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2013

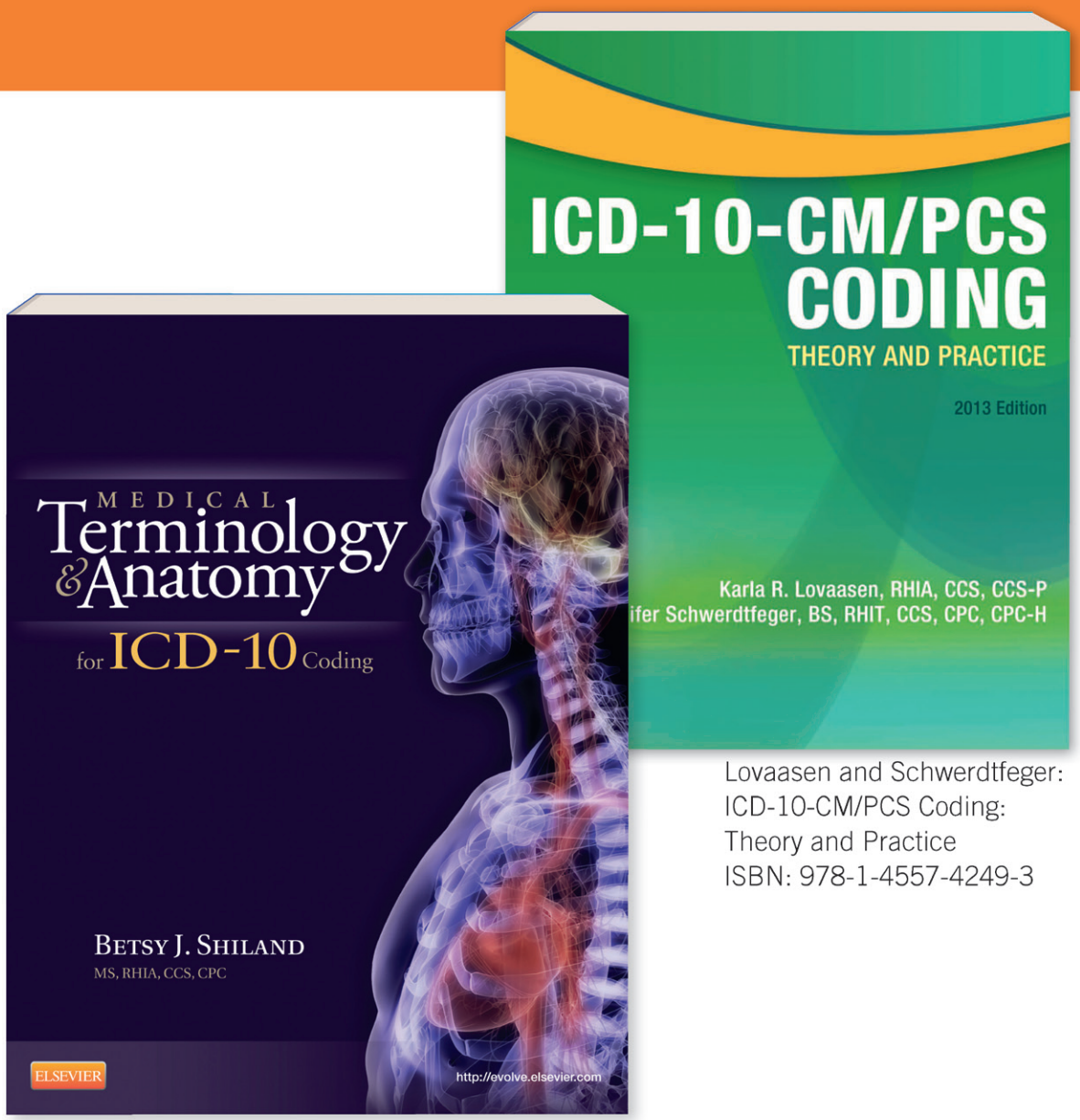
ICD-10-PCS

DRAFT

Carol J. Buck
MS, CPC, CPC-H, CCS-P

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2013 ICD-10-PCS New/Revised/Deleted Codes

New Codes

Table 3E0:
3E033GQ
3E043GQ

Revised Codes

Table 021:

0210093	021049F	02110AF	02114J8	02120K9	02124KW
0210098	021049W	02110AW	02114J9	02120KC	02124Z3
0210099	02104A3	02110J3	02114JC	02120KF	02124Z8
021009C	02104A8	02110J8	02114JF	02120KW	02124Z9
021009F	02104A9	02110J9	02114JW	02120Z3	02124ZC
021009W	02104AC	02110JC	02114K3	02120Z8	02124ZF
02100A3	02104AF	02110JF	02114K8	02120Z9	0213093
02100A8	02104AW	02110JW	02114K9	02120ZC	0213098
02100A9	02104D4	02110K3	02114KC	02120ZF	0213099
02100AC	02104J3	02110K8	02114KF	0212344	021309C
02100AF	02104J8	02110K9	02114KW	02123D4	021309F
02100AW	02104J9	02110KC	02114Z3	0212444	021309W
02100J3	02104JC	02110KF	02114Z8	0212493	02130A3
02100J8	02104JF	02110KW	02114Z9	0212498	02130A8
02100J9	02104JW	02110Z3	02114ZC	0212499	02130A9
02100JC	02104K3	02110Z8	02114ZF	021249C	02130AC
02100JF	02104K8	02110Z9	0212093	021249F	02130AF
02100JW	02104K9	02110ZC	0212098	021249W	02130AW
02100K3	02104KC	02110ZF	0212099	02124A3	02130J3
02100K8	02104KF	0211344	021209C	02124A8	02130J8
02100K9	02104KW	02113D4	021209F	02124A9	02130J9
02100KC	02104Z3	0211444	021209W	02124AC	02130JC
02100KF	02104Z8	0211493	02120A3	02124AF	02130JF
02100KW	02104Z9	0211498	02120A8	02124AW	02130JW
02100Z3	02104ZC	0211499	02120A9	02124D4	02130K3
02100Z8	02104ZF	021149C	02120AC	02124J3	02130K8
02100Z9	0211093	021149F	02120AF	02124J8	02130K9
02100ZC	0211098	021149W	02120AW	02124J9	02130KC
02100ZF	0211099	02114A3	02120J3	02124JC	02130KF
0210344	021109C	02114A8	02120J8	02124JF	02130KW
02103D4	021109F	02114A9	02120J9	02124JW	02130Z3
0210444	021109W	02114AC	02120JC	02124K3	02130Z8
0210493	02110A3	02114AF	02120JF	02124K8	02130Z9
0210498	02110A8	02114AW	02120JW	02124K9	02130ZC
0210499	02110A9	02114D4	02120K3	02124KC	02130ZF
021049C	02110AC	02114J3	02120K8	02124KF	0213344

02133D4
0213444
0213493
0213498
0213499
021349C
021349F
021349W
02134A3
02134A8
02134A9
02134AC
02134AF
02134AW
02134D4
02134J3
02134J8
02134J9
02134JC
02134JF
02134JW
02134K3
02134K8
02134K9
02134KC
02134KF
02134KW
02134Z3
02134Z8
02134Z9
02134ZC
02134ZF

Table 0NH:
0NH50SZ
0NH53SZ
0NH54SZ
0NH60SZ
0NH63SZ
0NH64SZ

Table 0NP:
0NP00SZ
0NP03SZ
0NP04SZ
0NP0XSZ

Table 0NW:
0NW00SZ
0NW03SZ
0NW04SZ
0NW0XSZ

Deleted Codes

No deleted codes

Introduction

ICD-10-PCS Official Guidelines for Coding and Reporting

2013

The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), two departments within the U.S. Federal Government's Department of Health and Human Services (DHHS) provide the following guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, Procedure Classification System (ICD-10-PCS). These guidelines should be used as a companion document to the official version of the ICD-10-PCS as published on the CMS website. The ICD-10-PCS is a procedure classification published by the United States for classifying procedures performed in hospital inpatient health care settings.

These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD-10-PCS: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS.

These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD-10-PCS itself. The instructions and conventions of the classification take precedence over guidelines. These guidelines are based on the coding and sequencing instructions in the Tables, Index and Definitions of ICD-10-PCS, but provide additional instruction. Adherence to these guidelines when assigning ICD-10-PCS procedure codes is required under the Health Insurance Portability and Accountability Act (HIPAA). The procedure codes have been adopted under HIPAA for hospital inpatient healthcare settings. A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. These guidelines have been developed to assist both the healthcare provider and the coder in identifying those procedures that are to be reported. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved.

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B. Medical and Surgical Section Guidelines
    2. Body System
    3. Root Operation
    4. Body Part
    5. Approach
    6. Device
C. Obstetrics Section Guidelines

Conventions

A1
ICD-10-PCS codes are composed of seven characters. Each character is an axis of classification that specifies information about the procedure performed. Within a defined code range, a character specifies the same type of information in that axis of classification.
Example: The fifth axis of classification specifies the approach in sections 0 through 4 and 7 through 9 of the system.

A2
One of 34 possible values can be assigned to each axis of classification in the seven-character code: they are the numbers 0 through 9 and the alphabet (except I and O because they are easily confused with the numbers 1 and 0). The number of unique values used in an axis of classification differs as needed.
Example: Where the fifth axis of classification specifies the approach, seven different approach values are currently used to specify the approach.

A3
The valid values for an axis of classification can be added to as needed.
Example: If a significantly distinct type of device is used in a new procedure, a new device value can be added to the system.

A4
As with words in their context, the meaning of any single value is a combination of its axis of classification and any preceding values on which it may be dependent.
Example: The meaning of a body part value in the Medical and Surgical section is always dependent on the body system value. The body part value 0 in the Central Nervous body system specifies Brain and the body part value 0 in the Peripheral Nervous body system specifies Cervical Plexus.

A5
As the system is expanded to become increasingly detailed, over time more values will depend on preceding values for their meaning.
Example: In the Lower Joints body system, the device value 3 in the root operation Insertion specifies Infusion Device and the device value 3 in the root operation Replacement specifies Ceramic Synthetic Substitute.

A6
The purpose of the alphabetic index is to locate the appropriate table that contains all information necessary to construct a procedure code. The PCS Tables should always be consulted to find the most appropriate valid code.

A7
It is not required to consult the index first before proceeding to the tables to complete the code. A valid code may be chosen directly from the tables.

A8
All seven characters must be specified to be a valid code. If the documentation is incomplete for coding purposes, the physician should be queried for the necessary information.

A9
Within a PCS table, valid codes include all combinations of choices in characters 4 through 7 contained in the same row of the table. In the example below, 0JHT3VZ is a valid code, and 0JHW3VZ is *not* a valid code.

SECTION: 0 MEDICAL AND SURGICAL

BODY SYSTEM: J SUBCUTANEOUS TISSUE AND FASCIA

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
S Subcutaneous Tissue and Fascia, Head and Neck V Subcutaneous Tissue and Fascia, Upper Extremity W Subcutaneous Tissue and Fascia, Lower Extremity	0 Open 3 Percutaneous	1 Radioactive Element 3 Infusion Device	Z No Qualifier
T Subcutaneous Tissue and Fascia, Trunk	0 Open 3 Percutaneous	1 Radioactive Element 3 Infusion Device V Infusion Pump	Z No Qualifier

A10
"And," when used in a code description, means "and/or."
Example: Lower Arm and Wrist Muscle means lower arm and/or wrist muscle.

A11
Many of the terms used to construct PCS codes are defined within the system. It is the coder's responsibility to determine what the documentation in the medical record equates to in the PCS definitions. The physician is not expected to use the terms used in PCS code descriptions, nor is the coder required to query the physician when the correlation between the documentation and the defined PCS terms is clear.
Example: When the physician documents "partial resection" the coder can independently correlate "partial resection" to the root operation Excision without querying the physician for clarification.

Medical and Surgical Section Guidelines (section 0)

B2. Body System
General guidelines
B2.1a
The procedure codes in the general anatomical regions body systems should only be used when the procedure is performed on an anatomical region rather than a specific body part (e.g., root operations Control and Detachment, Drainage of a body cavity) or on the rare occasion when no information is available to support assignment of a code to a specific body part.
Example: Control of postoperative hemorrhage is coded to the root operation Control found in the general anatomical regions body systems.

B2.1b
Where the general body part values "upper" and "lower" are provided as an option in the Upper Arteries, Lower Arteries, Upper Veins, Lower Veins, Muscles and Tendons body systems, "upper" or "lower" specifies body parts located above or below the diaphragm respectively.
Example: Vein body parts above the diaphragm are found in the Upper Veins body system; vein body parts below the diaphragm are found in the Lower Veins body system.

B3. Root Operation
General guidelines
B3.1a
In order to determine the appropriate root operation, the full definition of the root operation as contained in the PCS Tables must be applied.

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 and 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.

Multiple procedures
B3.2
During the same operative episode, multiple procedures are coded if:

a. The same root operation is performed on different body parts as defined by distinct values of the body part character.
   Example: Diagnostic excision of liver and pancreas are coded separately.
b. The same root operation is repeated at different body sites that are included in the same body part value.
   Example: Excision of the sartorius muscle and excision of the gracilis muscle are both included in the upper leg muscle body part value, and multiple procedures are coded.
c. Multiple root operations with distinct objectives are performed on the same body part.
   Example: Destruction of sigmoid lesion and bypass of sigmoid colon are coded separately.
d. The intended root operation is attempted using one approach, but is converted to a different approach.
   Example: Laparoscopic cholecystectomy converted to an open cholecystectomy is coded as percutaneous endoscopic Inspection and open Resection.

Discontinued procedures
B3.3
If the intended procedure is discontinued, code the procedure to the root operation performed. If a procedure is discontinued before any other root operation is performed, code the root operation Inspection of the body part or anatomical region inspected.
Example: A planned aortic valve replacement procedure is discontinued after the initial thoracotomy and before any incision is made in the heart muscle, when the patient becomes hemodynamically unstable. This procedure is coded as an open Inspection of the mediastinum.

Biopsy followed by more definitive treatment
B3.4
If a diagnostic Excision, Extraction, or Drainage procedure (biopsy) is followed by a more definitive procedure, such as Destruction, Excision or Resection at the same procedure site, both the biopsy and the more definitive treatment are coded.
Example: Biopsy of breast followed by partial mastectomy at the same procedure site, both the biopsy and the partial mastectomy procedure are coded.

Overlapping body layers
B3.5
If the root operations Excision, Repair or Inspection are performed on overlapping layers of the musculoskeletal system, the body part specifying the deepest layer is coded.
Example: Excisional debridement that includes skin and subcutaneous tissue and muscle is coded to the muscle body part.

Bypass procedures
B3.6a
Bypass procedures are coded by identifying the body part bypassed "from" and the body part bypassed "to." The fourth character body part specifies the body part bypassed from, and the qualifier specifies the body part bypassed to.
Example: Bypass from stomach to jejunum, stomach is the body part and jejunum is the qualifier.

B3.6b
Coronary arteries are classified by number of distinct sites treated, rather than number of coronary arteries or anatomic name of a coronary artery (e.g., left anterior descending). Coronary artery bypass procedures are coded differently than other bypass procedures as described in the previous guideline. Rather than identifying the body part bypassed from, the body part identifies the number of coronary artery sites bypassed to, and the qualifier specifies the vessel bypassed from.
Example: Aortocoronary artery bypass of one site on the left anterior descending coronary artery and one site on the obtuse marginal coronary artery is classified in the body part axis of classification as two coronary artery sites and the qualifier specifies the aorta as the body part bypassed from.

B3.6c
If multiple coronary artery sites are bypassed, a separate procedure is coded for each coronary artery site that uses a different device and/or qualifier.
Example: Aortocoronary artery bypass and internal mammary coronary artery bypass are coded separately.

Control vs. more definitive root operations
B3.7
The root operation Control is defined as, "Stopping, or attempting to stop, postprocedural bleeding." If an attempt to stop postprocedural bleeding is initially unsuccessful, and to stop the bleeding requires performing any of the definitive root operations Bypass, Detachment, Excision, Extraction, Reposition, Replacement, or Resection, then that root operation is coded instead of Control.
Example: Resection of spleen to stop postprocedural bleeding is coded to Resection instead of Control.

Excision vs. Resection
B3.8
PCS contains specific body parts for anatomical subdivisions of a body part, such as lobes of the lungs or liver and regions of the intestine. Resection of the specific body part is coded whenever all of the body part is cut out or off, rather than coding Excision of a less specific body part.
Example: Left upper lung lobectomy is coded to Resection of Upper Lung Lobe, Left rather than Excision of Lung, Left.

Excision for graft
B3.9
If an autograft is obtained from a different body part in order to complete the objective of the procedure, a separate procedure is coded.
Example: Coronary bypass with excision of saphenous vein graft, excision of saphenous vein is coded separately.

Fusion procedures of the spine
B3.10a
The body part coded for a spinal vertebral joint(s) rendered immobile by a spinal fusion procedure is classified by the level of the spine (e.g. thoracic). There are distinct body part values for a single vertebral joint and for multiple vertebral joints at each spinal level.
Example: Body part values specify Lumbar Vertebral Joint, Lumbar Vertebral Joints, 2 or More and Lumbosacral Vertebral Joint.

B3.10b
If multiple vertebral joints are fused, a separate procedure is coded for each vertebral joint that uses a different device and/or qualifier.
Example: Fusion of lumbar vertebral joint, posterior approach, anterior column and fusion of lumbar vertebral joint, posterior approach, posterior column are coded separately.

B3.10c
Combinations of devices and materials are often used on a vertebral joint to render the joint immobile. When combinations of devices are used on the same vertebral joint, the device value coded for the procedure is as follows:

- If an interbody fusion device is used to render the joint immobile (alone or containing other material like bone graft), the procedure is coded with the device value Interbody Fusion Device
- If bone graft is the *only* device used to render the joint immobile, the procedure is coded with the device value Nonautologous Tissue Substitute or Autologous Tissue Substitute
- If a mixture of autologous and nonautologous bone graft (with or without biological or synthetic extenders or binders) is used to render the joint immobile, code the procedure with the device value Autologous Tissue Substitute

Examples: Fusion of a vertebral joint using a cage style interbody fusion device containing morsellized bone graft is coded to the device Interbody Fusion Device. Fusion of a vertebral joint using a bone dowel interbody fusion device made of cadaver bone and packed with a mixture of local morsellized bone and demineralized bone matrix is coded to the device Interbody Fusion Device.
Fusion of a vertebral joint using both autologous bone graft and bone bank bone graft is coded to the device Autologous Tissue Substitute.

Inspection procedures
B3.11a
Inspection of a body part(s) performed in order to achieve the objective of a procedure is not coded separately.
Example: Fiberoptic bronchoscopy performed for irrigation of bronchus, only the irrigation procedure is coded.

B3.11b
If multiple tubular body parts are inspected, the most distal body part inspected is coded. If multiple non-tubular body parts in a region are inspected, the body part that specifies the entire area inspected is coded.
Examples: Cystoureteroscopy with inspection of bladder and ureters is coded to the ureter body part value. Exploratory laparotomy with general inspection of abdominal contents is coded to the peritoneal cavity body part value.

B3.11c
When both an Inspection procedure and another procedure are performed on the same body part during the same episode, if the Inspection procedure is performed using a different approach than the other procedure, the Inspection procedure is coded separately.
Example: Endoscopic Inspection of the duodenum is coded separately when open Excision of the duodenum is performed during the same procedural episode.

Occlusion vs. Restriction for vessel embolization procedures
B3.12
If the objective of an embolization procedure is to completely close a vessel, the root operation Occlusion is coded. If the objective of an embolization procedure is to narrow the lumen of a vessel, the root operation Restriction is coded.
Examples: Tumor embolization is coded to the root operation Occlusion, because the objective of the procedure is to cut off the blood supply to the vessel.

Embolization of a cerebral aneurysm is coded to the root operation Restriction, because the objective of the procedure is not to close off the vessel entirely, but to narrow the lumen of the vessel at the site of the aneurysm where it is abnormally wide.

Release procedures
B3.13
In the root operation Release, the body part value coded is the body part being freed and not the tissue being manipulated or cut to free the body part.
Example: Lysis of intestinal adhesions is coded to the specific intestine body part value.

Release vs. Division
B3.14
If the sole objective of the procedure is freeing a body part without cutting the body part, the root operation is Release. If the sole objective of the procedure is separating or transecting a body part, the root operation is Division.
Examples: Freeing a nerve root from surrounding scar tissue to relieve pain is coded to the root operation Release. Severing a nerve root to relieve pain is coded to the root operation Division.

Reposition for fracture treatment
B3.15
Reduction of a displaced fracture is coded to the root operation Reposition and the application of a cast or splint in conjunction with the Reposition procedure is not coded separately. Treatment of a nondisplaced fracture is coded to the procedure performed.
Examples: Putting a pin in a nondisplaced fracture is coded to the root operation Insertion. Casting of a nondisplaced fracture is coded to the root operation Immobilization in the Placement section.

Transplantation vs. Administration
B3.16
Putting in a mature and functioning living body part taken from another individual or animal is coded to the root operation Transplantation. Putting in autologous or nonautologous cells is coded to the Administration section.
Example: Putting in autologous or nonautologous bone marrow, pancreatic islet cells or stem cells is coded to the Administration section.

B4. Body Part
General guidelines
B4.1a
If a procedure is performed on a portion of a body part that does not have a separate body part value, code the body part value corresponding to the whole body part.
Example: A procedure performed on the alveolar process of the mandible is coded to the mandible body part.

B4.1b
If the prefix "peri" is combined with a body part to identify the site of the procedure, the procedure is coded to the body part named.
Example: A procedure site identified as perirenal is coded to the kidney body part.

Branches of body parts
B4.2
Where a specific branch of a body part does not have its own body part value in PCS, the body part is coded to the closest proximal branch that has a specific body part value.
Example: A procedure performed on the mandibular branch of the trigeminal nerve is coded to the trigeminal nerve body part value.

Bilateral body part values
B4.3
Bilateral body part values are available for a limited number of body parts. If the identical procedure is performed on contralateral body parts, and a bilateral body part value exists for that body part, a single procedure is coded using the bilateral body part value. If no bilateral body part value exists, each procedure is coded separately using the appropriate body part value.
Example: The identical procedure performed on both fallopian tubes is coded once using the body part value Fallopian Tube, Bilateral. The identical procedure performed on both knee joints is coded twice using the body part values Knee Joint, Right and Knee Joint, Left.

Coronary arteries
B4.4
The coronary arteries are classified as a single body part that is further specified by number of sites treated and not by name or number of arteries. Separate body part values are used to specify the number of sites treated when the same procedure is performed on multiple sites in the coronary arteries.
Examples: Angioplasty of two distinct sites in the left anterior descending coronary artery with placement of two stents is coded as Dilation of Coronary Arteries, Two Sites, with Intraluminal Device.
Angioplasty of two distinct sites in the left anterior descending coronary artery, one with stent placed and one without, is coded separately as Dilation of Coronary Artery, One Site with Intraluminal Device, and Dilation of Coronary Artery, One Site with no device.

Tendons, ligaments, bursae and fascia near a joint
B4.5
Procedures performed on tendons, ligaments, bursae and fascia supporting a joint are coded to the body part in the respective body system that is the focus of the procedure. Procedures performed on joint structures themselves are coded to the body part in the joint body systems.
Example: Repair of the anterior cruciate ligament of the knee is coded to the knee bursae and ligament body part in the bursae and ligaments body system. Knee arthroscopy with shaving of articular cartilage is coded to the knee joint body part in the Lower Joints body system.

Skin, subcutaneous tissue and fascia overlying a joint
B4.6
If a procedure is performed on the skin, subcutaneous tissue or fascia overlying a joint, the procedure is coded to the following body part:
- Shoulder is coded to Upper Arm
- Elbow is coded to Lower Arm
- Wrist is coded to Lower Arm
- Hip is coded to Upper Leg
- Knee is coded to Lower Leg
- Ankle is coded to Foot

Fingers and toes
B4.7
If a body system does not contain a separate body part value for fingers, procedures performed on the fingers are coded to the body part value for the hand. If a body system does not contain a separate body part value for toes, procedures performed on the toes are coded to the body part value for the foot.
Example: Excision of finger muscle is coded to one of the hand muscle body part values in the Muscles body system.

B4.8
In the Gastrointestinal body system, the general body part values Upper Intestinal Tract and Lower Intestinal Tract are provided as an option for the root operations Change, Inspection, Removal and Revision. Upper Intestinal Tract includes the portion of the gastrointestinal tract from the esophagus down to and including the duodenum, and Lower Intestinal Tract includes the portion of the gastrointestinal tract from the jejunum down to and including the rectum and anus.
Example: In the root operation Change table, change of a device in the jejunum is coded using the body part Lower Intestinal Tract.

B5. Approach
Open approach with percutaneous endoscopic assistance
B5.2
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.

External approach
B5.3a
Procedures performed within an orifice on structures that are visible without the aid of any instrumentation are coded to the approach External.
Example: Resection of tonsils is coded to the approach External.

B5.3b
Procedures performed indirectly by the application of external force through the intervening body layers are coded to the approach External.
Example: Closed reduction of fracture is coded to the approach External.

Percutaneous procedure via device
B5.4
Procedures performed percutaneously via a device placed for the procedure are coded to the approach Percutaneous.
Example: Fragmentation of kidney stone performed via percutaneous nephrostomy is coded to the approach Percutaneous.

B6. Device
General guidelines
B6.1a
A device is coded only if a device remains after the procedure is completed. If no device remains, the device value No Device is coded.

B6.1b
Materials such as sutures, ligatures, radiological markers and temporary post-operative wound drains are considered integral to the performance of a procedure and are not coded as devices.

B6.1c
Procedures performed on a device only and not on a body part are specified in the root operations Change, Irrigation, Removal and Revision, and are coded to the procedure performed.
Example: Irrigation of percutaneous nephrostomy tube is coded to the root operation Irrigation of indwelling device in the Administration section.

Drainage device
B6.2
A separate procedure to put in a drainage device is coded to the root operation Drainage with the device value Drainage Device.

Obstetric Section Guidelines (section 1)

C. Obstetrics Section
Products of conception
C1
Procedures performed on the products of conception are coded to the Obstetrics section. Procedures performed on the pregnant female other than the products of conception are coded to the appropriate root operation in the Medical and Surgical section.
Example: Amniocentesis is coded to the products of conception body part in the Obstetrics section. Repair of obstetric urethral laceration is coded to the urethra body part in the Medical and Surgical section.

Procedures following delivery or abortion
C2
Procedures performed following a delivery or abortion for curettage of the endometrium or evacuation of retained products of conception are all coded in the Obstetrics section, to the root operation Extraction and the body part Products of Conception, Retained. Diagnostic or therapeutic dilation and curettage performed during times other than the postpartum or post-abortion period are all coded in the Medical and Surgical section, to the root operation Extraction and the body part Endometrium.

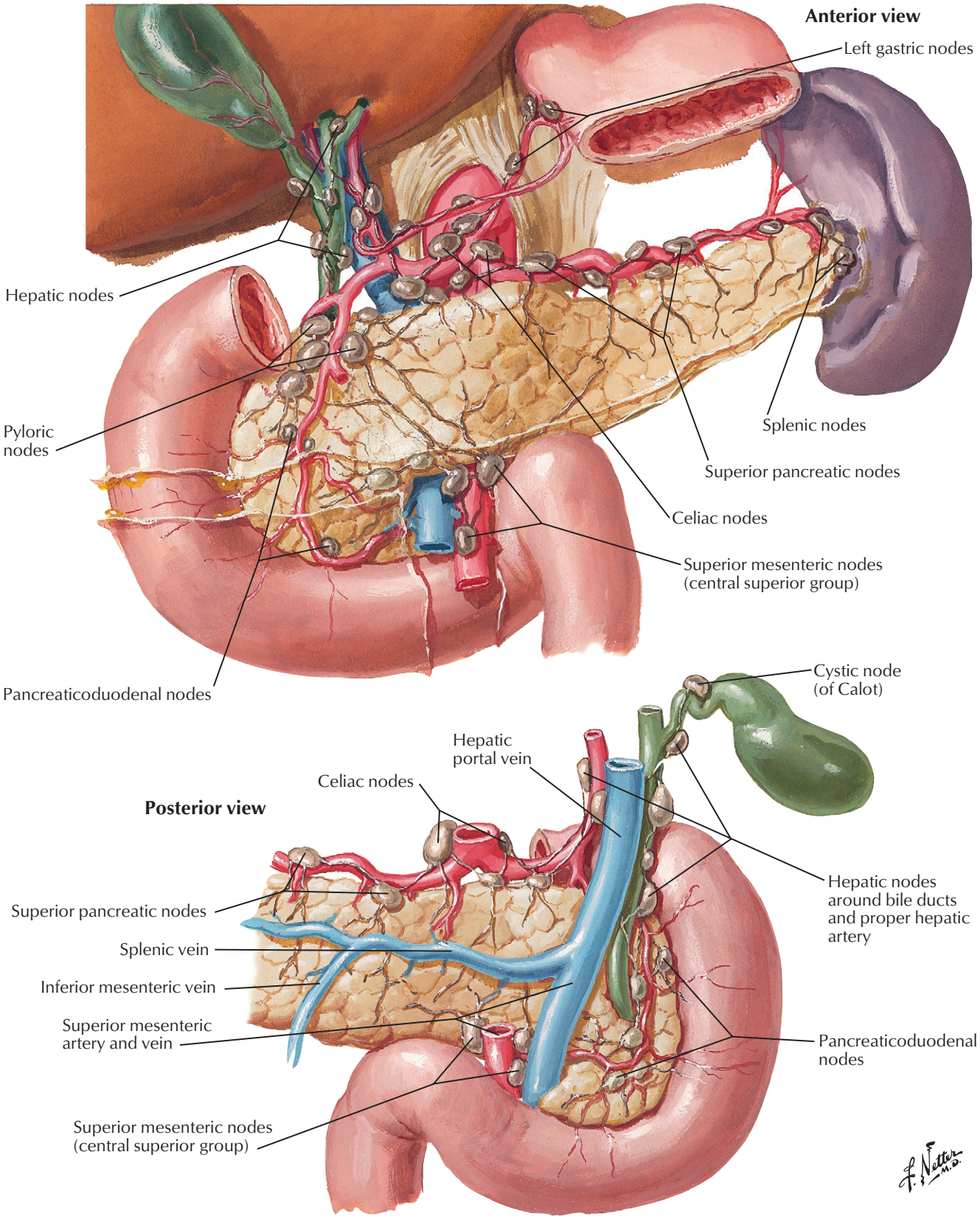
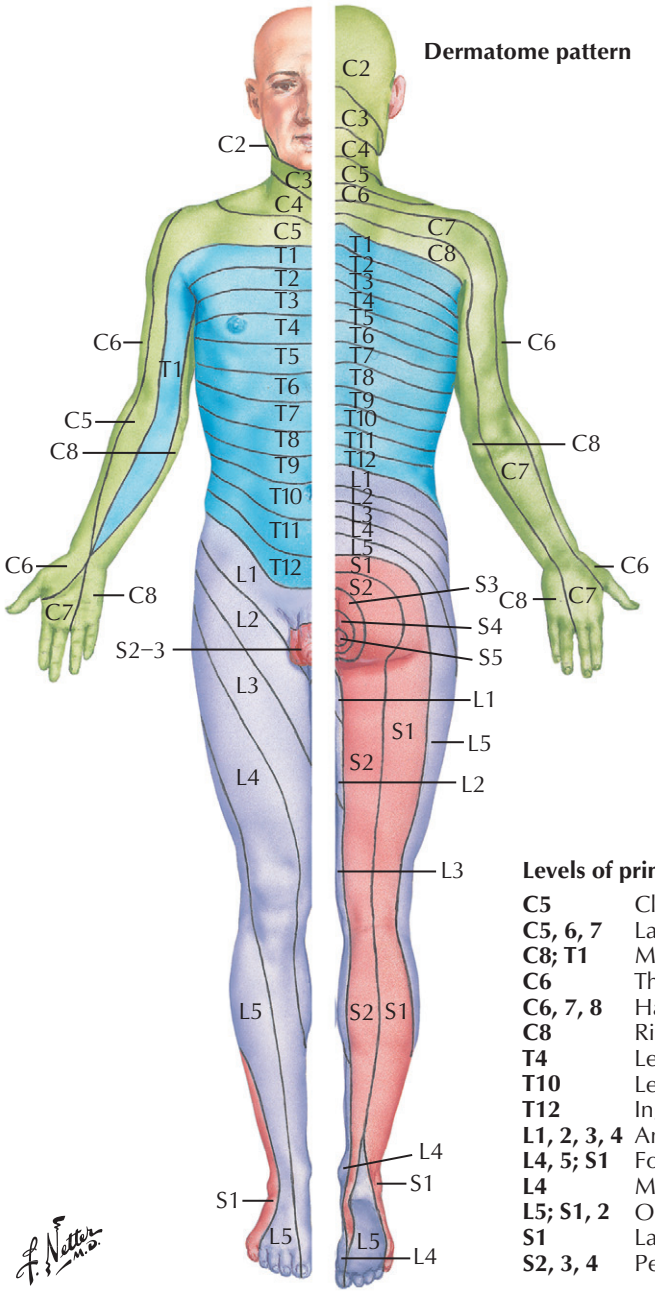


Plate 315 Lymph Vessels and Nodes of Pancreas. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)



Levels of principal dermatomes

C5	Clavicles
C5, 6, 7	Lateral parts of upper limbs
C8; T1	Medial sides of upper limbs
C6	Thumb
C6, 7, 8	Hand
C8	Ring and little fingers
T4	Level of nipples
T10	Level of umbilicus
T12	Inguinal or groin regions
L1, 2, 3, 4	Anterior and inner surfaces of lower limbs
L4, 5; S1	Foot
L4	Medial side of great toe
L5; S1, 2	Outer and posterior sides of lower limbs
S1	Lateral margin of foot and little toe
S2, 3, 4	Perineum

Plate 164 Dermatomes. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

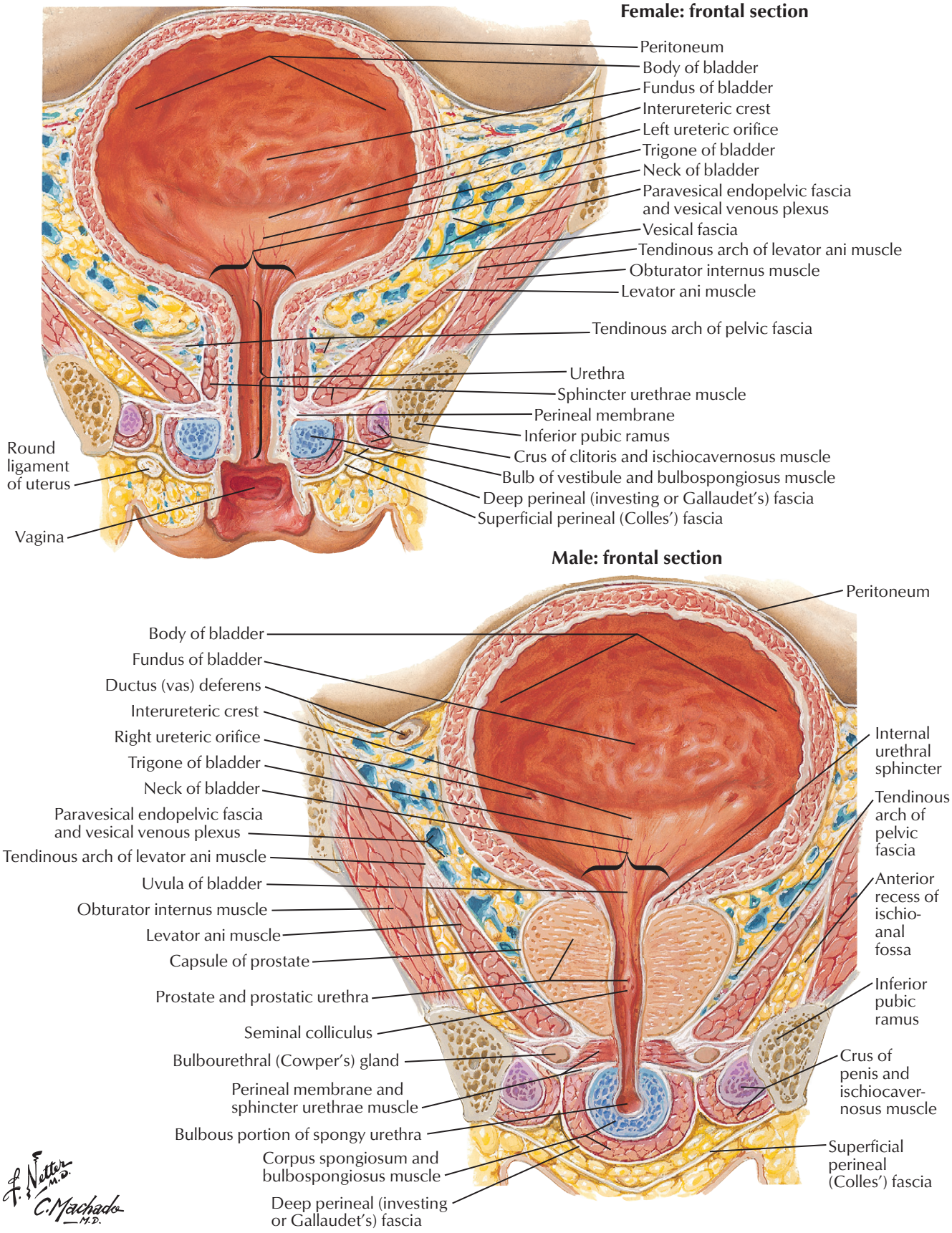


Plate 366 Urinary Bladder: Female and Male. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

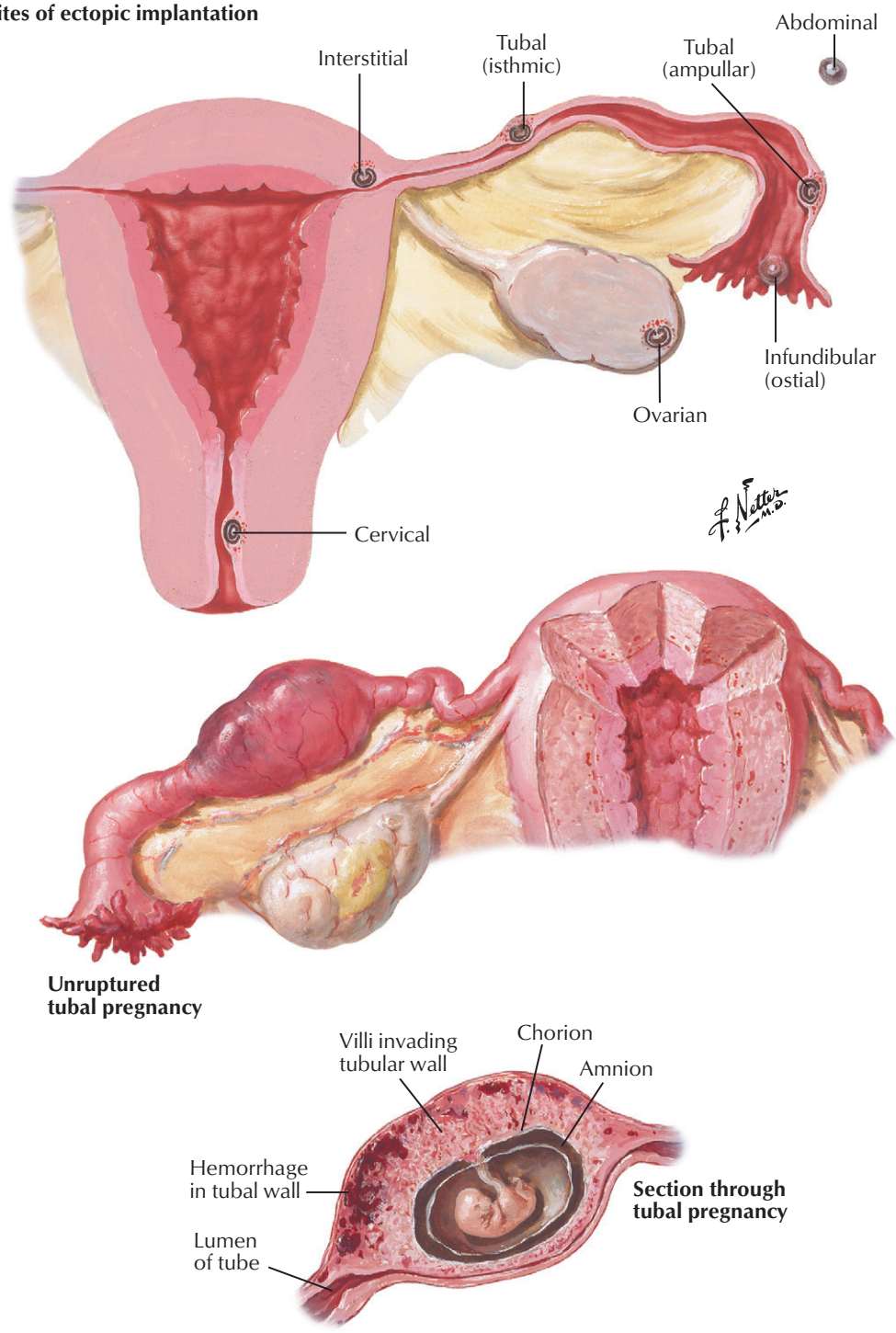


Plate 375 Ectopic Pregnancy. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

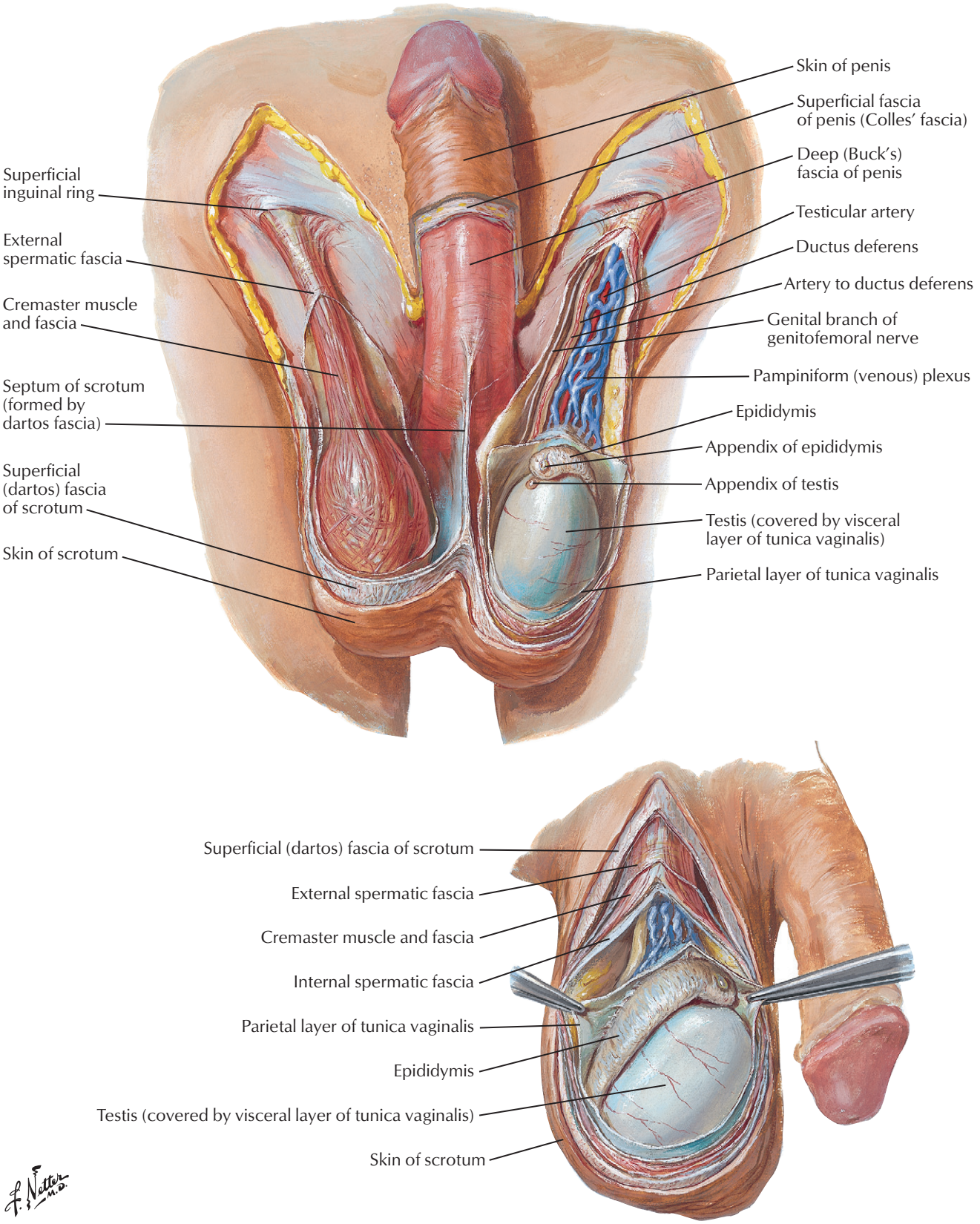


Plate 387 Scrotum and Contents. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

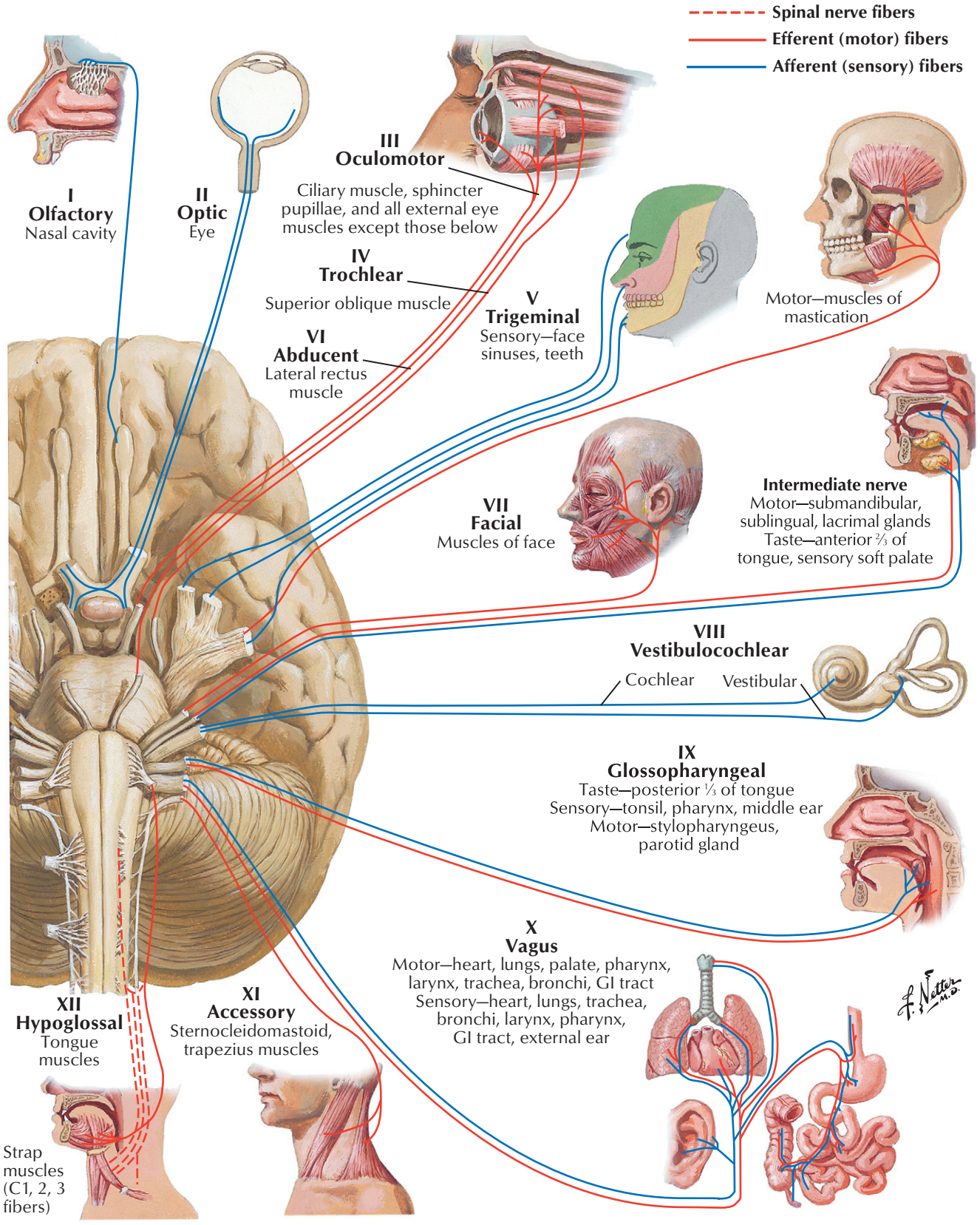
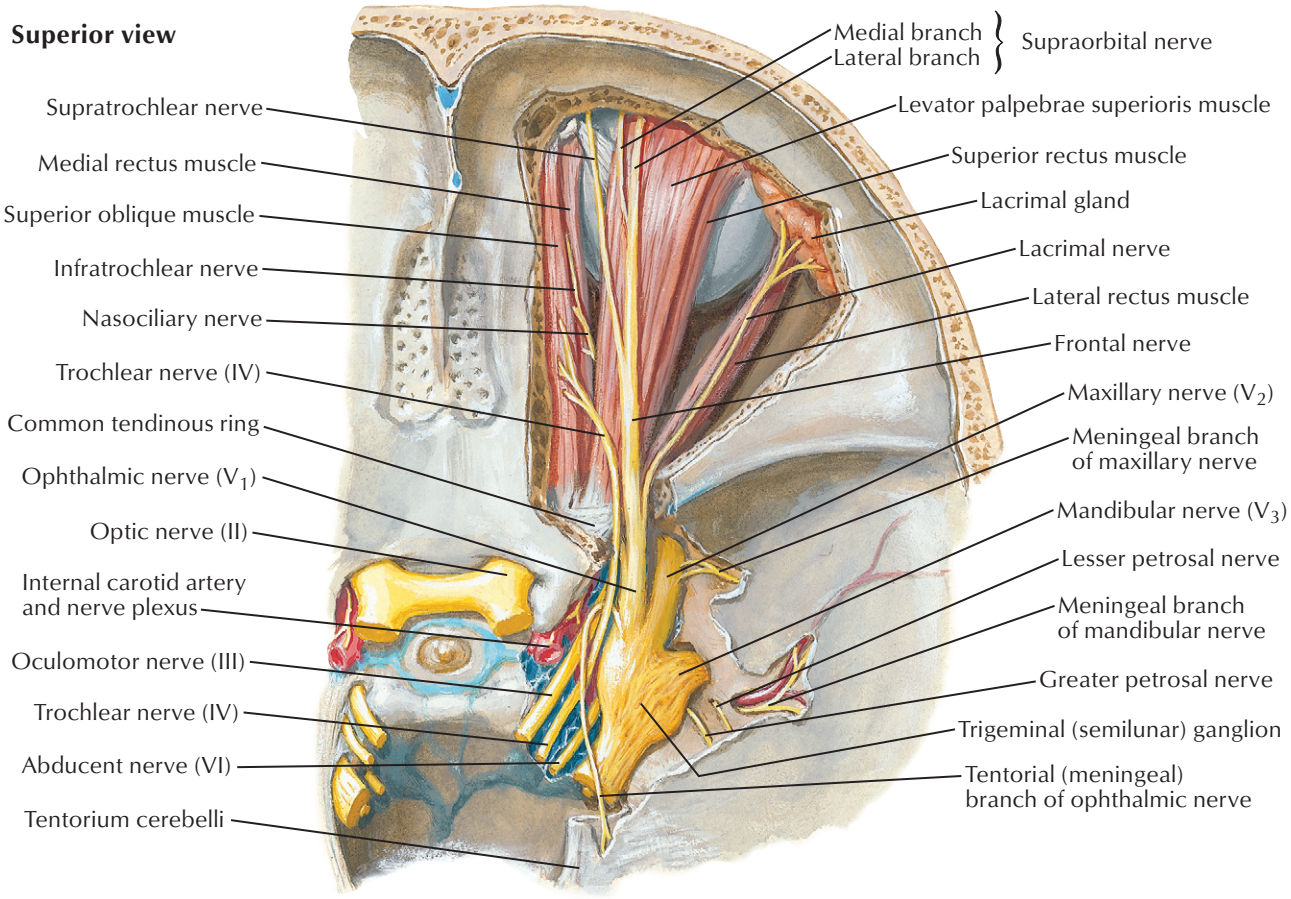


Plate 118 Cranial Nerves (Motor and Sensory Distribution): Schema. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

Superior view



Superior view:
levator palpebrae superioris, superior rectus, and superior oblique muscles partially cut away

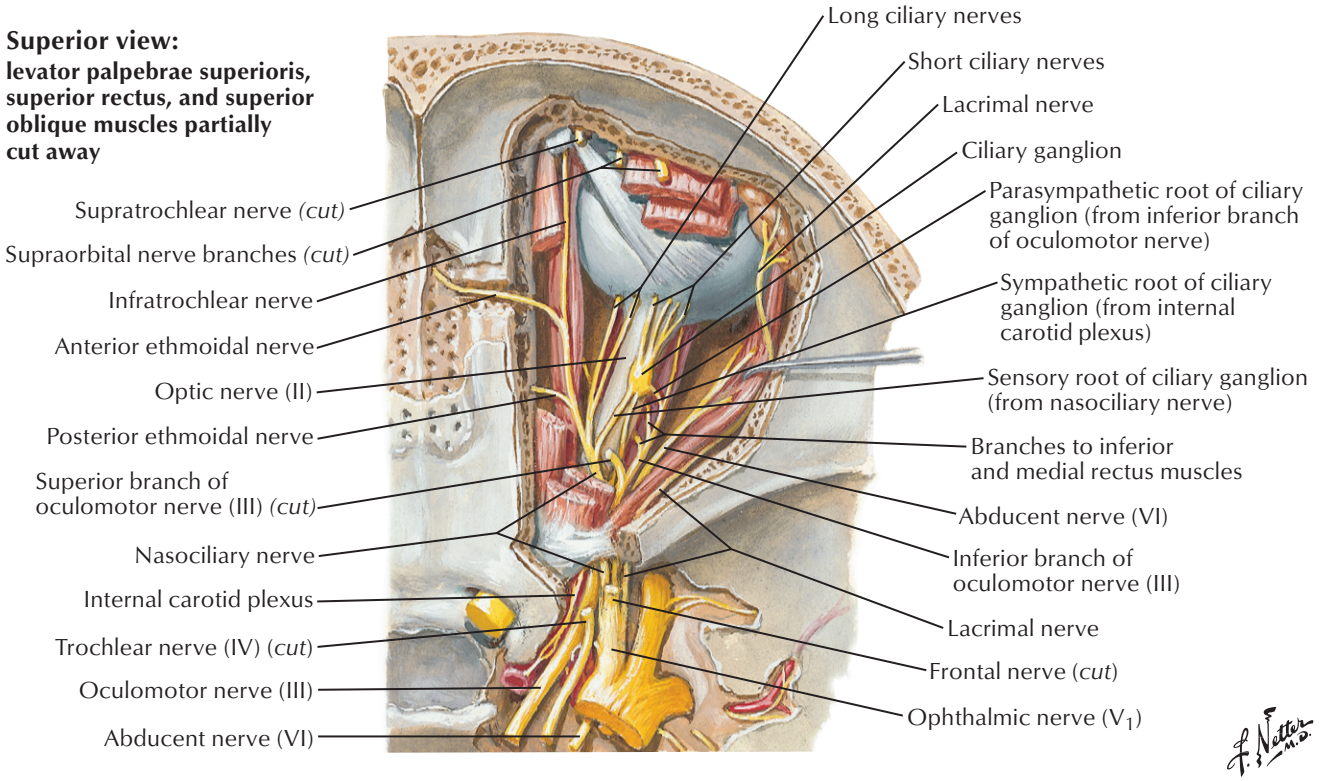


Plate 86 Nerves of Orbit. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

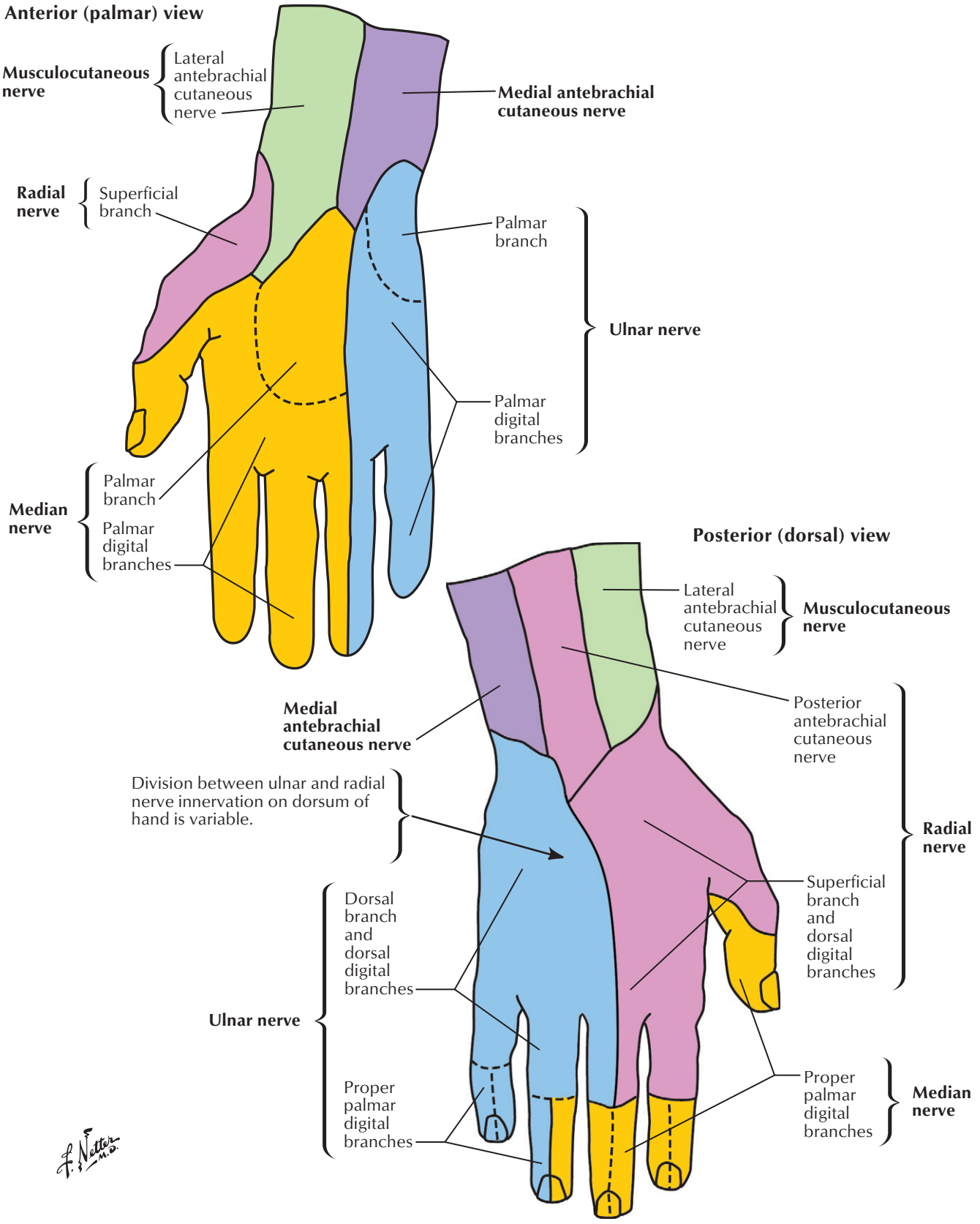


Plate 472 Cutaneous Innervation of Wrist and Hand. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

Anterior view

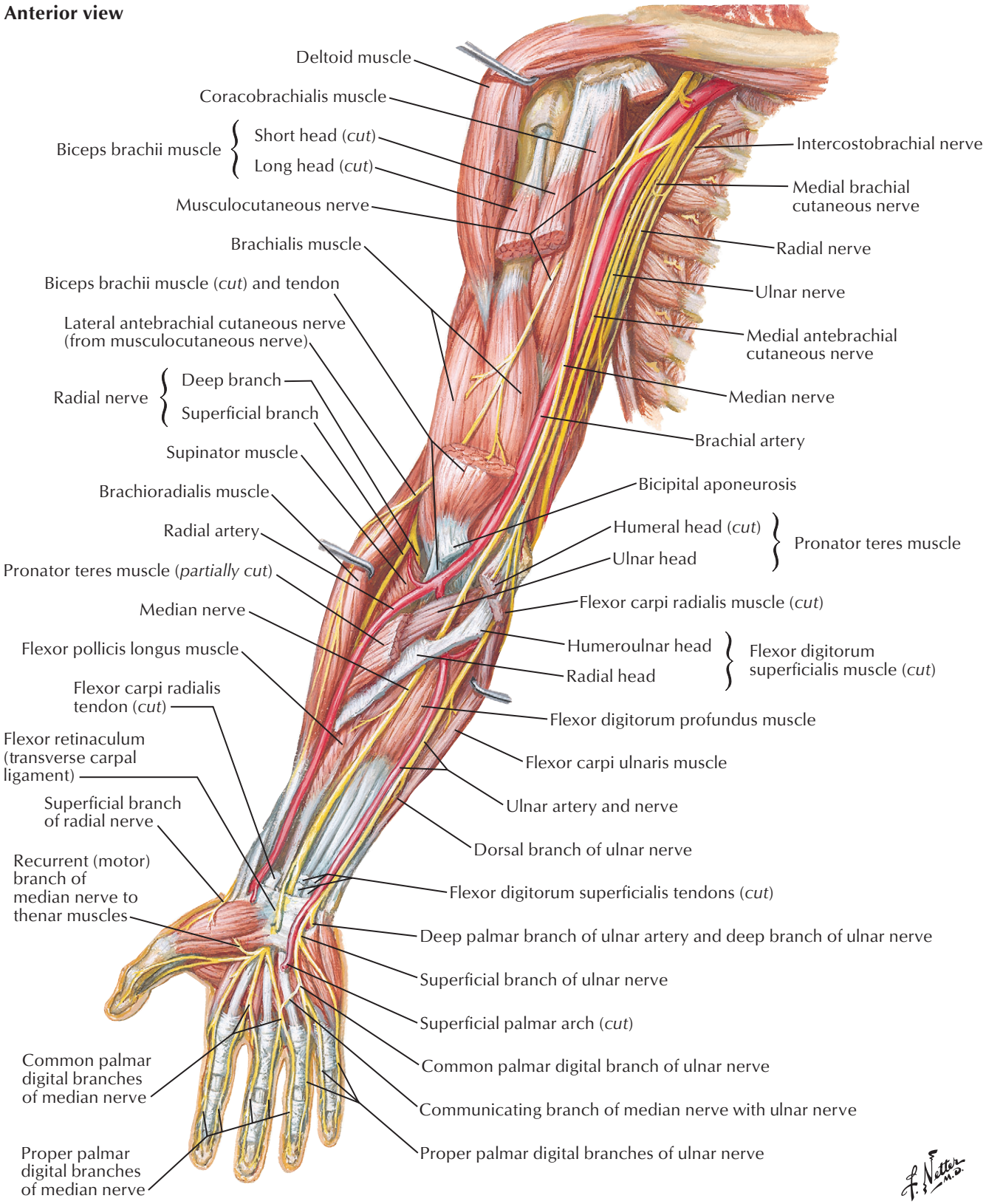


Plate 473 Arteries and Nerves of Upper Limb. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

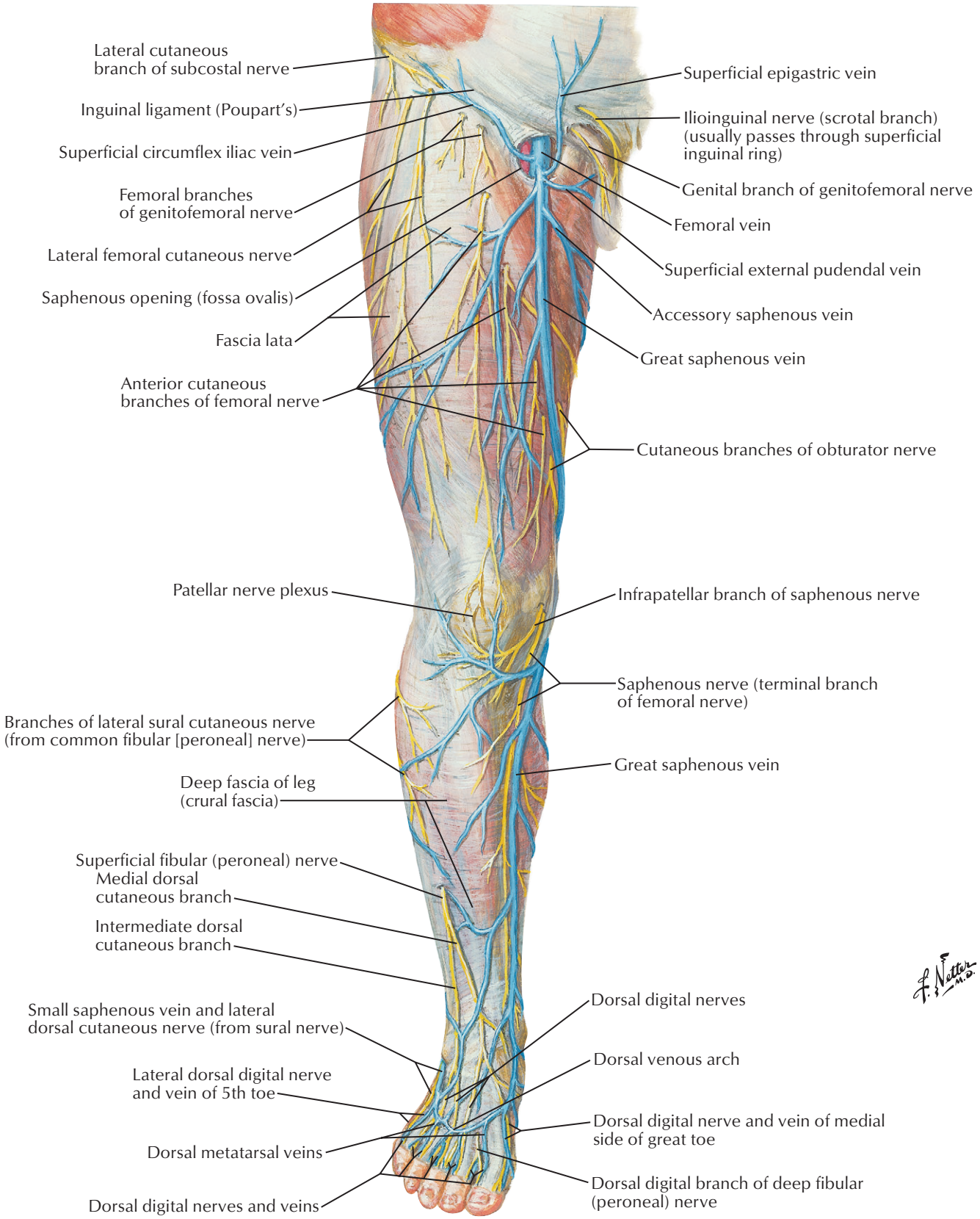


Plate 544 Superficial Nerves and Veins of Lower Limb: Anterior View. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

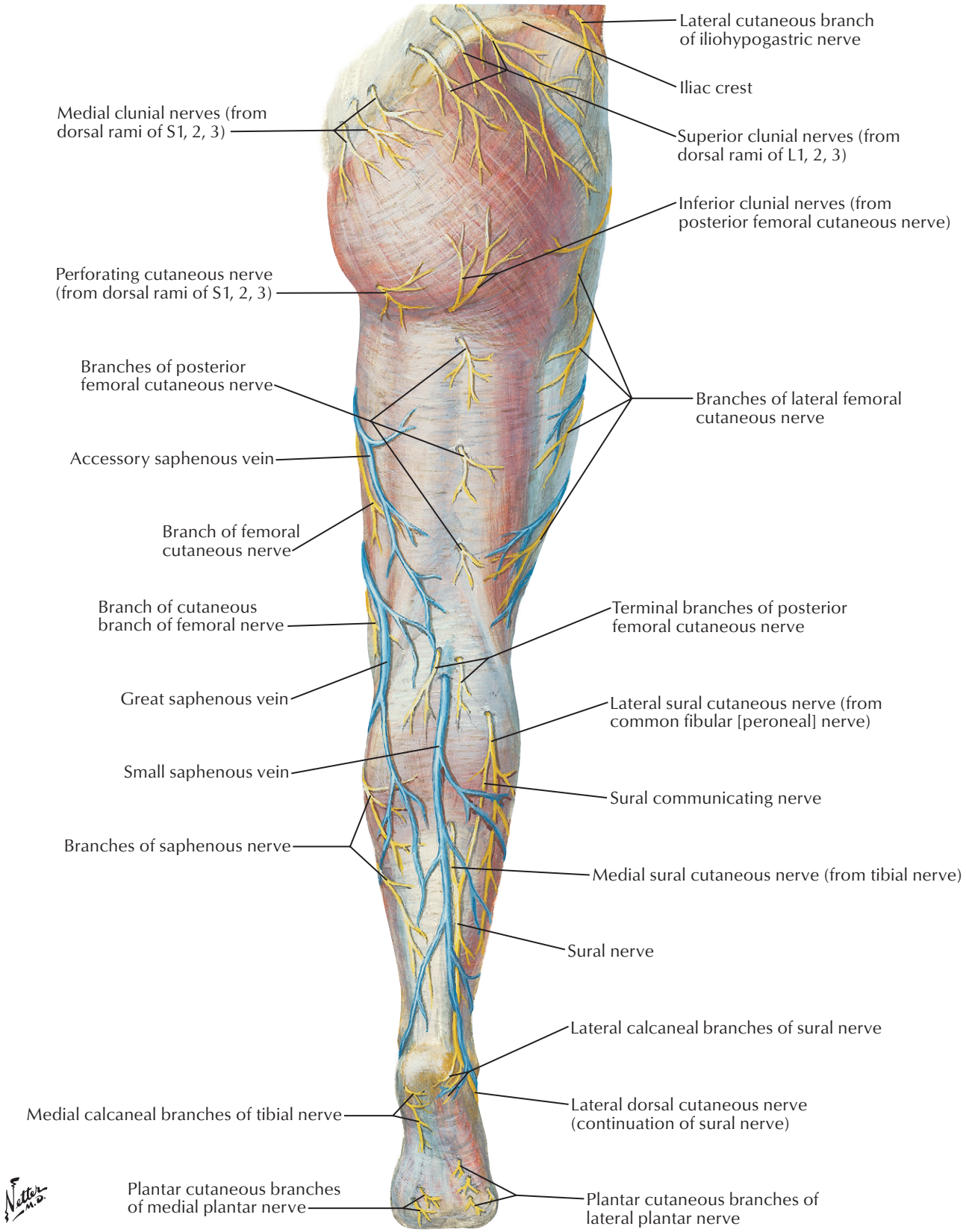


Plate 545 Superficial Nerves and Veins of Lower Limb: Posterior View. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

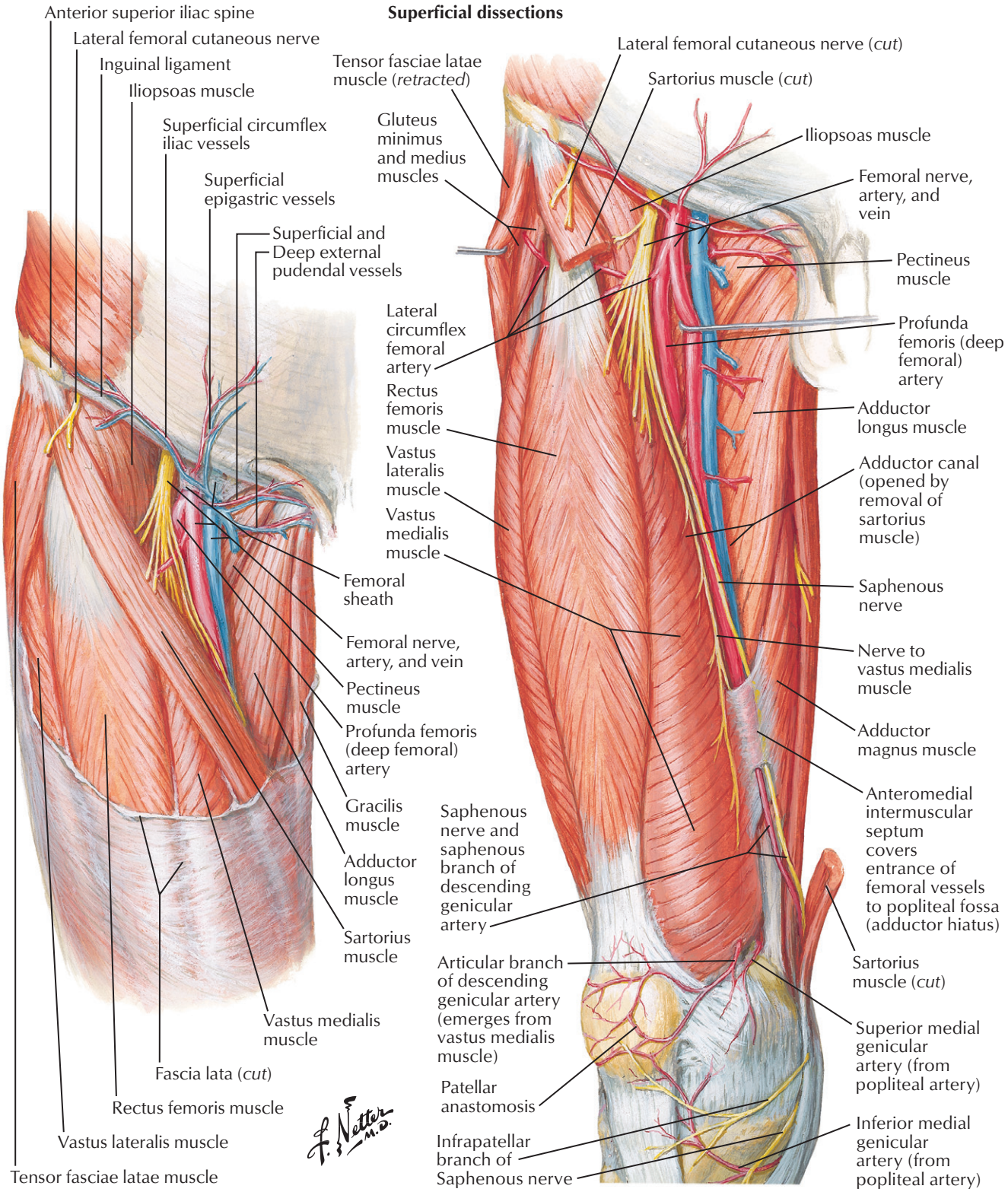


Plate 500 Arteries and Nerves of Thigh: Anterior Views. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

Deep dissection

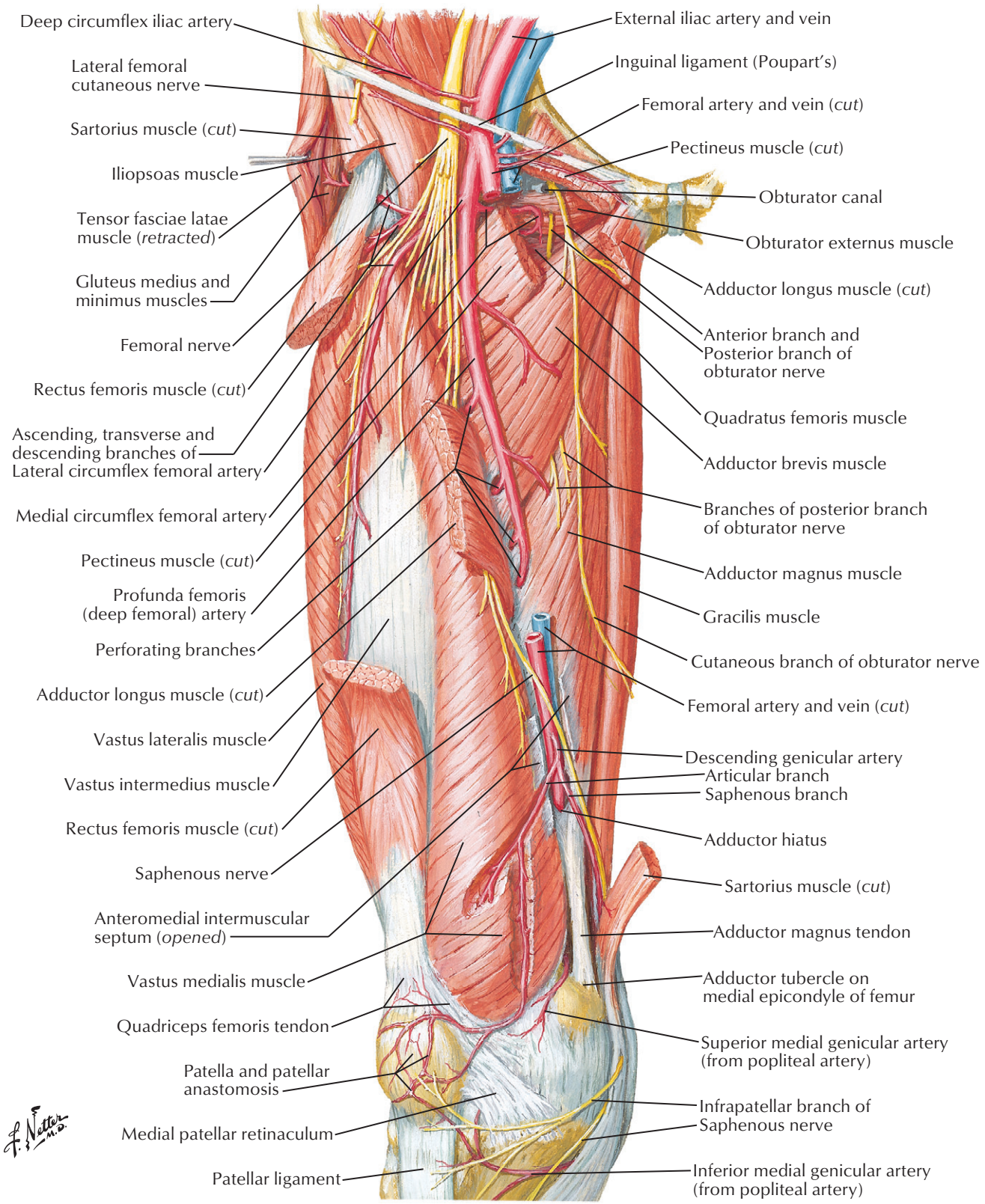


Plate 501 Arteries and Nerves of Thigh: Posterior View. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

Deep dissection

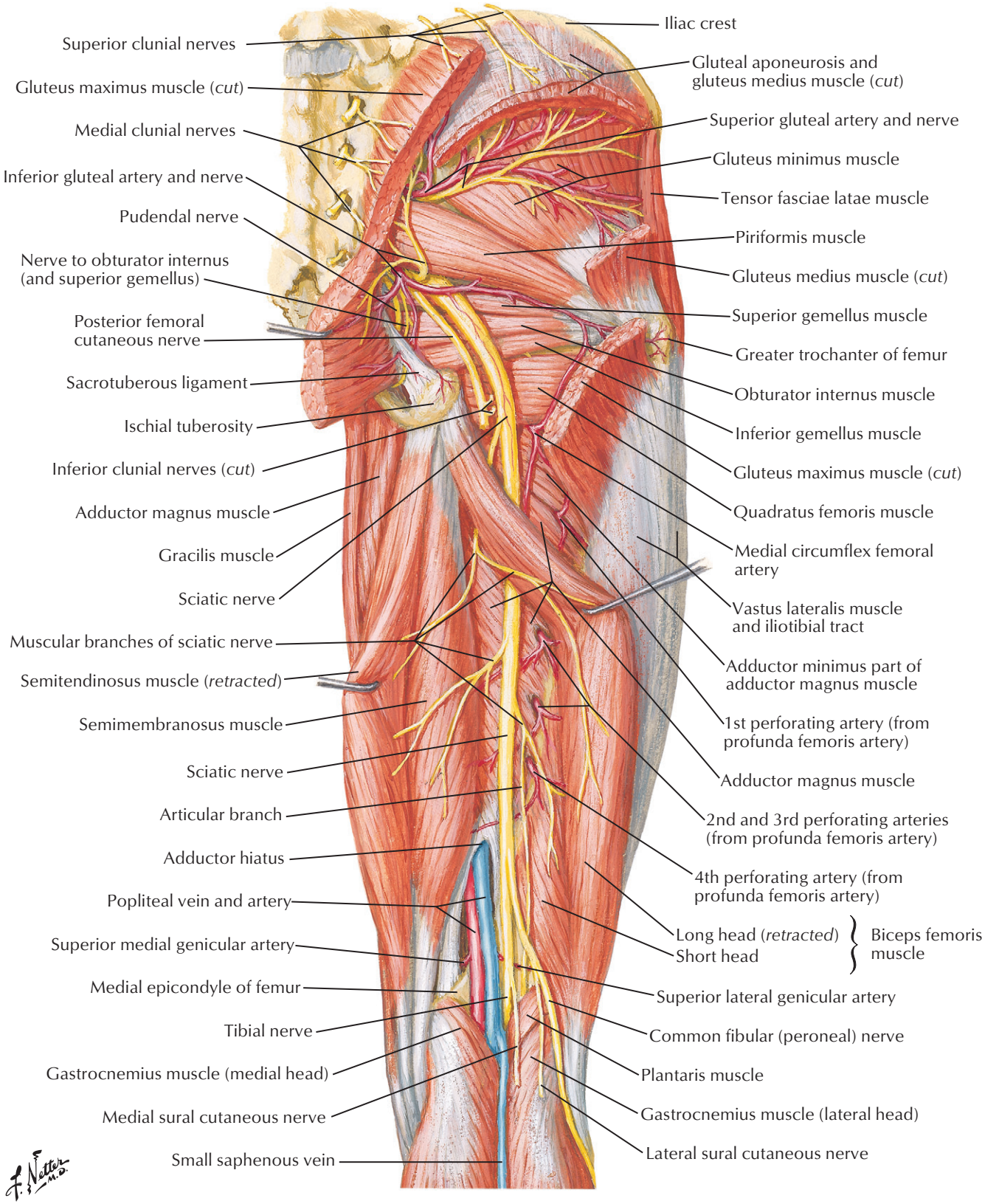


Plate 502 Arteries and Nerves of Thigh: Posterior View. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

Horizontal section

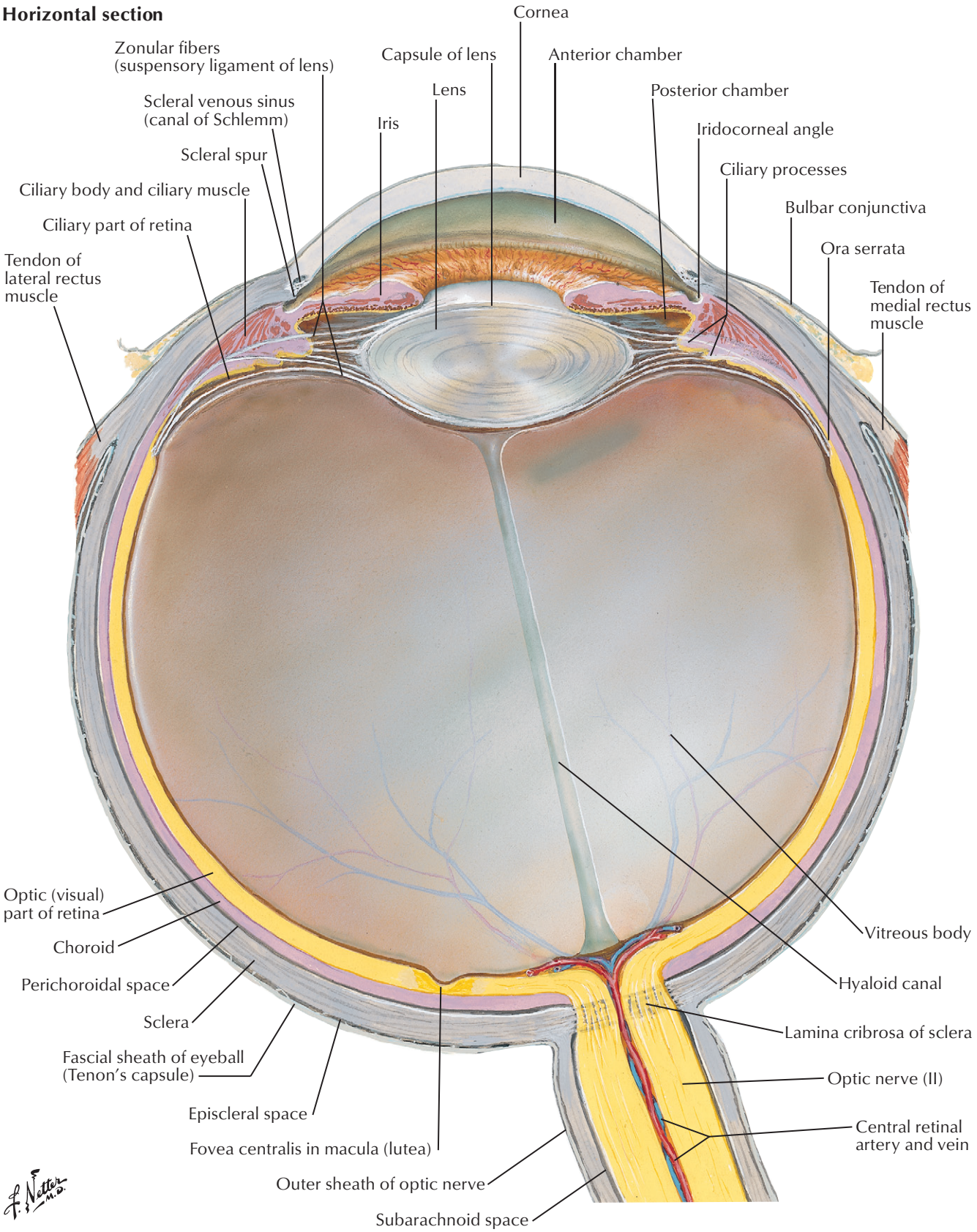
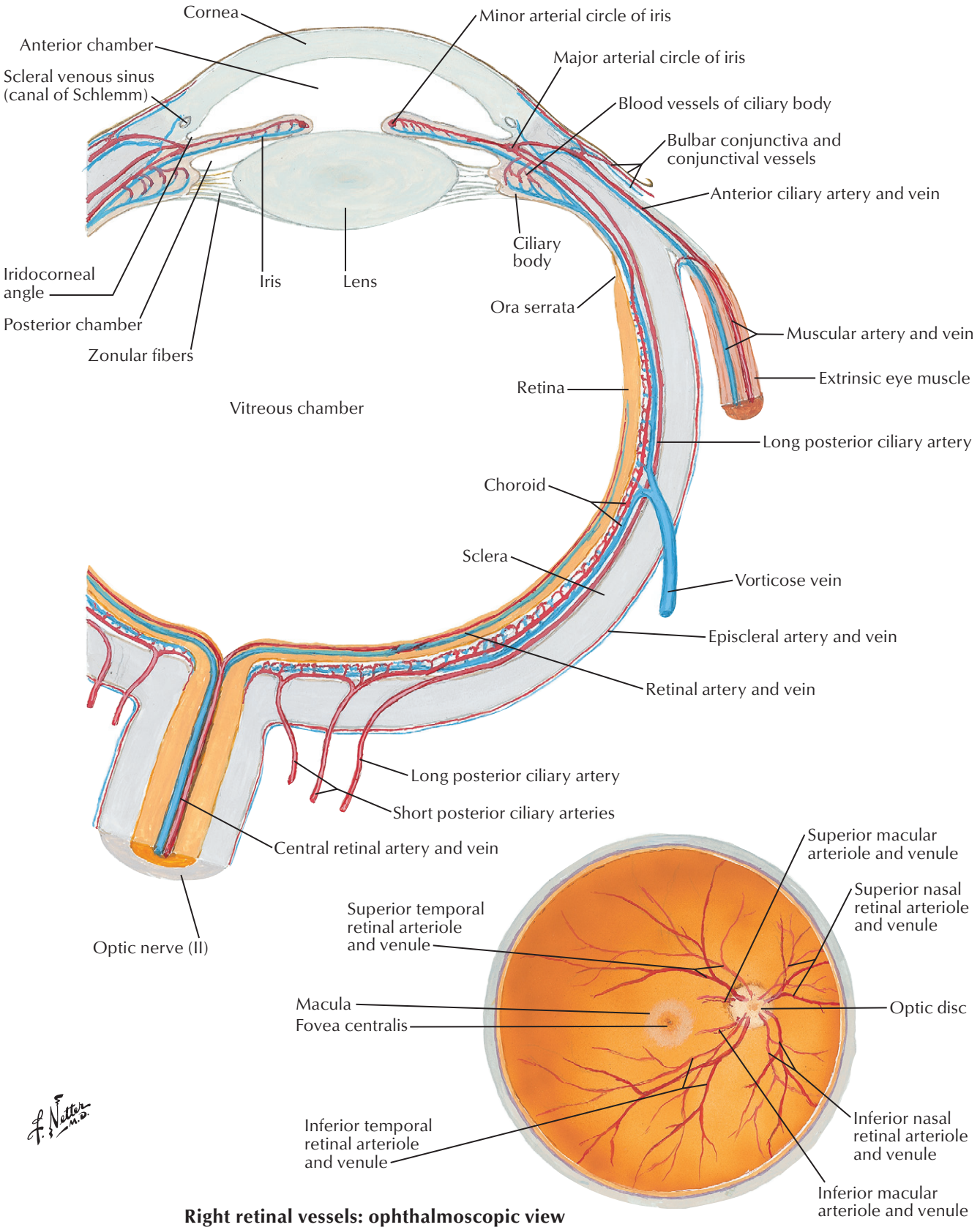


Plate 87 Eyeball. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)



Right retinal vessels: ophthalmoscopic view

Plate 90 Intrinsic Arteries and Veins of Eye. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

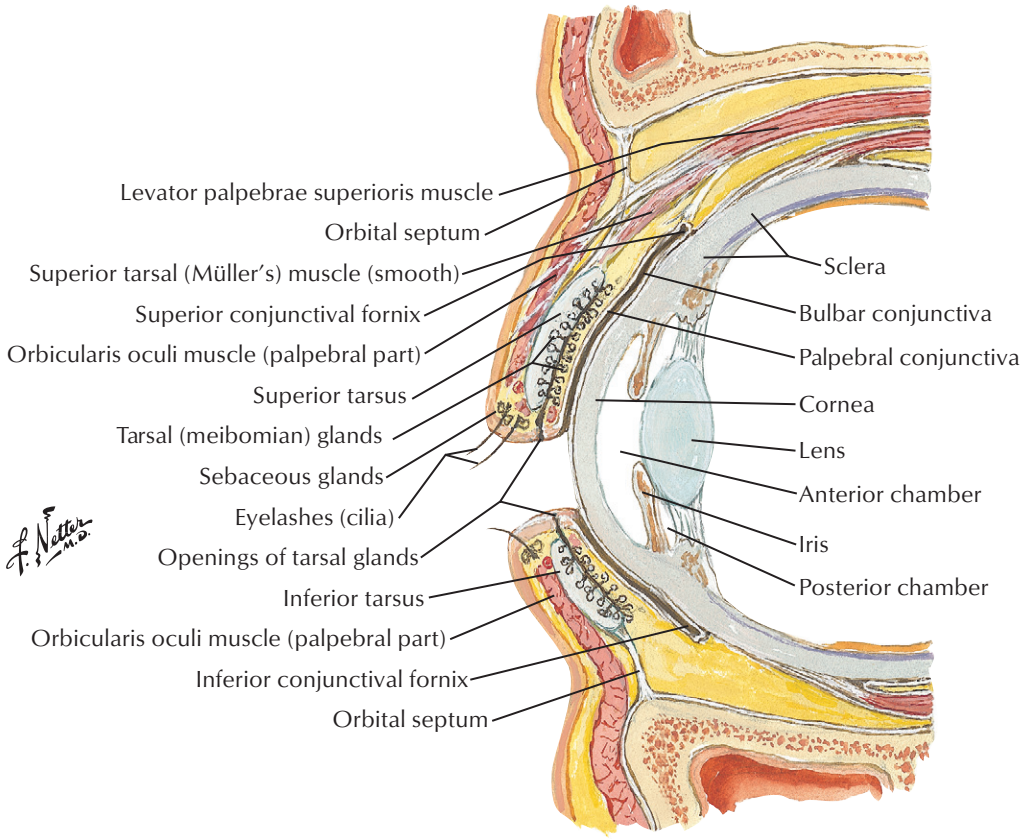


Plate 81, Middle Eyelids. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

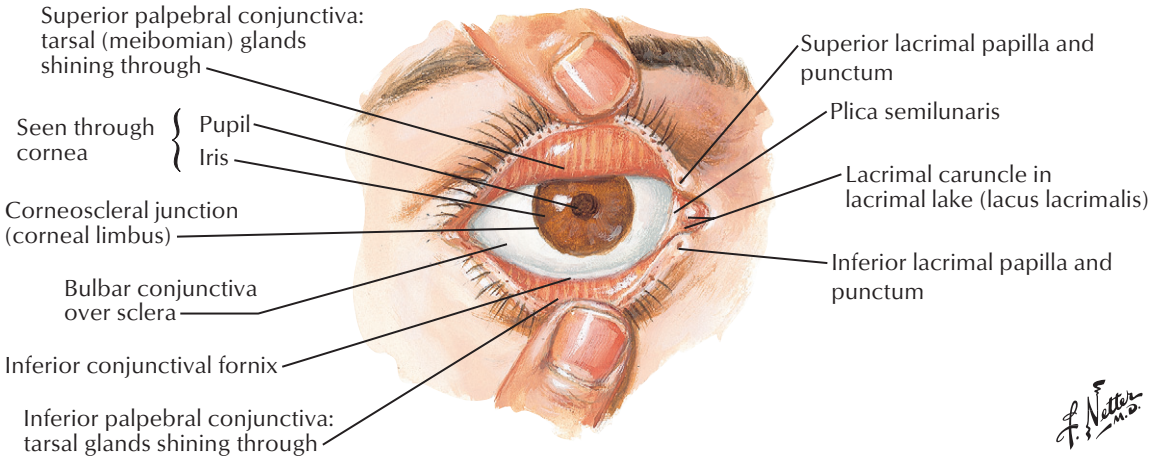


Plate 81, Upper Eyelid. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

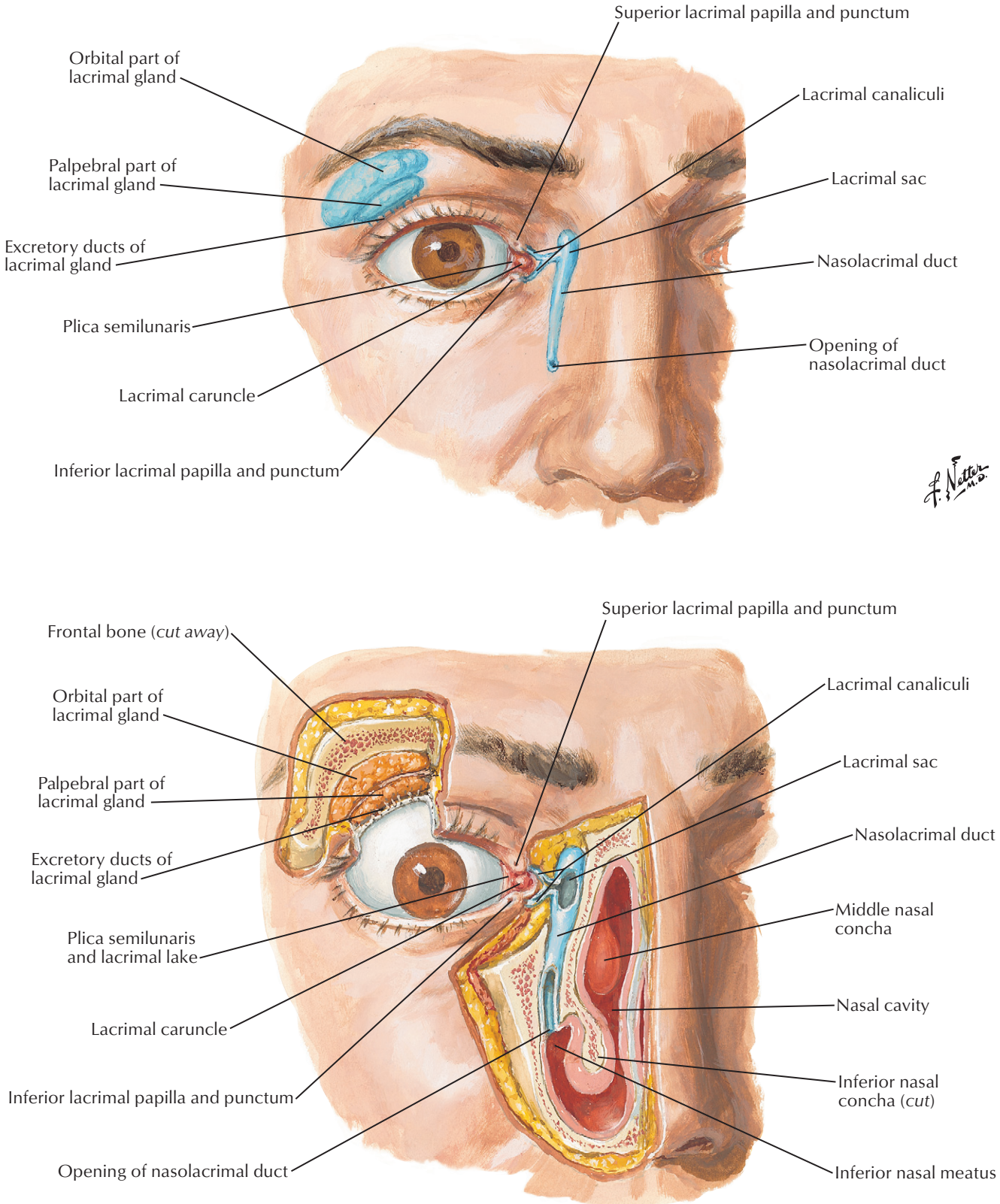
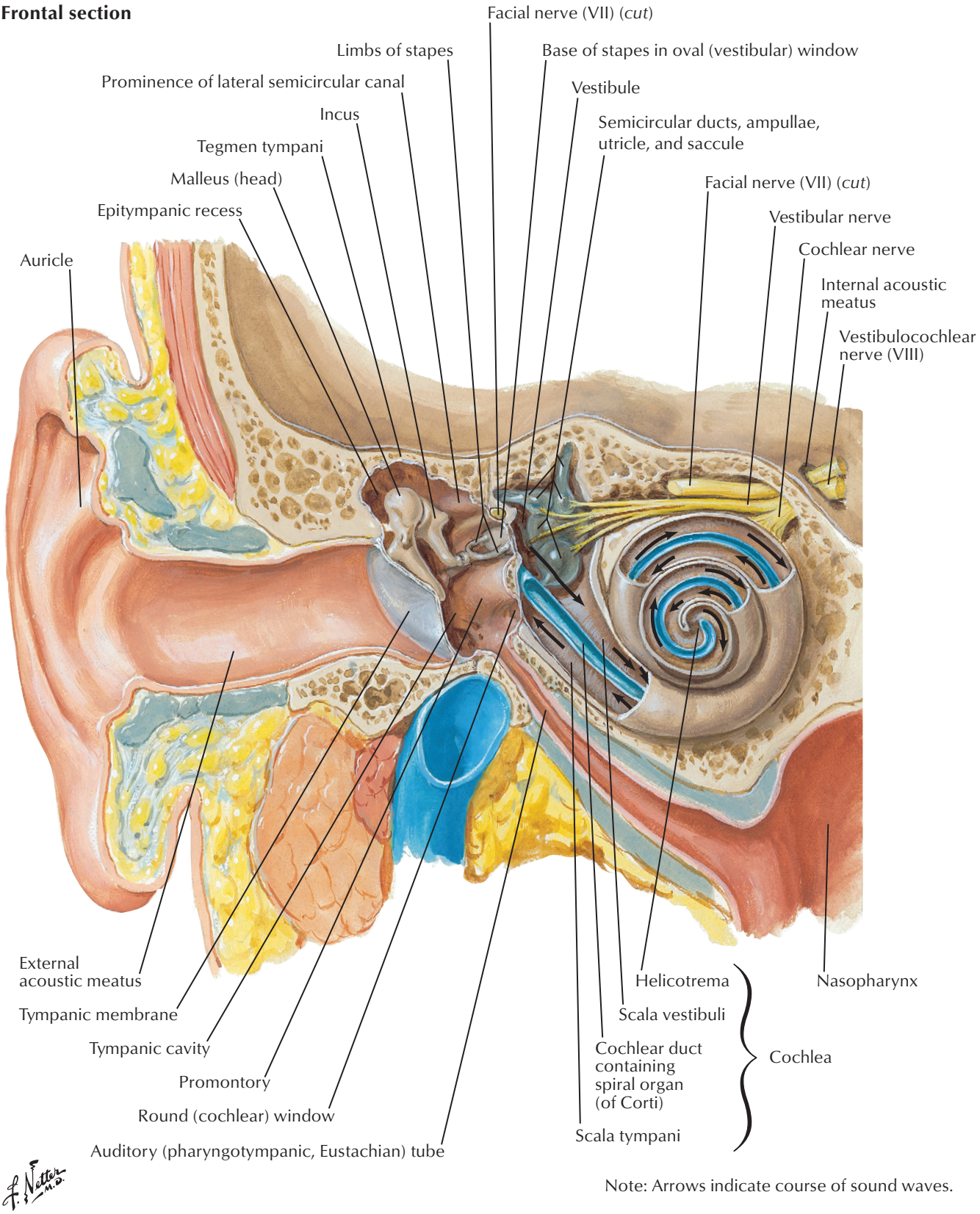


Plate 82 Lacrimal Apparatus. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

Frontal section



Note: Arrows indicate course of sound waves.

Plate 92 Pathway of Sound Reception. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

Medial wall of tympanic cavity: lateral view

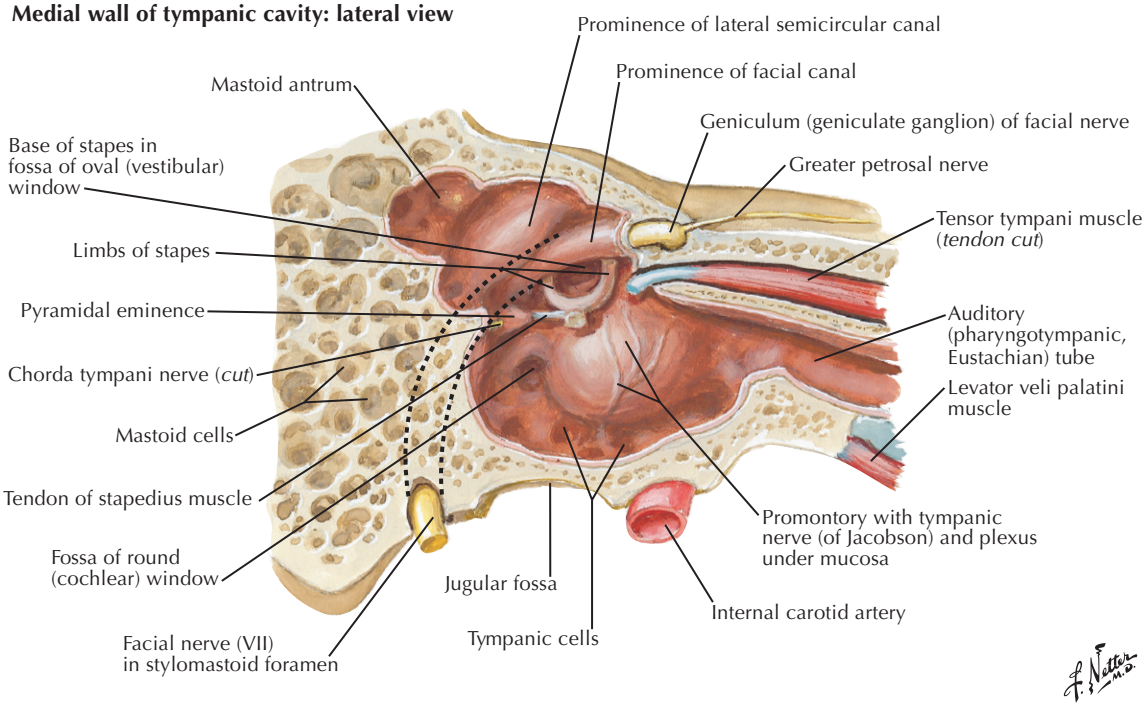


Plate 94 Tympanic Cavity. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

Otoscopic view of right tympanic membrane

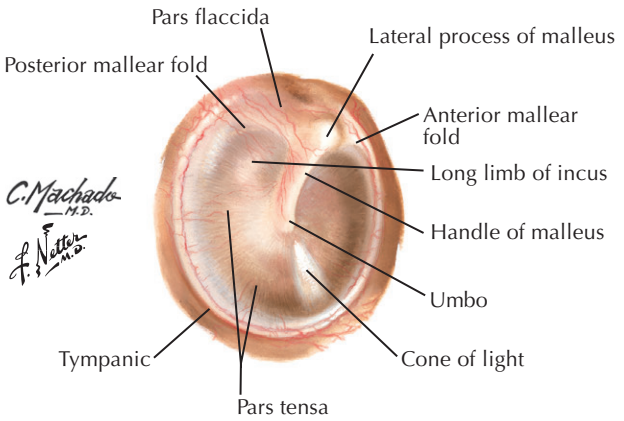


Plate 93 Tympanic Cavity. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

Dissected right bony labyrinth (otic capsule): membranous labyrinth removed

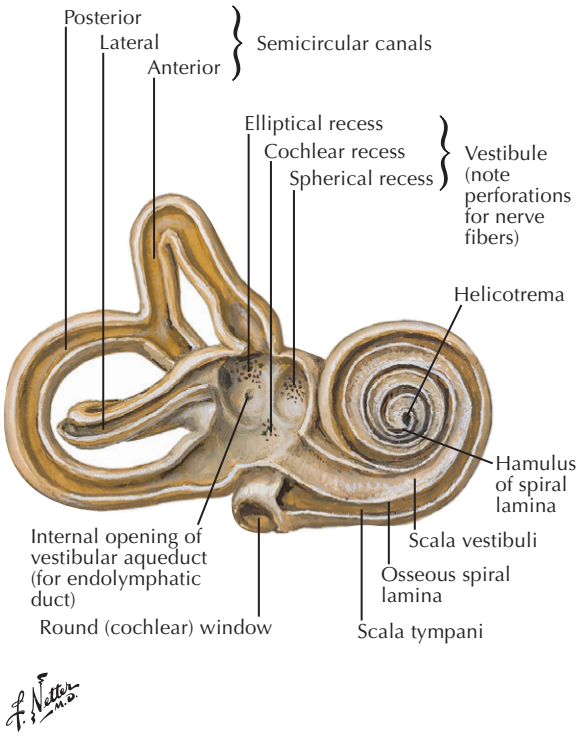


Plate 95 Bony Membranous Labyrinth. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

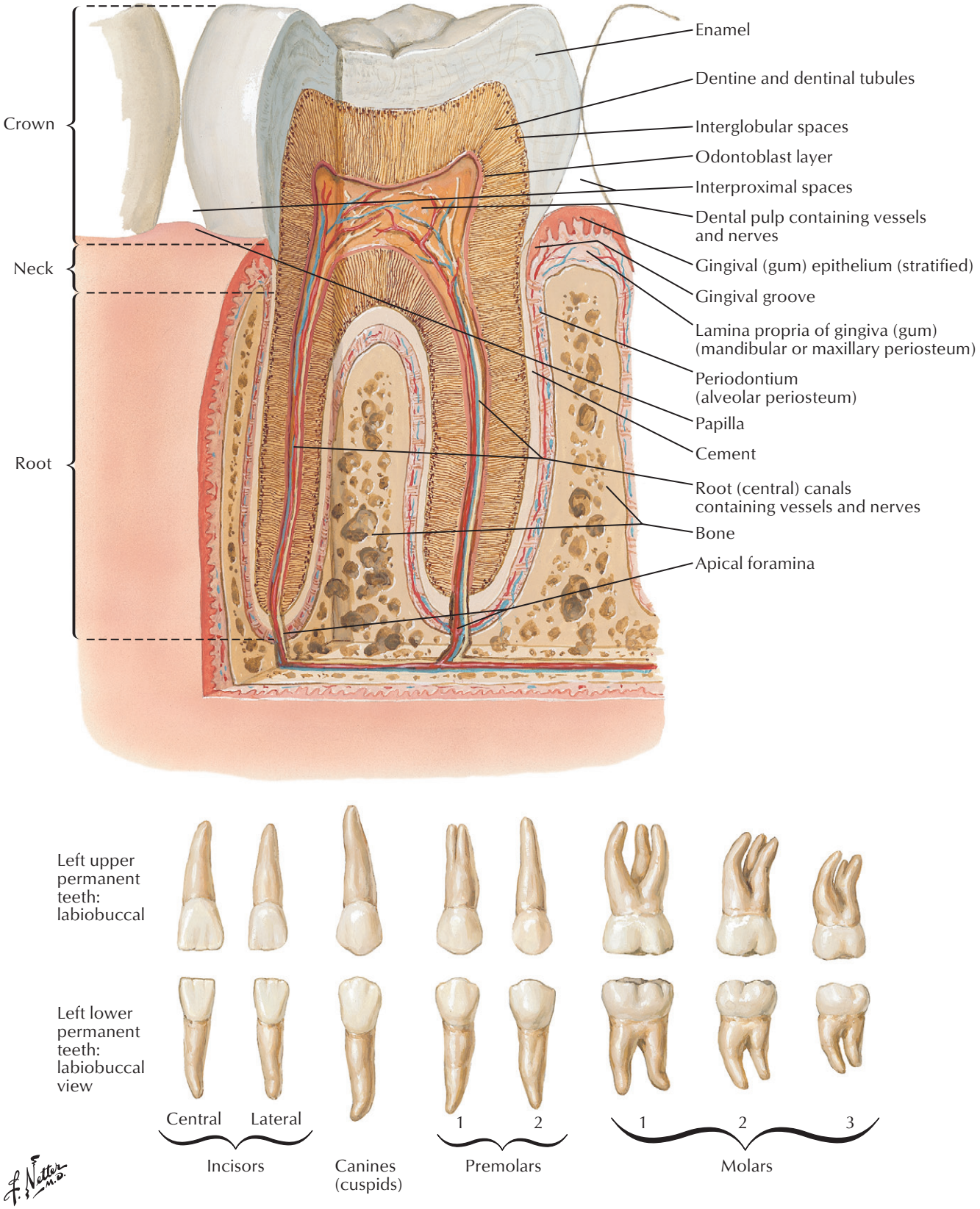


Plate 57 Teeth. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

Tongue

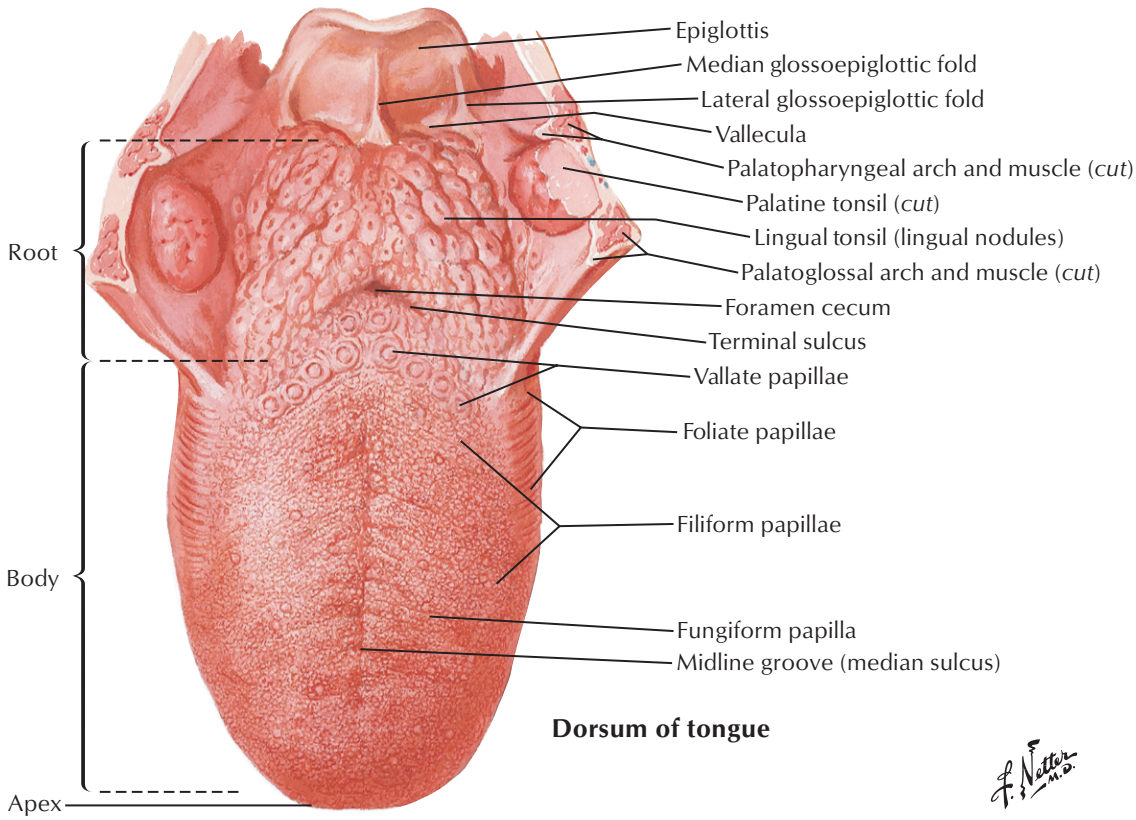


Plate 58 Tongue. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

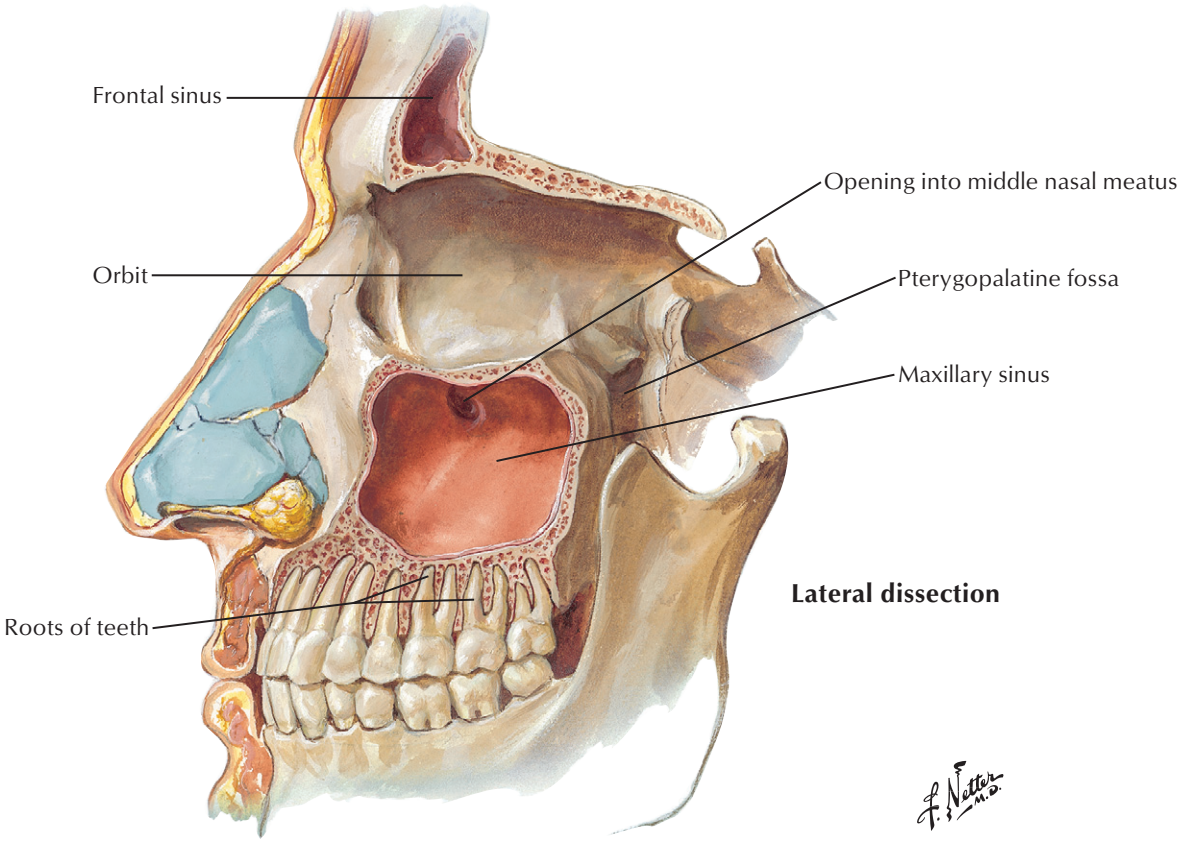
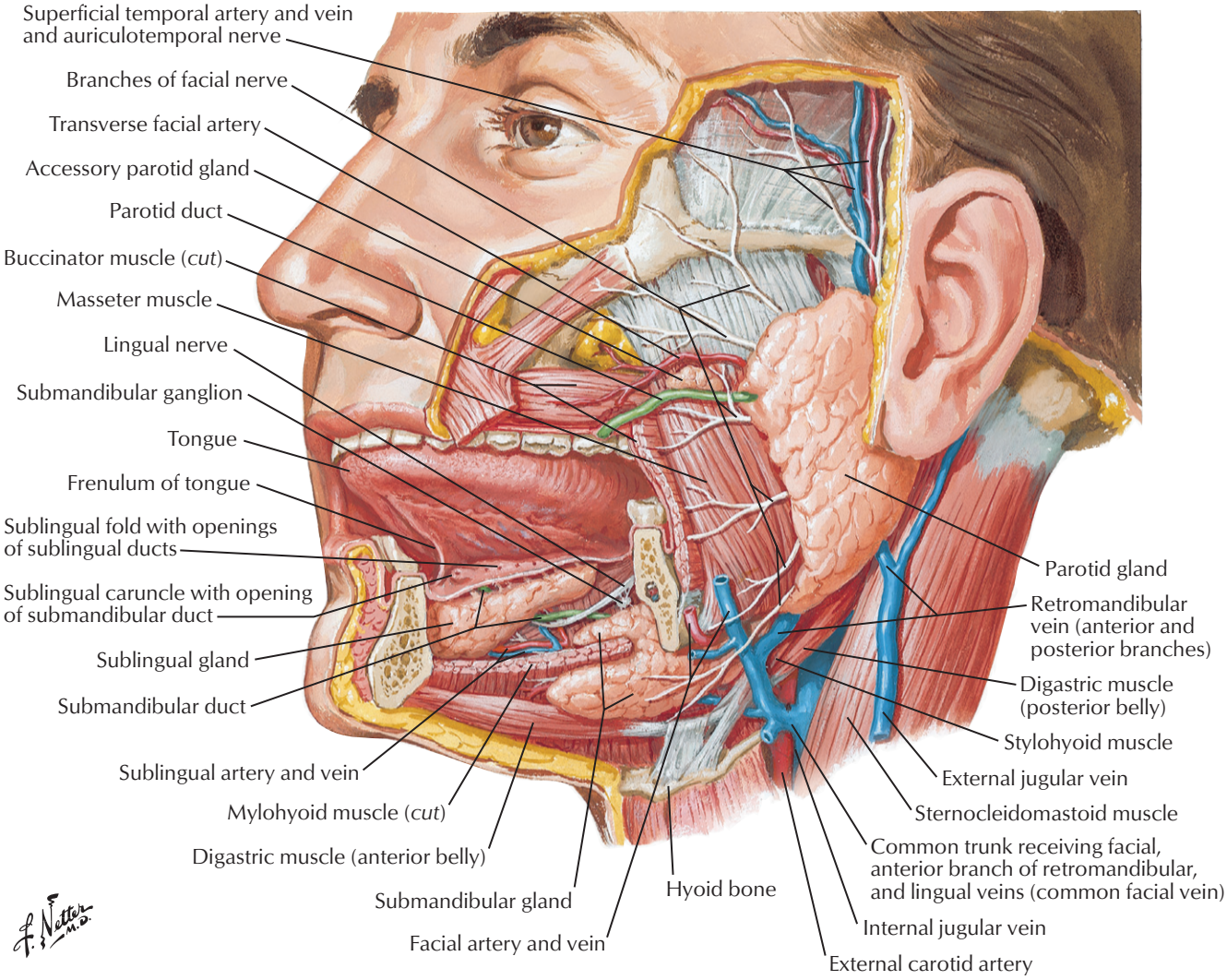
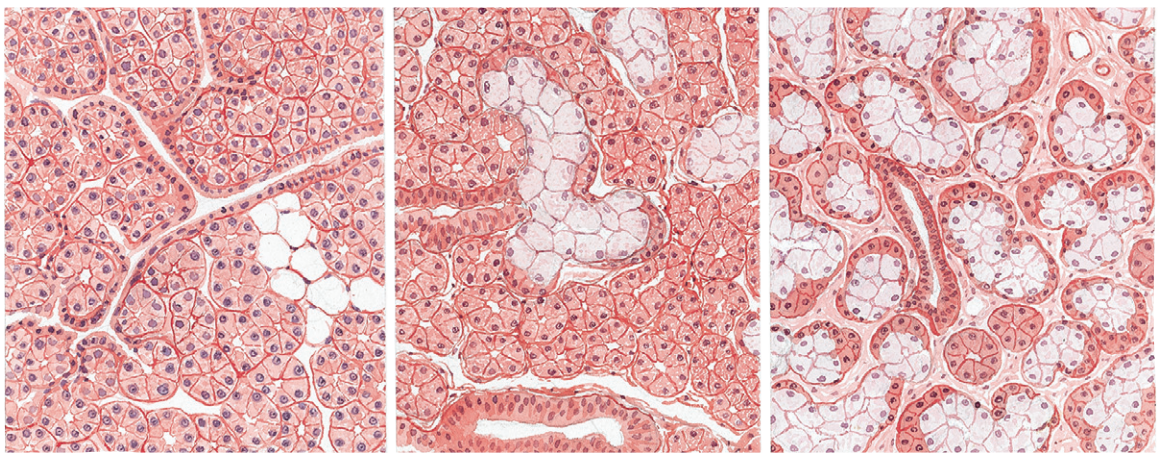


Plate 49 Paranasal Sinuses. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)





Parotid gland: totally serous

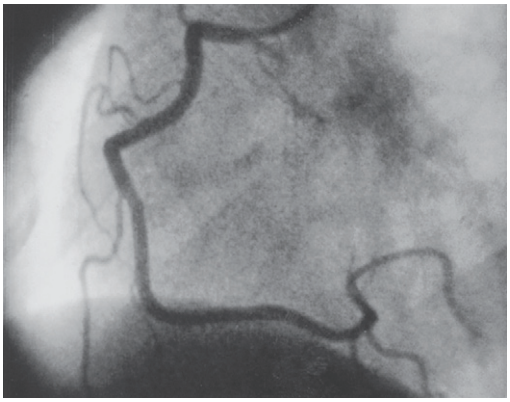
Submandibular gland: mostly serous, partially mucous

Sublingual gland: almost completely mucous

Plate 61 Salivary Glands. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

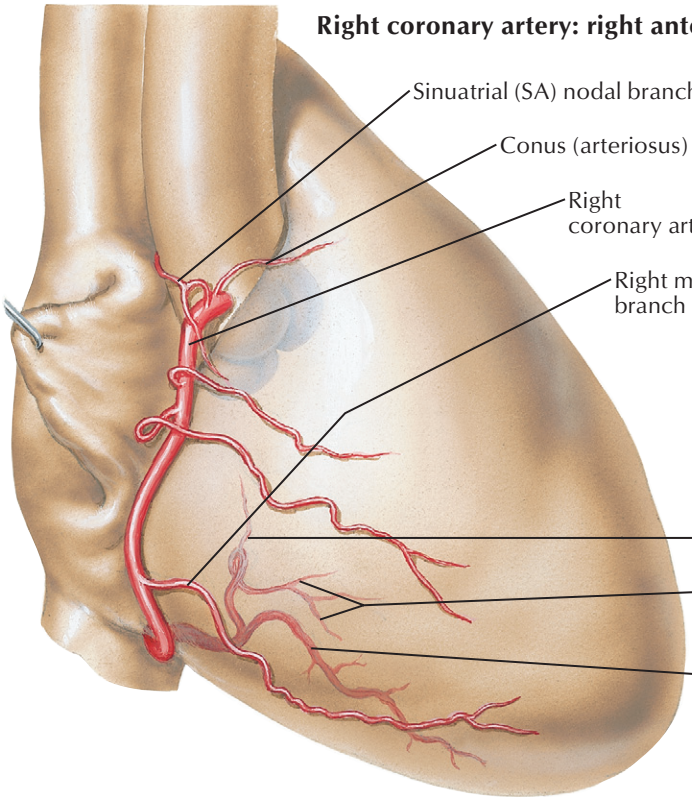
Coronary Arteries: Arteriographic Views

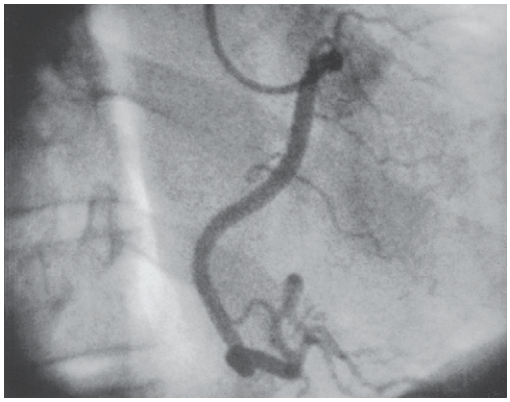
Right coronary artery: left anterior oblique view



Arteriogram

Right coronary artery: right anterior oblique view



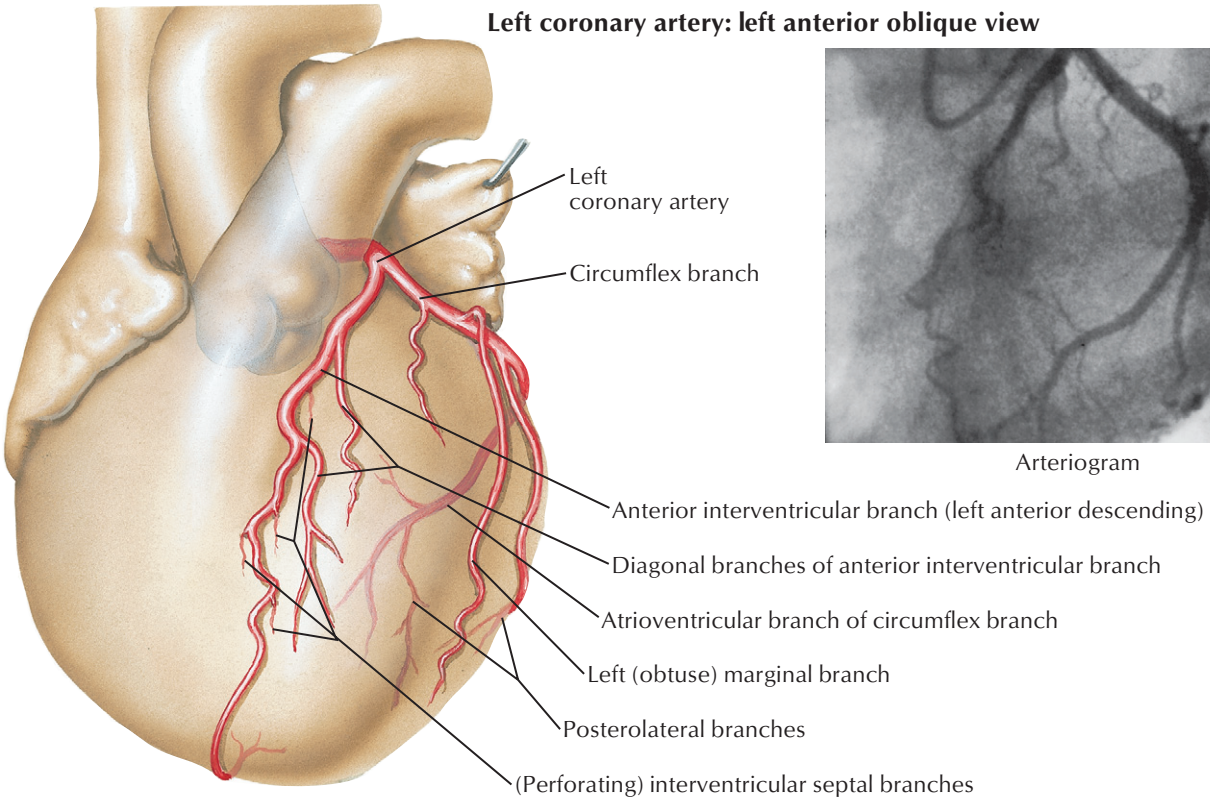


Arteriogram

F. Netter M.D. © ICON LEARNING SYSTEMS

Plate 218 Coronary Arteries: Arteriographic Views. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

Left coronary artery: left anterior oblique view



Left coronary artery: right anterior oblique view

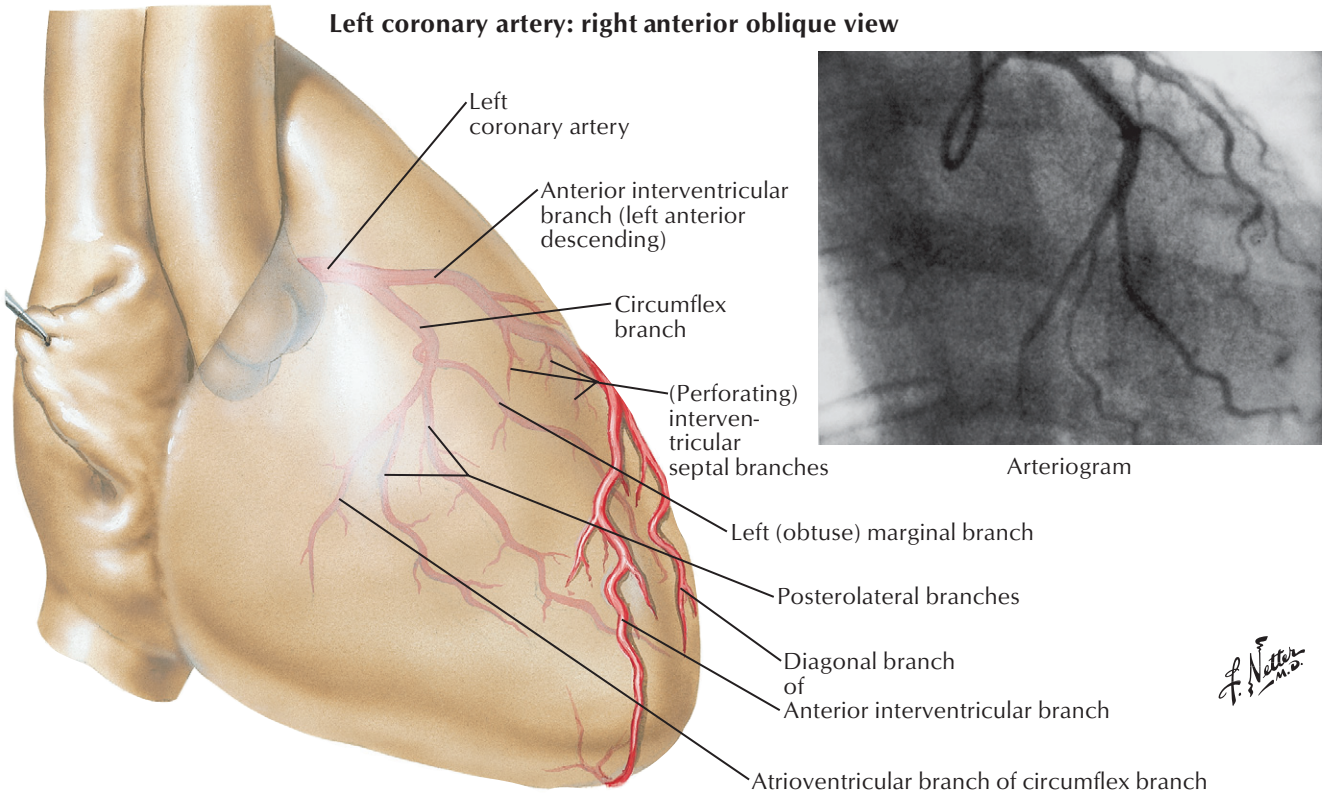
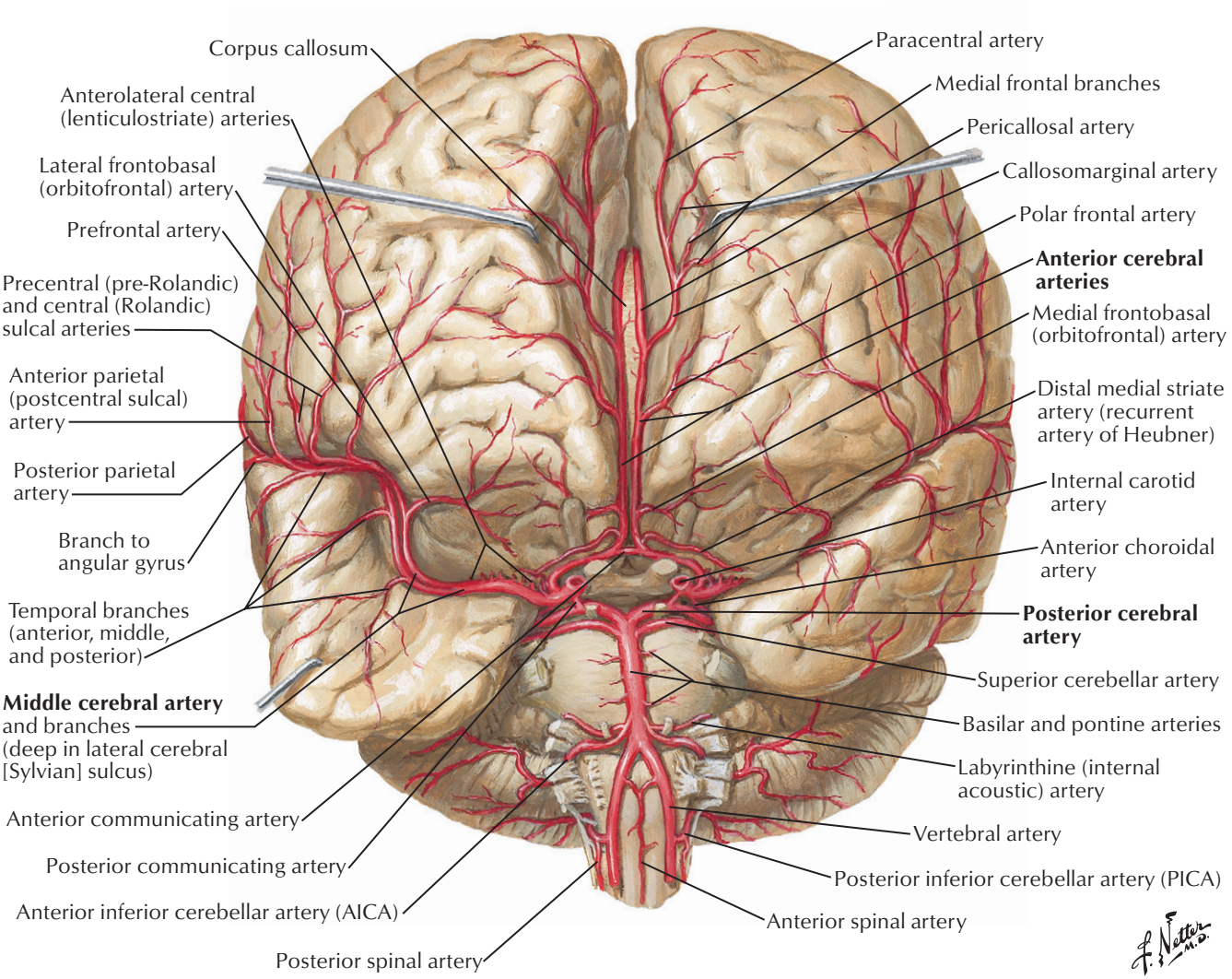


Plate 219 Coronary Arteries: Arteriographic Views. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)



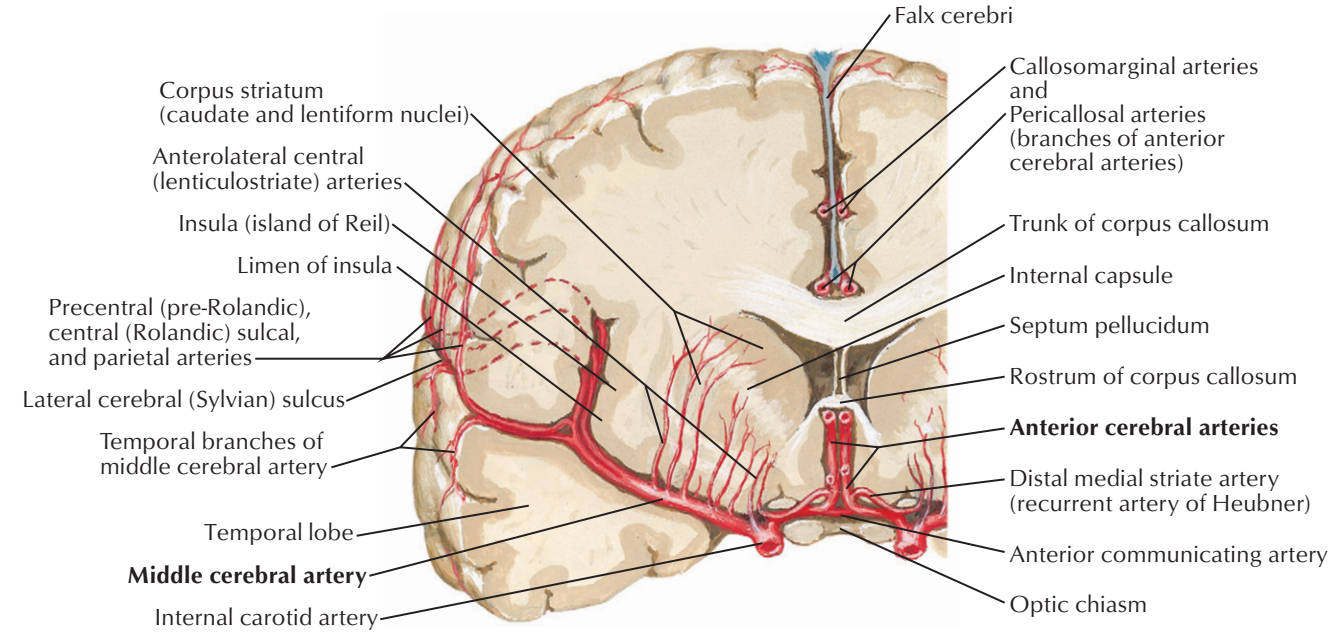


Plate 141 Arteries of Brain: Frontal View and Section. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

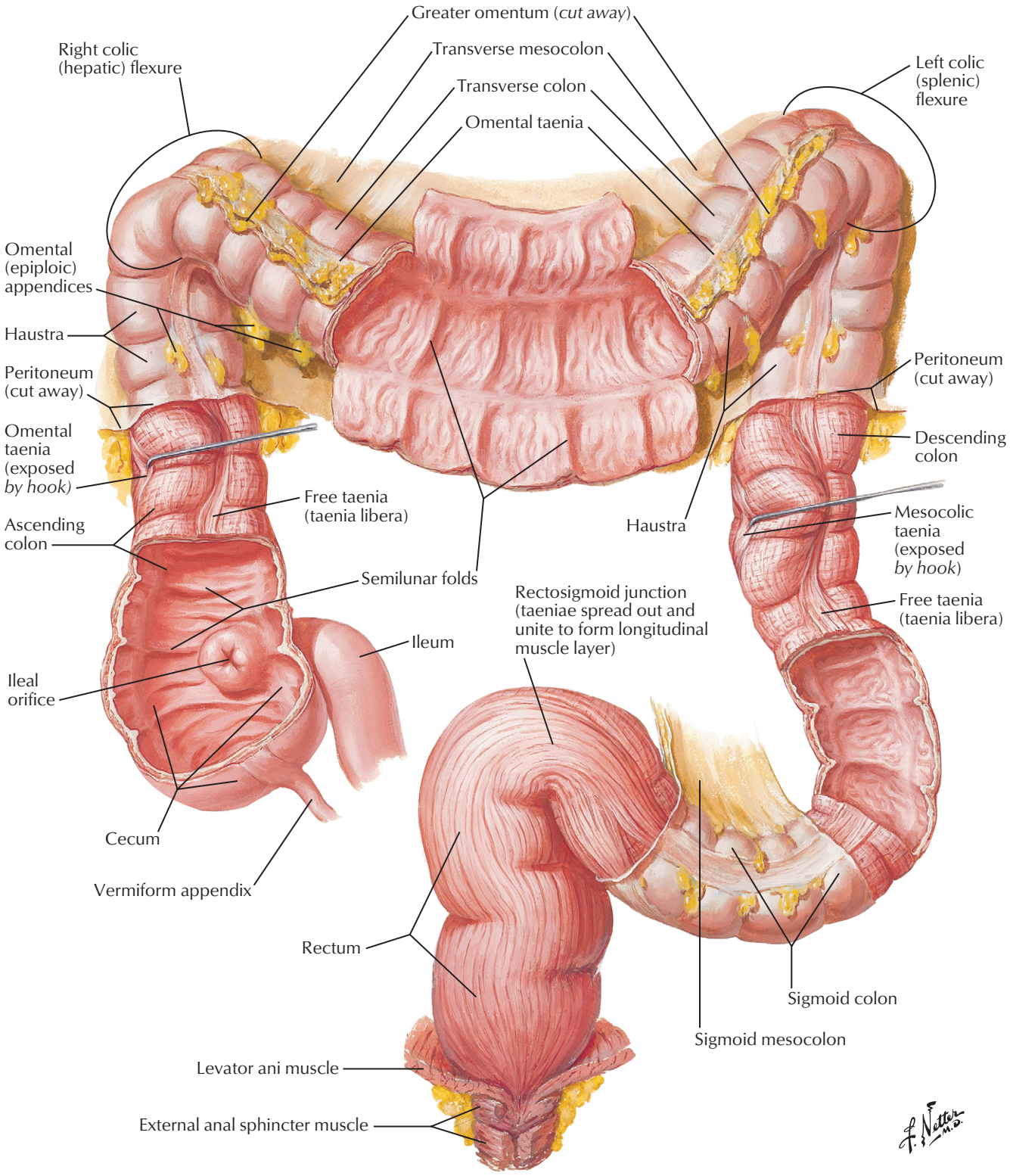
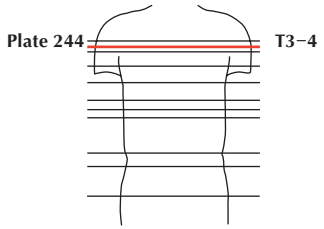


Plate 284 Mucosa and Musculature of Large Intestine. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

Plate 244 Cross Section of Thorax at T3-4 Disc Level. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

Transverse Section: T3–4 Intervertebral Disc, Manubrium



C. Machado, M.D.

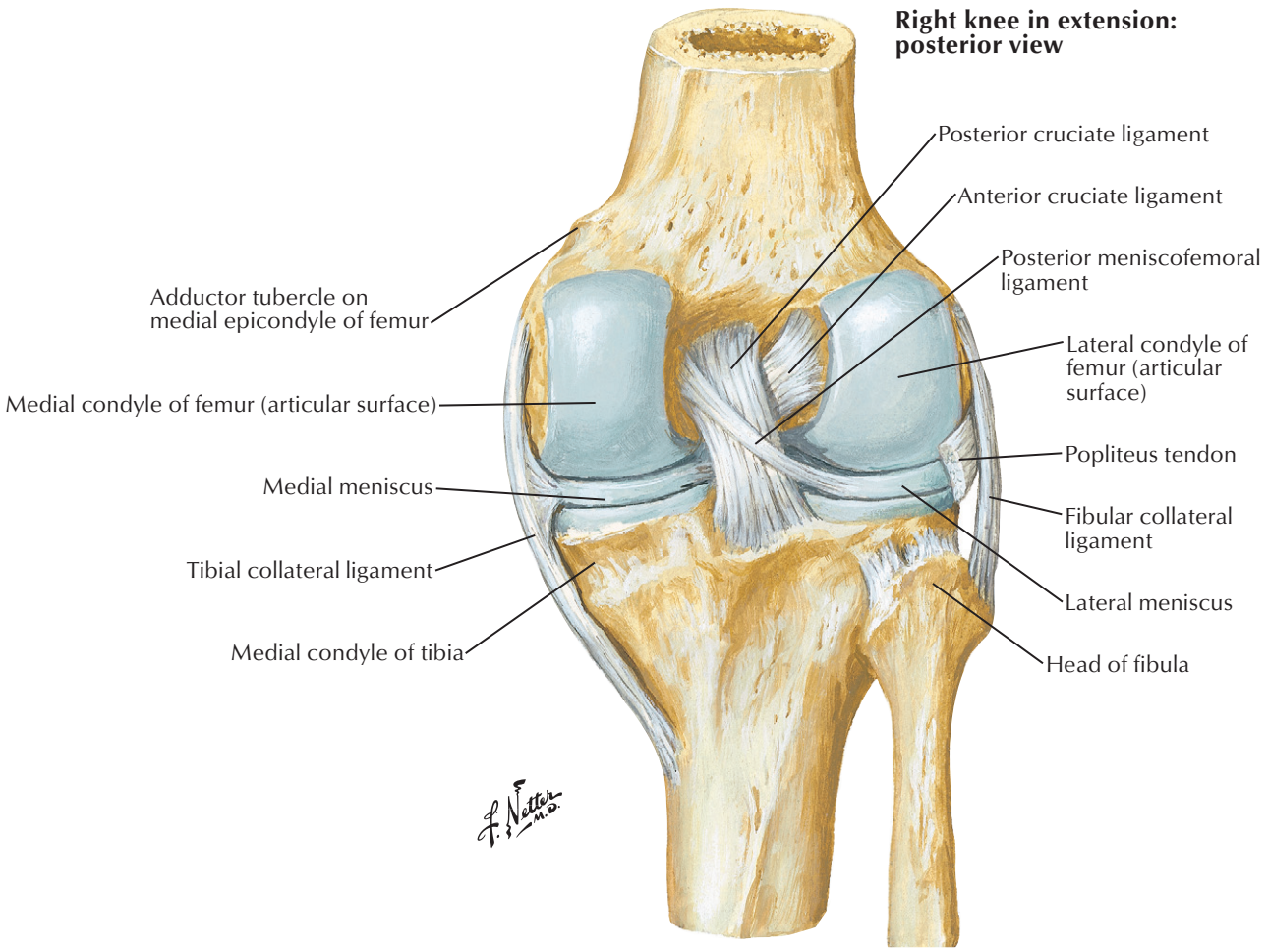
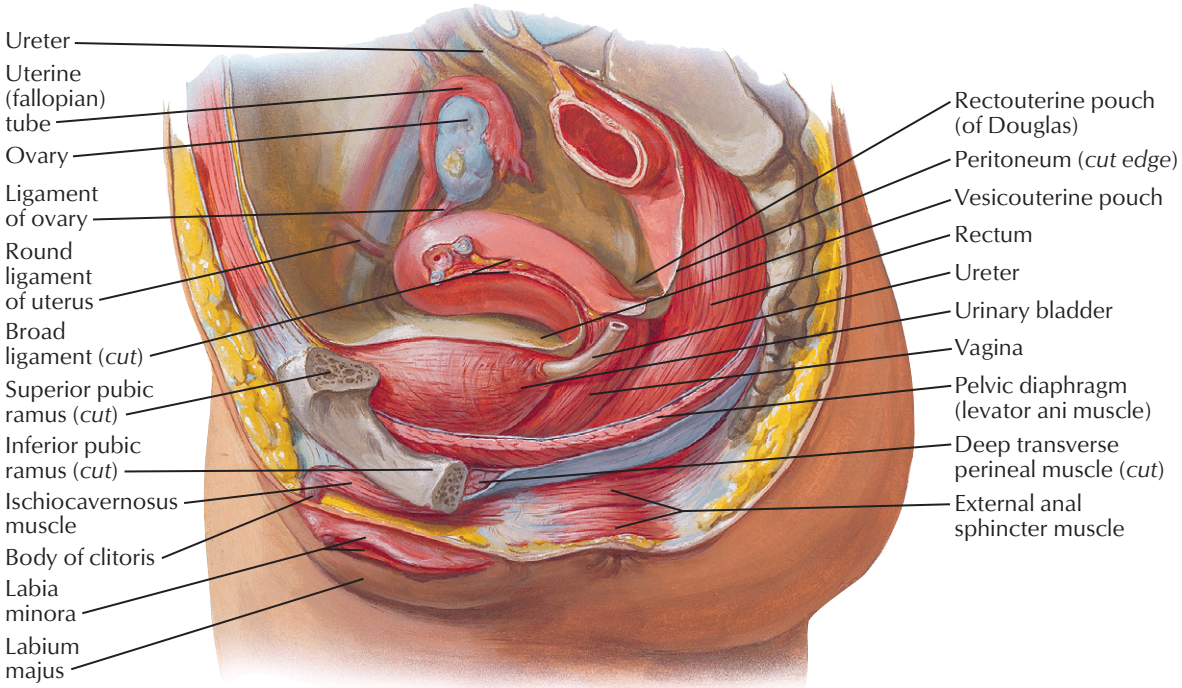


Plate 509 Knee: Cruciate and Collateral Ligaments. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

Paramedian (sagittal) dissection



Median (sagittal) section

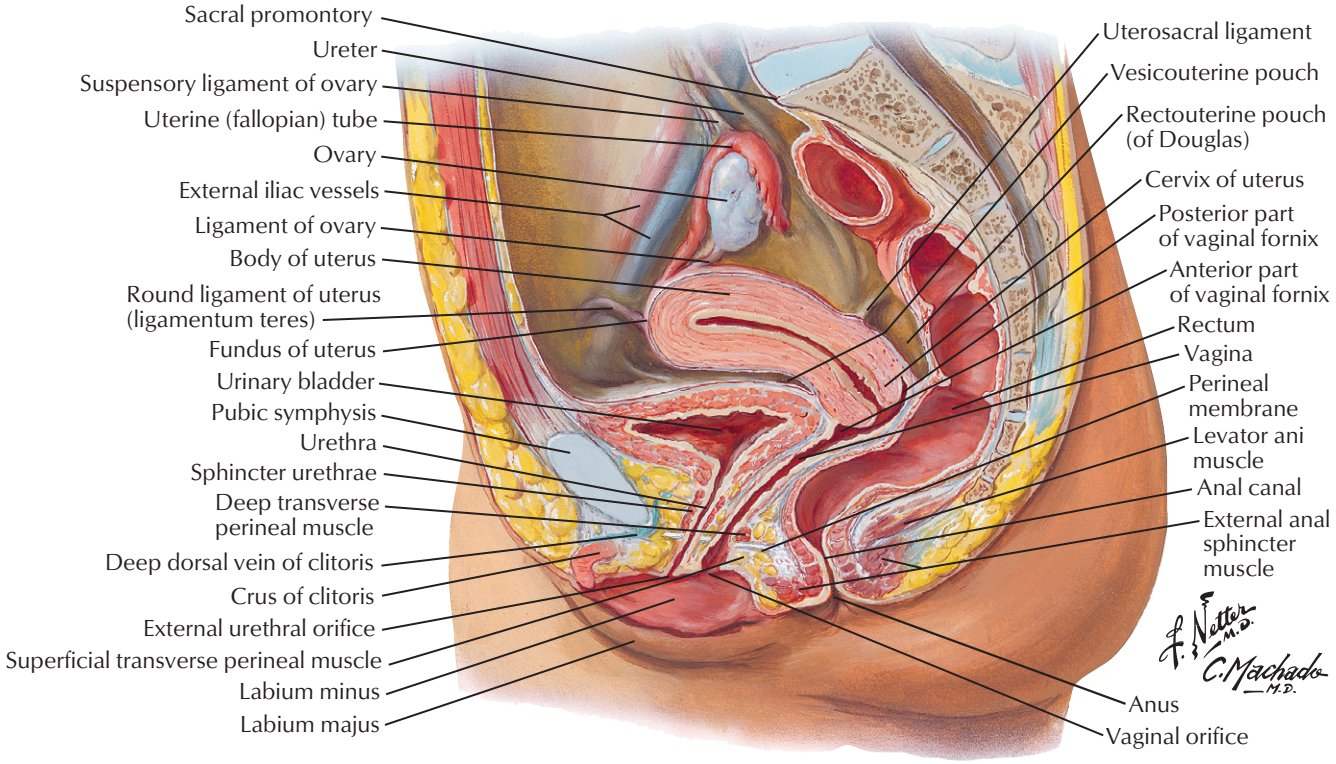


Plate 360 Pelvic Viscera and Perineum: Female. (Netter: Atlas of Human Anatomy, 4 ed, 2006, Saunders.)

3

3f (Aortic) Bioprosthesis valve *use* Zooplastic Tissue in Heart and Great Vessels ◀

A

Abdominal aortic plexus *use* Nerve, Abdominal Sympathetic
Abdominal esophagus *use* Esophagus, Lower
Abdominohysterectomy
see Excision, Uterus 0UB9
see Resection, Uterus 0UT9
Abdominoplasty
see Alteration, Abdominal Wall, 0W0F
see Repair, Abdominal Wall, 0WQF
see Supplement, Abdominal Wall, 0WUF
Abductor hallucis muscle
use Muscle, Foot, Right
use Muscle, Foot, Left
AbioCor® Total Replacement Heart *use* Synthetic Substitute
Ablation *see* Destruction
Abortion
Products of Conception 10A0
Abortifacient 10A07ZX
Laminaria 10A07ZW
Vacuum 10A07Z6
Abrasion *see* Extraction
Accessory cephalic vein
use Vein, Cephalic, Right
use Vein, Cephalic, Left
Accessory obturator nerve *use* Nerve, Lumbar Plexus
Accessory phrenic nerve *use* Nerve, Phrenic
Accessory spleen *use* Spleen
Acellular Hydrated Dermis *use* Nonautologous Tissue Substitute
Acetabulectomy
see Excision, Lower Bones 0QB
see Resection, Lower Bones 0QT
Acetabulofemoral joint
use Joint, Hip, Right
use Joint, Hip, Left
Acetabuloplasty
see Repair, Lower Bones 0QQ
see Replacement, Lower Bones 0QR
see Supplement, Lower Bones 0QU
Achilles tendon
use Tendon, Lower Leg, Left
use Tendon, Lower Leg, Right
Achillorrhaphy *use* Repair, Tendons 0LQ
Achillotenotomy, achillotomy
see Division, Tendons 0L8
see Drainage, Tendons 0L9
Acromioclavicular ligament
use Bursa and Ligament, Shoulder, Right
use Bursa and Ligament, Shoulder, Left
Acromion (process)
use Scapula, Left
use Scapula, Right
Acromionectomy
see Excision, Upper Joints 0RB
see Resection, Upper Joints 0RT
Acromioplasty
see Repair, Upper Joints 0RQ
see Replacement, Upper Joints 0RR
see Supplement, Upper Joints 0RU
Activa PC neurostimulator *use* Stimulator Generator, Multiple Array in 0JH ◀
Activa RC neurostimulator *use* Stimulator Generator, Multiple Array Rechargeable in 0JH ◀
Activa SC neurostimulator *use* Stimulator Generator, Single Array in 0JH ◀
Activities of Daily Living Assessment F02
Activities of Daily Living Treatment F08
ACUITY™ Steerable Lead ⇐
use Cardiac Lead ~~in Heart and Great Vessels~~, Defibrillator in 02H ⇐
use Cardiac Lead, Pacemaker in 02H ◀
Acupuncture
Breast
Anesthesia 8E0H300
No Qualifier 8E0H30Z
Integumentary System
Anesthesia 8E0H300
No Qualifier 8E0H30Z
Adductor brevis muscle
use Muscle, Upper Leg, Left
use Muscle, Upper Leg, Right
Adductor hallucis muscle
use Muscle, Foot, Left
use Muscle, Foot, Right
Adductor longus muscle
use Muscle, Upper Leg, Right
use Muscle, Upper Leg, Left
Adductor magnus muscle
use Muscle, Upper Leg, Right
use Muscle, Upper Leg, Left
Adenohypophysis *use* Gland, Pituitary
Adenoidectomy
see Excision, Adenoids 0CBQ
see Resection, Adenoids 0CTQ
Adenoidotomy *see* Drainage, Adenoids 0C9Q
Adhesiolysis *see* Release
Administration
Blood products *see* Transfusion
Other substance *see* Introduction of substance in or on
Adrenalectomy
see Excision, Endocrine System 0GB
see Resection, Endocrine System 0GT
Adrenalorrhaphy *see* Repair, Endocrine System 0GQ
Adrenalotomy *see* Drainage, Endocrine System 0G9
Advancement
see Reposition
see Transfer
Alar ligament of axis *use* Bursa and Ligament, Head and Neck
Alimentation *see* Introduction of substance in or on
Alteration
Abdominal Wall 0W0F
Ankle Region
Left 0Y0L
Right 0Y0K
Arm
Lower
Left 0X0F
Right 0X0D
Upper
Left 0X09
Right 0X08
Axilla
Left 0X05
Right 0X04
Back
Lower 0W0L
Upper 0W0K

Alteration *(Continued)*
Breast
Bilateral 0H0V
Left 0H0U
Right 0H0T
Buttock
Left 0Y01
Right 0Y00
Chest Wall 0W08
Ear
Bilateral 0902
Left 0901
Right 0900
Elbow Region
Left 0X0C
Right 0X0B
Extremity
Lower
Left 0Y0B
Right 0Y09
Upper
Left 0X07
Right 0X06
Eyelid
Lower
Left 080R
Right 080Q
Upper
Left 080P
Right 080N
Face 0W02
Head 0W00
Jaw
Lower 0W05
Upper 0W04
Knee Region
Left 0Y0G
Right 0Y0F
Leg
Lower
Left 0Y0J
Right 0Y0H
Upper
Left 0Y0D
Right 0Y0C
Lip
Lower 0C01X
Upper 0C00X
Neck 0W06
Nose 090K
Perineum
Female 0W0N
Male 0W0M
Shoulder Region
Left 0X03
Right 0X02
Subcutaneous Tissue and Fascia
Abdomen 0J08
Back 0J07
Buttock 0J09
Chest 0J06
Face 0J01
Lower Arm
Left 0J0H
Right 0J0G
Lower Leg
Left 0J0P
Right 0J0N
Neck
Anterior 0J04
Posterior 0J05
Upper Arm
Left 0J0F
Right 0J0D

Alteration *(Continued)*
Subcutaneous Tissue and Fascia *(Continued)*
Upper Leg
Left 0J0M
Right 0J0L
Wrist Region
Left 0X0H
Right 0X0G
Alveolar process of mandible
use Mandible, Left
use Mandible, Right
Alveolar process of maxilla
use Maxilla, Right
use Maxilla, Left
Alveolectomy
see Excision, Head and Facial Bones 0NB
see Resection, Head and Facial Bones 0NT
Alveoloplasty
see Repair, Head and Facial Bones 0NQ
see Replacement, Head and Facial Bones 0NR
see Supplement, Head and Facial Bones 0NU
Alveolotomy
see Division, Head and Facial Bones 0N8
see Drainage, Head and Facial Bones 0N9
Ambulatory cardiac monitoring 4A12X45
Amniocentesis *see* Drainage, Products of Conception 1090
Amnioinfusion *see* Introduction of substance in or on, Products of Conception 3E0E
Amnioscopy 10J08ZZ
Amniotomy *see* Drainage, Products of Conception 1090
AMPLATZER® Muscular VSD Occluder *use* Synthetic Substitute
Amputation *see* Detachment
AMS 800® Urinary Control System *use* Artificial Sphincter in Urinary System
Anal orifice *use* Anus
Analog radiography *see* Plain Radiography
Analog radiology *see* Plain Radiography
Anastomosis *see* Bypass
Anatomical snuffbox
use Muscle, Lower Arm and Wrist, Left
use Muscle, Lower Arm and Wrist, Right
AneuRx® AAA Advantage® *use* Intraluminal Device
Angiectomy
see Excision, Heart and Great Vessels 02B
see Excision, Upper Arteries 03B
see Excision, Lower Arteries 04B
see Excision, Upper Veins 05B
see Excision, Lower Veins 06B
Angiocardiography
Combined right and left heart *see* Fluoroscopy ~~Plain Radiography~~, Heart, Right and Left B216
Left Heart *see* Fluoroscopy ~~Plain Radiography~~, Heart, Left B215
Right Heart *see* Fluoroscopy ~~Plain Radiography~~, Heart, Right B214
SPY *see* Fluoroscopy, Heart B21
Angiography
see Plain Radiography, Heart B20
see Fluoroscopy, Heart B21
Angioplasty
see Dilation, Heart and Great Vessels 027
see Repair, Heart and Great Vessels 02Q
see Replacement, Heart and Great Vessels 02R
see Dilation, Upper Arteries 037
see Repair, Upper Arteries 03Q
see Replacement, Upper Arteries 03R
see Dilation, Lower Arteries 047
see Repair, Lower Arteries 04Q
see Replacement, Lower Arteries 04R
see Supplement, Heart and Great Vessels 02U
see Supplement, Upper Arteries 03U
see Supplement, Lower Arteries 04U
Angiorrhaphy
see Repair, Heart and Great Vessels 02Q
see Repair, Upper Arteries 03Q
see Repair, Lower Arteries 04Q
Angioscopy
02JY4ZZ
03JY4ZZ
04JY4ZZ
Angiotripsy
see Occlusion, Upper Arteries 03L
see Occlusion, Lower Arteries 04L
Angular artery *use* Artery, Face
Angular vein
use Vein, Face, Left
use Vein, Face, Right
Annular ligament
use Bursa and Ligament, Elbow, Left
use Bursa and Ligament, Elbow, Right
Annuloplasty
see Repair, Heart and Great Vessels 02Q
see Supplement, Heart and Great Vessels 02U
Annuloplasty ring *use* Synthetic Substitute
Anoplasty
see Repair, Anus 0DQQ
see Supplement, Anus 0DUQ
Anorectal junction *use* Rectum
Anoscopy 0DJD8ZZ
Ansa cervicalis *use* Plexus, Cervical
Antabuse therapy HZ93ZZZ
Antebrachial fascia
use Subcutaneous Tissue and Fascia, Lower Arm, Left
use Subcutaneous Tissue and Fascia, Lower Arm, Right
Anterior (pectoral) lymph node
use Lymphatic, Axillary, Right
use Lymphatic, Axillary, Left
Anterior cerebral artery *use* Artery, Intracranial
Anterior cerebral vein *use* Vein, Intracranial
Anterior choroidal artery *use* Artery, Intracranial
Anterior circumflex humeral artery
use Artery, Axillary, Left
use Artery, Axillary, Right
Anterior communicating artery *use* Artery, Intracranial
Anterior cruciate ligament (ACL)
use Bursa and Ligament, Knee, Left
use Bursa and Ligament, Knee, Right
Anterior crural nerve *use* Nerve, Femoral
Anterior facial vein
use Vein, Face, Left
use Vein, Face, Right
Anterior intercostal artery
use Artery, Internal Mammary, Right
use Artery, Internal Mammary, Left
Anterior interosseous nerve *use* Nerve, Median
Anterior lateral malleolar artery
use Artery, Anterior Tibial, Right
use Artery, Anterior Tibial, Left
Anterior lingual gland *use* Gland, Minor Salivary
Anterior medial malleolar artery
use Artery, Anterior Tibial, Right
use Artery, Anterior Tibial, Left
Anterior spinal artery
use Artery, Vertebral, Right
use Artery, Vertebral, Left
Anterior tibial recurrent artery
use Artery, Anterior Tibial, Right
use Artery, Anterior Tibial, Left
Anterior ulnar recurrent artery
use Artery, Ulnar, Right
use Artery, Ulnar, Left
Anterior vagal trunk *use* Nerve, Vagus
Anterior vertebral muscle
use Muscle, Neck, Left
use Muscle, Neck, Right
Antihelix
use Ear, External, Right
use Ear, External, Left
use Ear, External, Bilateral
Antitragus
use Ear, External, Bilateral
use Ear, External, Right
use Ear, External, Left
Antrostomy *see* Drainage, Ear, Nose, Sinus 099
Antrotomy *see* Drainage, Ear, Nose, Sinus 099
Antrum of Highmore
use Sinus, Maxillary, Left
use Sinus, Maxillary, Right
Aortic annulus *use* Valve, Aortic
Aortic arch *use* Aorta, Thoracic
Aortic intercostal artery *use* Aorta, Thoracic
Aortography
see Plain Radiography, Upper Arteries B30
see Fluoroscopy, Upper Arteries B31
see Plain Radiography, Lower Arteries B40
see Fluoroscopy, Lower Arteries B41
Aortoplasty
see Repair, Aorta, Thoracic 02QW
see Replacement, Aorta, Thoracic 02RW
see Supplement, Aorta, Thoracic 02UW
see Repair, Aorta, Abdominal 04Q0
see Replacement, Aorta, Abdominal 04R0
see Supplement, Aorta, Abdominal 04U0
Apical (subclavicular) lymph node
use Lymphatic, Axillary, Left
use Lymphatic, Axillary, Right
Apneustic center *use* Pons
Appendectomy
see Excision, Appendix 0DBJ
see Resection, Appendix 0DTJ
Appendicolysis *see* Release, Appendix 0DNJ
Appendicotomy *see* Drainage, Appendix 0D9J
Application *see* Introduction of substance in or on
Aquapheresis 6A550Z3
Aqueduct of Sylvius *use* Cerebral Ventricle
Aqueous humour
use Anterior Chamber, Right
use Anterior Chamber, Left