

# Exploring the FY 2016 ICD-10-CM/PCS Updates

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On October 1, 2015 the updates to the ICD-10-CM and ICD-10-PCS Official Guidelines for Coding and Reporting went into effect. There were no changes to the ICD-10-CM Guidelines at that time. Fifty new ICD-10-PCS codes were added, which brings the total to 71,974 PCS codes for FY 2016. Thirty-six new codes appear in the Medical and Surgical section and 14 new codes appear in the newly-introduced Section X. The new section, Section X: New Technology, was introduced for classifying new technology procedures. ICD-10-PCS Guidelines B3.11b, B3.4a, B3.2b, and B4.1b were revised. No PCS code titles were revised for FY 2016.

Some highlights from the 2016 ICD-10-PCS addenda changes include:

- PCS Table addenda were consolidated and simplified
- Index addenda show index entries added, revised, and deleted
- Definitions addenda show ICD-10-PCS definitions entries added, revised, and deleted
- Reference Manual addenda show changes to the ICD-10-PCS Reference Manual
- New tabular order file addenda text file is a complete record of any added, revised, or deleted code titles

A detailed summary of FY 2016 revisions, including a complete list of the 50 new ICD-10-PCS codes, can be found on the Centers for Medicare and Medicaid Services (CMS) website at [www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-PCS-and-GEMs.html](http://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-PCS-and-GEMs.html).

## New Procedure Codes

The following summarizes new codes and sections added to ICD-10-PCS when it launched in October 2015.

### Medical and Surgical Section

The 36 new codes (047K041 – 047N4Z1) added to this section deal exclusively with dilation of the femoral and popliteal arteries and the various devices used. The code range addresses laterality (left or right) and includes open, percutaneous, and percutaneous endoscopic approaches. A complete list of codes is available at the CMS web page provided in the previous section of this article.

### Section X

A complete list of the 14 new codes added to the New Technology section (X2C0361 – XW04351) is available on the CMS website.

## Section X Created to Classify New Technology Procedures

Section X: New Technology is a section added to ICD-10-PCS effective October 1, 2015 and was created for classifying new technology procedures, such as infusion of new technology drugs. Section X does not introduce new coding concepts or unusual guidelines for correct coding. Section X codes maintain continuity with the other sections in ICD-10-PCS by using the same root operation and body part values as their counterparts in other sections of ICD-10-PCS.

In Section X, the seventh character (known as the qualifier) is used to indicate the new technology group. The new technology group is a number or letter that changes each year that new technology codes are added to the system. For example, Section

X codes added for the first year have the seventh character value 1. The next year that Section X codes are added will have the seventh character value 2.

The new PCS coding guideline from the ICD-10-PCS Official Guidelines for Coding and Reporting states:

Section X codes are standalone codes. They are not supplemental codes. Section X codes fully represent the specific procedure described in the code title and do not require any additional codes from other sections of ICD-10-PCS. When Section X contains a code title which describes a specific new technology procedure, only that X code is reported for the procedure. There is no need to report a broader, non-specific code in another section of ICD-10-PCS.

For example, code XW04341 (Introduction of Isavuconazole Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 1) can be coded to indicate that this specific anti-infective was administered via a central vein. A separate code from table 3E0 in the Administration section of ICD-10-PCS would not be reported in addition to this code. The X section code fully identifies the administration of the anti-infective and no additional code is needed.

## ICD-10-PCS Guideline Revisions

ICD-10-PCS guideline revisions include:

- B3.11b: “The body part furthest from the starting point of the inspection” was added to clarify the meaning of the most distal body part.
- B3.4a: “The qualifier Diagnostic is used only for biopsies” was removed from this guideline.
- B3.2b: Revised to read: “The same root operation is repeated in multiple body parts, and those body parts are separate and distinct body parts classified to a single ICD-10-PCS body part value.”
  - Example: “Excision of the sartorius muscle and excision of the gracilis muscle are both included in the upper leg muscle body part value, and multiple procedures are coded.”
- B4.1b: Expanded to read: “If the prefix ‘peri’ is combined with a body part to identify the site of the procedure, and the site of the procedure is not further specified, then the procedure is coded to the body part named. This guideline applies only when a more specific body part value is not available.”
  - Example: “A procedure site identified as peri-renal is coded to the kidney body part when the site of the procedure is not further specified. A procedure site described in the documentation as peri-urethral, and the documentation also indicates that it is the vulvar tissue and not the urethral tissue that is the site of the procedure, then the procedure is coded to the vulva body part.”

True to the mission of ICD-10-CM and ICD-10-PCS, the 2016 updates are based on the demand for more detail.

For example, Section X: New Technology was created in response to public comments that were received regarding New Technology proposals presented at ICD-10 Coordination and Maintenance Committee meetings as well as general issues facing the classification of new technology procedures.

Health information management professionals championed the implementation of ICD-10-CM and ICD-10-PCS and continue to advocate for its expansion to help achieve the ultimate goal of better healthcare.

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