



CODEWRITE

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Exceptions in PCS Guidelines

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The procedure classification in the United States for inpatient encounters, ICD-10-PCS, is beginning its fifth year on October 1, 2019. With four full years of use, this classification remains in its infancy and the Cooperating Parties have added some exceptions into the guidelines. New this year, the introduction of the guidelines states that the guidelines “are intended to provide direction that is applicable in most circumstances. However, there may be unique circumstances where exceptions are applied.” As always, though, the instructions and conventions will always take precedence over the guidelines. These exceptions can be found in three different guidelines.

The first exception we see specifically called out is in guideline B3.1b, which is a general guideline for root operations. The guideline itself was modified, adding verbiage to specify that components integral to a root operation definition or the explanation outlined in the PCS definitions, are not coded separately with one exception. This guideline exception instructs the coding professional to code both the resection and replacement of the breast when a mastectomy is followed by breast reconstruction. This refers to the definition of the root operation Resection, which is cutting out or off without replacement all or a portion of a body part. So, mastectomies will be considered the exception to this guideline since the Replacement procedure is to be coded.

The next exception added is not explicitly labeled as an exception as was done in guideline B3.1b, but rather added into guideline B3.9, Excision for graft. In regard to autograft material obtained from a different procedure site, the harvest can be coded, “except when the seventh character qualifier value in the ICD-10-PCS table fully specifies the site from which the autograft was obtained.” To demonstrate this guideline, an example was added utilizing the Replacement root operation for an autologous deep inferior epigastric artery perforator (DIEP) flap. Because the Qualifier value 7, Deep Inferior Epigastric Artery Perforator Flap, describes the site from which the autograft Device (7, Autologous Tissue Substitute) was obtained, then coding the excision of the flap would be redundant. Therefore, as the guideline directs, no Excision procedure would be coded in this instance.

The third and final exception that has been written into the PCS guidelines is the new Brachytherapy guideline D1.a. In years past, the guidelines under Section D were for New Technology, but those guidelines have been shifted down to Section E, and Radiation Therapy is the new Section D. The first guideline states, “Brachytherapy is coded to the modality Brachytherapy in the Radiation Therapy section. When a radioactive brachytherapy source is left in the body at the end of the procedure, it is coded separately to the root operation Insertion with the device value Radioactive Element.” For example, brachytherapy seeds of HDR Iridium 192 placed transurethral for prostate cancer would require the use of two codes; 0VH071Z – Insertion of Radioactive Element into Prostate, Via Natural or Artificial Opening, and DV1098Z – High Dose Rate (HDR) Brachytherapy of Prostate using Iridium 192 (Ir-192). The exception to this guideline is the implantation of Cesium-131 brachytherapy seeds embedded in a collagen matrix to the brain. The device value 4, Radioactive Element, Cesium-131 Collagen Implant, is only found in table 00H. Because the code 00H004Z – Insertion of Radioactive Element, Cesium-131 Collagen Implant into Brain, Open Approach, includes the insertion of the brachytherapy as well as the isotope, there is no additional code needed from the Radiation Therapy section of PCS.

Since we are on the topic of Radiation Therapy guidelines, the second and final guideline that was added for FY 2020 is D1.b which states “A separate procedure to place a temporary applicator for delivering the brachytherapy is coded to the root operation Insertion and the device value Other Device.” The examples provided for this guideline pertain to placing an intrauterine brachytherapy applicator. If the applicator is placed as a separate procedure from the brachytherapy, then the coding professional should code Insertion of Other Device. The brachytherapy would be coded separately. However, if the applicator is placed along with delivery of the brachytherapy, then only the brachytherapy code is assigned.

As ICD-10-PCS enters its toddler phase, it does make some want to throw their own toddler tantrums, but with time and practice we will continue to watch as this classification system develops. It was designed to be flexible and expandable so the professional working within the classification must be flexible as well. Public input is always requested, and the comments received are taken into consideration by the Cooperating Parties as they work with teams of physicians and other healthcare professionals to maintain the system’s standards and flexibility. For information on upcoming ICD-10-PCS proposals being made, visit the [CMS Coordination and Maintenance Committee website](#).

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