

Coding Root Operations with ICD-10-PCS: Understanding Excision and Resection

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ICD-10-PCS will bring about many changes and challenges for coding professionals. It is important for those involved in coding to start preparing today for the many unique features of the coding system. One of the keys to understanding ICD-10-PCS is the many new definitions and descriptions used to describe the various components of the procedure performed. This article focuses on definitions of two of the key root operations-Excision and Resection-in the Medical and Surgical section.

Root Operation Defined

The root operation is the third character in the seven-character ICD-10-PCS code. It is the main focus of the procedure and is based on the objective of the procedure. There are 31 root operations found in the Medical and Surgical section of ICD-10-PCS, grouped by main objective.

Five of the root operations are used to define procedures where some or all of a body part are removed. Those five root operations along with their corresponding character in ICD-10-PCS are:

- Excision: Character B
- Resection: Character T
- Detachment: Character 6
- Destruction: Character 5
- Extraction: Character D

An article in the forthcoming May Journal of AHIMA issue will review “detachment,” “destruction,” and “extraction” root operations.

Root Operation B: Excision

The ICD-10-PCS definition of the root operation “excision” is “Cutting out or off, without replacement, a portion of a body part.” The explanation provided is that excision involves the act of “cutting with either a sharp instrument or other methods such as a hot knife or laser.”

Some examples of excision are polypectomy, partial gastrectomy, and kidney biopsy.

To help distinguish biopsies done in the excision category, the seventh character qualifier, X–Diagnostics, has been established.

For example, a needle biopsy of the left lobe of the liver is coded to 0FB20ZX. The characters are defined as follows:

- Section: 0 Medical and Surgical
- Body System: F Hepatobiliary System and Pancreas
- Operation: B Excision
- Body Part: 2 Liver, left lobe
- Approach: 0 Open
- Device: Z No device
- Qualifier: X Diagnostic

There are certain procedures that are not considered to be excisions, such as bone marrow aspiration or biopsy and endometrial biopsies. These procedures are coded to the root operation “extraction” with a diagnostic qualifier. The root operation “extraction” is used to identify procedures where all or a portion of a body part is removed by pulling out or off, such as stripping and scraping.

Official Coding Guidelines: B3. Root Operation

The root operation is the third character in the seven-character ICD-10-PCS code. It is the main focus of the procedure and is based on the objective of the procedure. The ICD-10-PCS definition of the root operation “excision,” represented by the character B, is “Cutting out or off, without replacement, a portion of a body part.” The explanation provided is that excision involves the act of “cutting with either a sharp instrument or other methods such as a hot knife or laser.”

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. For example, for a biopsy of breast followed by partial mastectomy at the same procedure site, both the biopsy and the partial mastectomy procedure are coded.

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. For example, a left upper lung lobectomy is coded to Resection of Upper Lung Lobe, Left rather than Excision of Lung, Left.

Source: CMS. “ICD-10-PCS Draft Coding Guidelines.” 2012.

<https://www.cms.gov/Medicare/Coding/ICD10/2013-ICD-10-PCS-GEMs.html>.

Comparing ICD-9-CM and ICD-10-PCS: Excision

Esophagogastroduodenoscopy with gastric biopsy

In ICD-9-CM, the Alphabetic Index entry main term, esophagogastroduodenoscopy (EGD), subterm with closed biopsy identifies code 45.16, Esophagogastroduodenoscopy with closed biopsy.

In ICD-10-PCS, the coder must remember to identify the root operation that describes the main objective of the procedure. The endoscope is used as the approach to view the upper gastrointestinal system, while the main objective of this procedure is to remove a portion of the stomach. An EGD without any further procedure is coded to the root operation “inspection.” However, in this example, the gastric biopsy was completed. The root operation is “excision” of the stomach, with a qualifier of diagnostic to indicate that a biopsy was obtained. The correct code is 0DB68ZX, Excision of stomach via natural or artificial opening endoscopic, diagnostic.

Root Operation T: Resection

The root operation resection is coded using character “T” in the third position. A resection is very similar to an excision except it involves removal of an entire body part. The ICD-10-PCS definition of resection is “cutting out or off, without replacement, all of a body part.” It includes all of a body part or any subdivision of body part having its own body part value in ICD-10-PCS. Some examples of resection procedures are open removal of descending colon, total abdominal hysterectomy, and resection of the bladder neck.

For a further detailed example, consider an open removal of the gallbladder, which is coded to 0FT40ZZ:

- Section: 0 Medical and Surgical

- Body System: F Hepatobiliary System and Pancreas
- Operation: T Resection
- Body Part: 4 Gallbladder
- Approach: 0 Open
- Device: Z No device
- Qualifier: Z No qualifier

Comparing ICD-9-CM and ICD-10-PCS: Resection

Vaginal hysterectomy (cervix was not removed)

For a comparison of the ICD-9-CM and ICD-10-PCS systems, consider a vaginal hysterectomy (cervix was not removed). For ICD-9-CM in the Alphabetic Index entry main term, find “hysterectomy,” and find the subterm “vaginal” which identifies 68.59, Other and unspecified vaginal hysterectomy.

In ICD-10-PCS, the main term entry of “hysterectomy” prompts the coder to view either “excision, uterus” or “resection, uterus.” The coder would need to determine if the entire uterus was removed (resection) or if a portion was left intact (excision).

Code 0UT97ZZ describes a resection of the uterus, via natural or artificial opening.

Other Examples Comparing ICD-9-CM and ICD-10-PCS

ICD-10-PCS will bring about many changes and challenges for coding professionals. Comparison of commonly utilized codes will enable coders to understand how the move from ICD-9-CM to ICD-10-PCS will impact coding.

Procedure	ICD-9-CM	ICD-10-PCS
Total thyroid excision, open	Thyroidectomy, complete 06.4	Excision, left thyroid gland lobe, open approach 0GBG0ZZ Excision, right thyroid gland lobe, open approach 0GBH0ZZ
Excision of malignant melanoma right upper arm (skin)	Excision, lesion skin 86.3 (or if radical excision is performed, 86.4)	Excision, right upper arm skin, external approach 0HBBXZZ
Transurethral resection of the prostate	Other prostatectomy 60.29	Excision prostate, via natural or artificial opening 0VB08ZZ
Open Cholecystectomy	Cholecystectomy, open 51.22	Resection of gallbladder, open approach 0FT40ZZ

Translating Medical Documentation

One of the biggest challenges that the coding professional will face is that the root operation definitions will not always match up with the terms that the physician uses to describe the procedure in the operative report.

Physicians are not expected to change the names of their operations or the terms that they use just because the coding system has new definitions. It will be up to the coder to interpret and translate the physician documentation into the terms necessary for ICD-10-PCS coding.

For example, the surgeon may say that he removed a lesion, but the root operation for this procedure would not be “removal” based on the ICD-10-PCS definitions.

Evaluation of the documentation is needed to determine whether destruction, excision, extraction, or another term is appropriate for the removal.

Guideline A11 from the ICD-10-PCS Draft Official Coding Guidelines states:

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.

Consider the surgical procedure transurethral resection of the prostate as another example. Although the term “resection” is in the name of the procedure, the surgeon only removes a portion of the prostate.

Under root operation definitions, this procedure is coded as an excision rather than a resection. A procedure described as a “mastectomy” might be coded as either an excision or resection based on whether the entire breast was removed or if just a partial removal was performed.

When coding for thyroid procedures it is important to note that there is no “complete” or “total” thyroid body part description in ICD-10-PCS, so the documentation should be reviewed to identify which lobe was removed. If both were removed, then both codes would be used together to describe the entire procedure (see “Other Examples Comparing ICD-9-CM and ICD-10-PCS”).

References

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