

CODING COMPANION

2019

Plastics/ Dermatology

A comprehensive illustrated
guide to coding and reimbursement



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Getting Started with Coding Companion

Coding Companion for Plastics/Dermatology 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

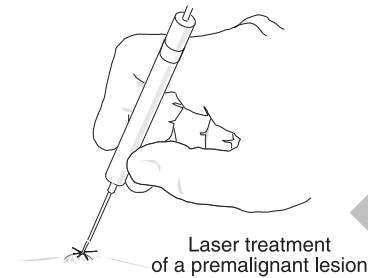
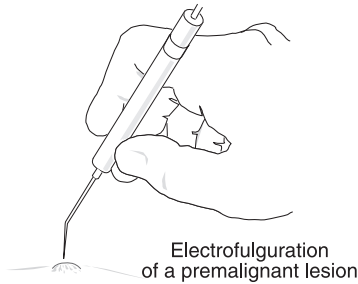
Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

17000-17004

17000 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion

+ **17003** second through 14 lesions, each (List separately in addition to code for first lesion)

17004 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions



A premalignant lesion is treated by any of a number of methods

Explanation

The physician destroys or excises premalignant lesions using a laser, electrosurgery, cryosurgery, chemical treatment, or surgical curettement. Local anesthesia is included. Report 17000 when one lesion is destroyed and 17003 when two to 14 lesions are destroyed. Report 17004 for destruction of 15 or more lesions during the same surgical session.

Coding Tips

Report 17003 in conjunction with 17000. Local anesthesia is included in these services. As exempt from modifier 51, 17004 has not been designated as a CPT add-on service/procedure. However, codes identified as exempt from modifier 51 are not subject to multiple procedure rules. No reimbursement reduction or modifier 51 is applied. For sharp removal, ligature strangulation, electrosurgical destruction, or combination of treatment modalities, including chemical or electrocauterization of wound of skin tags and fibrocuteaneous lesions, see 11200 and 11201. For destruction of malignant skin lesions, see 17260–17286. For destruction of cutaneous vascular proliferative lesions (e.g., laser technique), see 17106–17108. For destruction of benign lesions other than skin tags or cutaneous vascular lesions, see 17110–17111.

ICD-10-CM Diagnostic Codes

- D04.11 Carcinoma in situ of skin of right eyelid, including canthus
- D04.12 Carcinoma in situ of skin of left eyelid, including canthus

- D04.21 Carcinoma in situ of skin of right ear and external auricular canal
- D04.22 Carcinoma in situ of skin of left ear and external auricular canal
- D04.39 Carcinoma in situ of skin of other parts of face
- D04.4 Carcinoma in situ of skin of scalp and neck
- D04.5 Carcinoma in situ of skin of trunk
- D04.61 Carcinoma in situ of skin of right upper limb, including shoulder
- D04.62 Carcinoma in situ of skin of left upper limb, including shoulder
- D04.71 Carcinoma in situ of skin of right lower limb, including hip
- D04.72 Carcinoma in situ of skin of left lower limb, including hip
- D04.8 Carcinoma in situ of skin of other sites
- D07.4 Carcinoma in situ of penis
- D07.61 Carcinoma in situ of scrotum
- D07.69 Carcinoma in situ of other male genital organs
- L56.8 Other specified acute skin changes due to ultraviolet radiation
- L57.0 Actinic keratosis
- L85.8 Other specified epidermal thickening

AMA: 17000 2017,Jan,8; 2016,Jan,13; 2016,Apr,3; 2015,Jan,16; 2014,Jan,11; 2012,May,13; 2012,Mar,4-7; 2012,Jan,15-42; 2011,Jan,11 **17003** 2017,Jan,8; 2016,Jan,13; 2016,Apr,3; 2015,Jan,16; 2014,Jan,11; 2012,May,13; 2012,Jan,15-42; 2011,Jan,11 **17004** 2017,Jan,8; 2016,Jan,13; 2016,Apr,3; 2015,Jan,16; 2014,Jan,11; 2012,May,13; 2012,Jan,15-42; 2011,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
17000	0.61	1.19	0.08	1.88
17003	0.04	0.1	0.01	0.15
17004	1.37	2.55	0.19	4.11
Facility RVU	Work	PE	MP	Total
17000	0.61	0.82	0.08	1.51
17003	0.04	0.02	0.01	0.07
17004	1.37	1.29	0.19	2.85

	FUD	Status	MUE	Modifiers			IOM Reference	
17000	10	A	1(2)	51	N/A	N/A	N/A	100-03,140.5
17003	N/A	A	13(2)	N/A	N/A	N/A	N/A	
17004	10	A	1(2)	N/A	N/A	N/A	N/A	

* with documentation

Terms To Know

actinic keratosis. Flat, scaly precancerous lesions appearing on dry, sun-aged, and overexposed skin, including the eyelids.

chemosurgery. Application of chemical agents to destroy tissue, originally referring to the in situ chemical fixation of premalignant or malignant lesions to facilitate surgical excision.

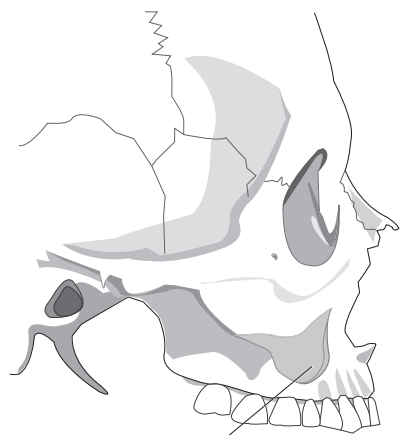
cryosurgery. Application of intense cold, usually produced using liquid nitrogen, to locally freeze diseased or unwanted tissue and induce tissue necrosis without causing harm to adjacent tissue.

destruction. Ablation or eradication of a structure or tissue.

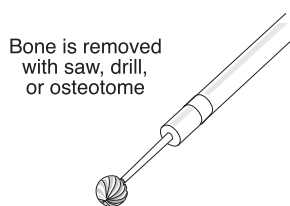
electrosurgery. Use of electric currents to generate heat in performing surgery.

21209

21209 Osteoplasty, facial bones; reduction



Bone growth to be removed



Bone is removed with saw, drill, or osteotome

Explanation

The physician removes protrusions of excess or misshaped facial bone to reduce the contours of the face. The physician may use an intraoral approach or other incisions to access the operative site. The tissue is dissected, exposing the bone for reduction. A reciprocation saw or drill is used to cut and remove the bone, reducing its contours. The mucosal incision is sutured simply.

Coding Tips

If significant additional time and effort is documented, append modifier 22 and submit a cover letter and operative report. Any bone graft harvest is not reported separately. Because this procedure may be performed for cosmetic purposes, verify with the insurance carrier for coverage. For osteoplasty, facial bones, augmentation (autograft, allograft, or prosthetic implant), without reduction, see 21208. For osteotomy, mandible, segmental, see 21198.

ICD-10-CM Diagnostic Codes

- M26.01 Maxillary hyperplasia
- M26.03 Mandibular hyperplasia
- M26.05 Macrogenia
- M26.07 Excessive tuberosity of jaw
- M26.09 Other specified anomalies of jaw size
- M26.11 Maxillary asymmetry
- M26.12 Other jaw asymmetry
- M26.19 Other specified anomalies of jaw-cranial base relationship
- M26.611 Adhesions and ankylosis of right temporomandibular joint
- M26.612 Adhesions and ankylosis of left temporomandibular joint
- M26.613 Adhesions and ankylosis of bilateral temporomandibular joint
- M26.631 Articular disc disorder of right temporomandibular joint

- M26.632 Articular disc disorder of left temporomandibular joint
- M26.633 Articular disc disorder of bilateral temporomandibular joint
- M26.69 Other specified disorders of temporomandibular joint
- M26.89 Other dentofacial anomalies
- M27.8 Other specified diseases of jaws
- M87.180 Osteonecrosis due to drugs, jaw
- M89.8X8 Other specified disorders of bone, other site
- M95.2 Other acquired deformity of head
- M99.80 Other biomechanical lesions of head region
- Q18.8 Other specified congenital malformations of face and neck
- Q75.1 Craniofacial dysostosis
- Q75.4 Mandibulofacial dysostosis
- Q75.5 Oculomandibular dysostosis
- Q75.8 Other specified congenital malformations of skull and face bones
- Q87.0 Congenital malformation syndromes predominantly affecting facial appearance
- Z41.1 Encounter for cosmetic surgery

AMA: 21209 2002, Apr, 13

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
21209	7.82	16.24	1.32	25.38
Facility RVU	Work	PE	MP	Total
21209	7.82	10.09	1.32	19.23

	FUD	Status	MUE	Modifiers				IOM Reference
21209	90	A	1(3)	51	N/A	N/A	80	None

* with documentation

Terms To Know

anomaly. Irregularity in the structure or position of an organ or tissue.

cosmetic. Superficial or external, having no medical necessity.

hyperplasia. Abnormal proliferation in the number of normal cells in regular tissue arrangement.

hypoplasia. Condition in which there is underdevelopment of an organ or tissue.

incision. Act of cutting into tissue or an organ.

macrogenia. Increased jaw size, especially affecting the chin, that may involve the soft and/or bony tissue.