

Part B Insider (Multispecialty) Coding Alert

Reader Questions: Depth Drives Foreign Body Removal

Question: A patient presented with a metal filing embedded in his shoulder from an earlier shop equipment accident. The surgeon evaluated the patient and removed the metal filing from the patient's shoulder through an incision. How should we code this?

Answer: CPT's "Musculoskeletal System" section (20000-29999) includes specific foreign body removal codes for the shoulder, humerus (upper arm) and elbow, hip, femur (thigh region) and knee joint, and feet and toes. CPT further defines these codes according to depth (such as subcutaneous, deep, or, in some cases, complicated).

In this case, when the surgeon removed the filing from the shoulder, you must select among codes 23330 (Removal of foreign body, shoulder; subcutaneous) and 23331 (... deep [e.g., Neer hemiarthroplasty removal]).

If the physician removed the foreign body from the subcutaneous tissue or anywhere else above the fascia, you would select 23330.

Watch for complications: If the surgeon notes complications involving the foreign body removal, you'll need to select a different code for either superficial or deep removals. The code choices are as follows:

- 10121 -- Incision and removal of foreign body, subcutaneous tissues; complicated
- 23332 -- Removal of foreign body, shoulder; complicated (e.g., total shoulder).

Whether you should choose the appropriate "complicated" code should depend on your surgeon's clinical judgment. Situations such as infection or extremely large removals might warrant selecting the "complicated" code.

E/M caution: Although you mentioned that the surgeon evaluated the patient, your description does not provide evidence of a separate, significant E/M service beyond what the surgeon performed as part of the foreign body removal service.