

Plastics/ Dermatology

A comprehensive illustrated guide to coding
and reimbursement

2022

optum360coding.com

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Getting Started with Coding Companion

Coding Companion for Plastics/Dermatology is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

CPT Codes

For ease of use, evaluation and management codes related to Plastics/Dermatology are listed first in the *Coding Companion*. All other CPT codes in *Coding Companion* are listed in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, and medicine codes pertinent to the specialty. Each CPT code is followed by its official CPT code description.

Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum360 *Coding Companion* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the page following the sample.

Appendix Codes and Descriptions

Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:

- HCPCS
- Pathology and Laboratory
- Surgery
- Medicine Services
- Radiology
- Category III

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

CCI Edit Updates

The *Coding Companion* series includes the list of codes from the official Centers for Medicare and Medicaid Services' National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version XX.X, the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is <http://www.optum360coding.com/ProductUpdates/>. The 2022 edition password is: XXXXXXXX22. Log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

69501 Transmastoid antrotomy (simple mastoidectomy)

could be found in the index under the following main terms:

Antrotomy

Transmastoid, 69501

OR

Excision

Mastoid

Simple, 69501

General Guidelines

Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, it is not limited to use only by that specialty group (see paragraphs two and three under "Instructions for Use of the CPT Codebook" on page xiv of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Supplies

Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component

Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

99202-99205

- ▲★99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.
- ▲★99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.
- ▲★99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.
- ▲★99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.

Explanation

Providers report these codes for new patients being seen in the doctor's office, a multispecialty group clinic, or other outpatient environment. All require a medically appropriate history and/or examination. Code selection is based on the level of medical decision making (MDM) or total time personally spent by the physician and/or other qualified health care professional(s) on the date of the encounter. Factors to be considered in MDM include the number/complexity of problems addressed during the encounter, amount and complexity of data requiring review and analysis, and the risk of complications and/or morbidity or mortality associated with patient management. The most basic service is represented by 99202, which entails straightforward MDM. If time is used for code selection, 15 to 29 minutes of total time is spent on the day of encounter. Report 99203 for a visit requiring a low level of MDM or 30 to 44 minutes of total time; 99204 for a visit requiring a moderate level of MDM or 45 to 59 minutes of total time; and 99205 for a visit requiring a high level of MDM or 60 to 74 minutes of total time.

Coding Tips

These codes are used to report office or other outpatient services for a new patient. A medically appropriate history and physical examination, as determined by the treating provider, should be documented. The level of history and physical examination are no longer used when determining the level of service. Codes should be selected based upon the CPT revised 2021 Medical Decision Making table. Alternately, time alone may be used to select the appropriate level of service. Total time for reporting these services includes face-to-face and non-face-to-face time personally spent by the physician or other qualified health care professional on the date of the encounter. For office or other outpatient services for an established patient, see 99211-99215. For observation care services, see 99217-99226. For patients admitted and discharged from observation or inpatient status on the same date, see 99234-99236. Telemedicine services may be reported by the performing provider by adding modifier 95 to these procedure codes. Services at the origination site are reported with HCPCS Level II code Q3014.

ICD-10-CM Diagnostic Codes

The application of this code is too broad to adequately present ICD-10-CM diagnostic code links here. Refer to your ICD-10-CM book.

AMA: 99202 2020,Sep,3; 2020,Sep,14; 2020,May,3; 2020,Jun,3; 2020,Jan,3; 2020,Feb,3; 2019,Oct,10; 2019,Jan,3; 2019,Feb,3; 2018,Sep,14; 2018,Mar,7; 2018,Jan,8; 2018,Apr,10; 2018,Apr,9; 2017,Jun,6; 2017,Jan,8; 2017,Aug,3; 2016,Sep,6; 2016,Mar,10; 2016,Jan,7; 2016,Jan,13; 2016,Dec,11; 2015,Oct,3; 2015,Jan,16; 2015,Jan,12; 2015,Dec,3; 2014,Oct,3; 2014,Oct,8; 2014,Nov,14; 2014,Jan,11; 2014,Aug,3 99203 2020,Sep,3; 2020,Sep,14; 2020,May,3; 2020,Jun,3; 2020,Jan,3; 2020,Feb,3; 2019,Oct,10; 2019,Jan,3; 2019,Feb,3; 2018,Sep,14; 2018,Mar,7; 2018,Jan,8; 2018,Apr,9; 2018,Apr,10; 2017,Jun,6; 2017,Jan,8; 2017,Aug,3; 2016,Sep,6; 2016,Mar,10; 2016,Jan,7; 2016,Jan,13; 2016,Dec,11; 2015,Oct,3; 2015,Jan,12; 2015,Jan,16; 2015,Dec,3; 2014,Oct,8; 2014,Oct,3; 2014,Nov,14; 2014,Jan,11; 2014,Aug,3 99204 2020,Sep,14; 2020,Sep,3; 2020,May,3; 2020,Jun,3; 2020,Jan,3; 2020,Feb,3; 2019,Oct,10; 2019,Jan,3; 2019,Feb,3; 2018,Sep,14; 2018,Mar,7; 2018,Jan,8; 2018,Apr,9; 2018,Apr,10; 2017,Jun,6; 2017,Jan,8; 2017,Aug,3; 2016,Sep,6; 2016,Mar,10; 2016,Jan,7; 2016,Jan,13; 2016,Dec,11; 2015,Oct,3; 2015,Jan,12; 2015,Jan,16; 2015,Dec,3; 2014,Oct,8; 2014,Oct,3; 2014,Nov,14; 2014,Jan,11; 2014,Aug,3 99205 2020,Sep,3; 2020,Sep,14; 2020,May,3; 2020,Jun,3; 2020,Jan,3; 2020,Feb,3; 2019,Oct,10; 2019,Jan,3; 2019,Feb,3; 2018,Sep,14; 2018,Mar,7; 2018,Jan,8; 2018,Apr,10; 2018,Apr,9; 2017,Jun,6; 2017,Jan,8; 2017,Aug,3; 2016,Sep,6; 2016,Mar,10; 2016,Jan,7; 2016,Jan,13; 2016,Dec,11; 2015,Oct,3; 2015,Jan,12; 2015,Jan,16; 2015,Dec,3; 2014,Oct,8; 2014,Oct,3; 2014,Nov,14; 2014,Jan,11; 2014,Aug,3

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
99202	0.93	1.12	0.09	2.14
99203	1.42	1.48	0.13	3.03
99204	2.43	1.98	0.22	4.63
99205	3.17	2.4	0.28	5.85
Facility RVU	Work	PE	MP	Total
99202	0.93	0.41	0.09	1.43
99203	1.42	0.59	0.13	2.14
99204	2.43	1.01	0.22	3.66
99205	3.17	1.33	0.28	4.78

	FUD	Status	MUE	Modifiers				IOM Reference
99202	N/A	A	1(2)	N/A	N/A	N/A	80*	None
99203	N/A	A	1(2)	N/A	N/A	N/A	80*	
99204	N/A	A	1(2)	N/A	N/A	N/A	80*	
99205	N/A	A	1(2)	N/A	N/A	N/A	80*	

* with documentation

Terms To Know

new patient. Patient who is receiving face-to-face care from a provider/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice for the first time in three years. For OPPOS hospitals, a patient who has not been registered as an inpatient or outpatient, including off-campus provider based clinic or emergency department, within the past three years.

11420-11426

11420 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less

11421 excised diameter 0.6 to 1.0 cm

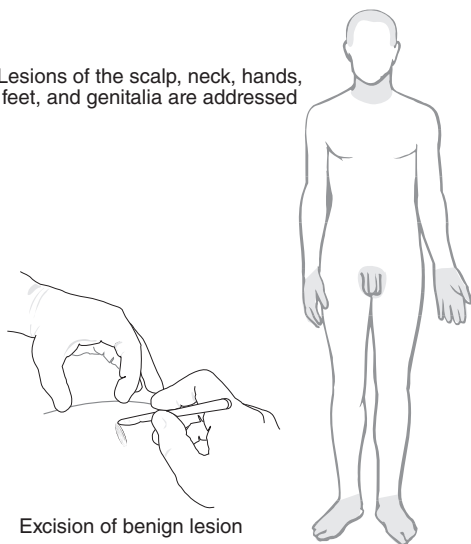
11422 excised diameter 1.1 to 2.0 cm

11423 excised diameter 2.1 to 3.0 cm

11424 excised diameter 3.1 to 4.0 cm

11426 excised diameter over 4.0 cm

Lesions of the scalp, neck, hands, feet, and genitalia are addressed



Excision of benign lesion

Explanation

The physician removes a benign skin lesion located on the scalp, neck, hands, feet, or genitalia. After administering a local anesthetic, the physician makes a full thickness incision through the dermis with a scalpel, usually in an elliptical shape around and under the lesion. The lesion and a margin of normal tissue are removed. The wound is repaired using a single layer of sutures, chemical or electrocauterization. Complex or layered closure is reported separately, if required. Each lesion removed is reported separately. Report 11420 for an excised diameter 0.5 cm or less; 11421 for 0.6 cm to 1 cm; 11422 for 1.1 cm to 2 cm; 11423 for 2.1 cm to 3 cm; 11424 for 3.1 cm to 4 cm; and 11426 if the excised diameter is greater than 4 cm.

Coding Tips

When excision of benign lesions is performed with another separately identifiable procedure, the highest dollar value code is listed as the primary procedure and subsequent procedures are appended with modifier 51. Local or regional anesthesia is included in these services. For destruction of benign lesions, see 17110–17111; premalignant lesions, see 17000–17004; malignant lesions, see 17280–17286. For intralesional injection to limit scarring, see 11900. For handling or conveyance of a specimen transported to an outside laboratory, see 99000. CPT notes specify that the codes listed under benign lesions include simple repair. If the wound requires (layered) closure, an additional code must be used, see CPT notes and repair codes: intermediate, see 12031–12057; complex, see 13100–13153; reconstructive, see 14000–14302, 15002–15278.

ICD-10-CM Diagnostic Codes

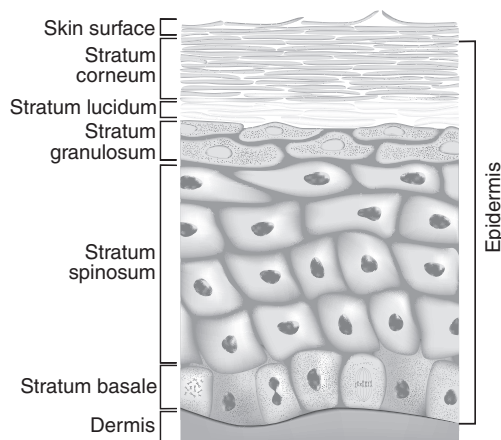
D17.0 Benign lipomatous neoplasm of skin and subcutaneous tissue of head, face and neck

- D17.21 Benign lipomatous neoplasm of skin and subcutaneous tissue of right arm ✓
- D17.22 Benign lipomatous neoplasm of skin and subcutaneous tissue of left arm ✓
- D17.23 Benign lipomatous neoplasm of skin and subcutaneous tissue of right leg ✓
- D17.24 Benign lipomatous neoplasm of skin and subcutaneous tissue of left leg ✓
- D17.72 Benign lipomatous neoplasm of other genitourinary organ
- D18.01 Hemangioma of skin and subcutaneous tissue
- D22.4 Melanocytic nevi of scalp and neck
- D22.61 Melanocytic nevi of right upper limb, including shoulder ✓
- D22.62 Melanocytic nevi of left upper limb, including shoulder ✓
- D22.71 Melanocytic nevi of right lower limb, including hip ✓
- D22.72 Melanocytic nevi of left lower limb, including hip ✓
- D23.4 Other benign neoplasm of skin of scalp and neck
- D23.5 Other benign neoplasm of skin of trunk
- D23.61 Other benign neoplasm of skin of right upper limb, including shoulder ✓
- D23.62 Other benign neoplasm of skin of left upper limb, including shoulder ✓
- D23.71 Other benign neoplasm of skin of right lower limb, including hip ✓
- D23.72 Other benign neoplasm of skin of left lower limb, including hip ✓
- D28.0 Benign neoplasm of vulva ♀
- D29.0 Benign neoplasm of penis ♂
- D29.4 Benign neoplasm of scrotum ♂
- D48.5 Neoplasm of uncertain behavior of skin
- I78.1 Nevus, non-neoplastic
- L72.0 Epidermal cyst
- L72.11 Pilar cyst
- L72.12 Trichodermal cyst
- L72.2 Steatocystoma multiplex
- L72.3 Sebaceous cyst
- L72.8 Other follicular cysts of the skin and subcutaneous tissue
- L82.0 Inflamed seborrheic keratosis
- L82.1 Other seborrheic keratosis
- L91.0 Hypertrophic scar
- L91.8 Other hypertrophic disorders of the skin
- L92.2 Granuloma faciale [eosinophilic granuloma of skin]
- L92.3 Foreign body granuloma of the skin and subcutaneous tissue
- L92.8 Other granulomatous disorders of the skin and subcutaneous tissue
- Q82.5 Congenital non-neoplastic nevus

AMA: 11420 2019,Nov,3; 2018,Sep,7; 2018,Jan,8; 2018,Feb,10; 2017,Jan,8; 2016,Jan,13; 2016,Apr,3; 2015,Jan,16; 2014,Mar,4; 2014,Mar,12; 2014,Jan,11
 11421 2019,Nov,3; 2018,Sep,7; 2018,Jan,8; 2018,Feb,10; 2017,Jan,8; 2016,Jan,13; 2016,Apr,3; 2015,Jan,16; 2014,Mar,4; 2014,Mar,12; 2014,Jan,11
 11422 2019,Nov,3; 2018,Sep,7; 2018,Jan,8; 2018,Feb,10; 2017,Jan,8; 2016,Jan,13; 2016,Apr,3; 2015,Jan,16; 2014,Mar,4; 2014,Mar,12; 2014,Jan,11
 11423 2019,Nov,3; 2018,Sep,7; 2018,Jan,8; 2018,Feb,10; 2017,Jan,8; 2016,Jan,13; 2016,Apr,3; 2015,Jan,16; 2014,Mar,12; 2014,Mar,4; 2014,Jan,11
 11424 2019,Nov,3; 2018,Sep,7; 2018,Jan,8; 2018,Feb,10; 2017,Jan,8; 2016,Jan,13; 2016,Apr,3; 2015,Jan,16; 2014,Mar,12; 2014,Mar,4; 2014,Jan,11

15792-15793

15792 Chemical peel, nonfacial; epidermal
15793 dermal



Explanation

The physician performs a chemical peel of the epidermal or dermal layers of the skin on areas of the body other than the face. The physician uses chemical agents, such as glycolic acid or phenol, to remove fine wrinkles or areas of abnormal pigmentation. Report 15792 for an epidermal chemical peel and 15793 for a dermal chemical peel.

Coding Tips

When 15792 or 15793 is performed with another separately identifiable procedure, the highest dollar value code is listed as the primary procedure and subsequent procedures are appended with modifier 51. Because these procedures may be performed for cosmetic purposes, verify with the insurance carrier for coverage. For chemical peel, facial, see 15788–15789.

ICD-10-CM Diagnostic Codes

- L81.0 Postinflammatory hyperpigmentation
- L81.1 Chloasma
- L81.2 Freckles
- L81.3 Cafe au lait spots
- L81.4 Other melanin hyperpigmentation
- L81.8 Other specified disorders of pigmentation
- L85.0 Acquired ichthyosis
- L85.1 Acquired keratosis [keratoderma] palmaris et plantaris
- L85.2 Keratosis punctata (palmaris et plantaris)
- L85.8 Other specified epidermal thickening
- L86 Keratoderma in diseases classified elsewhere
- L87.0 Keratosis follicularis et parafollicularis in cutem penetrans
- L98.7 Excessive and redundant skin and subcutaneous tissue
- L98.8 Other specified disorders of the skin and subcutaneous tissue
- Z41.1 Encounter for cosmetic surgery

AMA: 15792 1997,Nov,1 15793 1997,Nov,1

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
15792	1.86	8.88	0.25	10.99
15793	3.96	9.08	0.6	13.64
Facility RVU	Work	PE	MP	Total
15792	1.86	4.5	0.25	6.61
15793	3.96	5.5	0.6	10.06

	FUD	Status	MUE	Modifiers				IOM Reference
15792	90	R	1(3)	51	N/A	N/A	80*	None
15793	90	A	1(3)	51	N/A	N/A	80*	

* with documentation

Terms To Know

acne. Inflammatory skin disease affecting the sebaceous glands and hair follicles resulting in comedones, papular, and pustular skin eruptions.

atrophy. Reduction in size or activity in an anatomic structure, due to wasting away from disease or other factors.

chemosurgery. Application of chemical agents to destroy tissue, originally referring to the in situ chemical fixation of premalignant or malignant lesions to facilitate surgical excision.

cosmetic. Superficial or external, having no medical necessity.

dermis. Skin layer found under the epidermis that contains a papillary upper layer and the deep reticular layer of collagen, vascular bed, and nerves.

dyschromia. Abnormal pigmentation (coloring) of the hair or skin.

epidermal. Pertaining to or on the outer layer of skin.

hypertrophic. Enlarged or overgrown from an increase in cell size of the affected tissue.

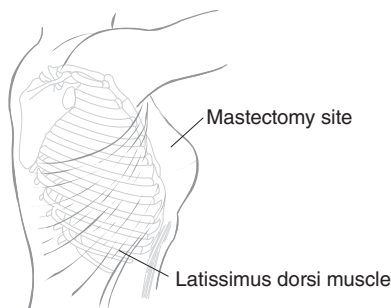
keloid. Progressive overgrowth of cutaneous scar tissue that is raised and irregular in shape, caused by excessive formation of collagen during connective tissue repair.

malignant. Any condition tending to progress toward death, specifically an invasive tumor with a loss of cellular differentiation that has the ability to spread or metastasize to other body areas.

pigmentation. Coloration.

19380

- ▲ **19380** Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)



The site of a breast reconstruction is revisited and revisions performed

Explanation

Revision is done on a reconstructed breast, usually to correct a problem with asymmetry. This may require substantial tissue removal, reinsertion or readvancement of flaps in autologous reconstruction, or, in implant-based reconstruction, significant revision of the capsule in conjunction with soft tissue excision. The physician makes an incision in the breast skin along the areola or at the fold under the breast or in prior surgical incisions. Tissue therein may be rearranged or secured with sutures to revise the shape of the reconstructed breast. An existing breast implant may be replaced with an implant of a different configuration. Excess skin or tissue from the reconstructed breast may be removed. Once the breast has been revised to its desired shape, the physician repairs the incision with layered closure.

Coding Tips

This is a unilateral procedure. If performed bilaterally, some payers require that the service be reported twice with modifier 50 appended to the second code while others require identification of the service only once with modifier 50 appended. Check with individual payers. Modifier 50 identifies a procedure performed identically on the opposite side of the body (mirror image). If an existing breast implant is replaced, it may be reported separately, see 19340. In the event that the surgeon supplies the implant, the appropriate HCPCS Level II code may be reported in addition to the surgical procedure. Do not report 19380 with 12031-12037, 13101-13102, 19316, 19318, or 19370 for procedures on the same breast.

ICD-10-CM Diagnostic Codes

- N65.0 Deformity of reconstructed breast **A**
- N65.1 Disproportion of reconstructed breast **A**
- T85.41XA Breakdown (mechanical) of breast prosthesis and implant, initial encounter
- T85.42XA Displacement of breast prosthesis and implant, initial encounter
- T85.43XA Leakage of breast prosthesis and implant, initial encounter
- T85.49XA Other mechanical complication of breast prosthesis and implant, initial encounter
- Z41.1 Encounter for cosmetic surgery

AMA: 19380 2019,Nov,14; 2018,Jan,8; 2017,Jan,8; 2017,Dec,13; 2016,Jan,13; 2015,Jan,16; 2015,Dec,18; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
19380	10.41	10.21	1.85	22.47
Facility RVU	Work	PE	MP	Total
19380	10.41	10.21	1.85	22.47

	FUD	Status	MUE	Modifiers				IOM Reference
19380	90	A	1(2)	51	50	N/A	N/A	None

* with documentation

Terms To Know

asymmetry. Lack of symmetry over unevenness in corresponding parts.

complication. Condition arising after the beginning of observation and treatment that modifies the course of the patient's illness or the medical care required, or an undesired result or misadventure in medical care.

fibrosis. Formation of fibrous tissue as part of the restorative process.

incision. Act of cutting into tissue or an organ.

malignant. Any condition tending to progress toward death, specifically an invasive tumor with a loss of cellular differentiation that has the ability to spread or metastasize to other body areas.

prosthesis. Man-made substitute for a missing body part.

suture. Numerous stitching techniques employed in wound closure.

buried suture. Continuous or interrupted suture placed under the skin for a layered closure.

continuous suture. Running stitch with tension evenly distributed across a single strand to provide a leakproof closure line.

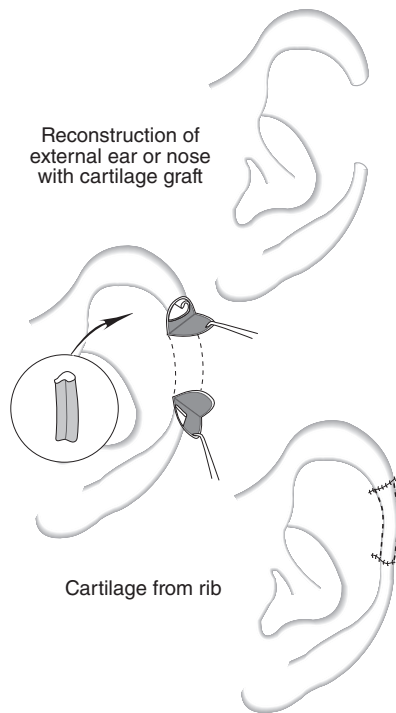
interrupted suture. Series of single stitches with tension isolated at each stitch, in which all stitches are not affected if one becomes loose, and the isolated sutures cannot act as a wick to transport an infection.

purse-string suture. Continuous suture placed around a tubular structure and tightened, to reduce or close the lumen.

retention suture. Secondary stitching that bridges the primary suture, providing support for the primary repair; a plastic or rubber bolster may be placed over the primary repair and under the retention sutures.

21230

21230 Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)



Explanation

The physician reconstructs an area of the face, chin, nose, or ear with a cartilage graft harvested from the ribs. The physician makes a small incision near the sternum through the pectoralis muscle exposing the rib where the bone and cartilage meet. Cartilage is removed from the area and the donor site is closed directly. The physician may make lower eyelid incisions to expose the defect area of the face or nose. Recipient sites of the chin or the ear may also be prepared for the rib cartilage graft. The graft is placed and held in place with wires, plates, sutures, or screws. The incisions are sutured with a layered closure.

Coding Tips

A bone graft harvest is not reported separately. For harvest of a graft by another physician, report the applicable bone graft code. For graft augmentation of facial bones, see 21208. For arthroplasty (repair or reconstruction) of the temporomandibular joint, see 21240–21243. Because this procedure may be done for cosmetic purposes, the patient may be responsible for charges. Verify with the insurance carrier for coverage.

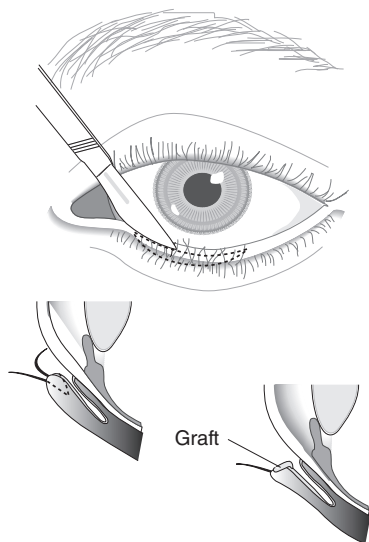
ICD-10-CM Diagnostic Codes

C30.0	Malignant neoplasm of nasal cavity
C43.21	Malignant melanoma of right ear and external auricular canal <input checked="" type="checkbox"/>
C43.22	Malignant melanoma of left ear and external auricular canal <input checked="" type="checkbox"/>
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal <input checked="" type="checkbox"/>
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal <input checked="" type="checkbox"/>
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal <input checked="" type="checkbox"/>
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal <input checked="" type="checkbox"/>

C44.311	Basal cell carcinoma of skin of nose
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C76.0	Malignant neoplasm of head, face and neck
D03.21	Melanoma in situ of right ear and external auricular canal <input checked="" type="checkbox"/>
D03.22	Melanoma in situ of left ear and external auricular canal <input checked="" type="checkbox"/>
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D16.4	Benign neoplasm of bones of skull and face
H61.111	Acquired deformity of pinna, right ear <input checked="" type="checkbox"/>
M26.04	Mandibular hypoplasia
M95.0	Acquired deformity of nose
Q16.0	Congenital absence of (ear) auricle
Q16.1	Congenital absence, atresia and stricture of auditory canal (external)
Q17.2	Microtia
Q30.1	Agenesis and underdevelopment of nose
Q30.2	Fissured, notched and cleft nose
Q30.3	Congenital perforated nasal septum
Q67.0	Congenital facial asymmetry
Q67.1	Congenital compression facies
Q75.0	Craniosynostosis
Q75.4	Mandibulofacial dysostosis
Q75.5	Oculomandibular dysostosis
Q87.0	Congenital malformation syndromes predominantly affecting facial appearance
S01.111A	Laceration without foreign body of right eyelid and periocular area, initial encounter <input checked="" type="checkbox"/>
S01.112A	Laceration without foreign body of left eyelid and periocular area, initial encounter <input checked="" type="checkbox"/>
S01.121A	Laceration with foreign body of right eyelid and periocular area, initial encounter <input checked="" type="checkbox"/>
S01.122A	Laceration with foreign body of left eyelid and periocular area, initial encounter <input checked="" type="checkbox"/>
S01.131A	Puncture wound without foreign body of right eyelid and periocular area, initial encounter <input checked="" type="checkbox"/>
S01.132A	Puncture wound without foreign body of left eyelid and periocular area, initial encounter <input checked="" type="checkbox"/>
S01.141A	Puncture wound with foreign body of right eyelid and periocular area, initial encounter <input checked="" type="checkbox"/>
S01.142A	Puncture wound with foreign body of left eyelid and periocular area, initial encounter <input checked="" type="checkbox"/>
S01.151A	Open bite of right eyelid and periocular area, initial encounter <input checked="" type="checkbox"/>
S01.152A	Open bite of left eyelid and periocular area, initial encounter <input checked="" type="checkbox"/>
S01.21XA	Laceration without foreign body of nose, initial encounter
S01.22XA	Laceration with foreign body of nose, initial encounter
S01.23XA	Puncture wound without foreign body of nose, initial encounter
S01.24XA	Puncture wound with foreign body of nose, initial encounter
S01.25XA	Open bite of nose, initial encounter
S01.311A	Laceration without foreign body of right ear, initial encounter <input checked="" type="checkbox"/>
S01.312A	Laceration without foreign body of left ear, initial encounter <input checked="" type="checkbox"/>

67830-67835

67830 Correction of trichiasis; incision of lid margin
67835 incision of lid margin, with free mucous membrane graft



Explanation

Trichiasis is a condition wherein eyelashes are ingrown or misdirected in their growth so that they irritate the tissues of the eye. The physician treats the area of trichiasis with a local anesthetic and preps and drapes the face and eye. The physician uses a scalpel to split the eyelid margin at the gray line (the junction of the palpebral mucosa and skin). The area of abnormal eyelash growth is excised in both 67830 and 67835. Additionally in 67835, tissue for a split-thickness graft is harvested from the buccal mucosa inside the patient's mouth. No repair is required at the graft harvest site. The graft is inlaid between the palpebral conjunctiva and the skin. In either case, sutures may be required.

Coding Tips

Local anesthesia is included in these services and should not be reported separately. Some payers require that the eyelid treated be reported by appending modifier E1 for the left upper eyelid, E2 for the left lower eyelid, E3 for the right upper eyelid, and E4 for the right lower eyelid. For trichiasis correction, epilation, see 67820 and 67825.

ICD-10-CM Diagnostic Codes

H02.051 Trichiasis without entropion right upper eyelid ☒
H02.052 Trichiasis without entropion right lower eyelid ☒

AMA: 67830 2016, Feb, 12; 2014, Jan, 11 67835 2016, Feb, 12; 2014, Jan, 11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
67830	1.75	5.74	0.13	7.62
67835	5.7	6.3	0.43	12.43
Facility RVU	Work	PE	MP	Total
67830	1.75	2.0	0.13	3.88
67835	5.7	6.3	0.43	12.43

	FUD	Status	MUE	Modifiers				IOM Reference
67830	10	A	1(2)	51	50	N/A	N/A	None
67835	90	A	1(2)	51	50	N/A	80*	

* with documentation

Terms To Know

anomaly. Irregularity in the structure or position of an organ or tissue.

buccal. Relating to or toward the cheek.

congenital. Present at birth, occurring through heredity or an influence during gestation up to the moment of birth.

entropion. Inversion of the eyelid, turning the edge in toward the eyeball and causing irritation from contact of the lashes with the surface of the eye.

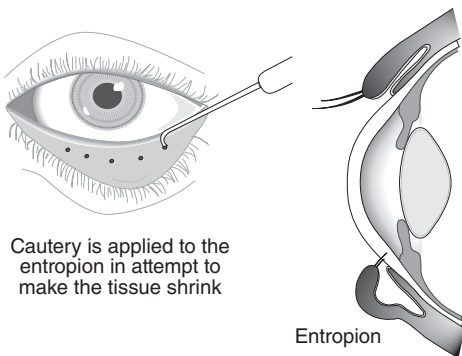
excision. Surgical removal of an organ or tissue.

suture. Numerous stitching techniques employed in wound closure.

trichiasis. Condition wherein the eyelid is in a normal position but lashes are ingrown or misdirected in their growth so that they irritate the tissues of the eye.

67921-67922

67921 Repair of entropion; suture
67922 thermocauterization



Cautery is applied to the entropion in attempt to make the tissue shrink

Entropion

Explanation

An entropion is an inversion of the margin of the eyelid. The physician administers local anesthetic and the patient's face and eyelid are draped and prepped for surgery. In 67921, the physician threads sutures through the inferior fornix or inferior cul-de-sac externally to the lash line. The sutures are placed in the medial, middle, and lateral third of the eyelid in a mattress fashion. These absorbable sutures are tied on the skin side. The sutures act to evert the eyelid margin anteriorly, correcting the malposition of the eyelid. In 67922, the physician uses bipolar or monopolar cautery to create a central tissue shrinkage to rotate the eyelid margin anteriorly. This corrects the malposition of the eyelid. No incisions are made in these procedures.

Coding Tips

Use of an operating microscope is included in these procedures. Do not report 69990 separately. Surgical trays, A4550, are not separately reimbursed by Medicare; however, other third-party payers may cover them. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes

- H02.011 Cicatricial entropion of right upper eyelid ✓
- H02.012 Cicatricial entropion of right lower eyelid ✓
- H02.021 Mechanical entropion of right upper eyelid ✓
- H02.022 Mechanical entropion of right lower eyelid ✓
- H02.031 Senile entropion of right upper eyelid A ✓
- H02.032 Senile entropion of right lower eyelid A ✓
- H02.041 Spastic entropion of right upper eyelid ✓
- H02.042 Spastic entropion of right lower eyelid ✓

AMA: 67921 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2016,Jan,12; 2015,Jan,16; 2014,Jan,11 67922 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2016,Jan,12; 2015,Jan,16; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
67921	3.47	9.64	0.27	13.38
67922	2.03	6.26	0.13	8.42
Facility RVU	Work	PE	MP	Total
67921	3.47	5.02	0.27	8.76
67922	2.03	3.36	0.13	5.52

	FUD	Status	MUE	Modifiers				IOM Reference
67921	90	A	2(3)	51	50	N/A	N/A	None
67922	90	A	2(3)	51	50	N/A	N/A	

* with documentation

Terms To Know

anterior. Situated in the front area or toward the belly surface of the body; an anatomical reference point used to show the position and relationship of one body structure to another.

blepharochalasis. Loss of elasticity and relaxation of skin of the eyelid, thickened or indurated skin on the eyelid associated with recurrent episodes of edema, and intracellular atrophy.

cauterization. Tissue destruction by means of a hot instrument, an electric current, or a caustic chemical.

cicatricial entropion. Scarring that results in inversion of the eyelid, causing the lid margin to rest against and irritate the eyeball.

ectropion. Drooping of the lower eyelid away from the eye or outward turning or eversion of the edge of the eyelid, exposing the palpebral conjunctiva and causing irritation.

entropion. Inversion of the eyelid, turning the edge in toward the eyeball and causing irritation from contact of the lashes with the surface of the eye.

senile entropion. Eyelid that sags away from normal contact with the eyeball because some portions have become stretched or weakened. Usually occurs in the elderly.

spastic entropion. Intermittent and involuntary turning inward of the eyelid margin.

thermocauterization. Tissue destruction by means of a heated instrument point.

trichiasis. Condition wherein the eyelid is in a normal position but lashes are ingrown or misdirected in their growth so that they irritate the tissues of the eye.

Explanation

The physician uses photosensitive chemicals and light rays to treat skin ailments. This code applies to tar and ultraviolet B rays (Goeckerman treatment) or petrolatum and ultraviolet B rays.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
96910	0.0	3.26	0.02	3.28
Facility RVU	Work	PE	MP	Total
96910	0.0	3.26	0.02	3.28

96912

96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)

Explanation

The physician uses photosensitive chemicals and light rays to treat skin ailments. This code applies to psoralens and ultraviolet A rays (PUVA).

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
96912	0.0	2.79	0.01	2.8
Facility RVU	Work	PE	MP	Total
96912	0.0	2.79	0.01	2.8

96913

96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

Explanation

The physician uses photosensitive chemicals and light rays to treat skin ailments. This code applies to tar and ultraviolet B rays (Goeckerman treatment) and/or psoralens and ultraviolet A rays (PUVA) used for severe skin problems requiring between four to eight hours of care under a physician's direct supervision.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
96913	0.0	4.04	0.02	4.06
Facility RVU	Work	PE	MP	Total
96913	0.0	4.04	0.02	4.06

97597-97598

97597 Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less

+ **97598** each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

Explanation

A health care provider performs wound care management by using selective debridement techniques to remove devitalized or necrotic tissue from an open wound. Selective techniques are those in which the provider has complete

control over which tissue is removed and which is left behind, and include high-pressure waterjet with or without suction and sharp debridement using scissors, a scalpel, or forceps. Wound assessment, topical applications, instructions regarding ongoing care of the wound, and the possible use of a whirlpool for treatment are included in these codes. Report 97597 for a total wound surface area less than or equal to 20 sq cm and 97598 for each additional 20 sq cm or part thereof.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
97597	0.77	1.91	0.06	2.74
97598	0.5	0.75	0.06	1.31
Facility RVU	Work	PE	MP	Total
97597	0.77	0.22	0.06	1.05
97598	0.5	0.18	0.06	0.74

97605-97606

97605 Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

97606 total wound(s) surface area greater than 50 square centimeters

Explanation

Negative pressure wound therapy (NPWT) is a widely used advanced wound treatment technique. The health care provider performs NPWT via the use of durable medical equipment (DME), such as vacuum assisted drainage collection, to promote healing of a chronic nonhealing wound, including diabetic or pressure (decubitus) ulcers. This procedure includes topical applications to the wound, wound assessment, and patient or caregiver instruction related to ongoing care per session. Negative pressure wound therapy uses controlled application of subatmospheric pressure to a wound. The subatmospheric pressure is generated using an electrical pump. The electrical pump conveys intermittent or continuous subatmospheric pressure by connecting tubing to a specialized wound dressing. The specialized wound dressing includes a porous foam dressing that covers the wound surface and an airtight adhesive dressing that seals the wound and contains the subatmospheric pressure at the wound site. Negative pressure wound therapy promotes healing by increasing local vascularity and oxygenation of the wound bed, evacuating wound fluid thereby reducing edema, and removing exudates and bacteria. Drainage from the wound is collected in a canister. Report 97605 for a wound(s) with a total surface area less than or equal to 50 sq. cm. Report 97606 for a wound(s) with a total surface area greater than 50 sq. cm.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
97605	0.55	0.67	0.02	1.24
97606	0.6	0.84	0.02	1.46
Facility RVU	Work	PE	MP	Total
97605	0.55	0.17	0.02	0.74
97606	0.6	0.18	0.02	0.8

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