

Part B Insider (Multispecialty) Coding Alert

READER QUESTIONS: Know What You Can Report With Rhinoplasty

Plus: Nail down how to report ketorolac tromethamine injection, and more.

Use Primary Rhinoplasty for Patient's First Surgery

Question: Our surgeon performed rhinoplasty (30410) and harvested a septal graft for the reconstruction. Should an additional septal graft code go with the rhinoplasty code?

Answer: CPT code 30410 (Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip) does not include the harvest of the septal graft because the graft is obtained through a separate surgical incision. You are right with your theory.

Thus: If your surgeon's documentation mentions the harvest of the septal graft, you may report 20912 (Cartilage graft; nasal septum).

The graft harvest is separately reportable because there is no work performed on the septum in the situation you describe, such as a septoplasty.

However, if a septorhinoplasty were performed then the septal graft would not be separately reported.

Tip: You use primary rhinoplasty codes for a patient's first nasal surgery. Otherwise, a secondary rhinoplasty applies (30430, Rhinoplasty, secondary; minor revision [small amount of nasal tip work];

30435, ... intermediate revision [bony work with osteotomies]; or

30450, ... major revision [nasal tip work and osteotomies]).

Know Technique for Ketorolac

Question: How should we bill the procedure and medication for a ketorolac tromethamine injection?

Answer: Ketorolac tromethamine is available for intravenous or intramuscular administration, so double check your provider's technique before reporting either:

- 96372 -- Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
- 96374 -- Intravenous push, single or initial substance/drug. If your physician administered the injection in conjunction with an anesthetic, the injection would be bundled into the routine postoperative care and included in the anesthesia global fee.

If, however, you're able to report the injection separately, choose the appropriate procedure code and report the medication with J1885 (Injection, ketorolac tromethamine, per 15 mg).

Calculation: Be sure to capture the correct number of billing units for J1885. The common dosage is 60mg intramuscularly for the initial injection, which equals 4 billing units.

Save Post-Op Codes for Surgeon

Question: An orthopedic surgeon put a pin in a patient's second toe on her left foot to correct a deformity. The patient decided she wanted a second opinion from another doctor during her post-op, so she came to our office as a new

patient. Should I report an E/M code or should I report a post-op visit using the procedure code and a modifier?

Answer: You should report an E/M code. Specifically, you should report the appropriate new patient office visit codes (99201-99205, Office or other outpatient visit for the evaluation and management of a new patient ...) based on the level of service your doctor performed.

Assuming your physician is not part of the same practice (reporting under the same tax identification number) as the orthopedic surgeon, you can report the E/M service without any modifiers or additional coding. Because your physician was not involved in the surgical planning and is providing only a second opinion, not post-op care, you should not report the procedure code with a modifier.