

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: 10120 or Beyond: Site, Depth, Complexity Drive Code Choice

Follow 3 pointers to snag maximum pay.

From just under the skin to deep within the bowels, your general surgeon might perform a foreign body removal (FBR) that calls on a wide range of coding know-how. Zero in on the right code every time by implementing these four principles:

1. Use 10120-10121 for Any Site Under Skin

If your surgeon makes an opening to remove any foreign body, such as a glass shard or a metal filing, but doesn't indicate an anatomic site or depth in the op report, you'll probably choose 10120 (Incision and removal of foreign body, subcutaneous tissues; simple). You can't choose a more specific code if the surgical report doesn't provide any more documentation.

Caveat: Because the code requires incision, look for a sharp object when considering 10120. If the documentation doesn't include this detail, use an E/M service code (such as 99201-99215, Office or Other Outpatient Services) instead of the skin FBR code.

Look for complications: If the surgeon uses the term "simple" in the op note or fails to note any extenuating circumstances, you're good to go with 10120. But the surgeon might perform a complicated FBR, meaning that the foreign body was harder than usual to remove. In these situations, the note should indicate, for example, extended exploration around the wound site, presence of a complicating infection, or sometimes the need to use visualization and localization techniques, such as x-ray. In those cases, you should choose 10121 (... complicated) for a subcutaneous FBR with no mention of anatomic site.

2. Search Musculoskeletal Codes for Specific Site

CPT® contains higher-paying FBR codes than 10120- 10121, but the surgeon needs to document the following two details before you can use the codes:

Location: You'll find myriad FBR codes scattered throughout CPT®'s "Musculoskeletal System" section (20000-29999), but you can't use any of them if the surgeon doesn't document the removal's anatomic site.

Depth: In addition to anatomic site, the musculoskeletal codes distinguish FBR based on the depth of the foreign body. When coding or auditing, look in the notes for the term "fascia," suggests **Pamela Biffle, CPC, CPC-P, CPC-I, CCS-P, CHCC, CHCO**, owner of PB Healthcare Consulting and Education Inc. in Watauga, Texas. CPT® provides two FBR codes for many anatomic sites: one for subcutaneous (above the fascia) removal, and one for "deep" (below the fascia) removal.

For instance: One month after a bike wreck that involved removing gravel from a shoulder wound, the patient came to the surgeon's office after the primary care physician identified a foreign body on x-ray. The surgeon made an incision and removed a 1 cm piece of rock embedded in the muscle.

Solution: You'll find five site-specific codes to choose from for a shoulder FBR:

- 23040 -- Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
- 23044 -- ... acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body

- 23330 -- Removal of foreign body, shoulder; subcutaneous
- 23331 -- ... deep (e.g., Neer hemiarthroplasty removal)
- 23332 -- ... complicated (e.g., total shoulder).

You should report 23331 for this example because the rock was embedded below the fascia in the muscle tissue. "Codes 23040-23044 describe an incision into the shoulder joint itself, not just into surrounding subcutaneous or deep tissue, so you should not use these codes for removing a foreign body from muscle tissue in the shoulder," says **Marcella Bucknam, CPC, CCSP, CPC-H, CCS, CPC-P, COBGC, CCC**, manager of compliance education for the University of Washington Physicians Compliance Program in Seattle.

Quickly find the right code: CPT® places the anatomic FBR codes in the corresponding system section, and as you can see from the preceding example, finding the correct site-specific FBR code can be like looking for a needle in a haystack. You can easily locate your code options by using the CPT® alphabetical index to look up "removal: foreign body." Then, scan through the list for site-specific options and turn to the codes to read the definitions.

3. Choose 40000 Codes for Digestive Tract FBR

If your surgeon removes a foreign body from the digestive tract using either an endoscopic or open approach, you'll find the appropriate code in CPT®'s "Digestive System" section (40000s). Use the same CPT® index look-up strategy to search for FBR codes for colon, upper gastrointestinal (GI) tract, stomach, etc.

For instance: The surgeon performs an upper GI endoscopy, viewing the esophagus, stomach, and duodenum before identifying and removing a blockage containing a small ball from a child's duodenum. By looking up the anatomic sites mentioned in the op note under "removal: foreign body" in the CPT® index, you'll find the following possible codes for the procedure:

- 43020 -- Esophagotomy, cervical approach, with removal of foreign body
- 43045 -- ... thoracic approach, with removal of foreign body
- 43215 -- ... rigid or flexible; with removal of foreign body
- 43247 -- Upper gastrointestinal endoscopy including esophagus, stomach and either the duodenum and/or jejunum as appropriate; with removal of foreign body
- 43500 -- Gastrotomy; with exploration or foreign body removal
- 44010 -- Duodenotomy, for exploration, biopsy(s), or foreign body removal
- 44020 -- Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal
- 44363 -- Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body.

"After looking up the codes, you can eliminate any open procedures because the op note specifies endoscopy," says **Kathleen Mueller, RN, CPC, CCS-P, CMSCS, PCS**, coding consultant in Lenzburg, Ill. That means you won't choose 43020, 43045, 43500, 44010, and 44020.

Zero in: You can further narrow the code choices by selecting the most specific anatomic site -- 43247. Codes 43215 and 44363 describe scope procedures that involve more or less of the GI tract than described in the op note.