

ACS Coding Hotline: Operative report questions

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This column presents questions recently posed to the American College of Surgeons Coding Hotline and their responses. ACS Fellows and their staff may consult the hotline *ve* times annually without charge. If your of ce has coding questions, please contact the ACS Coding Hotline at 800-227-7911 between 7:00 am and 4:00 pm Mountain Time, Monday through Friday, holidays excluded.

Our surgeon had to bring a patient back to the operating room to perform a postoperative incision and drainage, complex, for a wound infection. We coded this procedure 10180, Incision and drainage, complex, postoperative wound infection . Can we bill for this service during the global period of the original surgery?

When a return to the operating room is necessary during a global surgery period for the incision and drainage of a complex postoperative wound infection, append modifier -78, Unplanned return to the operating/procedure room by the same physician following initial procedure for a related procedure during the postoperative period , to 10180.

The dictated operative report states that the following procedures were performed: (1) laparoscopic gastric bypass, Roux-en-Y; (2) laparoscopic tube gastrostomy; (3) insertion of percutaneous pain pump; and (4) upper gastrointestinal endoscopy with endoscopic retrieval of percutaneous placed pull wire. The entire operation was done with a voice-operated robotic arm to control the laparoscopic movement. What would be the appropriate codes for these procedures?

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Around the corner

- For dates and locations of the 2009 ACS-sponsored Coding Workshop schedule, visit <http://www.facs.org/ahp/workshops/index.html>. Online registration is also available at this Web site. The next coding workshops will take place July 9 and 10 in Chicago, IL. The College is sponsoring another set of workshops on August 27 and 29 in Los Angeles, CA.
- Be sure to catch the practice management webcasts that the College sponsors every other Wednesday. To register and see the schedule please go to <http://www.facs.org/ahp/workshops/teleconferences.html>
- For help with coding, the ACS sponsors "Coding Today" at <http://acs.codingtoday.com/>.

The correct coding is 43644, Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less). Diagnostic EGD (esophagogastroduodenoscopy) and 43653 (laparoscopic gastrostomy) are both included in the procedure according to Current Procedural Terminology (CPT)* guidelines and National Correct Coding Initiative (NCCI) edits. Use of robotic equipment is inherent in the procedure.

The operative report indicates that the surgeon performed a direct laryngoscopy, an esophagoscopy, and a rigid bronchoscopy. Can all three of these procedures be coded separately or should they be bundled?

You can report all three as long as your documentation supports that each procedure was a distinct and separate procedure. CPT code 31525,
