

Coding ICD-10-PCS Medical and Surgical-Related Sections: Understanding Obstetrics, Placement, And Administration

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Editor’s note: This is the first article in a three article series discussing the Medical and Surgical-related sections of ICD-10-PCS.

THERE ARE NINE Medical and Surgical-related sections of ICD-10-PCS. This article, the first in a series of three articles discussing the Medical and Surgical-related sections of ICD-10-PCS, will discuss the first three Medical and Surgical-related sections:

- Obstetrics
- Placement
- Administration

Table 1: Medical and Surgical-related Sections

BELOW IS A breakdown of the nine Medical and Surgical-related sections of ICD-10-PCS, and the character value for each section.

Section Value	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

Understanding Obstetrics: Section Value 1

The Obstetrics section classifies only procedures that are performed on the products of conception. Products of conception refers to all components of pregnancy, including fetus, embryo, amnion, umbilical cord, and placenta. If a procedure is performed on a body part of a pregnant female, a code from the Medical and Surgical section is assigned rather than one from the Obstetrics section. For the two ICD-10-PCS Coding Guidelines that are specific to the Obstetrics section, see “ICD-10-PCS Obstetrics Coding Guidelines” [below](#).

There are a total of 12 root operations in the Obstetrics section, as outlined in Table 2 below. Only two of these root operations are unique to the Obstetrics section—Abortion and Delivery.

The definition for the Abortion root operation provided in the 2014 ICD-10-PCS Reference Manual is “Artificially terminating a pregnancy.” Abortion is subdivided according to whether an additional device such as laminaria or abortifacient is used, or whether the abortion was performed by mechanical means.

The definition for the Delivery root operation provided in the 2014 ICD-10-PCS Reference Manual is “Assisting the passage of the products of conception from the genital canal.” Delivery applies only to manually assisted vaginal deliveries and is defined as assisting the passage of products of conception from the genital canal. Cesarean deliveries and deliveries performed via forceps are coded to the root operation Extraction in the Obstetrics section.

Table 2: Obstetrics Section Root Operations

Listed below are the 12 root operations in the Obstetrics section, along with their character value.

Section Value	Section
2	Change
9	Drainage
A	Abortion
D	Extraction
E	Delivery
H	Insertion

J	Inspection
P	Removal
Q	Repair
S	Reposition
T	Resection
Y	Transplantation

Comparing ICD-9-CM and ICD-10-PCS: Obstetrics

The following are examples of how ICD-9-CM and ICD-10-PCS compare when assigning codes in the Obstetrics section.

Case Scenario #1

The patient was admitted in active labor at 39 weeks and four days. The patient's labor progresses and after 10 hours the patient is ready to deliver. Due to the patient being fatigued, mid forceps over a midline episiotomy were used to deliver the infant. The episiotomy was then repaired.

In ICD-9-CM, a combination code is assigned when forceps are used in addition to the episiotomy. The Alphabetic Index main term entry is Delivery, subterms Forceps, Mid, with episiotomy, which identifies code 72.21.

In ICD-10-PCS, there is not a combination code for this scenario. Two codes are required: one for the mid forceps delivery and one for the episiotomy with repair. The root operation for the mid forceps delivery is Extraction in the Obstetrics section. Since this procedure was performed on the products of conception (fetus) the procedure would be coded from the Obstetrics section. The ICD-10-PCS code for the mid forceps delivery is 10D07Z4. The fifth character, 7, indicates that the procedure was performed via a natural opening and the seventh character, 4, specifies that mid forceps were utilized. The root operation for the episiotomy is Division from the Medical and Surgical section. This procedure was performed on a body part of the female, perineum, and therefore cannot be assigned a code from the Obstetrics section. The ICD-10-PCS code for the episiotomy is 0W8NXZZ.

Case Scenario #2

A patient, in her 11th week of pregnancy, develops severe cramping and vaginal bleeding. She went to the emergency room and was admitted to the hospital with a diagnosis of incomplete early spontaneous abortion. She was taken to the operating room where a dilation and curettage was performed to remove the retained products of conception.

In ICD-9-CM, the Alphabetic Index main term entry is Dilation and curettage, uterus, subterms After, abortion, which identifies code 69.02. The code descriptor for 69.02 is Dilation and curettage following delivery and abortion. This code would be assigned whether or not the procedure was performed with or without a scope.

In ICD-10-PCS, a dilation and curettage following an incomplete spontaneous abortion is coded to the root operation Extraction in the Obstetrics section. The code is 10D17ZZ with the fourth character capturing the retained products of conception that were extracted. ICD-10-PCS differentiates whether or not this procedure was performed with a scope. The fifth character is 7 if performed without a scope and 8 if performed with a scope.

ICD-10-PCS Obstetrics Coding Guidelines

The following is an excerpt from the Centers for Medicare and Medicaid Services' 2014 ICD-10-PCS Official Guidelines for Coding and Reporting, including the two ICD-10-PCS Coding Guidelines that are specific to the Obstetrics section, available at www.cms.gov.¹

C.1 Products of Conception

Procedures performed on the products of conception are coded to the Obstetrics section. Procedures performed on the pregnant female other than the products of conception are coded to the appropriate root operation in the Medical and Surgical section.

C.2 Procedures Following Delivery or Abortion

Procedures performed following a delivery or abortion for curettage of the endometrium or evacuation of retained products of conception are all coded in the Obstetrics section to the root operation Extraction and the body part Products of Conception, Retained. Diagnostic or therapeutic dilation and curettage performed during times other than the postpartum or post-abortion period are all coded in the Medical and Surgical section to the root operation Extraction and the body part Endome.

Understanding Placement: Section Value 2

The root operations in the Placement section include only procedures performed without making an incision or puncture. This section of ICD-10-PCS consists of seven root operations with five of the root operations being unique to the Placement section.

Table 3 outlines the seven root operations, their character values, and their definitions. The definitions for these root operations are located in the 2014 ICD-10-PCS Reference Manual.

Table 3: Placement and Administration Section Root Operations

Listed below are the seven root operations in the Placement section, along with their definition and character value. Also listed below are the three root operations in the Administration section, along with their definition and character value.

Placement Section Root Operations		
Character Value	Root Operation	Definition
0	Change	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
1	Compression	Putting pressure on a body region

2	Dressing	Putting material on a body region for protection
3	Immobilization	Limiting or preventing motion of a body region
4	Packing	Putting material in a body region
5	Removal	Taking out or off a device from a body region
6	Traction	Exerting a pulling force on a body region in a distal direction
ADMINISTRATION Section Root Operations		
Character Value	Root Operation	Definition
0	Introduction	Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance, except blood or blood products
1	Irrigation	Putting in or on a cleansing substance
2	Transfusion	Putting in blood or blood products

Comparing ICD-9-CM and ICD-10-PCS: Placement

The following are examples of how ICD-9-CM and ICD-10-PCS compare when assigning codes in the Placement section.

Case Scenario #1

A patient admitted initially for out of control diabetes mellitus complained of pain in his right ankle. The patient noted that he had slipped while cleaning snow off of his car. An X-ray revealed a non-displaced fracture of the lateral malleolus which was treated with placement of a lower leg cast.

In ICD-9-CM, the Alphabetic Index main term entry is Application, subterm Cast, which identifies code 93.53. This code is assigned for all cast placements and does not differentiate the various body areas or regions that the cast is being placed, including laterality. A cast application to 28 different body areas or regions is reported with code 93.53.

In ICD-10-PCS, the root operation for this procedure is Immobilization. The code for this specific cast application is 2W3QX2Z. The fourth character identifies that the cast is applied to the right lower leg. Unlike ICD-9-CM, ICD-10-PCS provides distinct codes identifying the specific body area or region, including laterality, where the cast is being placed.

Case Scenario #2

A patient was initially admitted for IV antibiotics to treat a urinary tract infection. The day after admission, the patient developed significant epistaxis which required anterior nasal packing.

In ICD-9-CM, the Alphabetic Index main term entry is Packing, subterm Nose, which identifies code 21.01, Control of epistaxis by anterior nasal packing. ICD-9-CM provides distinct codes for the different types of nasal packing with 21.02 being assigned for both posterior nasal packing and combined anterior and posterior nasal packing.

In ICD-10-PCS, the root operation for this procedure is Packing with code 2Y41X5Z being assigned for this particular scenario. ICD-10-PCS provides only one code for nasal packing and does not differentiate between anterior, posterior, and combined anterior and posterior nasal packing.

Understanding Administration: Section Value 3

All codes in the Administration section define procedures where either a diagnostic or therapeutic substance is given to the patient. This section of ICD-10-PCS consists of three root operations with all of the root operations being unique to the Administration section. Table 3 outlines the three root operations, their character values, and their definitions. The definitions for these root operations are located in the 2014 ICD-10-PCS Reference Manual.

Comparing ICD-9-CM and ICD-10-PCS: Administration

The following is an example of how ICD-9-CM and ICD-10-PCS compare when assigning codes in the Administration section.

Case Scenario

The patient is admitted for chemotherapy following a recent diagnosis of carcinoma of the upper outer quadrant of the left breast. The patient previously had a central venous catheter placed in the superior vena cava and the port of the catheter is being used for the chemotherapy treatment. The chemotherapy was administered without any complications.

In ICD-9-CM, the Alphabetic Index main term entry is Chemotherapy, subterm Cancer, which identifies code 99.25. ICD-9-CM provides only one code for the administration of antineoplastic agents and does not differentiate how the agent is administered such as through a central vein or artery, peripheral vein or artery, or by other routes such as into the spinal canal or a joint.

In ICD-10-PCS, the root operation for this procedure is Introduction, with code 3E04305 being assigned for this scenario. Unlike ICD-9-CM, ICD-10-PCS differentiates the administration route which is captured with the fourth character of the code. Therefore the code specifies whether the substance was administered via central vein or artery, peripheral vein or artery, or by other routes such as into the spinal canal or a joint.

Note

1. Centers for Medicare and Medicaid Services. "2014 ICD-10-PCS Official Guidelines for Coding and Reporting." 2013. <http://www.cms.gov/Medicare/Coding/ICD10/Downloads/PCS-2014-guidelines.pdf>.

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Article citation:

Barta, Ann. "Coding ICD-10-PCS Medical and Surgical-Related Sections: Understanding Obstetrics, Placement, And Administration" *Journal of AHIMA* 85, no.4 (April 2014): 62-65.

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