



ICD-10 PCS Documentation Tips

The following are important documentation tips and strategies for ICD-10 compliance.

- ICD-10 PCS applies only to Inpatient (IP) Procedures.
- Coders will create the ICD-10 PCS code based on the documentation of the services provides.
- There are seven parts to the new ICD-10 PCS codes
 - Each IP procedure note should address the seven aspects of the code (if applicable) to allow for appropriate coding.

Section	Numbers 0-9 A 0 (zero) represents the Medical and Surgical section, which contains the majority of operations and procedures typically performed in an inpatient setting.
Body System	Detail the location and site of the procedure with the required specificity.
Root Operation	Objective of the surgery – be clear on the true objective of the procedure.
Body Part	Targeted specific body part with laterality .
Approach	Technique used to reach the site of the procedure.
Device	Any device that remains after the procedure. Examples: Skin Graft, IUD, Radioactive Implant, Cardiac Defibrillator

Qualifier	Additional information about procedures and the work performed. Examples: Intent – Diagnostic vs Therapeutic, Joints – Cemented vs uncemented, Thickness of replacement, Amputations – The level (e.g., low, mid, high), Skin – Thickness of replacement, Type of flap Note – not all procedures have qualifiers.
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ACRONYM for remembering what's important for operative/procedure notes for ICD-10 PCS:

Susie Buys Root Beer At Dairy Queen

- Section
- Body System
- Root Operation
- Body Part
- Approach
- Device
- Qualifier

Reference:

Precyse University Module – Documenting in ICD-10 PCS

This ICD-10 Tipsheet is meant to assist providers for the transition from ICD-9-CM to ICD-10-CM. Content provided is informal guidance, and any definitive guidance is issued from CMS.