Scope Assisted Procedures
ICD-10-PCS AND CPT CODES

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When coding scope-assisted procedures in ICD-10-PCS and CPT, coding professionals must remember that coding guidelines vary for each section and must be applied accurately to each set of rules. At first this can seem quite tricky until one fully understands each set of guidelines.

The 2018 ICD-10-PCS Official Coding Guidelines addresses the approach under Guideline B5 and defines the approach to a procedure as the technique used to reach the site of the procedure. Further, Guideline B5.2 states, "procedures performed using the open approach with percutaneous endoscopic assistance are coded to the approach Open. Example: Laparoscopic-assisted sigmoidectomy is coded to the approach Open."

When coding scope-assisted procedures in CPT, coding professionals are directed to begin by looking up "endoscopy" in the index and then locate the organ/system being examined or treated with the scope. Next, the coding professional needs to locate codes where the section begins with the endoscopy heading. If there is no heading for endoscopy, it is suggested to look for a code with the descriptor that includes a suffix "oscopy" that describes the procedure. If there is no code describing the use of an endoscope in its descriptor, one may be certain the codes described in that section are "open" surgical procedures and should not be used to report a procedure using an endoscopic approach. The coding professional should apply an unlisted procedure code when this occurs.

The table below shows examples of three scope assisted procedures to illustrate the fundamental differences in ICD-10-PCS and CPT and how to apply their code assignments accurately.

The key differences between ICD-10-PCS and CPT is that ICD-10-PCS endoscopic assisted procedures are coded to the technique used to reach the operative site, while CPT endoscopic assisted procedures are coded to the endoscopy codes. The importance of consistent, complete, and accurate code assignment cannot be overemphasized.

References
American College of Obstetricians & Gynecologists. (n.d.). Coding Laparoscopic Hysterectomy Procedures. Retrieved from acog.org/About-ACOG/ACOG-Departments/Coding/Coding-Laparoscopic-Hysterectomy-Procedures

CMS. (2018). ICD-10-PCS Official Guidelines for Coding and Reporting. Retrieved from cms.gov/Medicare/Coding/ICD10/Downloads/2018-PCS-Guidelines.pdf

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PROCEDURE	ICD-10-PCS CODE	CPT CODE
Laparoscopic assisted, left total nephrectomy and total ureterectomy	0TT10ZZ Resection of left kidney, open approach 0TT70ZZ Resection of left ureter, open approach	50548 Laparoscopic nephrectomy with total ureterectomy
Laparoscopically assisted uterine myomectomy one intramural myoma 250g	0UB90ZZ Excision of uterus, open approach	58545 Laparoscopy, surgical, myomectomy, excision 1-4 myomas with total weigh 250g or less
Laparoscopic assisted, total vaginal hysterectomy 250g (detachment of entire uterine cervix and body via the laparoscope and vagina. Tissues removed through the vagina)	0UT9FZZ Resection of uterus, via natural of artificial opening with percutaneous endoscopic assistance. Code represents uterus only; additional codes may apply.	58550 Laparoscopy, surgical, with vaginal hysterectomy 250g or less