Medical Necessity Audit

Question:

Our Medicare carrier has asked for several patient records from our vein center. They say they are conducting a medical necessity audit. What does that mean?

Answer:

Most Medicare carriers have a written coverage policy, referred to as a local carrier determination or LCD, that delineates the signs, symptoms, ultrasound findings and more, that must be present to justify coverage of varicose vein procedures. These represent the payor’s medical necessity criteria for payment. If you have not followed the coverage criteria to the letter, you may be at risk for a significant repayment. KZA consultants have assisted many vein providers undergoing these medical necessity audits. Talk to your health care attorney and consider asking a consultant to review your records to identify your risk areas.

Ear Exam Under Anesthesia

Question:

Our surgeon performed an evaluation of the external ear canal on a pediatric patient because the child would not allow the surgeon to evaluate the ears thoroughly in the office. We cannot find a CPT code for this service. Do we use an unlisted code?

Answer:
The correct way to report this service, assuming a more definitive procedure was not performed is CPT code 92502-52. CPT code 92502, (Otolaryngologic examination under general anesthesia) describes a complete ENT exam, thus modifier 52 (reduced services) is appropriate to indicate an entire otolaryngologic examination was not performed.

**DIEP Flap Breast Reconstruction Coding**

**Question:**

I did a breast reconstruction with DIEP free flap, exploration and preparation of the right internal mammary artery and vein for microvascular anastomosis, insertion of an indwelling pain catheter to the abdominal wall, insertion of the Doppler probe to flap artery and vein, and partial resection third rib.

The codes I bill are:

- 19499 – DIEP flap
- 35761 – Exploration of artery and vein
- 11981 – Insertion of indwelling pain catheter to the abdominal wall
- 37799 – Insertion of the Doppler probe
- 21600 – Partial resection of the third rib

I’m having a hard time getting paid on all these codes. Can you please help?

**Answer:**

Sure! Let’s look at the actual CPT descriptions of the codes
you are billing:

<table>
<thead>
<tr>
<th>Your Codes</th>
<th>CPT Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>19499</td>
<td>Unlisted procedure, breast</td>
</tr>
<tr>
<td>35761</td>
<td>Exploration (not followed by surgical repair), with or without lysis of artery; other vessels</td>
</tr>
<tr>
<td>11981</td>
<td>Insertion, non-biodegradable drug delivery implant</td>
</tr>
<tr>
<td>37799</td>
<td>Unlisted procedure, vascular surgery</td>
</tr>
<tr>
<td>21600</td>
<td>Excision of rib, partial</td>
</tr>
</tbody>
</table>

In reality, there is a single CPT code for breast reconstruction with a free flap – 19364 (Breast reconstruction with free flap). This code includes the following activities, per ASPS and CPT guidelines:

- Elevation and transfer of flap
- Closure of donor site
- Breast contouring
- Microvascular transfer (identification, exploration, transfer and anastomosis of vessels)
- Rib resection

Furthermore, conventional coding guidelines consider intra-operative Doppler and post-operative pain management (eg, placement of a pain catheter) inclusive to the primary procedure of 19364. So the bottom line is that one CPT code describes the DIEP flap breast reconstruction – 19364.

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Angiogram Global Period

Question:

We have a new neuroendovascular surgeon and I’m trying to figure out his coding – it’s complicated! I know the code for
coiling an aneurysm is 61624. Do I need a global period modifier on this code because he did the coiling two days after the diagnostic angiogram?

Answer:

Yes, indeed neuroendovascular coding can be complicated. That’s exactly why we developed a product called GPS for Neuroendovascular Coding. The easy to use laminated graphics provide a visual roadmap of the arteries and corresponding codes to take the confusion out of coding neuroendovascular procedures. Click here to purchase GPS for Neuroendovascular Coding.

The global period for the catheterization codes is 0 days; therefore, you should not need a global period modifier on 61624 when you coil an aneurysm on a different day after an angiogram.

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**Biologic Grafts Coding**

**June 28, 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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**Debrided Ulcers**

**Question:**

I have a patient on whom I debrided ulcers on both his heels. The right ulcer was 4 sq cm and the left one was 5 sq cm. I debrided down to the level of bone on both heels. Do I code 11044 twice with a 50 modifier or a 59 modifier?

**Answer:**

The debridement codes, which were revised in 2011, specifically state that if multiple wounds of the same level of tissue are treated, the surface area of the wounds are combined to arrive at the correct CPT code. In your example, you would report 11044, only, for debridement, bone, first 20 sq cm or less.
**Wound Cultures**

**Question:**

Our surgeon recently took a patient to the OR for an I&D of a neck abscess. The documentation in the operative note indicates a culture was taken. The only CPT codes I can find are in the pathology section. Is this work reportable by the surgeon?

**Answer:**

Thanks for your question and one that is not uncommon. The work associated with obtaining the culture is included in the more extensive surgical procedure for the I&D.

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**Vital Signs for E&M Services**

**Question:**

I understand that 3 of 7 vitals must be noted to qualify for a comprehensive exam in a level 4 new patient (99204) visit. My question is whether height and weight can be obtained from the patient to meet this criterion or if we have to actually measure the height and weight.

**Answer:**

Any vital signs must be personally measured by the staff or physician – vital signs such as the height or weight cannot be “patient stated” – in order to count for the code level.
Minimally Invasive Spine Surgery

Question:
We are just starting to do minimally invasive spine surgery through a tubular retractor system. One of the procedures we do is multi-level decompression through separate skin/fascial incisions. For example, we will do left L5-S1, right L5-S1, left L4-L5, and right L4-L5 procedures through separate incisions. I’ve been told we can bill the decompression code four times since there are four separate incisions. Is this correct?

Answer:
No, this advice is not correct. You will code the case just as you would if performed via an open approach. This means you’ll use a single stand-alone code (e.g., 63047) and any appropriate add-on codes (e.g., 63048) as appropriate.

Sentinel Node Biopsy

June 14, 2012

Question:
Does the surgeon have to document that the sentinel node was
removed via a separate incision from the mastectomy in order to report CPT code 38525 in addition to the mastectomy?

Answer:

Thanks for your inquiry. There are no requirements for a separate incision to report a sentinel lymph node biopsy in addition to the appropriate mastectomy code(s).