

## Part B Insider (Multispecialty) Coding Alert

### **PART B REVENUE BOOSTER: Grab An Extra \$120 With Gall Bladder Removal**

Watch for routine services and count the extra reimbursement

When your general surgeon removes a patient's gall bladder, you should make sure all of his/her efforts are being rewarded.

Pay attention: With a laparoscopic (47562-47564) or open (47600-47610) cholecystectomy, you should watch out for two common procedures that go along with them: cholangiography and exploration of the common bile duct.

If the surgeon performs a cholangiography, you can bill 47563 for a cholecystectomy with cholangiography. Or, for an open procedure, you can bill 47605. Your surgeon will receive an extra \$20 if you bill 47653 instead of 47562, which can add up over time.

And if your surgeon explores the common bile duct, then you should bill 47564 (...with exploration of common duct), or 47610 for the open procedure. Typically, 47564 pays around \$120 more than 47562.

The surgeon will often need to perform a cholangiography to make sure there are no gall stones in the cystic duct or common bile duct, says M. Trayser Dunaway, a surgeon, coding educator and health care consultant in Camden, SC.

Also, the surgeon will use a cholangiogram to define the patient's anatomy because sometimes the patients' cystic duct will empty into the right hepatic duct instead of the common bile duct.

What to look for: Even if he performs one, the surgeon may forget to mention a cholangiography because it's so routine. But if you see a statement like, "-films reviewed, no filling defects seen,-" that means the surgeon was looking at an X-ray. And that means the surgeon did a cholangiography during surgery.

You should also watch the pathology report for any mention of the cholangiogram or common duct exploration, notes Arlene Morrow, a coding specialist and consultant with AM Associates in Tampa, FL.

Increasingly, surgeons will send a patient to a gastrointestinal (GI) physician for a less-invasive Endoscopic Retrograde Cholangio Pancreatography (ERCP) instead of performing a common duct exploration, Dunaway adds. But if there's some reason the GI physician can't perform the ERCP, then the surgeon may have to explore the common duct himself.

Common duct explorations are more likely to be open procedures, so if your surgeon performed an open cholecystectomy, you should check to see if he/she explored the common bile duct.

More revenue-boosters to watch for: Sometimes the surgeon will also end up doing a liver biopsy along with a cholecystectomy, says Morrow. Some non-Medicare payors may also pay separately for fluoroscopy along with cholecystectomy, so check with your insurance plans, she adds.