

# ICD-10-PCS: Central Lines, PICC Lines & Arterial Lines

## Central Lines

- In medicine, a **central venous catheter** ("central line", "CVC", "central venous line" or "central venous access catheter") is a catheter placed into a large vein in the neck (internal jugular vein), chest (subclavian vein or axillary) or groin (femoral vein). It is used to administer medication or fluids, obtain blood tests (specifically the "central venous oxygen saturation"), and measure central venous pressure.

## PICC Lines

- A peripherally inserted central catheter (**PICC**) is a form of intravenous access that can be used for a prolonged period of time (e.g. for long chemotherapy regimens, extended antibiotic therapy, or total parenteral nutrition).
- A PICC is inserted in a peripheral vein in the arm (cephalic vein, basilic vein, or brachial vein), and then advanced proximally toward the heart through increasingly larger veins, until the tip rests in the distal superior vena cava or cavoatrial junction.

## ICD-9-CM

- In ICD-9-CM Central Lines and PICC Lines (not totally implanted) all default to 38.93

## ICD-10-PCS

- In ICD-10-PCS Central Lines and PICC Lines do not have a default code because of the specificity of the code set
- We need to train physicians to document in the operative report the anatomical site where the Central Lines and PICC lines **end** and the planned use of the line
- Coding Clinic 3rd Q '14 p5-6 states, "When the provider's documentation does not specify the end placement of the infusion device, the imaging report may be used to identify the body part."
- This information is needed for accurate selection of the body part and device in the operative tables

## ICD-10-PCS Central Line Example

- If a central venous catheter to be used for antibiotic therapy is placed percutaneously and **ends** in the superior vena cava, the ICD-10-PCS code assignment will be 02HV33Z

### ICD-10-PCS Index

- Insertion of a device in
  - Vena Cava
    - Superior **02HV**

### ICD-10-PCS Tabular

Section	0 Medial and Surgical		
Body System	2 Heart and Great Vessels		
Operation	H Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part		
Body Part	Approach	Device	Qualifier
P Pulmonary Trunk Q Pulmonary Artery, Right R Pulmonary Artery, Left S Pulmonary Vein, Right T Pulmonary Vein, Left V Superior Vena Cava W Thoracic Aorta	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	0 Monitoring Device, Pressure Sensor 2 Monitoring Device 3 Infusion Device D Intraluminal Device	Z No Qualifier

**Note:** the code would change based on the final endpoint of the line placement and line proposed usage.

## Arterial Lines

- Arterial line placement is a common procedure in various critical care settings. Intra-arterial blood pressure (BP) measurement is more accurate than measurement of BP by noninvasive means, especially in the critically ill. Intra-arterial BP management permits the rapid recognition of BP changes that is vital for patients on continuous infusions of vasoactive drugs.
- Arterial cannulation also allows repeated arterial blood gas samples to be drawn without injury to the patient.
- Arterial lines can be placed in multiple arteries, including the radial, ulnar, brachial, axillary, posterior tibial, femoral, and dorsalis pedis arteries.

## ICD-9-CM

- In ICD-9-CM Arterial Lines all default to 38.91

## ICD-10-PCS

- In ICD-10-PCS Arterial Lines do not have a default code because of the specificity of the code set
- We need to train physicians to document in the operative report the anatomical site where the arterial line **ends** and the planned use of the line
- Coding Clinic 3rd Q '14 p5-6 states, "When the provider's documentation does not specify the end placement of the infusion device, the imaging report may be used to identify the body part."
- This information is needed for accurate selection of the body part and device in the operative tables

## ICD-10-PCS Arterial Line Example

- If an arterial line was placed percutaneously into the left femoral artery for intra-arterial blood gas draws the code would be **04HL3DZ**

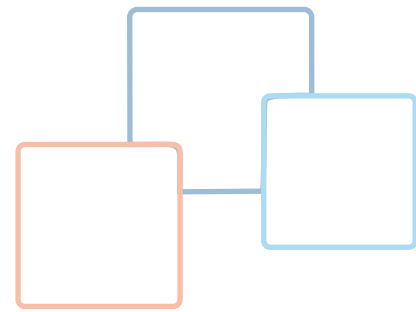
### ICD-10-PCS Index

- Insertion of a device in
  - Artery
    - Femoral
      - Left **04HL**
      - Right **04HK**

### ICD-10-PCS Tabular

Section	0 Medial and Surgical		
Body System	4 Lower Arteries		
Operation	H Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part		
Body Part	Approach	Device	Qualifier
B Inferior Mesenteric Artery C Common Iliac Artery, Right D Common Iliac Artery, Left E Internal Iliac Artery, Right F Internal Iliac Artery, Left H External Iliac Artery, Right J External Iliac Artery, Left K Femoral Artery, Right L Femoral Artery, Left M Popliteal Artery, Right N Popliteal Artery, Left P Anterior Tibial Artery, Right	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	3 Infusion Device D Intraluminal Device	Z No Qualifier

**Note:** the code would change based on the final endpoint of the line placement and line proposed usage.



## Shawn MacPhee's essay won Second Place in MACDIS (Michigan Association of Clinical Documentation Specialists) Essay Contest held in October 2014

Twas' the night before ICD-10, when all through the house  
not a CDS was sleeping, their anxiety wouldn't douse  
The code books were ready, studied with care  
In hopes that the documentation would be there  
The coders were nestled, all snug in their beds  
While visions of procedure codes danced in their heads  
The CFO was restless, the CEO too  
Trying to trust the CDS knew just what to do  
The next morning dawn came with a shatter  
The CDS staff worked without much chatter  
Census sheets printed off in a flash  
They made assignments in a dash  
To the floors they ran, with DRG books in tow  
The freshly waxed floors all a glow  
The physicians all a rounding did appear  
With their handy new CDI tip cards near  
Progress notes were written, H&P's too  
The CDS's reviewed the charts, looking for a clue  
Diagnoses like asthma, a-fib and gout  
The CDS staff was on the look out  
Specificity was on their mind  
Acute or chronic their goal to find  
Then what to their wondering eyes did appear?  
The etiology and manifestations weren't quite clear  
A query must be done - it was true  
So up to the physician the CDS flew  
The physician agreed, and thanked the nurse  
He appreciated her for being terse  
The documentation was added  
The chart was complete  
The CDS decided it was time to repeat.  
Reading health records throughout the day  
Feeling proud to be leading the way  
You see, ICD-10 it's not scary  
Once implemented we shall all be merry  
The day is almost over - relaxation in sight  
So query now, query often, and to all a good night!

**~Shawn M. MacPhee, MSN, RN, CCDS**  
Clinical Documentation Improvement Educator, Anthelio

