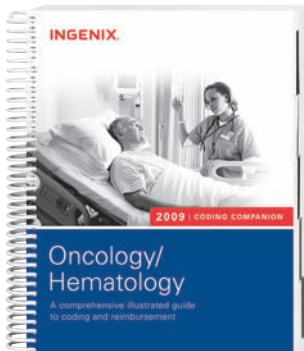


INGENIX®

2009 Coding Companion® for Oncology/Hematology



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Price: \$199.95

The All-in-One Coding and Reimbursement Resource Developed Exclusively for Oncology and Hematology.

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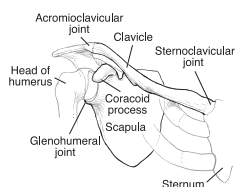
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Sample Page

23140-23146

- 23140** Excision or curettage of bone cyst or benign tumor of clavicle or scapula;
- 23145** with autograft (includes obtaining graft)
- 23146** with allograft



A cyst or benign tumor of the clavicle or scapula is excised or removed by curettage. Report 23145 when an autograft (from the patient) is harvested for the repair. Report 23146 when an allograft (from another human) is used.

Explanation

A bone cyst or benign tumor of the clavicle or scapula is removed. The physician makes an incision overlying the cyst or tumor. The skin and underlying soft tissues are reflected back to expose the periosteum, which is separated from the bone. Curettes or osteotomes are used to scrape or cut the lesion from the bone. Once the benign tumor or cyst is removed and healthy bone tissue is present, the periosteum is repositioned and the incision is repaired in multiple layers. If the bone defect created requires a graft for repair, the physician either obtains the necessary size bone graft from a separate donor site on the patient and packs it into the site where the tumor or bone cyst was removed or uses a bone bank allograft. Report 23145 if an autograft is obtained and 23146 if an allograft is used.

Coding Tips

If significant additional time and effort is documented, append modifier 22 and submit a cover letter and operative report.

HCPCS Level II

N/A

ICD-9-CM Procedural

- 77.61 Local excision of lesion or tissue of scapula, clavicle, and thorax (ribs and sternum)
- 77.77 Excision of tibia and fibula for graft
- 77.79 Excision of other bone for graft, except facial bones
- 78.01 Bone graft of scapula, clavicle, and thorax (ribs and sternum)

Anesthesia

00450

ICD-9-CM Diagnostic

- 213.3 Benign neoplasm of ribs, sternum, and clavicle
- 213.4 Benign neoplasm of scapula and long bones of upper limb
- 238.0 Neoplasm of uncertain behavior of bone and articular cartilage
- 239.2 Neoplasms of unspecified nature of bone, soft tissue, and skin
- 733.21 Solitary bone cyst
- 733.22 Aneurysmal bone cyst
- 733.29 Other cyst of bone

Terms To Know

Allograft. Tissue obtained from another individual of the same species; also known as allogenic, homologous, and homoplastic graft.

Aneurysmal bone cyst. A solitary bone lesion that bulges into the periosteum, marked by a calcified rim.

Autograft. Tissue taken from one anatomical site and grafted into place at another anatomical site within the same person; also known as an autogenic, autologous, or autogenous graft.

Benign. Mild or nonmalignant in nature.

Curette. A spoon-shaped instrument used to scrape out abnormal tissue from a cavity or bone.

Osteotome. Tool used for cutting bone.

Soft tissue. Nonepithelial tissues outside of the skeleton that includes subcutaneous adipose tissue, fibrous tissue, fascia, muscles, blood and lymph vessels, and peripheral nervous system tissue.

CCI Version 12.3

01610, 01995, 10060, 10140, 10160, 20000-20005, 20615, 24332, 36000, 36410, 37202, 62318-62319, 64415-64417, 64450-64470, 64475, 69990, 90760, 90765, 90772, 90774, 90775, C8950, C8952

Also not with 23140: 11012❖, 23180❖, 23182❖, 23190❖

Also not with 23145: 20900-20902, 23140

Also not with 23146: 23140-23145❖, 23180❖, 23182❖

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

Medicare Edits

	Fac	Non-Fac	FUD	Assist
	RVU	RVU		
23140	13.21	13.21	90	N/A
23145	17.81	17.81	90	80
23146	16.14	16.14	90	80

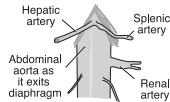
Medicare References: 100-2,15,260; 100-4,4,20.5; 100-4,12,90.3; 100-4,14,10

Musculoskeletal

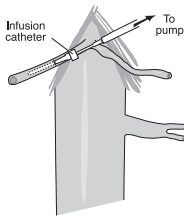
Sample Page

36261

36261 Revision of implanted intra-arterial infusion pump



Code 36261 reports a revision to an implanted infusion system into an artery. The catheter is connected to an infusion pump and a constant supply of a therapeutic substance is delivered



Explanation

The physician performs an upper abdominal incision and exposes the hepatic artery, locating the previously implanted infusion catheter. The physician may unkink the catheter or replace it over a wire. The physician secures the catheter with suture and closes the abdominal wound around the proximal end of the infusion catheter. The physician may then use the catheter to administer chemotherapeutic medication.

Coding Tips

For chemotherapy administration, see 96401-96549. For insertion of an implantable intra-arterial infusion pump, see 36260. For removal of an implanted intra-arterial infusion pump, see 36262.

HCPCS Level II

N/A

ICD-9-CM Procedural

- 38.91 Arterial catheterization
- 39.59 Other repair of vessel
- 86.06 Insertion of totally implantable infusion pump
- 86.09 Other incision of skin and subcutaneous tissue

Anesthesia

36261 00532, 00770

ICD-9-CM Diagnostic

- 155.0 Malignant neoplasm of liver, primary
- 155.1 Malignant neoplasm of intrahepatic bile ducts
- 159.1 Malignant neoplasm of spleen, not elsewhere classified
- 159.8 Malignant neoplasm of other sites of digestive system and intra-abdominal organs
- 159.9 Malignant neoplasm of ill-defined sites of digestive organs and peritoneum
- 171.4 Malignant neoplasm of connective and other soft tissue of thorax
- 197.7 Secondary malignant neoplasm of liver
- 197.8 Secondary malignant neoplasm of other digestive organs and spleen
- 230.7 Carcinoma in situ of other and unspecified parts of intestine
- 230.8 Carcinoma in situ of liver and biliary system
- 230.9 Carcinoma in situ of other and unspecified digestive organs
- 235.3 Neoplasm of uncertain behavior of liver and biliary passages
- 235.5 Neoplasm of uncertain behavior of other and unspecified digestive organs
- 996.1 Mechanical complication of other vascular device, implant, and graft
- 996.62 Infection and inflammatory reaction due to other vascular device, implant, and graft — (Use additional code to identify specified infections)
- 996.74 Other complications due to other vascular device, implant, and graft — (Use additional code to identify complication: 338.18-338.19, 338.28-338.29)
- V58.81 Fitting and adjustment of vascular catheter

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.

Catheter. A flexible tube inserted into an area of the body for introducing or withdrawing fluid.

Chemotherapy. The treatment of disease by chemical agents or drugs usually used in reference to treating neoplastic (cancerous) disease; also known as pharmacotherapy.

Infusion. Introduction of a therapeutic fluid, other than blood, into the bloodstream.

Malignant. Any condition tending to progress toward death, specifically an invasive tumor with a loss of cellular differentiation that has the ability to spread or metastasize to other areas in the body.

Proximal. Located closest to a specified reference point, usually the midline.

Secondary. Second in order of occurrence or importance, or appearing during the course of another disease or condition.

Soft tissue. Nonepithelial tissues outside of the skeleton that includes subcutaneous adipose tissue, fibrous tissue, fascia, muscles, blood and lymph vessels, and peripheral nervous system tissue.

Subcutaneous tissue. A sheet or wide band of adipose (fat) and areolar connective tissue in two layers attached to the dermis; also known as the hypodermis or superficial fascia.

CCI Version 12.3

35201-35206, 35226, 35261-35266, 35286, 36000, 36002, 36260, 36410, 37202, 49000-49002, 62318-62319, 64415-64417, 64450-64470, 64475, 69990, 90760, 90765, 90772, 90774, 90775, 96521-96522, 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
36261	9.79	9.79	90	80

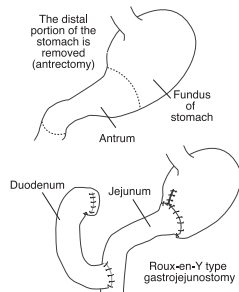
Medicare References: 100-2,15,260; 100-4,12,90.3; 100-4,14,10

Cardiovascular

Sample Page

43633

43633 Gastrectomy, partial, distal; with Roux-en-Y reconstruction



The distal portion of the stomach (antrum) is surgically removed and the remainder is anastomosed, usually to the jejunum, and a Roux-en-Y segment is fashioned from the duodenum.

Explanation

The physician removes the distal stomach (antrum) and performs an anastomosis between the proximal stomach and a Roux-en-Y limb of jejunum. The physician makes a midline abdominal incision. Next, the distal stomach is dissected free of surrounding structures and the blood supply to the antrum is divided. The gastroduodenal junction and the middle portion of the stomach are divided and the antrum is removed. The vagus nerves, as they pass from the esophagus onto the stomach, are usually divided. The proximal jejunum is divided and the distal limb of jejunum is connected to the proximal stomach. The proximal jejunum is connected to the limb of jejunum distal to the gastrojejunostomy to restore intestinal continuity. The incisions are closed.

Coding Tips

For vagotomy performed with partial, distal gastrectomy, report 43635 in addition to this code. For total gastrectomy with esophagoenterostomy, see 43620; Roux-en-Y reconstruction, see 43621; with formation of an intestinal pouch, see 43622. If significant additional time and effort is documented, append modifier 22 and submit a cover letter and operative report.

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

43.7 Partial gastrectomy with anastomosis to jejunum

Anesthesia

43633 00790

ICD-9-CM Diagnostic

- 151.1 Malignant neoplasm of pylorus
- 151.2 Malignant neoplasm of pyloric antrum
- 151.4 Malignant neoplasm of body of stomach
- 151.8 Malignant neoplasm of other specified sites of stomach
- 151.9 Malignant neoplasm of stomach, unspecified site
- 197.8 Secondary malignant neoplasm of other digestive organs and spleen
- 211.1 Benign neoplasm of stomach
- 235.2 Neoplasm of uncertain behavior of stomach, intestines, and rectum
- 239.0 Neoplasm of unspecified nature of digestive system
- 531.10 Acute gastric ulcer with perforation, without mention of obstruction — (Use additional E code to identify drug, if drug induced)
- 531.11 Acute gastric ulcer with perforation and 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)
- 531.50 Chronic or unspecified gastric ulcer with perforation, without mention of obstruction — (Use additional E code to identify drug, if drug induced)
- 531.51 Chronic or unspecified gastric ulcer with perforation and obstruction — (Use additional E code to identify drug, if drug induced)
- 531.60 Chronic or unspecified gastric ulcer with hemorrhage and perforation, without mention of obstruction — (Use additional E code to identify drug, if drug induced)
- 531.61 Chronic or unspecified gastric ulcer with hemorrhage, perforation, and obstruction — (Use additional E code to identify drug, if drug induced)
- 533.10 Acute peptic ulcer, unspecified site, with perforation, without mention of

- obstruction — (Use additional E code to identify drug, if drug induced)
- 533.11 Acute peptic ulcer, unspecified site, with perforation and obstruction — (Use additional E code to identify drug, if drug induced)
- 533.40 Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage, without mention of obstruction — (Use additional E code to identify drug, if drug induced)
- 533.50 Chronic or unspecified peptic ulcer, unspecified site, with perforation, without mention of obstruction — (Use additional E code to identify drug, if drug induced)
- 533.51 Chronic or unspecified peptic ulcer, unspecified site, with perforation and obstruction — (Use additional E code to identify drug, if drug induced)
- 533.60 Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage and perforation, without mention of obstruction — (Use additional E code to identify drug, if drug induced)
- 533.61 Chronic or unspecified peptic ulcer, unspecified site, with hemorrhage, perforation, and obstruction — (Use additional E code to identify drug, if drug induced)

CCI Version 12.3

20102, 36000, 36410, 37202, 38100, 38500, 43200-43235, 43238-43242, 43245-43256, 43258, 43605-43611, 43640, 43750-43760, 43810-43830, 43832, 43840, 44005, 44180, 44820-44850, 44950, 49000-49020, 49040, 49255, 49560-49566, 49570-49572, 49585-49587, 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	Non-Fac	FUD	Assist
	RVU	RVU	FUD	Assist
43633	45.78	45.78	90	80

Medicare References: None

Digestive