

# Fiscal Year 2018 Updates to ICD-10-PCS

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Every year as the summer months arrive, coding professionals, healthcare providers, documentation improvement specialists, and other healthcare professionals wait expectantly for the release of all the Centers for Medicare and Medicaid Services (CMS) coding updates. This year is no different. May 2017 brought with it the usual graduation ceremonies and start of summer vacation, but also the highly anticipated release of the fiscal year 2018 ICD-10-PCS updates. So what does fiscal year 2018 have in store for coding professionals? Let's take a look.

Compared to the great release of fiscal year 2017, the fiscal year 2018 release is not quite as overwhelming. In total, there are 3,562 new codes, 1,821 revised titles, and 646 deleted codes. There were also a few guideline changes, so let's start with those.

## Fiscal Year 2018 Guideline Changes

The first change is in guideline B3.3. The title of the guideline was revised from Discontinued procedures to Discontinued or incomplete procedures. The first sentence has been changed to read, "If the intended procedure is discontinued or otherwise not completed, code the procedure to the root operation performed." While an example was not added to demonstrate a root operation other than inspection, one example that would apply is an attempted thrombectomy that was performed, but the thrombus did not clear with the first attempt and the procedure was ended without a second attempt to clear the thrombus because the patient became restless. This example would be coded as an Extirpation because the root operation was completed, but was unsuccessful.

Also revised was guideline B3.7 in order to clarify the use of Control versus a more definitive root operation. It states: "If an attempt to stop postprocedural or other acute bleeding is initially unsuccessful, and to stop the bleeding requires performing a more definitive root operation, such as Bypass, Detachment, Excision, Extraction, Reposition, Replacement or Resection, then the more definitive root operation is coded instead of Control." This revision allows for the use of other root operations besides the seven listed in the guideline. An example would be a patient with epistaxis with nasal packing. A more definitive root operation would be Packing rather than Control.

A new guideline added is B4.1c, which states, "If a procedure is performed on a continuous section of a tubular body part, code the body part value corresponding to the furthest anatomical site from the point of entry." The example provided does not give a specific root operation, but does provide that a procedure performed on a continuous section of artery that begins in the femoral and extends to the external iliac is coded to the body part for external iliac.

Guideline B6.1a has been expanded to address a new qualifier that has been added to a few root operations. The new qualifier value is for Temporary, and has been added to address clinically significant devices that are only left in place for a brief time during a procedure or current inpatient stay. The new codes 02LW3DJ, Occlusion of Thoracic Aorta, Descending with Intraluminal Device, Temporary, Percutaneous Approach, and 04L03DJ, Occlusion of Abdominal Aorta with Intraluminal Device, Temporary, Percutaneous Approach, can now be created.

The qualifier value for Intraoperative was already included in the ICD-10-PCS Classification, but has been added to table 02H as value J to allow for the intraoperative use of a Short-term External Heart Assist System (R). This device value was revised from External Heart Assist System to Short-term External Heart Assist System to provide a better description, and also can be found in tables 02P and 02W.

## Fiscal Year 2018 ICD-10-PCS Changes

Writing an article that covers every change to the ICD-10-PCS tables themselves would be entirely too long and tedious to read, but there are some more general changes that can be addressed in this article. In the very first body system in the Medical and Surgical Section, a revision was made to include cranial nerves, so the body system Central Nervous System was changed to Central Nervous System and Cranial Nerves. Also new is the addition of device value Y, Other Device, which was added to all tables with the root operations Insertion (H), Removal (P), and Revision (W). With this addition, many new rows were created so that approach value X, External, was separated onto its own row because the option for Other Device is not an available device for an External approach. But there is always an exception. Because the root operation Change (2) can only have an External approach, the Other Device option can be found in all tables for the root operation Change in the Medical and Surgical Section.

There have also been several new tables added for fiscal year 2018, which is a huge contributor to the 3,562 new codes. In the Central Nervous System and Cranial Nerves, a new table for Dilation (007) has been added. Dilation of the Cerebral Ventricle can now be coded. A table for Replacement (00R) has also been created so replacement of the cerebral and spinal meninges, dura mater, cerebral ventricle, and the 12 cranial nerves can be coded via an open or percutaneous endoscopic approach utilizing autologous or nonautologous tissue, or synthetic substitute. A table for Replacement has also been added to the Peripheral Nervous System (01R), the Respiratory System (0BR), Muscles (0KR), and Bursae and Ligaments (0MR). Extraction (D) and Insertion (H) also have new representation. Extraction is now available in the Gastrointestinal System (0DD), Muscles (0KD), Tendons (0LD), Head and Facial Bones (0ND), Upper Bones (0PD), and Lower Bones (0QD), while Insertion was added to Tendons (0LH) and Bursae and Ligaments (0MH).

Some of the revisions that can be found also lead to many of the deletions. In tables 009, 00C, and 00F, the body parts for epidural space, subdural space, and subarachnoid space all had intracranial added to them. They now read epidural space, intracranial; subdural space, intracranial; and subarachnoid space, intracranial. In the Gastrointestinal System, the omentum is no longer separated into greater and lesser. The body part for skin, genitalia (A) has been changed to skin, inguinal in the Skin and Breast body system. Anterior neck and posterior neck have been revised to right neck and left neck respectively in the Subcutaneous Tissue and Fascia body system. Four body parts in the Bursae and Ligaments body system have changed. Trunk bursa and ligament, right has been changed to upper spine bursa and ligament while Trunk bursa and ligament, left has been changed to lower spine bursa and ligament. Sternum has replaced thorax, right, and rib(s) has replaced thorax, left. The revisions in the Head and Facial Bones body system deal primarily with the removal of laterality from the frontal bone, occipital bone, sphenoid bone, and the maxilla. In the Upper Bones, ribs are also no longer identified by laterality, but by the number of ribs treated. For consistency, the body part metacarpocarpal has been changed to carpometacarpal, and metatarsal-tarsal has been changed to tarsometatarsal.

One of the most appreciated changes is the removal of lesser saphenous vein and greater saphenous vein. There is now just saphenous vein as a body part. Nose has been revised to nasal mucosa and soft tissue in the Ear, Nose, Sinus body system, and laterality has been removed from the diaphragm in the Respiratory System.

## See You Again Next Year

Many more changes were made that are not included in this article. For all updates to ICD-10-PCS, visit the CMS website at [www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-PCS-and-GEMs.html](http://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-PCS-and-GEMs.html).

As time goes by, ICD-10-PCS will continue to grow and evolve, just as healthcare does. It is always best to stay informed so you can be prepared for those changes. As a stakeholder, make every possible attempt to attend the ICD-10-CM/PCS Coordination and Maintenance Committee meetings that occur twice a year. Submit comments, either as an individual or through an association like AHIMA, so your voice can be heard. And see you again next year for the fiscal year 2019 updates.

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