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ICD-10-PCS



Root Operations Group - 9

Root Operations That Define Other Objectives

Fusion (G)



Alteration (0)



Creation (4)



Fusion (G)

Fusion (G)



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Definition

Joining together portions of an articular body part rendering the articular body part immobile

Explanation

The body part is joined together by fixation device, bone graft, or other means

Examples

Spinal fusion, ankle arthrodesis



Fusion

- A limited range of procedures is represented in the root operation **Fusion**, because fusion procedures are by definition only performed on the joints.
- Qualifier values are used to specify whether a vertebral joint fusion uses an anterior or posterior approach, and whether the anterior or posterior column of the spine is fused.



Coding Note: When coding fusions, it is important to understand that PCS body part values are classified as Joints and not vertebra. For example, if a fusion is done at L1-L2, this is value 0, Lumbar vertebral joint (single), or one joint. If a fusion is done on L1-L3, this is value 1, Lumbar Vertebral Joints, 2 or more, for 2 joints.

Qualifier Characters

Qualifier Characters		
Anterior Approach, Anterior Column (0)	Posterior Approach, Posterior Column (1)	Posterior Approach, Anterior Column (J)
Supine (face up) positioning	Prone (back up) positioning	Prone (back up) positioning
Incision made on the front or side of the body	Incision made on the back side of the body	Incision made on the back side of the body
Vertebral body is fused	Structures on the posterior spine are fused	Vertebral body is fused

Qualifier Examples for Anterior Column Fusions

Procedure	Approach	Qualifier
Anterior lumbar interbody fusion (ALIF)	Incision made in front of the spine through a minilaparotomy or laparoscopy	0 Anterior Approach, Anterior Column
Posterior lumbar interbody fusion (PLIF)	Incision made through a midline incision in the back	J Posterior Approach, Anterior Column
Extreme lateral interbody fusion (XLIF)	Incision made in the patient's side	0 Anterior Approach, Anterior Column
Direct lateral interbody fusion (DLIF)	Incision made in the patient's side	0 Anterior Approach, Anterior Column
Transforaminal lumbar interbody fusion (TLIF)	Incision made through a midline incision in the back	J Posterior Approach, Anterior Column



Case To Code

Open posterior lumbar interbody fusion, anterior column at L2-L4 levels, using BAK threaded fusion cages and Danek pedicle screws with nonautologous bone graft.

Case Answer

0SG10AJ Root Operation: Fusion
Fusion, Lumbar Vertebral, 2 or
more (0SG1)

Case Table

Section	Medical and Surgical	0
Body System	Lower Joints	S
Root	Fusion	G
Body Part	Lumbar Vertebral Joints, 2 or more	1
Approach	Open	0
Device	Interbody Fusion Device	A
Qualifier	Posterior Approach, Anterior Column	J

Rationale

Two joints were fused; therefore, the body part for the fusion is 1, Lumbar Vertebral Joints, 2 or more. The insertion of the pedicle screws is not coded separately. A code is not assigned for the nonautologous bone graft per ICD-10-PCS Coding Guideline B3.10c which states 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.

Case To Code

Anterior lumbar arthrodesis of L1-L3 through a posterior approach, posterior lumbar segmental instrumentation (pedicle-based) of L1-L3 and local bone graft from right rib, open approach.

Case Answer

0SG107J	Root Operation: Fusion Fusion, Lumbar Vertebral, 2 or more (0SG1)
0PB10ZZ	Root Operation: Excision Excision, Rib, Right (0PB1)

Case Table

Section	Medical and Surgical	0
Body System	Lower Joints	S
Root	Fusion	G
Body Part	Lumbar Vertebral Joints, 2 or more	1
Approach	Open	0
Device	Autologous Tissue Substitute	7
Qualifier	Posterior Approach, Anterior Column	J

Case Table

Section	Medical and Surgical	0
Body System	Upper Bones	P
Root	Excision	B
Body Part	Rib, Right	1
Approach	Open	0
Device	No Device	Z
Qualifier	No Qualifier	Z

Rationale

Two joints were fused; therefore, the body part for the fusion is 1, Lumbar Vertebral Joints, 2 or more. A code is not assigned for the nonautologous bone graft per ICD-10-PCS Coding Guideline B3.10c, which states 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. A second code is assigned for the harvesting of bone graft material from the patient's right rib. Coding Guideline B3.9 states that if an autograft is obtained from a different body part in order to complete the objective of the procedure, a separate procedure is coded. The insertion of the pedicle screws is not coded separately.

Alteration (0)

Alteration (0)	Definition	Modifying the natural anatomic structure of a body part without affecting the function of the body part
 Aleksandr Markin/Shutterstock.com	Explanation	Principal purpose is to improve appearance
	Examples	Face lift, breast augmentation, cosmetic liposuction (liposuction for medical reasons is Extraction)



Coding Note: Alteration

Because some surgical procedures can be performed for either medical or cosmetic purposes, coding for Alteration requires diagnostic confirmation that the surgery is in fact performed to improve appearance. If the procedure is done for a medical condition, the appropriate root operation is assigned such as Extraction, Reposition, Resection, Repair, Replacement, and such.

Case To Code

A patient presents for a cosmetic rhinoplasty in which a Goretex implant is placed via an incision.

Case Answer

090K0JZ Root Operation: Alteration
Alteration: Nose (090K)

Case Table

Section	Medical and Surgical	0
Body System	Ear, Nose, Sinus	9
Root	Alteration	0
Body Part	Nose	K
Approach	Open	0
Device	Synthetic Substitute	J
Qualifier	No Qualifier	Z



Rationale

Rhinoplasty, *see* Alteration, Nose

Creation (4)

Creation	Definition	Putting in or on biological or synthetic material to form a new body part that to the extent possible replicates the anatomic structure or function of an absent body part
Creation (4)		
 gonin/Shutterstock.com	Explanation	Used only for sex change operations and corrective procedures in individuals with congenital anomalies
	Examples	Creation of vagina in a male, creation of right and left atrioventricular valve from common atrioventricular valve



Coding Note: Harvesting Autograft Tissue

If a separate procedure is performed to harvest autograft tissue, it is coded to the appropriate root operation in addition to the primary procedure.



The body part values are
M, Perineum, Male
or
N, Perineum, Female
and pertain to the current sex of the patient.

The qualifier identifies the body part being
created, either Vagina or Penis

Creation Table

Section	0 Medical and Surgical
Body Part	W Anatomical Regions, General
Root Operation	4 Creation
Body Part (Started as...)	M Male N Female
Approach	0 Open
Device	<i>Various choices</i>
Qualifier (Creating a...)	0 Vagina 1 Penis



Case To Code

The patient undergoes male to female gender-reassignment surgery in which a vagina is formed using an autograft that was previously harvested.

Case Answer

0W4M070

Root Operation: Creation
Creation, Male (0W4M0)

Case Table

Section	Medical and Surgical	0
Body System	Anatomical Regions, General	W
Root	Creation	4
Body Part	Perineum, Male	M
Approach	Open	0
Device	Autologous Tissue Substitute	7
Qualifier	Vagina	0

Rationale

There is only one body system: Anatomical Regions, General (0W4) and only two body part values: Perineum, Female (0W4N) and Perineum, Male (0W4M) for the root operation Creation. The body part value pertains to the current sex of the patient and the qualifier identifies the body part being created.

Questions on Group 9?