Visceral Angiograms

January 14, 2016

Question:
Does visceral angiogram code 75726 include any number of visceral vessels studied?

Answer:
Code 75726, Angiography, visceral, selective or super selective (with or without flush aortogram) is reported per visceral vessel selectively catheterized and studied. Each artery, (for example, the superior mesenteric) must be selectively catheterized and the interpretation for each must be separately documented. Also, remember that according to the CPT code description, a flush angiogram is also included in any visceral arterial study.

*This response is based on the best information available as of 01/14/16.

Repair of Nasal Vestibular Stenosis

January 14, 2016

Question:
I am trying to come up with the right CPT codes for a repair of nasal vestibular stenosis so we can get it pre-certified. Can you help?

Answer:
Yes, you are wise to determine the correct codes for pre-
certification, otherwise the surgery might not be paid if you billed different codes. Look at 30465 – Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction). You may also report a separate code if you harvest graft material through a separate incision. For example, you may report 20912 (Cartilage graft; nasal septum) if you harvest septal cartilage graft when you have not performed a septoplasty at the same operative session. If you did a septoplasty (30520) and repair of nasal vestibular stenosis (30465) then you may not report 20912 for the septal cartilage graft harvested/obtained from the septoplasty.

*This response is based on the best information available as of 01/14/16.

Lysis of Adhesions In the Shoulder

January 14, 2016

Question:
We are having a debate in our office we hope you can help unravel. We want to report CPT code 29827 and 29825 together but our Coding Companion states that they are inclusive to each other and are bundled. Our surgeon is questioning the accuracy of this information.

Answer:
Your surgeon is correct to question this information. CPT code 29825 describes arthroscopic lysis of adhesions; CPT code 29827 describes an arthroscopic rotator cuff repair. According to the AAOS Global Service Data Guide, these two procedures are exclusive to each other. Each procedure is supported by
the medical necessity of two separate conditions and have separately identifiable diagnosis codes. If your Coding Companion is based on Medicare payment rules, you will see the two services as bundled together. This is where it is important to understand the differences between CPT coding rules and Medicare payment rules.

For Medicare Part B carriers, you would not report the two codes together as there is an NCCI edit in place; CMS considers shoulders procedures on the ipsilateral procedure inclusive to each other when an edit exists thus, a modifier may not be applied (e.g. 59, XU) to the code combination. In your scenario, only the rotator cuff repair is reportable to Medicare Part B (remember, NCCI edits are for Medicare Part B and may apply to Medicaid also).

For private payors who follow CPT rules, the code combination is reportable together and represents correct coding.

*This response is based on the best information available as of 01/14/16.

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Central Line Placement and an E/M Code. Can I Bill Both?

January 14, 2016

Question:
If another physician asks me to place a central line for their inpatient, can I also report an inpatient consultation or other E/M code with a 25 modifier?

Answer:
If you are responding to a specific request to place a central
line, the pre- and post-service evaluation you perform in conjunction with the central line placement is most likely included in the value of the procedure. For example, 36561 (tunneled catheter with port) is valued for 35 minutes of pre-service time, 45 minutes of intra-service time and 15 minutes of post-service time. An E/M addition would not be appropriate since evaluation of the patient is already in the 35 minute pre-service time.

*This response is based on the best information available as of 01/14/16.

Excision of Skin Lesion

January 14, 2016

Question:
I heard you say at a course (you were great, by the way. I learned a lot from you!) that we should wait for a pathology report before billing for excision of skin lesions. Please explain why. This may be why I’m not getting paid.

Also, when is your next plastic surgery coding course?

Answer:
Thank you for your kind words, you made my day! Yes, you’ll need to wait for a pathology report when reporting the excision of skin lesion codes because the CPT code descriptions require the pathology be known. The codes are for removal of benign (114xx) and malignant (116xx) lesions. If you have a previous pathology report showing a malignancy (e.g., biopsy) then you can go ahead and bill the service using the malignant lesion excision code (116xx) without waiting for the pathology report.
Thank you for also asking about our courses. Click here for our 2016 Plastic Surgery Coding courses. I hope to see you soon!

*This response is based on the best information available as of 01/14/16.*

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### Endoscopic Skull Base Surgery

January 14, 2016

**Question:**
We are thinking about starting an endoscopic skull base surgery program and doing skull base procedures via an expanded endonasal/endoscopic approach. I’ve looked in the CPT book for codes and it looks like CPT 61580-61619 are just what I’m looking for. Is this correct?

**Answer:**
That’s great that you’re starting a new program! We can help. There is one CPT code for an endoscopic skull base procedure – 62165, Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach.

However, other procedures that you’ll do such as an endoscopic resection of a clival chordoma are not accurately coded using 61580-61619, as these existing codes are for open procedures. We wrote an article for the AAO-HNS Bulletin about this a few years ago that I think you’ll find helpful. Here are the links:

[Sample Prior Authorization, Cover Letter, or Appeal Letter for the Otolaryngologist’s Use of an Unlisted CPT Code for Endoscopic/Endonasal Skull Base Surgery](#)
Parties and Promos – Advice from Healthcare Attorney Mike Sacopulos

It is that time of year. The holidays are in full swing and many practices are hosting parties and special events. I have received the question below concerning photography at these events several times in the last 30 days. Hopefully this Q & A will be useful to your practice.

Read full article.
Download Form

Monthly Financial Indicators Form
Exit Interview Form

As you prepare to leave our practice, you have a unique perspective on the strengths and weaknesses of our organization. The information you furnish is used as a means to identify issues regarding our working environment. We appreciate your honesty and cooperation and very much value your opinion. All responses are confidential.