2019 ICD-10-PCS Coding Updates

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Healthcare practices, clinical documentation improvement specialists, auditors, and coding professionals are on the edge of their seats anxiously awaiting the annual release of coding updates by the Centers for Medicare and Medicaid Services (CMS). Even as coding professionals might feel like they've just gotten familiar with the updates from the previous years, things continue to change yet again—and it is important for health information management (HIM) professionals to refresh their knowledge and adapt to any new updates and changes within the Official Guidelines for Coding and Reporting.

Coding Change Highlights

The ICD-10-PCS Official Guidelines for Coding and Reporting includes the addition of coding guideline B3.17, Transfer procedures using multiple tissue layers, as a new guideline that should be used on all discharges effective October 1, 2018. The addition of this coding guideline provides further clarification relating to the root operation Transfer. Specifically, it addresses transfer flap procedures that consist of multiple tissue layers. Coding professionals should code procedures involving transfer of multiple tissue layers to the body part value for the deepest tissue layer in the flap. The guideline also explains that there are qualifiers for the root operation Transfer that can be used to specify when a transfer flap has more than one tissue layer. According to the guideline, "For procedures involving transfer of multiple tissue layers including skin, subcutaneous tissue, fascia or muscle, the procedure is coded to the body part value that describes the deepest tissue layer in the flap, and the qualifier can be used to describe the other tissue layer(s) in the transfer flap." For example, if the physician performed a transfer flap which included the skin, subcutaneous tissue, and fascia, then the coding professional would assign the appropriate body part value that represents the body system Subcutaneous Tissue and Fascia (J). The qualifier for Skin, Subcutaneous Tissue, and Fascia (C) is also utilized to identify the additional tissue layer(s) in the tissue flap.

Significant revisions have also been made to the ICD-10-PCS coding guidelines A10, B3.7, and B6.1a. The first coding guideline revision corresponds with ICD-10-PCS guideline A10. This coding guideline was updated to provide a more detailed definition for the term "And" when used within an ICD-10-PCS code description. According to the revision, "And" means "and/or" when used in a code description, "except when used to describe a combination of multiple body parts for which separate values exist for each body part (e.g., Skin and Subcutaneous Tissue used as a qualifier, where there are separate body part values for 'Skin' and 'Subcutaneous Tissue')." The example provided in this guideline states that if the physician documents "Lower Arm and Wrist Muscle" then it means "lower arm and/or wrist muscle."

Coding professionals should always defer to the documentation in the body of the operative report and procedure detail to assign the appropriate body part value. Next, guideline B3.7 for "Control vs. more definitive root operations" was revised to provide further clarification regarding use of the root operation Control, which is defined as "Stopping, or attempting to stop, postprocedural or other acute bleeding." According to the updated guideline, "If an attempt to stop postprocedural or other acute bleeding is 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." For example, if a resection of the spleen is performed in order to stop bleeding, then it is coded to Resection instead of Control.

Finally, the revision to the Device general guideline B6.1a provides further clarification surrounding the coding of Temporary and Intraoperative qualifier values. The guideline terminology has been updated to specify: "If a device that is intended to remain after the procedure is completed requires removal before the end of the operative episode in which it was inserted (for example, the device size is inadequate, or a complication occurs), both the insertion and removal of the device should be coded."

Additional Changes to Note

The FY 2019 ICD-10-PCS Official Guidelines for Coding and Reporting updates include 216 procedure code deletions, 392 procedure code additions, and eight revised procedure code titles. Examples of changes made to the 2019 ICD-10-PCS Index include the following:

- Abdominohysterectomy has been changed to "Abdominohysterectomy see Resection, Uterus 0UT9"
- "Nasal Mucosa and Soft Tissue 093K" was added to "Control, Epistaxis *see* Control bleeding in, Nasal Mucosa and Soft Tissue 093K"
- "Robotic Waterjet Ablation XV508A4" has been added to "Destruction, Prostate, Robotic Waterjet Ablation XV508A4"

Additionally, the root operation Extraction has several body part additions, including:

- Ampulla of Vater 0FDC
- Duct, Common Bile 0FD9
- Duct, Cystic 0FD8
- Duct, Hepatic
    - Common 0FD7
    - Left 0FD6
    - Right 0FD5

Furthermore, "Aspiration, fine needle" has received an important revision and now reads:

> Aspiration, fine needle
>
> Fluid or gas see Drainage
>
> Tissue biopsy
>
> *see* Extraction
>
> *see* Excision

Some of the 2019 FY ICD-10-PCS coding updates impact the 021, 031, 037, 03C, 041, 057, 093, 0F5, 0FD, 0RG, 0SG, 0SP, 0SR, 0UY, 0VX, 0W1, 10D, 5A1, XV5, and 3E0 ICD-10-PCS Tables. For example, the device character section in the Medical and Surgical Lower Joints Replacement (0SR) Replacement table has been revised and now encompasses the following Device characters for the body parts knee joint, right and knee joint, left:

- L, Synthetic Substitute, Unicondylar Medial
- M, Synthetic Substitute, Unicondylar Lateral
- N, Synthetic Substitute, Patellofemoral

An articulating spacer device has also been added to the Medical and Surgical Lower Joints Removal (OSP) table. One of the major updates to the ICD-10-PCS Tables took place in the Upper Joints and Lower Joints body systems, where several clinically invalid spinal fusion procedure codes were removed. Another significant change is the addition of an Extraction table for the Hepatobiliary System and Pancreas body system, along with 13 body parts. Finally, the addition of the body part Nasal Mucosa and Soft Tissue within the 093 ICD-10-PCS table will correct the MS-DRG mapping error of epistaxis charts going into the 981 MS-DRGs and appropriately map them to the 150 Epistaxis MS-DRG.

This article has highlighted just a few of the many changes made to the guidelines. For a more detailed review of the changes that went into effect on October 1, 2018, please visit www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-PCS.html.

HIM's Voice Must Be Heard

Each year the cooperating parties take recommendations and comments into consideration when revising ICD-10 code sets. The ICD-10-PCS codes will continue to undergo revisions to ensure the accurate capture of procedures performed and the evolving technology being used. All professionals involved in clinical documentation improvement, coding, and data analysis must remain current with the updates to ensure the accurate implementation and use of the PCS codes.

HIM professionals should take an active role by submitting recommendations and attending the biannual ICD-10-CM/PCS Coordination and Maintenance Committee conferences to ensure that HIM's voice is heard. It won't be long before HIM professionals are reviewing FY 2020 coding updates.

Reference

Centers for Medicare and Medicaid Services. 2019-ICD-10 PCS. May 18, 2018. www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-PCS.html.

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