FAST (Focused Assessment with Sonography in Trauma) Exams

May 31, 2018

**Question:**
We routinely do FAST studies as part of the work-up for trauma patients. Can the trauma surgeon bill for these studies?

**Answer:**
Yes, the trauma surgeon may report/bill for these studies if two criteria are met. First, the ultrasound equipment used must be capable of retaining a permanent image. Next, the physician must document these studies in a separate paragraph of the EM note, describing the structures visualized and the findings in each. Describing the results of these studies in the text of the EM note is not sufficient to report and bill these separately.

*This response is based on the best information available as of 05/31/18.*

Open Wound ICD-10-CM Coding

May 17, 2018

**Question:**
If a patient has a penetrating wound and an injury to an internal organ for example the liver, do I code both the open wound and the liver injury or just the liver injury?
Answer:
In ICD-10-CM, the comment below precedes each organ specific injury section:

*Code also any associated open wound (S31.-)*

So, the answer is yes, code the internal injury and the open wound.

*This response is based on the best information available as of 05/17/18.*

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**Coding 19120 vs 19301**

May 3, 2018

**Question:**
What’s the difference between code 19120, breast mass excision and 19301, partial mastectomy/lumpectomy?

**Answer:**
Both codes describe the excision of a lesion in the breast.
Code 19120 is describes the excision or open removal of a cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion.

In contrast, code 19301 also describes removal of a lesion by performing a partial mastectomy, for example a lumpectomy, tylectomy, quadrantectomy, or segmentectomy. However, this code requires the necessity and documentation of attention to the removal of adequate surgical margins surrounding the breast mass or lesion.
Coding a Skin or Nipple Sparing Mastectomy

March 29, 2018

Question:
What is the appropriate code for a complete skin sparing or complete nipple sparing mastectomy?

Answer:
The code for a mastectomy described as complete skin sparing or complete nipple sparing mastectomy is 19303.

*This response is based on the best information available as of 04/19/18.
The surgeon did a right colectomy and also documented a resection of the ileum. Is this billed separately as a small bowel resection?

**Answer:**
No. The resection of the ileum and anastomosis of the new end of the ileum (the neoterminal ileum) to the remaining colon (an ileocolostomy) is included in the code; 44160 for open and 44205 if performed laparoscopically.

*This response is based on the best information available as of 03/29/18.*

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**Coding a Colonoscopy – by end of scope or what you can see?**

March 15, 2018

**Question:**
Is a colonoscopy coded by how far you can visualize or the end point of the scope?

**Answer:**
Per CPT, a colonoscopy is reported based on how far the scope is advanced; the end of the scope. If the scope cannot be advanced past the splenic flexure, report a sigmoidoscopy. If the scope is advanced past the splenic flexure but not all the way to the cecum, report a colonoscopy code with a modifier; modifier 53 if it is a diagnostic or screening colonoscopy, modifier 52 if it is a therapeutic colonoscopy.

*This response is based on the best information available as*
Coding an Incomplete Colonoscopy

March 1, 2018

Question:
How do I report a diagnostic colonoscopy, if the prep is incomplete and the scope is able to be advanced past the splenic flexure, but does not get all the way to the cecum?

Answer:
Per CPT, if it is a diagnostic or screening colonoscopy, report, the diagnostic colonoscopy code (45378) with a 53 modifier.

*This response is based on the best information available as of 03/01/18.*
Colonoscopy

February 15, 2018

Question:
In a diagnostic colonoscopy, if the prep is incomplete and the scope cannot be advanced past the splenic flexure, do I report a diagnostic colonoscopy (45378) with a modifier?

Answer:
No. CPT says if the scope cannot advance past the splenic flexure, report a diagnostic sigmoidoscopy, code 45330.

*This response is based on the best information available as of 02/15/18.

Breast Cyst Aspiration

February 1, 2018

Question:
The surgeon did a fine needle aspiration of two cysts in the same breast without any imaging. Is this billed once or twice?

Answer:
Fine needle aspiration of a breast cyst is reported per cyst. In this scenario, code 10021 with 2 units or 10021 and a second 10021 with a 59 or XS modifier as directed by your payor.

The fine needle aspiration codes are shown below.

Fine Needle Aspiration (FNA)
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10021</td>
<td>Fine needle aspiration; without imaging guidance</td>
</tr>
<tr>
<td>10022</td>
<td>with imaging guidance</td>
</tr>
</tbody>
</table>

Global Period for both codes – XXX

*XXX means the concept of global period does not apply

*This response is based on the best information available as of 02/01/18.

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**Laparoscopic Pyloroplasty Coding**

January 18, 2018

**Question:**
How is a laparoscopic pyloroplasty reported?

**Answer:**
There is no current CPT code laparoscopic pyloroplasty, only an open code. An open code may not be used if a procedure is done laparoscopically. An unlisted code must be used. In this case, use code 43659, unlisted laparoscopic procedure, stomach.

*This response is based on the best information available as of 01/18/18.*