

NOTE: Items in **black** apply to both codes sets.

Items in **blue** are unique to ICD-9-CM, Vol. 3.

Items in **purple** are unique to ICD-10-PCS.

General Coding Conventions & Legal Guidelines

- The alphabetic index lists common surgical and procedural terminology. ICD-10-PCS uses the alphabetic index to enable the coder to determine the most accurate code to use to compose the code. Consulting the alphabetic index is optional in ICD-10-PCS because an accurate code can be constructed directly from the correct table.
- ICD-9-CM, Vol. 3, uses the Tabular List to present all codes. Numerical codes with their complete code descriptions. ICD-10-PCS uses the Tabular List to enable the coder to complete the correct code.
- ICD-9-CM, Vol. 3, codes are two, three, or four digits. Codes must be reported with the total number of digits required. Symbols in the Tabular List will instruct the coder when additional digits are required. ICD-10-PCS codes are seven alphanumeric characters. All letters of the alphabet are used except the

letters I and O because they are too easily confused with the numbers one and zero.

Examples

- 25.1 Incision of palate
- 35.06 Transcatheter replacement of aortic valve
- 56.10675 Bypass, inferior vena cava, superior mesenteric vein with autologous tissue substitute, open
- Never code directly from the alphabetic index. Always check the Tabular List or Tables to confirm the code is accurate and complete.
- Codes must be reported to their highest level of specificity. When a coder cannot determine the appropriate specificity from the documentation, the physician should be queried for the detail required.
- ICD-10-PCS codes may be constructed from all options offered on the same row or level across for characters 4-7.

- The word **and** should be translated as "and/or."
- Parentheses () are shown surrounding nonessential modifiers—that is, optional terms that may or may not be included in the documentation.

Examples

- Bleeding therapy (intracranial) 99.82
Stem (peripartum) (embolization)
- When the alphabetic index directs you to **see**, **and**, **also**, or **or**, it is providing alternate main terms that might lead to the correct code.

Examples

- Autotransfusion (whole blood) - see Blood, transfusion
- Autopharyngoplasty - see also Repair, oral; repair defect 25.11
- Relaxation, scar tissue - see Release
- Renal plexus - see Nerve, Sympathetic Sympathetic

Guidelines Unique to ICD-9-CM, Vol. 3

- INCLUDES and EXCLUDES notations:**
 - INCLUDES** provides additional diagnostic statements that are included in this code description. **EX:** 81.10 Intracranial pressure monitoring **INCLUDES** insertion of catheter or probe for monitoring.
 - EXCLUDES** directs you to a more appropriate code category. **EX:** 00.41 Procedure on two vessels **EXCLUDES** second coronary artery (00.10-38.72).
- Brackets [] indicate alternative terms (i.e., synonyms, abbreviations, acronyms) in the Tabular List. **EX:** 22.13 Closed (percutaneous) (needle) biopsy of brain.
- Italicized brackets [] appear in the alphabetic index to signal a second, mandatory code. **EX:** Formation, bladder (closed 57.80 [49.57])
- NOE** (not otherwise specified) means the documentation does not provide more detail than is "unspecified." **EX:** Ovariotomy 90.25 NOE.
- NEC** (not elsewhere classified) means no other codes are appropriate. Same as "other specified." **EX:** Application, wound dressing NEC 86.51
- Colons (:) are used in the Tabular List to shorten a list by providing a repeated term only once, prior to the colon, to be paired with each of the terms following the colon.

Example

- Visualization of
Aortic branches (depending aortic branches) into
heart muscle
Blood vessels into myocardium
Indirect heart resuscitation NOE
- A "Code also..." notation appearing in the Tabular List directs you to determine from the documentation if a second code may be necessary to completely report this circumstance. This note relates nothing about how to sequence these codes. **EX:** 00.93 Transplant from cadaver Code also organ transplant procedure.
- A "Code first..." notation appearing in the Tabular List directs you to do two things: (1) find a second code to completely report this circumstance, and (2) list this second code after the first code. **EX:** 17.4 Robotic assisted procedures Code first primary procedure.
- A "Use additional code..." notation appearing in the Tabular List directs you to do two things: (1) find a second code to completely report this circumstance, and (2) sequence this second code first (i.e., list first), before the other code. **EX:** 70.50 Repair of rectocolic with graft or prosthesis Use additional code for biological substance (70.54) or synthetic substance (70.55), if known.
- A "Classification is shown to identify procedures that are not separately coded. Identify this coding as operative approach - omit code.

Guidelines Unique to ICD-10-PCS

- Body systems (character 2) specified as upper or lower are listed using the diaphragm as the center point. **EX:** 00B000Z Percutaneous endoscopic resection of the right nasal cavity.
- General anatomical regions should only be referenced in a code when the procedure has been performed on a region as compared to a specific body part. **EX:** 02M000Z Percutaneous revision of a drainage device in the lower intestinal tract.
- Portions of the procedure that are required to reach the intended specific anatomical site, as well as those necessary to close the procedural site, are not coded separately.
- If a procedure is discontinued after the root operation has begun, report the code for the root operation (character 3) of the procedure that was intended to be performed. **EX:** 07M044Z Percutaneous endoscopic release of sinus nerve.
- When a procedure is discontinued prior to the root operation (character 3) being performed, report a procedure using the root operation "Inspection" of the body part or anatomical area inspected. **EX:** 02A0H4Z Percutaneous endoscopic inspection, sinus region, left.
- When an inspection (character 3) is done as a part of completing another procedure, it is not reported separately unless inspection is performed using a different approach (character 5) than the procedure. **EX:** 02AC40Z Percutaneous endoscopic inspection of right knee joint, 02M000Z Insertion of internal fixation device, right knee joint, open procedure.
- Inspections (character 3) performed on multiple tubular body parts (character 4) use the character that reports the most distal part inspected. **EX:** 07J790Z Inspection of ureter, via natural opening endoscopic.
- For inspections (character 3) performed on non-tubular body parts in a region, report a body part (character 4) that identifies the entire area. **EX:** 00U000Z Inspection, via natural opening, of upper intestinal tract.
- When a biopsy (character 3) root operation "Excision," "Extraction," or "Drainage" is followed by a more extensive related procedure (character 3) root operation "Destruction," "Excision," or "Resection" at the same anatomical site, report each procedure separately. **EX:** 02B000Z Percutaneous excision, lower lung lobe, left, diagnostic 02T000Z Open resection, lower lung lobe, left.
- When an attempt to stop postprocedural bleeding (character 3) root operation "Control" is unsuccessful and another, more definitive procedure is required (character 3) root operation "Bypass," "Detachment," "Excision," "Extraction," "Replantation," "Replacement," or "Resection", report only the more extensive procedure. Do not report "Control" in addition.
- Multiple procedures, when performed during the same session, will be reported separately when:
 - The same root operation (character 3) is performed on different body parts (character 4). **EX:** 02B000Z Excision, external from skin on the face, diagnostic 02B000Z Excision, external from skin on chin, diagnostic.
 - The same root operation (character 3) is performed on different anatomical sites included in the same body part (character 4). **EX:** 02AC00Z Open excision, subcutaneous tissue and fascia, left upper arm, 02AC00Z Open excision, subcutaneous tissue and fascia, left lower arm.
 - More than one root operation (character 3) with specific objectives is performed on the same body part (character 4). **EX:** 02B000Z Open excision, lumbar vertebral disc 02T000Z Open insertion, spacer, lumbar vertebral disc.
 - One root operation (character 3) begins with one approach (character 5) and is changed to a different approach (character 5). **EX:** 70B000Z Delivery products of conception, external, 70C000Z Clinical open extraction, products of conception.
- When a body part (character 4) is being released (character 3) root operation, the code should identify the body part being released, not the code for being moved or out to free the body part. **EX:** 02M044Z Percutaneous endoscopic release of right nasal joint.
- When transplanting an autologous or nonautologous cell instead of a living, functioning body part, report this from the administration section of ICD-10-PCS. **EX:** 3B0000Z Introduction of pancreatic stem cells, hematopoietic, percutaneous, into a peripheral vein.

Musculoskeletal

- When an excision, repair, or inspection affects more than one level of the musculoskeletal system, report the code specifying the deepest level.
- Spinal fusion (character 3) is first identified by the level (e.g., "Cervical") and then by the number of joints fused (character 4). **EX:** 02M000Z Fusion, open, posterior approach, posterior column, interbody fusion device, thoracic cervical joints, 3 to 7.
- Spinal fusion (character 3) performed on multiple vertebral joints during the same session are reported separately for each joint using a different device (character 4) and/or different qualifier (character 7). **EX:** 02G000Z Fusion, cervical vertebral joints, 3 or more, open, interbody fusion device, posterior approach, posterior column, 02G000Z Fusion, lumbosacral joint, open, no device, posterior approach, posterior column.

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