

ICD-10-PCS

The complete official code set

Codes valid from October 1, 2023
through September 30, 2024

SAMPLE

2024

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Introduction

ICD-10-PCS: The Complete Official Code Set is your definitive coding resource for procedure coding in acute inpatient hospitals. In addition to the official ICD-10-PCS Coding System Files, revised and distributed by the Centers for Medicare and Medicaid Services (CMS), Optum's coding experts have incorporated Medicare-related coding edits and proprietary features, such as coding tools and appendices, into a comprehensive and easy-to-use reference.

This manual provides the most current information that was available at the time of publication. For updates to official source documents that may have occurred after this manual was published, please refer to the following:

- **CMS International Classification of Disease, 10th Revision, Procedural Coding System (ICD-10-PCS):**
<https://www.cms.gov/medicare/icd-10/2023-icd-10-pcs>
- **CMS Inpatient Prospective Payment System Proposed Rule, FY2023**
<https://www.cms.gov/medicare/acute-inpatient-pps/fy-2023-pps-proposed-rule-home-page>
- **CMS Inpatient Prospective Payment System Proposed Rule, FY 2023 - Proposed, version 40, MS-DRG Grouper software, Definitions Manual files and Medicare Code Editor (MCE) files**
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/MS-DRG-Classifications-and-Software>
- **American Hospital Association (AHA) Coding Clinics**
<https://www.codingclinicadvisor.com/>

ICD-10-PCS Code Structure

All codes in ICD-10-PCS are seven characters long. Each character in the seven-character code represents an aspect of the procedure, as shown in the following diagram of characters from the main section of ICD-10-PCS, called the Medical and Surgical section.

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

One of 34 possible alphanumeric values—using the digits 0–9 and letters A–H, J–N, and P–Z—can be assigned to each character in a code. The letters O and I are not used so as to avoid confusion with the digits 0 and 1. A code is derived by choosing a specific value for each of the seven characters, based on details about the procedure performed. Because the definition of each character is a function of its physical position in the code, the same value placed in a different position means something different; the value 0 as the first character means something different from 0 as the second character or as the third character, and so on.

The first character always determines the broad procedure category, or section. The second through seventh characters have the same meaning within a specific section, but these meanings can change in a different section. For example, the sixth character means “device” in the Medical and Surgical section but “qualifier” in the Imaging section.

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Index

Codes may be found in the index based on the general type of procedure (e.g., resection, transfusion, fluoroscopy), or a more commonly used term (e.g., appendectomy). For example, the code for percutaneous intraluminal dilation of the coronary arteries with an intraluminal device can be found in the Index under *Dilation*, or a synonym of *Dilation* (e.g., angioplasty). The Index then specifies the first three or four values of the code or directs the user to see another term.

Example:

Dilation
Artery
Coronary
One Artery 0270

Based on the first three values of the code provided in the Index, the corresponding table can be located. In the example above, the first three values indicate table 027 is to be referenced for code completion.

The tables and characters are arranged first by number and then by letter for each character (tables for 00-, 01-, 02-, etc., are followed by those for 0B-, 0C-, 0D-, etc., followed by 0B1, 0B2, etc., followed by 0BB, 0BC, 0BD, etc.).

Note: The Tables section must be used to construct a complete and valid code by specifying the last three or four values.

Tables

The tables in ICD-10-PCS provide the valid combination of character values needed to build a unique procedure code. Each table is preceded by the first three characters of the code, along with their descriptions. In the Medical and Surgical section, for example, the first three characters contain the name of the section (character 1), the body system (character 2), and the root operation performed (character 3).

Listed underneath the first three characters is a table comprising four columns and one or more rows. The four columns in the table specify the last four characters needed to complete the ICD-10-PCS code. Depending on the section, the labels for each column may be different. In the Medical and Surgical section, they are labeled body part (character 4), approach (character 5), device (character 6), and qualifier (character 7). Each row in the table specifies the valid combination of values for characters 4 through 7.

ICD-10-PCS Index and Tabular Format

The *ICD-10-PCS: The Complete Official Code Set* is based on the official version of the International Classification of Diseases, 10th Revision, Procedure Classification System, issued by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. This book is consistent with the content of the government's version of ICD-10-PCS and follows their official format.

Index

The Alphabetic Index can be used to locate the appropriate table containing all the information necessary to construct a procedure code, however, the PCS tables should always be consulted to find the most appropriate valid code. Users may choose a valid code directly from the tables—he or she need not consult the index before proceeding to the tables to complete the code.

Main Terms

The Alphabetic Index reflects the structure of the tables. Therefore, the index is organized as an alphabetic listing. The index:

- Is based on the value of the third character
- Contains common procedure terms
- Lists anatomic sites
- Uses device terms

The main terms in the Alphabetic Index are root operations, root procedure types, or common procedure names. In addition, anatomic sites from the Body Part Key and device terms from the Device Key have been added for ease of use.

Examples:

Resection (root operation)
Fluoroscopy (root type)
Prostatectomy (common procedure name)
Brachiocephalic artery (body part)
Bard® Dulex™ mesh (device)

The index provides at least the first three or four values of the code, and some entries may provide complete valid codes. However, the user should always consult the appropriate table to verify that the most appropriate valid code has been selected.

Root Operation and Procedure Type Main Terms

For the *Medical and Surgical* and related sections, the root operation values are used as main terms in the index. The subterms under the root operation main terms are body parts. For the Ancillary section of the tables, the main terms in the index are the general type of procedure performed.

Examples:

Biofeedback GZC9ZZZ
Destruction
 Acetabulum
 Left ØQ55
 Right ØQ54
 Adenoids ØC5Q
 Ampulla of Vater ØF5C
Planar Nuclear Medicine Imaging
 Abdomen CW1Ø

See Reference

The second type of term in the index uses common procedure names, such as “appendectomy” or “fundoplication.” These common terms are listed as main terms with a “see” reference noting the PCS root operations that are possible valid code tables based on the objective of the procedure.

Examples:

Tendonectomy
 see Excision, Tendons ØLB
 see Resection, Tendons ØLT

Use Reference

The index also lists anatomic sites from the Body Part Key and device terms from the Device Key. These terms are listed with a “use” reference. The purpose of these references is to act as an additional reference to the terms located in the Appendix Keys. The term provided is the Body Part value or Device value to be selected when constructing a procedure code using the code tables. This type of index reference is not intended to direct the user to another term in the index, but to provide guidance regarding character value selection. Therefore, “use” references generally do not refer to specific valid code tables.

Examples:

CoAxia NeuroFlo catheter
 use Intraluminal Device
Epitrochlear lymph node
 use Lymphatic, Left Upper Extremity
 use Lymphatic, Right Upper Extremity
SynCardia Total Artificial Heart
 use Synthetic Substitute

Code Tables

ICD-10-PCS contains 17 sections of Code Tables organized by general type of procedure. The first three characters of a procedure code define each table. The tables consist of columns providing the possible last four characters of codes and rows providing valid values for each character. Within a PCS table, valid codes include all combinations of choices in characters 4 through 7 contained in the same row of the table. All seven characters must be specified to form a valid code.

There are three main sections of tables:

- Medical and Surgical section:
 - *Medical and Surgical* (Ø)
- Medical and Surgical-related sections:
 - *Obstetrics* (1)
 - *Placement* (2)
 - *Administration* (3)
 - *Measurement and Monitoring* (4)
 - *Extracorporeal or Systemic Assistance and Performance* (5)
 - *Extracorporeal or Systemic Therapies* (6)
 - *Osteopathic* (7)
 - *Other Procedures* (8)
 - *Chiropractic* (9)

NC Noncovered Procedure

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

LC Limited Coverage

For certain procedures whose medical complexity and serious nature incur extraordinary associated costs, Medicare limits coverage to a portion of the cost. The limited coverage edit indicates the type of limited coverage.

ICD-10 MS-DRG Definitions Manual Edits

An MS-DRG is assigned based on specific patient attributes, such as principal diagnosis, secondary diagnoses, procedures, and discharge status. The attributes (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 40, MS-DRG Grouper software and Definitions Manual published with the fiscal 2023 IPPS proposed rule.

Non-Operating Room Procedures Not Affecting MS-DRG Assignment

In the Medical and Surgical section (001-0YW) and the Obstetric section (102-10Y) tables **only**, ICD-10-PCS procedure codes that DO NOT affect MS-DRG assignment are identified by a **gray color bar** over the body part (character 4) value and are considered non-operating room (non-OR) procedures.

NOTE: The majority of the ICD-10-PCS codes in the Medical and Surgical-Related, Ancillary and New Technology section tables are non-operating room procedures that do not typically affect MS-DRG assignment. Only the Valid Operating Room and DRG Non-Operating Room procedures are highlighted in these sections, see Non-Operating Room Procedures Affecting MS-DRG Assignment and Valid OR Procedure description below.

Non-Operating Room Procedures Affecting MS-DRG Assignment

Some ICD-10-PCS procedure codes, although considered non-operating room procedures, may still affect MS-DRG assignment. In all sections of the ICD-10-PCS book, these procedures are identified by a **purple color bar** over the body part (character 4) value.

Valid OR Procedure

In the Medical and Surgical-Related (2W0-9WB), Ancillary (B00-HZ9) and New Technology (X2A-XY0) section tables **only**, any codes that are considered a valid operating room procedure are identified with a **blue color bar** over the body part (character 4) value and will affect MS-DRG assignment. All codes without a color bar (blue or purple) are considered non-operating room procedures.

Hospital-Acquired Condition Related Procedures

Procedures associated with hospital-acquired conditions (HAC) are identified with the **yellow color bar** over the body part (character 4) value. Appendix K provides each specific HAC category and its associated ICD-10-CM and ICD-10-PCS codes.

Combination Only

Some ICD-10-PCS procedure codes that describe non-operating room procedures can group to a specific MS-DRG but only when used in combination with certain other ICD-10-PCS procedure codes. Such codes are designated by a **red color bar** over the body part (character 4) value.

+ Combination Member

A combination member, which can be either a valid operating room procedure or a non-operating room procedure, is an ICD-10-PCS procedure code that can influence MS-DRG assignment either on its own or in combination with other specific ICD-10-PCS procedure codes. Combination member codes are designated by a plus sign (+) to the right of the body part (character 4) value.

Note: In the few instances when a code is both a combination member and a non-operating room procedure affecting the MS-DRG assignment, the body part (character 4) value will have a purple color bar and the combination member icon.

See Appendix L for Procedure Combinations

Under certain circumstances, more than one procedure code is needed in order to group to a specific MS-DRG. When codes within a table have been identified as a Combination Only (**red color bar**) or Combination Member (+) code, there is also a footnote instructing the coder to see Appendix L. Appendix L contains tables that identify the other procedure codes needed in the combination and the title and number of the MS-DRG to which the combination will group.

Other Table Notations**AHA Coding Clinic:**

Official citations from AHA's *Coding Clinic for ICD-10-CM/PCS* have been provided at the beginning of each section, when applicable. Each specific citation is listed below a header identifying the table to which that particular *Coding Clinic* citation applies. The citations appear in purple type with the year, quarter, and page of the reference as well as the title of the question as it appears in that *Coding Clinic's* table of contents. *Coding Clinic* citations included in this edition have been updated through second quarter 2022.

NT New Technology Add-on Payment

This symbol identifies procedure codes that involve new technologies or medical services that have qualified for a new technology add-on payment (NTAP). CMS provides incremental payment, in addition to the DRG payment, for technologies that have received the NTAP designation. This symbol appears to the right of the sixth character value.

Note: Only specific brand or trade named devices, substances, or technologies receive NTAP approval. The sixth character value in the PCS table provides a generalized description that may be applicable to several brand or trade names. Unless otherwise specified in the annotation box, refer to appendix H or I to determine the specific brand or trade name of the device, substance, or technology that is applicable to the new technology add-on payment. New technology add-on payments are not exclusive to the New Technology (X) section.

Appendixes

The resources described below have been included as appendixes for *ICD-10-PCS The Complete Official Code Set*. These resources further instruct the coder on the appropriate application of the ICD-10-PCS code set.

Appendix A: Components of the Medical and Surgical Approach Definitions

This resource further defines the approach characters used in the Medical and Surgical (0) section. Complementing the detailed definition of the approach, additional information includes whether or not instrumentation is a part of the approach, the typical access

ICD-10-PCS Tables

Central Nervous System and Cranial Nerves 001–00X

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	Body Part–Character 4	Approach–Character 5	Device–Character 6	Qualifier–Character 7
1 Bypass	0 Brain	0 Open	0 Drainage Device	0 Nasopharynx
2 Change	1 Cerebral Meninges	3 Percutaneous	1 Radioactive Element	1 Mastoid Sinus
5 Destruction	2 Dura Mater	4 Percutaneous Endoscopic	2 Monitoring Device	2 Atrium
7 Dilation	3 Epidural Space, Intracranial	X External	3 Infusion Device	3 Blood Vessel OR Laser Interstitial Thermal Therapy
8 Division	4 Subdural Space, Intracranial		4 Radioactive Element, Cesium-131 Collagen Implant	4 Pleural Cavity
9 Drainage	5 Subarachnoid Space, Intracranial		7 Autologous Tissue Substitute	5 Intestine
B Excision	6 Cerebral Ventricle		J Synthetic Substitute	6 Peritoneal Cavity
C Extirpation	7 Cerebral Hemisphere		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
H Insertion	A Hypothalamus		Z No Device	A Subgaleal Space
J Inspection	B Pons			B Cerebral Cisterns
K Map	C Cerebellum			F Olfactory Nerve
N Release	D Medulla Oblongata			G Optic Nerve
P Removal	E Cranial Nerve			H Oculomotor Nerve
Q Repair	F Olfactory Nerve			J Trochlear Nerve
R Replacement	G Optic Nerve			K Trigeminal Nerve
S Reposition	H Oculomotor Nerve			L Abducens Nerve
T Resection	J Trochlear Nerve			M Facial Nerve
U Supplement	K Trigeminal Nerve			N Acoustic Nerve
W Revision	L Abducens Nerve			P Glossopharyngeal Nerve
X Transfer	M Facial Nerve			Q Vagus Nerve
	N Acoustic Nerve			R Accessory Nerve
	P Glossopharyngeal Nerve			S Hypoglossal Nerve
	Q Vagus Nerve			X Diagnostic
	R Accessory Nerve			Z No Qualifier
	S Hypoglossal Nerve			
	T Spinal Meninges			
	U Spinal Canal			
	V Spinal Cord			
	W Cervical Spinal Cord			
	X Thoracic Spinal Cord			
	Y Lumbar Spinal Cord			

0 Medical and Surgical

0 Central Nervous System and Cranial Nerves

W Revision

Definition: Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device

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

Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
0 Brain Cerebrum Corpus callosum Encephalon V Spinal Cord Dorsal root ganglion	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	0 Drainage Device 2 Monitoring Device 3 Infusion Device 7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute M Neurostimulator Lead Y Other Device	Z No Qualifier
0 Brain Cerebrum Corpus callosum Encephalon V Spinal Cord Dorsal root ganglion	X External	0 Drainage Device 2 Monitoring Device 3 Infusion Device 7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute M Neurostimulator Lead	Z No Qualifier
6 Cerebral Ventricle Aqueduct of Sylvius Cerebral aqueduct (Sylvius) Choroid plexus Ependyma Foramen of Monro (intraventricular) Fourth ventricle Interventricular foramen (Monro) Left lateral ventricle Right lateral ventricle Third ventricle U Spinal Canal Epidural space, spinal Extradural space, spinal Subarachnoid space, spinal Subdural space, spinal Vertebral canal	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	0 Drainage Device 2 Monitoring Device 3 Infusion Device J Synthetic Substitute M Neurostimulator Lead Y Other Device	Z No Qualifier
6 Cerebral Ventricle Aqueduct of Sylvius Cerebral aqueduct (Sylvius) Choroid plexus Ependyma Foramen of Monro (intraventricular) Fourth ventricle Interventricular foramen (Monro) Left lateral ventricle Right lateral ventricle Third ventricle U Spinal Canal Epidural space, spinal Extradural space, spinal Subarachnoid space, spinal Subdural space, spinal Vertebral canal	X External	0 Drainage Device 2 Monitoring Device 3 Infusion Device J Synthetic Substitute M Neurostimulator Lead	Z No Qualifier
E Cranial Nerve	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	0 Drainage Device 2 Monitoring Device 3 Infusion Device 7 Autologous Tissue Substitute M Neurostimulator Lead Y Other Device	Z No Qualifier
E Cranial Nerve	X External	0 Drainage Device 2 Monitoring Device 3 Infusion Device 7 Autologous Tissue Substitute M Neurostimulator Lead	Z No Qualifier

- Non-OR 00W[0,V][3,4]YZ
- Non-OR 00W[0,V]X[0,2,3,7,J,K,M]Z
- Non-OR 00W[6,U][3,4]YZ
- Non-OR 00W[6,U]X[0,2,3,J,M]Z
- Non-OR 00WE[3,4]YZ
- Non-OR 00WEX[0,2,3,7,M]Z

- 0 Medical and Surgical**
- 7 Lymphatic and Hemic Systems**
- 2 Change** 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
Explanation: All CHANGE procedures are coded using the approach EXTERNAL

Body Part Character 4		Approach Character 5	Device Character 6	Qualifier Character 7
K Thoracic Duct	M Thymus Thymus gland	X External	0 Drainage Device Y Other Device	Z No Qualifier
Left jugular trunk Left subclavian trunk	N Lymphatic			
L Cisterna Chyli	P Spleen Accessory spleen			
Intestinal lymphatic trunk Lumbar lymphatic trunk	T Bone Marrow			

Non-OR All body part, approach, device, and qualifier values

- 0 Medical and Surgical**
- 7 Lymphatic and Hemic Systems**
- 5 Destruction** Definition: Physical eradication of all or a portion of a body part by the direct use of energy, force, or a destructive agent
Explanation: None of the body part is physically taken out

Body Part Character 4		Approach Character 5	Device Character 6	Qualifier Character 7
0 Lymphatic, Head Buccinator lymph node Infraauricular lymph node Infraparotid lymph node Parotid lymph node Preauricular lymph node Submandibular lymph node Submaxillary lymph node Submental lymph node Subparotid lymph node Suprahyoid lymph node	6 Lymphatic, Left Axillary <i>See 5 Lymphatic, Right Axillary</i> 7 Lymphatic, Thorax Intercostal lymph node Mediastinal lymph node Parasternal lymph node Paratracheal lymph node Tracheobronchial lymph node 8 Lymphatic, Internal Mammary, Right 9 Lymphatic, Internal Mammary, Left B Lymphatic, Mesenteric Inferior mesenteric lymph node Pararectal lymph node Superior mesenteric lymph node C Lymphatic, Pelvis Common iliac (subaortic) lymph node Gluteal lymph node Iliac lymph node Inferior epigastric lymph node Obturator lymph node Sacral lymph node Subaortic (common iliac) lymph node Suprainguinal lymph node D Lymphatic, Aortic Celiac lymph node Gastric lymph node Hepatic lymph node Lumbar lymph node Pancreaticosplenic lymph node Parsaortic lymph node Retroperitoneal lymph node F Lymphatic, Right Lower Extremity Femoral lymph node Popliteal lymph node G Lymphatic, Left Lower Extremity <i>See F Lymphatic, Right Lower Extremity</i> H Lymphatic, Right Inguinal J Lymphatic, Left Inguinal K Thoracic Duct Left jugular trunk Left subclavian trunk L Cisterna Chyli Intestinal lymphatic trunk Lumbar lymphatic trunk M Thymus Thymus gland P Spleen Accessory spleen	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier
1 Lymphatic, Right Neck Cervical lymph node Jugular lymph node Mastoid (postauricular) lymph node Occipital lymph node Postauricular (mastoid) lymph node Retropharyngeal lymph node Right jugular trunk Right lymphatic duct Right subclavian trunk Supraclavicular (Virchow's) lymph node Virchow's (supraclavicular) lymph node				
2 Lymphatic, Left Neck Cervical lymph node Jugular lymph node Mastoid (postauricular) lymph node Occipital lymph node Postauricular (mastoid) lymph node Retropharyngeal lymph node Supraclavicular (Virchow's) lymph node Virchow's (supraclavicular) lymph node				
3 Lymphatic, Right Upper Extremity Cubital lymph node Deltopectoral (infraclavicular) lymph node Epitrochlear lymph node Infraclavicular (deltopectoral) lymph node Supratrochlear lymph node				
4 Lymphatic, Left Upper Extremity <i>See 3 Lymphatic, Right Upper Extremity</i>				
5 Lymphatic, Right Axillary Anterior (pectoral) lymph node Apical (subclavicular) lymph node Brachial (lateral) lymph node Central axillary lymph node Lateral (brachial) lymph node Pectoral (anterior) lymph node Posterior (subscapular) lymph node Subclavicular (apical) lymph node Subscapular (posterior) lymph node				

0 Medical and Surgical
M Bursae and Ligaments

2 Change 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
Explanation: All CHANGE procedures are coded using the approach EXTERNAL

Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
X Upper Bursa and Ligament	X External	0 Drainage Device	Z No Qualifier
Y Lower Bursa and Ligament		Y Other Device	

Non-OR All body part, approach, device, and qualifier values

0 Medical and Surgical
M Bursae and Ligaments

5 Destruction Definition: Physical eradication of all or a portion of a body part by the direct use of energy, force, or a destructive agent
Explanation: None of the body part is physically taken out

Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
0 Head and Neck Bursa and Ligament Alar ligament of axis Cervical interspinous ligament Cervical intertransverse ligament Cervical ligamentum flavum Interspinous ligament, cervical Intertransverse ligament, cervical Lateral temporomandibular ligament Ligamentum flavum, cervical Sphenomandibular ligament Stylomandibular ligament Transverse ligament of atlas 1 Shoulder Bursa and Ligament, Right Acromioclavicular ligament Coracoacromial ligament Coracoclavicular ligament Coracohumeral ligament Costoclavicular ligament Glenohumeral ligament Interclavicular ligament Sternoclavicular ligament Subacromial bursa Transverse humeral ligament Transverse scapular ligament 2 Shoulder Bursa and Ligament, Left <i>See 1 Shoulder Bursa and Ligament, Right</i> 3 Elbow Bursa and Ligament, Right Annular ligament Olecranon bursa Radial collateral ligament Ulnar collateral ligament 4 Elbow Bursa and Ligament, Left <i>See 3 Elbow Bursa and Ligament, Right</i> 5 Wrist Bursa and Ligament, Right Palmar ulnocarpal ligament Radial collateral carpal ligament Radiocarpal ligament Radioulnar ligament Scapholunate ligament Ulnar collateral carpal ligament 6 Wrist Bursa and Ligament, Left <i>See 5 Wrist Bursa and Ligament, Right</i> 7 Hand Bursa and Ligament, Right Carpometacarpal ligament Intercarpal ligament Interphalangeal ligament Lunotriquetral ligament Metacarpal ligament Metacarpophalangeal ligament Pisohamate ligament Pisometacarpal ligament Scaphotrapezium ligament 8 Hand Bursa and Ligament, Left <i>See 7 Hand Bursa and Ligament, Right</i> 9 Upper Extremity Bursa and Ligament, Right B Upper Extremity Bursa and Ligament, Left C Upper Spine Bursa and Ligament Interspinous ligament, thoracic Intertransverse ligament, thoracic Ligamentum flavum, thoracic Supraspinous ligament	D Lower Spine Bursa and Ligament Iliolumbar ligament Interspinous ligament, lumbar Intertransverse ligament, lumbar Ligamentum flavum, lumbar Sacrococcygeal ligament Sacroiliac ligament Sacrospinous ligament Sacrotuberous ligament Supraspinous ligament F Sternum Bursa and Ligament Costoxiphoid ligament Sternocostal ligament G Rib(s) Bursa and Ligament Costotransverse ligament H Abdomen Bursa and Ligament, Right J Abdomen Bursa and Ligament, Left K Perineum Bursa and Ligament L Hip Bursa and Ligament, Right Iliofemoral ligament Ischiofemoral ligament Pubofemoral ligament Transverse acetabular ligament Trochanteric bursa M Hip Bursa and Ligament, Left <i>See L Hip Bursa and Ligament, Right</i> N Knee Bursa and Ligament, Right Anterior cruciate ligament (ACL) Lateral collateral ligament (LCL) Ligament of head of fibula Medial collateral ligament (MCL) Patellar ligament Popliteal ligament Posterior cruciate ligament (PCL) Prepatellar bursa P Knee Bursa and Ligament, Left <i>See N Knee Bursa and Ligament, Right</i> Q Ankle Bursa and Ligament, Right Calcaneofibular ligament Deltoid ligament Ligament of the lateral malleolus Talofibular ligament R Ankle Bursa and Ligament, Left <i>See Q Ankle Bursa and Ligament, Right</i> S Foot Bursa and Ligament, Right Calcaneocuboid ligament Cuneonavicular ligament Intercuneiform ligament Interphalangeal ligament Metatarsal ligament Metatarsophalangeal ligament Subtalar ligament Talocalcaneal ligament Talocalcaneonavicular ligament Tarsometatarsal ligament T Foot Bursa and Ligament, Left <i>See S Foot Bursa and Ligament, Right</i> V Lower Extremity Bursa and Ligament, Right W Lower Extremity Bursa and Ligament, Left	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	Z No Device Z No Qualifier

Physical Rehabilitation and Diagnostic Audiology F00-F15

F Physical Rehabilitation and Diagnostic Audiology
0 Rehabilitation
0 Speech Assessment Definition: Measurement of speech and related functions

Body System/Region Character 4	Type Qualifier Character 5	Equipment Character 6	Qualifier Character 7
3 Neurological System - Whole Body	G Communicative/Cognitive Integration Skills	K Audiovisual M Augmentative / Alternative Communication P Computer Y Other Equipment Z None	Z None
Z None	0 Filtered Speech 3 Staggered Spondaic Word Q Performance Intensity Phonetically Balanced Speech Discrimination R Brief Tone Stimuli S Distorted Speech T Dichotic Stimuli V Temporal Ordering of Stimuli W Masking Patterns	1 Audiometer 2 Sound Field / Booth K Audiovisual Z None	Z None
Z None	1 Speech Threshold 2 Speech/Word Recognition	1 Audiometer 2 Sound Field / Booth 9 Cochlear Implant K Audiovisual Z None	Z None
Z None	4 Sensorineural Acuity Level	1 Audiometer 2 Sound Field / Booth Z None	Z None
Z None	5 Synthetic Sentence Identification	1 Audiometer 2 Sound Field / Booth 9 Cochlear Implant K Audiovisual	Z None
Z None	6 Speech and/or Language Screening 7 Nonspoken Language 8 Receptive/Expressive Language C Aphasia G Communicative/Cognitive Integration Skills L Augmentative/Alternative Communication System	K Audiovisual M Augmentative / Alternative Communication P Computer Y Other Equipment Z None	Z None
Z None	9 Articulation/Phonology	K Audiovisual P Computer Q Speech Analysis Y Other Equipment Z None	Z None
Z None	B Motor Speech	K Audiovisual N Biosensory Feedback P Computer Q Speech Analysis T Aerodynamic Function Y Other Equipment Z None	Z None
Z None	D Fluency	K Audiovisual N Biosensory Feedback P Computer Q Speech Analysis S Voice Analysis T Aerodynamic Function Y Other Equipment Z None	Z None
Z None	F Voice	K Audiovisual N Biosensory Feedback P Computer S Voice Analysis T Aerodynamic Function Y Other Equipment Z None	Z None

DRG Non-OR All body system/region, type qualifier, equipment, and qualifier values

F00 Continued on next page

Appendix B: Root Operation Definitions

The character 3 value in the Medical and Surgical section (0) and the Medical and Surgical-related sections (1-9) represents the root operation. This resource provides each root operation (character 3) value, found in sections 0-9, as well as their associated definition, explanation, and examples, where applicable. The Ancillary sections (B-H) do not include root operations; instead, the character 3 value represents the type of procedure performed with additional detail provided by the character 4 or 5 value, when applicable. For the character 3, character 4, and character 5 values used in the Ancillary sections of B-H, along with their definitions, see appendix J.

0 Medical and Surgical			
ICD-10-PCS Value		Definition	
0	Alteration	Definition:	Modifying the anatomic structure of a body part without affecting the function of the body part
		Explanation:	Principal purpose is to improve appearance
		Examples:	Face lift, breast augmentation
1	Bypass	Definition:	Altering the route of passage of the contents of a tubular body part
		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.
		Examples:	Coronary artery bypass, colostomy formation
2	Change	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
		Explanation:	All CHANGE procedures are coded using the approach EXTERNAL
		Examples:	Urinary catheter change, gastrostomy tube change
3	Control	Definition:	Stopping, or attempting to stop, postprocedural or other acute bleeding
		Explanation:	None
		Examples:	Control of post-prostatectomy hemorrhage, control of intracranial subdural hemorrhage, control of bleeding duodenal ulcer, control of retroperitoneal hemorrhage
4	Creation	Definition:	Putting in or on biological or synthetic material to form a new body part that to the extent possible replicates the anatomic structure or function of an absent body part
		Explanation:	Used for gender reassignment surgery and corrective procedures in individuals with congenital anomalies
		Examples:	Creation of vagina in a male, creation of right and left atrioventricular valve from common atrioventricular valve
5	Destruction	Definition:	Physical eradication of all or a portion of a body part by the direct use of energy, force, or a destructive agent
		Explanation:	None of the body part is physically taken out
		Examples:	Fulguration of rectal polyp, cautery of skin lesion
6	Detachment	Definition:	Cutting off all or a portion of the upper or lower extremities
		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
		Examples:	Below knee amputation, disarticulation of shoulder
7	Dilation	Definition:	Expanding an orifice or the lumen of a tubular body part
		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.
		Examples:	Percutaneous transluminal angioplasty, internal urethrotomy
8	Division	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
		Explanation:	All or a portion of the body part is separated into two or more portions
		Examples:	Spinal cordotomy, osteotomy
9	Drainage	Definition:	Taking or letting out fluids and/or gases from a body part
		Explanation:	The qualifier DIAGNOSTIC is used to identify drainage procedures that are biopsies
		Examples:	Thoracentesis, incision and drainage
B	Excision	Definition:	Cutting out or off, without replacement, a portion of a body part
		Explanation:	The qualifier DIAGNOSTIC is used to identify excision procedures that are biopsies
		Examples:	Partial nephrectomy, liver biopsy
C	Extirpation	Definition:	Taking or cutting out solid matter from a body part
		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.
		Examples:	Thrombectomy, choledocholithotomy

Continued on next page

Appendix F: Device Classification

In most PCS codes, the sixth character of the code classifies the device. The sixth character device value “defines the material or appliance used to accomplish the objective of the procedure that remains in or on the procedure site at the end of the procedure.” If the device is the means by which the procedural objective is accomplished, then a specific device value is coded in the sixth character. If no device is used to accomplish the objective of the procedure, the device value *No Device* is coded in the sixth character. In limited root operations, the classification provides the qualifier values *Temporary* and *Intraoperative*, for specific procedures involving clinically significant devices whose purpose is brief use during the procedure or current inpatient stay.

Material that is classified as a PCS device is distinguished from material classified as a PCS substance by its having a specific location. A device is intended to maintain a fixed location at the procedure site where it was put, whereas a substance is intended to disperse or be absorbed in the body. There are circumstances in which a device does not stay where it was put and may need to be “revised” in a subsequent procedure to move the device back to its intended location.

Material classified as a PCS device is also distinguishable by the fact that it is removable. Although it may not be practical to remove some types of devices, once they become established at the site, it is physically possible to remove a device for some time after the procedure. A skin graft, for example, once it “takes,” may be nearly indistinguishable from the surrounding skin and so is no longer clearly identifiable as a device. Nevertheless, procedures that involve material coded as a device can for the most part be “reversed” by removing the device from the procedure site.

General Device Types

Device Type	Definition	Examples
Grafts	Biological or synthetic material that takes the place of all or a portion of a body part.	Full- or partial-thickness skin grafts: <ul style="list-style-type: none"> • Autologous • Nonautologous • Synthetic • Zooplastic Other tissue grafts: <ul style="list-style-type: none"> • Bone • Tendon • Vascular
Prosthesis	Biological or synthetic material that takes the place of all or a portion of a body part.	Joint prosthesis: <ul style="list-style-type: none"> • Autologous • Nonautologous • Synthetic
Implants	Therapeutic material that is not absorbed by, eliminated by, or incorporated into a body part.	External fixation device Internal fixation device: <ul style="list-style-type: none"> • Orthopaedic pins • Intramedullary rods Radioactive element implant Mesh
Simple or mechanical appliances	Biological or synthetic material that assists or prevents a physiological function.	Drainage device Extraluminal device Endobrachial device Fusion device Intraluminal device (can be temporary) Tracheostomy device IUD
Electronic appliances	Electronic appliances used to assist, monitor, take the pace of, or prevent a physiological function.	Cardiac leads Diaphragmatic pacemaker External heart assist system Short-term external heart assist system (Intraoperative) Fetal monitoring Hearing device Monitoring device Neurostimulator
External appliances	Performed without making an incision or a puncture, external appliances are used for the purpose of protection, immobilization, stretching, compression, or packing.	Bandage Cast Packing material Pressure dressing Traction apparatus

