



Operative Note – Digestive System

PREOPERATIVE DIAGNOSIS: Rectal polyp

POSTPROCEDURE DIAGNOSIS:

1. Rectal polyp in the proximal rectum, about 6 mm in size, removed completely by hot biopsy technique.
2. Normal-looking mucosa throughout the entire colon. No ulcers, no masses.
3. Scattered diverticuli in the sigmoid colon.

NAME OF PROCEDURE: Colonoscopy and polypectomy using hot biopsy technique.

ANESTHESIA: IV conscious sedation.

DESCRIPTION OF PROCEDURE: While the patient was placed in the left lateral decubitus position, digital rectal exam was done and showed good sphincter tone. No masses. Videocolonoscopy was advanced through the rectum to the cecum, normal-looking mucosa throughout. The patient had a few diverticula in the sigmoid colon, a small sessile polyp was found in the proximal rectum removed by hot biopsy technique. Retroflexion in the rectum was unremarkable.

RECOMMENDATIONS:

1. Await pathology report.
2. High fiber diet for diverticulosis.
3. Repeat colonoscopy in three years.

PATHOLOGY: RECTAL, POLYP, BIOPSY: Hyperplastic polyp

Answer:

ICD-10-CM

K62.1 (Polyp, Rectum (nonadenomatous) and K57.30 (Diverticulosis of large intestine without perforation or abscess without bleeding)

ICD-10-PCS

0DBP8ZZ – (Excision, rectum, via natural orifice endoscopic)

Rationale: Alphabetic index –Polypectomy→Excision, GI system (0DB). Coders must look up the specific body part (e.g., rectum, intestine etc). Separate code assignment is inappropriate for the diagnostic colonoscopy (0DJD8ZZ) because inspection of a body part in order to achieve the objective of the procedure is not separately reported. <PCS Guideline, B3.11a).

Hot biopsy forceps are used to excise small polyps (up to a size of 5 mm) in the upper and lower gastrointestinal tract using high frequency current. This procedure was not performed to diagnose the lesion but rather to therapeutically remove the lesion therefore is not considered a “biopsy” necessitating the use of the seventh character “X”.