"CPT Corner" is designed to provide general information, available at the time of publication, regarding various coding, billing and claims issues of interest to plastic surgeons. The column is offered as an informational tool for the practicing plastic surgeon and does not provide an exhaustive or comprehensive analysis, nor is it a substitute for specific guidance from a coding professional. ASPS is not responsible for any action taken in reliance on the information contained in this column.

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coding guidelines evolve as breast reconstruction techniques develop.
The current tissue expander (TE) breast reconstruction code, 19357, first appeared in 1992 – prior to the advent of biologic implants in breast reconstruction, routine breast conservation surgery and various other new techniques. This month’s column will address current recommenda
tions for TE breast reconstruction.

Global code
CPT codes are global and include all compo
nents of a surgical procedure that are routi
nely performed. For example, code 64721 (open capsular tunnel release) includes:

• Skin incision
• Incision of the transverse carpal ligament
• Median nerve exploration, including the motor branch
• External neurolysis
• Straightforward wound closure
• Application of splint
• Routine postoperative care for 90 days

Reporting any of these components separ
ately is unbundling. If, on the other hand, an internal neurolysis is performed (not part of a standard capsular tunnel release), it’s separ
ately reported (64727).

Similarly, code 19357 (Breast reconstruc
tion, immediate or delayed, with tissue expander, including subsequent expansion) is global and includes:

• Skin incision and elevation of skin and subcutaneous tissues (in a delayed recon
struction)
• Creation of a submuscular pocket, including elevation of the pectorals major and serratus anterior muscles
• Placement of the tissue expander in the pocket
• Placement of the injection port
• Muscle repair
• Skin closure, including excision of dog
ears, excess skin and movable tissues
• 90 days of routine postoperative care, including expansions.

Wise-pattern excisions
Sometimes dog-ear excisions can be exten
sive, especially in very large breasts. This, of course, is included in the global code 19357. The plastic surgeon’s maneuvers
are intended to achieve the best result. To code separately for dog-ear excision would be unbundling.

Sometimes dog-ear excisions may require extension of the incision for some distance in both directions. If this requires extensive dissection and prolonged operative time, modifier 22 may be appropriate: 19357-22.

The additional work involved to satisfy use of modifier 22 must be clearly documented in the operative report. As with ALL breast procedures, these procedures must be pre
authorized in writing prior to surgery.

Sometimes skin excisions must be performed in two dimensions, as in a Wise-pattern
excision. The plastic surgeon makes the appropriate markings for the general sur
gical plan to the masteectomy. After the maste
ctomy, the plastic surgeon does the recon
struction and skin closure. This is all includ
ed in code 19357. Again, if this requires extensive dissection and prolonged operative time, and this is appropriately documented, modifier 22 may be used: 19357-22.

Some surgeons have suggested using the plastic surgery code, 19316, for Wise-pattern excisions. Code 19316 involves nipple repo
sitioning in addition to skin excision, which is not what is done in immediate reconstruc
tion scenarios.

Moreover, most payers will not recognize code 19316, considering it a cosmetic code. Consider reporting 19357-22 in this situa
tion, but always clarify with the payer prior to writing preoperatively. Realize also that many insurance companies will not recog
nize modifier 22. Fairly probably not. But this is the reality of the current reimbursement milieu.

What about a ‘muscle flap’?
The creation of a submuscular pocket is an essential component of tissue expander placement. This includes elevation of the pectorals major and serratus anterior mus
cles, and may require elevation of rectus fas
cia and muscle to achieve muscle coverage. These maneuvers are not separately report
ed. The elevation of muscle is not considered a ‘muscle flap’, and reporting 15734 is inap
propriate.

Additional procedures
Since code 19357 was introduced, the treat
ment of breast cancer has changed, and breast reconstruction techniques have evolved. The use of biologic implants such as acellular dermal matrix has increased, as have other maneuvers to provide implant coverage.

Through the efforts of ASPS, a new code, 15777, was created in 2012, to report the use of biologic implants in the breast and trunk. This is an add-on code; the multiple proce
dure modifier, 51, is not used. Tissue expander reconstruction with the use of bio
logic implant is reported: 19357, 15777.

Bilateral procedures are reported with modifier 50: 19357-50, 15777-50. Some pay
ers prefer line-item reporting: 19357, 19357
-50, 15777, 15777-50.

Code 15777 is used only for biologic
implants. The use of non-biologic mesh is not reported with code 15777, but rather with the unilateral procedure code, 19499.

Sometimes a de-epithelialized dermal flap is used instead of a biologic implant. Although this may involve extra time and work, it’s not unlike the extra time and work involved in achieving a totally submuscular pocket, which was the way code 19357 was originally described and originally valued (i.e., RVU or “relative value units”).

Moreover, this is not considered an “adjacent tissue transfer” to be reported with code 14301. If the amount of work is significantly increased, and this is well-documented in the operative report, consider the use of modifier 22: 19357-22. Again, pre-authorize prior to surgery, and realize that many pay
ers may not recognize this modifier.

Cautions
• Payors are scrutinizing breast reconstruc
tion claims more and more.

• Payors are favoring “global” coverage of procedures, i.e., using one code for the entire procedure.

• Most breast reconstruction procedures are appropriately reported using one primary procedure code (e.g., 19357). Although many payers will reimburse for 15777 when used, some surgeons who always use biologic implants (i.e., 15777 appears on all their claims) are receiving denials for 15777. The payers consider biologic implants “routine” in these surgeons’ tissue expander reconstructions, so they bundle 15777 into 19357.

• Be aware of post-payment reviews. A sur
geon may routinely be receiving reim
bursement for additional codes in addi
tion to 19357. Payers frequently perform post-payment reviews – sometime years after reimbursement – and demand refunds of “overpayments.” These are dif
ficult to fight and are, of course, time-
consuming for the surgeon and staff.

Finding CPT Corner online
We are often asked about obtaining copies of current and previous CPT Corners. All current columns and most previous columns are available on the ASPS Plastic Surgery Education Network (PSEN) website at psenetwork.org/resources/cptcorner.

Some payers just don’t recognize addi
tional codes, including add-on codes, in breast reconstruction procedures, and just don’t pay for them. They overbundle CPT codes, even if they represent addi
tional appropriately reportable procedures.

No, it’s not fair, but this is the way their reimbursements are structured.

ALWAYS, ALWAYS, ALWAYS pre
authorize in writing ALL breast proce
dures. Find out in advance what payers will approve and reimburse, and what their coding preferences are. Remember, however, that just because certain CPT codes are pre-authorized, final adjudica
tion and payment are dependent on appropriate coding and documentation of services provided, based on CPT guidelines.

Dr. Janevicius is the Society’s representative to the AMA CPT Advisory Committee and serves on the Society’s Coding and Payment Policy Committee. He is the President of JCC, a firm specializing in coding consulting services for surgeons, government agencies, attorneys, the insurance industry and other entities.

ICD-10 delayed until October 2015
The official ICD-10 implementation date has been delayed at least one year, to Oct. 1, 2015. As it currently stands, ICD-9 will be used at least until Sept. 30, 2015. ICD-10 begins Oct. 1, 2015. You should still start familiarizing yourself with the new ICD-10 system. CPT Corner will resume columns regarding ICD-10 in 2015.

ADDITIONAL RESOURCES
2014 ASPS Coding Workshops
• Nashville, Tenn. (June 27-28)
• Chicago (Aug. 8-10)
Visit plasticsurgery.org/coding or call (800) 766-4955 to register or for more information

American Health Information Management Association ("ICD-10")
ahima.org/icd10

American Medical Association ("ICD-10 Code Set to Replace ICD-9")
americanmedicalassociation.org/go/ICD-10

Centers for Medicare and Medicaid ("Provider Resources")
cms.gov/ICD10/05a_ProtectedResources.aspx#TopOfPage

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