Billing Medicare Patient Admittance

March 2, 2017

**Question:**
If a Medicare patient has been admitted to the hospital as an inpatient and the patient is transferred to my care in the ED before they are moved to an inpatient bed, do I bill an ED visit or an initial hospital care code when surgery is not planned?

**Answer:**
Since the patient has been formally admitted you would report CPT codes 99221-99223 for initial hospital care depending the documentation and medical necessity for the complexity of the patient. Keep in mind Medicare does not pay for inpatient or outpatient consultations.

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

Septal Cartilage Graft and Septoplasty

February 16, 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 02/16/17.*

**Lip Repair**

February 2, 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 02/02/17.*

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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.*
Cosmetic Closure After Spine Surgery

January 5, 2017

**Question:**
My friend the spine surgeon asked for my help on an upcoming case. It is a two-level anterior cervical discectomy and fusion where the patient requested a plastic surgeon to make the incision and do a cosmetic closure. I checked with his billing office and the codes for the case are 22551, +22552, +22845, and +20931. Am I a co-surgeon (modifier 62) on all the same codes because I’m doing the incision and closure?

**Answer:**
Actually, you should not bill anything to insurance. The incision and usual closure are included in the primary procedure code, 22551. If the patient wants a “cosmetic” result then this is cash from the patient and it should not be billed to insurance.

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

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**Diagnosis for Open Wounds as**
a Result of Cancer Resection

December 15, 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 12/15/16.*
**Bilateral Nasal Vestibular Stenosis/Valve Repair**

November 17, 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 11/17/16.*

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**Removal of Mandibular Interdental Fixation**

October 27, 2016

**Question:**
We did a mandibular fracture repair on a patient (car accident) and placed the interdental fixation as part of the
fracture repair. We saw the patient in the office, about 8 weeks postop, for a visit and everything was looking good so we removed the wires/fixation. Is the removal separately billable or included in the global fee?

**Answer:**
Good question! The removal of the interdental mandibular fixation (IMF) is included in the global period when performed in the office setting. If you think about it, you put the IMF on so it is up to you to take it off.

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

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**Endoscopic Septoplasty**

October 13, 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 10/13/16.*
Capsulectomy and Revision of Breast Reconstruction

September 29, 2016

Question:
My doctor did a partial capsulectomy to revise the inframammary fold as well as fat grafting to some defects on a reconstructed breast. Additionally, he revised the scar and took off some excess lateral breast tissue. We submitted the following codes: 19380, 19371-59, 20926-59, and 15839-59. We only got paid on 19380. I have appealed the denial twice but no luck. Can you please help?

Answer:
Sorry – can’t help! Actually, all the procedures you performed are covered in one code, 19380 (Revision of reconstructed breast).

*This response is based on the best information available as of 09/29/16.