

Oral Surgery Coding & Reimbursement Alert

Reader Question: Append Appropriate Modifier For Postsurgical Complication Reporting

Question: A patient had resection of an oropharyngeal cancer about a month ago. The flap got displaced, and the patient was taken to the operating room for cauterization of the bleeding. Code 42962 says control of an oropharyngeal bleed but it also mentions the term "post-tonsillectomy." Since the patient did not undergo a tonsillectomy, can I still use 42962 in this situation?

Ohio Subscriber

Answer: Yes. Although the patient did not have a tonsillectomy (such as 42826, Tonsillectomy, primary or secondary; age 12 or over) you may still use 42962 (Control oropharyngeal hemorrhage, primary or secondary [e.g., post-tonsillectomy]; with secondary surgical intervention). Codes 42960-42972 represent control of the hemorrhage and are delineated by hemorrhage location:

- 42960-42962 are for control of oropharyngeal hemorrhage

- 42970-42972 are for nasopharyngeal hemorrhage control.

The parenthetical references in 42960-42972 describe situations that may explain the hemorrhage's cause. For instance:

- oropharyngeal hemorrhage control may be needed after a tonsillectomy
- nasopharyngeal hemorrhage control may be needed after an adenoidectomy.

The abbreviation e.g. in (e.g., post-tonsillectomy) and (e.g., postadenoidectomy) is for the Latin *exempli gratia*, for example.

Don't forget: In this case, the hemorrhage control is a complication of the resection, such as 41153 (Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection) and 42120 (Resection of palate or extensive resection of lesion).

As the complication occurred during the global period of the original procedure and your surgeon had to return the patient to the operating room, you should append modifier 78 (Unplanned return to the operating/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period) to 42962. Without the modifier, the insurer may bundle 42962 into the resection's 90-day global period.

Make sure to link 42962-78 to the hemorrhage complication (T85.-, Complications of other internal prosthetic devices, implants and grafts), not to the reason for the original surgery. In your instance, since the flap got displaced, use T85.628A (Displacement of other specified internal prosthetic devices, implants and grafts, initial encounter).