DEPARTMENT OF HEALTH & HUM
Centers for Medicare & Medicaid Servi
7500 Security Boulevard
Baltimore, Maryland 21244-1850

CMS WILL NO LONGER BE PROVIDING PAPER COPIES OF HANDOUTS FOR THE MEETING. ELECTRONIC COPIES OF ALL MEETING MATERIALS WILL BE POSTED ON THE CMS WEBSITE PRIOR TO THE MEETING AT HTTPS://WWW.CMS.HHS.GOV/ICD9PROVIDERDIAGNOSTICCODES/03_MEETINGS.ASP

Agenda

ICD-10 Coordination and Maintenance Committee
Department of Health and Human Services
Centers for Medicare & Medicaid Services
CMS Auditorium
7500 Security Boulevard
Baltimore, MD 21244-1850
ICD-10-PCS Topics
September 13, 2016

Pat Brooks, CMS – Co-Chairperson

Webcast and Dial-In Information

- The meeting will begin promptly at 9am ET and will be webcast.
- Toll-free dial-in access is available for participants who cannot join the webcast: Phone: 1-877-267-1577; Meeting ID: 997 795 269. We encourage you to join early, as the number of phone lines is limited.
- If participating via the webcast or dialing in you do NOT need to register on-line for the meeting.

This meeting is being webcast via CMS at http://www.cms.gov/live/. By your attendance, you are giving consent to the use and distribution of your name, likeness and voice during the meeting. You are also giving consent to the use and distribution of any personally identifiable information that you or others may disclose about you during the meeting. Please do not disclose personal health information.

NOTE: In compliance to The Real ID Act, enacted in 2005, the following states/territories: American Samoa, Louisiana, Minnesota, New Hampshire, and New York **will not** gain access into any Federal Agencies using the **above states** driver's license or ID. This means CMS visitors from these states/territories will need to provide alternative proof of identification (**such as a passport**) to gain entrance into the Baltimore-based CMS building.

Proposals for diagnosis code topics are scheduled for September 14, 2016 and will be led by the Centers for Disease Control (CDC). Please visit CDCs website for the Diagnosis agenda located at the following address: http://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm

Introductions and Overview	Pat Brooks
ICD-10-PCS Topics:	
1. Extracorporeal Carbon Dioxide Removal Pages 11-13	Pat Brooks Laura Lund, Ph.D. VP Clinical/Scientific Affairs Alung Technologies, Inc.
2. Intramuscular Autologous Bone Marrow Cell Therapy Pages 14-19	Michelle Joshua Charles B. Ross, MD, FACS Piedmont Heart Institute
3. Administration of Influenza Vaccine Pages 20-21	Pat Brooks
4. Introduction of Peptide Enhanced Bone Graft Substitute Pages 22-24	Mady Hue Jeff Marx, President and COO, Cerapedics
5. Resuscitative Endovascular Balloon Occlusion of Aorta Pages 25-27	Mady Hue Paul T. Mayer, MD Colonel, USA Retired
6. Intraoperative Treatment of Vascular Grafts Pages 28-30	Michelle Joshua Tracy Goeken, MD VP, CMO, Somahlution
7. Addenda and Key Updates Pages 31-90	Rhonda Butler, 3M

Registering for the meeting:
Registration for the March 7-8, 2017 ICD-10 Coordination and Maintenance Committee meeting opens on February 3, 2017. **If participating by Livestream webcast or dialing in you do not need to register online.**

Information on registering online to attend the meeting can be found at:
http://www.cms.hhs.gov/apps/events/

For questions about the registration process, please contact Mady Hue at 410-786-4510 or marilu.hue@cms.hhs.gov or Noel Manlove at 410-786-5161 or noel.manlove@cms.hhs.gov.

Continuing Education Credits:
Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation in CMS ICD-10 Coordination and Maintenance (C&M) Committee Meeting Conference Calls, Meetings and Webcasts.

Continuing Education Information for American Academy of Professional Coders (AAPC)
If you have attended or are planning to attend a CMS ICD-10 Coordination and Maintenance (C&M) Committee Meeting Conference Call, you should be aware that CMS does not provide certificates of attendance for these calls. Instead, the AAPC will accept your e-mailed confirmation and call description as proof of participation. Please retain a copy of your e-mailed confirmation for these calls as the AAPC will request them for any conference call you entered into your CEU Tracker if you are chosen for CEU verification. Members are awarded one (1) CEU per hour of participation.

Continuing Education Information for American Health Information Management Association (AHIMA)
AHIMA credential-holders may claim 1 CEU per 60 minutes of attendance at an educational program. Maintain documentation about the program for verification purposes in the event of an audit. A program does not need to be pre-approved by AHIMA, nor does a CEU certificate need to be provided, in order to claim AHIMA CEU credit. For detailed information about AHIMA's CEU requirements, see the Recertification Guide on AHIMA's web site.

Please note: The statements above are standard language provided to CMS by the AAPC and the AHIMA. If you have any questions concerning either statement, please contact the respective organization, not CMS.

ICD-10 TIMELINE

A timeline of important dates in the ICD-10 process is described below:

September 13 –14, 2016	ICD-10 Coordination and Maintenance Committee meeting. Those who wish to attend the ICD-10 Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 2, 2016.** You must bring an official form of picture identification (such as a driver's license) in order to be admitted to the building.
September 2016	Webcast of the September 13–14, 2016 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html Summary report of the Diagnosis part of the September 13–14, 2016 ICD-10 Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm
October 1, 2016	New and revised ICD-10-CM and ICD-10-PCS codes go into effect along with DRG changes. Final addendum available on web pages as follows: Diagnosis addendum - http://www.cdc.gov/nchs/icd/icd10cm.htm Procedure addendum – http://www.cms.gov/Medicare/Coding/ICD10/
October 16, 2016	**Deadline for receipt of public comments on proposed new codes discussed at the September 13-14, 2016 ICD-10 Coordination and Maintenance Committee meetings for implementation on April 1, 2017.**
November 2016	Any new ICD-10 codes required to capture new technology that will be implemented on the following April 1 will be announced. Information on any new codes to be implemented April 1, 2017 will be posted on the following websites: http://www.cdc.gov/nchs/icd/icd10cm.htm http://www.cms.gov/Medicare/Coding/ICD10/
November 13, 2016	**Deadline for receipt of public comments on proposed new codes and revisions discussed at the September 13-14, 2016**

	ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2017.
January 6, 2017	**Deadline for requestors: Those members of the public requesting that topics be discussed at the March 7–8, 2017 ICD-10 Coordination and Maintenance Committee meeting must have their requests submitted to CMS for procedures and NCHS for diagnoses by this date.**
February 2017	Tentative agenda for the Procedure part of the March 7, 2017 ICD-10 Coordination and Maintenance Committee meeting posted on CMS webpage as follows: https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html Tentative agenda for the Diagnosis part of the March 8, 2017 ICD-10 Coordination and Maintenance Committee meeting posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm Federal Register notice of March 7–8, 2017 ICD-10 Coordination and Maintenance Committee Meeting will be published.
February 3, 2017	**On-line registration opens for the March 7–8, 2017 ICD-10 Coordination and Maintenance Committee meeting at: https://www.cms.gov/apps/events/default.asp**
March 2017	Because of increased security requirements, **those wishing to attend the March 7–8, 2017** ICD-10 Coordination and Maintenance Committee meeting must register for the meeting online at: **https://www.cms.gov/apps/events/default.asp** **Attendees must register online by February 3, 2017; failure to do so may result in lack of access to the meeting**.
March 7 – 8, 2017	ICD-10 Coordination and Maintenance Committee meeting.
March 2017	Webcast of the March 7-8, 2017 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html Summary report of the Diagnosis part of the March 8, 2017 ICD-10 Coordination and Maintenance Committee meeting report will be posted on the NCHS webpage as follows:

	http://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm
April 1, 2017	Any new ICD-10 codes to capture new diseases or technology on April 1, 2017, will be implemented.
April 7, 2017	**Deadline for receipt of public comments on proposed new codes and revisions discussed at the March 7–8, 2017 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2017**.
April 2017	Notice of Proposed Rulemaking to be published in the Federal Register as mandated by Public Law 99-509. This notice will include references to the finalized FY 2018 ICD-10-CM diagnosis and ICD-10-PCS procedure codes to date. It will also include proposed revisions to the MS-DRG system based on ICD-10-CM/PCS codes on which the public may comment. The proposed rule can be accessed at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp
June 2017	Final addendum posted on web pages as follows: Diagnosis addendum – http://www.cdc.gov/nchs/icd/icd10cm.htm Procedure addendum - http://cms.hhs.gov/Medicare/Coding/ICD10/index.html
July 14, 2017	**Deadline for requestors: Those members of the public requesting that topics be discussed at the September 12–13, 2017 ICD-10 Coordination and Maintenance Committee meeting must have their requests submitted to CMS for procedures and NCHS for diagnoses.**
August 1, 2017	Hospital Inpatient Prospective Payment System final rule to be published in the Federal Register as mandated by Public Law 99-509. This rule will also include links to all the final codes to be implemented on October 1, 2017. This rule can be accessed at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp
August 2017	Tentative agenda for the Procedure part of the September 12–13, 2017 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage at – https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html

	Tentative agenda for the Diagnosis part of the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meeting will be posted on the NCHS webpage at - http://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm Federal Register notice for the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.
August 4, 2017	**On-line registration opens for the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meeting at: https://www.cms.gov/apps/events/default.asp**
September 1, 2017	Because of increased security requirements, those wishing to attend the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meeting must register for the meeting online at: **https://www.cms.gov/apps/events/default.asp** **Attendees must register online by September 1, 2017; failure to do so may result in lack of access to the meeting.**
September 12-13, 2017	ICD-10 Coordination and Maintenance Committee meeting. Those who wish to attend the ICD-10 Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 1, 2017.** You must bring an official form of picture identification (such as a driver's license) in order to be admitted to the building.
September 2017	Webcast of the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html Summary report of the Diagnosis part of the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows: http://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm
October 1, 2017	New and revised ICD-10-CM and ICD-10-PCS codes go into effect along with DRG changes. Final addendum available on web pages as follows: Diagnosis addendum - http://www.cdc.gov/nchs/icd/icd10cm.htm

	Procedure addendum – http://www.cms.gov/Medicare/Coding/ICD10/
October 17, 2017	**Deadline for receipt of public comments on proposed new codes discussed at the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meetings for implementation on April 1, 2018.**
November 2017	Any new ICD-10 codes required to capture new technology that will be implemented on the following April 1 will be announced. Information on any new codes to be implemented April 1, 2018 will be posted on the following websites: http://www.cdc.gov/nchs/icd/icd10cm.htm http://www.cms.gov/Medicare/Coding/ICD10/
November 13, 2017	**Deadline for receipt of public comments on proposed new codes and revisions discussed at the September 12-13, 2017 ICD-10 Coordination and Maintenance Committee meetings for implementation on October 1, 2018.**

Introductions and Overview

- ICD-10 Coordination & Maintenance (C&M) Committee is a public forum on ICD-10-CM & ICD-10-PCS code updates
- CMS & CDC Co-chair the meetings
  - CMS has lead on procedure issues
  - CDC has lead on diagnosis issues
- Coding proposals presented and public given opportunity to comment

Code Proposals

- No final decisions made at the meeting
- CMS will describe options and recommendations to facilitate discussion
- Public can comment at meeting and send written comments

Comments on Code Proposals

- Submit written comments by
  - October 16, 2016 for new technology code requests for April 1, 2017 implementation (there were no such requests at the September 2016 C&M meeting)
  - November 13, 2016 for codes to be implemented on October 1, 2017
- Procedure comments to CMS (new) ICDProcedureCodeRequest@cms.hhs.gov
- Diagnosis comments to Donna Pickett, CDC nchsicd10@cdc.gov

Proposed and Final Rules

- April 2016 – Notice of Proposed Rulemaking, IPPS
  - Includes ICD-10-CM/PCS diagnosis and procedure updates approved prior to March 2016 C&M meeting
- August 1, 2016 – Final rule with links to final codes to be implemented on October 1, 2016
  - Includes any additional codes approved from March 9-10, 2016 C&M meeting

Addendum

- June 2016 – Final code updates and addendum posted
  - FY 2017 ICD-10-CM (Diagnosis) and ICD-10-PCS (procedure) http://www.cms.gov/Medicare/Coding/ICD10/index.html
  - FY 2017 ICD-10-CM (Diagnosis) http://www.cdc.gov/nchs/icd/icd10cm.htm
- June 2017 – FY 2018 final code updates and addendum to be posted

GEM Files

- FY 2017 ICD-10-CM and ICD-10-PCS GEMs posted at http://www.cms.gov/Medicare/Coding/ICD10/index.html
- Annual GEM updates will be posted in August 2016
- Reimbursement files and ICD-10-PCS Reference manual no longer being produced

March 7-8, 2017 C&M Code Requests

- January 6, 2017– Deadline for submitting topics for March 7-8, 2017 C&M meeting
  - Procedure requests to CMS (new address) ICDProcedureCodeRequest@cms.hhs.gov
  - Diagnosis requests to Donna Pickett, CDC nchsicd10@cdc.gov

Public Participation

- For this meeting the public may participate in three ways:
  - Attend public C&M meeting
  - Listen to proceedings through free conference lines
  - Participate through a free livestream webcast
- CMS & CDC hope this provides greater opportunity for public participation

Written Comments

- No matter how you participate – please send written comments by
  - November 13,2016 for new technology codes requests for October 1, 2017 implementation
- Procedure comments to CMS ICDProcedureCodeRequest@cms.hhs.gov
- Diagnosis comments to Donna Pickett, CDC nchsicd10@cdc.gov

ICD-10-PCS Codes Implementation

- ICD-10-PCS codes discussed today under consideration for October 1, 2017 implementation

Extracorporeal Carbon Dioxide Removal

Issue: ICD-10-PCS does not have codes which capture extracorporeal carbon dioxide removal ($ECCO_2R$) from patients suffering acute hypercapnic respiratory failure. The technology for providing this therapy is referred to as the Hemolung® Respiratory Assist System (RAS).

New Technology Application? Not for FY 2018. However, will apply in FY 2019.

Background: The Hemolung® RAS is a bridge-to-recovery ventilatory support device for patients experiencing acute, reversible lung failure for whom ventilation of CO2 is the primary challenge. Primary indications for use of this device include patients experiencing an acute exacerbation of underlying COPD, or patients with moderate to severe acute respiratory distress syndrome (ARDS) requiring mechanical ventilation (MV) at reduced tidal volumes to prevent ventilator induced lung injury. (The forthcoming IDE Clinical Trial focuses on acute exacerbation of COPD, and afterwards, ALung Technologies will seek an expanded indication for ARDS.) The Hemolung® RAS received CE Marking in 2013 for these indications.

The Hemolung® RAS is a fully-integrated respiratory dialysis system which uses a low flow, minimally invasive extracorporeal CO2 removal (ECCO2R) technique. Removing clinically meaningful levels of CO2 independently of the lungs allows the patient's lungs to rest and heal while avoiding intubation, minimizing time on mechanical ventilation, or facilitating protective ventilation. The Hemolung® RAS is not intended to provide therapeutic levels of oxygenation.

In 2015, ALung received FDA approval for Expedited Access Pathway (EAP) designation, and is working with the FDA to finalize a clinical plan for an Investigational Device Exemption (IDE) to conduct a pivotal trial for pre-market approval (PMA) of this Class III device.

The Hemolung® RAS is a fully integrated device consisting of three components:

1. The Hemolung Cartridge combines a centrifugal blood pump with an advanced gas exchange membrane in one device capable of providing efficient extracorporeal CO2 removal at dialysis-like blood flow rates. The integrated centrifugal blood pump provides circuit flows of 350-500 mL/min when paired with the Hemolung Catheter.
2. The Hemolung Catheter is a dual-lumen catheter which is inserted using a standard Seldinger technique, similar to acute continuous dialysis catheter insertions. The Hemolung Catheter is a "unicaval" design, meaning it is placed in either the superior or inferior vena cava, just like a normal central line.
3. The Hemolung Controller integrates control and monitoring of all aspects of therapy, including control of the blood pump and sweep gas flow; measuring and monitoring of blood flow, sweep gas flow and rate of CO2 removal; and sensing and displaying alarm conditions. The Hemolung Controller can operate on battery power for up to one hour. The controller offers an advanced degree of safety and ease of use.

The indication for use of the Hemolung® RAS that will be supported by the US IDE trial is as follows. For patients experiencing an acute exacerbation of COPD who require ventilatory support for acute hypercapnia and hypercapnic acidosis, the Hemolung RAS is indicated:

- As an alternative to, or to avoid, invasive positive pressure mechanical ventilation (IPPMV) when failing support with noninvasive ventilation (NIV), or

- To facilitate early weaning and extubation from IPPMV when the patient is unable to sustain trials of spontaneous breathing due to increases in PaCO2 and its resulting effects.

Current Coding: Facilities can capture the use of extracorporeal carbon dioxide removal with one of the following ICD-10-PCS codes:

5A0935Z Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours

5A0945Z Assistance with Respiratory Ventilation, 24-96 Consecutive Hours

5A0955Z Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours

Coding Options:

Option 1. Do not create new codes for extracorporeal carbon dioxide removal. Continue to use existing codes as shown above.

Option 2. Create unique codes in table 5A0, to capture extracorporeal carbon dioxide removal. Create a new table row containing the fourth character body system value Respiratory, and containing the fifth character function value Filtration for the root operation Assistance. Use existing duration values Single and Multiple to distinguish between single and multiple procedures performed during an admission.

Section **5** Extracorporeal Assistance and Performance *Body System* **A** Physiological Systems *Operation* **0** Assistance: Taking over a portion of a physiological function by extracorporeal means			
Body System	*Duration*	*Function*	*Qualifier*
9 Respiratory	**ADD 0** Single **ADD 6** Multiple	**ADD 0** Filtration	**ADD Z** No Qualifier

Option 3. Create unique codes in table 5A1, to capture extracorporeal carbon dioxide removal. Add the fourth character body system value Respiratory to the row containing the fifth character function value Filtration for the root operation Performance. Use existing duration values Single and Multiple to distinguish between single and multiple procedures performed during an admission.

Section	**5** Extracorporeal Assistance and Performance
Body System	**A** Physiological Systems
Operation	**1** Performance: Completely taking over a physiological function by extracorporeal means

Body System	*Duration*	*Function*	*Qualifier*
ADD 9 Respiratory **C** Biliary **D** Urinary	**0** Single **6** Multiple	**0** Filtration	**Z** No Qualifier

Option 4. Create new codes in section X, New Technology, to identify extracorporeal carbon dioxide removal procedures. Use the root operation Assistance and the same body system value as in section 5, Extracorporeal Assistance and Performance.

Section	**X** New Technology
Body System	**B** Respiratory System
Operation	**A** Assistance : Taking over a portion of a physiological function by extracorporeal means

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
ADD 9 Respiratory	**3** Percutaneous	**ADD 0** Extracorporeal Carbon Dioxide Removal	**ADD 3** New Technology Group 3

Option 5. Create new codes in section X, New Technology, to identify extracorporeal carbon dioxide removal procedures. Use the root operation Performance and the same body system value as in section 5, Extracorporeal Assistance and Performance.

Section	**X** New Technology
Body System	**B** Respiratory System
Operation	**ADD B** Performance: Completely taking over a physiological function by extracorporeal means

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
ADD 9 Respiratory	**3** Percutaneous	**ADD 0** Extracorporeal Carbon Dioxide Removal	**ADD 3** New Technology Group 3

CMS recommendation: Option 5. Create new codes in section X, New Technology, to identify extracorporeal carbon dioxide removal procedures. Use the root operation Performance and the same body system value as in section 5, Extracorporeal Assistance and Performance.

Interim Coding Advice: Facilities can capture the use of extracorporeal carbon dioxide removal with one of the following ICD-10-PCS codes:
5A0935Z Assistance with Respiratory Ventilation, Less than 24 Consecutive Hours
5A0945Z Assistance with Respiratory Ventilation, 24-96 Consecutive Hours
5A0955Z Assistance with Respiratory Ventilation, Greater than 96 Consecutive Hours

Intramuscular Autologous Bone Marrow Cell Therapy

Issue: ICD-10-PCS does not have codes to identify intramuscular autologous bone marrow cell therapy, a completely new procedure for patients with peripheral artery disease. It is designed to promote angiogenesis, arteriogenesis, and/or vasculogenesis in the affected limb.

New Technology application? Yes. Zimmer Biomet is currently analyzing the clinical results from its pivotal "MOBILE" IDE trial (**M**arr**O**wStim™ PAD Kit for the Treatment of Critical Lim**B** Ischem**I**a in Subjects with Severe Peripheral Arteria**L** Disease), with intent to submit a New Technology Add-on Payment application for FY 2018.

Food & Drug Administration (FDA Clearance): The MarrowStim™ PAD Kit is not yet approved/cleared by the U.S. Food & Drug Administration. An application is pending for the use of the MarrowStim™ PAD Kit in peripheral artery disease, with approval expected in calendar year 2017.

Background: Peripheral artery disease (PAD), a chronic disorder that affects an estimated 8 million or more Americans, is defined by atherosclerotic narrowing and blocking of arteries in the extremities (typically the legs).[1] Despite current therapies, PAD often leads to disability and in some cases amputation, and it can be life threatening. The burden of this disease, which worsens over time due to the cumulative effects of cardiovascular risk factors that characterize the patient population, is projected to grow along with the aging population.[2]

Clinical decision making in PAD management is guided by published recommendations from both the American College of Cardiology/American Heart Association (ACC/AHA) and the Trans-Atlantic Inter-Society Consensus (TASC II) for the Management of PAD.[3,4] These guidelines describe treatment options that are recommended based on the severity of the disease.

Lifestyle modification (exercise, diet, smoking cessation), as well as use of medications that target the reduction of underlying cardiovascular risk factors and prevent development and progression of atherosclerotic lesions (e.g., antihypertensives, statins, and antiplatelet therapies) used in the initial treatment of PAD, may improve function and slow disease progression.[5,6]

For subjects with lower extremity ischemia due to advanced PAD, surgical bypass or endovascular interventions (collectively, "revascularization") are presently options to restore perfusion and maintain limb viability. It is estimated that 3-12% of subjects with lower extremity ischemia will not be suitable candidates for these procedures because of extensive occlusive disease in the arteries of the leg, failed previous revascularization attempts, or because of insufficient autologous vein to create a bypass graft to an arterial target below the knee.[7-9] The number of subjects with limb threatening ischemia who will not be suitable candidates for revascularization is increasing as our population ages and the incidence of diabetes mellitus and other vascular risk factors increase.[10]

The remaining treatment option for lower extremity ischemia complicated by rest pain, gangrene, or infection is amputation. It is estimated that over 85,000 amputations are performed in the United States each year.[11] For the group of subjects with limb threatening ischemia who are considered unsuitable for revascularization or have a history of failed revascularization, the amputation and mortality rates at 6 months approach 40% and 20%, respectively[8], and higher in

the case of clinical high risk groups.[12] Furthermore, one fourth of all subjects who undergo below knee amputation will fail rehabilitation and will require chronic institutional care or professional assistance at home.[10] Five-year data for below-knee amputees shows that 30% will have received a major contralateral amputation, 50% will be dead, and only 20% will be alive with one intact leg.[7] Beyond the physical disability, there is a significant emotional cost as well. Psychological testing of subjects with critical leg ischemia shows quality of life indices similar to subjects with terminal malignancy.[13]

Therapeutic angiogenesis is a treatment strategy designed to improve collateral blood flow in the ischemic leg by inducing the formation of new blood vessels. The most studied methods to stimulate angiogenesis have involved the use of vascular growth factors; however, there is growing clinical evidence that the use of autologous stem cells for this purpose may be more effective, with fewer potential side effects. Revascularization of affected limbs with autologous cell therapy—which involves the collection, concentration, and direct application of undifferentiated mononuclear cells originating in the bone marrow, to promote angiogenesis, arteriogenesis, and/or vasculogenesis—is a promising future approach to PAD therapy.

It is known that there are endothelial progenitor cells (EPC) in adult peripheral blood that are derived from mononuclear stem cells in the bone marrow. Studies with cell cultures and in animal models of hind limb ischemia have shown that these EPC's will differentiate both *in vitro* and *in vivo* into mature endothelial cells.[14-17] The number of EPC's is 500 fold greater in bone marrow mononuclear cells than in peripheral blood mononuclear cells, making it the richest source of these multipotent cells.[18] Shintani and Kamihata have shown in animals that bone marrow mononuclear cell implantation into ischemic limbs or myocardium promotes collateral vessel formation with differentiation of the mononuclear cells into EPC's and incorporation of these EPC's into new capillaries. Furthermore, local concentrations of angiogenic growth factors (basic fibroblast growth factor, VEGF, and angiopoietin-1) were increased in implanted tissues via production from these progenitor cells magnifying the potential for angiogenesis. Neither tissue injury by inflammatory cytokines released from injected cells nor differentiation into other lineage cells such as osteoblasts or fibroblasts was noted in implanted ischemic tissues.[19,20] These findings demonstrate that injection of bone marrow mononuclear cells provides the cellular building blocks as well as the necessary cytokines and growth factors for new vessel development.

The MarrowStim PAD Kit was developed based on proven Zimmer Biomet technology, which is currently utilized in over 6000 bone grafting procedures annually in the United States.[21] Although not yet FDA approved for use in PAD, it is a validated system that provides an efficient and reliable method to collect, separate, and concentrate mononuclear cells from bone marrow for autologous cell therapy. Use of the MarrowStim occurs at the patient's point of care within a single procedure.[22,23] It makes autologous cell therapies practical by eliminating time-consuming and labor-intensive cell separation techniques, such as Ficoll gradient centrifugation, and also provides less potential risk than cell culture techniques.

Clinical use of the MarrowStim device in PAD has been previously described as part of a Phase I safety trial.[24] The trial initially used Ficoll gradient centrifugation to concentrate the bone marrow cells. Approximately halfway through the trial, the Ficoll technique was replaced by the MarrowStim technique, described as follows. Briefly, approximately 300 mL of bone marrow was aspirated from the right and left posterior iliac crests (150 mL per side). Using the

MarrowStim centrifugation system, the bone marrow was loaded into multiple MarrowStim devices and centrifuged for 15 minutes to separate and concentrate the bone marrow cells. The concentrated bone marrow aspirate (cBMA) was then extracted from the MarrowStim devices, yielding approximately 30 mL of cBMA. The cBMA was then delivered in 0.75-mL aliquots via intramuscular injection along the medial and lateral aspect of the lower limb. Delivery occurred at 2-cm intervals, 1.5-cm deep into the gastrocnemius muscle. Overall, 29 patients (30 limbs) were treated in the safety trial (14 w/ Ficoll, 16 w/ MarrowStim). Reported results included a one-year amputation-free survival (AFS) rate of 86.3%; improvement in rest pain, quality of life, and perfusion measures at twelve-weeks post-treatment; overall average MarrowStim procedure time of less than two hours; no procedure-related deaths and two reports of procedure-related serious adverse events (neither related to the MarrowStim device). Additional long-term follow-up data for this Phase I safety trial was recently reported with a 5-year AFS rate of 74%.[25]

Following completion of the Phase I safety trial, its data was provided to the FDA as part of an IDE submission to support the next-phase pivotal "MOBILE" trial (**M**arr**O**wStim™ PAD Kit for the Treatment of Critical Lim**B** Ischem**I**a in Subjects with Severe Peripheral Arteria**L** Diseas**E**). This trial enrolled 152 critical limb ischemia patients randomized to placebo or treatment with cBMA obtained using the MarrowStim PAD Kit. Enrollment was completed in June 2015 with a 12 month primary endpoint of amputation-free survival. Primary follow up was recently completed and the data are being analyzed.

Current Coding: Code bone marrow harvest procedures using the appropriate body part and approach values in root operation table 07D, and using the qualifier value Z.

Section	**0** Medical and Surgical
Body System	**7** Lymphatic and Hemic Systems
Operation	**D** Extraction: Pulling or stripping out or off all or a portion of a body part by the use of force

Body Part	*Approach*	*Device*	*Qualifier*
Q Bone Marrow, Sternum **R** Bone Marrow, Iliac **S** Bone Marrow, Vertebral	**0** Open **3** Percutaneous	**Z** No Device	**X** Diagnostic **Z** No Qualifier

If desired, facilities can capture intramuscular injection of concentrated bone marrow aspirate with one of the following ICD-10-PCS code:
3E023GC Introduction of Other Therapeutic Substance into Muscle, Percutaneous Approach

Coding Options:

Option 1. Do not create new codes for the intramuscular injection of concentrated bone marrow aspirate. Continue to use existing codes as shown above.

Option 2. To capture the intramuscular injection of concentrated bone marrow aspirate, create new qualifier value Concentrated Bone Marrow Aspirate for the body system value Muscle and the approach Percutaneous, in table 3E0 of the Administration section.

Section	**3** Administration
Body System	**E** Physiological Systems and Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System / Region	*Approach*	*Substance*	*Qualifier*
2 Muscle	**3** Percutaneous	**G** Other Therapeutic Substance	**ADD 9** Concentrated Bone Marrow Aspirate

3E023G9 Introduction of Concentrated Bone Marrow Aspirate into Muscle, Percutaneous Approach

Option 3. Create a new code in section X, New Technology, to identify intramuscular injection of concentrated bone marrow aspirate.

Section	**X** New Technology
Body System	**K** Muscles, Tendons, Bursae and Ligaments
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
ADD 2 Muscle	**3** Percutaneous	**ADD 0** Concentrated Bone Marrow Aspirate	**3** New Technology Group 3

XK02303 Introduction of Concentrated Bone Marrow Aspirate into Muscle, Percutaneous Approach, New Technology Group 3

CMS Recommendation: Option 3. Create a new code in section X, New Technology, for intramuscular injection of concentrated bone marrow aspirate.

Interim Coding Advice: Continue to code bone marrow harvest procedures and intramuscular injection of concentrated bone marrow aspirate as shown in current coding above.

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Administration of Influenza Vaccine

Issue: ICD-10-PCS does not have codes which capture the administration of the influenza vaccine as did ICD-9-CM. ICD-10-PCS does not allow the tracking of the type of vaccine provided.

New Technology Application? No

Background: All subcutaneous vaccine injection procedures are reported using ICD-10-PCS code 3E0134Z Introduction of Serum, Toxoid and Vaccine into Subcutaneous Tissue, Percutaneous Approach. This code does not provide the ability to track the type of vaccine provided.

Unlike other vaccines, influenza vaccination confers immunity for only a single year due to the rapid mutation of the influenza viral strains. Consequently, the vaccinated population is a dynamic cohort from year to year. It is important to be able to detect changes in the incidence and prevalence among groups regarding vaccination status that may have policy implications. Secondly, immunity may be only partially effective due the rapid mutation of the virus. The ability to identify patients with vaccination that subsequently develop influenza infection and to analyze the timing of vaccination in regard to disease development would also be important public health information.

Current Coding: If desired, facilities can capture the use of influenza vaccine with the following ICD-10-PCS code:
3E0134Z Introduction of Serum, Toxoid and Vaccine into Subcutaneous Tissue, Percutaneous Approach

Coding Options:

Option 1. Do not create new codes for administration of the influenza vaccine. Continue to use the existing ICD-10-PCS code 3E0134Z Introduction of Serum, Toxoid and Vaccine into Subcutaneous Tissue, Percutaneous Approach.

Option 2. Create unique codes to capture subcutaneous injection of influenza vaccine as described by the requestor. Create new qualifier value 0 Influenza Vaccine in table 3E0 of the Administration section. Use existing fourth character body system value Subcutaneous Tissue with the approach Percutaneous.

Section **3** Administration *Body System* **E** Physiological Systems and Anatomical Regions *Operation* **0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products			
Body System / Region	*Approach*	*Substance*	*Qualifier*
1 Subcutaneous Tissue	**3** Percutaneous	**4** Serum, Toxoid and Vaccine	**ADD 0** Influenza Vaccine **Z** No Qualifier

CMS recommendation: Option 2. This new code may be useful to hospitals who want to track this information.

Interim Coding Advice: If desired, facilities can code subcutaneous injection of influenza vaccine with ICD-10-PCS code 3E0134Z Introduction of Serum, Toxoid and Vaccine into Subcutaneous Tissue, Percutaneous Approach.

Introduction of Peptide Enhanced Bone Graft Substitute

Issue: Currently there is not an ICD-10-PCS procedure code to describe the introduction of the peptide enhanced bone graft substitute, i-FACTOR™, when used in cervical spinal fusion. Should a new code be created?

New Technology Application? No.

FDA Approval: Premarket Approval (PMA) for i-FACTOR™ Peptide Enhanced Bone Graft for use in anterior cervical discectomy and fusion procedures in patients with degenerative cervical disc disease was received on November 3, 2015.

Background: Degenerative disc disease (DDD) of the cervical spine can result in significant pain, instability, and radiculopathy and/or myelopathy. These symptoms are due to neural compression resulting from a loss of disc space height, loss of foraminal area, disc bulging or protruding osteophytes. Cervical DDD is treated conservatively; when conservative treatment fails, surgical treatment is an option. The goals of surgical treatment are decompression of spine/nerve root, restoration of cervical alignment, and stability. Decompression involves discectomy (removal of the soft disc) and/or removal of osteolytic structures. Restoration of alignment involves restoration of the disc space height and neural foraminal height. Stability involves elimination of motion in order to induce resorption of posterior osteophytes. Fusion is the current standard of care for surgical treatment of cervical disc disease in the U.S. Support to the treated segment is achieved by using a structural device such as an allograft ring. Anterior cervical plating is commonly used to provide additional stability to the segment of the spine to which it is applied and maintain spinal alignment, prevent graft dislodgement and collapse, enhance fusion rates, and eliminate the need for external immobilization.

The void space in the allograft ring can be filled with autologous bone or various bone replacement materials to improve the fusion process and clinical outcomes. Although autologous bone achieves good results, it may be associated with additional morbidity. The autologous bone can originate from local millings and osteophyte bone or from harvesting iliac crest bone. The most frequently reported problems associated with harvesting iliac crest autologous bone include postoperative pain, wound hematoma, infection, pelvic fracture, nerve palsy, and chronic donor site pain. Bone replacement materials are used as alternatives for use in cervical interbody fusion in an attempt to reduce donor site morbidity.

Technology: P-15™ bone putty (i-FACTOR™) is a synthetic osteoconductive bone substitute that is approved for use in cervical fusion procedures. The first step in the bone formation process is cell attachment. Osteogenic precursor cells bind to P-15, then a natural signaling cascade occurs that leads to new bone formation.

i-FACTOR™ is indicated for use in skeletally mature patients for reconstruction of a degenerated cervical disc at one level from C3-C4 to C6-C7 following single-level discectomy for intractable radiculopathy (arm pain and/or neurological deficit), with or without neck pain, or myelopathy due to a single-level abnormality localized to the disc space, and corresponding to at least one of the following conditions confirmed by radiographic imaging (CT, MRI, X-rays): herniated nucleus pulposus, spondylolysis (defined by the presence of osteophytes), and/or

visible loss of disc height as compared to adjacent levels, after failure of at least 6 weeks of conservative treatment. i-FACTOR™ Peptide Enhanced Bone Graft must be used inside an allograft bone ring and with supplemental anterior plate fixation.

Current Coding: Currently, a procedure code for the cervical fusion would be coded from table 0RG, Fusion of Upper Joints, with the device value Interbody Fusion Device.

Section **0** Medical and Surgical *Body System* **R** Upper Joints *Operation* **G** Fusion: Joining together portions of an articular body part rendering the articular body part immobile			
Body Part	*Approach*	*Device*	*Qualifier*
0 Occipital-cervical Joint **1** Cervical Vertebral Joint **2** Cervical Vertebral Joints, 2 or more **4** Cervicothoracic Vertebral Joint **6** Thoracic Vertebral Joint **7** Thoracic Vertebral Joints, 2 to 7 **8** Thoracic Vertebral Joints, 8 or more **A** Thoracolumbar Vertebral Joint	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**7** Autologous Tissue Substitute **A** Interbody Fusion Device **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **Z** No Device	**0** Anterior Approach, Anterior Column **1** Posterior Approach, Posterior Column **J** Posterior Approach, Anterior Column

ICD-10-PCS Guidelines for Fusion procedures of the spine
B3.10c

Combinations of devices and materials are often used on a vertebral joint to render the joint immobile. When combinations of devices are used on the same vertebral joint, the device value coded for the procedure is as follows:

- If an interbody fusion device is used to render the joint immobile (alone or containing other material like bone graft), the procedure is coded with the device value Interbody Fusion Device

If desired, facilities can capture the use of peptide enhanced bone graft substitute when used in a cervical spinal fusion with the following ICD-10-PCS code:
3E0U3GC Introduction of Other Therapeutic Substance into Joints, Percutaneous Approach

Coding options:

Option 1. Do not create new codes for the use of peptide enhanced bone graft substitute. Continue to use the existing ICD-10-PCS code for cervical spinal fusion and if desired, code 3E0U3GC Introduction of Other Therapeutic Substance into Joints, Percutaneous Approach.

Option 2. Create unique codes to capture the use of peptide enhanced bone graft substitute. Create new qualifier value D P-15 Peptide Enhanced Bone Graft in table 3E0 of the Administration section. Use existing fourth character body system value Joints. Add the new qualifier for the approach values Open and Percutaneous. Also add the approach value Open for qualifier C Other Substance, for consistency.

Section	**3** Administration
Body System	**E** Physiological Systems and Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System / Region	*Approach*	*Substance*	*Qualifier*
U Joints	**ADD 0** Open **3** Percutaneous	**G** Other Therapeutic Substance	**B** Recombinant Bone Morphogenetic Protein **C** Other Substance **ADD D** P-15 Peptide Enhanced Bone Graft

CMS recommendation: We are recommending option 1, do not create new codes for the use of peptide enhanced bone graft substitute when used in a cervical spinal fusion. The requester noted in its original comments that other autograft alternatives such as rhBMP-2 have the qualifier (B) Recombinant bone morphogenetic protein in table 3E0 and therefore P-15 Peptide enhanced bone graft should have a unique qualifier developed. However, we note that rBMP was an approved new technology under ICD-9-CM and therefore warranted a unique procedure code, which was then automatically replicated for ICD-10-PCS as part of the conversion to ICD-10. In addition, as noted above under current coding, the ICD-10-PCS guidelines for fusion instruct that if an interbody fusion device is used to render the joint immobile (alone or containing other material like bone graft), the procedure is coded with the device value Interbody Fusion Device. The purpose of that guideline is to address this exact type of scenario.

Interim Coding Advice: Continue to code fusion of the cervical vertebrae with interbody fusion device with the appropriate values from table 0RG. If desired, facilities can code the use of peptide enhanced bone graft substitute with ICD-10-PCS code 3E0U3GC Introduction of Other Therapeutic Substance into Joints, Percutaneous Approach.

Resuscitative Endovascular Balloon Occlusion of the Aorta

Issue: There is currently not a unique ICD-10-PCS procedure code to identify resuscitative endovascular balloon occlusion of the aorta (REBOA) procedures in the aorta. Should new codes be created?

New Technology Application? No.

Food and Drug Administration (FDA) Approval: Yes. Temporary balloon occlusion of large vessels is approved by the FDA. Approximately eight companies have percutaneous REBOA type balloon catheters commercially available in the United States, although several balloon catheters are indicated for use in conjunction with AAA endovascular procedures. The ER-REBOA™ Catheter (Prytime Medical Devices, Inc.) was approved October 26, 2015.

Background: In general, temporary occlusion of large vessels are performed in two general clinical situations: 1) during a life-saving maneuver whereby a large artery or vein is temporarily blocked, resulting in the transient cessation of blood flow to allow surgeons time to definitively repair hemorrhage and 2) during non-emergent control of anticipated bleeding during surgical procedures, such as in removing highly vascularized tumors. In both of these clinical situations the REBOA catheter would be inserted in either the emergency room as a life-saving maneuver or in the operating room prior to a planned surgical procedure to control the risk of significant and anticipated operative blood loss.
The use of a balloon occlusion catheter in the setting of traumatic hemorrhagic shock was first reported in 1954 during the Korean War. However, technological limitations prevented the technique from being widely adopted. Following the endovascular revolution of the 1980's, clinical use of REBOA became more widespread, with promising results reported in both the military and civilian population.

Temporarily occluding a large vessel can be accomplished by:
1) Resuscitative thoracotomy (RT), an open surgical approach whereby a body cavity or extremity compartment is opened and a vascular clamp is directly applied to the aorta or other major blood vessel, or
2) Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA), a minimally invasive endovascular technique whereby a balloon occlusion catheter is inserted percutaneously. The catheter is then advanced into the aorta or other major blood vessel and inflated, usually under fluoroscopic control.

These techniques are generally used when difficult to control hemorrhage is either ongoing or anticipated.

However, open RT is associated with extremely high rates of morbidity and mortality. Open RT requires a large incision, and is associated with considerable pain as well as the potential for pulmonary and infective complications. Because of this, it is often performed as a last resort resuscitative maneuver in arrested or peri-arrested patients. Modern studies report continued poor open RT survival rates, with recent series showing only a 10% survival in contemporary trauma patients [Moore, 2015]. These concerns, along with improvements in balloon and vascular technology, have prompted renewed interest in less invasive options such as REBOA.

According to the requester, REBOA has the potential to affect a significant paradigm shift in patient management, by providing the clinical effects of temporary large vessel occlusion with significantly less risk of the morbidity incurred with open surgery.

The requester also notes that several published studies have reported reduced overall procedure times, statistically significant reductions in intraoperative blood loss, reduced need for intraoperative blood transfusions, and reductions in morbidity and mortality.

Note: Balloon occlusion has had various names over the years, including Aortic Balloon Occlusion (ABO), Inter Aortic Balloon Occlusion (IABO), Temporary Large Vessel Occlusion (TLVO), and others. In 2011, a seminal publication by Rasmussen et al codified the use of the term REBOA for any temporary occlusion of large vessels.

Current Coding: There is no ICD-10-PCS code for resuscitative endovascular balloon occlusion of the abdominal aorta or the descending thoracic aorta (REBOA). Hospitals report a code for the surgical repair procedure and do not report a code for REBOA.

Coding Options:
Option 1: Do not create new ICD-10-PCS codes for REBOA.

Option 2: Create a unique code in table 02L, Occlusion of Heart and Great Vessels, for REBOA. Add qualifier J Temporary and fourth character body part value W Thoracic Aorta, Descending, with the approach value Percutaneous. In addition, create a unique code in table 04L, Occlusion of Lower Arteries, for REBOA. Add qualifier J Temporary to the fourth character body part value Abdominal Aorta, with the approach value Percutaneous.

Section **0** Medical and Surgical *Body System* **2** Heart and Great Vessels *Operation* **L** Occlusion: Completely closing an orifice or the lumen of a tubular body part			
Body Part	*Approach*	*Device*	*Qualifier*
ADD W Thoracic Aorta, Descending	**3** Percutaneous	**D** Intraluminal Device	**ADD J** Temporary

Section **0** Medical and Surgical *Body System* **4** Lower Arteries *Operation* **L** Occlusion: Completely closing an orifice or the lumen of a tubular body part			
Body Part	*Approach*	*Device*	*Qualifier*
0 Abdominal Aorta	**3** Percutaneous	**D** Intraluminal Device	**ADD J** Temporary **Z** No Qualifier

CMS recommendation: Option 2. Create a unique code in table 02L, Occlusion of Heart and Great Vessels, for REBOA. Add qualifier J Temporary and fourth character body part value W Thoracic Aorta, Descending, with the approach value Percutaneous. In addition, create a unique code in table 04L, Occlusion of Lower Arteries, for REBOA. Add qualifier J Temporary to the fourth character body part value Abdominal Aorta, with the approach value Percutaneous.

Interim Coding Advice: Hospitals should continue to code for the definitive, surgical repair procedure only.

Intraoperative Treatment of Vascular Grafts

Issue: Currently there is not a unique ICD-10-PCS procedure code to describe the intraoperative treatment of vascular grafts for the prevention of vein graft disease and vein graft failure following coronary artery bypass surgery or peripheral artery bypass surgery.

New Technology Application? Yes. A New Technology Add-On Payment application for the DuraGraft® Endothelial Damage Inhibitor will be submitted for FY 2018.

Food and Drug Administration (FDA) Approval: Pending. The DuraGraft® Endothelial Damage Inhibitor is currently the subject of a prospective, randomized controlled study. FDA clearance of the 510(k) is expected in the fourth quarter of 2016.

Background: Bypass surgery is a surgical intervention in which vascular conduits are used to reroute blood flow around blockages in arteries. Coronary Artery Bypass Grafting Surgery (CABG) is the recommended revascularization procedure for many patients with coronary artery disease (CAD) while peripheral bypass surgery is the recommended revascularization intervention in many patients with peripheral artery disease (PAD) and critical limb ischemia.

Autologous vascular grafts including saphenous vein and radial artery grafts are used broadly as bypass conduits in CABG and saphenous veins are commonly used in peripheral bypass surgeries. Unfortunately, the durability and patency of these grafts are significantly compromised by vein graft disease (VGD) in a process that begins during the grafting surgery itself. VGD is the principal cause of both early (within 30 days) and intermediate/late vein graft failure (VGF). VGD encompasses the pathophysiological changes that occur in vein grafts following their use in surgical grafting. These changes, apparent within minutes to hours of grafting, are manifested as endothelial dysfunction and include pro-inflammatory, pro-thrombogenic and proliferative changes within the graft. As VGD progresses, vein grafts lose their ability to adapt to the post-grafting environment leading to thrombus formation, intimal hyperplasia and atherosclerosis resulting in graft stenosis, occlusion and loss of graft patency.

There has been relatively little improvement over the past several decades in the occurrence of VGD and VGF and the rates of both VGD and VGF remain unacceptably high despite the introduction of aspirin and statins to treat or mitigate the disease. Approximately 45-50% of patients undergoing CABG and peripheral bypass surgery respectively will have a graft failure within 12 months. The percentage of patients with underlying VGD that will manifest as VGF after one year is even higher.

VGD that progresses to VGF may result in myocardial infarction (MI), the need for repeat revascularization and/or lower limb amputation or even death. The success rate of revascularization or re-intervention of a failed graft is very poor and is technically challenging because of the soft atheromatous and thrombotic debris that develop when these grafts deteriorate. Failed SVG intervention is associated with higher rates of peri-procedural myocardial infarction, in-hospital mortality, restenosis and occlusion, and therefore, addressing early vein graft disease in the primary graft is crucial. Disease burden and consequences of VGD can be more severe than the initial disease for which bypass grafting was indicated.

As such, VGD represents a substantial disease burden to the patient and a high cost burden to health care systems. It also represents a disease for which there has been no significant improvement in several decades.

DuraGraft® treatment of vascular grafts is formulated into a graft handling and flushing solution. Once the graft is harvested, it is flushed with DuraGraft® and then immediately placed in DuraGraft® solution until it is anastomosed.

DuraGraft® is provided as a simple to use kit containing two solutions that are mixed in the surgical suite prior to use. The kit provides enough solution to treat multiple grafts during multi-vessel bypass surgery.

According to a recent large retrospective US-based study evaluating DuraGraft® in 2436 CABG patients, it has demonstrated for the first time since the CABG procedure was developed, a statistically significant reduction in complications associated with VGF; 50% reduction in MI (p= 0.0001) and 38% reduction in repeat revascularization (p=0.03). Furthermore, this study showed long-term benefits associated with the use of DuraGraft® in that statistically significant reductions in both complications were observed for at least 10 years following CABG surgery indicating both near term and long term benefit for patients and near and long-term cost savings as well. A prospective study evaluating graft level effects including wall thickening and graft patency in CABG patients is currently underway. This study utilizes a unique in-patient design in which one graft is treated with DuraGraft® and a second graft is managed according to standard of care. The in-patient design reduces patient bias in the study. Upon successful completion of the on-going prospective study in mid-2016, the product is expected to be approved in the United States.

Current Coding: Code vascular bypass procedures using vein graft to the appropriate body part value in tables 021 Bypass of Heart and Great Vessels, 031 Bypass of Upper Arteries, and 041 Bypass of Lower Arteries , with the device value that captures the source of vein graft as documented (i.e., autologous or nonautologous). For harvest of autologous saphenous vein, code the appropriate body part value in table 06B Excision of Lower Veins. The intraoperative preparation of vein graft material is not coded separately.

Coding Options

Option 1. Do not create new codes for the intraoperative treatment of vascular grafts for the prevention of vein graft disease and vein graft failure following bypass surgery. Continue to use existing codes as above.

Option 2. To capture the intraoperative administration of endothelial damage inhibitor to vein graft material, create new qualifier value Vein Graft in table 3E0 of the Administration section.

Section	**3** Administration		
Body System	**E** Physiological Systems and Anatomical Regions		
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products		
Body System / Region	*Approach*	*Substance*	*Qualifier*
Z None	**X** External	**G** Other Therapeutic Substance	**ADD V** Vein Graft

3E0ZXGV Extracorporeal Introduction of Other Therapeutic Substance to Vein Graft

Option 3. Create new codes in section X, New Technology, to identify the intraoperative administration of endothelial damage inhibitor to vein graft material.

Section	**ADD X** New Technology		
Body System	**ADD Y** Extracorporeal		
Operation	**ADD 0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
ADD V Vein Graft	**ADD X** External	**ADD 8** Endothelial Damage Inhibitor	**ADD 3** New Technology Group 3

XY0VX83 Extracorporeal Introduction of Endothelial Damage Inhibitor to Vein Graft, New Technology Group 3

CMS Recommendation: Option 3. Create new codes in section X, New Technology, administration of endothelial damage inhibitor to vein graft material.

Interim Coding Advice: Continue to code vascular bypass procedures and saphenous vein harvest as described in current coding.

References:

Haime, Miguel (2016, October). DuraGraft, a one-time intraoperative treatment for the prevention of vein graft failure improves clinical outcomes after coronary artery bypass grafting. Long-term analysis of 2,436 consecutive patients. 30th Annual European Association of Cardio-Thoracic Surgery in Barcelona, October 2016, Barcelona, Spain.

ICD-10-PCS Definitions Addenda

Medical and Surgical section

Axis 3 **Operation**

Term Dilation

Explanation **Delete** The orifice can be a natural orifice or an artificially created orifice. Accomplished by stretching a tubular body part using intraluminal pressure or by cutting part of the orifice or wall of the tubular body part

Includes **Delete** Percutaneous transluminal angioplasty, pyloromyotomy

Explanation **Add** The orifice can be a natural orifice or an artificially created orifice. Accomplished by stretching a tubular body part using intraluminal pressure

Includes **Add** Percutaneous transluminal angioplasty, balloon valvuloplasty

ICD-10-PCS Index/Body Part Key Addenda

Lttr B

Main Add Banding, laparoscopic (adjustable) gastric

Add initial procedure 0DV64CZ

Add revision/adjustment 0DW64CZ

Lttr C

Main Revise from Clipping, aneurysm see Restriction using Extraluminal Device

Revise to Clipping, aneurysm

Add see Occlusion using Extraluminal Device

Add see Restriction using Extraluminal Device

Lttr D

Main Add Dens use Cervical Vertebra

Lttr E

Main Epiphysiodesis

Delete see Fusion, Upper Joints 0RG

Delete see Fusion, Lower Joints 0SG

Add see Insertion of device in, Upper Bones 0PH

Add see Repair, Upper Bones 0PQ

Add see Insertion of device in, Lower Bones 0QH

Add see Repair, Lower Bones 0QQ

Lttr L
Main Add LAGB (laparoscopic adjustable gastric banding)
Add initial procedure 0DV64CZ
Add revision/adjustment 0DW64CZ

Lttr O
Main Add Odontoid process use Cervical Vertebra

Lttr R
Main Restriction
Artery
Common Iliac
Delete Left, Intraluminal Device, Branched or Fenestrated 04VD
Delete Right, Intraluminal Device, Branched or Fenestrated 04VC
Add Left 04VD
Add Right 04VC

Lttr T
Main Add Transverse foramen use Cervical Vertebra
Main Add Transverse process
Add use Cervical Vertebra
Add use Thoracic Vertebra
Add use Lumbar Vertebra

Lttr U
Main Umbilical artery
Add use Lower Artery

Lttr V
Main Add Vertebral body
Add use Cervical Vertebra
Add use Thoracic Vertebra
Add use Lumbar Vertebra

ICD-10-PCS Table addenda

Revise title only--Section title

Source	Description	Code specification
public comment	Change the title of section 5 from Extracorporeal Assistance and Performance to Systemic Assistance and Performance	Revise section title only, does not affect code title.
public comment	Change the title of section 6 from Extracorporeal Therapies to Systemic Therapies	Revise section title only, does not affect code title.

EXAMPLE

Section **REVISE from 5** Extracorporeal Assistance and Performance
REVISE to 5 Systemic Assistance and Performance
Body System **A** Physiological Systems
Operation **0** Assistance: Taking over a portion of a physiological function by extracorporeal means

Body System	*Duration*	*Function*	*Qualifier*
2 Cardiac	**1** Intermittent **2** Continuous	**1** Output	**0** Balloon Pump **5** Pulsatile Compression **6** Other Pump **D** Impeller Pump

EXAMPLE

Section **REVISE from 6** Extracorporeal Therapies
REVISE to 6 Systemic Therapies
Body System **A** Physiological Systems
Operation **0** Atmospheric Control: Extracorporeal control of atmospheric pressure and composition

Body System	*Duration*	*Qualifier*	*Qualifier*
Z None	**0** Single **1** Multiple	**Z** No Qualifier	**Z** No Qualifier

Revise title only—Body system title, Medical and Surgical section

Source	Description	Code specification
2014 Coding Clinic Editorial Advisory Board (EAB) & CMS internal review	Change the title of the Central Nervous body system in the Medical and Surgical section to Central Nervous System and Cranial Nerves.	Revise body system title only, does not affect code title.

EXAMPLE

Section **0** Medical and Surgical
Body System **REVISE from 0** Central Nervous System
REVISE to 0 Central Nervous System and Cranial Nerves
Operation **B** Excision: Cutting out or off, without replacement, a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Brain **1** Cerebral Meninges **2** Dura Mater **6** Cerebral Ventricle **7** Cerebral Hemisphere **8** Basal Ganglia **9** Thalamus **A** Hypothalamus **B** Pons **C** Cerebellum **D** Medulla Oblongata **F** Olfactory Nerve **G** Optic Nerve **H** Oculomotor Nerve **J** Trochlear Nerve **K** Trigeminal Nerve **L** Abducens Nerve **M** Facial Nerve **N** Acoustic Nerve **P** Glossopharyngeal Nerve **Q** Vagus Nerve **R** Accessory Nerve **S** Hypoglossal Nerve **T** Spinal Meninges **W** Cervical Spinal Cord **X** Thoracic Spinal Cord **Y** Lumbar Spinal Cord	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier

Medical and Surgical section
Axis 3 Operation
Dilation/Bypass of cerebral ventricle

Source	Description	Code specification
2015, Coding Clinic Editorial Advisory Board & CMS internal review	Add the root operation Dilation to the central nervous body system, for the cerebral ventricle body part, to capture dilation of ventricle stricture. In addition, add the approach value Percutaneous Endoscopic for all device values, and the device value No Device to the root operation Bypass table 001 for the cerebral ventricle body part, to capture additional detail, including endoscopic third ventriculostomy (ETV) for treatment of hydrocephalus.	0076^ZZ (3 codes) 00164^^ (30 codes) 0016^ZB (3 codes)

EXAMPLE

Section **0** Medical and Surgical *Body System* **0** Central Nervous System *Operation* **ADD 7** Dilation: Expanding an orifice or the lumen of a tubular body part			
Body Part	*Approach*	*Device*	*Qualifier*
6 Cerebral Ventricle	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**Z** No Qualifier

EXAMPLE

Section **0** Medical and Surgical *Body System* **0** Central Nervous System *Operation* **1** Bypass: Altering the route of passage of the contents of a tubular body part			
Body Part	*Approach*	*Device*	*Qualifier*
6 Cerebral Ventricle	**0** Open **3** Percutaneous **ADD 4** Percutaneous Endoscopic	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**0** Nasopharynx **1** Mastoid Sinus **2** Atrium **3** Blood Vessel **4** Pleural Cavity **5** Intestine **6** Peritoneal Cavity **7** Urinary Tract **8** Bone Marrow **B** Cerebral Cisterns

6 Cerebral Ventricle	**0** Open **3** Percutaneous **ADD 4** Percutaneous Endoscopic	**ADD Z** No Device	**ADD B** Cerebral Cisterns

Graft Replacement and Supplement

Source	Description	Code specification
2015, Coding Clinic EAB & CMS internal review	Add the root operation Replacement to the central nervous, peripheral nervous, respiratory, muscle and ligament body systems, to capture additional detail for reconstruction procedures using graft material.	00R^[04][7JK]Z (135 codes) 01R^[04][7JK]Z (117 codes) 0BR^[04][7JK]Z (72 codes) 0KR^[04][7JK]Z (168 codes) 0MR^[04][7JK]Z (168 codes)

EXAMPLE

Section	**0** Medical and Surgical
Body System	**0** Central Nervous System
Operation	**ADD R** Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
1 Cerebral Meninges **2** Dura Mater **F** Olfactory Nerve **G** Optic Nerve **H** Oculomotor Nerve **J** Trochlear Nerve **K** Trigeminal Nerve **L** Abducens Nerve **M** Facial Nerve **N** Acoustic Nerve **P** Glossopharyngeal Nerve **Q** Vagus Nerve **R** Accessory Nerve **S** Hypoglossal Nerve **T** Spinal Meninges	**0** Open **4** Percutaneous Endoscopic	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier

EXAMPLE

Section	**0** Medical and Surgical
Body System	**B** Respiratory System
Operation	**ADD R** Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
1 Trachea **2** Carina **3** Main Bronchus, Right **4** Upper Lobe Bronchus, Right **5** Middle Lobe Bronchus, Right **6** Lower Lobe Bronchus, Right **7** Main Bronchus, Left **8** Upper Lobe Bronchus, Left **9** Lingula Bronchus **B** Lower Lobe Bronchus, Left **R** Diaphragm, Right **S** Diaphragm, Left	**0** Open **4** Percutaneous Endoscopic	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier

Extraction procedures

Source	**Description**	**Code specification**
2013, Coding Clinic EAB & CMS internal review; 2015, Coding Clinic 3Q p.7	Add the root operation Extraction to the lymphatic, respiratory and gastrointestinal body systems to capture additional detail, including percutaneous aspiration biopsies and brush biopsies. In addition, add the root operation Extraction for the muscle, tendon, upper bone, and lower bone body systems, to capture additional detail, including non-excisional debridement of muscle, tendon, and bone body parts.	07D^[34]ZX (42 codes) 0BD^[48]ZX (38 codes) 0DD^[348]ZX (66 codes) 0DDQ[348X]ZX (4 codes) 0KD^0ZZ (28 codes) 0LD^0ZZ (28 codes) 0PD^0ZZ (27 codes) 0QD^0ZZ (25 codes)

EXAMPLE

Section	**0** Medical and Surgical
Body System	**B** Respiratory System
Operation	**ADD D** Extraction: Pulling or stripping out or off all or a portion of a body part by the use of force

Body Part	*Approach*	*Device*	*Qualifier*
1 Trachea **2** Carina **3** Main Bronchus, Right **4** Upper Lobe Bronchus, Right **5** Middle Lobe Bronchus, Right **6** Lower Lobe Bronchus, Right **7** Main Bronchus, Left **8** Upper Lobe Bronchus, Left **9** Lingula Bronchus **B** Lower Lobe Bronchus, Left **C** Upper Lung Lobe, Right **D** Middle Lung Lobe, Right **F** Lower Lung Lobe, Right **G** Upper Lung Lobe, Left **H** Lung Lingula **J** Lower Lung Lobe, Left **K** Lung, Right **L** Lung, Left **M** Lungs, Bilateral	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier

EXAMPLE

Section	**0** Medical and Surgical
Body System	**K** Muscles
Operation	**ADD D** Extraction: Pulling or stripping out or off all or a portion of a body part by the use of force

Body Part	*Approach*	*Device*	*Qualifier*
0 Head Muscle **1** Facial Muscle **2** Neck Muscle, Right **3** Neck Muscle, Left **4** Tongue, Palate, Pharynx Muscle **5** Shoulder Muscle, Right **6** Shoulder Muscle, Left **7** Upper Arm Muscle, Right **8** Upper Arm Muscle, Left **9** Lower Arm and Wrist Muscle, Right **B** Lower Arm and Wrist Muscle, Left **C** Hand Muscle, Right **D** Hand Muscle, Left **F** Trunk Muscle, Right **G** Trunk Muscle, Left **H** Thorax Muscle, Right **J** Thorax Muscle, Left **K** Abdomen Muscle, Right **L** Abdomen Muscle, Left **M** Perineum Muscle **N** Hip Muscle, Right **P** Hip Muscle, Left **Q** Upper Leg Muscle, Right **R** Upper Leg Muscle, Left **S** Lower Leg Muscle, Right **T** Lower Leg Muscle, Left **V** Foot Muscle, Right **W** Foot Muscle, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier

Medical and Surgical section
Axis 4 Body Part

Hepatic artery to renal artery

Source	Description	Code specification
2015, Coding Clinic 3Q p.28	In the Lower Arteries body system of the Medical and Surgical section, add the body part value Hepatic Artery to the root operation Bypass table 041, for the body part values Renal Artery, Right and Renal Artery, Left. These changes will enable capture of detail for bypass procedures from the hepatic artery or its branches to the renal arteries.	0413[04]^][345] (30 codes)

EXAMPLE

Section **0** Medical and Surgical *Body System* **4** Lower Arteries *Operation* **1** Bypass: Altering the route of passage of the contents of a tubular body part			
Body Part	*Approach*	*Device*	*Qualifier*
ADD 3 Hepatic Artery **4** Splenic Artery	**0** Open **4** Percutaneous Endoscopic	**9** Autologous Venous Tissue **A** Autologous Arterial Tissue **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **Z** No Device	**3** Renal Artery, Right **4** Renal Artery, Left **5** Renal Artery, Bilateral

Common hepatic duct

Source	Description	Code specification
2014, public comment	In the Hepatobiliary and Pancreas body system of the Medical and Surgical section, create new body part value 7 Common Hepatic Duct and add to all root operation tables containing the body part values Hepatic Duct, Right and Hepatic Duct, Left.	0F^7^^^ (142 codes)

EXAMPLE

Section **0** Medical and Surgical *Body System* **F** Hepatobiliary System and Pancreas *Operation* **1** Bypass: Altering the route of passage of the contents of a tubular body part			
Body Part	*Approach*	*Device*	*Qualifier*
4 Gallbladder **5** Hepatic Duct, Right **6** Hepatic Duct, Left **ADD 7** Hepatic Duct, Common **8** Cystic Duct **9** Common Bile Duct	**0** Open **4** Percutaneous Endoscopic	**D** Intraluminal Device **Z** No Device	**3** Duodenum **4** Stomach **5** Hepatic Duct, Right **6** Hepatic Duct, Left **7** Hepatic Duct, Caudate **8** Cystic Duct **9** Common Bile Duct **B** Small Intestine

Extirpation from spinal canal

Source	Description	Code specification
2014, CMS internal review	In the Central Nervous body system of the Medical and Surgical section, add the body part value U Spinal Canal to the root operation Extirpation table 00C, to capture detail for extirpation procedures performed on the spinal canal, such as in the epidural space.	00CU^ZZ (3 codes)

EXAMPLE

Section **0** Medical and Surgical *Body System* **0** Central Nervous System *Operation* **C** Extirpation: Taking or cutting out solid matter from a body part			
Body Part	*Approach*	*Device*	*Qualifier*
0 Brain **1** Cerebral Meninges **2** Dura Mater **3** Epidural Space **4** Subdural Space **5** Subarachnoid Space **6** Cerebral Ventricle **7** Cerebral Hemisphere **8** Basal Ganglia **9** Thalamus	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**Z** No Qualifier

A Hypothalamus **B** Pons **C** Cerebellum **D** Medulla Oblongata **F** Olfactory Nerve **G** Optic Nerve **H** Oculomotor Nerve **J** Trochlear Nerve **K** Trigeminal Nerve **L** Abducens Nerve **M** Facial Nerve **N** Acoustic Nerve **P** Glossopharyngeal Nerve **Q** Vagus Nerve **R** Accessory Nerve **S** Hypoglossal Nerve **T** Spinal Meninges **ADD U** Spinal Canal **W** Cervical Spinal Cord **X** Thoracic Spinal Cord **Y** Lumbar Spinal Cord			

Occlusion of pulmonary artery

Source	Description	Code specification
2015, Coding Clinic Editorial Advisory Board & CMS internal review	In the Heart and Great Vessels body system of the Medical and Surgical section, add the body part values Pulmonary Artery, Right, and Pulmonary Artery, Left to the root operation Occlusion table 02L, to capture detail for embolization procedures performed on the pulmonary arteries, such as embolization of pulmonary AV fistula.	02L[QR]^[CDZ]Z (18 codes)

EXAMPLE

Section	**0** Medical and Surgical
Body System	**2** Heart and Great Vessels
Operation	**L** Occlusion: Completely closing an orifice or the lumen of a tubular body part

Body Part	*Approach*	*Device*	*Qualifier*
7 Atrium, Left	**0** Open **3** Percutaneous	**C** Extraluminal Device **D** Intraluminal	**K** Left Atrial Appendage

	4 Percutaneous Endoscopic	Device **Z** No Device	
ADD Q Pulmonary Artery, Right **S** Pulmonary Vein, Right **T** Pulmonary Vein, Left **V** Superior Vena Cava	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**C** Extraluminal Device **D** Intraluminal Device **Z** No Device	**Z** No Qualifier
R Pulmonary Artery, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**C** Extraluminal Device **D** Intraluminal Device **Z** No Device	**T** Ductus Arteriosus **ADD Z** No Qualifier

Lower artery bypass

Source	Description	Code specification
2015, public comment	In the Lower Arteries body system of the Medical and Surgical section, add the body part values T Peroneal Artery, Right, U Peroneal Artery, Left, V Foot Artery, Right, and W Foot Artery, Left to the root operation Bypass table 041, to capture detail for bypass procedures performed on the lower leg and foot arteries.	041[TUVW][04]^[PQS] (120 codes)

EXAMPLE

Section **0** Medical and Surgical *Body System* **4** Lower Arteries *Operation* **1** Bypass: Altering the route of passage of the contents of a tubular body part			
Body Part	*Approach*	*Device*	*Qualifier*
ADD T Peroneal Artery, Right **ADD U** Peroneal Artery, Left **ADD V** Foot Artery, Right **ADD W** Foot Artery, Left	**0** Open **4** Percutaneous Endoscopic	**9** Autologous Venous Tissue **A** Autologous Arterial Tissue **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **Z** No Device	**ADD P** Foot Artery **ADD Q** Lower Extremity Artery **ADD S** Lower Extremity Vein

Reposition of intestine

Source	Description	Code specification
2016, public comment	In the Gastrointestinal body system of the Medical and Surgical section, add the body part values Small Intestine and Large Intestine to the root operation Reposition table 0GS, to capture procedures for repositioning the intestines, such as correction of malrotation of the small intestine and/or the large intestine.	0DS[8E]^ZZ (10 codes)

EXAMPLE

Section	**0** Medical and Surgical
Body System	**D** Gastrointestinal System
Operation	**S** Reposition: Moving to its normal location, or other suitable location, all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
5 Esophagus **6** Stomach **ADD 8** Small Intestine **9** Duodenum **A** Jejunum **B** Ileum **ADD E** Large Intestine **H** Cecum **K** Ascending Colon **L** Transverse Colon **M** Descending Colon **N** Sigmoid Colon **P** Rectum **Q** Anus	**0** Open **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic **X** External	**Z** No Device	**Z** No Qualifier

Diaphragm

Source	Description	Code specification
2014, Coding Clinic EAB & CMS internal review	In the Respiratory body system of the Medical and Surgical section, add the body part value T Diaphragm to all root operation tables currently using body part values R Diaphragm, Right and S Diaphragm, Left. In addition, delete the body part values R Diaphragm, Right and S Diaphragm, Left.	Add 43 codes 0B^T^^^ Delete 86 codes 0B^[RS]^^^

EXAMPLE

Section **0** Medical and Surgical
Body System **B** Respiratory System
Operation **B** Excision: Cutting out or off, without replacement, a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
1 Trachea **2** Carina **3** Main Bronchus, Right **4** Upper Lobe Bronchus, Right **5** Middle Lobe Bronchus, Right **6** Lower Lobe Bronchus, Right **7** Main Bronchus, Left **8** Upper Lobe Bronchus, Left **9** Lingula Bronchus **B** Lower Lobe Bronchus, Left **C** Upper Lung Lobe, Right **D** Middle Lung Lobe, Right **F** Lower Lung Lobe, Right **G** Upper Lung Lobe, Left **H** Lung Lingula **J** Lower Lung Lobe, Left **K** Lung, Right **L** Lung, Left **M** Lungs, Bilateral	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier
N Pleura, Right **P** Pleura, Left **DELETE R** Diaphragm, Right **DELETE S** Diaphragm,	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier

Left **ADD T** Diaphragm			

Saphenous vein

Source	**Description**	**Code specification**
2014, Coding Clinic Editorial Advisory Board & CMS internal review	In the Lower Veins body system of the Medical and Surgical section, revise the title of the body part values Q and R from Greater Saphenous Vein, Right and Greater Saphenous Vein, Left to Saphenous Vein, Right and Saphenous Vein, Left respectively. In addition, delete the body part values R Lesser Saphenous Vein, Right, and S Lesser Saphenous Vein, Left.	Revise 180 codes 06^[PQ]^^^ Delete 180 codes 06^[RS]^^^

EXAMPLE

Section **0** Medical and Surgical *Body System* **6** Lower Veins *Operation* **B** Excision: Cutting out or off, without replacement, a portion of a body part			
Body Part	*Approach*	*Device*	*Qualifier*
0 Inferior Vena Cava **1** Splenic Vein **2** Gastric Vein **3** Esophageal Vein **4** Hepatic Vein **5** Superior Mesenteric Vein **6** Inferior Mesenteric Vein **7** Colic Vein **8** Portal Vein **9** Renal Vein, Right **B** Renal Vein, Left **C** Common Iliac Vein, Right **D** Common Iliac Vein, Left **F** External Iliac Vein, Right **G** External Iliac Vein, Left **H** Hypogastric Vein, Right **J** Hypogastric Vein, Left **M** Femoral Vein, Right **N** Femoral Vein, Left **REVISE from P** Greater Saphenous Vein,	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier

Right **REVISE to P** Saphenous Vein, Right **REVISE from Q** Greater Saphenous Vein, Left **REVISE to Q** Saphenous Vein, Left **DELETE R** Lesser Saphenous Vein, Right **DELETE S** Lesser Saphenous Vein, Left **T** Foot Vein, Right **V** Foot Vein, Left			

Frontal and sphenoid sinus

Source	**Description**	**Code specification**
2014, Coding Clinic Editorial Advisory Board & CMS internal review	In the Ear, Nose, Sinus body system of the Medical and Surgical section, revise the title of the body part value S from Frontal Sinus, Right to Frontal Sinus, and body part value W from Sphenoid Sinus, Right to Sphenoid Sinus. In addition, delete the body part values T Frontal Sinus, Left and X Sphenoid Sinus, Left.	Revise 64 codes 09^[SW]^^^ Delete 64 codes 09^[TX]^^^

EXAMPLE

Section **0** Medical and Surgical *Body System* **9** Ear, Nose, Sinus *Operation* **B** Excision: Cutting out or off, without replacement, a portion of a body part			
Body Part	*Approach*	*Device*	*Qualifier*
B Mastoid Sinus, Right **C** Mastoid Sinus, Left **M** Nasal Septum **P** Accessory Sinus **Q** Maxillary Sinus, Right **R** Maxillary Sinus, Left **REVISE from S** Frontal Sinus, Right **REVISE to S** Frontal Sinus **DELETE T** Frontal Sinus, Left **U** Ethmoid Sinus, Right **V** Ethmoid Sinus, Left **REVISE from W** Sphenoid Sinus, Right	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier

REVISE to W Sphenoid Sinus **DELETE X** Sphenoid Sinus, Left			

Omentum

Source	Description	Code specification
2012, Coding Clinic EAB & CMS internal review	In the Gastrointestinal body system of the Medical and Surgical section, revise the title of the body part value S from Greater Omentum to Omentum. In addition, delete the body part value T Lesser Omentum.	Revise 41 codes 0D^S^^^ Delete 41 codes 0D^T^^^

EXAMPLE

Section **0** Medical and Surgical *Body System* **D** Gastrointestinal System *Operation* **B** Excision: Cutting out or off, without replacement, a portion of a body part			
Body Part	*Approach*	*Device*	*Qualifier*
R Anal Sphincter **REVISE from S** Greater Omentum **REVISE to S** Omentum **DELETE T** Lesser Omentum **V** Mesentery **W** Peritoneum	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier

Front and back skull bones

Source	Description	Code specification
2014, Coding Clinic Editorial Advisory Board & CMS internal review	In the Head and Facial Bones body system of the Medical and Surgical section, revise the title of body part value 1 from Frontal Bone, Right to Frontal Bone, body part value 3 from Parietal Bone, Right to Parietal Bone, body part value 7 from Occipital Bone, Right to Occipital Bone, body part value C from Sphenoid Bone, Right to Sphenoid Bone, and body part value R from Maxilla, Right to Maxilla.	Revise 120 codes 0N^[137C]^^^

	In addition, delete the body part values 2 Frontal Bone, Left, 4 Parietal Bone, Left, 8 Occipital Bone, Left, D Sphenoid Bone, Left, and S Maxilla, Left.	Delete 120 codes 0N^[248D]^^^

EXAMPLE

Section **0** Medical and Surgical
Body System **N** Head and Facial Bones
Operation **B** Excision: Cutting out or off, without replacement, a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Skull **REVISE from 1** Frontal Bone, Right **REVISE to 1** Frontal Bone **DELETE 2** Frontal Bone, Left **REVISE from 3** Parietal Bone, Right **REVISE to 3** Parietal Bone **DELETE 4** Parietal Bone, Left **5** Temporal Bone, Right **6** Temporal Bone, Left **REVISE from 7** Occipital Bone, Right **REVISE to 7** Occipital Bone **DELETE 8** Occipital Bone, Left **B** Nasal Bone **REVISE from C** Sphenoid Bone, Right **REVISE to C** Sphenoid Bone **DELETE D** Sphenoid Bone, Left **F** Ethmoid Bone, Right **G** Ethmoid Bone, Left **H** Lacrimal Bone, Right **J** Lacrimal Bone, Left **K** Palatine Bone, Right **L** Palatine Bone, Left **M** Zygomatic Bone, Right **N** Zygomatic Bone, Left **P** Orbit, Right **Q** Orbit, Left **REVISE from R** Maxilla, Right **REVISE to R** Maxilla **DELETE S** Maxilla, Left **T** Mandible, Right **V** Mandible, Left **X** Hyoid Bone	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier

Cranial meningeal space

Source	Description	Code specification
2015, CMS internal review	In the Central Nervous body system of the Medical and Surgical section, revise the title of the body part value 3 from Epidural Space to Epidural Space, Intracranial, the body part value 4 from Subdural Space to Subdural Space, Intracranial, and the body part value 5 from Subarachnoid Space to Subarachnoid Space, Intracranial, to clarify the intended use of these body part values.	Revise 48 codes 00^[345]^^^

EXAMPLE

Section	**0** Medical and Surgical
Body System	**0** Central Nervous System
Operation	**9** Drainage: Taking or letting out fluids and/or gases from a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Brain **1** Cerebral Meninges **2** Dura Mater **REVISE from 3** Epidural Space **REVISE to 3** Epidural Space, Intracranial **REVISE from 4** Subdural Space **REVISE to 4** Subdural Space, Intracranial **REVISE from 5** Subarachnoid Space **REVISE to 5** Subarachnoid Space, Intracranial **6** Cerebral Ventricle **7** Cerebral Hemisphere **8** Basal Ganglia **9** Thalamus **A** Hypothalamus **B** Pons **C** Cerebellum **D** Medulla Oblongata **F** Olfactory Nerve **G** Optic Nerve **H** Oculomotor Nerve **J** Trochlear Nerve **K** Trigeminal Nerve **L** Abducens Nerve **M** Facial Nerve	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**0** Drainage Device	**Z** No Qualifier

N Acoustic Nerve **P** Glossopharyngeal Nerve **Q** Vagus Nerve **R** Accessory Nerve **S** Hypoglossal Nerve **T** Spinal Meninges **U** Spinal Canal **W** Cervical Spinal Cord **X** Thoracic Spinal Cord **Y** Lumbar Spinal Cord			

Internal carotid artery

Source	Description	Code specification
2015, Coding Clinic Editorial Advisory Board & CMS internal review	In the Upper Arteries body system of the Medical and Surgical section, revise the title of the body part value K Internal Carotid Artery, Right to K Internal Carotid Artery, Extracranial Segment, Right, and the body part value L from Internal Carotid Artery, Left, to Internal Carotid Artery, Extracranial Segment, Left, to clarify the intended use of these body part values.	Revise 184 codes 03^[KL]^^^

EXAMPLE

Section	**0** Medical and Surgical
Body System	**3** Upper Arteries
Operation	**C** Extirpation: Taking or cutting out solid matter from a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Internal Mammary Artery, Right **1** Internal Mammary Artery, Left **2** Innominate Artery **3** Subclavian Artery, Right **4** Subclavian Artery, Left **5** Axillary Artery, Right **6** Axillary Artery, Left **7** Brachial Artery, Right **8** Brachial Artery, Left **9** Ulnar Artery, Right **A** Ulnar Artery, Left **B** Radial Artery, Right **C** Radial Artery, Left **D** Hand Artery, Right **F** Hand Artery, Left **G** Intracranial Artery	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**Z** No Qualifier

H Common Carotid Artery, Right **J** Common Carotid Artery, Left **REVISE from K** Internal Carotid Artery, Right **REVISE to K** Internal Carotid Artery, Extracranial Segment, Right **REVISE from L** Internal Carotid Artery, Left **REVISE to L** Internal Carotid Artery, Extracranial Segment, Left **M** External Carotid Artery, Right **N** External Carotid Artery, Left **P** Vertebral Artery, Right **Q** Vertebral Artery, Left **R** Face Artery **S** Temporal Artery, Right **T** Temporal Artery, Left **U** Thyroid Artery, Right **V** Thyroid Artery, Left **Y** Upper Artery			

Nasal mucosa and soft tissue

Source	Description	Code specification
2014, Coding Clinic Editorial Advisory Board & CMS internal review	In the Ear, Nose, Sinus body system of the Medical and Surgical section, revise body part value K from Nose to Nasal Mucosa and Soft Tissue to clarify the intended use of this body part value, for procedures on the intranasal mucosa and/or the submucosal soft tissue.	Revise 137 codes 09^K^^^

EXAMPLE

Section **0** Medical and Surgical
Body System **9** Ear, Nose, Sinus
Operation **R** Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 External Ear, Right **1** External Ear, Left **2** External Ear, Bilateral **REVISE from K** Nose **REVISE to K** Nasal Mucosa and Soft Tissue	**0** Open **X** External	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier

Inguinal region skin

Source	Description	Code specification
2013, Coding Clinic EAB & CMS internal review	In the Skin body system of the Medical and Surgical section, revise the title of the body part value A from Skin, Genitalia to Skin, Inguinal to make related body part values consistent across body systems.	Revise 21 codes 0H^A^^^

EXAMPLE

Section **0** Medical and Surgical
Body System **H** Skin and Breast
Operation **Q** Repair: Restoring, to the extent possible, a body part to its normal anatomic structure and function

Body Part	*Approach*	*Device*	*Qualifier*
0 Skin, Scalp **1** Skin, Face **2** Skin, Right Ear **3** Skin, Left Ear **4** Skin, Neck **5** Skin, Chest **6** Skin, Back **7** Skin, Abdomen **8** Skin, Buttock **9** Skin, Perineum **REVISE from A** Skin, Genitalia **REVISE to A** Skin, Inguinal **B** Skin, Right Upper Arm **C** Skin, Left Upper Arm **D** Skin, Right Lower Arm **E** Skin, Left Lower Arm **F** Skin, Right Hand **G** Skin, Left Hand **H** Skin, Right Upper Leg **J** Skin, Left Upper Leg **K** Skin, Right Lower Leg **L** Skin, Left Lower Leg **M** Skin, Right Foot **N** Skin, Left Foot **Q** Finger Nail **R** Toe Nail	**X** External	**Z** No Device	**Z** No Qualifier

Neck subcutaneous tissue

Source	Description	Code specification
2013, Coding Clinic Editorial Advisory Board & CMS internal review	In the Subcutaneous Tissue and Fascia body system of the Medical and Surgical section, revise the title of the body part value 4 from Subcutaneous Tissue and Fascia, Anterior Neck to Subcutaneous Tissue and Fascia, Right Neck, and the body part value 5 from Subcutaneous Tissue and Fascia, Posterior Neck to 5 Subcutaneous Tissue and Fascia, Left Neck, to be consistent with common usage.	Revise 90 codes 0J^[45]^^^

EXAMPLE

Section **0** Medical and Surgical
Body System **J** Subcutaneous Tissue and Fascia
Operation **B** Excision: Cutting out or off, without replacement, a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Subcutaneous Tissue and Fascia, Scalp **1** Subcutaneous Tissue and Fascia, Face **REVISE from 4** Subcutaneous Tissue and Fascia, Anterior Neck **REVISE to 4** Subcutaneous Tissue and Fascia, Right Neck **REVISE from 5** Subcutaneous Tissue and Fascia, Posterior Neck **REVISE to 5** Subcutaneous Tissue and Fascia, Left Neck **6** Subcutaneous Tissue and Fascia, Chest **7** Subcutaneous Tissue and Fascia, Back **8** Subcutaneous Tissue and Fascia, Abdomen **9** Subcutaneous Tissue and Fascia, Buttock **B** Subcutaneous Tissue and Fascia, Perineum **C** Subcutaneous Tissue and Fascia, Pelvic Region **D** Subcutaneous Tissue and Fascia, Right Upper Arm **F** Subcutaneous Tissue and Fascia, Left Upper Arm **G** Subcutaneous Tissue and Fascia, Right Lower Arm **H** Subcutaneous Tissue and Fascia, Left Lower Arm **J** Subcutaneous Tissue and Fascia, Right Hand **K** Subcutaneous Tissue and Fascia, Left Hand **L** Subcutaneous Tissue and Fascia, Right Upper Leg **M** Subcutaneous Tissue and Fascia, Left Upper Leg **N** Subcutaneous Tissue and Fascia, Right Lower Leg **P** Subcutaneous Tissue and Fascia, Left Lower Leg	**0** Open **3** Percutaneous	**Z** No Device	**X** Diagnostic **Z** No Qualifier

Q Subcutaneous Tissue and Fascia, Right Foot **R** Subcutaneous Tissue and Fascia, Left Foot			

Inguinal subcutaneous tissue

Source	Description	Code specification
2013, Coding Clinic Editorial Advisory Board & CMS internal review	In the Subcutaneous Tissue and Fascia body system of the Medical and Surgical section, revise the title of the body part value C from Pelvic Region to Inguinal Region, to make related body part values consistent across body systems.	Revise 43 codes 0J^C^^^

EXAMPLE

Section	**0** Medical and Surgical
Body System	**J** Subcutaneous Tissue and Fascia
Operation	**9** Drainage: Taking or letting out fluids and/or gases from a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Subcutaneous Tissue and Fascia, Scalp **1** Subcutaneous Tissue and Fascia, Face **4** Subcutaneous Tissue and Fascia, Anterior Neck **5** Subcutaneous Tissue and Fascia, Posterior Neck **6** Subcutaneous Tissue and Fascia, Chest **7** Subcutaneous Tissue and Fascia, Back **8** Subcutaneous Tissue and Fascia, Abdomen **9** Subcutaneous Tissue and Fascia, Buttock **B** Subcutaneous Tissue and Fascia, Perineum **REVISE from C** Subcutaneous Tissue and Fascia, Pelvic Region **REVISE to C** Subcutaneous Tissue and Fascia, Inguinal Region **D** Subcutaneous Tissue and Fascia, Right Upper Arm **F** Subcutaneous Tissue and Fascia, Left Upper Arm **G** Subcutaneous Tissue and Fascia, Right Lower Arm **H** Subcutaneous Tissue and Fascia, Left Lower Arm **J** Subcutaneous Tissue and Fascia, Right Hand **K** Subcutaneous Tissue and Fascia, Left Hand **L** Subcutaneous Tissue and Fascia, Right Upper Leg	**0** Open **3** Percutaneous	**0** Drainage Device	**Z** No Qualifier

M Subcutaneous Tissue and Fascia, Left Upper Leg **N** Subcutaneous Tissue and Fascia, Right Lower Leg **P** Subcutaneous Tissue and Fascia, Left Lower Leg **Q** Subcutaneous Tissue and Fascia, Right Foot **R** Subcutaneous Tissue and Fascia, Left Foot			

Spinal ligament and bursa

Source	Description	Code specification
2014, Coding Clinic Editorial Advisory Board & CMS internal review	In the Ligaments and Bursae body system of the Medical and Surgical section, revise the title of body part value C from Trunk Bursa and Ligament, Right to Upper Spine Bursa and Ligament, revise the title of body part value D from Trunk Bursa and Ligament, Left to Lower Spine Bursa and Ligament, revise the title of body part value F from Thorax Bursa and Ligament, Right to Sternum Bursa and Ligament, and revise the title of body part value G from Thorax Bursa and Ligament, Left to Rib(s) Bursa and Ligament.	Revise 192 codes 0M^[CDFG]^^^

EXAMPLE

Section	**0** Medical and Surgical
Body System	**M** Bursae and Ligaments
Operation	**Q** Repair: Restoring, to the extent possible, a body part to its normal anatomic structure and function

Body Part	*Approach*	*Device*	*Qualifier*
0 Head and Neck Bursa and Ligament **1** Shoulder Bursa and Ligament, Right **2** Shoulder Bursa and Ligament, Left **3** Elbow Bursa and Ligament, Right **4** Elbow Bursa and Ligament, Left **5** Wrist Bursa and Ligament, Right **6** Wrist Bursa and Ligament, Left **7** Hand Bursa and Ligament, Right **8** Hand Bursa and Ligament, Left **9** Upper Extremity Bursa and Ligament, Right **B** Upper Extremity Bursa and Ligament, Left **REVISE from C** Trunk Bursa and	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**Z** No Qualifier

Ligament, Right **REVISE to C** Upper Spine Bursa and Ligament **REVISE from D** Trunk Bursa and Ligament, Left **REVISE to D** Lower Spine Bursa and Ligament **REVISE from F** Thorax Bursa and Ligament, Right **REVISE to F** Sternum Bursa and Ligament **REVISE from G** Thorax Bursa and Ligament, Left **REVISE to G** Rib(s) Bursa and Ligament **H** Abdomen Bursa and Ligament, Right **J** Abdomen Bursa and Ligament, Left **K** Perineum Bursa and Ligament **L** Hip Bursa and Ligament, Right **M** Hip Bursa and Ligament, Left **N** Knee Bursa and Ligament, Right **P** Knee Bursa and Ligament, Left **Q** Ankle Bursa and Ligament, Right **R** Ankle Bursa and Ligament, Left **S** Foot Bursa and Ligament, Right **T** Foot Bursa and Ligament, Left **V** Lower Extremity Bursa and Ligament, Right **W** Lower Extremity Bursa and Ligament, Left			

Rib body part

Source	Description	Code specification
2014, Coding Clinic 4Q p.26	In the Upper Bones body system of the Medical and Surgical section, revise the title of the body part value 1 from Rib, Right to Ribs, 1 to 2, and revise the title of body part value 2 from Rib, Left to Ribs, 3 or More, to differentiate between the same procedure performed on one or two ribs vs. three or more ribs.	Revise 178 codes 0P^[12]^^^

EXAMPLE

Section **0** Medical and Surgical *Body System* **P** Upper Bones *Operation* **S** Reposition: Moving to its normal location, or other suitable location, all or a portion of a body part			
Body Part	*Approach*	*Device*	*Qualifier*
0 Sternum	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**0** Internal Fixation Device, Rigid Plate **4** Internal Fixation Device **Z** No Device	**Z** No Qualifier
0 Sternum	**X** External	**Z** No Device	**Z** No Qualifier
REVISE from 1 Rib, Right **REVISE to 1** Ribs, 1 to 2 **REVISE from 2** Rib, Left **REVISE to 2** Ribs, 3 or More **3** Cervical Vertebra **4** Thoracic Vertebra **5** Scapula, Right **6** Scapula, Left **7** Glenoid Cavity, Right **8** Glenoid Cavity, Left **9** Clavicle, Right **B** Clavicle, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**4** Internal Fixation Device **Z** No Device	**Z** No Qualifier
REVISE from 1 Rib, Right **REVISE to 1** Ribs, 1 to 2 **REVISE from 2** Rib, Left **REVISE to 2** Ribs, 3 or More **3** Cervical Vertebra **4** Thoracic Vertebra **5** Scapula, Right **6** Scapula, Left **7** Glenoid Cavity, Right **8** Glenoid Cavity, Left **9** Clavicle, Right **B** Clavicle, Left	**X** External	**Z** No Device	**Z** No Qualifier

Carpometacarpal joint

Source	Description	Code specification
2015, public comment	In the Upper Joints body system of the Medical and Surgical section, revise the title of the body part value S from Metacarpocarpal Joint, Right, to Carpometacarpal Joint, Right, and the body part value T from Metacarpocarpal Joint, Left to Carpometacarpal Joint, Left, to be consistent with common usage. In addition, in the Lower Joints body system of the Medical and Surgical section, revise the title of the body part value K from Metatarsal-Tarsal Joint, Right to Tarsometatarsal Joint, Right, and revise the body part value L from Metatarsal-Tarsal Joint, Left to Tarsometatarsal Joint, Left.	Revise 296 codes 0R^[ST]^^^ Revise 296 codes 0S^[KL]^^^

EXAMPLE

Section	**0** Medical and Surgical
Body System	**R** Upper Joints
Operation	**U** Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Occipital-cervical Joint **1** Cervical Vertebral Joint **3** Cervical Vertebral Disc **4** Cervicothoracic Vertebral Joint **5** Cervicothoracic Vertebral Disc **6** Thoracic Vertebral Joint **9** Thoracic Vertebral Disc **A** Thoracolumbar Vertebral Joint **B** Thoracolumbar Vertebral Disc **C** Temporomandibular Joint, Right **D** Temporomandibular Joint, Left **E** Sternoclavicular Joint, Right **F** Sternoclavicular Joint, Left **G** Acromioclavicular Joint, Right **H** Acromioclavicular Joint, Left **J** Shoulder Joint, Right **K** Shoulder Joint, Left **L** Elbow Joint, Right **M** Elbow Joint, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier

N Wrist Joint, Right **P** Wrist Joint, Left **Q** Carpal Joint, Right **R** Carpal Joint, Left **REVISE from S** Metacarpocarpal Joint, Right **REVISE to S** Carpometacarpal Joint, Right **REVISE from T** Metacarpocarpal Joint, Left **REVISE to T** Carpometacarpal Joint, Left **U** Metacarpophalangeal Joint, Right **V** Metacarpophalangeal Joint, Left **W** Finger Phalangeal Joint, Right **X** Finger Phalangeal Joint, Left			

Pelvic cavity

Source	Description	Code specification
2015, Coding Clinic Editorial Advisory Board & CMS internal review	In the General Anatomical Regions body system of the Medical and Surgical section, revise the title of the body part value J from Pelvic Cavity to Pelvic Region to be consistent with common usage. Note: The qualifier J Pelvic Cavity in table 0W1 will also be revised to Pelvic Region. In addition, add body part value Pelvic Region to the root operations Excision, Repair, and Supplement, tables 0WB, 0WQ and 0WU to capture these procedures performed in soft tissue of the pelvic region.	Revise 85 codes 0W^J^^^ Revise 7 codes 0W1^^^J Add 0WBJ[034X]ZZ (4 codes) 0WQJ[034X]ZZ (4 codes) 0WUJ[04][7JK]Z (6 codes)

EXAMPLE

Section	**0** Medical and Surgical
Body System	**W** Anatomical Regions, General
Operation	**9** Drainage: Taking or letting out fluids and/or gases from a body part

Body Part	*Approach*	*Device*	*Qualifier*

0 Head **1** Cranial Cavity **2** Face **3** Oral Cavity and Throat **4** Upper Jaw **5** Lower Jaw **6** Neck **8** Chest Wall **9** Pleural Cavity, Right **B** Pleural Cavity, Left **C** Mediastinum **D** Pericardial Cavity **F** Abdominal Wall **G** Peritoneal Cavity **H** Retroperitoneum **REVISE from J** Pelvic Cavity **REVISE to J** Pelvic Region **K** Upper Back **L** Lower Back **M** Perineum, Male **N** Perineum, Female	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**0** Drainage Device	**Z** No Qualifier
0 Head **1** Cranial Cavity **2** Face **3** Oral Cavity and Throat **4** Upper Jaw **5** Lower Jaw **6** Neck **8** Chest Wall **9** Pleural Cavity, Right **B** Pleural Cavity, Left **C** Mediastinum **D** Pericardial Cavity **F** Abdominal Wall **G** Peritoneal Cavity **H** Retroperitoneum **REVISE from J** Pelvic Cavity **REVISE to J** Pelvic Region **K** Upper Back **L** Lower Back **M** Perineum, Male **N** Perineum, Female	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier

Section	**0** Medical and Surgical
Body System	**W** Anatomical Regions, General
Operation	**Q** Repair: Restoring, to the extent possible, a body part to its normal anatomic structure and function

Body Part	*Approach*	*Device*	*Qualifier*
0 Head **2** Face **4** Upper Jaw **5** Lower Jaw **8** Chest Wall **ADD J** Pelvic Region **K** Upper Back **L** Lower Back **M** Perineum, Male **N** Perineum, Female	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **X** External	**Z** No Device	**Z** No Qualifier

Medical and Surgical section
Axis 5 Approach

Percutaneous heart valve procedures

Source	**Description**	**Code specification**
2014, Coding Clinic Editorial Advisory Board & CMS internal review	In the Heart and Great Vessels body system of the Medical and Surgical section, add the approach value 3 Percutaneous to the root operation Replacement table 02R for the tricuspid valve body part value to capture detail for transcatheter valve replacement. Add the approach value 3 Percutaneous to the root operation Revision table 02W for the heart valve body parts, to capture detail for percutaneous revision of devices previously placed in the cardiac valves. In addition, add the approach value 3 Percutaneous to root operation Bypass table 021 for the body part value Atrium, Right, with the qualifier Atrium, Left to capture percutaneous septostomy procedures.	02RJ3[78JK][HZ] (8 codes) 02W[FGHJ]3[78JK]Z (16 codes) 02163Z7 (one code)

EXAMPLE

Section	**0** Medical and Surgical
Body System	**2** Heart and Great Vessels
Operation	**R** Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
F Aortic Valve **G** Mitral Valve **H** Pulmonary Valve **ADD J** Tricuspid Valve	**3** Percutaneous	**7** Autologous Tissue Substitute **8** Zooplastic Tissue **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**H** Transapical **Z** No Qualifier

EXAMPLE

Section	**0** Medical and Surgical
Body System	**2** Heart and Great Vessels
Operation	**W** Revision: Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device

Body Part	*Approach*	*Device*	*Qualifier*
F Aortic Valve **G** Mitral Valve **H** Pulmonary Valve **J** Tricuspid Valve	**0** Open **ADD 3** Percutaneous **4** Percutaneous Endoscopic	**7** Autologous Tissue Substitute **8** Zooplastic Tissue **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier

EXAMPLE

Section	**0** Medical and Surgical
Body System	**2** Heart and Great Vessels
Operation	**1** Bypass: Altering the route of passage of the contents of a tubular body part

Body Part	*Approach*	*Device*	*Qualifier*
6 Atrium, Right	**0** Open **4** Percutaneous Endoscopic	**8** Zooplastic Tissue **9** Autologous Venous Tissue **A** Autologous Arterial Tissue **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**P** Pulmonary Trunk **Q** Pulmonary Artery, Right **R** Pulmonary Artery, Left
6 Atrium, Right	**0** Open **4** Percutaneous Endoscopic	**Z** No Device	**7** Atrium, Left **P** Pulmonary Trunk **Q** Pulmonary Artery, Right **R** Pulmonary Artery, Left

6 Atrium, Right	**ADD 3** Percutaneous	**ADD Z** No Device	**ADD 7** Atrium, Left

Section 3 Administration

Percutaneous endoscopic administration

Source	Description	Code specification
2014, Coding Clinic Editorial Advisory Board & CMS internal review; 2015, Coding Clinic 2Q p.31	In section 3, Administration, add approach values 3 Percutaneous and 4 Percutaneous Endoscopic to the root operation Introduction table 3E0, for all axis 4 body region values that use substance value 5 Adhesion Barrier, to capture percutaneous and percutaneous endoscopic procedures where adhesion barrier substance is placed. In addition, add approach value 4 Percutaneous Endoscopic, for all axis 4 body region values that currently use approach value 8 Via Natural or Artificial Opening Endoscopic and substance value G Therapeutic Substance, to capture percutaneous endoscopic administration of a therapeutic substance, such as thoracoscopic talc pleurodesis.	3E0[LMP][34]5Z (6 codes) 3E0[EFGHJKNP]4GC (8 codes)

EXAMPLE

Section	**3** Administration
Body System	**E** Physiological Systems and Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System / Region	*Approach*	*Substance*	*Qualifier*
L Pleural Cavity **M** Peritoneal Cavity **P** Female Reproductive	**0** Open **ADD 3** Percutaneous **ADD 4** Percutaneous Endoscopic	**5** Adhesion Barrier	**Z** No Qualifier

EXAMPLE

Section	**3** Administration
Body System	**E** Physiological Systems and Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System / Region	*Approach*	*Substance*	*Qualifier*

E Products of Conception **F** Respiratory Tract **G** Upper GI **H** Lower GI **J** Biliary and Pancreatic Tract **K** Genitourinary Tract **N** Male Reproductive **P** Female Reproductive	**3** Percutaneous **ADD 4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**G** Other Therapeutic Substance	**C** Other Substance

Open insertion of IUD

Source	Description	Code specification
2016, public comment; 2013, Coding Clinic 2Q p.34	In the Female Reproductive body system of the Medical and Surgical section, add the approach value Open to the root operation Insertion table 0UH, for the body part value Uterus and the device value Contraceptive Device, to capture detail for open insertion of IUD after cesarean delivery.	0UH90HZ (one code)

EXAMPLE

Section	**0** Medical and Surgical
Body System	**U** Female Reproductive System
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	*Approach*	*Device*	*Qualifier*
9 Uterus	**ADD 0** Open **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**H** Contraceptive Device	**Z** No Qualifier

Transorifice esophageal vein banding

Source	Description	Code specification
2013, Coding Clinic EAB & CMS	In the Lower Veins body system of the Medical and Surgical section, add the approach values 7 Via Natural or Artificial Opening and 8 Via Natural or Artificial Opening Endoscopic to the	06L3[78][CDZ]Z (6 codes)

internal review	root operation Occlusion table 06L for the body part value Esophageal Vein, to capture detail for esophageal vein banding procedures that use transorifice approaches.	

EXAMPLE

Section **0** Medical and Surgical
Body System **6** Lower Veins
Operation **L** Occlusion: Completely closing an orifice or the lumen of a tubular body part

Body Part	*Approach*	*Device*	*Qualifier*
3 Esophageal Vein	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **ADD 7** Via Natural or Artificial Opening **ADD 8** Via Natural or Artificial Opening Endoscopic	**C** Extraluminal Device **D** Intraluminal Device **Z** No Device	**Z** No Qualifier

Transorifice endoscopic lymphatic procedures

Source	**Description**	**Code specification**
2013, Coding Clinic EAB & CMS internal review	In the Lymphatic and Hemic body system of the Medical and Surgical section, add the approach value 8 Via Natural or Artificial Opening Endoscopic to root operation tables 079 Drainage, 07D Extraction (see axis 3 proposal re extraction procedures for details) 07J Inspection and 07Q Repair for the lymphatic body part values, to capture detail for procedures that use the transorifice endoscopic approach.	079[0-L]80Z (19 codes) 079[0-L]8Z[XZ] (38 codes) 07D[0-L]8ZX (19 codes) 07JN8ZZ (one code) 07Q[0-L]8ZZ (19 codes)

EXAMPLE

Section **0** Medical and Surgical
Body System **7** Lymphatic and Hemic Systems
Operation **9** Drainage: Taking or letting out fluids and/or gases from a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Lymphatic, Head **1** Lymphatic, Right Neck **2** Lymphatic, Left Neck	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**0** Drainage Device	**Z** No Qualifier

3 Lymphatic, Right Upper Extremity **4** Lymphatic, Left Upper Extremity **5** Lymphatic, Right Axillary **6** Lymphatic, Left Axillary **7** Lymphatic, Thorax **8** Lymphatic, Internal Mammary, Right **9** Lymphatic, Internal Mammary, Left **B** Lymphatic, Mesenteric **C** Lymphatic, Pelvis **D** Lymphatic, Aortic **F** Lymphatic, Right Lower Extremity **G** Lymphatic, Left Lower Extremity **H** Lymphatic, Right Inguinal **J** Lymphatic, Left Inguinal **K** Thoracic Duct **L** Cisterna Chyli	**ADD 8** Via Natural or Artificial Opening Endoscopic		
0 Lymphatic, Head **1** Lymphatic, Right Neck **2** Lymphatic, Left Neck **3** Lymphatic, Right Upper Extremity **4** Lymphatic, Left Upper Extremity **5** Lymphatic, Right Axillary **6** Lymphatic, Left Axillary **7** Lymphatic, Thorax **8** Lymphatic, Internal Mammary, Right **9** Lymphatic, Internal Mammary, Left **B** Lymphatic, Mesenteric **C** Lymphatic, Pelvis **D** Lymphatic, Aortic **F** Lymphatic, Right Lower Extremity **G** Lymphatic, Left Lower Extremity **H** Lymphatic, Right	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **ADD 8** Via Natural or Artificial Opening Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier

Inguinal **J** Lymphatic, Left Inguinal **K** Thoracic Duct **L** Cisterna Chyli			

Transorifice endoscopic ENS procedures

Source	Description	Code specification
2013, Coding Clinic EAB & CMS internal review; 2016, public comment	In the Ear, Nose, Sinus body system of the Medical and Surgical section, add the approach value 8 Via Natural or Artificial Opening Endoscopic to the root operations Destruction, Drainage, Excision, Extirpation, Inspection, Release, Repair, Resection and Supplement, for the applicable ear, nose and sinus body part values, to capture detail for endoscopic procedures. In addition, add the approach value 7 Via Natural or Artificial Opening and 8 Via Natural or Artificial Opening Endoscopic to the root operation Drainage table 099, to all body part values that currently lack this approach value, to capture detail for transorifice drainage procedures such as myringotomy to drain the middle ear.	095^8ZZ (19 codes) 099^[78]0Z (38 codes) 099^[78]Z[XZ] (76 codes) 09B^8Z[XZ] (38 codes) 09J[DEKY]8ZZ (4 codes) 09N^8ZZ (19 codes) 09Q^8ZZ (19 codes) 09Q^8ZZ (19 codes) 09T^8ZZ (19 codes) 09U^8[7JK]Z (24 codes)

EXAMPLE

Section **0** Medical and Surgical
Body System **9** Ear, Nose, Sinus
Operation **B** Excision: Cutting out or off, without replacement, a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 External Ear, Right **1** External Ear, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **X** External	**Z** No Device	**X** Diagnostic **Z** No Qualifier
3 External Auditory Canal, Right **4** External Auditory Canal, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening	**Z** No Device	**X** Diagnostic **Z** No Qualifier

	Endoscopic **X** External		
5 Middle Ear, Right **6** Middle Ear, Left **9** Auditory Ossicle, Right **A** Auditory Ossicle, Left **D** Inner Ear, Right **E** Inner Ear, Left	**0** Open **ADD 7** Via Natural or Artificial Opening **ADD 8** Via Natural or Artificial Opening Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier
7 Tympanic Membrane, Right **8** Tympanic Membrane, Left **F** Eustachian Tube, Right **G** Eustachian Tube, Left **L** Nasal Turbinate **N** Nasopharynx	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier
B Mastoid Sinus, Right **C** Mastoid Sinus, Left **M** Nasal Septum **P** Accessory Sinus **Q** Maxillary Sinus, Right **R** Maxillary Sinus, Left **S** Frontal Sinus, Right **T** Frontal Sinus, Left **U** Ethmoid Sinus, Right **V** Ethmoid Sinus, Left **W** Sphenoid Sinus, Right **X** Sphenoid Sinus, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **ADD 7** Via Natural or Artificial Opening **ADD 8** Via Natural or Artificial Opening Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier
K Nose	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **ADD 7** Via Natural or Artificial Opening **ADD 8** Via Natural or Artificial Opening Endoscopic **X** External	**Z** No Device	**X** Diagnostic **Z** No Qualifier

Transorifice endoscopic respiratory procedures

Source	Description	Code specification
2013, Coding Clinic EAB & CMS	In the Respiratory body system of the Medical and Surgical section, add the approach value 8 Via Natural or Artificial Opening Endoscopic to the root operations Drainage, Excision, and Supplement, for the applicable respiratory body	0B9[NPRS]80Z (4 codes) 0B9[NPRS]8Z[XZ] (8 codes) 0BB[NPRS]8Z[XZ] (8 codes)

internal review	part values, to capture detail for endoscopic procedures.	0BU^8[7JK]Z (36 codes)

EXAMPLE

Section **0** Medical and Surgical
Body System **B** Respiratory System
Operation **U** Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
1 Trachea **2** Carina **3** Main Bronchus, Right **4** Upper Lobe Bronchus, Right **5** Middle Lobe Bronchus, Right **6** Lower Lobe Bronchus, Right **7** Main Bronchus, Left **8** Upper Lobe Bronchus, Left **9** Lingula Bronchus **B** Lower Lobe Bronchus, Left **R** Diaphragm, Right **S** Diaphragm, Left	**0** Open **4** Percutaneous Endoscopic **ADD 8** Via Natural or Artificial Opening Endoscopic	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier

Transorifice endoscopic hepatobiliary procedures

Source	**Description**	**Code specification**
2014, Coding Clinic Editorial Advisory Board & CMS internal review	In the Hepatobiliary and Pancreas body system of the Medical and Surgical section, add the approach value 8 Via Natural or Artificial Opening Endoscopic to the root operations Destruction, Drainage, Excision, Extirpation, Inspection, Release, Repair, and Supplement, for the body part values Gallbladder and Pancreas, to capture detail for procedures on the gallbladder	0F[59BCJNQU][4G]8^^ (20 codes)

	and pancreas that use the transorifice endoscopic approach. In addition, add the approach value 8 Via Natural or Artificial Opening Endoscopic to the root operation tables 0FR Replacement, 0FS Reposition, and 0FU Supplement, for all body part values currently in the tables, to capture detail for procedures that use the transorifice endoscopic approach.	0F[RU]^8^Z (42 codes)

EXAMPLE

Section	**0** Medical and Surgical
Body System	**F** Hepatobiliary System and Pancreas
Operation	**9** Drainage: Taking or letting out fluids and/or gases from a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Liver **1** Liver, Right Lobe **2** Liver, Left Lobe	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**0** Drainage Device	**Z** No Qualifier
0 Liver **1** Liver, Right Lobe **2** Liver, Left Lobe	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier
4 Gallbladder **G** Pancreas	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **ADD 8** Via Natural or Artificial Opening Endoscopic	**0** Drainage Device	**Z** No Qualifier
4 Gallbladder **G** Pancreas	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **ADD 8** Via Natural or Artificial Opening Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier
5 Hepatic Duct, Right **6** Hepatic Duct, Left **8** Cystic Duct **9** Common Bile Duct **C** Ampulla of Vater **D** Pancreatic Duct **F** Pancreatic Duct, Accessory	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**0** Drainage Device	**Z** No Qualifier

5 Hepatic Duct, Right **6** Hepatic Duct, Left **8** Cystic Duct **9** Common Bile Duct **C** Ampulla of Vater **D** Pancreatic Duct **F** Pancreatic Duct, Accessory	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier

EXAMPLE

Section **0** Medical and Surgical *Body System* **F** Hepatobiliary System and Pancreas *Operation* **U** Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part			
Body Part	*Approach*	*Device*	*Qualifier*
5 Hepatic Duct, Right **6** Hepatic Duct, Left **8** Cystic Duct **9** Common Bile Duct **C** Ampulla of Vater **D** Pancreatic Duct **F** Pancreatic Duct, Accessory	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **ADD 8** Via Natural or Artificial Opening Endoscopic	**7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier

Transorifice reproductive system procedures

Source	Description	Code specification
2016, Coding Clinic 1Q p.9; 2016, Coding Clinic 1Q p.23	In the Female Reproductive body system of the Medical and Surgical section, add the approach value 8 Via Natural or Artificial Opening Endoscopic to the root operations Destruction, Drainage, Excision, Extirpation, Inspection, Release, Repair, and Reposition, for the applicable body part values, to capture detail for procedures that use the transorifice endoscopic approach. Add the approach value 7 Via Natural or Artificial Opening to the root operation Reposition for the uterus and vagina body part	0U[59CJNQS]^8^^ (42 codes) 0US[9G]7ZZ (2 codes)

	values, to capture transorifice reposition procedures such as bimanual reposition of uterus. In the Male Reproductive body system of the Medical and Surgical section, add the approach value 8 Via Natural or Artificial Opening Endoscopic to the root operations Destruction, Excision, Inspection, Occlusion, Release, Repair, Reposition and Supplement, for the applicable body part values, to capture detail for endoscopic procedures such as cystoscopic excision of the vas deferens.	0V[5BLNQSU]^8^^ (111 codes)

EXAMPLE

Section **0** Medical and Surgical
Body System **U** Female Reproductive System
Operation **5** Destruction: Physical eradication of all or a portion of a body part by the direct use of energy, force, or a destructive agent

Body Part	*Approach*	*Device*	*Qualifier*
0 Ovary, Right **1** Ovary, Left **2** Ovaries, Bilateral **4** Uterine Supporting Structure	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **ADD 8** Via Natural or Artificial Opening Endoscopic	**Z** No Device	**Z** No Qualifier

EXAMPLE

Section **0** Medical and Surgical
Body System **V** Male Reproductive System
Operation **B** Excision: Cutting out or off, without replacement, a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
F Spermatic Cord, Right **G** Spermatic Cord, Left **H** Spermatic Cords, Bilateral **J** Epididymis, Right **K** Epididymis, Left **L** Epididymis, Bilateral **N** Vas Deferens, Right **P** Vas Deferens, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **ADD 8** Via Natural or Artificial Opening Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier

Q Vas Deferens, Bilateral			

Laparoscopic-assisted intestinal pull-through

Source	Description	Code specification
2015, Coding Clinic EAB & CMS internal review; 2016, Coding Clinic 1Q p.22	In the Gastrointestinal body system of the Medical and Surgical section, add the approach value F Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance to the root operations Excision and Resection, tables 0DB and 0DT, for the left colon body part values Large Intestine, Left, Transverse Colon, Descending Colon, and Sigmoid Colon, to capture detail for laparoscopic-assisted intestinal pull-through procedures.	0DB[GLMN]FZZ (4 codes) 0DT[GLMN]FZZ (4 codes)

EXAMPLE

Section	**0** Medical and Surgical
Body System	**D** Gastrointestinal System
Operation	**T** Resection: Cutting out or off, without replacement, all of a body part

Body Part	*Approach*	*Device*	*Qualifier*
G Large Intestine, Left **L** Transverse Colon **M** Descending Colon **N** Sigmoid Colon	**0** Open **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic **ADD F** Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance	**Z** No Device	**Z** No Qualifier

Manual reduction of hernia

Source	Description	Code specification
2014, Coding Clinic EAB & CMS internal review	In the Gastrointestinal body system of the Medical and Surgical section, add the approach value X External to the root operation Reposition tables 0DS, for the body part values Large Intestine and Small Intestine, to capture detail for manual reduction of hernia.	0DS[8E]XZZ (2 codes)

EXAMPLE

Section	**0** Medical and Surgical
Body System	**D** Gastrointestinal System
Operation	**S** Reposition: Moving to its normal location, or other suitable location, all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
5 Esophagus **6** Stomach **9** Duodenum **A** Jejunum **B** Ileum **H** Cecum **K** Ascending Colon **L** Transverse Colon **M** Descending Colon **N** Sigmoid Colon **P** Rectum **Q** Anus	**0** Open **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic **X** External	**Z** No Device	**Z** No Qualifier
ADD 8 Small Intestine **ADD E** Large Intestine	**ADD X** External	**ADD Z** No Device	**ADD Z** No Qualifier

Section 4 Measurement and Monitoring

Transorifice measurement and monitoring procedures

Source	**Description**	**Code specification**
2013, Coding Clinic Editorial Advisory Board & CMS internal review	In section 4 Measurement and Monitoring, add the approach values 7 Via Natural or Artificial Opening and 8 Via Natural or Artificial Opening Endoscopic for the axis 4 body system values Central Nervous, Peripheral Nervous, Cardiac, and Lymphatic, to capture detail for measurement and monitoring procedures that use a transorifice approach. In addition, add the approach value 8 Via Natural or Artificial Opening Endoscopic for the axis 4 body system value Urinary, to capture detail for	4A[01][0126][78]^^ (68 codes) 4A[01]D8^Z (10 codes)

	measurement and monitoring procedures that use the transorifice endoscopic approach.	

EXAMPLE

Section **4** Measurement and Monitoring *Body System* **A** Physiological Systems *Operation* **1** Monitoring: Determining the level of a physiological or physical function repetitively over a period of time			
Body System	*Approach*	*Function / Device*	*Qualifier*
0 Central Nervous	**3** Percutaneous **7** Via Natural or Artificial Opening **ADD 8** Via Natural or Artificial Opening Endoscopic	**4** Electrical Activity	**G** Intraoperative **Z** No Qualifier
0 Central Nervous	**3** Percutaneous **7** Via Natural or Artificial Opening **ADD 8** Via Natural or Artificial Opening Endoscopic	**B** Pressure **K** Temperature **R** Saturation	**D** Intracranial

EXAMPLE

Section **4** Measurement and Monitoring *Body System* **A** Physiological Systems *Operation* **0** Measurement: Determining the level of a physiological or physical function at a point in time			
Body System	*Approach*	*Function / Device*	*Qualifier*
D Urinary	**7** Via Natural or Artificial Opening **ADD 8** Via Natural or Artificial Opening Endoscopic	**3** Contractility **5** Flow **B** Pressure **D** Resistance **L** Volume	**Z** No Qualifier

Medical and Surgical section
Axis 6 Device

Nerve substitutes

Source	Description	Code specification
2013, Coding Clinic EAB & CMS	In the body system Central Nervous and Peripheral Nervous body systems of the Medical and Surgical section, add the device	00U^[034][JK]Z (81 codes) 01U^[034][JK]Z (78 codes)

internal review; 2015, public comment	values Synthetic Substitute and Nonautologous Tissue Substitute to the root operation Supplement table 00U and 01U for all applicable body part values.	

EXAMPLE

Section **0** Medical and Surgical
Body System **0** Central Nervous System
Operation **U** Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
1 Cerebral Meninges **ADD 6** Cerebral Ventricle **2** Dura Mater **T** Spinal Meninges **F** Olfactory Nerve **G** Optic Nerve **H** Oculomotor Nerve **J** Trochlear Nerve **K** Trigeminal Nerve **L** Abducens Nerve **M** Facial Nerve **N** Acoustic Nerve **P** Glossopharyngeal Nerve **Q** Vagus Nerve **R** Accessory Nerve **S** Hypoglossal Nerve	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**7** Autologous Tissue Substitute **ADD J** Synthetic Substitute **ADD K** Nonautologous Tissue Substitute	**Z** No Qualifier

Intraluminal device

Source	**Description**	**Code specification**
2013, Coding Clinic Editorial Advisory Board & CMS internal review	Add the device value D Intraluminal Device to the root operation Supplement tables for body systems and applicable body part values that use the device value D Intraluminal Device. In addition, delete the device value D Intraluminal Device from the root operation Insertion tables.	0[23456]U^^DZ (402 codes) 08U[XY]^DZ (8 codes) 0[BCDF]U^^DZ (178 codes) 0[TU]U^^DZ (45 codes) 0[23456BDF]H^^D^ (443 codes)

EXAMPLE

Section **0** Medical and Surgical *Body System* **3** Upper Arteries *Operation* **U** Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part			
Body Part	*Approach*	*Device*	*Qualifier*
0 Internal Mammary Artery, Right **1** Internal Mammary Artery, Left **2** Innominate Artery **3** Subclavian Artery, Right **4** Subclavian Artery, Left **5** Axillary Artery, Right **6** Axillary Artery, Left **7** Brachial Artery, Right **8** Brachial Artery, Left **9** Ulnar Artery, Right **A** Ulnar Artery, Left **B** Radial Artery, Right **C** Radial Artery, Left **D** Hand Artery, Right **F** Hand Artery, Left **G** Intracranial Artery **H** Common Carotid Artery, Right **J** Common Carotid Artery, Left **K** Internal Carotid Artery, Right **L** Internal Carotid Artery, Left **M** External Carotid Artery, Right **N** External Carotid Artery, Left **P** Vertebral Artery, Right **Q** Vertebral Artery, Left **R** Face Artery **S** Temporal Artery, Right **T** Temporal Artery, Left **U** Thyroid Artery, Right **V** Thyroid Artery, Left **Y** Upper Artery	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**7** Autologous Tissue Substitute **ADD D** Intraluminal Device **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier

EXAMPLE

Section **0** Medical and Surgical *Body System* **B** Respiratory System *Operation* **U** Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part			
Body Part	*Approach*	*Device*	*Qualifier*
1 Trachea **2** Carina **3** Main Bronchus, Right **4** Upper Lobe Bronchus, Right **5** Middle Lobe Bronchus, Right **6** Lower Lobe Bronchus, Right **7** Main Bronchus, Left **8** Upper Lobe Bronchus, Left **9** Lingula Bronchus **B** Lower Lobe Bronchus, Left **R** Diaphragm, Right **S** Diaphragm, Left	**0** Open **4** Percutaneous Endoscopic **ADD 8** Via Natural or Artificial Opening Endoscopic	**7** Autologous Tissue Substitute **ADD D** Intraluminal Device **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier

EXAMPLE

Section **0** Medical and Surgical *Body System* **T** Urinary System *Operation* **U** Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part			
Body Part	*Approach*	*Device*	*Qualifier*
3 Kidney Pelvis, Right **4** Kidney Pelvis, Left **6** Ureter, Right **7** Ureter, Left **B** Bladder **C** Bladder Neck	**0** Open **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**7** Autologous Tissue Substitute **ADD D** Intraluminal Device **J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**Z** No Qualifier
D Urethra	**0** Open **4** Percutaneous Endoscopic **7** Via Natural or Artificial	**7** Autologous Tissue Substitute **ADD D** Intraluminal Device	**Z** No Qualifier

	Opening **8** Via Natural or Artificial Opening Endoscopic **X** External	**J** Synthetic Substitute **K** Nonautologous Tissue Substitute	

Other device

Source	Description	Code specification
2015, CMS internal review	In the Medical and Surgical section, add Device value Y Other Device to the root operations Insertion, Removal, and Revision, to applicable body part values.	0[01][HPW]^^^YZ (66 codes) 02[HPW]^^YZ (54 codes) 0[3456][HPW]Y[034]YZ (36 codes) 0[789][HPW]^^YZ (141 codes) 0[BCDFG][HPW]^^YZ (242 codes) 0[HJKLM][HPW]^^YZ (315 codes) 0[TUV][HPW]^^YZ (310 codes)

EXAMPLE

Section	**0** Medical and Surgical
Body System	**0** Central Nervous System
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Brain **6** Cerebral Ventricle **E** Cranial Nerve **U** Spinal Canal **V** Spinal Cord	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**2** Monitoring Device **3** Infusion Device **M** Neurostimulator Lead **ADD Y** Other Device	**Z** No Qualifier

EXAMPLE

Section	**0** Medical and Surgical
Body System	**2** Heart and Great Vessels
Operation	**H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	*Approach*	*Device*	*Qualifier*

4 Coronary Vein **6** Atrium, Right **7** Atrium, Left **K** Ventricle, Right **L** Ventricle, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**0** Monitoring Device, Pressure Sensor **2** Monitoring Device **3** Infusion Device **DELETED D** Intraluminal Device **J** Cardiac Lead, Pacemaker **K** Cardiac Lead, Defibrillator **M** Cardiac Lead **ADD Y** Other Device	**Z** No Qualifier
A Heart	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Q** Implantable Heart Assist System **ADD Y** Other Device	**Z** No Qualifier
A Heart	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**R** External Heart Assist System	**S** Biventricular **Z** No Qualifier
N Pericardium	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**0** Monitoring Device, Pressure Sensor **2** Monitoring Device **J** Cardiac Lead, Pacemaker **K** Cardiac Lead, Defibrillator **M** Cardiac Lead **ADD Y** Other Device	**Z** No Qualifier
P Pulmonary Trunk **Q** Pulmonary Artery, Right **R** Pulmonary Artery, Left **S** Pulmonary Vein, Right **T** Pulmonary Vein, Left **V** Superior Vena Cava **W** Thoracic Aorta	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**0** Monitoring Device, Pressure Sensor **2** Monitoring Device **3** Infusion Device **DELETED D** Intraluminal Device **ADD Y** Other Device	**Z** No Qualifier

Vascular access reservoir

Source	Description	Code specification
2013, Coding Clinic EAB & CMS	In the Subcutaneous Tissue and Fascia body system of the Medical and Surgical section, revise the title of the device value X from Vascular Access Device to Vascular Access Device, Totally Implantable, and the device value W from Vascular Access Device, Reservoir to Vascular	0J[HPW]^^[WX]Z (73 codes)

internal review	Access Device, Tunneled, to be consistent with common usage and to capture detail for implantation of tunneled vascular catheter.	

EXAMPLE

Section **0** Medical and Surgical
Body System **J** Subcutaneous Tissue and Fascia
Operation **H** Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	*Approach*	*Device*	*Qualifier*
6 Subcutaneous Tissue and Fascia, Chest **8** Subcutaneous Tissue and Fascia, Abdomen **D** Subcutaneous Tissue and Fascia, Right Upper Arm **F** Subcutaneous Tissue and Fascia, Left Upper Arm **G** Subcutaneous Tissue and Fascia, Right Lower Arm **H** Subcutaneous Tissue and Fascia, Left Lower Arm **L** Subcutaneous Tissue and Fascia, Right Upper Leg **M** Subcutaneous Tissue and Fascia, Left Upper Leg **N** Subcutaneous Tissue and Fascia, Right Lower Leg **P** Subcutaneous Tissue and Fascia, Left Lower Leg	**0** Open **3** Percutaneous	**REVISE from W** Vascular Access Device, Reservoir **REVISE to W** Vascular Access Device, Tunneled **REVISE from X** Vascular Access Device **REVISE to X** Vascular Access Device, Totally Implantable	**Z** No Qualifier

Branched and Fenestrated Intraluminal Device

Source	Description	Code specification
CMS internal review	Device value Branched or Fenestrated Intraluminal Device, Three or More Arteries, was applied to the common iliac body part values in root operation Restriction table 04V for the FY2017. This value was not included in the C&M proposal, and was unintentionally added.	04V[CD][034]FZ (6 codes)

Section 3 Administration

Axis 6 Substance value

Medical induction of labor

Source	Description	Code specification
2013, Coding Clinic EAB & CMS internal review	In section 3, Administration, add substance value Hormone for the axis 4 body region value Female Reproductive in the root operation Introduction table 3E0, to capture detail for administration of substances for medical induction of labor.	3E0P[37]VZ (2 codes)

EXAMPLE

Section	**3** Administration
Body System	**E** Physiological Systems and Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System / Region	*Approach*	*Substance*	*Qualifier*
P Female Reproductive	**3** Percutaneous **7** Via Natural or Artificial Opening	**3** Anti-inflammatory **6** Nutritional Substance **7** Electrolytic and Water Balance Substance **B** Local Anesthetic **H** Radioactive Substance **K** Other Diagnostic Substance **L** Sperm **N** Analgesics, Hypnotics, Sedatives **T** Destructive Agent **ADD V** Hormone	**Z** No Qualifier

Anesthetic substance

Source	Description	Code specification

2015, Coding Clinic EAB & CMS internal review	In section 3, Administration, revise the title of the substance value B from Local Anesthetic to Anesthetic Agent. In addition, delete the substance values C Regional Anesthetic and D Inhalation Anesthetic.	Revise 3E0^^BZ (50 codes) Delete 3E0^^[CD]Z (6 codes)

EXAMPLE

Section	**3** Administration
Body System	**E** Physiological Systems and Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System / Region	*Approach*	*Substance*	*Qualifier*
0 Skin and Mucous Membranes	**X** External	**REVISE from B** Local Anesthetic **REVISE to B** Anesthetic Agent	**Z** No Qualifier
1 Subcutaneous Tissue **2** Muscle **L** Pleural Cavity **M** Peritoneal Cavity **Q** Cranial Cavity and Brain **U** Joints **V** Bones **W** Lymphatics **Y** Pericardial Cavity	**3** Percutaneous	**REVISE from B** Local Anesthetic **REVISE to B** Anesthetic Agent	**Z** No Qualifier
9 Nose **B** Ear **C** Eye **D** Mouth and Pharynx	**3** Percutaneous **7** Via Natural or Artificial Opening **X** External	**REVISE from B** Local Anesthetic **REVISE to B** Anesthetic Agent	**Z** No Qualifier
E Products of Conception **G** Upper GI **H** Lower GI **J** Biliary and Pancreatic Tract **K** Genitourinary Tract **N** Male Reproductive **P** Female Reproductive	**3** Percutaneous **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**REVISE from B** Local Anesthetic **REVISE to B** Anesthetic Agent	**Z** No Qualifier
F Respiratory Tract	**3** Percutaneous	**REVISE from B** Local Anesthetic **REVISE to B** Anesthetic Agent	**Z** No Qualifier

F Respiratory Tract	**7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**REVISE from B** Local Anesthetic **REVISE to B** Anesthetic Agent **DELETE D** Inhalation Anesthetic	**Z** No Qualifier
R Spinal Canal **S** Epidural Space **T** Peripheral Nerves and Plexi **X** Cranial Nerves	**3** Percutaneous	**REVISE from B** Local Anesthetic **REVISE to B** Anesthetic Agent **DELETE C** Regional Anesthetic	**Z** No Qualifier

Medical and Surgical section
Axis 7 Qualifier

Left to right carotid bypass

Source	Description	Code specification
2014, Coding Clinic Editorial Advisory Board & CMS internal review	In the Upper Arteries body system of the Medical and Surgical section, add the qualifier value Extracranial Artery, Right to the root operation Bypass table 031, for the body part values Common Carotid Artery, Left, Internal Carotid Artery, Left and External Carotid Artery, Left. In addition, add the qualifier value Extracranial Artery, Left to root operation Bypass table 031, for the body part values Common Carotid Artery, Right, Internal Carotid Artery, Right, and External Carotid Artery, Right. These changes will enable capture of detail for carotid bypass procedures that extend from the left to the right side and vice versa.	031[HKM]0^K (15 codes) 031[JLN]0^J (15 codes)

EXAMPLE

Section **0** Medical and Surgical *Body System* **3** Upper Arteries *Operation* **1** Bypass: Altering the route of passage of the contents of a tubular body part			
Body Part	*Approach*	*Device*	*Qualifier*
H Common Carotid Artery, Right **K** Internal Carotid	**0** Open	**9** Autologous Venous Tissue **A** Autologous Arterial Tissue	**ADD K** Extracranial Artery, Left

Artery, Right **M** External Carotid Artery, Right		**J** Synthetic Substitute **K** Nonautologous Tissue Substitute **Z** No Device	
J Common Carotid Artery, Left **L** Internal Carotid Artery, Left **N** External Carotid Artery, Left	**0** Open	**9** Autologous Venous Tissue **A** Autologous Arterial Tissue **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **Z** No Device	**ADD J** Extracranial Artery, Right

Aorto-axillary bypass

Source	Description	Code specification
2016, public comment	In the Heart and Great Vessels body system of the Medical and Surgical section, create new qualifier values Axillary Artery and Brachial Artery, and add to the root operation Bypass table 021, for the body part value Thoracic Aorta, to capture detail for the aorto-axillary and aorto-brachial bypass procedures.	021W0[JK][GH] (4 codes)

EXAMPLE

Section **0** Medical and Surgical
Body System **2** Heart and Great Vessels
Operation **1** Bypass: Altering the route of passage of the contents of a tubular body part

Body Part	*Approach*	*Device*	*Qualifier*
W Thoracic Aorta, Descending	**0** Open	**9** Autologous Venous Tissue **A** Autologous Arterial Tissue **Z** No Device	**B** Subclavian **D** Carotid **P** Pulmonary Trunk **Q** Pulmonary Artery, Right **R** Pulmonary Artery, Left
W Thoracic Aorta, Descending	**0** Open	**J** Synthetic Substitute **K** Nonautologous Tissue Substitute	**B** Subclavian **D** Carotid **ADD G** Axillary Artery **ADD H** Brachial Artery **P** Pulmonary Trunk **Q** Pulmonary Artery, Right **R** Pulmonary Artery, Left

Superior Vena Cava dialysis access

Source	Description	Code specification
2015, Coding Clinic Editorial Advisory Board & CMS internal review	In the Upper Arteries body system of the Medical and Surgical section, create new qualifier value Superior Vena Cava, and add to the root operation Bypass table 031, for the body part values 5 Axillary Artery, Right, 6 Axillary Artery, Left, 7 Brachial Artery, Right and 8 Brachial Artery, Left, to capture detail for dialysis access procedures that connect directly to the Superior Vena Cava, such as the HerO dialysis access device.	031[5678]0^V (20 codes)

EXAMPLE

Section **0** Medical and Surgical
Body System **3** Upper Arteries
Operation **1** Bypass: Altering the route of passage of the contents of a tubular body part

Body Part	*Approach*	*Device*	*Qualifier*
5 Axillary Artery, Right **6** Axillary Artery, Left	**0** Open	**9** Autologous Venous Tissue **A** Autologous Arterial Tissue **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **Z** No Device	**0** Upper Arm Artery, Right **1** Upper Arm Artery, Left **2** Upper Arm Artery, Bilateral **3** Lower Arm Artery, Right **4** Lower Arm Artery, Left **5** Lower Arm Artery, Bilateral **6** Upper Leg Artery, Right **7** Upper Leg Artery, Left **8** Upper Leg Artery, Bilateral **9** Lower Leg Artery, Right **B** Lower Leg Artery, Left **C** Lower Leg Artery, Bilateral **D** Upper Arm Vein **F** Lower Arm Vein **J** Extracranial Artery, Right **K** Extracranial Artery, Left **ADD V** Superior Vena Cava
7 Brachial Artery, Right	**0** Open	**9** Autologous Venous Tissue **A** Autologous Arterial Tissue **J** Synthetic Substitute **K** Nonautologous Tissue	**0** Upper Arm Artery, Right **3** Lower Arm Artery, Right **D** Upper Arm Vein **F** Lower Arm Vein

		Substitute **Z** No Device	**ADD V** Superior Vena Cava
8 Brachial Artery, Left	**0** Open	**9** Autologous Venous Tissue **A** Autologous Arterial Tissue **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **Z** No Device	**1** Upper Arm Artery, Left **4** Lower Arm Artery, Left **D** Upper Arm Vein **F** Lower Arm Vein **ADD V** Superior Vena Cava

Portal to hepatic shunt

Source	Description	Code specification
CMS internal review	In the Lower Veins body system of the Medical and Surgical section, create new qualifier value Hepatic Vein and add to the root operation Bypass table 061, for the body part value Portal Vein, with the approach values Percutaneous and Percutaneous Endoscopic, and the device value Synthetic Substitute, to capture detail for the TIPS procedure. In addition, delete the codes 0618[34]DY Bypass Portal Vein to Lower Vein with Intraluminal Device, Percutaneous/Percutaneous Endoscopic Approach from the ICD-10-PCS.	Add 06183J[4Y] (2 codes) 06184J4 (one code) Delete 0618[34]DY (2 codes)

EXAMPLE

Section **0** Medical and Surgical *Body System* **6** Lower Veins *Operation* **1** Bypass: Altering the route of passage of the contents of a tubular body part			
Body Part	*Approach*	*Device*	*Qualifier*
8 Portal Vein	**ADD 3** Percutaneous	**ADD J** Synthetic Substitute	**ADD 4** Hepatic Vein **ADD Y** Lower Vein
8 Portal Vein	**4** Percutaneous Endoscopic	**J** Synthetic Substitute	**ADD 4** Hepatic Vein **9** Renal Vein, Right **B** Renal Vein, Left **Y** Lower Vein

TRAM flap qualifiers

Source	Description	Code specification
2013, Coding Clinic Editorial Advisory Board & CMS internal review	In the Muscles body system of the Medical and Surgical section, create new qualifier value Latissimus Dorsi Myocutaneous Flap, Deep Inferior Epigastric Artery Perforator Flap, Superficial Inferior Epigastric Artery Flap, and Gluteal Artery Perforator Flap, for the root operation Transfer table 0KX, applied to the body part values F Trunk Muscle, Right and G Trunk Muscle, Left. These changes enable capture of additional detail for pedicle flap transfer procedures.	0KX[FG]^Z[5789] (16 codes)

EXAMPLE

Section	**0** Medical and Surgical
Body System	**K** Muscles
Operation	**X** Transfer: Moving, without taking out, all or a portion of a body part to another location to take over the function of all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
F Trunk Muscle, Right **G** Trunk Muscle, Left	**0** Open **4** Percutaneous Endoscopic	**Z** No Device	**0** Skin **1** Subcutaneous Tissue **2** Skin and Subcutaneous Tissue **ADD 5** Latissimus Dorsi Myocutaneous Flap **ADD 7** Deep Inferior Epigastric Artery Perforator Flap **ADD 8** Superficial Inferior Epigastric Artery Flap **ADD 9** Gluteal Artery Perforator Flap **Z** No Qualifier

Supracervical hysterectomy

Source	Description	Code specification
2014, Coding Clinic EAB & CMS internal review	In the Female Reproductive body system of the Medical and Surgical section, create new qualifier value Supracervical and add to the root operation Resection table 0UT for the body part value Uterus, to capture supracervical (partial) hysterectomy.	0UT9^ZL (5 codes)

EXAMPLE

Section	**0** Medical and Surgical
Body System	**U** Female Reproductive System
Operation	**T** Resection: Cutting out or off, without replacement, all of a body part

Body Part	*Approach*	*Device*	*Qualifier*
9 Uterus	**0** Open **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic **F** Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance	**Z** No Device	**ADD L** Supracervical **Z** No Qualifier

Section 1 Obstetrics

Manual extraction of retained POC

Source	Description	Code specification
CMS internal review	In the Obstetrics section, create new qualifier value Manual and add to the root operation Extraction table 10D for the body part value Products of Conception, Retained, to capture manual removal of retained placenta.	10D1[78]Z9 (two codes)

EXAMPLE

Section	**1** Obstetrics
Body System	**0** Pregnancy
Operation	**D** Extraction: Pulling or stripping out or off all or a portion of a body part by the use of force

Body Part	*Approach*	*Device*	*Qualifier*
1 Products of Conception, Retained	**7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**Z** No Device	**ADD 9** Manual **Z** No Qualifier