

Coding ICD-10-PCS Medical and Surgical-Related Sections: Understanding Osteopathic, Other Procedures, and Chiropractic

Save to myBoK

Editor's note: This is the third in a series of three articles discussing the Medical and Surgical-related sections of ICD-10-PCS.

IN THIS ARTICLE, the *Journal of AHIMA* continues its three-part Coding Notes series focusing on the nine Medical and Surgical-related sections of ICD-10-PCS. This article will take a more in-depth look at the last three of these nine sections:

- Osteopathic
- Other Procedures
- Chiropractic

Osteopathic: Section Value 7

The Osteopathic section is one of the smallest sections in ICD-10-PCS with only a single body system, Anatomic Regions, and a single root operation, Treatment.

The seven characters in the Osteopathic section are shown in Figure 1 below. Osteopathic is a new section for ICD-10-PCS. Because ICD-9-CM does not have procedure codes for osteopathic procedures, a comparison case scenario cannot be demonstrated.

Other Procedures: Section Value 8

The Other Procedures section contains codes for procedures not included in the other Medical and Surgical-related sections of ICD-10-PCS. There are relatively few procedures coded in this section. The add-on codes for robotic-assisted and computer-assisted procedures are located in this section. Whole-body therapies including acupuncture and meditation are also included in this section along with a code for the fertilization portion of an in vitro fertilization procedure.

The seven characters in the Other Procedures section are shown in Figure 2 below.

This section of ICD-10-PCS only has one root operation, Other Procedures, as shown in the table on below.

The sixth character of a code for Other Procedures defines the method of the procedure with the methods available as listed in Figure 4 below.

Figure 1: Osteopathic Characters

Character 1	Character 2	Character 3	Character 4	Character 5	Character 6	Character 7
Section	Body System	Root Operation	Body Region	Approach	Method	Qualifier

Figure 2: Other Procedures Characters

Character 1	Character 2	Character 3	Character 4	Character 5	Character 6	Character 7
Section	Body System	Root Operation	Body Region	Approach	Method	Qualifier

Figure 3: Chiropractic Characters

Character 1	Character 2	Character 3	Character 4	Character 5	Character 6	Character 7
Section	Body System	Root Operation	Body Region	Approach	Method	Qualifier

Figure 4: Other Procedures Method Values

Character Value	Methods
0	Acupuncture
1	Therapeutic Massage
6	Collection
B	Computer-assisted procedure
C	Robotic-assisted procedure
D	Near infrared spectroscopy
Y	Other method

Figure 5: Body Part Values – Knee Replacement

Character Value	Methods
C	Knee Joint, Right
D	Knee Joint, Left

T	Knee Joint, Femoral Surface, Right
U	Knee Joint, Femoral Surface, Left
V	Knee Joint, Tibial Surface, Right
W	Knee Joint, Tibial Surface, Left

Comparing ICD-9-CM and ICD-10-PCS: Other Procedures

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

Case Scenario #1

The patient underwent a total laparoscopic hysterectomy using da Vinci robotic equipment.

The abdomen and vagina were prepped and draped in the normal sterile fashion. A long weighted speculum was placed into the vagina, an anterior wall retractor was placed into the vagina. The cervix was grasped with a single-tooth tenaculum and the uterus was sounded to 7.5 cm.

The balloon manipulator was then placed and filled to approximately 3 cc of saline. An 11 mm port was placed in the left upper quadrant and adequate pneumoperitoneum was obtained. A 12 mm port was placed supraumbilically and the 12 mm trocars was placed through this port. The da Vinci camera was placed supraumbilically and three more ports were then placed. The patient was then placed in steep Trendelenberg positioning.

The right fallopian tube was cauterized using the PK bipolar cautery and was ligated using hot shears. The utero-ovarian ligament was also coagulated and cut. The round ligament was coagulated and cut. A bladder flap was created with the hot shears and the bladder was dissected down from the cervix.

The entire procedure was then repeated on the left side. An incision was made in the cervicovaginal junction on top of the vaginal cuff. This was also repeated posteriorly. The incision was extended laterally, freeing the uterus from the surrounding vagina. The uterus and cervix was then delivered posteriorly through the vagina using the robotic assistant. The vagina cuff was closed with four figure-of-eight sutures of 9 Vicryl and the entire pelvis was hemostatic. The supraumbilical site was then closed.

In ICD-9-CM two codes are required for this procedure: a code for the total laparoscopic hysterectomy and a code for the robotic assistance. The Alphabetic Index main term entry is Hysterectomy, subterms Laparoscopic, total which identifies code 68.41. This code is assigned for the laparoscopic removal of both the cervix and uterus. The Alphabetic Index main term entry is Robotic assisted surgery, subterm Laparoscopic which identifies code 17.42. A note in the ICD-9-CM Tabular indicates to code first the primary procedure.

In ICD-10-PCS three codes are required for this procedure, a code for the removal of the uterus, a code for the removal of the cervix, and a code for the robotic assistance. The root operation for both the removal of the uterus and cervix is Resection. Resection is defined as “cutting out or off, without replacement, all of a body part.” The code for the resection of the uterus is 0UT94ZZ and the code for the resection of the cervix is 0UTC4ZZ. Both codes have a fifth character value of 4 for percutaneous endoscopic approach. This approach is defined as “entry, by puncture or minor incision, of instrumentation through the skin or mucous membrane and any other body layers necessary to reach and visualize the site of the procedure.” The root operation for the robotic assistance is Other Procedures. The code for the robotic assistance is 8E0W4CZ. The sixth character value of C identifies that the method of the procedure was via robotic assistance.

Case Scenario #2

The patient underwent a computer-assisted navigation left total knee replacement for degenerative osteoarthritis. The left lower extremity was appropriately prepared and draped in the usual sterile fashion. The two tibial trackers were placed into the proximal tibia. Tourniquet was inflated to 300 mg Hg.

A midline incision was made centered over the patella and carried down to the quadriceps mechanism. Median parapatellar incision was fashioned. Subperiosteal dissection of proximal medial plateau of the posteromedial corner was accomplished. Distal femoral trackers were placed. The registration process was then begun. Following the surgical registration the procedure was begun. The distal femoral tracker was navigated into position and pinned in place and confirmed. Distal femoral cut was made. The sizing jig was positioned in the hybrid technique for rotation and was computer-navigated. The 67.5 was selected and the anterior, posterior, condylar and chamber cuts were made. Next, the remnants of the anterior cruciate ligament and medial and lateral menisci were excised, following placement of a Homen retractor to expose the proximal tibia. Anterior tibial osteophyte was resected. The tibial cut block was navigated into position and pinned in place. The proximal tibial cut was made and verified. The 83 sizing plate was positioned and selected.

Extramedullary alignment was used to confirm alignment and was pinned in place. Stem punch was passed. Following this, the posterior cruciate ligament was excised, posterior condylar osteophytes were resected, and posterior capsular release was accomplished. The intercondylar notch guide was placed and the notch cut was made. All components were cemented and the patella tracked well at the conclusion of the procedure.

In ICD-9-CM two codes are required for this procedure: a code for the left knee replacement and a code for the computer assistance. The Alphabetic Index main term entry is Replacement, subterm knee which identifies code 81.54. Code 81.54 is assigned for a total knee replacement, bicompartamental replacement, partial knee replacement, tricompartmental replacement, or unicompartmental (hemijoint) replacement. ICD-9-CM does not differentiate laterality, so code 81.54 is assigned whether this procedure is performed on the left or right knee. The Alphabetic Index main term entry is Surgery, subterm, Computer-assisted which identifies code 00.39.

In ICD-10-PCS two codes are also required for this procedure: a code for the left knee replacement and a code for the computer assistance. The root operation for the first procedure is Replacement which is defined as “putting in or on a biological or synthetic material that physically takes the place and/or function of all or a portion of a body part.” The code for the left knee replacement is 0SRD0J9. The fourth character of this code captures the body part. Unlike ICD-9-CM, ICD-10-PCS does differentiate whether it is a total or partial knee replacement as well as the laterality of the knee. Figure 5 provides the values available for the body part.

The root operation for the computer assistance is Other Procedures with the assignment of code 8E0YXBZ. The sixth character value of B identifies that the method of the procedure was via computer assistance.

Root Operations by Medical and Surgical-Related Section

THE TABLE BELOW outlines the character values for the root operations under each Medical and Surgical-related section, as well as their respective definitions.

Osteopathic Root Operation		
Character Value	Root Operation	Definition
0	Measurement	Manual treatment to eliminate or alleviate somatic dysfunction and related disorder

Other Procedures Root Operation

Character Value	Root Operation	Definition
0	Other Procedures	Methodologies that attempt to remediate or cure a disorder or disease

Chiropractic Root Operation

Character Value	Root Operation	Definition
B	Manipulation	Manual procedures that involve a direct thrust to move a joint past the physiological range of motion, without exceeding the anatomical limit

Centers for Medicare and Medicaid Services. "2014 ICD-10-PCS Reference Manual." 2013.

<http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-PCS.html>.

Chiropractic: Section Value 9

The Chiropractic section is also one of the smallest sections in ICD-10-PCS with only a single body system, Anatomic Regions, and a single root operation, Manipulation.

The seven characters in the Chiropractic section are shown in Figure 3 above. Chiropractic is a new section for ICD-10-PCS. Because ICD-9-CM does not have procedure codes for chiropractic procedures, a comparison case scenario cannot be demonstrated.

References

Barta, Ann and Ann Zeisset. *Root Operations: Key to Procedure Coding in ICD-10-PCS*. Chicago, IL: AHIMA Press, 2010.

Centers for Medicare and Medicaid Services. "2014 Code Tables and Index." 2013.

<http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-PCS.html>.

Centers for Medicare and Medicaid Services. "ICD-10-PCS Official Guidelines for Coding and Reporting 2014." 2013.

<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/PCS-2014-guidelines.pdf>.

Centers for Medicare and Medicaid Services. "2014 ICD-10-PCS Reference Manual." 2013.

<http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-PCS.html>.

Kuehn, Lynn and Therese Jorwic. *2014 ICD-10-PCS: An Applied Approach*. Chicago, IL: AHIMA Press, 2013.

Read More**Previous Medical and Surgical-Related Series Installments Available**www.ahima.org

To access previous *Journal of AHIMA* articles, including the other installments of this series, visit AHIMA's HIM Body of Knowledge.

Ann Barta (ann.barta@uasolutions.com) is a senior consultant at UASI.

Article citation:

Barta, Ann. "Coding ICD-10-PCS Medical and Surgical-Related Sections: Understanding Osteopathic, Other Procedures, and Chiropractic" *Journal of AHIMA* 85, no.6 (June 2014): 64-67.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.