

ALABAMA QUALITY ASSURANCE FOUNDATION

PRO GENERAL MEMORANDUM NO. 96/99-07

**FOR IMMEDIATE DISTRIBUTION TO YOUR MEDICAL STAFF,
MEDICAL RECORDS DEPARTMENTS AND CODING STAFF,
UTILIZATION AND QUALITY ASSURANCE DEPARTMENTS**

TO: Hospital Administrators and Chiefs of Staff--All Alabama Hospitals ,
Out-Patient departments, and Ambulatory Surgery Centers

FROM: H. Terrell Lindsey
President and Chief Executive Officer

DATE: April 30, 1997

SUBJECT: American Medical Association CPT Coding Clarifications

I. PURPOSE

This General memorandum is to inform hospital and ambulatory surgery centers of CPT coding clarifications from the American Medical Association.

II. CPT CLARIFICATIONS IN THIS UPDATE INCLUDE:

- A. Epidural injection of an anesthetic and a steroid.
- B. Internal urethrotomy not performed with cystoscopy.
- C. Capsulectomy and replacement of breast implants.
- D. Colonoscopy with unspecified method of polypectomy.
- E. Endoscopic/Laparoscopic procedure without a specific CPT code.
- F. Excision of skin lesions with complex repair.

III. DISCUSSION

A. Epidural injection of an anesthetic and a steroid.

Question: If a patient has an epidural injection (epidural block) of an anesthetic and a steroid, what code(s) should be assigned? In the past we have been instructed to code only the injection of the anesthetic (62278).

Answer: Code selection should be based on “why” the injection was performed. If the injection is predominately anesthetic for short-term pain relief, assign code 62278. If the

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injection is predominantly steroid with the intent to provide long-term pain relief, assign code 62289. In most cases when an anesthetic and a steroid are injected, the goal is long-term pain relief. The anesthetic is injected to anesthetize the injection site. These cases would be coded to 62289.

B. Internal urethrotomy not performed with cystoscopy.

Question: A patient had an internal urethrotomy performed with a knife after cystoscopy. The urethrotomy was not performed through the scope. What is the correct code for this procedure?

Answer: Assign code 53899, “Unlisted procedure, urinary system”. CPT does not include a specific code for this procedure.

C. Capsulectomy and replacement of breast implants.

Question: A patient desires replacement of her silicone implants with saline implants. The surgeon states that a capsulectomy with removal and replacement of implants was performed on both breasts. What are the correct codes for this procedure?

Answer: Assign code 19371, Periprosthetic Capsulectomy, breast. Code 19371 includes the Capsulectomy and the removal of the original implant. Assign code 19342, Delayed insertion of breast prosthesis, for the insertion of the new saline implant. If you are unable to report modifiers, bill each code twice to show that bilateral procedures were performed. (Code 19340, Immediate insertion of breast prosthesis, should only be reported when the insertion of the implant is performed along with the original surgery, such as when a mastectomy is performed with immediate insertion of an implant.

D. Colonoscopy with unspecified method of polypectomy.

Question: A Colonoscopy is performed and the physician states a polyp was removed from the colon. The method of removal (e.g. snare or hot biopsy) is not stated. Can we assume a snare technique was utilized and assign 45385 for these cases?

Answer: When coding a Colonoscopy with polypectomy, the method of removal must be known in order to assign a code. It would be incorrect to assume that all polypectomies are performed with a snare if not otherwise stated. Query the physician for the method of removal.

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E. Endoscopic/Laparoscopic procedure without a specific CPT code.

Question: If a specific CPT code for a laparoscopic/endoscopic procedure does not exist, can an open procedure code be assigned?

Answer: No, assign an unlisted procedure code from the appropriate section of CPT (e.g. 56399 Unlisted procedure, laparoscopy, hysteroscopy).

F. Excision of skin lesions with complex repair.

Question: If a skin lesion is excised and the defect requires complex closure, what codes should be assigned?

Answer: Assign only the code for the complex closure. The complex closure codes include the excision of skin lesions. Complex repairs are classified to codes 13100-13300. Note: If intermediate closure (e.g. layered closure) is performed, assign a code for the excision of the lesion and a code for the intermediate repair.

If you have any questions, please contact Anita Meyers, ART, Ext 3217, or Lisa Thompson, ART, Ext 3218, at (205) 970-1600 or 1-800-760-4550.

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