CodeWrite

AHI MA's monthly e-newsletter exclusively for coding professionals

Contact Patty Buttner at patty.buttner@ahima.org if you wish to submit an article or have questions.

Guidelines for CheckPoint Articles

Purpose
The purpose of this column is to demonstrate ICD-10-CM, PCS, or CPT challenging or complicated coding scenarios and the respective codes and expose coding professionals to coding principles.

Content Guidelines Space is limited. Content developers are encouraged to focus on key points and major differences. Where applicable use phrases in bulleted lists rather than full sentences or lengthy narrative.

The column should include as many of the following types of elements as applicable:

1. The condition to be coded
   - A statement or brief description of a surgical procedure
   - Recommended length: 2-3 sentences maximum (under 50 words)

2. Correct codes assigned
   - ICD-10-PCS, ICD-10-CM, or CPT
   - With full code description for each ICD-10-PCS indexed terms

3. Code explanations
   - Brief notes highlighting important code assignment facts
   - May include changes in code categories/subcategories, basis for code assignment, etc.
   - Recommended length: Maximum of 5 bullet points (under 100 words)

4. Documentation needed from physicians
   - Brief notes highlighting what must be documented to support the highest level of specificity in code assignment
   - Recommended length: Maximum of 3 bullet points (under 50 words)
Ideas for ICD-10-PCS Topics

Surgical examples from Med/surg and OB that illustrate the definitions of the code characters (especially the various root operations), such as:

- Wedge ostectomy (excision)
- Fulgurate rectal polyp (destruction)
- Arthroscopy (percutaneous endoscopic)
- Common bile duct exploration during an open cholecystectomy (open intraluminal)
- Needle biopsy (percutaneous)
- Neurological System procedures
- Heart valve replacements
**CHECK YOUR KNOWLEDGE**

**ICD-10-PCS CODES**

**Case Scenario:** List brief description of the procedure scenario

**ICD-10-PCS Coding:** Identity specific information regarding code assignment

**XXXXXXX:** Code description

**Indexed Terms:**

<table>
<thead>
<tr>
<th>Character Value</th>
<th>Character Value Description</th>
<th>Character Value Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Section</td>
<td>Medical and Surgical</td>
</tr>
<tr>
<td>4</td>
<td>Body System</td>
<td>Lower Arteries</td>
</tr>
<tr>
<td>1</td>
<td>Root Operation</td>
<td>Bypass: Altering the route of passage of the contents of a tubular body part</td>
</tr>
<tr>
<td>0</td>
<td>Body Part</td>
<td>Abdominal Aorta</td>
</tr>
<tr>
<td>0</td>
<td>Approach</td>
<td>Open</td>
</tr>
<tr>
<td>J</td>
<td>Device</td>
<td>Synthetic Substitute</td>
</tr>
<tr>
<td>D</td>
<td>Qualifier</td>
<td>External Iliac Artery, Right</td>
</tr>
</tbody>
</table>

Documentation required in order to assign required code(s)
Coding Peripheral Bypass Procedure

Case Scenario

Peripheral bypass from the right external iliac artery to the superior mesenteric artery with a ringed PTFE graft, open approach

ICD-10-PCS Coding

The root operation for this procedure is a Bypass, defined as "altering the route of passage of the contents of a tubular body part." The bypass extends from the right external iliac artery to the superior mesenteric artery using PTFE (which is a synthetic graft made from polytetrafluoroethylene for peripheral vascular bypass surgery).

The recommended procedural code assignment is as follows:

04100JD: Bypass Abdominal Aorta to Right External Iliac Artery with Synthetic Substitute, Open Approach

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</table>

The bypass procedure is coded with the part of origin identified as the body part from which the bypass is intended. This is represented by the 4th character (0, Abdominal Aorta). The qualifier,
or 7th character, identifies the body part where the anastomoses ends (D, External Iliac Artery, Right). The 6th character is used to describe the type of grafting material (J, Synthetic Substitute).

While accurate ICD-10-PCS code assignment does not require the use of the Alphabetic Index, the coder is required to assign seven values across one table, without jumping any rows. Because bypasses are described in the ICD-10-PCS Reference Manual as rerouting contents of a body part to a downstream area of the normal route, to a similar route and body part, or to an abnormal route and dissimilar body part, this procedure would be coded as from the superior mesenteric artery to the right external iliac artery. Since the table 041, Bypass of Lower Arteries from the Medical and Surgical section, does not identify the Superior Mesenteric Artery (SMA) and it is not defined in the Body Part Key, the identified body part is coded to the closest proximal branch that has a specific body part value (Guideline B4.2). Therefore, the body part value would be the Abdominal Aorta. The qualifier identifies where the bypass is going to. In this case, it would be the right external iliac artery.

This ICD-10 Checkpoint was submitted by Melanie Endicott, MBA/HCM, RHIA, CDIP, CCS, CCS-P, FAHIMA, senior director of HIM practice excellence at AHIMA.

References

CMS. 2016 ICD-10-PCS Coding Guidelines.