ICD-10-CM for Sinusitis

March 16, 2017

Question:
We are having a discussion in the office about the correct way to code chronic sinusitis of multiple sinuses in our office. Some are saying to code each sinus condition separately as they have specific codes for each one, some say to code with the “other code”. Who is correct?

Answer:
Well, it depends on the situation. If a patient has chronic sinusitis of one sinus, then you code the specific chronic sinusitis code from category J32:

- J32.0 Chronic maxillary sinusitis
- J32.1 Chronic frontal sinusitis
- J32.2 Chronic ethmoidal sinusitis
- J32.3 Chronic sphenoidal sinusitis

If the patient has all four sinuses affected (unilaterally or bilaterally), then code J32.4 is reported alone for chronic pansinusitis. If the patient has more than one sinus affected, but not pansinusitis, then code J32.8 is reported instead of each individual code. There is an instructional note under code J32.8 that states it is for use for chronic sinusitis involving more than one sinus but not pansinusitis. The same rules would apply for acute and acute recurrent sinusitis under category J01.

*This response is based on the best information available as of 03/16/17.*
Pap Nap Coding

March 2, 2017

Question:
How would you code for a pap nap?

Answer:
A Pap-nap is an abbreviated sleep study typically used to help patient adjust to a CPAP and is performed for less than 6-hours during the day. The American Academy of Sleep Medicine recommends providers use CPT code 95807-52. A typical sleep study is 6 or more hours. When the sleep study is less than 6 hours Modifier 52 is reported for reduced services. Some payers do consider a Pap-nap to be investigational and/or a non-covered service and will not reimburse for this service. It is recommended you check with the individual payer before performing the procedure.

*This response is based on the best information available as of 03/02/17.

Lip Repair

February 16, 2017

Question:
What is the difference between 40761 and 40527? I’m confused.
Answer:
Here are the code descriptions with the major differences bolded.

40761: Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle.

40527: Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander). So 40761 is used for only cleft lip/nasal deformity repair while 40527 is used for an excision procedure (e.g., cancer) with reconstruction.

*This response is based on the best information available as of 02/16/17.

Septal Cartilage Graft and Septoplasty

February 2, 2017

Question:
My doctor did a septoplasty, CPT 30520, removed cartilage and fashioned it for a graft that he used in the surgical repair of vestibular stenosis, CPT 30465. Can we also code 20912 for the fashioning of the graft or just 30520 and 30465? I couldn’t find any CCI edits preventing this.

Answer:
Only one code, 30520 or 20912, may be reported as these procedures were performed through the same incision. What was the reason for the incision – to straighten the septum (30520)
or to obtain the graft (20912)? Use whichever code is supported by the documentation but do not use both codes.

*This response is based on the best information available as of 02/02/17.

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Excisional Biopsy

January 19, 2017

**Question:**
My doctor’s documentation for a biopsy indicates he performed an “excisional biopsy of the skin”. Is this correct?

**Answer:**
No, CPT does not have a code for excisional biopsy. It is either a biopsy (11100 or 11101) or a benign or malignant excision code. (114xx, 116xx). It is important to use the appropriate terminology in the documentation to make it clear what type of procedure is performed. It is important to remember that all excision codes include a biopsy.

*This response is based on the best information available as of 01/19/17.*
Myringotomy and Tube – Same Ear

January 5, 2017

**Question:**
Can we bill myringotomy 69421 and tube 69436 in the same ear? My doctor says no but I don’t see why not.

**Answer:**
We agree with your doctor. The myringotomy is required in order to place the tube; therefore, 69421 is considered an integral component of 69436 and should not be separately reported when performed in the same ear.

*This response is based on the best information available as of 01/05/17.*

Pharyngoplasty With Free Flap Reconstruction

December 15, 2016

**Question:**
I’m doing the repair of the oral cavity defect with a free flap reconstruction after the head and neck surgeon has resected the cancer. Can I code both 42950 and the free flap code such as 15758?

**Answer:**
The free flap codes include the harvest, inset, microvascular anastomosis, and closure of both donor and recipient site defects. You may separately code the harvest of graft material through a separate incision (e.g., split thickness skin graft) to facilitate the donor defect closure. So the answer is no, it is not accurate to separately code for a pharyngoplasty when you are insetting the free flap.

A CPT Assistant article from April 2016 addresses this situation in great detail.

**Question:**
Is code 42950, Pharyngoplasty (plastic or reconstructive operation on pharynx), reportable in addition to code 15757, Free skin flap with microvascular anastomosis, when a free flap is used to reconstruct both a neck and tongue defect (after laryngectomy or glossectomy)? The microvascular free flap is de-epithelialized and the skin paddle is used to complete the pharyngeal closure. The rest of the flap is used to complete the esophageal closure.

**Answer:**
No, CPT code 42950 should not be reported in addition to code 15757, when a free flap is used to reconstruct both a neck and tongue defect (after laryngectomy or glossectomy). The intraservice work of code 42950 is encompassed in code 15757, which includes harvesting a donor free flap, insetting the free flap at the recipient site using microsurgical technique, and closure of both donor and recipient sites. The pharyngeal reconstruction should be included in code 15757, as it would for wherever the flap was inserted. In addition, the inclusion of the flap closure should be considered as part of the work included in the basic closure of the primary resection site. This basic closure is inclusive of code 15757.

*This response is based on the best information available as of 12/15/16.*
Bilateral Nasal Vestibular Stenosis/Valve Repair

December 1, 2016

Question:
I’ve been billing 30465 and 30465-50 for bilateral. I’m having a hard time getting paid on the second side (30465-50). Should I use modifier 59 instead of modifier 50?

Answer:
No! CPT guidelines state to use modifier 52 (reduced services) on 30465 if only one side is corrected. Therefore, 30465 implies both sides were surgically corrected and it would be inappropriate to append modifier 50 (bilateral procedure).

*This response is based on the best information available as of 12/01/16.

Diagnosis for Open Wounds as a Result of Cancer Resection

November 17, 2016
Question:
What diagnosis code do we use when we are reconstructing a defect after the Moh’s surgeon, or someone else removed the cancer? When I try to crosswalk the ICD-9-CM open wound code I used to something in ICD-10-CM, it takes me to an S code which is strange because the open wound is not the result of an injury or trauma.

Answer:
Good question! Technically, you would not use a cancer diagnosis code since you are not treating cancer (the Moh’s surgeon treated the cancer by excising it). Your diagnosis codes, as the surgeon treating an open wound/resulting defect resulting from cancer resection are:

1. Z48.1 Encounter for planned postprocedural wound closure, and
2. Z42.8 Encounter for other plastic and reconstructive surgery following medical procedure, and
3. Personal history of neoplasm code (e.g., skin Z85.82-, melanoma Z85.820). If the reconstruction occurs on the same day as the cancer removal, then the C code for malignant neoplasm can be substituted for the Z85.- code.

*This response is based on the best information available as of 11/17/16.

Endoscopic Septoplasty

October 27, 2016
Question:
Is there a code for an endoscopic septoplasty?

Answer:
There is not a separate code for an endoscopic septoplasty nor is there an add-on code for the endoscope. You’ll use 30520, the usual septoplasty code.

*This response is based on the best information available as of 10/27/16.*