Professional



ICD-10-PCS

The complete official code set

Codes valid from October 1, 2022 through September 30, 2023



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New for 2023

ICD-10-PCS Additional Features

Use of Official Sources

Color-coding, symbol, and other annotations in this manual that identify coding and reimbursement issues are derived from various official federal government sources, including the *Federal Register*, volume 86, number 88, May 10, 2021 ("Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2022 Rates; Proposed Rule") and the proposed, version 39, MS-DRG Grouper software, Definitions Manual files and Medicare Code Editor (MCE) files published with the fiscal 2022 IPPS proposed rule. For the most current files related to IPPS, please refer to the following:

- FY2022 IPPS Final Rule https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/IPPS-Regulations-and-Notices
- FY2022 Final Version 39, MS-DRG Grouper software https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/MS-DRG-Classifications-and-Software

Table Notations

Many tables in ICD-10-PCS contain color or symbol annotations that may aid in code selection, provide clinical or coding information, or alert the coder to reimbursement issues affected by the PCS code assignment. These annotations may be displayed on or next to a character 4, character 6, or character 7 value. Please note that some values may have more than one annotation; this is true most often with the character 4 value.

Refer to the color/symbol legend at the bottom of each page in the tables section for an abridged description of each color and symbol.

Annotation Box

An annotation box has been appended to all tables that contain color-coding or symbol annotations. The color bar or symbol attached to a character value is provided in the box, as well as a list of the valid PCS code(s) to which that edit applies. The box may also list conditional criteria that must be met to satisfy the edit.

For example, see Table 00F. Four character 4 body part values have a gray color bar. In the annotation box below the table, the gray color bar is defined as "Non-OR," or a nonoperating room procedure edit. Following the Non-OR annotation are the PCS codes that are considered nonoperating room procedures from that row of Table 00F.

Bracketed Code Notation

The use of bracketed codes is an efficient convention to provide all valid character value alternatives for a specific set of circumstances. The character values in the brackets correspond to the valid values for the character in the position the bracket appears.

Examples:

In the annotation box for Table ØØF the Noncovered Procedure edit (NC) applies to codes represented in the bracketed code ØØF[3,4,5,6]XZZ.

ØØF[3,4,5,6]XZZ Fragmentation in (Central Nervous System and Cranial Nerves), External Approach The valid fourth character values (body part) that may be selected for this specific circumstance are as follows:

- 3 Epidural Space, Intracranial
- 4 Subdural Space, Intracranial
- 5 Subarachnoid Space, Intracranial
- 6 Cerebral Ventricle

The fragmentation of matter in the spinal canal, Body Part value U, is not included in the noncovered procedure code edit.

Color-Coding/Symbols

New and Revised Text

To highlight changes within the PCS tables, new and revised text is provided in **red font** for changes effective April 1, 2022 and in **green font** for changes effective October 1, 2022.

Medicare Code Edits

Medicare administrative contractors (MACs) and many payers use Medicare code edits to check the coding accuracy on claims. The coding edits provided in this manual include only those directly related to ICD-10-PCS codes used for acute care hospital inpatient admissions. These edits are based on the proposed, version 39, Medicare Code Editor (MCE) files published with the fiscal 2022 IPPS proposed rule.

The PCS related Medicare code edits are listed below:

- Invalid procedure code
- *Sex conflict
- *Questionable obstetric admission
- *Noncovered procedure
- *Limited coverage procedure

Starred edits above that are related to PCS issues are identified in this manual by symbols as described below.

Sex Edit Symbols

The sex edit symbols below are used to detect inconsistencies between the patient's sex and the procedure. The symbols below most often appear to the right of the body part (character 4) value but may also be found to the right of the qualifier (character 7) value:

- of Male procedure only
- Q Female procedure only

QA Questionable Obstetric Admission

An inpatient admission is considered questionable when a vaginal or cesarean delivery code is assigned without a corresponding secondary diagnosis code describing the outcome of delivery. Both a delivery (ICD-10-PCS) code and an outcome-of-delivery (ICD-10-CM) code must be present to avoid errors in MS-DRG assignment. This symbol is found only in the Obstetrics Section, appearing to the right of the body part (character 4) value.

Noncovered Procedure

Medicare does not cover all procedures. However, some noncovered procedures, due to the presence of certain diagnoses, are reimbursed.

ICD-10-PCS Official Guidelines for Coding and Reporting 2023

Narrative changes appear in **bold** text.

The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), two departments within the U.S. Federal Government's Department of Health and Human Services (DHHS) provide the following guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS). These guidelines should be used as a companion document to the official version of the ICD-10-PCS as published on the CMS website. The ICD-10-PCS is a procedure classification published by the United States for classifying procedures performed in hospital inpatient health care settings.

These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD-10-PCS: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS.

These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD-10-PCS itself. They are intended to provide direction that is applicable in most circumstances. However, there may be unique circumstances where exceptions are applied. The instructions and conventions of the classification take precedence over guidelines. These guidelines are based on the coding and sequencing instructions in the Tables, Index and Definitions of ICD-10-PCS, but provide additional instruction. Adherence to these guidelines when assigning ICD-10-PCS procedure codes is required under the Health. Insurance Portability and Accountability Act (HIPAA). The procedure codes have been adopted under HIPAA for hospital inpatient healthcare settings. A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. These guidelines have been developed to assist both the healthcare provider and the coder in identifying those procedures that are to be reported. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved.

Conventions

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.

Example:

The fifth axis of classification specifies the approach in sections \emptyset through 4 and 7 through 9 of the system.

A2. One of 34 possible values can be assigned to each axis of classification in the seven-character code: they are the numbers Ø through 9 and the alphabet (except I and O because they are easily confused with the numbers 1 and Ø). The number of unique values used in an axis of classification differs as needed.

Example:

Where the fifth axis of classification specifies the approach, seven different approach values are currently used to specify the approach.

A3. The valid values for an axis of classification can be added to as needed.

Example:

If a significantly distinct type of device is used in a new procedure, a new device value can be added to the system.

A4. As with words in their context, the meaning of any single value is a combination of its axis of classification and any preceding values on which it may be dependent.

Example:

The meaning of a body part value in the Medical and Surgical section is always dependent on the body system value. The body part value Ø in the Central Nervous body system specifies Brain and the body part value Ø in the Peripheral Nervous body system specifies Cervical Plexus.

A5. As the system is expanded to become increasingly detailed, over time more values will depend on preceding values for their meaning.

Example:

In the Lower Joints body system, the device value 3 in the root operation Insertion specifies Infusion Device and the device value 3 in the root operation Replacement specifies Ceramic Synthetic Substitute.

A6. The purpose of the alphabetic index is to locate the appropriate table that contains all information necessary to construct a procedure code. The PCS Tables should always be consulted to find the most appropriate valid code.

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.

A8. All seven characters must be specified to be a valid code. If the documentation is incomplete for coding purposes, the physician should be queried for the necessary information.

A9. Within a PCS table, valid codes include all combinations of choices in characters 4 through 7 contained in the same row of the table. In the example below, ØJHT3VZ is a valid code, and ØJHW3VZ is *not* a valid code.

Section: Ø Medical and Surgical Body System: J Subcutaneous Tissue and Fascia Operation: H Insertion Putting in a nonbiologic

tion:	н	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

Body Part	Approach	Device	Qualifier
 S Subcutaneous Tissue and Fascia, Head and Neck V Subcutaneous Tissue and Fascia, Upper Extremity W Subcutaneous Tissue and Fascia, Lower Extremity 	3 Percutaneous	 Radioactive Element Infusion Device Other Device 	Z No Qualifier
T Subcutaneous Tissue and Fascia, Trunk	Ø Open 3 Percutaneous	 Radioactive Element Infusion Device Infusion Pump Other Device 	Z No Qualifier

ICD-10-PCS Tables

Central Nervous System and Cranial Nerves ØØ1–ØØX

Character Meanings

This Character Meaning table is provided as a guide to assist the user in the identification of character members that may be found in this section of code tables. It **SHOULD NOT** be used to build a PCS code.

Operation–Character 3		ration-Character 3 Body Part-Character 4				Approach-Character 5 Device			Qualifier-Character 7			
1	Bypass	Ø Brain	Q	Ø (Dpen	Ø	Drainage Device	Ø	Nasopharynx			
2	Change	1 Cerebral Menin	ges 3	3 I	Percutaneous	1	Radioactive Element	1	Mastoid Sinus			
5	Destruction	2 Dura Mater	4	4 I	Percutaneous Endoscopic	2	Monitoring Device	2	Atrium			
7	Dilation	3 Epidural Space,	Intracranial >	XI	External	3	Infusion Device	3	Blood Vessel			
8	Division	4 Subdural Space Intracranial	,			4	Radioactive Element, Cesium-131 Collagen Implant	4	Pleural Cavity			
9	Drainage	5 Subarachnoid S Intracranial	pace,			7	Autologous Tissue Substitute	5	Intestine			
В	Excision	6 Cerebral Ventrie	cle			J	Synthetic Substitute	6	Peritoneal Cavity			
C	Extirpation	7 Cerebral Hemis	phere			K	Nonautologous Tissue Substitute	7	Urinary Tract			
D	Extraction	8 Basal Ganglia				M	Neurostimulator Lead	8	Bone Marrow			
F	Fragmentation	9 Thalamus				Y	Other Device	9	Fallopian Tube			
Н	Insertion	A Hypothalamus				Z	No Device	Α	Subgaleal Space			
J	Inspection	B Pons						В	Cerebral Cisterns			
Κ	Мар	C Cerebellum						F	Olfactory Nerve			
Ν	Release	D Medulla Oblong	gata					G	Optic Nerve			
Р	Removal	E Cranial Nerve					Ť	Н	Oculomotor Nerve			
Q	Repair	F Olfactory Nerve						J	Trochlear Nerve			
R	Replacement	G Optic Nerve	1	Ţ,				К	Trigeminal Nerve			
S	Reposition	H Oculomotor Ne	rve					L	Abducens Nerve			
Т	Resection	J Trochlear Nerve						М	Facial Nerve			
U	Supplement	K Trigeminal Nerv	/e					Ν	Acoustic Nerve			
W	Revision	L Abducens Nerv	e					Р	Glossopharyngeal Nerve			
Х	Transfer	M Facial Nerve						Q	Vagus Nerve			
		N Acoustic Nerve						R	Accessory Nerve			
		P Glossopharyng	eal Nerve					S	Hypoglossal Nerve			
		Q Vagus Nerve						Х	Diagnostic			
		R Accessory Nerv	e					Z	No Qualifier			
		S Hypoglossal Ne	rve									
		T Spinal Meninge	s									
		U Spinal Canal										
		V Spinal Cord										
		W Cervical Spinal	Cord									
		X Thoracic Spinal	Cord									
		Y Lumbar Spinal										
			ŀ									

- Ø Medical and Surgical
- 4 Lower Arteries S Reposition

Definition: Moving to its normal location, or other suitable location, all or a portion of a body part 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.

9 Abdominal Aorta Inferior phrenic artery Lumbar artery Middle suprarenal artery Gastric Artery, Right Celiac truth Celiac truth Gastric Artery, Right Celiac truth Bio provide artery Middle genicular artery Middle genicular artery Middle genicular artery Bioptical Artery, Right Common hepatic artery Superior Genicular artery Superior Genicular artery Superior Genicular artery Middle genicular artery Superior Genicular artery Middle recta artery Superior Genicular artery Middle recta artery Middle recta artery Superior Genicular artery Middle recta artery Superior Genicular artery Middle recta artery Wendial artery Wendial artery Wendial artery Middle recta artery Wendial artery Wendial artery Middle recta artery

Medical and Surgical Ear, Nose, Sinus Resection Defi Ø

9 Т

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

Explanation: None

	Bod Char	y Part acter 4	Approach Character 5	Device Character 6	Qualifier Character 7		
Ø	External Ear, Right Antihelix Antitragus Auricle Earlobe Helix Pinna Tragus	1 External Ear, Left See Ø External Ear, Right	 Ø Open 4 Percutaneous Endoscopic X External 	Z No Device	Z No Qualifier		
6	Middle Ear, Right Oval window Tympanic cavity Middle Ear, Left See 5 Middle Ear, Right Auditory Ossicle, Right Incus Malleus Stapes	 A Auditory Ossicle, Left See 9 Auditory Ossicle, Right Inner Ear, Right Bony labyrinth Bony vestibule Cochlea Round window Semicircular canal Inner Ear, Left See D Inner Ear, Right 	 Ø Open 8 Via Natural or Artificial Opening Endoscopic 	Z No Device	Z No Qualifier		
8 F	Tympanic Membrane, Right Pars flaccida Tympanic Membrane, Left See 7 Tympanic Membrane, Right Eustachian Tube, Right Auditory tube Pharyngotympanic tube Eustachian Tube, Left See F Eustachian Tube, Right	L Nasal Turbinate Inferior turbinate Middle turbinate Nasal concha Superior turbinate N Nasopharynx Choana Fossa of Rosenmuller Pharyngeal recess Rhinopharynx	 Ø Open Percutaneous Endoscopic Via Natural or Artificial Opening Via Natural or Artificial Opening Endoscopic 	Z No Device	Z No Qualifier		
C M P	Mastoid Sinus, Right Mastoid air cells Mastoid Sinus, Left See B Mastoid Sinus, Right Nasal Septum Quadrangular cartilage Septal cartilage Vomer bone Accessory Sinus Maxillary Sinus, Right Antrum of Highmore	 R Maxillary Sinus, Left See Q Maxillary Sinus, Right S Frontal Sinus, Right T Frontal Sinus, Left U Ethmoid Sinus, Right Ethmoidal air cell V Ethmoid Sinus, Left See U Ethmoid Sinus, Right W Sphenoid Sinus, Right X Sphenoid Sinus, Left 	 Ø Open Percutaneous Endoscopic Via Natural or Artificial Opening Endoscopic 	Z No Device	Z No Qualifier		
K	Nasal Mucosa and Soft Tissue Columella External naris Greater alar cartilage Internal naris Lateral nasal cartilage Lesser alar cartilage Nasal cavity Nostril Non-OR Ø91[F, C][Ø,4,7,8]ZZ		 Ø Open Percutaneous Endoscopic Via Natural or Artificial Opening Endoscopic X External 	Z No Device	Z No Qualifier		

Ø Medical and Surgical

J Subcutaneous Tissue and Fascia

U Supplement: Definition: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part Explanation: The biological material is non-living, 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.

Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
 Character 4 Subcutaneous Tissue and Fascia, Scalp Galea aponeurotica Subcutaneous Tissue and Fascia, Face Masseteric fascia Subcutaneous Tissue and Fascia, Right Neck Deep cervical fascia Subcutaneous Tissue and Fascia, Right Neck Subcutaneous Tissue and Fascia, Left Neck Subcutaneous Tissue and Fascia, Left Neck Subcutaneous Tissue and Fascia, Chest Pervertebral fascia Subcutaneous Tissue and Fascia, Chest Subcutaneous Tissue and Fascia, Back Subcutaneous Tissue and Fascia, Chest Subcutaneous Tissue and Fascia, Back Subcutaneous Tissue and Fascia, Abdomen Subcutaneous Tissue and Fascia, Back Subcutaneous Tissue and Fascia, Chest Subcutaneous Tissue and Fascia, Back Subcutaneous Tissue and Fascia, Chest Subcutaneous Tissue and Fascia, Chest Subcutaneous Tissue and Fascia, Abdomen Subcutaneous Tissue and Fascia, Perineum Subcutaneous Tissue and Fascia, Right Upper Arm Axillary fascia Subcutaneous Tissue and Fascia, Right Upper Arm Axillary fascia Deltoid fascia Subcutaneous Tissue and Fascia, Right Upper Arm Axillary fascia Subcutaneous Tissue and Fascia, Right Upper Arm Axillary fascia Subcutaneous Tissue and Fascia, Right Upper Arm Axillary fascia Subcutaneous Tissue and Fascia, Right Poor Plantar fascia (apc Plantar fascia (apc Plant	character 5 sue and er Arm asisis sue and r Arm is Tissue and d neurosis) sue and d neurosis) sue and d neurosis) sue and d r Leg stissue and er Leg sue and er Leg sue and er Leg sue and r Leg sue and er Leg sue and r Leg		
F Subcutaneous Tissue and Fascia, Left Upper Arm See D Subcutaneous Tissue and Fascia, Right Upper Arm			

Male Reproductive System

Medical and Surgical Ø

V **Male Reproductive System**

Repair Definition: Restoring, to the extent possible, a body part to its normal anatomic structure and function

Q Explanation: Used only when the method to accomplish the repair is not one of the other root operations

	Body Part Character 4		Approach Character 5	Device Character 6	Qualifier Character 7
Ø	Prostate	ď	 Ø Open Percutaneous Percutaneous Endoscopic Via Natural or Artificial Opening Via Natural or Artificial Opening Endoscopic 	Z No Device	Z No Qualifier
1 2 3 6 7 9 B C	Seminal Vesicle, Right Seminal Vesicle, Left Seminal Vesicles, Bilateral Tunica Vaginalis, Right Tunica Vaginalis, Left Testis, Right Testis, Left Testes, Bilateral	00000000 0000000	Ø Open3 Percutaneous4 Percutaneous Endoscopic	Z No Device	Z No Qualifier
5 S T	Scrotum Penis Corpus cavernosum Corpus spongiosum Prepuce Foreskin Glans penis	ඊ ඊ ඊ	 Ø Open 3 Percutaneous 4 Percutaneous Endoscopic X External 	Z No Device	Z No Qualifier
P	Spermatic Cord, Right Spermatic Cord, Left Spermatic Cords, Bilateral Epididymis, Right	0000000 00000 0000	 Ø Open Percutaneous Percutaneous Endoscopic Via Natural or Artificial Opening Endoscopic 	Z No Device	Z No Qualifier
	Non-OR ØVQ[6,7][Ø,3,4]ZZ Non-OR ØVQ5[Ø,3,4,X]ZZ			d' All body part, approach, devi	ce, and qualifier values

Medical and Surgical Ø

V R **Male Reproductive System**

Replacement 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 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.

	Body Part Character 4			Approach Character 5		Device Character 6		Qualifier Character 7
9	Testis, Right	ď	Ø Open		J	Synthetic Substitute	Ζ	No Qualifier
В	Testis, Left	O ⁿ						
C	Testes, Bilateral	O						
	O All body part, approach, device, and qualifier values							

Medical and Surgical Male Reproductive System Ø V S

Reposition Definition: Moving to its normal location, or other suitable location, all or a portion of a body part 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.

	Body Part Character 4			Approach Character 5		Device Character 6		Qualifier Character 7
9	Testis, Right	ď	Ø	Open	Ζ	No Device	Ζ	No Qualifier
В	Testis, Left	ď	3	Percutaneous				
C	Testes, Bilateral	ď	4	Percutaneous Endoscopic				
F	Spermatic Cord, Right	ď	8	Via Natural or Artificial Opening				
G	Spermatic Cord, Left	ď		Endoscopic				
Н	Spermatic Cords, Bilateral	ď						
	O All body part, approach, device, and qualifier values							

X **New Technology**

W Ø **Anatomical Regions**

Definition: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products Introduction Explanation: None

New Technology

Explanation: N	lone		
Body Part Character 4	Approach Character 5	Device/Substance/Technology Character 6	Qualifier Character 7
4 Central Vein	3 Percutaneous	F Other New Technology Therapeutic Substance	5 New Technology Group 5
4 Central Vein	3 Percutaneous	F Bamlanivimab Monoclonal Antibody	6 New Technology Group 6
4 Central Vein	3 Percutaneous	G Plazomicin Anti-infective	4 New Technology Group 4
4 Central Vein	3 Percutaneous	G Sarilumab	5 New Technology Group 5
4 Central Vein	3 Percutaneous	G REGN-COV2 Monoclonal Antibody	6 New Technology Group 6
4 Central Vein	3 Percutaneous	G Engineered Chimeric Antigen Receptor T-cell Immunotherapy, Allogeneic	7 New Technology Group 7
4 Central Vein	3 Percutaneous	H Synthetic Human Angiotensin II	4 New Technology Group 4
4 Central Vein	3 Percutaneous	H Tocilizumab	5 New Technology Group 5
4 Central Vein	3 Percutaneous	H Other New Technology Monoclonal Antibody	6 New Technology Group 6
4 Central Vein	3 Percutaneous	H Axicabtagene Ciloleucel ImmunotherapyJ Tisagenlecleucel Immunotherapy	7 New Technology Group 7
4 Central Vein	3 Percutaneous	K Fosfomycin Anti-infective	5 New Technology Group 5
4 Central Vein	3 Percutaneous	K Idecabtagene Vicleucel Immunotherapy	7 New Technology Group 7
4 Central Vein	3 Percutaneous	L CD24Fc Immunomodulator	6 New Technology Group 6
4 Central Vein	3 Percutaneous	L Lifileucel Immunotherapy M Brexucabtagene Autoleucel Immunotherapy	7 New Technology Group 7
4 Central Vein	3 Percutaneous	N Meropenem-vaborbactam Anti-infective	5 New Technology Group 5
4 Central Vein	3 Percutaneous	N Lisocabtagene Maraleucel Immunotherapy	New Technology Group 7
4 Central Vein	3 Percutaneous	Q Tagraxofusp-erzs Antineoplastic VI S lobenguane I-131 Antineoplastic VI U Imipenem-cilastatin-relebactam VI Anti-infective VI Caplacizumab VI	5 New Technology Group 5
9 Nose	7 Via Natural or Artificial Opening	M Esketamine Hydrochloride	5 New Technology Group 5
D Mouth and Pharynx	X External	6 Lefamulin Anti-infective	6 New Technology Group 6
D Mouth and Pharynx	X External	8 Uridine Triacetate	2 New Technology Group 2
D Mouth and Pharynx	X External	J Apaluta mide Antineoplastic L Erdafitinib Antineoplastic	5 New Technology Group 5
D Mouth and Pharynx	X External	M Baricitinib	6 New Technology Group 6
D Mouth and Pharynx	X External	R Venetoclax Antineoplastic	5 New Technology Group 5
D Mouth and Pharynx	X External	R Fostamatinib	7 New Technology Group 7
D Mouth and Pharynx	X External	T Ruxolitinib III V Gilteritinib Antineoplastic III	5 New Technology Group 5
G Upper GI	7 Via Natural or Artificial Opening		6 New Technology Group 6
G Upper Gl	7 Via Natural or Artificial Opening	R Fostamatinib	7 New Technology Group 7
G Upper Gl	8 Via Natural or Artificial Opening Endoscopic	8 Mineral-based Topical Hemostatic MT Agent	6 New Technology Group 6
H Lower GI	7 Via Natural or Artificial Opening		6 New Technology Group 6
H Lower GI	7 Via Natural or Artificial Opening	R Fostamatinib	7 New Technology Group 7
H Lower Gl	8 Via Natural or Artificial Opening Endoscopic	8 Mineral-based Topical Hemostatic Agent	6 New Technology Group 6
Q Cranial Cavity and Brain	3 Percutaneous	1 Eladocagene exuparvovec	6 New Technology Group 6
V Bones	Ø Open	P Antibiotic-eluting Bone Void Filler	7 New Technology Group 7
DRG Non-OR XWØ43G7 DRG Non-OR XWØ43[H,J]7 DRG Non-OR XWØ43K7 DRG Non-OR XWØ43[L,M]7 DRG Non-OR XWØ43N7	NT XWØ43G4 NT XWØ43[Q,S,U,W]5 NT XWØ97M5 NT XWØDX66 NT XWØDXL5	NT XWØDXM6 NT XWØDX[T,V]5 NT XWØG7M6	NT XWØG886 NT XWØH7M6 NT XWØH886

* For all codes with NT icon see Appendix I for registered or trade name of substance

XWØ Continued

XWØ–XWØ