

Part B Insider (Multispecialty) Coding Alert

Coding updates: New Abdominal Debridement Codes Simplify Coding

Learn the new codes now and reap the benefits in January

If your practice sees a lot of nasty abdominal injuries, you'll have a new way to bill for their treatment starting in January.

The 2005 CPT updates include four new codes in the integumentary surgery section, according to sources. Three of them (11004-11006) are for debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection.

The first of these codes is for external genitalia and perineum. The second is for abdominal wall, with or without fascial closure. And the third is for external genitalia, perineum and abdominal wall, with or without fascial closure.

These codes could prove useful in a number of circumstances, says **Nancy Lynn Reading**, a coding educator with University Medical Billing at the **University of Utah** in Draper, UT. Sometimes patients have "abdominal compartment syndrome" after a severe trauma, in which the physician must create an opening in the abdominal area and must keep it open at all costs.

Often, motorcycle riders will suffer severe abdominal injuries if they skid on the highway and aren't wearing leather, Reading adds. Also, gunshots can leave enormous exit wounds "that can really be a mess," Reading notes.

The fourth new code is an add-on code: 11008 (Removal of prosthetic material or mesh, abdominal wall for necrotizing soft tissue infection). You should list it in addition to the primary procedure.

When patients have really bad ventral hernias, physicians will sometimes insert a mesh to bridge the gap, "because it's stronger overall than just putting the muscles back together," says Reading. But this area can become infected, requiring the physician to remove the mesh, and the skin may need to be debrided.

"Somebody who had an infected peritoneal dialysis catheter would probably have some really bad necrotizing fasciitis," adds Reading.

Also, you can stop using unlisted code 22899 for open-door laminoplasty. CPT 2005 will include two new codes for cervical laminoplasty with decompression of the spinal cord, two or more vertebral segments (63050-63051). The second code also includes "reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed)."

Laminoplasty differs from laminectomy, in which the surgeon removes the entire spinal lamina. In open-door laminoplasty, the surgeon decompresses the spinal cord while keeping the vertebral column's support system intact.

The descriptors for these codes, as released, seem problematic, says **Eric Sandham**, compliance educator with **Central California Faculty Medical Group** in Fresno, CA. The descriptor for 63051 appears to be the definition of a classic open-door laminoplasty because the physician typically creates a bridging bone graft after opening up the spine. So it's unclear what 63050 stands for. Also, both codes refer to "two or more vertebral segments," leaving the physician with no option if he just operated on one level.

"I foresee problems and confusion with these new codes unless the CPT changes [guidebook] and the editorial committee provide some clear guidance as to the definitions," says Sandham.