Amputations

In ICD-10-PCS “Amputation” codes to the Root Operation Detachment. Detachment is defined as: Cutting off all or a portion of the upper or lower extremities. 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. Let’s take a look at the structure of an amputation code.

<table>
<thead>
<tr>
<th>Character 1 Section</th>
<th>Character 2 Body System</th>
<th>Character 3 Root Operation</th>
<th>Character 4 Body Part</th>
<th>Character 5 Approach</th>
<th>Character 6 Device</th>
<th>Character 7 Qualifier</th>
</tr>
</thead>
</table>

Character 1 - will be “0” since all Detachments are found in the Medical and Surgical Section.
Character 2 - is limited to two choices: “X” Anatomical Regions, Upper Extremities, and “Y” Anatomical Regions, Lower Extremities. This is because amputations are performed on the extremities, across overlapping body layers, and so could not be coded to a specific musculoskeletal body system such as the bones or joints.
Character 3 - the root operation “Detachment” will be character “6.”
Character 4 - the body part value is the site of the detachment.
Character 5 - the approach is limited to only one choice, “Open,” character “0.”
Character 6 - currently there are no devices listed in the Detachment tables so the choice is limited to character “Z,” no device.
Character 7 - the Qualifier which is used, when applicable, to further specify the level where the extremity was detached.

The basic codes for amputations will be:

- 0X6_0Z_ - for amputations of the upper extremities
- 0Y6_0Z_ - for amputations of the lower extremities

**Body Part Values**

The body part value is the site of the detachment. 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
Some examples of body part regions and their definitions are:

<table>
<thead>
<tr>
<th>Body Part Region</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forequarter</td>
<td>Forequarter amputation is amputation of the arm, scapula and clavicle</td>
</tr>
<tr>
<td>Shoulder Region</td>
<td>Shoulder region amputation is amputation of the entire upper extremity</td>
</tr>
<tr>
<td>Elbow Region</td>
<td>Elbow region amputation is amputation of the entire lower arm disarticulated</td>
</tr>
<tr>
<td>Hindquarter</td>
<td>Hindquarter amputation is amputation of the leg and all of the pelvic girdle</td>
</tr>
<tr>
<td>Femoral Region</td>
<td>Femoral region amputation is amputation of the entire lower extremity</td>
</tr>
<tr>
<td>Knee Region</td>
<td>Knee region amputation is amputation of the entire lower leg disarticulated</td>
</tr>
</tbody>
</table>

**Qualifiers**

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.

**Upper arm and upper leg** (The same definitions would be applied to the lower arm and 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

**Hand and foot**

**Definitions:**

- **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
Note: 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
Supernumerary digits

Supernumerary digits, also called polydactyly, are the most common congenital digital anomaly of the hand and foot. Frequently, if the supernumerary digit does not contain bone, these digits are amputated shortly after birth while the infant is still in the hospital. If the digit contains bone, parents are generally referred to a hand surgeon for amputation at a later date (after the birth episode of care).

The ICD-10-CM codes for polydactyly are as follows:

- 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. The definition of Destruction is the physical eradication of all or a portion of a body part by the direct use of energy, force, or a destructive agent. The amputation in these cases is commonly carried out by ligation of the supernumerary digit.

As in every case, the coder must be guided by documentation in the medical record to make the correct code selections.