Chapter 8

CODING SURGERY

Part II
Surgery: Musculoskeletal System (20000-29999)

- **Largest subsection** in the Surgery section
- Procedures are performed on **bones, tendons, soft tissues** and **muscles**
- **Common headings:**
  - Incision
  - Excision
  - Introduction or removal
  - Repair
  - Revision and/or reconstruction
  - Fracture and/or dislocation
  - Arthrodesis
  - Amputation
  - Other procedures
Musculoskeletal System

- Arranged according to Anatomic Site
- “General” first Category Contain Procedures & Subcategories for different Anatomic Sites.
- Remaining Categories Start from the “Head” to the “Toe”

Subcategories Under Each Anatomic Category Include:
- Incision
- Excision
- Introduction/Removal
General Guidelines For Coding Orthopedic Procedures

Orthopedic procedures are coded by the surgical approach to procedure.

The **Coder** should pay close attention-to the **type** and **extent of service** provided by identifying phrases like:
- Closed
- Open
- With or without Manipulation or reduction

Surgery: **Musculoskeletal System**

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The **Coder** should pay close attention to the **type and extent of service** provided by identifying phrases like:

*Cont.*

- With traction
- With or without internal or external fixator, and grafting.

**Procedures** can be done using either:
- Traditional method
- Arthoscopic method
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- **Open Treatment** involves making an **incision** and **surgically** opening the site of the injury or ailment.

- The approach is major surgery because large, deep incisions are made.

- Main term often ends in **“otomy”**

**Example:** 23105: *Arthrotomy*, glenohumeral joint, with synovectomy with or without biopsy.
Closed Treatment – does not involve making a large incision and surgically opening the site of injury or area in need of repair or treatment.

Main terms often ends in “oscopy”

EXAMPLE: 29820 - Arthoscopy, surgical, shoulder, synovectomy, partial.
In the musculoskeletal section coders must select the codes by:

- Type of treatment
- Must determine whether the treatment is for traumatic injury/accident, or
- A medical condition
Wound Exploration:

- Codes are for traumatic wounds that result in acute or penetrating trauma, such as "gunshot or stabbing".
- Codes cover both exploration and repair of the area, including:
  - **Dissection** to determine depth of penetration of the wound.
  - **Debridement** removal of foreign body
  - **Ligation** or **coagulation** of minor subcutaneous and/or muscular blood vessels
Wound Exploration: - Cont

- Codes are used when the repair requires enlargement of the existing wound for:
  - Cleaning
  - Determination of the extent of the wound
  - Repair
Rules for Coding Wound Exploration

- Wound explorations are coded in addition to the E/M service with modifier -25.
- Codes are used for acute and penetrating injuries only.
- Surgical exploration is through the current wound with possible enlargement.
- Muscle fascia and beyond are explored.
- Skin and subcutaneous tissue exploration is coded to the Integumentary section when no enlargement of the wound, extension, dissection, or the like is required.
- Layered closure is expected.
- Drains may or may not be placed.
- Debridement and removal of foreign body is included.
- Ligation of minor subcutaneous tissue and/or muscle blood vessels is included.
- If thoracotomy or laparotomy is performed, the wound exploration is bundled into these more extensive procedure.
Introduction or Removal:

- Codes include:
  - Injection of sinus tracts
  - Joints
  - Tendons and
  - Trigger points.

Arthrocentesis – describes the procedure to aspirate the joint, remove fluid, or insert a therapeutic substance.

Codes are grouped according to the size of the joint being injected:
- Small
- Intermediate, and
- Major
Foreign Body Removal

- Foreign Body Removal - is anything that is "foreign" to the body, embedded in the tissue, such as metal, gravel, a bullet, or an orthopedic device.

- Two factors affect coding for removal of a foreign body:
  - The site, and
  - If the "foreign" body is superficial or deep

- Codes are usually found under the "Introduction or Removal Subheading" in each body section.
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Fractures

• Question that must be answered in order to assign the appropriate code for fracture repair.

1. Where was the fracture or dislocation?
2. Was the treatment open or close?
3. Was a reduction/manipulation of the fracture performed?
4. Was an internal or external fixation device applied?
5. Was percutaneous (through the skin) or skeletal fixation applied?
6. Was infection present, was treatment delayed, or did the surgery take longer than usual?
Fractures

Fractures are:

- **Open**/skin broken by the fragmented bone (Compound Fracture)
- **Closed**/skin is not broken
- **Percutaneous**/neither Opened or Closed
Surgery: Musculoskeletal System (20000-29999)

- Coding Treatment of a Fracture
  - Locate the Anatomic Site
  - Find Subcategory “Fracture and/or Dislocation”
  - Then find the appropriate code

- Description of Fractures are either:
  - “With Manipulation” or
  - “Without Manipulation”
Casting Guidelines

One of the first principles of coding casts, splints, and strapping is to understand when a separate code can be reported in relation to a restorative treatment or procedure code.
Casting Guidelines

When reporting codes for initial casts/splints/strapping, Coders should determine:

1. If any restorative treatment or procedure have been performed, or expected to be performed (e.g., surgical repair, closed or open reduction of a fracture, or joint dislocation)?
2. Will the same physician assume all subsequent fracture, dislocation, or injury care?
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- **Fixation Device** — can be coded only when the device itself is not included in the code description for the procedure.
  - **External** (e.g., pins that comes thru the skin to the outside to keep the fractured bone from moving).
    - Often adjusted & subsequently removed
  - **Internal** (e.g., plates, rod, pin)
    - **Removal** of internal fixation have separate codes
    - **Coders** should determine whether there is a more specific code for the particular **body site from which the implant is being removed**.
**Surgery: Musculoskeletal System**

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- **ARTHROSCOPY**
  - Procedures on the joints using an arthroscope
  - Codes are located at the *end of the Musculoskeletal subsection*

- **To code this Section:**
  - Locate the word, “arthroscopy” in the index
  - Find the appropriate site

- If **no code** is provided, an **unlisted code, 29999** must be used.
ARTHRODESIS — involves fusing two bones together to prevent movement.

- Procedure performed on joints, such as ankle, carpals and spine.
- The end of two bones are fused together with screw fixation and possible bone grafting.
- Can be performed along or with other surgical procedures.
Closed treatment of mandibular fracture; without manipulation

21450

Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone.

26607
Closed treatment of sesamoid fracture

28530

Surgical exploration of chest wound with debridement and removal of foreign body.

20101
Respiratory System

- Organized by Anatomic Site
- Then by Type of Procedure
- Includes procedures of the *nose, sinuses, larynx* (voice box), *trachea* (windpipe), *bronchial tubes*, *lungs*, and **pleura** (membrane that surrounds the lung)
Surgery: Respiratory, Cardiovascular, Hemic & Lymphatic Systems - (30000-39599)

Common headings:
- Endoscopy, laryngoscopy or bronchoscopy
- Excision of nasal polyps or turbinates
- Rhinoplasty
- Septoplasty
- Cauterization
- Anterior/posterior nasal packing
- Insertion of nasal stents, balloons, and catheters
Several **Endoscopy** procedures are listed throughout the **Respiratory System** Section, such as endoscopy, laryngoscopy, or bronchoscopy.

**Endoscopies** – are named for the body area that is being explored.

**EXAMPLE:** endoscopy of the bronchial tubes would be called “**bronchoscopy**”.

**Endoscopy** – is the insertion of a flexible fiber-optic tube, called scope, through a small incision into a body cavity or into a natural body opening, such as the ears, nose, mouth, vagina, urethra, or anus.
Nasal Procedures

- Procedures done on the nose with an endoscope or through an incision on the face or forehead.
- **Coding** is based on whether the approach used was “internal” or “external” and was “with or without” a scope.
Excision of Nasal Polyps

A simple nasal polyp is limited to one polyp or one polyp per side of the nose.

Simple excision are usually performed in the physician office.

Excision of multiple polyps on one side or more than one per side is considered “extensive”.

Requires more skills to performed, and usually performed in an outpatient facility.
Excision of Turbinates(s) or Turbinate Reduction

Turbinate excision or reduction is performed for turbinate hypertrophy from chronic inflammation or infection, which can lead to persistent sinus infection.

- All of turbinate procedure codes (30140, 30801, 30802, and 30930) are unilateral.
  - If the procedure is performed on left and right inferior turbinates, use modifier -50.
- All of the turbinate procedure codes have new notes that do not allow them to be reported with each other.

**EXAMPLE:** fracture 30930 cannot be reported with excision 30130 (fracture is often a preliminary step to excision)
RHINOPLASTY

Rhinoplasty is an operation on the nose to correct nasal contour and/or to restore nasal function.

The Coder must be able to make a distinction between the two phrases: primary & secondary.

1. Primary procedure is the first rhinoplasty procedure done
2. Secondary procedure refers to follow-up or a second rhinoplasty procedure.
PROCEDURES ON LARYNX: LARYNGOSCOPY –
Laryngoscopies are performed for biopsy, removal of foreign bodies dilation of the larynx and diagnostic examination of the pharynx and larynx.

• They are performed either, diagnostic, or surgical purposes.
• May be “Direct or Indirect”
• **Indirect** is performed in an office setting
• **Direct** is performed in a facility under general anesthesia.
Surgery: Respiratory, Cardiovascular, Hemic & Lymphatic Systems - (30000-39599)

PROCEDURES ON THE LUNGS, TRACHEA, & BRONCHI: Bronchoscopy & tracheobronchoscopy

- A bronchoscopy is automatically considered a bilateral procedure.
- Use modifier -50 when procedures are done on both lungs.
- Bronchoscopies can be performed by using a flexible fiberoptic or a rigid right bronchoscope.
Surgery: Respiratory, Cardiovascular, Hemic & Lymphatic Systems - (30000-39599)

PERFORMANCE EXERCISE

- Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)
  - 31231

- Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)
  - 31622
Surgery: Respiratory, Cardiovascular, Hemic & Lymphatic Systems - (30000-39599)

PERFORMANCE EXERCISE

- Surgical throacoscopy with excisions of pericardial and mediastinal
  32661, 32662, -51

- Laser destruction of two intranasal lesions, internal approach
  30117 x2
**Surgery: Cardiovascular**

(30000-39599)

- Procedures on the **heart, veins, and arteries**
- Codes from **three different sections** of CPT may be assigned:
  - **Cardiovascular**
    - Contains surgical codes *(33010 – 37799)*
  - **Medicine**
    - Contains codes for cardiac-related nonsurgical services *(92950 – 93799)*
  - **Radiology**
    - Contains codes to be assigned when imaging is used to perform a service on the heart *(75552 – 75790)*
Surgery: Cardiovascular
(30000-39599)

Common Headings:
- Pacemakers or Defibrillators
- Arteries and Veins
- Coronary Artery Bypass Graft (CABG)
- Angioplasty
- Venous Access Device
- Catheter Placement
- Implantable Venous Access Device
Surgery: Cardiovascular (30000-39599)

- Pacemakers or Defibrillators
  - Installed under the skin to electrically stimulate the myocardium of one or more chambers of the heart to contract when the heart fails to do this.
  - Two parts of pacemakers is a pulse generator and leads (electrodes)
  - To code correctly, the coder must know the answers to:
    - Where were the electrodes (lead) placed: atrium, ventricle, or both?
    - Is this an initial placement, replacement, or repair of some or all the components of a pacemaker?
    - Was the surgical approach transvenous or epicardial
Surgery: Cardiovascular (30000-39599)

- Procedures on veins and arteries
  - Codes under the main heading Arteries and Veins describes treatment for aneurysms, angioplasty, bypass surgery, varicose veins and hemangiomas.

- Coronary Artery Bypass Grafts (CABG)
  - Procedures are performed on the heart to improve blood flow to areas of the heart that were cut off from blood supply, due to an occluded vessel.

  Coronary Artery bypass grafts are coded by the type of graft documented in the operative report.
Surgery: Cardiovascular (30000-39599)

**Angioplasty**

- A medical procedure where a balloon is inserted into a vessel via a **catheter** to open a narrowed or blocked blood vessel of the heart, kidney, or extremities.
- A **Catheter** is a thin tube that allows drainage, injection of fluids, or access by surgical instruments into a vessel.
- Angioplasty can be performed by **open** or **percutaneous** approaches.
- **Percutaneous Transluminal** involves inserting a balloon catheter into an artery and advancing it to the narrowed portion of the artery.

**Angioplasty** is usually performed on the vessels of the heart.

**Percutaneous Transluminal** coronary angioplasty codes are located in the **Medicine section** of the CPT.
Surgery: Cardiovascular (30000-39599)

- **Venous Access Device** – are small, flexible tubes placed in large veins to allow frequent access to the bloodstream for medication administration.

- **Coders** must understand which device is being used, whether it has been placed in a **peripheral** (superficial) or **central** (deep) vein.
Surgery:  Cardiovascular (30000-39599)

- Catheter Placement
  - A PICC line (peripherally inserted central venous catheter) is inserted directly into a peripheral vein.
  - Can also be fed into a deep vein
  - Maybe called a “central line”
  - The PICC line is for short-term use.
  - **Code 36597** is used for repositioning a previously placed catheter under fluoroscopic guidance.
  - **Code 37799** if the catheter to be removed is embedded.
Surgery: Cardiovascular
(30000-39599)

- Implantable Venous Access Device — provide easy access to the venous system and avoid repeated venipuncture.
  - Ports are surgically implanted so the device is entirely under the skin.
  - Use long-term for chemotherapy and dialysis.

- Code 36589 is used for removal of a catheter.
- Code 36593 is used for declotting of a venous access device.
PERFORMANCE EXERCISE

- Subcutaneous removal of pacing cardioverter defibrillator pulse generator, electrodes removed by thoracotomy

  33243, 33241 -51

- Ligation of secondary varicose veins, left and right legs.

  37785 -50
Surgery: Respiratory, Cardiovascular, Hemic & Lymphatic Systems - (30000-39599)

PERFORMANCE EXERCISE

- Excision of infected abdominal graft, surgical care only.
  
  **35907 -54**

- Insertion of transvenous electrode for dual chamber pacing cardioverter defibrillator; initial insertion done twenty days earlier.
  
  **33217**
Surgery: Respiratory, Cardiovascular, Hemic & Lymphatic Systems - (30000-39599)

PERFORMANCE EXERCISE

- Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract

  33414

- Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography

  92975
HEMIC AND LYMPHATIC SYSTEMS
SUBSECTION
(38100-39599)

- Procedures performed on Hemic (blood-producing) and Lymphatic Systems, including spleen, bone marrow, lymph nodes, mediastinum and diaphragm

- Common Headings:
  - Splenectomy
  - Bone marrow or stem cell
  - Lymph node biopsy
  - Lymphadenectomy
HEMIC AND LYMPHATIC SYSTEMS
SUBSECTION
(38100-39599)

- **Splenectomy** – complete or partial removal of the spleen.

- **Codes** selection is based if the surgery were:
  - Open procedure
  - Laparoscopic

- **Bone Marrow or Stem Cell Work** – are used to remove & prepare for implantation or reinfusion in the same patient.
  - Code range includes codes for managing the procedures and for each specific type of transplant preparation.
HEMIC AND LYMPHATIC SYSTEMS

SUBSECTION

(38100-39599)

- **Lymph Node Biopsy** – performed via a needle, skin incision, or a laparoscope – is removal of part of a lymph node for examination

- To code this section correctly, **coders** must pay attention to the **site of the biopsy** or **excision** and the **depth** (superficial or deep)
Patient was in a car accident and suffered intra-abdominal blunt trauma. Upon examination, the physician determined that the spleen had been lacerated or ruptured, and surgery was scheduled. A repair of the ruptured spleen was performed. The surgeon also did a partial splenectomy due to other damage found.