with (3) wound VAC placement.

- **04JY0ZZ** Inspection, Lower artery, Open approach

Note: Query, what was explored? Which leg? We are selecting left popliteal artery.

Exploration *see* Inspection

Inspection

Artery

Lower **04JY**

How do we code this???

(1) Exploration of gunshot wound of below-knee popliteal artery as well as (2) 4 compartment fasciotomy with (3) wound VAC placement.

- **0J8P0ZZ** Division, Subcutaneous Tissue and Fascia, left lower leg, Open

Note: Query, what was explored? Which leg? We are selecting left.

Fasciotomy

see Division, Subcutaneous Tissue and Fascia **0J8**

see Drainage, Subcutaneous Tissue and Fascia 0J9

Division

Subcutaneous Tissue and Fascia

Lower Leg

Left **0J8P**

How do we code this???

- (1) Exploration of gunshot wound of below-knee popliteal artery as well as (2) 4 compartment fasciotomy with (3) wound VAC placement.
- **No code**

Note: Query, what was explored? Which leg?

Do not assign a separate code for the VAC, because it was part of the operative closure.

How do we code this???



Repair right diaphragmatic laceration 40-50 cm in length

- **0BQR0ZZ** Repair Right Diaphragm, Open Approach

Note:
Verify the
Approach

Repair
Diaphragm
Right **0BQR**

How do we code this???

Packing of liver laceration

The root operations in the Placement section include only those procedures performed without making an incision or a puncture. This includes Root Operation “Packing.”

Note: To control a small amount of bleeding from the liver could be integral to a primary procedure and should not be coded separately.

How do we code this???

Splenectomy total (Open) approach

- **07TP0ZZ** Resection of Spleen, Open Approach

Note: Knowing the definitions of Root Operations is important.

Resection — Definition: Cutting out or off, without replacement, **all** of a body part

Resection

Spleen **07TP**

Internal fixation with SI (Sacroiliac) screw placement in pelvis

- **0QH334Z** Insertion of Internal Fixation Device into Left Pelvic Bone, Percutaneous Approach

Note: Need to verify if a reduction was done. Need to verify approach, Percutaneous vs, Percutaneous endoscopic

Fixation, bone

Internal, without fracture reduction *see* Insertion

Insertion of device in

Bone

Pelvic

Left **0QH3**

How do we code this???

(1) Angiography and (2) embolization of right internal iliac artery

- **B41CZZZ** Fluoroscopy of Pelvic Arteries
- 04LC3DZ Occlusion of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach

Fluoroscopy

Artery

Pelvic **B41C**

Was contrast used?

This will affect the 5th character selection.

How do we code this???

(1) Angiography and (2) embolization of right internal iliac artery

- B41BZZZ Fluoroscopy of Other Intra-Abdominal Arteries
- **04LE3DZ** Occlusion of Internal Iliac Artery, Right, with Intraluminal Device, Percutaneous Approach

Embolization *(continued)*

see Occlusion

see Restriction

Occlusion

Artery

Internal Iliac

Left 04LF

Right **04LE**

Was the artery fully closed (Occlusion) or partially closed (Restriction)?

Was the Approach Percutaneous or Percutaneous Endoscopic?

Questions???





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