ICD-10-CM for Bilateral Conditions

September 10, 2015

Question:

I noticed that the ICD-10 codes for many conditions are specific for right and left. I also noticed that some conditions have a specific code for bilateral. But what if the patient has bilateral disease but there is not a diagnosis code for bilateral? Should I use an unspecified code?

Answer:

Good question! No, don’t use an unspecified code. The laterality is specified in your documentation, so an unspecified code is inaccurate. If a bilateral code exists and the disorder is documented as bilateral, then the bilateral diagnosis code should be used. But if the documentation states the condition is bilateral, and there is not a bilateral diagnosis code, then use both the right and left codes.

Watch for Kim Pollock’s upcoming webinars on ICD-10 coding for plastic surgery and breast procedures...more information shortly!

*This response is based on the best information available as of 09/10/15.

Holding Claims for Path
Reports

August 13, 2015

Question:

Do you advise that we hold our claims for excision of skin lesion procedures until after the pathology report is received? That seems to delay our charges and I want to get them billed quickly!

Answer:

Yes, you need to hold the claim for the excision of skin lesion codes (114xx for benign skin lesions, 116xx for malignant skin lesions) if you do not have a previous pathology report showing a malignancy. Why? Because the CPT codes for the procedures require the lesion pathology be identified. If you have a biopsy report for the lesion showing a malignancy, then you can go ahead and bill the excision procedure using the malignant CPT (116xx) and diagnosis codes.

Lipoma Removal

July 30, 2015

Question:

I removed a huge lipoma from a patient and it seems like the benign skin lesion removal codes just don’t describe what I’m doing. Is there another code I can use?

Answer:

Yes! The “soft tissue tumor” codes were introduced into CPT in
2010 and better describe the procedure you are performing. These codes are located in the Musculoskeletal System section of CPT (e.g., 21555, 21556) rather than in the Integumentary System section of CPT (114xx for excision of benign skin lesions, 116xx for excision of malignant skin lesions).

**Diagnosis Code**

July 16, 2015

Question:

I do a lot of reconstruction procedures after the Mohs surgeon has removed the skin cancer. I am not removing cancer so it doesn’t seem right to use a cancer diagnosis code. But what diagnosis code should I use?

Answer:

We recommend using an “open wound” diagnosis code since the purpose of your procedure is to close an open wound. You can use the cancer diagnosis code as a secondary diagnosis code.

**Panniculectomy**

July 2, 2015

Question:

How can I get insurance to pay for a panniculectomy? The patient lost 150 pounds and has excessive abdominal skin and
subcutaneous tissue.

Answer:

Good question! Most payers have a medical policy (also known as “medical necessity”) that must be followed to obtain prior approval for the procedure. Ask the payer, or look on their website, for the policy to make sure you follow their guidelines.

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**Excision of Excess Breast Tissue After Breast Reconstruction**

June 11, 2015

**Question:**

During the second stage of tissue expander breast reconstruction, when I’m removing the tissue expander and placing the permanent prosthesis, I also excise some lateral excess tissue to give a better cosmetic result. Can I charge 19380 (Revision of reconstructed breast) for this in addition to the code for the exchange procedure?

**Answer:**

No, this is not an accurate use of 19380. Typically this service is included in the code for the primary procedure.
**Repair of Nasal Vestibular Stenosis**

May 21, 2015

**Question:**

I will sometimes do a septoplasty with the repair of nasal vestibular stenosis. Is it OK to bill both codes together?

**Answer:**

Yes, it sure is, assuming the documentation supports both separate services. CPT 30520 (septoplasty) is not included in the code for nasal vestibular stenosis repair (30465, Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)) and may be separately reported. However, if you’re only harvesting cartilage from the septum, then you’d report only 20912 (Cartilage graft; nasal septum) and not 30520.

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**Paramedian Forehead Flap After Mohs Surgery**

May 7, 2015

**Question:**

I did a paramedian forehead flap after the Mohs surgeon removed the cancerous lesion from the nose. What is the CPT code for this procedure and do I need a modifier because I’m in the Mohs surgeon’s global period?
Answer:

The code is 15731 (Forehead flap with preservation of vascular pedicle (e.g., axial pattern flap, paramedian forehead flap)). You should not need a modifier because you are a different specialty (Plastic Surgery) from the Mohs surgeon (Dermatology) and payers should not consider you to be in the Mohs surgeon’s global period.

ICD-10: Procedural Coding System vs. CPT

April 23, 2015

Question:

Now that ICD-10 is going to happen I’m starting to look into it a bit more. I see there is a procedural coding system component. Are we going to have to use that instead of, or in addition to, CPT?

Answer:

Good question. The ICD-10 procedural coding system (ICD-10-PCS) is used by facilities (e.g., hospital) to code procedures. CPT codes are, and will continue to be, used by physicians (and other providers) to report professional services. The two systems are unique and very different. You will not be using ICD-10-PCS to report professional services; rather, you will continue to use CPT codes. You will, however, be changing from ICD-9-CM (ICD-9 Clinical Modification) diagnosis codes to ICD-10-CM diagnosis codes on October 1, 2015 for claims submitted to HIPAA-covered entities. So the good news is that the CPT coding system is not changing for
physicians – only the diagnosis coding system will be different.

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**Nipple Tattoo in Breast Reconstruction**

April 9, 2015

**Question:**

Is it OK to charge the tattooing if it is done a few weeks after the nipple repair/reconstruction (19350)?

**Answer:**

Tattooing is part of the nipple reconstruction code, 19350, and not separately billable. If tattooing is going to be the ONLY procedure performed for nipple reconstruction, then bill the appropriate tattooing code (11920-11921). The tattooing code may also be reported for touch-ups of faded tattoos.