Ingenix Learning:
Coding from the Operative Report

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## Contents

Chapter 1: History .............................................1
   Early Record Keeping ......................................1
   Hospital Records ..........................................1
   Record Keeping in America ...............................1
   Standardized Record Keeping ............................2
   The Joint Commission (formerly Joint Commission
   on Accreditation of Healthcare Organizations) ....2
   Summary ......................................................4
   Discussion Questions .......................................4

Chapter 2: Documentation .................................5
   Content .......................................................5
   Timeliness ....................................................6
   Operative Reports ..........................................6
   Summary ......................................................8
   Discussion Questions .......................................9

Chapter 3: Coding ...........................................11
   Applying Diagnosis Coding ..............................11
   Diagnosis Coding Guidelines ............................13
   Applying Procedure Coding Guidelines ...............17
   HCPCS System ..............................................18
   Anesthesiology .............................................19
   New Technology—Robotic Assisted Surgery ...........19
   Future Coding ..............................................19
   Summary ......................................................21
   Discussion Questions ......................................22

Chapter 4: Reimbursement .................................23
   Medicare ......................................................23
   Payment Systems ..........................................24
   Medicare Claims ..........................................26
   Summary ......................................................27
   Discussion Questions ......................................27

Chapter 5: Fraud and Abuse ...............................29
   Fraud .........................................................29
   Abuse ........................................................29
   Sanctions .....................................................30
   Compliance ..................................................30
   Summary ......................................................32
   Discussion Questions ......................................33

Chapter 6: Operative Report Coding ....................35
   Names and Terms That Describe Operative
   Reports .......................................................35
   Operative Report Coding Guidelines ...................38
   The Operative or Procedure Progress Note ............40
   Retrieving Information from Documentation
   in the Operative Report .................................42
   Underdocumented or Incorrect Information ..........43
   Code Selection .............................................44
   When to Seek Clarification or Additional
   Information from the Physician .........................44

Chapter 7: Integumentary System (10021–19499) .... 47
   Introduction .................................................47
   Anatomy—The Skin ........................................47
   Incision and Drainage of Abscess ......................49
   Incision and Removal of Foreign Body ...............51
   Incision/Aspiration of Hematoma .....................55
   Complex Incision and Drainage .......................57
   Debridement Necrotizing Soft Tissue Infection ......59
   Debridement with Removal of Foreign Material ....60
   Debridement ................................................62
   Biopsy of Skin .............................................64
   Removal of Skin Tags .....................................65
   Shaving/Excision of Lesions (11300–11646) ......67
   Excision of Pilonidal Cyst ...............................70
   Insertion/Removal of Contraceptive Capsules ......72
   Repair (12001–13160) ....................................73
   Adjacent Tissue Transfer (14000–14350) ..........76
   Skin Grafts (15002–15776) ............................78
   Blepharoplasty (15820–15823) .......................81
   Burns, Local Treatment (16000–16036) .............83
   Destruction of Benign or Premalignant Lesions
   (17000–17286) ...........................................84
   Mohs Micrographic Surgery ............................86
   Breast (19000–19499) ....................................89

Chapter 8: Musculoskeletal System (20000–29999) . 99
   Introduction .................................................99
   Anatomy ......................................................99
   General Information ...................................102
   Wound Exploration ......................................105
   Biopsy (20200–20521) ..................................107
   Foreign Body ...............................................111
   Arthroscopy, Arthroscopy, and Arthroplasty .......116
   Hip Arthroplasty ..........................................121
   Excision of Cysts, Lesions, and Tumors ..........124
   Metacarpophalangeal Joint Arthroplasty ..........125
   Excision Bone Cyst/Tumor ............................128
   Fascia of Hand and Wrist ..............................130
   Fractures and Dislocations .........................132
Op Report #3–11

Preoperative Diagnosis: Ventricular Septal Defect
Postoperative Diagnosis: Same
Operation: Patch closure of ventricular septal defect.
Anesthesia: General
Complications: None.
Graft Information: Sized double velour Dacron patch.
Drains: Two drains were placed

Indications:
The patient is a 14 month-old female who had a small ventricular septal defect. The patient was taken to the operating room to repair the defect.

Informed Consent:
The risks and benefits of the procedure were explained to the patient's parents. The parents elected to proceed with the procedure.

Approach and Surgical Procedure:
The patient was positioned supine on the operating room table. General anesthesia was induced, and the patient was prepped and draped in the usual manner. A median sternotomy was performed using the oscillating saw. The sternum was entered without problems. A portion of the thymus was removed. Using a combination of sharp and cautery dissection the pericardium and both pleural cavities was entered. Purse string sutures were placed. The cave was encircled with heavy silk and keepers.

The patient was heparinized, cannulated. Number 12 French was placed in the ascending aorta, a number 16 French right-angled cannula in the superior vena cava, and number 18 French in the inferior vena cava, and the patient was placed on cardiopulmonary bypass. The patient was cooled topically with saline and centrally with cardioplegia solution, high potassium followed by low potassium Krebs. When the heart arrested the aorta was clamped and approximately 200 cc of high potassium and about 350 cc of low potassium Krebs under gravity flow at 30 cm of water pressure was delivered.

Now on total bypass, we opened the right atrium further. The atrium had been opened previously for decompression of the heart. A sump tube was placed across a small patient foramen to control bronchial flow and expose the defect through the tricuspid valve.

The defect was rimmed with six 4-0 Ti-Cron horizontal mattress sutures and the sutures were placed through the patch. The patch was lowered into position, tied down the sutures were cut.

The tricuspid valve did not appear to be deformed by the patch. The left side of the heart was filled with cold saline and the small patent foramen was closed.

At this time the patient was placed head-down with the ascending aorta vented and released the aortic clamp. Cooling had already been discontinued. The right atrial free wall was closed with 4-0 Prolene and the heart was allowed to resuscitate. Bypass was discontinued and Protamine was administered.

The cannulas were removed and 3 chest tubes were placed. Jackson-Pratt drains were placed laterally into each chest. Hemostasis was achieved. Number 1 Ti-Cron was used to close the sternum and the incision was closed in the normal fashion.

ICD-9-CM DIAGNOSES
745.4 Ventricular septal defect

ICD-9-CM OPERATIONS/PROCEDURES
35.72 Other and unspecified repair of ventricular septal defect
39.61 Extracorporeal circulation auxiliary to open heart surgery

CPT PROCEDURES
33681 Closure of single ventricular septal defect, with or without patch;

1. The approach used to access the surgical site is not reported separately.
2. All procedures that relate to the placement of a patient on a cardiopulmonary bypass machine are included in the major procedure and not reported separately.
3. This is the method of repair. CPT code 33681
4. Closure is standard care of the surgical site, included in the procedure and should not be reported separately.
CARDIOVASCULAR THERAPEUTIC SERVICES

Code series 92950-92998 is used to report services that are therapeutic rather than diagnostic in nature.

See the 30000 series of codes for additional information about the heart and pericardium.

Transcatheter Placement of Stents

Codes

92980 Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel
92981 each additional vessel (List separately in addition to code for primary procedure)

A stent is used to hold open a coronary artery that is closed, partially collapsed, or may close following a procedure, such as coronary angioplasty. A stent may be placed alone or in combination with other therapeutic interventions.

This operative report is a review of a stent placement when it is performed alone. The operative report following this one presents a coronary angioplasty and stent placement at the same session. See also code 92982.

Issues

• As you read the description of 92980, note the statement “with or without other therapeutic intervention” (92980 Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel). Citing the inclusion of the terms “with or without other therapeutic intervention” in this code description, Medicare, other payers, specialty associations, and other operative report review services have determined that PTCA is included in the placement of one or more stents. This also applies to stent placement when an atherectomy is performed. Their logic is that if a patient has narrowing in a coronary artery, the narrowing must be opened (by the use of a balloon) before there will be enough room to get a stent to the site; therefore, the balloon inflations are part of the approach necessary to perform the stenting procedure. The approach to a surgery or therapeutic intervention is not coded unless guidelines indicate an approach code is also warranted.

• Code 92980 is reported when the surgeon inserts one or more stents in a single vessel. Stent placement codes are assigned based on the number of vessels stented, not the number or stents placed. However, if three or more stents are placed in a single vessel, or when additional stenting of a single vessel consumes significant time or is difficult or complex, consider appending modifier 22 to the appropriate stent placement code (92980-92981).

• Code 92981 is reported when placing one or more stents in a subsequent vessel after the initial placement of a stent(s) that is reported with 92980. Code 92981 is an add-on code and when performed is not subject to reduction or modifier 51.

• Codes 92980 and 92981 have the ★ (bull’s eye) symbol appended. This symbol indicates that the provision of moderate sedation is considered inherent in the provision of the service. It is inappropriate to report conscious sedation if reported concurrently.

Definitions

Atherectomy  Surgical removal of arterial plaque from inside an artery. The procedure may be performed percutaneously, using a special catheter with a high-speed burr at the tip to bore through the sclerotic deposits, or transluminally by open incision.

Percutaneous transluminal coronary angioplasty (PTCA). Procedure used to treat coronary artery obstruction. A balloon catheter is placed in the affected artery, and the balloon is inflated to flatten the plaque against the wall of the artery and open the obstruction.

Key Point

See the 30000 series of codes for additional information about the heart and pericardium.