CLEARFLOW
CLEARING THE PATH TO RECOVERY

Active Mechanical Clearance (AMC)

FY 2027 ICD-10-PCS Hospital Coding Guide

Effective for applicable hospital inpatient discharges beginning October 1, 2026

1 Purpose, Audience & Effective Date

Purpose

CMS has established nine FY 2027 ICD-10-PCS codes that allow **Active Mechanical Clearance (AMC)** to be identified as part of inpatient drainage procedures involving the right pleural cavity, left pleural cavity and mediastinum.

This guide is designed for **inpatient coding professionals, CDI specialists, HIM personnel, coding leadership and revenue integrity teams** and provides a practical framework for recognizing documented AMC procedures and selecting the applicable ICD-10-PCS code based on the documented drainage location and approach.

What This Guide Will Help You Do

- Recognize a documented AMC procedure, including documentation identifying **AMC, Active Mechanical Clearance, PleuraFlow, or another clear clinical description that establishes the AMC procedure**.
- Identify the applicable ICD-10-PCS **body part and approach**.
- Select and validate the applicable FY 2027 AMC code(s), including when **multiple PleuraFlow devices or multiple body parts** are involved.
- Recognize when **documentation clarification or additional coding review** may be needed.

2 AMC in One Minute

AMC at a Glance

CMS coding term	**Active Mechanical Clearance (AMC)** is the official qualifier terminology used in the FY 2027 ICD-10-PCS code family.
PleuraFlow clinical context	PleuraFlow is the Active Mechanical Clearance technology addressed by this education. Its clearance mechanism acts within the chest tube to prevent or clear intraluminal obstruction and help maintain tube patency.
Recognizing AMC	Documentation may identify the procedure as **AMC, Active Mechanical Clearance, PleuraFlow, or another clear clinical description that establishes the AMC procedure**. Exact ICD-10-PCS terminology does not need to appear verbatim when the procedure is otherwise clear.
What determines the code	The nine AMC codes vary by **body part** (right pleural cavity, left pleural cavity, mediastinum) and **approach** (Open, Percutaneous, Percutaneous Endoscopic). All nine use the root operation **Drainage**, device value **Drainage Device**, and qualifier **3 — Active Mechanical Clearance**.

Approach in typical cardiac-surgery cases:
Open is expected to represent the large majority of PleuraFlow cardiac-surgery cases because the applicable pleural or mediastinal procedure site is typically reached through the open operative field. A separate chest-tube exit or stab incision does not by itself make the approach Percutaneous; final approach selection is based on the documented operative access and official ICD-10-PCS approach definitions.

The FY 2027 AMC codes create distinct claims-level visibility for documented AMC procedures; they do not establish an AMC-specific MS-DRG payment refinement or guarantee reimbursement or a future payment change.

Simple Coding Mindset

1	2	3	4
AMC drainage procedure documented?	Which body part?	Which approach?	Select & Validate the code

3 The FY 2027 AMC Code Family

3.1 Understanding the Seven-Character Structure

All nine FY 2027 Active Mechanical Clearance (AMC) codes use the same basic ICD-10-PCS structure.

Once a documented AMC drainage procedure has been recognized, the two variables that determine which AMC code applies are:

- **Character 4 — Body Part**
  Right Pleural Cavity / Left Pleural Cavity / Mediastinum
- **Character 5 — Approach**
  Open / Percutaneous / Percutaneous Endoscopic

The remaining AMC code characters are consistent across the code family.

FY 2027 AMC Code Structure

Character	Meaning	AMC Value	What It Means
1	Section	**0**	Medical and Surgical
2	Body System	**W**	Anatomical Regions, General
3	Root Operation	**9**	Drainage
4	**Body Part**	**9 / B / C**	**Right Pleural Cavity / Left Pleural Cavity / Mediastinum**
5	**Approach**	**0 / 3 / 4**	**Open / Percutaneous / Percutaneous Endoscopic**
6	Device	**0**	Drainage Device
7	Qualifier	**3**	Active Mechanical Clearance

KEY POINT: Once the AMC drainage procedure is documented, code selection is driven primarily by:
1. Where was the AMC drainage performed?
2. How was the procedure site reached?

3.2 Complete FY 2027 AMC Code Matrix

CMS established nine FY 2027 ICD-10-PCS codes for Active Mechanical Clearance. The codes differ by **body part and approach**; all nine use the root operation **Drainage**, device value **Drainage Device**, and qualifier **3 — Active Mechanical Clearance**.

FY 2027 Active Mechanical Clearance ICD-10-PCS Codes

Code	Body part	Approach	Official long title – verified FY 2027 CMS Order File
0W99003	**Right pleural cavity**	**Open**	**Drainage of Right Pleural Cavity with Drainage Device, Active Mechanical Clearance, Open Approach**
0W99303	Right pleural cavity	Percutaneous	Drainage of Right Pleural Cavity with Drainage Device, Active Mechanical Clearance, Percutaneous Approach
0W99403	Right pleural cavity	Percutaneous endoscopic	Drainage of Right Pleural Cavity with Drainage Device, Active Mechanical Clearance, Percutaneous Endoscopic Approach
0W9B003	**Left pleural cavity**	**Open**	**Drainage of Left Pleural Cavity with Drainage Device, Active Mechanical Clearance, Open Approach**
0W9B303	Left pleural cavity	Percutaneous	Drainage of Left Pleural Cavity with Drainage Device, Active Mechanical Clearance, Percutaneous Approach
0W9B403	Left pleural cavity	Percutaneous endoscopic	Drainage of Left Pleural Cavity with Drainage Device, Active Mechanical Clearance, Percutaneous Endoscopic Approach
0W9C003	**Mediastinum**	**Open**	**Drainage of Mediastinum with Drainage Device, Active Mechanical Clearance, Open Approach**
0W9C303	Mediastinum	Percutaneous	Drainage of Mediastinum with Drainage Device, Active Mechanical Clearance, Percutaneous Approach
0W9C403	Mediastinum	Percutaneous endoscopic	Drainage of Mediastinum with Drainage Device, Active Mechanical Clearance, Percutaneous Endoscopic Approach

CARDIAC-SURGERY NOTE:
The three **Open-approach codes** are expected to be most commonly applicable in PleuraFlow cardiac-surgery cases. Percutaneous and Percutaneous Endoscopic remain valid when supported by the documented operative access. See **Section 5 — Determining the AMC Approach** for approach-selection guidance.

4 Selecting the AMC Body Part

Right pleural cavity, left pleural cavity, and mediastinum are **distinct ICD-10-PCS body parts.**

When a documented AMC drainage procedure involves more than one of these locations, evaluate each supported drainage location separately.

4.1 AMC Body-Part Values

Value	Body Part
9	**Right Pleural Cavity**
B	**Left Pleural Cavity**
C	**Mediastinum**

4.2 Apply Body-Part Selection to the Documented Drainage Location

Select the body part based on **where the AMC drainage procedure is documented.**

If AMC drainage is documented in more than one distinct PCS body part, each supported location may require its own AMC code.

Example

AMC drainage is documented in the:

- **left pleural cavity**; and
- **mediastinum.**

These are separate ICD-10-PCS body parts, so each supported location is evaluated separately using the documented approach.

KEY POINT:
One operative encounter does not necessarily mean one AMC code.
Code selection follows the documented AMC drainage location(s) and approach.

5 Determining the AMC Approach

The AMC approach is determined by **how the applicable pleural or mediastinal procedure site was reached**, based on the documented operative access and the official ICD-10-PCS approach definitions.

5.1 Official ICD-10-PCS Approach Definitions

Approach	Official concept	AMC Coding Application
Open	Cutting through the skin or mucous membrane and any other body layers necessary to expose the procedure site.	Expected in the large majority of PleuraFlow cardiac-surgery cases when the applicable pleural or mediastinal site is exposed through the operative incision. A separate chest-tube exit or stab incision does not by itself change the approach to Percutaneous.
Percutaneous	Entry by puncture or minor incision of instrumentation through body layers necessary to reach the procedure site.	Use when the applicable procedure site is reached by puncture or minor incision **without endoscopic visualization**.
Percutaneous Endoscopic	Entry by puncture or minor incision of instrumentation through body layers necessary to reach and visualize the procedure site.	Use when the applicable procedure site is reached and visualized endoscopically through puncture, minor incision, or port-based access.

5.2 Application in PleuraFlow Cardiac Surgery

For PleuraFlow placed during open cardiac surgery, **Open is expected to be the applicable approach in the large majority of cases** because the applicable pleural or mediastinal procedure site is reached through the open operative field.

A separate chest-tube exit or stab incision does not by itself establish a Percutaneous approach.

KEY POINT:
Select the approach based on **how the AMC procedure site was reached**, not on the separate drain exit site.

5.3 Robotic and Minimally Invasive Cardiac Surgery

Terms such as **robotic, thoracoscopic, minimally invasive, MIS, or mini-thoracotomy** do not independently determine the AMC approach.

When an incision exposes the applicable pleural or mediastinal procedure site for PleuraFlow placement, **Open may apply** even when the overall cardiac procedure is described as minimally invasive or robotic.

Use **Percutaneous** or **Percutaneous Endoscopic** when the documented operative access supports one of those approaches.

KEY POINT:
The approach used for the AMC Drainage procedure—not the overall label of the cardiac operation—controls.

5.4 Quick Approach Check

- **Was the applicable AMC procedure site exposed through an operative incision?**
  → Open may be supported
- **Was the site reached through a puncture or minor incision without endoscopic visualization?**
  → Percutaneous may be supported
- **Was the site reached and visualized endoscopically through a puncture, minor incision, or port?**
  → Percutaneous Endoscopic may be supported
- **Still unclear after review of the medical record?**
  → Follow the hospital's usual documentation-clarification process.

Approach is determined by how the AMC procedure site was reached—not by the overall cardiac-surgery label or by the separate chest-tube exit incision.

6 Multiple PleuraFlow Devices and Multiple Drainage Locations

The number of physical PleuraFlow devices used does **not** by itself determine the number of AMC codes assigned. AMC coding follows the documented **drainage location and approach**.

6.1 Apply the Multiple-Procedure Framework

Same body part + same approach

When multiple PleuraFlow AMC devices are used in the **same ICD-10-PCS body part using the same approach during the same operative episode**, assign **one AMC code for that body-part/approach combination**.

Distinct body parts

When PleuraFlow AMC is used in more than one distinct ICD-10-PCS body part, assign the applicable AMC code for **each supported drainage location.**

The three AMC body parts are:

- Right Pleural Cavity
- Left Pleural Cavity
- Mediastinum

Quick Examples

Scenario	AMC Coding Principle
Two PleuraFlow devices in the mediastinum, both Open	One mediastinal AMC code
Right pleural + mediastinal AMC, both Open	Two AMC codes — one for each distinct body part
Right and left pleural AMC drainage	Evaluate and code each pleural body part separately
Three PleuraFlow devices across two PCS body parts	Determine the supported body-part/approach combinations; do not automatically assign three codes

6.2 AMC and Conventional/Passive Drainage in the Same Encounter

A patient may have PleuraFlow AMC drainage in one location and conventional or passive drainage in another.

Apply this guide to the **documented AMC procedure** by identifying the applicable drainage location and approach and selecting the corresponding AMC code.

Any separate conventional or passive drainage procedure should be handled according to the hospital's usual coding practices.

KEY POINT:
AMC code count follows the documented body-part/approach combination—not the number of PleuraFlow devices used.

7 Documentation Needed to Support AMC Coding

Accurate AMC code selection depends on the **complete medical record**.

Documentation does not need to use exact ICD-10-PCS terminology or place every required element in a single sentence. When the AMC drainage procedure is clear from the record, identify the documented **drainage location** and **approach** and select the corresponding AMC code.

7.1 Recognizing a Documented AMC Procedure

Documentation may identify Active Mechanical Clearance as:

- **AMC**
- **Active Mechanical Clearance**
- **PleuraFlow**
- another clear clinical description that establishes the AMC procedure

The exact phrase **"Active Mechanical Clearance"** does not need to appear verbatim when the procedure is otherwise clear from the medical record.

Information supporting code selection may also appear in different parts of the record. For example, the operative documentation may identify PleuraFlow use and drainage location in one section and describe the operative access used to reach the site elsewhere.

KEY POINT:
Recognize the documented procedure from the record as a whole—do not require a particular phrase or template.

7.2 What Is Needed to Select the AMC Code

Once an AMC drainage procedure has been identified, determine:

Code-Selection Element	Values
Drainage Location	Right Pleural Cavity / Left Pleural Cavity / Mediastinum
Approach	Open / Percutaneous / Percutaneous Endoscopic

The AMC code family supplies the remaining fixed values:

Root Operation — Drainage
Device — Drainage Device
Qualifier — Active Mechanical Clearance

Then select and validate the applicable seven-character AMC code.

7.3 Clarification — Only When Needed

If a required code-selection element **cannot reasonably be determined from the complete medical record**, follow the hospital's usual documentation-clarification process.

For example, clarification may be appropriate when:

- the applicable drainage location cannot be determined; or
- the operative access needed to determine the approach remains genuinely unclear.

When the AMC drainage procedure, drainage location and approach can reasonably be determined from the record, proceed through the standard coding workflow **without unnecessary documentation clarification.**

Any clarification should seek the clinical facts necessary for accurate coding and should not direct the provider toward:

- a predetermined ICD-10-PCS code or approach; or
- documentation intended to produce a particular reimbursement or MS-DRG result.

Quick Documentation Check

- **AMC drainage procedure clear from the record?**
  AMC, Active Mechanical Clearance, PleuraFlow, or another clear clinical description may establish the procedure.
- **Drainage location identified?**
  → Right Pleural Cavity / Left Pleural Cavity / Mediastinum
- **Approach identified?**
  → Open / Percutaneous / Percutaneous Endoscopic
- **All required elements reasonably determinable?**
  → Select and validate the AMC code.
- **A required element truly unclear?**
  → Use the hospital's usual documentation-clarification process.

FINAL KEY POINT:
The objective is accurate recognition and coding of the documented AMC procedure—not use of specific wording.

8 Special Scenarios and Coding Considerations

Most PleuraFlow AMC cases can be resolved using the standard coding workflow described in this guide:

Recognize the documented AMC drainage procedure → Identify the drainage location → Determine the approach → Apply multiple-procedure logic when needed → Select and validate the AMC code(s).

The following situations may require additional consideration.

8.1 Different Approaches in the Same Body Part

When different approaches appear to apply to AMC procedures involving the **same ICD-10-PCS body part during the same operative episode**, review the documented operative access and apply the applicable ICD-10-PCS approach and multiple-procedure rules.

For PleuraFlow placed during open cardiac surgery, **Open is expected to apply in the large majority of cases**, but the documented operative access controls.

- **Do not assign an additional AMC code simply because different access terminology appears in the record. Determine what procedure was performed and how the applicable procedure site was reached.**

If the documented access does not reasonably fit the framework described in this guide, additional coding review may be appropriate.

8.2 Later Clearance Apparatus Replacement

When a malfunctioning PleuraFlow Clearance Apparatus is removed and replaced while the original PleuraFlow chest tube remains in place, the ClearFlow AMC educational framework treats the component replacement as Revision of the existing Drainage Device.

When the replacement is performed entirely from outside the body without a new incision or puncture, the applicable approach is External.

Revision vs. External

Term	What It Describes
Revision	**The root operation — correction of the existing Drainage Device by replacing the malfunctioning component while the original chest tube remains in place**
External	**The approach — the Revision is performed entirely from outside the body without a new incision or puncture**

FY 2027 External Revision Codes

Body Part	Code	Official Description
Right Pleural Cavity	**0WW9X0Z**	Revision of Drainage Device in Right Pleural Cavity, External Approach
Left Pleural Cavity	**0WWBX0Z**	Revision of Drainage Device in Left Pleural Cavity, External Approach
Mediastinum	**0WWCX0Z**	Revision of Drainage Device in Mediastinum, External Approach

IMPORTANT:

This Revision framework applies to the specific scenario above. Do **not** assume that every later PleuraFlow removal, replacement, repositioning, or other device procedure is Revision. Other later device scenarios should be evaluated according to the documented procedure and applicable ICD-10-PCS guidance.

8.3 When Additional Review May Be Appropriate

Additional review may be appropriate when a scenario falls outside the framework described in this guide, including a later device procedure that does not match the specific Clearance Apparatus replacement scenario above or a coding issue that cannot reasonably be resolved from the complete medical record and applicable ICD-10-PCS guidance.

If a required code-selection element cannot reasonably be determined from the medical record, follow the hospital's usual documentation-clarification process.

Final code assignment remains the responsibility of the reporting hospital.

KEY POINT:
Use the standard AMC framework for routine cases. Do not extend a special-scenario rule by analogy to a different procedure.

9 Representative Coding Examples

The following examples illustrate application of the AMC coding framework to common PleuraFlow cardiac-surgery scenarios.

Final code assignment remains the responsibility of the reporting hospital based on the complete medical record, applicable ICD-10-PCS guidance, and facility policy.

9.1 Case 1 — PleuraFlow Documented Without Exact "Active Mechanical Clearance" Wording

Scenario

During open cardiac surgery, the operative record documents use of **PleuraFlow for mediastinal drainage**. The mediastinum is exposed through the open operative field, and the PleuraFlow drain is positioned before closure.

The exact phrase **"Active Mechanical Clearance"** does not appear in the operative note.

Coding Element	Selection
AMC procedure	Documented through PleuraFlow
Body Part	Mediastinum
Approach	Open
AMC Code	0W9C003

0W9C003 — Drainage of Mediastinum with Drainage Device, Active Mechanical Clearance, Open Approach

TEACHING POINT:
Exact CMS qualifier terminology does not need to appear verbatim when the AMC drainage procedure is otherwise clear from the medical record. Documentation may identify AMC, Active Mechanical Clearance, PleuraFlow, or another clear clinical description that establishes the procedure.

9.2 Case 2 — Multiple PleuraFlow Devices in the Same Body Part

Scenario

During an open cardiac-surgery procedure, two PleuraFlow devices are used for AMC drainage of the **mediastinum**.

Both are positioned through the same Open approach during the same operative episode.

Coding Element	Selection
Body Part	Mediastinum
Approach	Open
PleuraFlow Devices	Two
AMC Codes for this combination	One
AMC Code	0W9C003

0W9C003 — Drainage of Mediastinum with Drainage Device, Active Mechanical Clearance, Open Approach

TEACHING POINT:
Multiple PleuraFlow AMC devices in the same PCS body part using the same approach during the same operative episode are represented by one AMC code for that body-part/approach combination.

9.3 Case 3 — AMC in Distinct Body Parts During Minimally Invasive Cardiac Surgery

Scenario

During a cardiac operation described as **minimally invasive**, PleuraFlow AMC drainage is documented in the **right pleural cavity** and **mediastinum**. The operative record shows that an incision exposes both applicable drainage procedure sites and that the PleuraFlow devices are positioned from the exposed operative field.

Coding Element	Selection
Body Parts	Right Pleural Cavity + Mediastinum
Approach	Open for each supported location
AMC Codes	0W99003 + 0W9C003

0W99003 — Drainage of Right Pleural Cavity with Drainage Device, Active Mechanical Clearance, Open Approach

0W9C003 — Drainage of Mediastinum with Drainage Device, Active Mechanical Clearance, Open Approach

TEACHING POINT:
Distinct PCS body parts are evaluated separately, and the overall label “minimally invasive” does not determine the AMC approach. When an incision exposes the applicable drainage site, Open may apply.

KEY POINT:
The same sequence applies in every case:
Recognize the documented AMC drainage procedure → Identify the drainage location(s) → Determine the approach → Apply multiple-procedure logic when needed → Select and validate the AMC code(s).

10 Claims Visibility and Payment / MS-DRG Guardrails

Beginning with applicable hospital inpatient discharges on or after **October 1, 2026**, the FY 2027 AMC ICD-10-PCS codes allow Active Mechanical Clearance to be identified distinctly in inpatient claims data.

Accurate and consistent coding of documented AMC procedures creates **claims-level visibility of AMC utilization by drainage location and approach**.

10.1 Potential Future CMS Evaluation

Consistent claims-level identification of AMC may provide data that can support **future CMS evaluation of payment refinement**.

Any future payment or MS-DRG refinement would require **separate CMS evaluation and rulemaking**.

KEY POINT:
The new AMC codes create **claims visibility—not a guarantee of payment.**

10.2 What the New Codes Do Not Establish

The FY 2027 AMC codes do **not**:

- establish an AMC-specific MS-DRG payment change;
- automatically change the MS-DRG assigned to an encounter;
- guarantee additional reimbursement; or
- guarantee a future payment or MS-DRG refinement.

10.3 Coding Decisions Remain Based on the Medical Record

Potential future payment evaluation should **not determine whether an AMC code is assigned in an individual case**.

Code selection should follow the documented procedure and standard AMC workflow described in this guide.

Final code assignment remains the responsibility of the reporting hospital based on the complete medical record, applicable ICD-10-PCS guidance, and facility policy.

KEY TAKEAWAY:
Code documented AMC procedures accurately and consistently. Claims visibility is the current result; any future payment refinement remains subject to separate CMS evaluation.

11 Questions, Additional Review & Implementation Support

Most routine PleuraFlow AMC coding scenarios should be resolved using the standard framework described in this guide.

When the documented AMC drainage procedure, drainage location, and approach can reasonably be determined from the medical record, proceed through the standard coding workflow without unnecessary clarification or additional review.

11.1 When Clarification or Additional Review May Be Needed

Use the hospital's usual **documentation-clarification process** when a required code-selection element cannot reasonably be determined from the medical record, such as:

- the applicable drainage location; or
- the operative access needed to determine the approach.

Additional coding review may be appropriate when a scenario falls outside the framework described in this guide or presents a genuine coding issue that cannot reasonably be resolved from the complete medical record and applicable ICD-10-PCS guidance.

Do not create a new coding rule by analogy when a scenario falls outside the established framework.

11.2 Final Coding Responsibility

ClearFlow materials provide education regarding the FY 2027 AMC code family and the PleuraFlow AMC coding framework described in this guide.

Final documentation review and code assignment remain the responsibility of the reporting hospital based on:

- the complete medical record;
- applicable ICD-10-PCS classification and official guidance; and
- facility coding and compliance policy.

ClearFlow educational materials do not replace hospital-specific coding judgment, compliance review, or payer requirements.

11.3 Current AMC Coding Resources

The ClearFlow AMC Coding Education Resource Center provides access to current AMC coding-education resources and training materials as they are released.

KEY POINT:
Use the established framework for routine AMC cases. Clarify only when required information cannot reasonably be determined, and reserve additional review for genuinely atypical or unresolved scenarios.

12 Sources, Disclaimer & Version Control

12.1 Primary Sources

This guide was developed using the applicable **FY 2027 ICD-10-PCS classification** and the current ClearFlow AMC coding framework.

Primary ICD-10-PCS Sources

- FY 2027 ICD-10-PCS Official Guidelines for Coding and Reporting
- FY 2027 ICD-10-PCS Tables and Index
- FY 2027 ICD-10-PCS Codes File
- FY 2027 ICD-10-PCS Order File
- FY 2027 ICD-10-PCS Addendum
- FY 2027 ICD-10-PCS Version Update Summary

The nine AMC codes have been verified against the FY 2027 CMS Codes File, their official long titles have been verified against the FY 2027 Order File, and the AMC additions have been confirmed in the FY 2027 Addendum.

Supporting Clinical and Framework Sources

- PleuraFlow® System with FlowGlide™ Instructions for Use, PL055 Rev. C
- FDA 510(k) K203394
- ClearFlow AMC Source Matrix v0.3
- Independent inpatient ICD-10-PCS review and final sign-off of the ClearFlow AMC education framework

SOURCE CONTROL:
Official ICD-10-PCS conventions, tables, definitions, and applicable official guidance control. ClearFlow clinical, device, and educational materials do not replace the official classification, complete medical record, facility policy, or independent hospital coding judgment.

12.2 Source Currency

The FY 2027 AMC ICD-10-PCS codes apply to applicable hospital inpatient discharges beginning **October 1, 2026**.

Use the ICD-10-PCS code set and official guidance applicable to the patient's **discharge date**.

The applicable FY 2027 source files should be rechecked before any **April 1, 2027 ICD-10-PCS update**, or sooner if CMS publishes an erratum, replacement file, or other authoritative guidance affecting the AMC framework.

12.3 Disclaimer

DISCLAIMER: This document is provided by ClearFlow, Inc. for general educational purposes only. It does not constitute legal, medical, coding, or reimbursement advice, and it is not a guarantee of coverage or payment. Coding decisions require the independent judgment of each hospital's Coding, Clinical Documentation Integrity (CDI), and Health Information Management (HIM) staff, in accordance with the CMS ICD-10-PCS Official Guidelines for Coding and Reporting and each provider's own compliance policies. Providers are solely responsible for determining medical necessity and for the accuracy of all codes, documentation, and charges submitted for reimbursement. Questions specific to a claim should be directed to your Medicare Administrative Contractor (MAC).

12.4 Document Control

Document Control	Current Status
Document	FY 2027 Active Mechanical Clearance (AMC) ICD-10-PCS Hospital Coding Guide
Document Owner	ClearFlow, Inc.
Applicable Code Set	FY 2027 ICD-10-PCS
Effective Scope	Applicable hospital inpatient discharges beginning October 1, 2026
Document Number	TN125-A
Status	Approved for external distribution
Release Date	August 24, 2026
Framework Control	ClearFlow AMC Source Matrix v0.3
Independent PCS Framework Review	Completed August 14, 2026
Next Source Review	Upon substantive source/framework change; and before any April 1, 2027 ICD-10-PCS update

12.5 Current Resources

For current ClearFlow AMC coding-education resources:

Active Mechanical Clearance (AMC) Coding Education Resource Center
www.clearflow.com/education/amc-coding/

For general AMC coding-education questions:

amc-coding@clearflow.com

FINAL KEY POINT:
Use the current ICD-10-PCS classification, complete medical record, and facility policy for final code assignment. This guide provides a practical framework for recognizing documented AMC procedures and selecting the applicable FY 2027 AMC code.