

Socioeconomic tips of the month

Answers to common hotline questions

Q. When our surgeon performs sentinel node biopsies, he also injects blue dye to identify the sentinel nodes. How should we report this aspect of treatment?

A. When a surgeon performs sentinel node biopsies with injection of blue dye, it is reported by using the CPT codes for the biopsy or excision of the sentinel node (38500-38530) plus CPT code 38792 (Injection procedure; for identification of sentinel node) to indicate dye should be used.

Q. Is there a CPT code to report the collection of a blood specimen through a port or a catheter rather than a routine venipuncture?

A. The procedure should be reported with CPT code 36540 (collection of blood specimen from a partially or completely implantable venous access device).

Q. Is code 31622 considered a unilateral code?

A. CPT code 31622 (Bronchoscopy; rigid or flexible; diagnostic, with or without cell washing; separate procedure) is considered a bilateral code. Therefore, the Correct Coding Initiative edits preclude the use of the bilateral modifier (modifier -50) with 31622.

Q. How do I report the removal of spider veins by laser?

A. There is no specific CPT code for the laser removal of spider veins. You should use CPT code 37799 (Unlisted procedure, vascular surgery) to report the procedure. Be sure to send a copy of the operative report with the claim.

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Around the corner

April

- Quarterly update to 2002 *Correct Coding Edits* (NCCI 8.1) effective April 1.
- ACS-sponsored advanced coding workshop for surgeons on April 26 in Atlanta, GA. (Visit the ACS coding workshop Web page at <http://www.facs.org/dept/hpa/workshops/cdworkshop.html> or contact Jeff Smith at 312/202-5244 to register.)

May

- ACS-sponsored basic and advanced coding workshops for surgeons, cosponsored by the Rhode Island Chapter, on May 23-24, 2002, in Baltimore, MD. (Visit the ACS coding workshop Web page at <http://www.facs.org/dept/hpa/workshops/cdworkshop.html> or contact Jeff Smith at 312/202-5244 to register.)

Q. Can we use code 44005 (Enterolysis, freeing of intestinal adhesion, separate procedure) for the lysis of adhesion when our doctor is doing a hernia repair, especially if the adhesions were very extensive?

A. CPT code 44005 is defined as a separate procedure and is considered an integral part of many procedures, including hernia repair. If the surgeon performs both the hernia repair and extensive lysis of adhesions, use the -22 modifier on the hernia repair code.

Keep in mind that the use of the -22 modifier requires an operative dictation showing the added work and diagnoses, as well as a special report explaining the additional diagnoses and how the work involved in the procedure had added difficulty. Code 44005 should only be reported if the entire procedure took an additional 50 percent longer to complete than a typical hernia repair.

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Q. How would you code for the removal of an old pacemaker?

A. Use CPT code 33233 (Removal of permanent pacemaker pulse generator).

Q. How do I report the closure of an enterovesical (colon to bladder) fistula?

A. The most appropriate code would be 44660 (Closure of enterovesical fistula; without intestinal or bladder resection). Code 44661 would be used if some bladder or intestine was resected in addition to the closure.

Q. What code should I use for removal of a lipoma when I can't find a specific code for the anatomical site?

A. You should use the CPT code for excision of a benign tumor listed under the specific body site. For example, you would use code 21555 (Excision tumor, soft tissue of neck or thorax; subcutaneous) for the excision of a lipoma for neck or thorax.

Q. How do I code for the removal of an infected arteriovenous graft?

A. You should report CPT code 35903 (Excision of infected graft; extremity). 



ACS launches CME Joint Sponsorship Program

The Office of Continuing Medical Education of the American College of Surgeons has announced the launch of a CME Joint Sponsorship Program. The program will be conducted by the ACS as a national accrediting organization under the Accreditation Council for Continuing Medical Education and will offer cost-effective joint sponsorship to not-for-profit surgical organizations nationwide for the CME programs and meetings.

Further information and application materials are available from the program's administrator, Kathleen Goldsmith, at JSP@facs.org.