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Coding
Companion

Primary Care/ Pediatrics/ Emergency Medicine

A comprehensive illustrated guide
to coding and reimbursement

2017

ICD-10

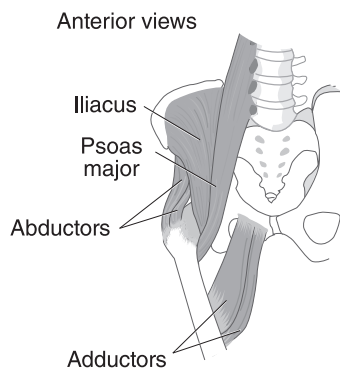
A full suite of resources including the latest code set, mapping products, and expert training to help you make a smooth transition. www.optumcoding.com/ICD10

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27047-27048 [27043, 27045]

- 27047** Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm
- 27043** 3 cm or greater
- 27048** Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm
- 27045** 5 cm or greater



Report 27047 or 27043 for subcutaneous excision and 27048 or 27045 for subfascial excision of a soft tissue tumor of the pelvis or hip area

Explanation

The physician removes a tumor from the soft tissue of the pelvis and hip area that is located in the subcutaneous tissue in 27043 and 27047 and in the deep soft tissue, below the fascial plane, or within the muscle in 27045 and 27048. With the proper anesthesia administered, the physician makes an incision in the skin overlying the mass and dissects to the tumor. The extent of the tumor is identified and a dissection is undertaken all the way around the tumor. A portion of neighboring soft tissue may also be removed to ensure adequate removal of all tumor tissue. A drain may be inserted and the incision is repaired with layers of sutures, staples, or Steri-strips. Report 27047 for excision of a subcutaneous tumor whose resected area is less than 3 cm and 27043 for excision of a subcutaneous tumor 3 cm or greater. Report 27048 for excision of a subfascial or intramuscular tumor whose resected area is less than 5 cm and 27045 for excision of a subfascial or intramuscular tumor 5 cm or greater.

Coding Tips

Codes 27043 and 27045 are resequenced codes and will not display in numeric order. For excision of soft tissues of other sites, see the specific anatomical section in the CPT book. An excisional biopsy is not reported separately when a therapeutic excision is performed during the same surgical session. Local anesthesia is included in these services. However, these procedures may be performed under general anesthesia, depending on the age and/or condition of the patient. For excision of cutaneous, benign lesions, see 11400–11406.

ICD-10-CM Diagnostic Codes

- C49.20 Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip

- C49.21 Malignant neoplasm of connective and soft tissue of right lower limb, including hip
- C49.22 Malignant neoplasm of connective and soft tissue of left lower limb, including hip
- C49.5 Malignant neoplasm of connective and soft tissue of pelvis
- C4A.59 Merkel cell carcinoma of other part of trunk
- C76.3 Malignant neoplasm of pelvis
- D17.1 Benign lipomatous neoplasm of skin and subcutaneous tissue of trunk
- D18.01 Hemangioma of skin and subcutaneous tissue
- D21.20 Benign neoplasm of connective and other soft tissue of unspecified lower limb, including hip
- D21.21 Benign neoplasm of connective and other soft tissue of right lower limb, including hip
- D21.22 Benign neoplasm of connective and other soft tissue of left lower limb, including hip
- D21.5 Benign neoplasm of connective and other soft tissue of pelvis
- D48.1 Neoplasm of uncertain behavior of connective and other soft tissue
- D49.2 Neoplasm of unspecified behavior of bone, soft tissue, and skin
- L92.3 Foreign body granuloma of the skin and subcutaneous tissue

HCPCS Equivalent Codes

N/A

Terms To Know

intramuscular. Within a muscle.

soft tissue. Nonepithelial tissues outside of the skeleton.

subcutaneous. Below the skin.

subfascial. Beneath the band of fibrous tissue that lies deep to the skin, encloses muscles, and separates their layers.

tumor. Pathological swelling or enlargement; a neoplastic growth of uncontrolled, abnormal multiplication of cells.

Medicare Edits

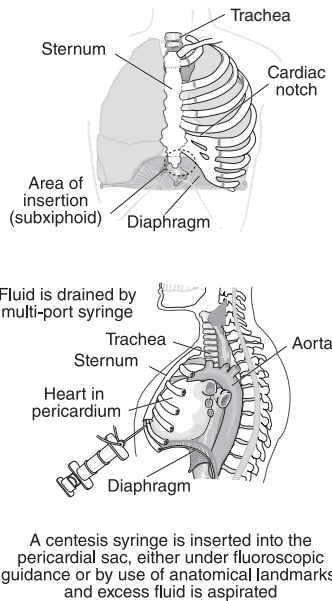
	Fac RVU	Non-Fac RVU	FUD	Status	MUE
27043	13.59	13.59	90	A	3(3)
27045	21.62	21.62	90	A	3(3)
27047	10.44	13.37	90	A	4(3)
27048	17.59	17.59	90	A	2(3)

	Modifiers				Medicare Reference
27043	51	50	N/A	N/A	None
27045	51	50	62*	80	
27047	51	50	N/A	N/A	
27048	51	50	62*	80	

* with documentation

33010-33011

33010 Pericardiocentesis; initial
33011 subsequent



Explanation

The physician drains fluid from the pericardial space. The physician may perform this procedure using anatomic landmarks or under fluoroscopic or echocardiographic (ultrasound) guidance (separately reported). The physician places a long needle below the sternum and directs it into the pericardial space. When pericardial fluid is aspirated, the physician may advance a guidewire through the needle into the pericardial space and exchange the needle over the guidewire for a drainage catheter. The physician removes as much pericardial fluid as is required, removes the needle or catheter, and dresses the wound. Report 33011 for each subsequent pericardiocentesis.

Coding Tips

Moderate (conscious) sedation performed with 33010–33011 is considered to be an integral part of the procedure and is not reported separately. However, anesthesia services (00100–01999) may be billed separately when performed by a physician (or other qualified provider) other than the physician performing the procedure. Note that these codes include any ECG monitoring (93040–93042) the physician may perform. Local anesthesia is included in these services. For radiology supervision and interpretation, see 76930.

ICD-10-CM Diagnostic Codes

A18.84	Tuberculosis of heart
A39.53	Meningococcal pericarditis
A43.8	Other forms of nocardiosis
A52.06	Other syphilitic heart involvement
A54.83	Gonococcal heart infection
A93.8	Other specified arthropod-borne viral fevers
B33.23	Viral pericarditis
C45.2	Mesothelioma of pericardium
D15.1	Benign neoplasm of heart
D48.7	Neoplasm of uncertain behavior of other specified sites
I01.0	Acute rheumatic pericarditis

I09.2	Chronic rheumatic pericarditis
I24.1	Dressler's syndrome
I30.0	Acute nonspecific idiopathic pericarditis
I30.1	Infective pericarditis
I30.8	Other forms of acute pericarditis
I31.0	Chronic adhesive pericarditis
I31.1	Chronic constrictive pericarditis
I31.2	Hemopericardium, not elsewhere classified
I31.3	Pericardial effusion (noninflammatory)
I31.4	Cardiac tamponade
I31.8	Other specified diseases of pericardium
I32	Pericarditis in diseases classified elsewhere
I51.7	Cardiomegaly
M32.12	Pericarditis in systemic lupus erythematosus
S26.01XA	Contusion of heart with hemopericardium, initial encounter
S26.09XA	Other injury of heart with hemopericardium, initial encounter
T86.31	Heart-lung transplant rejection
T86.32	Heart-lung transplant failure
T86.33	Heart-lung transplant infection
T86.39	Other complications of heart-lung transplant

HCPs Equivalent Codes

N/A

Terms To Know

cardiomegaly. Enlargement of the heart due to a thickened heart muscle or an enlarged heart chamber, usually as a result of the heart having to work harder than normal.

echography. Radiographic imaging that uses sound waves reflected off the different densities of anatomic structures to create images.

pericarditis. Inflammation affecting the pericardium.

pericardium. Thin and slippery case in which the heart lies that is lined with fluid so that the heart is free to pulse and move as it beats.

tamponade heart. Interference with the venous return of blood to the heart due to an extensive accumulation of blood in the pericardium (pericardial effusion). Tamponade may occur as a complication of dissecting thoracic aneurysm, pericarditis, renal failure, acute myocardial infarction, chest trauma, or a malignancy. Treatment involves the emergent removal of the fluid.

Medicare Edits

	Fac RVU	Non-Fac RVU	FUD	Status	MUE
33010	3.49	3.49	0	A	1(2)
33011	3.5	3.5	0	A	1(3)

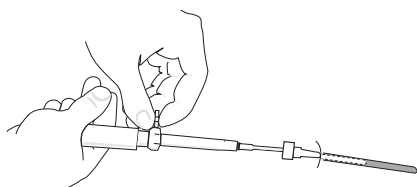
	Modifiers				Medicare Reference
33010	51	N/A	N/A	N/A	None
33011	51	N/A	N/A	80*	

* with documentation

36000

36000 Introduction of needle or intracatheter, vein

A needle or catheter is placed into the venous system



Explanation

The physician places a needle or a catheter through a puncture in the skin and into a peripheral vein.

Coding Tips

Report 36005 if the catheter is inserted for venography and 36000 if the catheter is inserted for another purpose. This code includes local anesthesia, introduction of needles or catheter, injection of contrast material with or without automatic power injection, and/or necessary pre- and postinjection care. See CPT notes for additional guidelines. Supplies (catheters, drugs, and contrast media) are not included in the listed service for injection procedures.

ICD-10-CM Diagnostic Codes

The application of this code is too broad to adequately present ICD-10-CM diagnostic code links here. Refer to your ICD-10-CM book.

HCPCS Equivalent Codes

N/A

Medicare Edits

	Fac RVU	Non-Fac RVU	FUD	Status	MUE
36000	0.27	0.73	N/A	B	4(3)

	Modifiers				Medicare Reference
36000	N/A	N/A	N/A	N/A	None

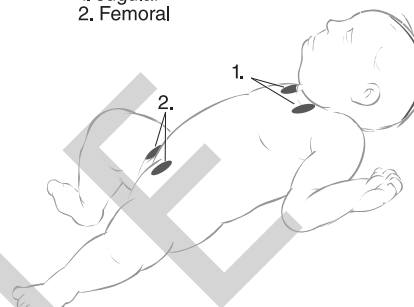
* with documentation

36400

36400 Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein

The femoral or jugular vein of a child under age 3 is punctured for withdrawal of blood or intravenous medication

1. Jugular
2. Femoral



Explanation

A needle is inserted through the skin to puncture the femoral or jugular vein of a child younger than age 3. The needle is inserted into the vein and used for the withdrawal of blood for diagnostic study or for the therapeutic infusion of intravenous medication. A soft flexible catheter may be placed for prolonged therapy. Once the procedure is complete, the needle or catheter is withdrawn and pressure is applied over the puncture site to control bleeding. Use this code for venipuncture when it necessitates the skill of a physician or other qualified health care professional. Do not use this code when routine venipuncture is performed.

Coding Tips

For a patient 3 years of age or older, see 36410. For routine venipuncture for collection of specimens, see 36415. For venipuncture, younger than 3 years of age, scalp or other vein, see 36405–36406. This procedure does not include laboratory analysis.

ICD-10-CM Diagnostic Codes

The application of this code is too broad to adequately present ICD-10-CM diagnostic code links here. Refer to your ICD-10-CM book.

HCPCS Equivalent Codes

N/A

Terms To Know

catheter. Flexible tube inserted into an area of the body for introducing or withdrawing fluid.