



DESK REFERENCE

Coders` Desk Reference for Procedures

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coding questions

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21600

The physician removes part of one rib. With the patient under anesthesia, the physician makes an incision in the skin of the chest overlying the rib. The tissues are dissected deep to the rib itself. The rib is identified. The physician removes the desired part of the rib using a saw and other instruments. The remaining pieces of the rib and the wound itself are irrigated and debrided. The incision is sutured in layers.

21601

The physician excises a chest wall tumor, including ribs. An incision in the skin of the chest overlying the site of the tumor is made. The tumor and surrounding tissue are excised. The tissue removed includes at least one adjacent rib above or below the tumor site and any associated intercostal muscles. It may also include rib cage resection and/or an en bloc resection of muscles, including the pectoralis minor or major, the serratus anterior, or the latissimus dorsi. The physician ligates or cauterizes bleeding vessels. A chest tube may be placed to re-expand the lung. The incision is repaired with layered closure and a pressure dressing is applied to the wound.

21602-21603

The physician excises a chest wall tumor, involving ribs, with plastic reconstruction. The physician makes an incision in the skin of the chest overlying the tumor. The tumor and surrounding tissue are excised and includes at least one adjacent rib above and below the tumor site and all intervening intercostal muscles. It may also include an en bloc resection of muscles, including the pectoralis minor or major, the serratus anterior, or the latissimus dorsi. In 21603, lymphatic tissue lying within the mediastinum is also removed. The physician ligates or cauterizes bleeding vessels. A chest tube may be placed to re-expand the lung. Plastic reconstruction is done and may involve rib grafts and/or a myocutaneous flap. A pressure dressing is applied to the wound.

21610

The physician resects the costovertebral joint. The physician makes a posterior incision overlying the joint. The tissues are dissected from the joint and the transverse process is cut from the vertebral body. The physician removes all or a portion of the adjacent rib. The incision is sutured in layers.

21615-21616

The physician performs surgery to remove the first rib and/or an extraneous cervical rib. With the patient under anesthesia, an incision is made in the skin just above the clavicle on the affected side and carried deep to the rib. The rib is identified and the attached soft tissues are dissected from the bone. The physician excises the rib using a saw and other surgical instruments. The rib is freed from its articulation and removed. The wound is irrigated and closed in layers.

A dressing is applied. Report 21616 if a sympathetic nerve pathway is cut during the procedure.

21620

The physician removes a portion of the sternum from the chest. With the patient under anesthesia, the physician makes an incision in the skin overlying the sternum. This is carried deep through the subcutaneous tissues to the bone. The sternum is identified and the attached soft tissues are dissected from the bone. The physician marks the portion of the sternum to be removed. The bone is cut in the appropriate places using a saw and other surgical instruments. The remaining portion of the bone is irrigated and smoothed as needed. The wound is closed in layers and a dressing is applied.

21627

The physician performs a debridement of the sternum. With the patient under anesthesia, the physician makes an incision in the skin overlying the sternum. The incision is carried deep to the bone. The sternum is debrided as warranted using any of a variety of hand or powered surgical instruments. Irrigation is used so that debridement can be completed as extensively as indicated. The wound may be loosely packed and a dressing applied or it may be closed in layers and a dressing applied.

21630-21632

The physician removes most or all of the sternum from the chest. With the patient under anesthesia, the physician makes a long incision overlying the sternum and anterior chest. This is carried deep to the bone. Dissection is performed around the sternum. Ribs are disarticulated as needed and thorough debridement is accomplished. Using saws and other surgical instruments, the physician removes the bone. Internal fixation devices (reported separately) are often needed to support the ribs and chest wall. The wound is irrigated and closed in layers. Report 21632 if a mediastinal lymphadenectomy is performed during the procedure.

21685

The hyoid bone is a small C-shaped bone in the neck above the Adam's apple, or thyroid cartilage, with muscles of the tongue and throat attached to it. Hyoid myotomy and suspension is done to open the oropharyngeal airway for correcting breathing in sleep apnea. It involves repositioning and fixating the hyoid bone to improve the airway. A submental incision is made to expose the hyoid bone in the neck. The muscles below the hyoid are transected and separated to expose a small, isolated, mid-portion of the hyoid bone. Strips of fascia lata (bands of fibrous tissue), nonresorbable suture, or other strong materials are wrapped around the body of the hyoid and used to pull it forward and secure it to the inferior mandibular border. An alternative method pulls the

