

Coding Corner
Frequently Asked Questions
Submitted by Mary LeGrand, RN, MA CCS-P, CPC
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The following represent frequent questions asked by orthopaedic physicians or staff.

Question:

How do you report services when a patient has surgery out of town and returns to your office for follow-up care? We do not know the exact surgery that was performed and do not know how the surgery was reported.

Answer:

The last part of your question is critical in determining the answer in that there was no "official" transfer of care between the surgeon who performed the surgery and the orthopaedic surgeon in your practice. You will report the services using Evaluation and Management Service codes and will report any and all other appropriate services without any global period modifiers. You are not in the global period of the surgeon who performed the surgery and there was no official transfer of care, thus the global period modifier (modifier 55-post op only) may not be reported.

Question:

Can you code for pin or hardware removal that is performed in the office as part of the planned surgery?

Answer:

Removal of hardware placed by the surgeon or a partner is included in the planned surgery **unless** the patient is returned to the Operating Room for the removal of the hardware. If the patient is taken to the OR for the planned removal during the global period, report the appropriate code(s), 20670, superficial implant or 20680, deep hardware with a modifier 58.

Question:

Our surgeon performed a two stage surgery on a patient who presented with an infected hip prosthesis after a total hip replacement. The total hip replacement was performed 3 years ago.

The first stage, he removed the implant and placed an antibiotic impregnated spacer—this was 6 weeks ago. We reported this with CPT code 27091. His operative note from today says, "Total hip replacement six weeks after insertion of antibiotic impregnated spacer." We are unsure if this is a revision, total hip replacement or a conversion. How should we report today's service?

Answer:

The surgeon will report the conversion to total hip replacement and removal of antibiotic spacer. Assuming the documentation supports these procedures, the surgeon will report:

- 27132- 58 Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
- 11982-58 Removal, non-biodegradable drug delivery implant

Modifier 58 is necessary as this is the second stage of the surgical procedure.

Question:

Our hand surgeon has asked us to find out how to code for a wrist denervation procedure, which he says may also be known as a “posterior interosseous nerve neurectomy”. We have not been able to find a CPT code.

Answer:

This is a great question and a common one for the hand surgeon. Posterior interosseous neurectomy , also known as “PIN” is reported with CPT code 64772, Transection or avulsion of other spinal nerve, extradural.

Question:

Our physicians are asking about profiling their E&M services. We know that payors in Pennsylvania are profiling and reporting outcomes. Where do we begin?

Answer:

Profiling E&M services is a critical component of internal compliance and will identify potential audit risks and also potential areas of over coding or under coding based on state and national trends. You can obtain information from the payors or Medicare, but we recommend you contact KarenZupko & Associates, Inc. and consider their E&M Analyzer product. Information on the E&M Analyzer can be found at http://www.karenzupko.com/products/product_em.html or you may contact Nikki O’Kray at 312.642.5616

Mary LeGrand, RN, MA,CCS-P, CPC is a consultant with KarenZupko & Associates, Inc. a physician practice management company located in Chicago Illinois. Please visit the website at www.karenzupko.com for practice management and coding information.