# Contents

**Introduction** .................................................. 1
   - History of ICD-10-PCS ........................................... 1
   - Structure and Components of ICD-10-PCS .................. 3
   - How to Use this Book ............................................ 20
   - ICD-10-PCS Official Guidelines ............................ 23

**Chapter 1. PCS Conventions** .......................... 31

**Chapter 2. Body System Guidelines** ............... 35
   - General Guidelines ................................................ 35
   - Anatomical Regions ............................................... 41
   - Control/Detachment/Drainage ................................. 49
   - Upper and Lower Body Parts ................................. 54

**Chapter 3. Root Operation Guidelines** ............ 63
   - General Guidelines ................................................ 63
   - Multiple Procedures ............................................. 91
   - Discontinued Procedures ...................................... 128
   - Biopsy Procedures ............................................... 154
   - Biopsy Followed by More Definitive Treatment ........ 197
   - Overlapping Body Layers ...................................... 208
   - Bypass Procedures ............................................... 259
   - Control vs. More Definitive Root Operations ........... 275
   - Excision vs. Resection ........................................... 303
   - Excision for Graft ................................................ 310
   - Fusion Procedures of the Spine .............................. 322
   - Inspection Procedures .......................................... 345
   - Occlusion vs. Restriction for Vessel Embolization ... 368
   - Procedures ......................................................... 368
   - Release Procedures ............................................. 400
   - Release vs. Division ............................................. 414
   - Reposition for Fracture Treatment ......................... 429
   - Transplantation vs. Administration ......................... 466

**Chapter 4. Body Part Guidelines** .................... 491
   - General Guidelines ................................................ 491
   - Branches of Body Parts ........................................ 495
   - Bilateral Body Part Values ..................................... 502
   - Coronary Arteries ............................................... 506
   - Tendons, Ligaments, Bursae, and Fascia Near a Joint .. 515
   - Skin, Subcutaneous Tissue and Fascia Overlying a Joint ... 530
   - Fingers and Toes .................................................... 545
   - Upper and Lower Intestinal Tract ........................... 560

**Chapter 5. Approach Guidelines** ..................... 569
   - Open Approach with Percutaneous Endoscopic Assistance ........................................... 569
   - External Approach ............................................... 577
   - Percutaneous Procedure via Device ....................... 578
   - Beyond the Guidelines ......................................... 584

**Chapter 6. Device Guidelines** ......................... 589
   - General Guidelines ................................................ 589
   - Drainage Device ................................................ 593

**Chapter 7. Qualifier** ........................................ 599
   - Beyond the Guidelines ......................................... 599

**Chapter 8. Obstetric Section Guidelines** ........ 607
   - Products of Conception ........................................ 607
   - Procedures Following Delivery or Abortion ............ 614
   - Beyond the Guidelines ......................................... 618

**Chapter 9. New Technology Section Guidelines** 623
   - General Guidelines ................................................ 623

**Chapter 10. Comprehensive Review** ................. 641

**Appendices** .................................................. 691
   - Appendix A. Approach Definitions .......................... 691
   - Appendix B. Root Operation Definitions .................. 692
   - Appendix C. Body Part Key .................................... 693
   - Appendix D. Body Part Definitions ......................... 723
   - Appendix E. Device Key and Aggregation Table ....... 755
   - Appendix F. Device Definitions .............................. 769
   - Appendix G. Substance Key .................................... 771
   - Appendix H. Character Meanings ............................ 772

**Index to all Case Studies** .................................. 795

**Index to Figures and Illustrations** ................. 833
Chapter 3. Root Operation Guidelines

Excision vs. Resection

The distinction between Excision (B) versus Resection (T) relates to whether the entire body part is removed, in which case Resection (T) applies; or whether only a portion of the body part is removed, in which case Excision (B) applies. Determining when to code Excision (B) versus Resection (T) requires a good understanding of the concept of body parts in ICD-10-PCS.

<table>
<thead>
<tr>
<th>Root Operation</th>
<th>Definition</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excision (B)</td>
<td>Cutting out or off, without replacement, a portion of a body part</td>
<td>The qualifier DIAGNOSTIC is used to identify excision procedures that are biopsies</td>
</tr>
<tr>
<td>Resection (T)</td>
<td>Cutting out or off, without replacement, all of a body part</td>
<td>None</td>
</tr>
</tbody>
</table>

Guideline B3.8

B3.8 PCS contains 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.

AHA Coding Clinic:
2015, 3Q, 26 Femoral Head Resection
2014, 4Q, 34 Skin-Sparing Mastectomy
2014, 4Q, 35 Vitrectomy with Air/Fluid Exchange
2014, 3Q, 9 Radical Resection of Level I Lymph Nodes
2014, 3Q, 10 Selective Excision of Paratracheal Lymph Nodes
2014, 3Q, 6 Ileocecectomy Including Cecum, Terminal Ileum and Appendix
2014, 3Q, 6 Right Colectomy
2013, 3Q, 28 Total Hysterectomy
2013, 1Q, 24 Excision versus Resection of Remaining Ovarian Remnant Following Previous Excision

Any anatomical site listed in the PCS tables with a unique character 4 body part value is considered a body part in PCS. The body part may be an anatomical site, such as the neck muscles, a whole organ, such as the spleen, or a subdivided organ where each subdivision has a unique body part value. For example, in the Gastrointestinal (D) body system, the root operation tables ODT for Resection (T) and ODB for Excision (B) contain five different body part values for the esophagus. These include:

- Esophagus, Upper (1)
- Esophagus, Middle (2)
- Esophagus, Lower (3)
- Esophagogastric Junction (4)
- Esophagus (5)
By assigning values to the subdivisions of the esophagus, the anatomical site requiring surgical attention can be identified more specifically. Because five body part values are available for the esophagus, it is possible to identify whether the surgical procedure involved the entire esophagus or just a portion of the esophagus; for example, the upper, middle, or lower esophagus, or the esophagogastric junction.

When a subdivided organ is resected in its entirety, only one code with a body part value representing the whole organ is needed. Appending multiple codes to identify each subdivision resected is not appropriate. For example, open resection of the upper, middle, and lower right lobes of the lung would code to only one code 0BTK0ZZ Resection of Right Lung, Open Approach, rather than using the following three individual codes:

- 0BTC0ZZ Resection of Right Upper Lung Lobe, Open Approach
- 0BTD0ZZ Resection of Right Middle Lung Lobe, Open Approach
- 0BTF0ZZ Resection of Right Lower Lung Lobe, Open Approach

Listed below are examples of organs with specific body part subdivisions in ICD-10-PCS. In some cases there is a body part value for the entire anatomical site or organ as well as body part values for subdivided parts.

<table>
<thead>
<tr>
<th>Table 1. Body Part Subdivisions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Body System</strong></td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Respiratory System (B)</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Spotlight

When a procedure is performed on certain subdivisions of body parts but not the whole, the individual subdivided body part values are reported. However, if the procedure is performed on the whole part, then the body part value for the whole is used.
The subdivided body part is not always a specific organ. Some PCS body systems have more generalized body parts that are subdivided based on the anatomical area. In the Muscles (K) body system, for example, muscles of the arm are split into Upper Arm Muscles and Lower Arm Muscles with further classification based on laterality.

<table>
<thead>
<tr>
<th>Body System</th>
<th>Major Organ</th>
<th>Body Part Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrointestinal System (D)</td>
<td>Esophagus</td>
<td>Esophagus, Upper (1)  Esophagus, Middle (2)  Esophagus, Lower (3)  Esophagogastric Junction (4)  Esophagus (5)</td>
</tr>
<tr>
<td></td>
<td>Small Intestine</td>
<td>Small Intestine (8)  Duodenum (9)  Jejunum (A)  Ileum (B)  Ileocecal Valve (C)</td>
</tr>
<tr>
<td></td>
<td>Large Intestine</td>
<td>Large Intestine (E)  Large Intestine, Right (F)  Large Intestine, Left (G)  Cecum (H)  Ascending Colon (K)  Transverse Colon (L)  Descending Colon (M)  Sigmoid Colon (N)  Rectum (P)  Anus (Q)  Anal Sphincter (R)</td>
</tr>
<tr>
<td></td>
<td>Stomach</td>
<td>Stomach (6)  Stomach, Pylorus (7)</td>
</tr>
<tr>
<td>Hepatobiliary System and Pancreas (F)</td>
<td>Liver</td>
<td>Liver (0)  Liver, Right Lobe (1)  Liver, Left Lobe (2)</td>
</tr>
<tr>
<td>Endocrine System (G)</td>
<td>Thyroid Gland</td>
<td>Thyroid Gland Lobe, Left (G)  Thyroid Gland Lobe, Right (H)  Thyroid Gland Isthmus (J)  Thyroid Gland (K)</td>
</tr>
<tr>
<td>Urinary System (T)</td>
<td>Bladder</td>
<td>Bladder (B)  Bladder Neck (C)</td>
</tr>
<tr>
<td></td>
<td>Kidney</td>
<td>Kidney, Right (0)  Kidney, Left (1)  Kidney, Bilateral (2)  Kidney Pelvis, Right (3)  Kidney Pelvis, Left (4)  Kidney (5)</td>
</tr>
</tbody>
</table>

The subdivided body part is not always a specific organ. Some PCS body systems have more generalized body parts that are subdivided based on the anatomical area. In the Muscles (K) body system, for example, muscles of the arm are split into Upper Arm Muscles and Lower Arm Muscles with further classification based on laterality.

**Spotlight**

Many bilateral body parts are given unique body part values to distinguish the left side from the right side. Although a subdivided body part may also carry the distinction of laterality, this is a separate characteristic to further define that subdivided body part.
Practical Application for Guideline B3.8

Case Study 1. Tumor excision
A transthoracic esophagectomy was performed to remove a tumor in the middle esophagus. The upper esophagus was anastomosed to the lower esophagus.

Code(s)

<table>
<thead>
<tr>
<th>Code(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0DT20ZZ</td>
<td>Resection of Middle Esophagus, Open Approach</td>
</tr>
</tbody>
</table>

Rationale

The brief operative description specifies that the upper and lower esophagus were reconnected (anastomosed), indicating that the entire middle esophagus was removed. The Middle Esophagus (2) is an anatomical subdivision of the esophagus, found in the Gastrointestinal (D) body system. Because it has its own body part value and was removed in its entirety, it is appropriate to code the removal to the root operation Resection (T).

A transthoracic esophagectomy involves making an incision through the chest, which meets the definition of an Open (0) approach.

According to guideline B3.1b, the anastomosis of the upper to the lower esophagus is considered a component of the closure and is not coded separately.

PCS Guideline

<table>
<thead>
<tr>
<th>General guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3.1b</td>
</tr>
</tbody>
</table>

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.
Case Study 2. Video-assisted thoracoscopic (VATS) lobectomy

Patient was intubated and positioned, the hemithorax was cleaned with antiseptics and drapes placed. An incision was made at the seventh intercostal rib space and the thoracoscope with camera was inserted. Two additional ports were placed, one at the 5th intercostal level and another auscultatory triangle port. Using the scope, the entire right lung was inspected. The middle lobe had a large mass in the lower apex of the lobe. The upper and lower lobes appeared normal but biopsies of both lobes were taken for pathological examination. With sharp dissection, the middle lobe was excised and an endostapler used for vessel and bronchial ligation. The lung lobe was placed in an endobag and removed from one of the port sites. The right lung was again inspected; no bleeding was evident. All instrumentation was removed, the ports removed, and the incisions closed.

Code(s)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0BTD4ZZ</td>
<td>Resection of Right Middle Lung Lobe, Percutaneous Endoscopic Approach</td>
</tr>
<tr>
<td>0BBC4ZX</td>
<td>Excision of Right Upper Lung Lobe, Percutaneous Endoscopic Approach, Diagnostic</td>
</tr>
<tr>
<td>0BBF4ZX</td>
<td>Excision of Right Lower Lung Lobe, Percutaneous Endoscopic Approach, Diagnostic</td>
</tr>
</tbody>
</table>

Rationale

The right lung has three lobes: upper, middle, and lower. Each of these lobes or subdivisions has its own PCS body part value. This means that the root operation Resection (T) can be utilized even when the entire right lung has not been removed. Each lobe can be resected or excised independently of the other lobes. In this case study, multiple procedure codes are required because two distinct procedural objectives were accomplished (resection and excision) and the same root operation (Excision) was performed on multiple distinct body parts (Right Upper Lobe and Right Lower Lobe).

Figure 1. Lung Lobes

The first objective of this procedure is to remove the entire middle lobe. The body system is the Respiratory System (B), the root operation is Resection (T), and the body part is the Middle Lung Lobe, Right (D). The procedure was performed through port sites using a tiny camera that transmits images to a video monitor called a thoracoscope to visualize the site of the resection, making the approach Percutaneous Endoscopic (4).

Guideline B3.11a explains that if the inspection of the body part is done to achieve the objective of the procedure, it is not coded separately. Based on this advice, no additional code is reported for the lung inspection.
In addition to the right middle lobe lobectomy, two biopsies were taken, one of the Upper Lung Lobe, Right (C) and one of the Lower Lung Lobe, Right (F). Following the multiple procedure guideline B3.2.a, two Excision (B) codes are appropriate because an excision was performed on different body parts as defined by distinct values of the body part character. Biopsy procedures are inherently diagnostic, and a qualifier value of Diagnostic (X) is appended to both excision codes.

<table>
<thead>
<tr>
<th>PCS Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple procedures</td>
</tr>
<tr>
<td>B3.2 During the same operative episode, multiple procedures are coded if:</td>
</tr>
<tr>
<td>a. The same root operation is performed on different body parts as defined by distinct values of the body part character.</td>
</tr>
<tr>
<td>Example: Diagnostic excision of liver and pancreas are coded separately.</td>
</tr>
</tbody>
</table>

**Case Study 3. Right hemicolectomy**

The abdomen was prepped and draped in the usual sterile fashion. A midline laparotomy incision was made with a #10 blade scalpel, and subcutaneous tissues were separated with electrocautery down to the anterior abdominal fascia. Once divided, the intra-abdominal cavity was accessed and bowel was protected as the rest of the abdominal wall was opened in the midline. The entire ileocecal region up to the transverse colon was mobilized into the field. Next, a window was made 5 inches from the ileocecal valve, and a GIA-75 was fired across the ileum. Next, a second GIA device was fired across the proximal transverse colon, just sparing the middle colic artery. The dissection was then carried down along the mesentery, down to the root of the mesentery. A hemostat was used on the mesentery vessels, which were tied with #0-Vicryl suture sequentially, ligated in between. Once this specimen was submitted to pathology, the wound was inspected. There was no evidence of bleeding from any of the suture sites. Next, a side-by-side anastomosis was performed between the transverse colon and the terminal ileum. A third GIA-75 was fired side-by-side and GIA-55 was used to close the anastomosis. A patent anastomosis was palpated. The anastomosis was then protected with a #2-0 Vicryl #0-muscular suture. Next, the mesenteric root was closed with a running #0-Vicryl suture to prevent any chance of internal hernia. The suture sites were inspected, and there was no evidence of leakage. Next, the intra-abdominal cavity was thoroughly irrigated with sterile saline, and the anastomosis was carried into the right lower gutter. Omentum was used to cover the intestines, which appeared dilated and indurated from the near obstruction. Next, the abdominal wall was reapproximated and the fascial layer closed using two running loop PDS sutures meeting in the middle with good approximation of both the abdominal fascia. Additional sterile saline was used to irrigate the subcutaneous fat, and then the skin was closed with sequential sterile staples.

**Code(s)**

0DTF0ZZ Resection of Right Large Intestine, Open Approach

**Rationale**

The gastrointestinal system is composed of a series of anatomical structures, beginning at the mouth and ending at the anus. The colon or large intestine is the final structure in the series, running from its connection to the small intestine to the anus. The large intestine is represented several ways in the PCS tables. One body part character represents the large intestine as a whole unit. Two body part characters divide the large intestine into Large Intestine, Right (F) and Large Intestine, Left (G) halves. Finally, each segment of the large intestine has a distinct body part character. These include the following:

- Cecum (H)
- Appendix (J)
- Ascending Colon (K)
A right hemicolectomy typically involves the removal of the cecum, appendix, ascending colon, and all or a portion of the transverse colon.

**Figure 2. Large Intestine**

Following the multiple procedure guideline B3.2.a, one might assume that a code should be assigned for each body part with a distinct value in the PCS table. However, some body parts, such as the large intestine, are broken out into hierarchical body part characters (see figure 3). The cecum, appendix, ascending colon, transverse colon, descending colon, and sigmoid colon collectively make up the entire large intestine. When all of these sections are removed, the body part value Large Intestine (E) is coded because this one body part encompasses all the individual segments. When all of the intestinal segments that collectively make up the right large intestine are removed (cecum, appendix, ascending colon, and transverse colon), only the body part value Large Intestine, Right (F) is coded (*AHA Coding Clinic*: 2014, 3Q, 6).
In this example, the entire Large Intestine, Right (F) was removed, which is coded as a Resection (T). A large incision was made through the abdominal wall to gain access into the abdominal cavity, which meets the approach definition of Open (O).

Careful review of the operative note is critical as the extent of the disease may require resection beyond those segments of intestine that make up the right colon. Additional codes may be necessary to identify partial excision of the ileum or descending colon. The anastomosis between the terminal ileum and the transverse colon is considered inherent to the procedure and is not coded separately (guideline B3.1b).

**PCS Guideline**

| General guidelines | 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. |

*Note: This is only an excerpt of this chapter.*
Beyond the Guidelines

While all body parts can have a portion removed (excised), not every body part can be completely removed (resected) because of its anatomical configuration. One way to determine whether a body part can be resected is to consult the PCS alphabetic index. For example, the term “Nerve” in the PCS index is not a subheading under the main term “Resection” (T). However, it is a subheading under the main term “Excision” (B). Review of the tables in the Peripheral Nervous System (1) section show that an Excision (B) table is represented but a Resection (T) table is not. Based on the lack of entries in the index and the absence of a table for Resection (T) in the Peripheral Nervous System (1) section, it can be ascertained that a peripheral nerve cannot be completely resected.

Other examples of body systems that do not contain the Resection table include:

- Upper Arteries (3)
- Lower Arteries (4)
- Upper Veins (5)
- Lower Veins (6)
- Subcutaneous Tissue and Fascia (J)
- Anatomical Regions, General (W)
- Anatomical Regions, Upper Extremities (X)
- Anatomical Regions, Lower Extremities (Y)

Whether a body part is represented in the Resection (T) table also depends on its functional role in that body system. In many cases, body parts can be removed in their entirety only with immediate replacement and thus are found in the root operation Replacement (R) table rather than the Resection (T) table. The definition of the root operation Replacement (R) includes the removal of the body part being replaced. For example, the Aortic Valve (F) is an anatomic structure in the heart that must be present for the heart to function properly. Without the heart functioning normally, a patient cannot survive. Therefore, the Aortic Valve value (F) is not a body part value offered in the Resection (T) table but instead is found in the Replacement (R) table.

For the body systems that do have an Excision (B) table and a Resection (T) table, it is helpful to review the differences and similarities in the body part values provided in each of these tables, not only to identify organs that have subdivisions but to recognize those body parts that can or cannot be coded as resected. In the following table, the body part values from the Excision (B) and Resection (T) tables in the Heart and Great Vessels (2) body system are listed. The choices for body part values in the Resection (T) table are minimal compared with the choices in the Excision (B) table. All of the body parts missing from the Resection (T) table, with the exception of Coronary Vein (4), can be reported as Replacement (R) only if they are completely removed. For examples of the use of the root operation Replacement (R), see the “Device” section.

<table>
<thead>
<tr>
<th>Root Operation</th>
<th>Definition: Putting in or on a biological or synthetic material that physically takes the place and/or function of all or a portion of a body part</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replacement (R)</td>
<td>Explanation: The body part may have been taken out or replaced, or may be taken out, physically eradicated, or rendered nonfunctional during the REPLACEMENT procedure. A REMOVAL procedure is coded for taking out the device used in a previous replacement procedure.</td>
</tr>
</tbody>
</table>
Table 2. Heart and Great Vessel Excision vs. Resection

<table>
<thead>
<tr>
<th>Body Part—Character 4 from Heart and Great Vessels (1) Body System</th>
<th>Excision (B) Table</th>
<th>Resection (T) Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary Vein (4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atrial Septum (5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atrium, Right (6)</td>
<td></td>
<td>See Replacement (R) Table</td>
</tr>
<tr>
<td>Atrium, Left (7)</td>
<td></td>
<td>See Replacement (R) Table</td>
</tr>
<tr>
<td>Conduction Mechanism (8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chordae Tendineae (9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Papillary Muscle (D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aortic Valve (F)</td>
<td></td>
<td>See Replacement (R) Table</td>
</tr>
<tr>
<td>Mitral Valve (G)</td>
<td></td>
<td>See Replacement (R) Table</td>
</tr>
<tr>
<td>Pulmonary Valve (H)</td>
<td></td>
<td>Pulmonary Valve (H) Table</td>
</tr>
<tr>
<td>Tricuspid Valve (J)</td>
<td></td>
<td>See Replacement (R) Table</td>
</tr>
<tr>
<td>Ventricle, Right (K)</td>
<td></td>
<td>See Replacement (R) Table</td>
</tr>
<tr>
<td>Ventricle, Left (L)</td>
<td></td>
<td>See Replacement (R) Table</td>
</tr>
<tr>
<td>Ventricular Septum (M)</td>
<td></td>
<td>Ventricular Septum (M)</td>
</tr>
<tr>
<td>Pericardium (N)</td>
<td></td>
<td>Pericardium (N)</td>
</tr>
<tr>
<td>Pulmonary Trunk (P)</td>
<td></td>
<td>See Replacement (R) Table</td>
</tr>
<tr>
<td>Pulmonary Artery, Right (Q)</td>
<td></td>
<td>See Replacement (R) Table</td>
</tr>
<tr>
<td>Pulmonary Artery, Left (R)</td>
<td></td>
<td>See Replacement (R) Table</td>
</tr>
<tr>
<td>Pulmonary Vein, Right (S)</td>
<td></td>
<td>See Replacement (R) Table</td>
</tr>
<tr>
<td>Pulmonary Vein, Left (T)</td>
<td></td>
<td>See Replacement (R) Table</td>
</tr>
<tr>
<td>Superior Vena Cava (V)</td>
<td></td>
<td>See Replacement (R) Table</td>
</tr>
<tr>
<td>Thoracic Aorta (W)</td>
<td></td>
<td>See Replacement (R) Table</td>
</tr>
</tbody>
</table>

**Spotlight**

An important element to note in the definitions of both Excision and Resection is that neither is coded separately if immediate Replacement is performed.

*Note: This is only an excerpt of this chapter.*