CODE PATHWAYS FOR GENERAL SURGERY

Introduction

Congratulations on the purchase of the new 2007 Code Pathways for General Surgery. This laminated flip chart offers guidance in selecting appropriate CPT codes for 10 common general surgery procedures.

Code Pathways for General Surgery provides decision trees that lead coders through physician operative reports to the appropriate procedure code. Coders answer questions in the decision trees to determine the CPT codes that best describe the services provided. In most instances, the questions are simple yes/no queries, but in some cases, readers will be asked to select from modalities or other differentiators to reach the appropriate code.

Using Pathways

To use 2007 Code Pathways General Surgery, first determine which laminated flip chart is appropriate to the operative note. The charts available are:

- Bariatric Surgery – Laparoscopic
- Breast Biopsy – Fine Needle Aspiration (FNA)/Percutaneous
- Breast Biopsy – Incisional/Excisional
- Cholecystectomy
- Colonoscopy
- Enterectomy/Colectomy – Laparoscopic
- Hemorrhoids
- Inguinal Hernia Repair
- Mastectomy
- Upper Gastrointestinal Endoscopy (EGD) – Therapeutic

Begin at the top of the Pathways sheet, and answer the first question. For example, Breast Biopsy – Fine Needle Aspiration (FNA)/Percutaneous begins with the question, “Was the procedure performed by FNA?”
In the course of answering a few questions, the reader can determine, breast biopsy performed by FNA with imaging guidance is reported with CPT code 10022. The final answer may be derived after one question, or it may require as many as six or seven questions.

At times, the final answer may point to the notation, “Refer to CPT Index.” In these cases, either the information sought is from too broad a category to fit onto a Pathways sheet, or the immediate answer seems contradictory to previous responses in the decision tree. If the information is not too broad, the coder may benefit from starting at the beginning of the Pathways sheet and repeating the process to see if the same or different path is chosen. If the second round again ends at “Refer to CPT Index” rather than a different answer, consult the CPT book.

Code Pathways for Gerneral Surgery is an educational device for the visual learner and a time-saving tool for seasoned coders who have a strong foundation in the coding rules of their specialty. It is not intended to replace a CPT book or Coding Companion for more complex decision-making issues like modifier usage or follow-up day rules. Pathways were built using CPT and CPT Assistant guidelines, but coders are expected to reference individual payer rules and requirements to ensure claims are submitted properly.

Additional Pathways Data
On the reverse side of the Pathways decision tree sheet is a list of ICD-9-CM diagnosis codes and descriptions commonly associated with that set of surgical procedures. The list may be abridged due to space constraints; consult your ICD-9-CM book for any diagnoses not represented there. Definitions to terminology commonly seen on operative reports are also provided on the back, along with an anatomic illustration to further the user's understanding of procedure coding issues.

Improving Pathways
For 2007 Code Pathways for General Surgery, our intent was to capture the most common general surgery procedures in simple-to-use decision tree formats. Ingenix welcomes suggestions of any Pathways that should be added to the general surgery sequence or feedback on any changes that you feel should be made to the Pathways presented here. Please email your input to customerservice@ingenix.com or mail to Customer Service, 2007 Code Pathways for General Surgery, Ingenix, 2525 Lake Park Boulevard, Salt Lake City, Utah, 84120.
ENTERECTOMY/COLECTOMY — LAPAROSCOPIC

- Procedure performed by laparoscopic approach?
  - YES
    - Enterectomy w/ resection of small intestine?
      - YES
        - Single or multiple resections w/ anastomosis?
          - Single
            - 44202
          - Multiple
            - 44202 and 44203 ea additional resection
        - 44201
      - NO
        - Colectomy?
          - YES
            - Partial or total?
              - Partial
                - W/ anastomosis?
                  - YES
                    - W/ coloproctostomy (low pelvic anastomosis)?
                      - YES
                        - W/ colostomy?
                          - YES
                            - 44208
                          - NO
                            - 44207
                      - NO
                        - End colostomy w/ closure of distal segment
                          - Ileocolostomy w/ removal of terminal ileum
                            - Ileal anastomosis (includes creation of ileal reservoir loop ileostomy)
                              - Ileostomy
                                - 44212
                              - ileoproctostomy
                                - 44211
                            - Ileosteostomy
                              - 44210
                            - ileoproctostomy
                              - 44210
                      - With or w/o proctectomy?
                        - With proctectomy
                          - ileostomy
                            - 44210
                          - ileoproctostomy
                            - 44210
                        - W/O proctectomy
                          - W/ ileostomy or ileoproctostomy?
                            - ileostomy
                              - 44210
                            - ileoproctostomy
                              - 44210
                      - 44204 and 44206
              - NO
                - 44205
        - 44203
      - NO
        - Refer to CPT Index
  - NO
    - Refer to CPT Index

- Was mobilization (take down) of splenic flexure performed w/ partial colectomy?
  - YES
    - Report also 44213
  - NO
    - No additional codes reported

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Definitions

**Anastomosis.** Surgically created connection between ducts, blood vessels, or bowel segments to allow flow from one to the other.

**Colectomy.** Excision of a segment or all of the colon.

**Colostomy.** An artificial surgical opening anywhere along the length of the colon to the skin surface for the diversion of feces.

**Enterectomy.** Excision of a segment or all of the intestine, used primarily in reference to the small intestine.

**Ileostomy.** An artificial opening of the ileum (distal part of the small intestine) through the abdominal wall where liquid or semisolid discharge is collected in a bag.

**Neoplasm.** New abnormal growth, tumor.

**Obstruction.** The act or state of being clogged or blocked from allowing through passage.

**Perforation.** A hole in an object, organ, or tissue, or the act of punching or boring holes through a part.

**Resection.** Surgical removal of a part or all of an organ or body part.

**Ulcerative colitis.** Chronic inflammation of the mucosal lining of the intestinal tract, limited to one section or involving the entire colon.

**Vascular insufficiency.** Inadequate blood flow and oxygenation.

**ICD-9-CM**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>152.1</td>
<td>Malignant neoplasm of duodenum</td>
</tr>
<tr>
<td>152.2</td>
<td>Malignant neoplasm of jejunum</td>
</tr>
<tr>
<td>152.8</td>
<td>Malignant neoplasm of ileum</td>
</tr>
<tr>
<td>153.9</td>
<td>Malignant neoplasm of colon, unspecified site</td>
</tr>
<tr>
<td>154.0</td>
<td>Malignant neoplasm of rectosigmoid junction</td>
</tr>
<tr>
<td>154.1</td>
<td>Malignant neoplasm of rectum</td>
</tr>
<tr>
<td>556.0</td>
<td>Ulcerative (chronic) enterocolitis</td>
</tr>
<tr>
<td>556.1</td>
<td>Ulcerative (chronic) ileocolitis</td>
</tr>
<tr>
<td>557.0</td>
<td>Acute vascular insufficiency of intestine</td>
</tr>
<tr>
<td>560.9</td>
<td>Unspecified intestinal obstruction</td>
</tr>
<tr>
<td>569.83</td>
<td>Perforation of intestine</td>
</tr>
<tr>
<td>863.30</td>
<td>Small intestine injury, unspecified site, with open wound into cavity</td>
</tr>
<tr>
<td>863.99</td>
<td>Injury to other and unspecified gastrointestinal sites with open wound into cavity</td>
</tr>
</tbody>
</table>

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