Question:
My billing service is waiting for the pathology report and assigning the diagnosis and procedure code for benign or malignant skin lesion removal. This I completely understand. However, they are asking me to amend my procedure note accordingly once the pathology report is back. This is a lot of extra work for me. Do you think I need to amend my procedure note with the pathology results?

Answer:
Absolutely not. As long as the pathology report is in the patient’s chart, and available if needed to support billing, it is not necessary to amend the procedure note with the diagnosis.

*This response is based on the best information available as of 10/04/18.*

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**Care of Tissue Expander Outside the Global Period**

September 20, 2018

Question:
We are still expanding the TE outside of the global period
from the breast reconstruction with placement of the TE. How do we bill this?

**Answer:**
There is not a specific CPT code for doing a tissue expander expansion. Therefore, it is just part of your E/M code for the service you’ve provided on that day.

*This response is based on the best information available as of 09/20/18.*

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**Cosmetic Rhinoplasty and a Functional Septoplasty**

September 6, 2018

**Question:**
If I do a cosmetic rhinoplasty and a functional septoplasty on a patient, should I document both procedures on the same operative note? Or should I document a separate operative note for each procedure?

**Answer:**
Good question! In KZA’s experience, it is best to document one operative note for all procedures performed on the same patient, at the same operative session, on the same day under the same anesthesia session. This is similar to the nurses’ operating room record and the anesthesia record being single (not separate) documents that reflect both procedures.

Be sure to document in the operative note when the functional procedure started and stopped as well as when the cosmetic
portion of the procedure began and ended. Obviously, the OR and anesthesia time for the cosmetic procedure will be covered by the patient’s personal payment for the rhinoplasty. We expect insurance to cover only the OR and anesthesia time, as well as the surgeon’s fee, for the functional septoplasty.

*This response is based on the best information available as of 09/06/18.

**Tissue Grafting**

August 23, 2018

**Question:**
What code do I report when a patient has a previous breast reconstruction (4 months ago) and prevents for a revision. The physician performed fat injections in both breasts.

**Answer:**
You would report CPT code 20926-50 (Tissue grafts, other (eg, paratenon, fat, dermis) or 20926-RT, 20926-LT depending on what your payor requires.

**Per CPT Assistant 2016; FAQ’s:**

“This code includes the work of harvesting the fat graft material by any method (eg, syringe, suction-assisted lipectomy, incision); closing the donor site, if indicated, and applying the appropriate dressing; processing the fat graft material; injecting the fat graft into the recipient site; and dressing the recipient site. Fat grafting involves
a donor site, preparation of the graft, and a recipient site. Code 20926 is not anatomic site-specific, so it may be reported for any site when performed.”

*This response is based on the best information available as of 08/23/18.

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**Diagnosis Code for a Scar Contracture**

August 9, 2018

**Question:**
What ICD-10-CM diagnosis code do I report for a patient seen for a release of scar contracture of the flexor surface of the left elbow after healing of a third degree burn?

**Answer:**
You would report L90.5 (scar conditions and fibrosis of the skin) and T22.322S (Burn of third degree of left elbow, sequela). The condition you are treating is listed first with the sequela (late effect) reported as the secondary diagnosis.

*This response is based on the best information available as of 08/09/18.*
Discontinued Procedure

July 26, 2018

Question:
I was excising a 2.5cm lipoma on the patient’s back in the office. One the skin was opened I observed that there was a pulsatile mass from the vein. I was concerned that this could be a large vascular structure so I discontinued the procedure to avoid potential massive bleeding? Can I code for this?

Answer:
Yes, you would report 21930-53. Modifier 53 identifies that under certain circumstances, the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. It is recommended that you submit the claim with the usual fee and leave it up to the payor to determine if there is a reduction in payment.

*This response is based on the best information available as of 07/26/18*
Wound VAC

July 12, 2018

Question:
I performed a superficial debridement of the sternum with a 5 x 5 cm placement of Integra to the sternal wound. Can I bill for the wound VAC?

Answer:
Since the wound VAC is acting as a dressing it should not be reported separately. You should report CPT 15002 for the surgical preparation and 15271-51 for the skin replacement.

*This response is based on the best information available as of 07/12/18.

Excision with ATT

June 28, 2018

Question:
My physician wants to code 14021 and 11606 for an excision and rotation flap to close an 18sq cm defect. Is this correct?

Answer:
When adjacent tissue transfer or rearrangement is performed in conjunction with excision of a lesion, the lesion excision is not reported separately. The only code you should report is CPT 14021 (Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq. cm to 30.0 sq. cm)
Coding a Composite Graft with Harvested Cartilage

June 14, 2018

Question:
I performed a composite graft (CPT 15760), and harvested cartilage from the ear. Can I report for the harvesting? If yes, what code do I use?

Answer:
You can report both 15760 (Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area) and CPT 15040 (Harvest of skin for tissue cultured skin autograft, 100 sq cm or less) for harvesting the graft. These two codes are not bundled under the National Correct Coding Initiative and can be reported together.

*This response is based on the best information available as of 06/14/18.
Question:
How do I code an abdominoplasty with a panniculectomy? I am reporting 15830 for the excision of the excessive skin. Does CPT 15830 include the abdominoplasty?

Answer:
In addition to CPT 15830 for the panniculectomy when you are also doing an abdominoplasty during the same operative session you can report the add-on code 15847 (Excision, excessive skin, and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure).

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