

CODING COMPANION

2019

General Surgery/ Gastroenterology

A comprehensive illustrated guide
to coding and reimbursement



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Getting Started with Coding Companion

Coding Companion for General Surgery/Gastroenterology is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

For ease of use, *Coding Companion* lists the CPT codes in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, medicine, and evaluation and management (E/M) codes pertinent to the specialty. Each CPT code is followed by its official CPT code description.

Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum360 *Coding Companion* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the page following the sample.

Appendix Codes and Descriptions

Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:

- HCPCS
- Pathology and Laboratory
- Surgery
- Medicine Services
- Radiology
- Category III

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

CCI Edit Updates

The *Coding Companion* series includes the list of codes from the official Centers for Medicare and Medicaid Services' National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version 23.3, the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is <http://www.optum360coding.com/ProductUpdates/>. The 2018 edition password is: **SPECIALTY18**. Please note that you should log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

Evaluation and Management

This resource provides documentation guidelines and tables showing evaluation and management (E/M) codes for different levels of care. The components that should be considered when selecting an E/M code are also indicated.

Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

69501 Transmastoid antrotomy (simple mastoidectomy)

could be found in the index under the following main terms:

Antrotomy

Transmastoid, 69501

Excision

Mastoid

Simple, 69501

General Guidelines

Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, it is not limited to use only by that specialty group (see paragraphs two and three under "Instructions for Use of the CPT Codebook" on page xii of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Supplies

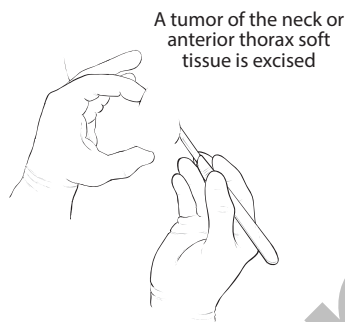
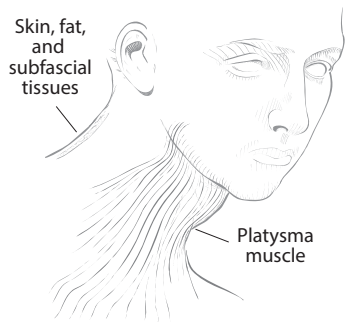
Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component

Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

21555-21556 [21552, 21554]

- 21555** Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm
- 21552** 3 cm or greater
- 21556** Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm
- 21554** 5 cm or greater



Explanation

The physician removes a tumor from the soft tissue of the neck or anterior thorax (chest) that is located in the subcutaneous tissue in 21552 or 21555 and in the deep soft tissue, below the fascial plane or within the muscle, in 21554 or 21556. With the proper anesthesia administered, the physician makes an incision in the skin overlying the mass and dissects down to the tumor. The extent of the tumor is identified and a dissection is undertaken all the way around the tumor. A portion of neighboring soft tissue may also be removed to ensure adequate removal of all tumor tissue. A drain may be inserted and the incision is repaired with layers of sutures, staples, or Steri-strips. Report 21555 for excision of subcutaneous tumors whose resected area is less than 3 cm and 21552 for excision of subcutaneous tumors 3 cm or greater. Report 21556 for excision of subfascial or intramuscular tumors whose resected area is less than 5 cm and 21554 for excision of subfascial or intramuscular tumors 5 cm or greater.

Coding Tips

When any of these procedures are performed with another separately identifiable procedure, the highest dollar value code is listed as the primary procedure and subsequent procedures are appended with modifier 51. An excisional biopsy is not reported separately when a therapeutic excision is performed during the same surgical session. Report any free grafts or flaps

separately. For excision of cutaneous, benign lesions, see 11420–11426. Surgical trays, A4550, are not separately reimbursed by Medicare; however, other third-party payers may cover them. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes

- C49.0 Malignant neoplasm of connective and soft tissue of head, face and neck
- C49.3 Malignant neoplasm of connective and soft tissue of thorax
- C76.0 Malignant neoplasm of head, face and neck
- C76.1 Malignant neoplasm of thorax
- D17.1 Benign lipomatous neoplasm of skin and subcutaneous tissue of trunk
- D21.0 Benign neoplasm of connective and other soft tissue of head, face and neck
- D21.3 Benign neoplasm of connective and other soft tissue of thorax
- D48.1 Neoplasm of uncertain behavior of connective and other soft tissue

AMA: 21555 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11; 2012,Jan,15-42; 2011,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
21555	3.96	7.12	0.8	11.88
21552	6.49	4.93	1.45	12.87
21556	7.66	6.02	1.45	15.13
21554	11.13	7.59	2.33	21.05
Facility RVU	Work	PE	MP	Total
21555	3.96	4.02	0.8	8.78
21552	6.49	4.93	1.45	12.87
21556	7.66	6.02	1.45	15.13
21554	11.13	7.59	2.33	21.05

	FUD	Status	MUE	Modifiers			IOM Reference	
21555	90	A	4(3)	51	N/A	N/A	N/A	None
21552	90	A	4(3)	51	N/A	N/A	80	
21556	90	A	3(3)	51	N/A	N/A	N/A	
21554	90	A	2(3)	51	N/A	N/A	80	

* with documentation

Terms To Know

soft tissue. Nonepithelial tissues outside of the skeleton that includes subcutaneous adipose tissue, fibrous tissue, fascia, muscles, blood and lymph vessels, and peripheral nervous system tissue.

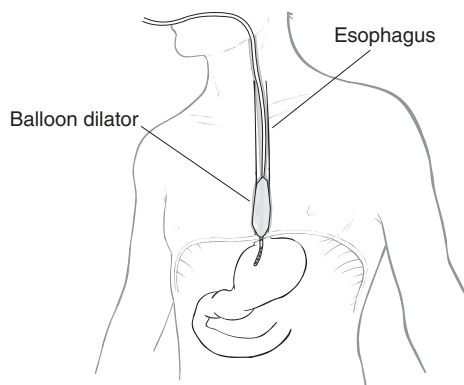
subcutaneous tissue. Sheet or wide band of adipose (fat) and areolar connective tissue in two layers attached to the dermis.

subfascial. Beneath the band of fibrous tissue that lies deep to the skin, encloses muscles, and separates their layers.

43249 [43233]

43249 Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)

43233 with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)



Balloon dilation of the esophagus

The esophagus is dilated during an endoscopic session of the upper GI tract

Explanation

The physician visualizes the esophagus, stomach, and proximal small bowel with an endoscope and dilates an esophageal stricture. The physician inserts the endoscope through the mouth into the esophagus. The endoscope is advanced under direct vision through the esophagus into the stomach. The stomach is visualized and the endoscope is advanced into and through the duodenum and into the proximal jejunum if possible. The endoscope is withdrawn. If an esophageal stricture is present, a balloon on a catheter is advanced through the endoscope and through the stricture. The balloon is inflated to correct volume, pressure, and duration according to the package insert. The endoscope is removed. Report 43249 if the balloon is dilated less than 30 mm and 43233 if the balloon is dilated 30 mm or more.

Coding Tips

Report 74360 for fluoroscopic guidance when performed with 43249. Do not report 43249 or 43233 with 43197–43198, 43235, 44360–44361, 44363–44366, 44369–44370, 44372–44373, and 44376–44379. Do not report 43249 with 43266 or 43270. Do not report 43233 with 74360, 76000, or 76001.

ICD-10-CM Diagnostic Codes

- C15.3 Malignant neoplasm of upper third of esophagus
- C15.4 Malignant neoplasm of middle third of esophagus
- C15.5 Malignant neoplasm of lower third of esophagus
- C15.8 Malignant neoplasm of overlapping sites of esophagus
- C16.0 Malignant neoplasm of cardia
- C16.1 Malignant neoplasm of fundus of stomach
- C78.89 Secondary malignant neoplasm of other digestive organs
- D00.1 Carcinoma in situ of esophagus
- D13.0 Benign neoplasm of esophagus
- D13.1 Benign neoplasm of stomach
- D37.8 Neoplasm of uncertain behavior of other specified digestive organs
- K20.0 Eosinophilic esophagitis

- K20.8 Other esophagitis
- K21.0 Gastro-esophageal reflux disease with esophagitis
- K21.9 Gastro-esophageal reflux disease without esophagitis
- K22.0 Achalasia of cardia
- K22.10 Ulcer of esophagus without bleeding
- K22.2 Esophageal obstruction
- K22.4 Dyskinesia of esophagus
- K22.70 Barrett's esophagus without dysplasia
- K22.710 Barrett's esophagus with low grade dysplasia
- K22.711 Barrett's esophagus with high grade dysplasia
- K22.8 Other specified diseases of esophagus
- K23 Disorders of esophagus in diseases classified elsewhere
- Q39.0 Atresia of esophagus without fistula
- Q39.3 Congenital stenosis and stricture of esophagus
- Q39.4 Esophageal web
- Q39.8 Other congenital malformations of esophagus
- Q40.1 Congenital hiatus hernia
- R13.0 Aphagia
- R13.12 Dysphagia, oropharyngeal phase
- R13.13 Dysphagia, pharyngeal phase
- R13.14 Dysphagia, pharyngoesophageal phase
- R13.19 Other dysphagia

AMA: 43233 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11; 2013,Dec,3
 43249 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11; 2013,Jan,11-12; 2013,Dec,3

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
43249	2.67	26.01	0.35	29.03
43233	4.07	2.05	0.59	6.71
Facility RVU	Work	PE	MP	Total
43249	2.67	1.48	0.35	4.5
43233	4.07	2.05	0.59	6.71

	FUD	Status	MUE	Modifiers			IOM Reference	
43249	0	A	1(3)	51	N/A	N/A	N/A	None
43233	0	A	1(3)	51	N/A	N/A	N/A	

* with documentation