Exchange of Implants After Breast Reconstruction

February 18, 2016

Question:
We have a patient who had bilateral mastectomies and had permanent implants placed several years ago. She now wants smaller implants. I have to get precertification for this procedure and am looking at the CPT codes 19328 (implant removal) and 19325 (breast augmentation) for the procedure. Would that be right?

Answer:
Actually, it is best to report 19340 (Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction) for this procedure since the patient has had prior mastectomies. Precertification is important as many payers will not pay for the implant exchange without an associated medical condition (e.g., painful capsular contracture).

*This response is based on the best information available as of 02/18/16.

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Repair of Nasal Vestibular Stenosis

February 2, 2016

Question:
I am trying to come up with the right CPT codes for this
procedure so we can get it precertified. Can you help?

**Answer:**
Yes, you are wise to determine the correct codes for precertification, otherwise the surgery might not be paid if you billed different codes. Look at 30465 – Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction). You may also report a separate code if you harvest graft material through a separate incision. For example, you may report 20912 (Cartilage graft; nasal septum) if you harvest septal cartilage graft when you have not performed a septoplasty at the same operative session. If you did a septoplasty (30520) and repair of nasal vestibular stenosis (30465) then you may not report 20912 for the septal cartilage graft harvested/obtained from the septoplasty.

*This response is based on the best information available as of 02/2/16.*

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**Excision of Skin Lesion**

January 14, 2016

**Question:**
I heard you say at a course (you were great, by the way. I learned a lot from you!) that we should wait for a pathology report before billing for excision of skin lesions. Please explain why. This may be why I’m not getting paid.

Also, when is your next plastic surgery coding course?

**Answer:**
Thank you for your kind words, you made my day! Yes, you’ll need to wait for a pathology report when reporting the excision of skin lesion codes because the CPT code
descriptions require the pathology be known. The codes are for removal of benign (114xx) and malignant (116xx) lesions. If you have a previous pathology report showing a malignancy (e.g., biopsy) then you can go ahead and bill the service using the malignant lesion excision code (116xx) without waiting for the pathology report.

Thank you for also asking about our courses. Click here for our 2016 Plastic Surgery Coding courses. I hope to see you soon!

*This response is based on the best information available as of 01/14/16.

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Split Thickness Skin Graft

December 17, 2015

Question:
The doctor did a split-thickness autograft of the leg. I can’t find the CPT code for this procedure for an adult. I see only CPT codes for infants and children. Can you tell me where the codes for adults are?

Answer:
There are two stand-alone codes for split thickness skin grafts:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>15100</td>
<td>Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children</td>
</tr>
<tr>
<td>15120</td>
<td>Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children</td>
</tr>
</tbody>
</table>

Note that the code descriptors say, “first 100 sq cm or less, or 1% of body area of infants and children.” That means the code applies to both adults and children. If an adult, you’ll use the area in square centimeters documented in the note. If an infant or child, you’ll use 1% of the body area as your guide for coding the area grafted.

*This response is based on the best information available as of 12/17/15.

Split Thickness Skin Graft

12/03/15

Question:

Please resolve an internal debate we’re having in our office. Are the STSG codes chosen based on the recipient or the donor site?

Answer:

Good question, and this is always confusing. CPT says: “Select the appropriate code from 15040-15261 based upon type of autograft and location and size of the defect. The measurements apply to the size of the recipient area.” So you’ll choose the code based on the recipient/defect site and the area (in square centimeters) is of that same site. The two STSG graft codes are 15100 (recipient/defect site is trunk, arms or legs) and 15120 (recipient/defect site is face, scalp,
ICD-10-CM: Bilateral Procedures

November 5, 2015

Question:

Since the new diagnosis codes for absence of the breast includes one specifically for bilateral, will modifier 50 (bilateral procedure) still be required on the CPT code? For example, for bilateral breast reconstruction with a tissue expander and biologic implant, we will use Z90.13 for acquired absence of bilateral breasts and nipples for the diagnosis code. Will we still need modifier 50 on the CPT codes 19357 and 15777?

Answer:

YES! Nothing changes with CPT coding with the implementation of the new diagnosis coding system, ICD-10-CM. So in your example, you’d use 19357-50 and 15777-50 (or 19357, 19357-50, 15777, 15777-50 if the payer prefers each code be listed separately). Click here to see our newly released webinar for everything you ever wanted to know about ICD-10-CM Coding for Plastic Surgery!
7th Character Extension in ICD-10-CM

October 22, 2015

Question:

I don’t understand the 7th character extension. Why don’t all codes get the 7th character extension?

Answer:

Good question! Only certain categories of codes have the 7th character extension requirement. For plastic surgery, the most common categories of codes include injuries (S codes) and other complications such as capsular contractures (T codes). The 7th character of A or B is for an initial encounter and used as long as the patient is receiving active treatment for the condition (e.g., consultation in the ER, surgery). The 7th character for subsequent encounters (e.g., D, G, K) is used when the patient has completed active treatment and is the recovery or healing phase of the injury.

*This response is based on the best information available as of 10/22/15.
Suture Removal

October 16, 2014

Question:

I did not operate on this patient but he ended up in my office for suture removal. Isn’t there a code I can bill for removing sutures when placed by another physician?

Answer:

There is indeed a code for removal of sutures, but only if you do it in under “anesthesia other than local” (CPT 15851, Removal of sutures under anesthesia (other than local), other surgeon). If you are removing the sutures under local or no anesthesia, then the service is included in your E&M code.

Bilateral Diagnosis Coding and Bilateral CPT Coding for Breast Reconstruction

October 8, 2015

Question:

If I use the new ICD-10-CM code for acquired absence of the breast (Z90.13), do I still need to use the CPT modifier 50 for bilateral procedures when I bill for breast reconstruction procedures (e.g., 19357, 19364)?

Answer:
Good question! Changing diagnosis coding systems from ICD-9-CM to ICD-10-CM does not change anything about CPT coding. The CPT coding system does not change at all with our change to ICD-10-CM for diagnosis coding. So, yes, you will still use modifier 50 or RT/LT or whatever modifiers you were using prior to October 1 to accurately report the bilateral procedure.

*This response is based on the best information available as of 10/08/15.*

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**Acellular Dermal Matrix Placement for Breast Reconstruction**

September 24, 2015

Question:

I’m doing bilateral tissue expander breast reconstructions and will be using ADM. Is there a separate code for the ADM?

Answer:

Yes, there is. In addition to 19357 (Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion) you can report an add-on code, +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). You can report both codes bilaterally, with modifier 50.

*This response is based on the best information available as...*
of 09/24/15.