Thrombectomy and Follow-up Angiogram Coding

Question:
We billed percutaneous thrombectomy (37184) for an intracranial clot and an associated completion angiogram (75898) but payers keep denying the angiogram. Is there a way to get this paid?

Answer:
Per CPT rules, percutaneous thrombectomy, 37184, includes all fluoroscopic guidance, including completion angiograms. Therefore, 75898 should not be separately reported.

CPT Changes: An Insider’s View 2006 states the following: “Unlike most transcatheter procedures, there are not separate radiological supervision and interpretation codes to report imaging services provided in conjunction with mechanical thrombectomy. Arteriography and/or venography related to guidance and monitoring of the mechanical thrombectomy and completion study(s) for this service performed on the same day are included in codes 37184-37188.”

Reporting Non-Thrombolytic Infusions

Question:
Is it appropriate to bill 37202 and 75896 for injecting verapamil to treat vasospasm during an aneurysm coiling?
37202 and its paired radiological supervision and interpretation code, 75896, are reported for a continuous infusion of non-thrombolytic drug such as verapamil. The code is specifically for a continuous infusion. A bolus injection or “push” of nitroglycerin does not meet the definition of continuous infusion and is considered inclusive to the coiling procedure.

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**Intranasal Application of Medication**

**Question:**

Our physicians will be starting a new treatment for chronic rhinosinusitis in patients after they have endoscopic sinus surgery and are still symptomatic. As we understand the medication, which is a gel, will be applied in the office under endoscopic visualization to the areas of the sinus mucosa where there inflammation is still present. The physician will perform an endoscopic exam and then apply the gel to the sites of inflammation when present.

How do we code for this endoscopic application of the gel?

**Answer:**

Thanks for your question! We assume you are speaking about the application of Mometasone Furoate gel. There is no code for the endoscopic “application” as the use of the endoscope is the “route” or “vehicle” to administer the drug. The scenario indicates that an endoscopic exam will be performed, thus the use of 31231 appears to be the most appropriate. A definitive
CPT code recommendation can only be given once a procedure note is reviewed.

New vs. Established Patient

Question:
One of the plastic surgeons in our community joined our practice and he is now seeing his patients in our office. Are these considered new patients (9920x) when they are seen in our practice? We have to make a new chart and get the patients registered in our computer and that’s a lot of work.

Answer:
No. The patients are considered established patients (9921x) if they have been seen by the new-to-your-practice plastic surgeon in the past three years. The physician’s location, or practice identification, is not relevant. What matters is whether the patient has had a face-to-face with one of the plastic surgeons in the past three years.

Hardware Block

Question:
Thank you for coming to our practice to provide on-site coding education for our neurosurgeons and pain management physicians – the course was fantastic and your handout is now my “Bible”!

I forgot to ask you a question: One of our pain management
doctors is doing a procedure called a hardware block and I can’t seem to find the CPT code for this. Can you please help?

Answer:

Thank you for your kind words! There is no CPT code for a hardware block; therefore, we have to use an unlisted code (e.g., 64999).

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15777:  Implantation of Biologic Implant

January 26, 2012

Question:

Our tumor physician performed a large resection and was left with what he perceived to be “at risk tissue” that required the use of biologic grafts to reconstruction the internal tissue and provide reinforcement. He was able to close the wound with a complex repair after reconstructing the deeper tissue and providing internal structure protection. Can I use 15777 for this purpose?

Answer:

CPT 2012 introduces a host of code changes including changes to the Section title, deletion of the old skin substitute codes and introduction of new skin replacement /substitute codes. The changes were necessitated due to confusion of the old codes and concern about inappropriate usage of the skin substitute codes as “mesh” or for “bulk.”

Additionally, and to answer your question, CPT introduced
15777, Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (e.g., breast, trunk) (List separately in addition to code for primary procedure) for this exact purpose.

CPT code 15777 is an add-on code, thus is reported in addition to the primary procedure and a modifier 51 is not appended.

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**Endoscopic Polypectomy**

**Question:**
Can you tell me why CPT 31237 is bundled into the sinus codes? We performed 31237, to remove the nasal polyps, and then 31254 for the endoscopic anterior ethmoidectomy on the same side. The payor denied 31237 as inclusive to 31254 and I don’t know why.

**Answer:**
The payor is correct – 31237 is indeed included in 31254 (and the other endoscopic surgical sinusotomy codes) when performed on the same side. Removing nasal polyps is considered “access,” or part of the approach, to the sinuses. The value for the endoscopic sinusotomy codes are valued to include removal of nasal polyps so it is considered “double billing” to also report 31237.

Also, note that the CPT descriptor for 31237 includes the parenthetical statement “separate procedure.” This means that 31237 may be reported if it is the only procedure performed in the area but is included in a “larger” procedure performed at the same time in the same area.
**VATS Procedure**

**January 12, 2012**

**Question:**

I am new to general surgery coding this past December and have a surgeon who dictates his procedures as “VATS” Procedure. After doing some research, I understand this is an acronym for video assisted thoracic surgery. But, I can’t find specific CPT codes, so am wondering do I use an unlisted code?

**Answer:**

Welcome to the world of general surgery coding and your life has been made a bit easier with the introduction of a new section in CPT 2012 and additionally new guidelines are introduced clarifying codes in the section specifically the various approaches for thoracic surgery. Refer to CPT codes 32601-32674 to answer your specific questions.

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**IT Security—What All Orthopedic Surgeons Must Know**
Orthopedic surgeons rely on technology on a daily basis, from using a practice management system for billing and scheduling to (for some) electronic health records (EHR). Walk in to any education session for orthopedic surgeons and more than half the people in the room have a laptop, iPad® (Apple Inc., Cupertino, California), iPhone®, (Apple Inc.) BlackBerry® (Research in Motion, Waterloo, Ontario, Canada), Droid® (Motorola, Schaumburg, Illinois), or other personal digital assistant (PDA). Savvy users access their billing reports or view their office schedule on their PDA. Others chart a patient note from the comfort of their own home, electronically prescribe medications while watching their child’s soccer game, or access a patient’s chart while on call before leaving for the emergency department. Technology advances continue to streamline once-impossible tasks, heralding a new era of how orthopedic surgeons practice.

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