

Socioeconomic tips

ACS Coding Hotline: Common questions

by the Division of Advocacy and Health Policy

This column lists some questions recently posed to the ACS Coding Hotline and the responses. ACS Fellows and their staff may consult the hotline 10 times annually without charge as a benefit of membership in the College. If your office has coding questions, please contact the Coding Hotline at 800/227-7911 between 7:00 am and 5:00 pm Mountain Time, holidays excluded.

Can I bill procedure code 46221, Hemorrhoidectomy, by simple ligation (e.g., rubber band) more than once? How do I code simple ligation of multiple hemorrhoids?

Per the CPT* [Current Procedural Terminology] Assistant published October 1997, use code 46221, Hemorrhoidectomy, by simple ligation (e.g., rubber band) once per session regardless of how many hemorrhoids are ligated.

How do we code a non-tunneled central line on an infant who weighs 1,400 g?

The procedure code for the non-tunneled central line is code 36555, *Insertion of non-tunneled centrally inserted central venous catheter; under 5 years of age*. To address the weight of the infant, modifier -63 is appropriate. The definition of modifier -63 is as follows:

Procedure performed on infants less than 4 kg: Procedures performed on neonates and infants up to a present body weight of 4 kg may involve significantly increased complexity and physician work commonly associated with these patients.

What code can I use when the physician is adjusting a gastric band diameter by injecting saline via a subcutaneous port?

If the carrier accepts the Healthcare Common Procedure Coding System (HCPCS) codes, use

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Around the corner

December

• Economedix will hold two teleconferences this month: Building a Bottom-Line Budget for 2007, which will be held December 6, and Billing Compliance: Avoiding Fraud and Abuse on December 13. For more information and to register, go to <http://yourmedpractice.com/ACS/>.

• Changes in the Medicare participation status of physicians in 2007 are due to carriers by the end of the year. There is a 5.1 percent cut across the board in Medicare reimbursement in 2007 and surgeons will find a number of surgical procedures have gone down for other reasons as well. See the ACS Web site (<http://www.facs.org>) and NewsScope for additional details.

January

The following will be implemented January 1:

- The 2007 Medicare fee schedule
- The 2007 CPT codes
- The Medicare national Correct Coding Initiative (NCCI), version 13.0
- The Medicare Medically Unlikely Edits (MUE), version 1.0. A description of these edits will appear here in a future issue of the *Bulletin*.

S2083, *adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline*. If the carrier does not allow the HCPCS code for this procedure, use the unlisted procedure stomach, code 43999.

How do I code for a takedown of a jejunostomy and a jejunojejunostomy?

One procedure code encompasses the entire operation. The physician is reconnecting continuity of the jejunum by closing the jejunostomy and anastomosing the jejunum back to the jejunum. Procedure code 44625, *Closure of enterostomy, large or small intestine; with resection and* continued on page 32

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anastomosis other than colorectal, would be the appropriate code to use.

How do I code for laparoscopic repair of an incisional or ventral hernia with placement of mesh?

If the carrier accepts them, use the HCPCS codes S2075, *laparoscopy, surgical; repair inci-*

sional or ventral hernia, and S2077, *laparoscopy, surgical; implantation of mesh or other prosthesis for incisional or ventral hernia repair (list separately in addition to code for incisional or ventral hernia repair)*. If the carrier doesn't allow the HCPCS code for this procedure, use code 49659, *unlisted procedure laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy*. Ω