

Socioeconomic tips of the month

Common coding hotline questions

by the Division of Advocacy and Health Policy

Q. How do we code for an excision of an inguinal benign tumor located in the inguinal canal?

A. Report code 27048, *Excision, tumor, pelvis and hip area; deep, subfascial, intramuscular*, because the subfascia and muscle are involved.

Q. How do we report an excision of an infected vein?

A. We used code 37799, *Unlisted procedure, vascular surgery*, but the payor said it does not accept unlisted codes.

There is no CPT code for an excision of an antecubital cephalic vein. If the payor does not accept the unlisted code, request written instructions in writing regarding its policies for reporting the service. If the claim is resubmitted with another code without written guidance from the carrier, it could be considered fraudulent coding.

Q. How do we code for a partial cecectomy?

A. If the cecectomy is performed for the removal of a lesion, use code 44110, *Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy*. If the procedure is performed for another reason, report code 44140, *Colectomy, partial; with anastomosis*, with modifier -52 appended.

Q. What do we report when the physician dilates the patient's intestinal stoma with a stainless steel tube during an office visit?

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Around the corner

May

- ACS-sponsored basic and advanced coding workshops for surgeons in Atlanta, GA, May 29-30. Visit the ACS coding workshop Web page at <http://www.facs.org/dept/hpa/workshops/cdwkshop.html> to register.
- ACS-sponsored practice management course for surgeons, May 31, 2003, in Atlanta, GA. Visit the ACS Web page at <http://www.facs.org/dept/hpa/workshops/pmworkshop.html> to register.

A. Generally, this procedure would be included in the office visit, which would be reported using the appropriate evaluation and management code (E&M) code. If no other service is provided during the visit, it could be reported using code 44799, *Unlisted procedure, intestine*.

Q. How do we code when the physician uses fibrin glue to repair an anal fissure?

A. Use code 46706, *Repair of anal fistula with fibrin glue*. This code is new in CPT for 2003.

Q. How do we report a colonoscopy with excision of colon polyp with cold forceps?

A. Depending upon the technique employed, either of two codes could be reported: 45380 *Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple*; or code 45385, *Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique*.

Q. What code should we use for parastomal hernia repair?

A. If there is no revision of the stoma, use the appropriate code in the 49500 series for incisional hernia repair. If a revision is performed, report code 44346, *Revision of colostomy; with repair of paracolostomy hernia (separate procedure)*.


Q. If the patient's family members come to the office to talk to the physician regarding the patient's cancer situation and the patient is not present, may we charge for that visit? The family is not a court-appointed decision maker.

A. Because the patient's family lacks legal authority, the visit is not billable to the patient's insurance. If family members have power of attorney, the service could be reported as if the patient was present. Report the appropriate E&M code, providing documentation, if requested.

Q. Will Medicare reimburse for a screening if we report the service using an ICD-9-CM V code?

A. Code based on the reason for the patient's visit. If the patient presents with no symptoms, it would be appropriate to report the service using the correct ICD-9-CM V code for a screening. Always check carrier bulletins and local medical review policies for reporting and reimbursement instructions. If screening for a particular condition is not a covered service, the payment for the procedure becomes the patient's responsibility.

Q. May we use a signature stamp in lieu of a signature on submitted claims?

A. A stamp may be used if the physician is the only individual with access to it. It should be noted that state law regarding the use of signature stamps takes precedent over national policy. 

This column responds to questions from the Fellows and their staffs and provides useful tips for surgical practices. Developed by the College staff and consultants, this information is accessible on the ACS Web site. If you would like to see specific topics addressed in future columns, please contact the Division of Advocacy and Health Policy by fax at 202/337-4271, or e-mail HealthPolicyAdvocacy@facs.org.