**ICD--1010--PCS:**

**Let’s Code, Part I**

http://www.nhi.gov.tw/Resource/webdata/21961\_1\_Taiwan\_ICD10PCSCodingPartI.pdf

Kathryn DeVault, RHIA, CCS, CCS-P

Director, HIM Solutions, AHIMA

Coding Questions

1. **Permanent pacemaker insertion (VDD mode)**
* *The doctor will cut a wound 3-4cm and put the pacemaker device under the muscle – should the approach be percutaneous or open?*
* The approach for pacemaker insertion is **open** – the subcutaneous tissue is opened to allow for insertion of the generator.
1. **Percutaneous approach:**
* *Entry, by puncture or minor incision, of instrumentation through the skin or mucous membrane and any other body layers membrane and any other body layers necessary to reach the site of the procedure*
* No instrumentation used during the insertion of a Pacemaker – incision made to allow for the insertion of the generator
1. **Total antrectomy & Billroth I anastomosis & open feeding jejunostomy**
* *Are end-to-end or end-to-side anastomosis considered integral to the procedure and not coded separately?*
* No – in the “Bypass” root operation, the anastomosis is included in the procedure and not coded separately.
* This is included in Appendix A: Root Operations under ‘explanation’ for “Bypass”
1. **For 2013, the following guideline change was made:**

*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,* ***include anastomosis of a tubular body part****, are also not coded separately*.
1. **Right hemi-colectomy (ascending) with end-to-side ileo-transverse colostomy**
* *Should 2 bypass procedures be coded for the ileo-transverse colostomy?*
* Yes – both 0D1L0Z4 and 0D1B0ZL should be coded to explain the ileo-transverse colostomy
* Guideline B3.2 – Multiple procedures
* *Multiple procedures are coded if the same root operation is performed on different body parts as defined by distinct values of the body part character*
1. **Lumbar puncture for CSF Analysis**
* *Which is the body part for lumbar puncture? Meninges, spinal canal, or spinal cord?*
* The correct code for a lumbar puncture is: 009U3ZX
* Lumbar puncture is completed by withdrawing cerebrospinal fluid from the spinal canal
1. **Splenectomy & tube thoracotomy with Fr 32 chest tube**
* *For insertion of a chest tube, should the approach be coded as percutaneous or openapproach be coded as percutaneous or open*
* The approach for chest tube insertion is open
* Correctly coded as: 0W9B00Z
1. **Pars plana vitrectomy with removal of epiretinal membrane and traction bands and endo panretinal photocoagulation**
* *What is the correct root operation for the removal of the epiretinal membrane and internal limiting membrane peeling?*
* Correct root operation for this procedure is **Repair**
1. **Removal of the epiretinal membrane is accomplished by peeling the membrane off of the retina.**

 ICD-10-PCS code: 08QE3ZZ

* Epiretinal membrane peeling
* Internal limiting membrane peeling
1. **Phototherapy x 2 days**
* *How should the 5th character be coded? Is the duration single or multiple?*
* There is no specific guidance on definitions of single and multiple
* Since phototherapy is continuous (not a ‘series’) would code to singe – 6A600ZZ
1. **EV ligation by EGD**
* *Index: ligation - - occlusion - - vein - - esophageal. There is no proper approach character*
* In the procedure, the esophageal vein is ligated to control the bleeding from the esophagel varices.
* In the GEMs, this procedure maps to ‘destruction’ or ‘excision’
1. **This is not an excision as nothing was removed.**
* Code to root operation ‘destruction’ - - - correct code: 0D558ZZ
* Note: Index may not provide all appropriate options . . .important to remember the intent of the procedure