

2016



**Optum Learning: Detailed
Instruction for Appropriate
ICD-10-PCS Coding**

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Chapter 1: Introduction

Why Now?

The ICD-9-CM, volume 3, procedural coding system has been in use in the United States since 1979. While it was adequate for its originally intended uses, primarily related to statistical and limited comparative analysis, it is currently inadequate to meet the demands of inpatient procedural classification in the 21st century. Many chapters of the current ICD-9-CM system are full, and as a result, the hierarchical structure is compromised. The ICD-9-CM system was never intended to support current needs, such as those related to emerging technologies reporting, biosurveillance, and pay-for-performance programs.

On Friday, January 16, 2009, the U.S. Department of Health and Human Services (HHS) published a Final Rule for the adoption of the ICD-10-CM and ICD-10-PCS code sets to replace the 30-year-old ICD-9-CM code sets. This is in conjunction with rules 45 CFR Parts 160 and 162 of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. October 1, 2013, was the compliance date for all users in the U.S. This rule may be found at the following link: <http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf>. On August 24, 2012, HHS announced a Final Rule that delayed the compliance date for the new ICD-10 diagnosis and procedure codes until October 1, 2014. Only limited code updates for new technologies and new diseases were made to the ICD-10-CM code sets to capture new technologies and diseases, effective October 1, 2014. On April 2, 2014, Congress enacted the Protecting Access to Medicare Act of 2014, which contained a provision to delay the implementation of ICD-10 CM/PCS by at least a year. The act prohibits HHS from adopting the ICD-10 CM/PCS code sets as the mandatory standard until at least October 1, 2015. No changes were made to the 2015 ICD-10-CM or PCS code sets. Limited updates were made to the ICD-10 PCS Body Part and Device Keys, in addition to a new Administration/Substance key. The most recent 2015 draft update release is available for public viewing at <http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-PCS-and-GEMs.html>.

Currently, ICD-10-PCS codes are not valid for any reporting purpose or use in the United States.

The first step in a successful transition from ICD-9-CM, volume 3, procedural coding to ICD-10-PCS coding is to formulate a strong foundation in the underlying principles of PCS structure, format, process, and documentation requirements. Because the ICD-10-PCS system is a completely different type of coding system that uses a table structure and codes are formulated by constructing their component parts via assigning seven specific character values, thorough and consistent initial education is essential. The *Optum Learning: Detailed Instruction for Appropriate ICD-10-PCS Coding* resource provides the means to create this foundation. Although initially the PCS system will only be required for acute care inpatient hospital reporting, the system includes chapters for ancillary and other services that are available for other providers, if necessary in the future.

This book provides several features that assist the coder in easing the transition to the new system and facilitates further discussion as the implementation date nears. These features include the following:



OBJECTIVES

This chapter discusses:

- The underlying reasons why ICD-10-PCS was developed
- The history and regulatory process related to PCS development
- The general benefits of the system over the current ICD-9-CM codes
- Documentation needs and differences than those required for ICD-9
- Reimbursement differences related to the MS-DRG system



FOR MORE INFO

To access the CMS website where the most recently released (2015) version of the ICD-10-PCS data and mapping files are located, refer to the following link:

<http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-PCS-and-GEMs.html>

Chapter 2: Introduction to ICD-10-PCS

Structure and Components

This chapter will provide an overview of the structure of ICD-10-PCS and how its components make up each code. In addition, the PCS coding conventions contained in the official “ICD-10-PCS Draft Coding Guidelines” will be discussed. The complete set of official guidelines may be found in appendix A at the end of this book.

The ICD-10-PCS system is a completely different type of coding system than many coding professionals may be familiar with. Instead of looking up codes in the index and verifying a fixed code in the tabular list that most likely matches the documentation in medical record, PCS codes are constructed from component parts found in tables. Every PCS code is made up of seven characters, and each character represents a distinct value. An alphabetic index is used to direct the coder to a specific PCS table, where the remainder of the code values are selected. By using a table format, exponentially more codes may be constructed in PCS than were available in ICD-9-CM, volume 3. Compared to the current “look-up” process for ICD-9-CM, coding in ICD-10-PCS requires a process of combining semi-independent values from among a selection of values, according to the rules governing the construction of codes.

Characters

Each character in PCS can contain up to 34 character-value options. Each value represents a specific option for the general character definitions. The alphabetic characters A–H, J–N, and P–Z, along with numbers 0–9 are used as character values in any character position. In order to avoid confusion with numbers 0 and 1, the letters I and O are not used. The vast majority of PCS codes follow the format below, with a few exceptions related to slightly different character definitions for some of the ancillary-related types of services.

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

A code is constructed by choosing a specific value for each of the seven characters. Based on details about the procedure performed, values for each character specifying the section, body system, root operation, body part, approach, device, and qualifier are assigned. Because the definition of each character is also a function of its physical position in the code, the same letter or number placed in a different position in the code has a different meaning. Codes are constructed using tables that are defined by their first three character values. The tables will be discussed later in this chapter.



OBJECTIVES

This chapter discusses:

- The basic structure of each ICD-10-PCS code
- The general definition of each of the seven PCS characters
- The three components of PCS (index, tables, list of codes)
- The structure of the PCS tables from which codes are constructed
- How to use the alphabetic index to initiate code construction



CODING AXIOM

Official guideline 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.



DEFINITIONS

procedure. In ICD-10-PCS, refers to the complete specification of the seven characters that form a valid code.

Character 1: Section



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

The procedures are divided into 16 sections that identify the general type of procedural service (e.g., Medical and Surgical, Obstetrics, Radiation Therapy). The first character of the procedure always represents the section and the majority of PCS codes are found in the Medical and Surgical section, with the character value of 0 (zero). The second through seventh character values typically have the same meaning within each section, but may mean different things in other sections. In all of the sections, the third character (root operation) specifies the general type of procedure performed (e.g., Excision, Inspection, Transfer), and the other characters provide additional information related to things such as the specific body part, approach used, and the type of device (if any) inserted. The 16 sections in ICD-10-PCS are listed in the following table.

Section	Title
0	Medical and Surgical section
1	Obstetrics
2	Placement
3	Administration
4	Measurement and Monitoring
5	Extracorporeal Assistance and Performance
6	Extracorporeal Therapies
7	Osteopathic
8	Other Procedures
9	Chiropractic
B	Imaging
C	Nuclear Medicine
D	Radiation Therapy
F	Physical Rehabilitation and Diagnostic Audiology
G	Mental Health
H	Substance Abuse Treatment

Sections 1–9 are designated as the Medical and Surgical-related sections; the remaining sections (B–H) are considered Ancillary sections. These sections will be discussed in detail in chapters 7–8.

Character 2: Body System



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

The second character, Body System, provides information related to the general physiological system or anatomical region on which the procedure was performed. The categorization of procedures into these broad groupings provides quick information about the type of procedure, and makes the tables easier to navigate. All procedures with the same second character are performed on the same anatomical system or region. In the Medical and Surgical section there are 31 valid Body System values, such as Central Nervous System, Respiratory System, and Tendons. In addition, there are three Body Systems in the Medical and Surgical section entitled Anatomical Regions, which are assigned in certain circumstances, such as when a procedure is performed only on an anatomical region, rather than on a specific body part. The number of valid Body System values varies significantly depending upon the Character 1 value, Section. In the Obstetrics section, there is only one body system, Pregnancy. The specific body system guidelines will be discussed in further detail in chapter 4.

Character 3: Root Operation



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

The root operation is specified in the third character and can be considered one of the most important characters in the PCS code. The root operation identifies the objective of the procedure and typically the root operation is found in the alphabetic index. Its assignment determines which table is referenced for code character completion. Coding professionals will recognize some of the root operations that are currently indexed in ICD-9-CM, such as “Excision,” “Bypass,” and “Transplantation,” but others are completely different in PCS. Coders should learn the specific definition of each root operation in PCS. In the Medical and Surgical section, there are 31 different root operations, each with a specific definition. Each root operation is discussed in detail in chapter 5, where they appear in groups sharing similar attributes.

Character 4: Body Part



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

The body part value specifies on which specific body site the procedure was performed. The body part character works together with the character 2 value for the body system to precisely define the site of the procedure. Since there are obviously more body parts in the human anatomy than there are available



CODING AXIOM

Official guideline B2.1b. Body Systems designated as “upper” or “lower” contain body parts located above or below the diaphragm, respectively.



CODING AXIOM

Official guideline B3.1a. In order to determine the appropriate root operation, the full definition of the root operation as contained in the PCS tables must be applied.



CODING AXIOM

Official guideline B4.1a. If a procedure is performed on a portion of a body part that does not have a separate body part value, code the body part value corresponding to the whole body part. Example: A procedure performed on the alveolar process of the mandible is coded to the mandible body part.

character values, coders must understand which general categories different body parts belong to. For example, a procedure performed on a sweat gland would, for PCS coding purposes, be coded to a body site of “Skin.” Similarly, a procedure performed on the mastoid process would be coded to the body part “Temporal Bone” in PCS. It’s clear that a thorough understanding of anatomy and physiology is essential for accurate coding in PCS. To assist coders in locating the most appropriate body part character value, an official Body Part Key is available that translates specific anatomical locations to the corresponding PCS value that can be found in the tables. Refer to appendix D to review the most recently released Body Part Key.



CODING AXIOM

Official guideline B5.3a.

Procedures performed within an orifice on structures that are visible without the aid of any instrumentation are coded to the approach External. Example: Resection of tonsils is coded to the approach External.



CODING AXIOM

Official guideline B6.1c.

Procedures performed on a device only and not on a body part are specified in the root operations Change, Irrigation, Removal and Revision, and are coded to the procedure performed. Example: Irrigation of a percutaneous nephrostomy tube is coded to the root operation Irrigation of indwelling device in the Administration section.

Character 5: Approach



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

Character 5 in PCS codes indicates the approach, or the method or technique used to reach the site of the procedure. In the Medical and Surgical section of PCS there are seven different approach character values, each describing the access location, method, and the type of instrumentation used. Coding guidelines help define which approach value is selected when a combination of approaches is utilized. For instance, if a procedure is performed using a “laparoscopic-assisted open” approach, the procedure is coded to the approach value for “Open.”

Character 6: Device



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

The device is specified in character 6 and is only assigned for those devices that remain in the patient’s body at the conclusion of the procedure. There are four different types of devices used in the PCS system, which will be discussed in greater detail in chapter 3. Coders must thoroughly understand appropriate device coding, because some root operations (character 3) may only be assigned for procedures involving devices. Examples include root operations Insertion, Replacement, and Removal. Materials that are incidental to a procedure, such as sutures, clips, ligatures, and temporary postoperative wound drains are not specified in the device character. Because new technologies often involve new devices, there is a character 6 value for Other Device, which can be assigned until a more specific value is developed and released. To assist the coder in appropriate Device character value assignment, an official Device Key has been released that provides the specific manufacturer name for each device, along with its corresponding PCS Device character definition. Refer to appendix E to review the most recently released Device Key.

Character 7: Qualifier



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

The seventh character in a PCS code represents a qualifier, which provides various types of additional information about the procedure. It may indicate the destination of a bypass procedure or very specific information, such as whether a joint replacement device was cemented or uncemented. When the qualifier value is Diagnostic for root operations Extraction, Excision or Drainage, it indicates that a biopsy procedure was performed.

Tables

The tables make up the largest section of the PCS system. The structure of the tables is always the same: the information related to the first three character values of a section of codes is found within the top section. For a majority of codes, the first character value is the Section (e.g., Medical and Surgical), the second character is the body system (e.g., Hepatobiliary System and Pancreas), and the third character is the root operation (e.g., Excision). The remainder of the table contains four columns that represent the remaining four character values for valid codes (body part, approach, device, and qualifier). When constructing codes the values must be selected across a row. If one character value does not appear on the same row in the table, those character values may not be combined to form a valid code. For example, review table 0FB below.

0 Medical and Surgical			
F Hepatobiliary System and Pancreas			
B Excision Cutting out or off, without replacement, a portion of a body part			
Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
0 Liver 1 Liver, Right Lobe 2 Liver, Left Lobe 4 Gallbladder G Pancreas	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	Z No Device	X Diagnostic Z No Qualifier
5 Hepatic Duct, Right 6 Hepatic Duct, Left 8 Cystic Duct 9 Common Bile Duct C Ampulla of Vater D Pancreatic Duct F Pancreatic Duct, Accessory	0 Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	Z No Device	X Diagnostic Z No Qualifier

Note that the first three character values are listed at the top of the table, along with the definition of the root operation (Excision). There are only two rows in this particular table, but valid codes may only be constructed moving across one row. For example, 0FB04ZX is a valid code from this table that represents a laparoscopic excisional liver biopsy.

Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier
0	F	B	0	4	Z	X
Medical & Surgical	Hepatobiliary System and Pancreas	Excision	Liver	Percutaneous Endoscopic	No Device	Diagnostic

✓ QUICK TIP

At this point in time, most of the PCS tables have only one value in the qualifier character: Z No Qualifier. As a result, most valid PCS codes end in the character Z.



KEY POINT

Official guideline A9. Within a PCS table, valid codes include all combinations of choices in characters 4–7 contained in the same row of the table.

Refer back to table 0FB, above. Code 0FB07ZX is not a valid code because the approach value 7 Via Natural or Artificial Opening, is not in the same row with the Body Part 0 Liver, meaning that it is an invalid combination of values. Typically, it's not anatomically possible to access the liver through a natural or artificial opening in the body. From this example it's easy to see that the coder must review the tables carefully and ensure that the values selected are all contained within the same row. Be aware that some of the PCS tables are very lengthy; if using an ICD-10-PCS book, be sure to review rows that may be found on subsequent pages in the book.

It cannot be emphasized enough that coders must ensure that the character values are only selected from ONE row in any given PCS table. Many of the rows in a table can appear to be very similar, or nearly identical. The coder has the responsibility to determine what the differences are when assigning characters to construct a PCS code. The table below contains rows that are very similar.

0 Medical and Surgical
B Respiratory System
9 Drainage

Taking or letting out fluids and/or gases from a body part

Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
1 Trachea 2 Carina 3 Main Bronchus, Right 4 Upper Lobe Bronchus, Right 5 Middle Lobe Bronchus, Right 6 Lower Lobe Bronchus, Right 7 Main Bronchus, Left 8 Upper Lobe Bronchus, Left 9 Lingula Bronchus B Lower Lobe Bronchus, Left C Upper Lung Lobe, Right D Middle Lung Lobe, Right F Lower Lung Lobe, Right G Upper Lung Lobe, Left H Lung Lingula J Lower Lung Lobe, Left K Lung, Right L Lung, Left M Lungs, Bilateral	0 Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	0 Drainage Device	Z No Qualifier
1 Trachea 2 Carina 3 Main Bronchus, Right 4 Upper Lobe Bronchus, Right 5 Middle Lobe Bronchus, Right 6 Lower Lobe Bronchus, Right 7 Main Bronchus, Left 8 Upper Lobe Bronchus, Left 9 Lingula Bronchus B Lower Lobe Bronchus, Left C Upper Lung Lobe, Right D Middle Lung Lobe, Right F Lower Lung Lobe, Right G Upper Lung Lobe, Left H Lung Lingula J Lower Lung Lobe, Left K Lung, Right L Lung, Left M Lungs, Bilateral	0 Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	Z No Device	X Diagnostic Z No Qualifier

The first two rows of table 0B9 appear very similar; the character values for body part (character 4) and approach (character 5) are identical. But note that the values in characters 6 and 7 differ. Qualifier (character 7) value Z No Qualifier, appears in both rows, but in the first row, Qualifier value X Diagnostic, also appears. In the row with the X Diagnostic value, only one value appears in the Device column (character 6), which is Z No Device. This means that if a diagnostic biopsy procedure is performed, it cannot be coded together with a procedure reflecting a drainage device. The use of these character value combinations in the rows allows the system to restrict valid code construction only to those procedures that are clinically legitimate.

The tables are organized in a series, beginning with section numbers 0–9 in numerical order, followed by the letters B–D and F–H. The order of values for the second character is the same: first the numbers 0–9, and then the letters B–D, F–H, progressing alphabetically to body system Y, making it easy to locate any given table.

Index

An alphabetic index is provided with the PCS tables to assist the coder in finding the most appropriate table from which to build PCS codes. The main term entries for procedural services are indexed in two ways:

- By root operation (e.g., Excision, Transplantation, Dilation)
- By common procedural terms

Using the previous example, for a laparoscopic excisional liver biopsy, if we look under the main term “Excision” in the index, the following appears:

Excision

Liver 0FB0
 Left Lobe 0FB2
 Right Lobe 0FB1

The index provides the first three or four character values so that the coder can then turn to the correct table and complete the code construction. In the example above, regardless of which lobe of the liver is excised, table 0FB should be reviewed.

There are many terms that are cross-referenced in the PCS index. Many of these entries represent common procedural terms that are not designated as root operations in PCS. For example, if the term “Biopsy” is located in the index, the following appears:

Biopsy

see Drainage, Diagnostic
 see Excision, Diagnostic

In our example for a laparoscopic excisional liver biopsy, the root operation character value B for “Excision” is selected and the “Diagnostic” portion of the procedure is in the seventh character value X, reflecting the diagnostic biopsy procedure.

If the appropriate root operation is known, that term should be searched in the index in order to locate the corresponding PCS table most easily. Until the coder becomes familiar with the root operation terms found in PCS, it may be necessary to follow the instructional notes in the index for the other commonly performed procedural services, for terms such as “Appendectomy,” “Colostomy,” or “PTCA.” In many cases the indexed entry will provide the first three or four character values, routing the coder to the appropriate table. All coding staff

**QUICK TIP**

Official guideline 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.

should become familiar with using the alphabetic index, but it is not required that they use the index to be routed to the appropriate table. If the first several character values are known, codes may be constructed directly from the tables. Unlike ICD-9-CM, there is no necessary information in the PCS index that is not found in the tables.

List of Codes

The ICD-10-PCS List of Codes is a resource that provides each and every valid PCS code, along with its full-text description. The codes are presented in alphanumeric order and use rules that result in complete, standardized code descriptions. The official file can be found at <http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-PCS-and-GEMs.html>.

To access the List of Codes, open the file “2015 PCS Long and Abbreviated Titles” and choose the link `icd10pcs_order_2015.txt`.

Returning to our previous example for table 0FB, the codes in the following table represent all valid combinations of the character values found in the table. There are currently 100 valid combinations of values for table 0FB.

ICD-10-PCS Code	Description
0FB00ZX	Excision of Liver, Open Approach, Diagnostic
0FB00ZZ	Excision of Liver, Open Approach
0FB03ZX	Excision of Liver, Percutaneous Approach, Diagnostic
0FB03ZZ	Excision of Liver, Percutaneous Approach
0FB04ZX	Excision of Liver, Percutaneous Endoscopic Approach, Diagnostic
0FB04ZZ	Excision of Liver, Percutaneous Endoscopic Approach
0FB10ZX	Excision of Right Lobe Liver, Open Approach, Diagnostic
0FB10ZZ	Excision of Right Lobe Liver, Open Approach
0FB13ZX	Excision of Right Lobe Liver, Percutaneous Approach, Diagnostic
0FB13ZZ	Excision of Right Lobe Liver, Percutaneous Approach
0FB14ZX	Excision of Right Lobe Liver, Percutaneous Endoscopic Approach, Diagnostic
0FB14ZZ	Excision of Right Lobe Liver, Percutaneous Endoscopic Approach
0FB20ZX	Excision of Left Lobe Liver, Open Approach, Diagnostic
0FB20ZZ	Excision of Left Lobe Liver, Open Approach
0FB23ZX	Excision of Left Lobe Liver, Percutaneous Approach, Diagnostic
0FB23ZZ	Excision of Left Lobe Liver, Percutaneous Approach
0FB24ZX	Excision of Left Lobe Liver, Percutaneous Endoscopic Approach, Diagnostic
0FB24ZZ	Excision of Left Lobe Liver, Percutaneous Endoscopic Approach
0FB40ZX	Excision of Gallbladder, Open Approach, Diagnostic
0FB40ZZ	Excision of Gallbladder, Open Approach
0FB43ZX	Excision of Gallbladder, Percutaneous Approach, Diagnostic
0FB43ZZ	Excision of Gallbladder, Percutaneous Approach
0FB44ZX	Excision of Gallbladder, Percutaneous Endoscopic Approach, Diagnostic
0FB44ZZ	Excision of Gallbladder, Percutaneous Endoscopic Approach

ICD-10-PCS Code	Description
0FB50ZX	Excision of Right Hepatic Duct, Open Approach, Diagnostic
0FB50ZZ	Excision of Right Hepatic Duct, Open Approach
0FB53ZX	Excision of Right Hepatic Duct, Percutaneous Approach, Diagnostic
0FB53ZZ	Excision of Right Hepatic Duct, Percutaneous Approach
0FB54ZX	Excision of Right Hepatic Duct, Percutaneous Endoscopic Approach, Diagnostic
0FB54ZZ	Excision of Right Hepatic Duct, Percutaneous Endoscopic Approach
0FB57ZX	Excision of Right Hepatic Duct, Via Natural or Artificial Opening, Diagnostic
0FB57ZZ	Excision of Right Hepatic Duct, Via Natural or Artificial Opening
0FB58ZX	Excision of Right Hepatic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
0FB58ZZ	Excision of Right Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0FB60ZX	Excision of Left Hepatic Duct, Open Approach, Diagnostic
0FB60ZZ	Excision of Left Hepatic Duct, Open Approach
0FB63ZX	Excision of Left Hepatic Duct, Percutaneous Approach, Diagnostic
0FB63ZZ	Excision of Left Hepatic Duct, Percutaneous Approach
0FB64ZX	Excision of Left Hepatic Duct, Percutaneous Endoscopic Approach, Diagnostic
0FB64ZZ	Excision of Left Hepatic Duct, Percutaneous Endoscopic Approach
0FB67ZX	Excision of Left Hepatic Duct, Via Natural or Artificial Opening, Diagnostic
0FB67ZZ	Excision of Left Hepatic Duct, Via Natural or Artificial Opening
0FB68ZX	Excision of Left Hepatic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
0FB68ZZ	Excision of Left Hepatic Duct, Via Natural or Artificial Opening Endoscopic
0FB80ZX	Excision of Cystic Duct, Open Approach, Diagnostic
0FB80ZZ	Excision of Cystic Duct, Open Approach
0FB83ZX	Excision of Cystic Duct, Percutaneous Approach, Diagnostic
0FB83ZZ	Excision of Cystic Duct, Percutaneous Approach
0FB84ZX	Excision of Cystic Duct, Percutaneous Endoscopic Approach, Diagnostic
0FB84ZZ	Excision of Cystic Duct, Percutaneous Endoscopic Approach
0FB87ZX	Excision of Cystic Duct, Via Natural or Artificial Opening, Diagnostic
0FB87ZZ	Excision of Cystic Duct, Via Natural or Artificial Opening
0FB88ZX	Excision of Cystic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
0FB88ZZ	Excision of Cystic Duct, Via Natural or Artificial Opening Endoscopic
0FB90ZX	Excision of Common Bile Duct, Open Approach, Diagnostic
0FB90ZZ	Excision of Common Bile Duct, Open Approach
0FB93ZX	Excision of Common Bile Duct, Percutaneous Approach, Diagnostic
0FB93ZZ	Excision of Common Bile Duct, Percutaneous Approach
0FB94ZX	Excision of Common Bile Duct, Percutaneous Endoscopic Approach, Diagnostic

ICD-10-PCS Code	Description
ØFB94ZZ	Excision of Common Bile Duct, Percutaneous Endoscopic Approach
ØFB97ZX	Excision of Common Bile Duct, Via Natural or Artificial Opening, Diagnostic
ØFB97ZZ	Excision of Common Bile Duct, Via Natural or Artificial Opening
ØFB98ZX	Excision of Common Bile Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
ØFB98ZZ	Excision of Common Bile Duct, Via Natural or Artificial Opening Endoscopic
ØFBCØZX	Excision of Ampulla of Vater, Open Approach, Diagnostic
ØFBCØZZ	Excision of Ampulla of Vater, Open Approach
ØFBC3ZX	Excision of Ampulla of Vater, Percutaneous Approach, Diagnostic
ØFBC3ZZ	Excision of Ampulla of Vater, Percutaneous Approach
ØFBC4ZX	Excision of Ampulla of Vater, Percutaneous Endoscopic Approach, Diagnostic
ØFBC4ZZ	Excision of Ampulla of Vater, Percutaneous Endoscopic Approach
ØFBC7ZX	Excision of Ampulla of Vater, Via Natural or Artificial Opening, Diagnostic
ØFBC7ZZ	Excision of Ampulla of Vater, Via Natural or Artificial Opening
ØFBC8ZX	Excision of Ampulla of Vater, Via Natural or Artificial Opening Endoscopic, Diagnostic
ØFBC8ZZ	Excision of Ampulla of Vater, Via Natural or Artificial Opening Endoscopic
ØFBDØZX	Excision of Pancreatic Duct, Open Approach, Diagnostic
ØFBDØZZ	Excision of Pancreatic Duct, Open Approach
ØFBD3ZX	Excision of Pancreatic Duct, Percutaneous Approach, Diagnostic
ØFBD3ZZ	Excision of Pancreatic Duct, Percutaneous Approach
ØFBD4ZX	Excision of Pancreatic Duct, Percutaneous Endoscopic Approach, Diagnostic
ØFBD4ZZ	Excision of Pancreatic Duct, Percutaneous Endoscopic Approach
ØFBD7ZX	Excision of Pancreatic Duct, Via Natural or Artificial Opening, Diagnostic
ØFBD7ZZ	Excision of Pancreatic Duct, Via Natural or Artificial Opening
ØFBD8ZX	Excision of Pancreatic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
ØFBD8ZZ	Excision of Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
ØFBFØZX	Excision of Accessory Pancreatic Duct, Open Approach, Diagnostic
ØFBFØZZ	Excision of Accessory Pancreatic Duct, Open Approach
ØFBF3ZX	Excision of Accessory Pancreatic Duct, Percutaneous Approach, Diagnostic
ØFBF3ZZ	Excision of Accessory Pancreatic Duct, Percutaneous Approach
ØFBF4ZX	Excision of Accessory Pancreatic Duct, Percutaneous Endoscopic Approach, Diagnostic
ØFBF4ZZ	Excision of Accessory Pancreatic Duct, Percutaneous Endoscopic Approach
ØFBF7ZX	Excision of Accessory Pancreatic Duct, Via Natural or Artificial Opening, Diagnostic

ICD-10-PCS Code	Description
ØFBF7ZZ	Excision of Accessory Pancreatic Duct, Via Natural or Artificial Opening
ØFBF8ZX	Excision of Accessory Pancreatic Duct, Via Natural or Artificial Opening Endoscopic, Diagnostic
ØFBF8ZZ	Excision of Accessory Pancreatic Duct, Via Natural or Artificial Opening Endoscopic
ØFBGØZX	Excision of Pancreas, Open Approach, Diagnostic
ØFBGØZZ	Excision of Pancreas, Open Approach
ØFBG3ZX	Excision of Pancreas, Percutaneous Approach, Diagnostic
ØFBG3ZZ	Excision of Pancreas, Percutaneous Approach
ØFBG4ZX	Excision of Pancreas, Percutaneous Endoscopic Approach, Diagnostic
ØFBG4ZZ	Excision of Pancreas, Percutaneous Endoscopic Approach

Hospitals and other facilities that will be using the ICD-10-PCS system will most likely have a list of valid PCS codes embedded in the abstracting system. Any code submitted for billing should be cross-referenced with the list of valid codes to ensure that it is an officially recognized valid code. In a way, the list of codes functions as a “tabular list” for ICD-10-PCS. The coder should always review the code description to ensure that the most appropriate character values were selected, which are the building blocks of each PCS code.

Chapter 2 Knowledge Assessment

Answers to knowledge assessments can be found in appendix H, beginning on page 367.

- A valid ICD-10-PCS code must be constructed by reviewing both the alphabetic index and the tables.
 - True
 - False
- Character values in a valid PCS code must be selected from only one row in a table.
 - True
 - False
- If a procedure is performed on a renal capsule, the body part assigned would be Kidney.
 - True
 - False
- The body system is the PCS character represented as main terms in the alphabetic index, and from which the appropriate table is selected.
 - True
 - False



GENERAL INFO

The method of code construction using the PCS tables allow for the potential assignment of thousands more unique PCS code than were available in ICD-9-CM, volume 3. For 2015, there are 71,924 unique ICD-10-PCS codes.

Appendix B: Root Operation Definitions

Alteration (0)	<p>Definition: Modifying the anatomic structure of a body part without affecting the function of the body part</p> <p>Explanation: Principal purpose is to improve appearance</p>
Bypass (1)	<p>Definition: Altering the route of passage of the contents of a tubular body part</p> <p>Explanation: Rerouting contents of a body part to a downstream area of the normal route, to a similar route and body part, or to an abnormal route and dissimilar body part. Includes one or more anastomoses, with or without the use of a device</p>
Change (2) DVC	<p>Definition: Taking out or off a device from a body part and putting back an identical or similar device in or on the same body part without cutting or puncturing the skin or a mucous membrane</p> <p>Explanation: All CHANGE procedures are coded using the approach EXTERNAL.</p>
Control (3)	<p>Definition: Stopping, or attempting to stop, post-procedural bleeding</p> <p>Explanation: The site of the bleeding is coded as an anatomical region and not to a specific body part</p>
Creation (4)	<p>Definition: Making a new genital structure that does not take over the function of a body part</p> <p>Explanation: Used only for sex change operations</p>
Destruction (5)	<p>Definition: Physical eradication of all or a portion of a body part by the direct use of energy, force or a destructive agent</p> <p>Explanation: None of the body part is physically taken out</p>
Detachment (6)	<p>Definition: Cutting off all or a portion of the upper or lower extremities</p> <p>Explanation: The body part value is the site of the detachment, with a qualifier, if applicable, to further specify the level where the extremity was detached</p>
Dilation (7)	<p>Definition: Expanding an orifice or the lumen of a tubular body part</p> <p>Explanation: The orifice can be a natural orifice or an artificially created orifice. Accomplished by stretching a tubular body part using intraluminal pressure or by cutting part of the orifice or wall of the tubular body part</p>
Division (8)	<p>Definition: Cutting into a body part without draining fluids and/or gases from the body part in order to separate or transect a body part</p> <p>Explanation: All or a portion of the body part is separated into two or more portions</p>
<p>DVC Root operation for procedures that always involve a device.</p>	

Drainage (9)	<p>Definition: Taking or letting out fluids and/or gases from a body part</p> <p>Explanation: The qualifier DIAGNOSTIC is used to identify drainage procedures that are biopsies</p>
Excision (B)	<p>Definition: Cutting out or off, without replacement, a portion of a body part</p> <p>Explanation: The qualifier DIAGNOSTIC is used to identify excision procedures that are biopsies</p>
Extirpation (C)	<p>Definition: Taking or cutting out solid matter from a body part</p> <p>Explanation: The solid matter may be an abnormal byproduct of a biological function or a foreign body; it may be imbedded in a body part or in the lumen of a tubular body part. The solid matter may or may not have been previously broken into pieces</p>
Extraction (D)	<p>Definition: Pulling or stripping out or off all or a portion of a body part by the use of force</p> <p>Explanation: The qualifier DIAGNOSTIC is used to identify extractions that are biopsies</p>
Fragmentation (F)	<p>Definition: Breaking solid matter in a body part into pieces</p> <p>Explanation: Physical force (e.g., manual, ultrasonic) applied directly or indirectly is used to break the solid matter into pieces. The solid matter may be an abnormal byproduct of a biological function or a foreign body. The pieces of solid matter are not taken out</p>
Fusion (G)	<p>Definition: Joining together portions of an articular body part rendering the articular body part immobile</p> <p>Explanation: The body part is joined together by a fixation device, bone graft, or other means</p>
Insertion (H) DVC	<p>Definition: 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</p> <p>Explanation: N/A</p>
Inspection (J)	<p>Definition: Visually and/or manually exploring a body part</p> <p>Explanation: Visual exploration may be performed with or without optical instrumentation. Manual exploration may be performed directly or through intervening body layers</p>
Map (K)	<p>Definition: Locating the route of passage of electrical impulses and/or locating functional areas in a body part</p> <p>Explanation: Applicable only to the cardiac conduction mechanism and the central nervous system</p>
<p>DVC Root operation for procedures that always involve a device.</p>	

Occlusion (L)	<p>Definition: Completely closing an orifice or lumen of a tubular body part</p> <p>Explanation: The orifice can be a natural orifice or an artificially created orifice</p>
Reattachment (M)	<p>Definition: Putting back in or on all or a portion of a separated body part to its normal location or other suitable location</p> <p>Explanation: Vascular circulation and nervous pathways may or may not be reestablished</p>
Release (N)	<p>Definition: Freeing a body part from an abnormal physical constraint by cutting or by use of force</p> <p>Explanation: Some of the restraining tissue may be taken out but none of the body part is taken out</p>
Removal (P) DVC	<p>Definition: Taking out or off a device from a body part</p> <p>Explanation: If a device is taken out and a similar device put in without cutting or puncturing the skin or mucous membrane, the procedure is coded to the root operation CHANGE. Otherwise, the procedure for taking out the device is coded to the root operation REMOVAL</p>
Repair (Q)	<p>Definition: Restoring, to the extent possible, a body part to its normal anatomic structure and function</p> <p>Explanation: Used only when the method to accomplish the repair is not one of the other root operations</p>
Replacement (R) DVC	<p>Definition: 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</p> <p>Explanation: The body part may have been taken out or replaced, or may be taken out, physically eradicated, or rendered nonfunctional during the Replacement procedure. A Removal procedure is coded for taking out the device used in a previous replacement procedure</p>
Reposition (S)	<p>Definition: Moving to its normal location or other suitable location all or a portion of a body part</p> <p>Explanation: The body part is moved to a new location from an abnormal location, or from a normal location where it is not functioning correctly. The body part may or may not be cut out or off to be moved to the new location</p>
Resection (T)	<p>Definition: Cutting out or off, without replacement, all of a body part</p> <p>Explanation: N/A</p>
Restriction (V)	<p>Definition: Partially closing the orifice or lumen of a tubular body part</p> <p>Explanation: The orifice can be a natural orifice or an artificially created orifice</p>

DVC Root operation for procedures that always involve a device.

<p>Revision (W) <small>DVC</small></p>	<p>Definition: Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device</p> <p>Explanation: Revision can include correcting a malfunctioning or displaced device by taking out or putting in components of the device such as a screw or pin</p>
<p>Supplement (U) <small>DVC</small></p>	<p>Definition: Putting in or on biologic or synthetic material that physically reinforces and/ or augments the function of a body part</p> <p>Explanation: The biological material is nonliving, or is living and from the same individual. The body part may have been previously replaced, and the Supplement procedure is performed to physically reinforce and/or augment the function of the replaced body part</p>
<p>Transfer (X)</p>	<p>Definition: 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</p> <p>Explanation: The body part transferred remains connected to its vascular and nervous supply</p>
<p>Transplantation (Y)</p>	<p>Definition: Putting in or on all or a portion of a living body part taken from another individual or animal to physically take the place and/or function of all or a portion of a similar body part</p> <p>Explanation: The native body part may or may not be taken out, and the transplanted body part may take over all or a portion of its function</p>
<p><small>DVC</small> Root operation for procedures that always involve a device.</p>	