

**INGENIX®**

# Coding Companion for General Surgery/Gastroenterology

*A comprehensive illustrated guide to coding and reimbursement*

2007

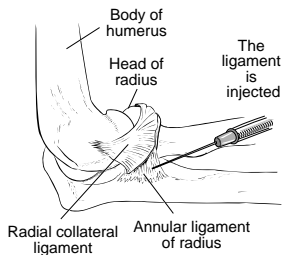
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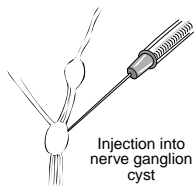
# 20550-20551

**20550** Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")

**20551** single tendon origin/insertion



Lateral view of right elbow joint; code is nonspecific as to location



A tendon sheath, ligament, or ganglion cyst is injected

## Explanation

The physician injects a therapeutic agent into a single tendon sheath, or ligament, aponeurosis such as the plantar fascia in 20550 and into a single tendon origin/insertion site in 20551. The physician identifies the injection site by palpation or radiographs (reported separately) and marks the injection site. The needle is inserted and the medicine is injected. After withdrawing the needle, the patient is monitored for reactions to the therapeutic agent.

## Coding Tips

Any radiology procedure performed in addition to the injection should be reported separately.

## HCPCS Level II

- J0702 Injection, betamethasone acetate and betamethasone sodium phosphate, per 3 mg
- J0704 Injection, betamethasone sodium phosphate, per 4 mg
- J1020 Injection, methylprednisolone acetate, 20 mg
- J1030 Injection, methylprednisolone acetate, 40 mg
- J1040 Injection, methylprednisolone acetate, 80 mg
- J1094 Injection, dexamethasone acetate, 1 mg

- J1100 Injection, dexamethasone sodium phosphate, 1 mg
- J1700 Injection, hydrocortisone acetate, up to 25 mg
- J1710 Injection, hydrocortisone sodium phosphate, up to 50 mg
- J1720 Injection, hydrocortisone sodium succinate, up to 100 mg
- J2920 Injection, methylprednisolone sodium succinate, up to 40 mg
- J2930 Injection, methylprednisolone sodium succinate, up to 125 mg
- S0020 Injection, bupivacaine HCl, 30 ml

## ICD-9-CM Procedural

- 81.92 Injection of therapeutic substance into joint or ligament
- 83.97 Injection of therapeutic substance into tendon

## Anesthesia

N/A

## ICD-9-CM Diagnostic

- 351.1 Geniculate ganglionitis
- 353.0 Brachial plexus lesions
- 353.1 Lumbosacral plexus lesions
- 353.2 Cervical root lesions, not elsewhere classified
- 353.3 Thoracic root lesions, not elsewhere classified
- 353.4 Lumbosacral root lesions, not elsewhere classified
- 353.8 Other nerve root and plexus disorders
- 354.0 Carpal tunnel syndrome
- 354.1 Other lesion of median nerve
- 354.2 Lesion of ulnar nerve
- 354.3 Lesion of radial nerve
- 354.5 Mononeuritis multiplex
- 354.8 Other mononeuritis of upper limb
- 355.6 Lesion of plantar nerve
- 714.0 Rheumatoid arthritis — (Use additional code to identify manifestation: 357.1, 359.6)
- 716.50 Unspecified polyarthropathy or polyarthritis, site unspecified
- 716.53 Unspecified polyarthropathy or polyarthritis, forearm
- 716.54 Unspecified polyarthropathy or polyarthritis, hand
- 716.56 Unspecified polyarthropathy or polyarthritis, lower leg
- 716.57 Unspecified polyarthropathy or polyarthritis, ankle and foot
- 719.40 Pain in joint, site unspecified

- 719.41 Pain in joint, shoulder region
- 719.42 Pain in joint, upper arm
- 719.43 Pain in joint, forearm
- 719.44 Pain in joint, hand
- 719.45 Pain in joint, pelvic region and thigh
- 719.46 Pain in joint, lower leg
- 719.47 Pain in joint, ankle and foot
- 720.0 Ankylosing spondylitis
- 726.10 Unspecified disorders of bursae and tendons in shoulder region
- 726.32 Lateral epicondylitis of elbow
- 727.00 Unspecified synovitis and tenosynovitis
- 727.02 Giant cell tumor of tendon sheath
- 727.03 Trigger finger (acquired)
- 727.04 Radial styloid tenosynovitis
- 727.05 Other tenosynovitis of hand and wrist
- 727.06 Tenosynovitis of foot and ankle
- 727.09 Other synovitis and tenosynovitis
- 727.2 Specific bursitides often of occupational origin
- 727.3 Other bursitis disorders
- 728.71 Plantar fascial fibromatosis

## CCI Version 12.3

10160, 11900-11901, 20500, 20526, 29075, 29105-29125, 29130, 29220, 29260, 29405-29425, 29450, 29515, 29530-29590, 36000, 36410, 37202, 62318-62319, 69990, 76000, 90760, 90765, 90772, 90774, 90775, C8950, C8952, J2001

Also not with 20550: 11010♦, 12032, 12042, 20551-20553♦, 64550, 64714, 72240, 72265, 72295, 87076-87077, 87102, 95900

Also not with 20551: 20552-20553♦

Note: These CCI edits are used for Medicare. Other payers may reimburse on codes listed above.

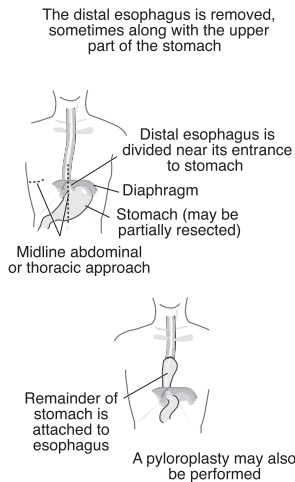
## Medicare Edits

|              | Fac RVU | Non-Fac RVU | FUD | Assist |
|--------------|---------|-------------|-----|--------|
| <b>20550</b> | 1.09    | 1.53        | 0   | N/A    |
| <b>20551</b> | 1.15    | 1.5         | 0   | N/A    |

**Medicare References:** None

# 43122

**43122** Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty



## Explanation

The physician removes the distal esophagus and possibly proximal stomach through a combined abdominal and chest incision and replaces the esophagus with the remaining stomach. The physician makes a midline abdominal incision that may extend onto the lower chest between the ribs. Next, the stomach is dissected free of surrounding structures and the esophagus is mobilized as it passes through the diaphragm to the stomach. The esophagus is divided proximally above the diseased area and distally at its junction with the stomach or the middle portion of the stomach may be divided. The distal esophagus and attached proximal stomach are removed. The remaining stomach is connected to the stump of the esophagus. The incision is closed.

## Coding Tips

A proximal gastrectomy, esophagogastrostomy, and/or pyloroplasty and a thoracoabdominal or abdominal approach are included in this procedure and are not reported separately. If this procedure is performed with colon or small bowel reconstruction, report 43123. If performed with thoracotomy and a separate abdominal incision, see 43117.

## HCPCS Level II

HCPCS Level II codes are used to report the supplies, durable medical equipment, and certain medical services provided on an outpatient basis. Because the procedure(s) represented on this page would be performed in an inpatient facility, no HCPCS Level II codes apply.

## ICD-9-CM Procedural

- 42.41 Partial esophagectomy
- 42.52 Intrathoracic esophagogastrostomy
- 42.62 Antesternal esophagogastrostomy
- 43.5 Partial gastrectomy with anastomosis to esophagus
- 44.29 Other pyloroplasty

## Anesthesia

**43122** 00500

## ICD-9-CM Diagnostic

- 150.1 Malignant neoplasm of thoracic esophagus
- 150.2 Malignant neoplasm of abdominal esophagus
- 150.3 Malignant neoplasm of upper third of esophagus
- 150.4 Malignant neoplasm of middle third of esophagus
- 150.5 Malignant neoplasm of lower third of esophagus
- 150.8 Malignant neoplasm of other specified part of esophagus
- 151.0 Malignant neoplasm of cardia
- 151.9 Malignant neoplasm of stomach, unspecified site
- 197.8 Secondary malignant neoplasm of other digestive organs and spleen
- 230.1 Carcinoma in situ of esophagus
- 235.5 Neoplasm of uncertain behavior of other and unspecified digestive organs
- 239.0 Neoplasm of unspecified nature of digestive system
- 456.0 Esophageal varices with bleeding
- 530.20 Ulcer of esophagus without bleeding — (Use additional E code to identify cause, if induced by chemical or drug)
- 530.21 Ulcer of esophagus with bleeding — (Use additional E code to identify cause, if induced by chemical or drug)
- 530.3 Stricture and stenosis of esophagus
- 530.4 Perforation of esophagus
- 530.5 Dyskinesia of esophagus
- 530.81 Esophageal reflux
- 530.82 Esophageal hemorrhage
- 530.83 Esophageal leukoplakia

- 530.85 Barrett's esophagus
- 531.00 Acute gastric ulcer with hemorrhage, without mention of obstruction — (Use additional E code to identify drug, if drug induced)
- 531.20 Acute gastric ulcer with hemorrhage and perforation, without mention of obstruction — (Use additional E code to identify drug, if drug induced)
- 531.30 Acute gastric ulcer without mention of hemorrhage, perforation, or obstruction — (Use additional E code to identify drug, if drug induced)
- 531.40 Chronic or unspecified gastric ulcer with hemorrhage, without mention of obstruction — (Use additional E code to identify drug, if drug induced)
- 531.41 Chronic or unspecified gastric ulcer with hemorrhage and obstruction — (Use additional E code to identify drug, if drug induced)

## Terms To Know

**Carcinoma in situ.** A malignant neoplasm arising from the cells of the vessel, gland, or organ of origin that has not spread to the neighboring tissues.

**Stenosis.** Abnormal narrowing or stricture of an opening or passageway (e.g., duct or canal).

## CCI Version 12.3

32002, 32020, 32100-32110, 36000, 36410, 37202, 43116❖, 43121, 43135, 43361❖, 43752, 43800, 43830, 44005, 44180, 44820-44850, 44950, 49000-49010, 49255, 49570, 62318-62319, 64415-64417, 64450-64470, 64475, 69990, 90760, 90765, 90772, 90774, 90775, C8950, C8952

Note: These CCI edits are used for Medicare. Other payers may reimburse on codes listed above.

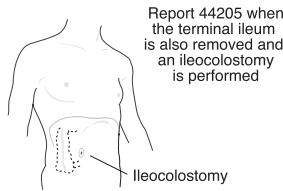
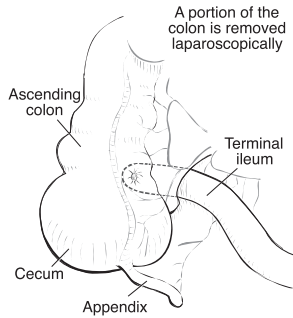
## Medicare Edits

|              | Fac RVU | Non-Fac RVU | FUD | Assist |
|--------------|---------|-------------|-----|--------|
| <b>43122</b> | 66.37   | 66.37       | 90  | 80     |

**Medicare References:** None

# 44205

**44205** Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy



## Explanation

With the patient under general anesthesia, a urinary catheter is inserted and the patient is placed supine or in a Trendelenburg position on the operating table. A 15-mmHg carbon dioxide pneumoperitoneum is established with a laparoscopic port placed through the umbilicus using a direct open technique; the laparoscope is positioned in the abdominal cavity and a diagnostic laparoscopy is performed. The remaining laparoscopic ports are placed under direct vision. The physician incises peritoneum along both sides to mobilize the colon. The greater omentum and colon are separated by incision to mobilize the hepatic and splenic flexures. The colon is mobilized centrally onto its mesentery and the mesenteric vessels are divided intracorporeally using titanium clips. The colon is divided with an endoscopic stapler, and the specimen is removed through an enlarged trocar site. If the procedure is being performed for malignancy, a wound protector is used. The abdomen is deflated and the laparoscope and trocar incisions are closed. The segment of terminal ileum and cecum is removed and an anastomosis is done between the remaining ileum and colon and brought out through the trocar site to an opening created in the skin. The abdomen is deflated and the laparoscope and trocar incisions are closed.

## Coding Tips

A surgical laparoscopy always includes a diagnostic laparoscopy; the diagnostic laparoscopy should not be reported separately. To report a diagnostic laparoscopy only, see 49320. Mobilization (takedown) of splenic flexure performed in conjunction with partial colectomy is reported separately, see 44213. For open partial colectomy with removal of terminal ileum with ileocolostomy, see 44140.

## HCPCS Level II

HCPCS Level II codes are used to report the supplies, durable medical equipment, and certain medical services provided on an outpatient basis. Because the procedure(s) represented on this page would be performed in an inpatient facility, no HCPCS Level II codes apply.

## ICD-9-CM Procedural

- 45.72 Cecectomy
- 45.73 Right hemicolectomy
- 45.74 Resection of transverse colon
- 45.79 Other partial excision of large intestine

## Anesthesia

**44205** 00840

## ICD-9-CM Diagnostic

- 152.2 Malignant neoplasm of ileum
- 152.3 Malignant neoplasm of Meckel's diverticulum
- 153.0 Malignant neoplasm of hepatic flexure
- 153.1 Malignant neoplasm of transverse colon
- 153.2 Malignant neoplasm of descending colon
- 153.3 Malignant neoplasm of sigmoid colon
- 153.4 Malignant neoplasm of cecum
- 153.6 Malignant neoplasm of ascending colon
- 153.7 Malignant neoplasm of splenic flexure
- 154.0 Malignant neoplasm of rectosigmoid junction
- 154.1 Malignant neoplasm of rectum
- 154.2 Malignant neoplasm of anal canal
- 154.3 Malignant neoplasm of anus, unspecified site
- 154.8 Malignant neoplasm of other sites of rectum, rectosigmoid junction, and anus
- 197.4 Secondary malignant neoplasm of small intestine including duodenum
- 197.5 Secondary malignant neoplasm of large intestine and rectum

- 211.2 Benign neoplasm of duodenum, jejunum, and ileum
- 211.3 Benign neoplasm of colon
- 211.4 Benign neoplasm of rectum and anal canal
- 230.3 Carcinoma in situ of colon
- 550.00 Inguinal hernia with gangrene, unilateral or unspecified, (not specified as recurrent)
- 551.1 Umbilical hernia with gangrene
- 552.8 Hernia of other specified site, with obstruction
- 555.1 Regional enteritis of large intestine
- 555.2 Regional enteritis of small intestine with large intestine
- 556.0 Ulcerative (chronic) enterocolitis
- 556.1 Ulcerative (chronic) ileocolitis
- 556.2 Ulcerative (chronic) proctitis
- 556.3 Ulcerative (chronic) proctosigmoiditis
- 556.8 Other ulcerative colitis
- 557.0 Acute vascular insufficiency of intestine
- 557.1 Chronic vascular insufficiency of intestine
- 558.1 Gastroenteritis and colitis due to radiation
- 560.0 Intussusception
- 560.1 Paralytic ileus
- 560.2 Volvulus
- 560.31 Gallstone ileus
- 560.39 Other impaction of intestine
- 560.81 Intestinal or peritoneal adhesions with obstruction (postoperative) (postinfection)

## CCI Version 12.3

36000, 36410, 37202, 43752, 44180, 44202, 44204, 44300, 44312-44316, 44322-44346, 44701, 49320, 50715, 62318-62319, 64415-64417, 64450-64470, 64475, 69990, 90760, 90765, 90772, 90774, 90775, C8950, C8952

Note: These CCI edits are used for Medicare. Other payers may reimburse on codes listed above.

## Medicare Edits

|              | Fac RVU | Non-Fac RVU | FUD | Assist |
|--------------|---------|-------------|-----|--------|
| <b>44205</b> | 34.21   | 34.21       | 90  | 80     |

**Medicare References:** None