Clinical Documentation Improvement
Format of ICD-10 PCS
(Inpatient Procedural Coding)

There are seven (7) characters in each ICD-10-PCS (Procedural Coding System) code. Each character has a slightly different meaning related to that particular section.

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ICD-10-PCS Documentation Tips: Medical-Surgical Section

• Section
  – First character of the procedure code
    • 0-9 or
    • B, C, D, F, G, or H
  – Identifies general type of procedure
    • Surgical, obstetric, imaging, etc.

• Body System
  – Second character of procedure code
  – Some body systems are subdivided
    • Musculoskeletal
      – K = muscles; L = tendons; P = upper bones, etc.
ICD-10-PCS Documentation Tips: Medical-Surgical Section

• Root Operation
  – Third character of the procedure code
  – 31 different types of general procedures
  – Defines the objective of the procedure
  – There is some “new” terminology used to define the different types of root operations.
  – Physician does NOT have to document root operation terms; coder will translate.
ICD-10-PCS Documentation Tips: Medical-Surgical Section

• Root Operation Example
  – Extirpation
    • Removal of matter within the body part (i.e., foreign body, thrombus, calculus, etc.) but no appreciable amount of the body part is removed
  – Extraction
    • Removal of all or some of a body part by force (i.e., pulling or stripping)
    • Requires a qualifier if diagnostic – biopsy
  – Replacement
    • A device that physically takes the place or function of a body part
    • Includes removal of that body part whose function is being replaced by the device
ICD-10-PCS Documentation Tips: Medical-Surgical Section

• Root Operation
  – Reposition
    • Put back or remove some or all of a body part
    • Move a body part to a new location
      – Displaced fracture with reduction
  – Supplement
    • Introduction of a device that supplements, reinforces, or augments a body part without replacing the body part
ICD-10-PCS Documentation Tips: Medical-Surgical Section

• Body Part
  – Fourth character of the procedure code
  – Specifies the body part within a particular body system on which the procedure is performed
    • Tubular body parts = hollow body parts that allow the passage of solids, liquids, or gases
ICD-10-PCS Documentation Tips: Medical-Surgical Section

• Approach
  – Fifth character of the procedure code
  – Seven different techniques used to reach the site of the procedure
    • Comprised of three components
      – Access location = the external site through which an internal body part is reached
        » Two general types: Skin or mucous membrane OR external orifice
      – Method = how the external access location is entered
        » There can be multiple methods within the approach
      – Type of instrumentation = specialized equipment used to perform the procedure
ICD-10-PCS Documentation Tips: Medical-Surgical Section

• Device
  – Sixth character of the procedure code
  – There are specific values to capture devices that remain after the procedure is completed
  – Four general types of devices
    • Grafts and prostheses
      – Replace all or part of a body part
      – Assist or prevent a physiological function
    • Implants
    • Simple mechanical appliances
    • Electronic appliances
  – If no device is left, value Z, “No device,” is used
ICD-10-PCS Documentation Tips: Medical-Surgical Section

• Qualifier
  – Seventh character in procedure code
  – Unique values for individual procedures as needed
  – In cases where a qualifier is not applicable, value Z, “No qualifier,” is used