 ICD-10-CM Carotid Endarterectomy with Patch Angioplasty

Where can we find a reference in ICD-10-CM, that indicates the "patch graft" is inclusive in with a Carotid endarterectomy with patch angioplasty.  A bovine pericardial patch graft was used after the plaque was removed for closure.  Is this inclusive in with the procedure?  
  
**I03CK0ZZ** - Extirpation of Matter from right internal carotid artery, open approach

Root Operation: Extirpation is chosen as the intent of the procedure is to remove the plaque from the vein.

Extirpation is defined as

"Taking or cutting out solid matter from a body part". The additional explanation states "The solid matter may be an abnormal byproduct of a biological function or a foreign body: it may be embedded in a body part or in the lumen of a tubular body part. The solid matter may or may not have been previously broken into pieces." (PCS Code book Appendix A: Root operations definitions)

Body Part: Documentation references

"A longitudinal arteriotomy was then performed, which was extended onto the distal internal carotid artery with the Potts scissors. This did reveal brisk pulsatile backflow from the right internal carotid artery."

Approach: Open due to the "longitudinal incision was carried through the skin and subcutaneous tissue" and "longitudinal arteriotomy was then performed, which was extended onto the distal internal carotid artery with the Potts scissors"

The reference guideline below has been used to support not assigning a code for the patch graft if used to close the arteriotomy site.  This is just part of the endarterectomy. The patch graft would not have been performed in and of itself nor was there a particular objective other than to close the site of the arteriotomy.  
  
**B3.1b**Components of a procedure specified in the root operation definition and explanation are not coded separately. Procedural steps necessary to reach the operative site a**nd close the operative site,**including anastomosis of a tubular body part, **are also not coded separately.**

**Example:** Resection of a joint as part of a joint replacement procedure is included in the root operation definition of Replacement and is not coded separately. Laparotomy performed to reach the site of an open liver biopsy is not coded separately. In a resection of sigmoid colon with anastomosis of descending colon to rectum, the anastomosis is not coded separately.

Requests have been made to the American Hospital Association (AHA) for clarification about the patch graft done to close arteriotomy for carotid endarterectomy.   A coder submitted a case in which arteriotomy was made in the right internal carotid artery.

"Potts scissors through the very tight lesion into the normal internal carotid.  The plaque was then sharply excised proximately, and an eversion endarterectomy was performed successfully at the external.  The plaque tapered nicely ion the internal and no tacking sutures were necessary.  Dacron patch was cut to approximate length and size and anastomosed to the artery using #6-0 Prolene."

The suggested codes were 03CK0ZZ for the extirpation of right internal carotid artery and 03UK0JZ for the supplement of right internal carotid artery.

Carotid Endarterectomies usually involve Extirpation of the Common, Internal and External carotids and are frequently not clearly documented. While I agree PCS Guideline B4.1c would appear to apply there is a problem with this.  Namely, both the internal and external carotids originate from the same level, the bifurcation of the common carotid, so they are equidistant from the point of entry (assuming entry is made in the common).  
  
I usually read the OP Report carefully and have assigned up to 3 codes for the Extirpation if the documentation warranted.  After reviewing the pertinent PCS Table for Extirpation of The Upper Arteries, I now believe this is unnecessary and incorrect.  I believe in these situations only one code should be assigned.  Assign a code for the appropriate side of the common carotid and use Qualifier **6 Bifurcation**.   I just checked and it appears this Qualifier was added in the 2017 revision.

If the endarterectomy is performed in the same artery that is bypassed no additional code would be reported for the separate endarterectomy. The endarterectomy is considered integral part of the bypass procedure. Most often, the endarterectomy is performed to help facilitate the anastomosis/bypass.

If there is a separate objective documented for the endarterectomy, then it would be appropriate to report in addition. If the endarterectomy is performed on a separate artery than the bypassed artery with a separate objective than to facilitate bypass it would be appropriate to report in addition.

For example, if a patient undergoes left carotid endarterectomy and then left to right carotid-carotid bypass with PTFE graft, both of these procedures would be coded. 03CN0ZZ, extirpation of matter from left external carotid artery, open approach, and 031J0JJ, bypass left common carotid artery to right extracranial artery with synthetic substitute, open approach. These PCS codes are discussed in Coding Clinic for ICD-10-CM/PCS, Fourth Quarter 2017, Page 64.

***References:***

*AHA Coding Clinic for ICD-10-CM and ICD-10-PCS, Fourth Quarter 2017, Page 64  
AHA Coding Clinic for ICD-10-CM and ICD-10-PCS, Fourth Quarter 2015, Pages 20 & 21. This is the basis of this coding tidbit.  
AHA Coding Clinic for ICD-9-CM, Third Quarter 1993, Pages 7 & 8.*