



## ICD-10-CM/PCS Amputations

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**Amputation = Detachment**

Root Operation: Detachment

**Definition:** Cutting off all or a portion of the upper or lower extremities

**Explanation:** The body part value is the site of the detachment, with a qualifier, if applicable, to further specify the level where the extremity was detached

**Includes/Examples:** Below knee amputation, disarticulation of shoulder

### Detachment qualifiers

#### Upper arm and upper leg

- Qualifier 1 High: Amputation at the proximal portion of the shaft of the humerus or femur
- Qualifier 2 Mid: Amputation at the middle portion of the shaft of the humerus or femur
- Qualifier 3 Low: Amputation at the distal portion of the shaft of the humerus or femur

**Note:** The same definitions would be applied to the lower arm and leg.

#### Hand and foot

- Complete: Amputation through the carpometacarpal joint of the hand, or through the tarsal-metatarsal joint of the foot
- Partial: Amputation anywhere along the shaft or head of the metacarpal bone of the hand, or of the metatarsal bone of the foot

The qualifier character for Detachment procedures defines the specific portion of the body that is amputated.

- In some cases the qualifier is not defined because the entire body part is amputated.
- In other cases the qualifier specifies the portion of the body part that is amputated.

For example, if the right or left hand is detached, the qualifiers specify whether this is a complete amputation of the hand or complete or partial detachment of a specific ray of the hand.

- A ray of the hand consists of the continuous grouping of a metacarpal and phalanx associated with one finger.

#### Hand and foot

- Qualifier 0 Complete
- Qualifier 4 Complete 1st Ray
- Qualifier 5 Complete 2nd Ray
- Qualifier 6 Complete 3rd Ray
- Qualifier 7 Complete 4th Ray
- Qualifier 8 Complete 5th Ray
- Qualifier 9 Partial 1st Ray
- Qualifier B Partial 2nd Ray
- Qualifier C Partial 3rd Ray
- Qualifier D Partial 4th Ray
- Qualifier F Partial 5th Ray



**Example:** A ray of the hand consists of the continuous grouping of a metacarpal and phalanx associated with one finger.



## Thumb, finger, or toe

- Qualifier 0 Complete: Amputation at the metacarpophalangeal/metatarsal-phalangeal joint
- Qualifier 1 High: Amputation anywhere along the proximal phalanx
- Qualifier 2 Mid: Amputation through the proximal interphalangeal joint or anywhere along the middle phalanx
- Qualifier 3 Low: Amputation through the distal interphalangeal joint or anywhere along the distal phalanx

## Body Part Values

The body part values in the general anatomical regions should only be used when:

- More specific body part values are not available
- When the procedure involves multiple body parts and various tissue types

### Excerpted Body Part Values

#### ICD-10-PCS Table 0X6

0 Forequarter, Right  
1 Forequarter, Left  
2 Shoulder Region, Right  
3 Shoulder Region, Left  
B Elbow Region, Right  
C Elbow Region, Left

#### ICD-10-PCS Table 0Y6

2 Hindquarter, Right  
3 Hindquarter, Left  
4 Hindquarter, Bilateral  
7 Femoral Region, Right  
8 Femoral Region, Left  
F Knee Region, Right  
G Knee Region, Left

- **Forequarter amputation** is amputation of the arm, scapula and clavicle.
- **Hindquarter amputation** is amputation of the leg and all of the pelvic girdle and the buttock
- **Femoral region amputation** is amputation of the entire lower extremity disarticulated at the hip
- **Shoulder region amputation** is amputation of the entire upper extremity disarticulated at the shoulder
- **Knee region amputation** is amputation of the entire lower leg disarticulated at the knee
- **Elbow region amputation** is amputation of the entire lower arm disarticulated at the elbow

## Supernumerary digits

Supernumerary digits, also called polydactyly, is the most common congenital digital anomaly of the hand and foot.

### ICD-10-CM

- **Q69.0 Accessory finger(s)**
- **Q69.1 Accessory thumb(s)**
- **Q69.2 Accessory toe(s)**
- **Q69.9 Polydactyly, unspecified**
  
- Supernumerary digits do not currently have unique body part values in ICD-10-PCS.
- If the supernumerary digit contains bone and nail, the root operation Detachment is coded.
  - The body part value describes which finger is detached
  - The qualifier (Complete, High, Mid or Low) describes the amputation level
- If the supernumerary digit is composed only of skin, the root operation Destruction would be assigned.



## Amputation as a Diagnosis

- Traumatic amputations are found in ICD-10-CM

**Amputation**— see also Absence, by site, acquired

- traumatic (complete) (partial)
- - arm (upper) (complete) S48.91-
- - - at
- - - - elbow S58.01-
- - - - - partial S58.02-
- - - - shoulder joint (complete) S48.01-
- - - - - partial S48.02-

**Absence (of) (organ or part) (complete or partial)**

- arm (**acquired**) Z89.20-
- - above elbow Z89.22-
- - - congenital (with hand present) —  
see Agenesis, arm, with hand present
- - - - and hand —see Agenesis,  
forearm, and hand
- - below elbow Z89.21-

### Example current injury:

- **S48.111A** Complete traumatic amputation at level between right shoulder and elbow, initial encounter

### Example of History or Status:

#### **Z89** Acquired absence of limb

#### Includes:

amputation status

postprocedural loss of limb

post-traumatic loss of limb

- **Z89.212** Acquired absence of left upper limb below elbow

## Z Codes Not for Aftercare

- 7<sup>th</sup> character “D” subsequent encounter is used for encounters after the patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase.
- Examples of subsequent care are: cast change or removal, an x-ray to check healing status of fracture, removal of external or internal fixation device, medication adjustment, other aftercare and follow up visits following treatment of the injury or condition.
- The aftercare Z codes should not be used for aftercare for conditions such as injuries or poisonings, where 7th characters are provided to identify subsequent care.
- For example, for aftercare of an injury, assign the acute injury code with the 7th character “D” (subsequent encounter).

**Note:** The injury code with 7<sup>th</sup> character “D” would be used for admission to Rehabilitation. The code for “Acquired absence” would be used for later admissions not related to the amputation.

**Example:** Admitted for appendicitis, history of traumatic left lower leg amputation 5 years ago.