CODING FOR MINOR SURGICAL PROCEDURES IN A FEDERALLY QUALIFIED HEALTH CENTER

CodingIntel
AT THE CORNER OF CODING AND GETTING PAID

Recorded July 19, 2021

Agenda:

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- E/M and procedure, or procedure only
- Removal of a foreign body
- Shaves, biopsies, excision, destruction
- Joint injections
- Women's health procedures
- Repair

What does + mean? It is an add-on code; add it to the related procedure

From the NCCI manual

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"The decision to perform a minor surgical procedure is included in the payment for the minor surgical procedure and should not be reported separately as an E&M service. However, a significant and separately identifiable E&M service unrelated to the decision to perform the minor surgical procedure is separately reportable with modifier 25."

E/M and procedure same day

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Bill both when:

the physician/non-physician practitioner (NPP) needs to evaluate the patient's symptom, condition problem prior to doing the procedure—**and both are documented.**

E/M and procedure same day

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Bill both when:

Separate diagnoses: E/M for hypertension, wart destruction for warts

E/M and procedure same day

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Bill only the surgical procedure when:

- Only a procedure is documented.
- For a planned procedure.
- For a planned, repeat procedure (such as wound debridement).
- When the medical decision making occurred at a previous visit
- For excision/destruction of small lesions
- Biopsy scheduled at a previous visit

Entered by revenue cycle team

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25 Significant, separately identifiable E /M service by the same physician on the same day of the procedure or other service

- Same day as a procedure, the physician performs an E/M service that is a significant, separate, identifiable service Append modifier 25 to the E/M on the same day as a minor (0 or 10 day global per Medicare).
- Link diagnosis code(s) appropriately to E/M and procedure.

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Removal of a foreign body

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10120 Incision and removal of foreign body, subcutaneous tissues; simple

10121 Incision and removal of foreign body, subcutaneous tissues, complicated

- Requires incision
- No CPT definition of simple or complicated

Removal of a foreign body

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69200 Removal of foreign body from external auditory canal; without general anesthesia

30300 Removal of foreign body, intranasal; office type procedure

67938 Removal of embedded foreign body, eyelid

65205 Removal of foreign body, external eye; conjunctival superficial

Incision and drainage

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10060 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single

10061 complicated or multiple

- Often billed with an E/M service
- CPT does not provide a definition of simple or complicated

Debridement

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11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less

- Additional codes for each additional 20 sq cm or part thereof
- Additional codes for muscle/fascia, bone

Document: depth, square centimeters

Add together area of debridement of two wounds if same depth

Biopsy

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- Punch biopsy codes 11100, +11101 deleted
- 11102, +11103 Tangential biopsy (shave, scoop, saucerize, curette): remove a sample of epidermal tissue with/without portion of underlying dermis
- 11104, +11105 Punch biopsy
- 11106, +11107 Incisional biopsy (wedge)

Report each lesion

Not defined by location or size

All include simple closure

Shaving epidermal & dermal lesions

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- Shaving is "sharp removal by transverse incision or horizontal slicing to remove epidermal and dermal lesions without a full thickness dermal excision"
- Includes local anesthesia or chemical or electrocauterization
- Specimen may or may not be sent for biopsy

Shaving of lesions

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- Codes 11301—11313
- Defined by location and size of the diameter of the lesion

Excision of benign & malignant lesions

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- Full thickness removal of lesions, including margins
- Select code by the size of the excision (longest clinical diameter of lesion, narrowest margins) and location
- Wait for pathology report to select CPT code—only for these codes (11400—11446, 11600—11646)
- For other biopsies, don't wait for pathology. Use code D49.2 Neoplasm of unspecified behavior of bone, soft tissue, and skin

Select CPT based on pathology

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This is unique to these codes; report shaves, breast biopsies and fine needle aspiration at the time of service

Per Principles of CPT Coding

- If physician notes the lesion is obviously benign, okay to bill benign at time of service
- For re-excision of malignant lesion use excision of malignant lesion codes, even if pathology shows no sign of malignancy

Lesion destruction

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From CPT: "*Destruction* means the ablation of benign, premalignant or malignant tissues by any method, with or without curettement, including local anesthesia and not usually requiring closure."

Destruction of benign lesions – start with location	
Mouth, eyelid or margin, conjunctiva, vulva, vagina, anus, penis	Skin, all other locations

Benign lesions—defining factors

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- Size of lesion for eyelid and margin
- Simple or extensive for vulva, vagina, anus and penis
- Method for anus and penis
- Type for other lesions, pre-malignant, benign, skin tags

Chart in handout

Destruction of pre-malignant lesions

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17000 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratosis); first lesion

+17003 second through 14 lesions, each

17004 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratosis), 15 or more lesions

Destruction of benign lesions, warts

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17110 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutanoues vascular proliferative lesions; up to 14 lesions

17111 15 or more lesions

Destruction of malignant lesions

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- Selected by size of ***lesion not defect***
- Selected by location
- Use for any method of destruction

📖 "The correct code is chosen based on the anatomic area where the lesion is located and the lesion diameter. Use 17260—17286 to report each lesion destroyed and include any method of destruction as previously described." Principles of CPT Coding.

Arthrocentesis, aspiration or injection of a joint or bursa

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20600 Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance

20604 with ultrasound guidance with permanent recording

20605 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance

20606 with ultrasound guidance with permanent recording

Arthrocentesis, aspiration or injection of a joint or bursa

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20610 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance

20611 with ultrasound guidance with permanent recording

Joint injections

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- Do not report ultrasound guidance separately with 20600—20611
- Always document medical necessity for guidance
- For ultrasound guidance, there must be a permanent recording and a report

Implantation/removal

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11976 Removal, implantable contraceptive capsules

11980 Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)

- For a planned procedure, report only the procedure if no additional problems are addressed

IUD insertion and removal

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58300 Insertion of intrauterine device (IUD)

58301 Removal of intrauterine device (IUD)

- For a planned procedure, report only the procedure if no additional problems are addressed

Pessary fitting

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57160 Fitting and insertion of pessary or other intravaginal support device

- For a planned procedure, report only the procedure if no additional problems are addressed
- Bill in addition for the the pessary itself, if purchased
- For removal, cleaning and reinsertion, use an office visit code

Colposcopy

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57454 Colposcopy of the cervix including upper/adjacent vagina with biopsy(s) of the cervix and endocervical curettage

Additional codes for:

Colposcopy without biopsy, biopsy of the cervix, with endocervical curettage (without biopsy), with loop electrode biopsy of the cervix, with loop conization of the cervix

Colposcopy

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New code in 2021

+57465 Computer aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect

Simple repair

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"Simple repair is used when the wound is superficial; eg, involving primarily epidermis or dermis, or subcutaneous tissues without significant involvement of deeper structures, and requires simple one layer closure. This includes local anesthesia and chemical or electrocauterization of wounds not closed.

By location

Scalp, neck, external genitalia, axillae, trunk, and/or extremities, including hands and feet
Face, ears, eyelids, nose, lips and/or mucous membranes

Intermediate repair

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"Intermediate repair includes the repair of wounds that, in addition to the above, require layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (non-muscle) fascia, in addition to the skin (epidermal and dermal) closure. It includes limited undermining (defined as a distance less than the maximum width of the defect, measured perpendicular to the closure line, along at least one entire edge of the defect). Single-layer closure of heavily contaminated wounds that have required extensive cleaning or removal of particulate matter also constitutes intermediate repair."

Intermediate repair

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By location

Scalp, axillae, trunk, and/or extremities
Neck, hands, feet and/or external genitalia
Face, ears, eyelids, nose, lips and/or mucous membranes

Complex repair

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"Complex repair includes the repair of wounds that, in addition to the requirements for intermediate repair, require at least one of the following: exposure of bone, cartilage, tendon, or named neurovascular structure; debridement of wound edges (eg, traumatic lacerations or avulsions); extensive undermining (defined as a distance greater than or equal to the maximum width of the defect measure perpendicular to the closure line along at least one entire edge of the defect); involvement of free margins of helical rim, vermilion border, or nostril rim, placement of retention sutures. Necessary preparation includes creation of a limited defect for repairs or the debridement of complicated lacerations or avulsions.

Complex repair

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By location

Trunk
Scalp, arms and/or legs
Forehead, cheeks, chin, mouth, neck, axillae, genitalia, trunk, hands and/or feet
Eyelids, nose, ears and/or lips

Repair

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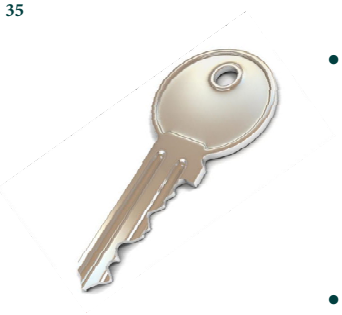

- Repairs of the same type (simple, intermediate, complex) and location grouping are added together and reported with a single code
- Repairs of two different types or different locations are reported separately

Cerumen removal

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- 69209 for lavage by staff
- 69210 when requires instrumentation by provider

Cerumen removal is covered if there are:

- visual considerations: impacts exam,
- qualitative considerations: hard, dry, irritated, was causing pain, hearing loss or itching
- inflammatory considerations: associated with odor, infection or dermatitis, or
- quantitative considerations: obstructive or copious

Minor procedures

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- Document based on the definition of the code (length, number, location)
- Bill both an E/M and a procedure when there are separate diagnoses
- Bill both an E/M and a procedure when the condition was assessed, and the decision for the procedure was made at that visit

Thank you

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