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SAMPLE

2017

ICD-10

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Contents

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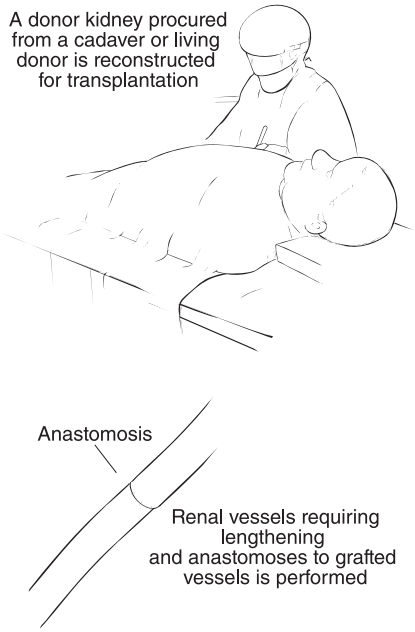
50327

50327 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each



Explanation

The surgeon reconstructs a donor kidney from a cadaver or living donor prior to transplantation with a venous anastomosis. This procedure consists of performing venoplasties on the donor kidney to extend the renal vein before grafting. The inferior vena cava is used from a cadaver donor. When the donor organ comes from a living donor, a cuff of the inferior vena cava attached to the renal vein is used. When the donor organ comes from a cadaveric source, the external iliac vein is also routinely procured and prepared for venous grafting to extend the renal vein for the recipient. The vessels are tested for patency by flushing with a sterile preservation solution.

Coding Tips

For donor nephrectomy, see 50300–50320. For laparoscopic donor nephrectomy, see 50547. For renal allotransplantation, see 50360–50365.

ICD-10-CM Diagnostic Codes

This code is not identified as an add-on code by CPT, but is performed at the same time as another primary procedure. Refer to the corresponding primary procedure code for ICD-10-CM diagnosis code links.

HCPCS Equivalent Codes

N/A

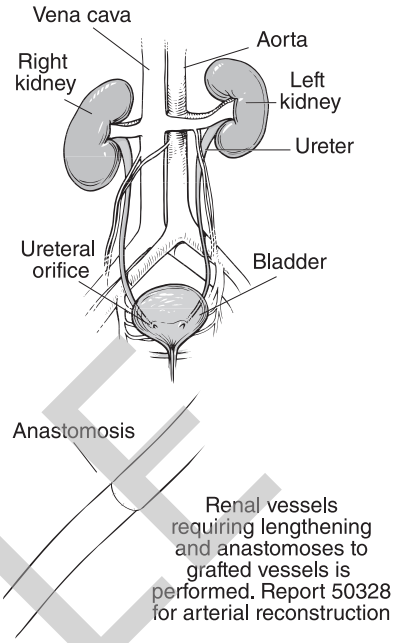
Medicare Edits

	Fac RVU	Non-Fac RVU	FUD	Status	MUE
50327	6.32	6.32	N/A	A	1(3)

	Modifiers				Medicare Reference
50327	51	N/A	62*	80	None
* with documentation					

50328

50328 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each



Explanation

The surgeon performs arterial anastomosis reconstruction of a donor kidney from a cadaver or living donor prior to transplantation. The allograft is prepared with multiple renal arteries. When the donor organ comes from a cadaveric source, the aortic patch removed with the specimen is used for creating a viable renal artery graft for transplantation. Donor iliac arteries are routinely procured from cadaveric donors to be prepared and used as arterial grafting material. The segmental renal artery may also be anastomosed to the inferior epigastric artery when an aortic patch is not available, such as when the donor kidney is from a living donor. The vessels are tested for patency by flushing with a preservation solution.

Coding Tips

For donor nephrectomy, see 50300–50320. For laparoscopic donor nephrectomy, see 50547. For renal allotransplantation, see 50360–50365.

ICD-10-CM Diagnostic Codes

This code is not identified as an add-on code by CPT, but is performed at the same time as another primary procedure. Refer to the corresponding primary procedure code for ICD-10-CM diagnosis code links.

HCPCS Equivalent Codes

N/A

Medicare Edits

	Fac RVU	Non-Fac RVU	FUD	Status	MUE
50328	5.54	5.54	N/A	A	1(3)

	Modifiers				Medicare Reference
50328	51	N/A	62*	80	None
* with documentation					

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T81.534A Perforation due to foreign body accidentally left in body following endoscopic examination, initial encounter

T81.536A Perforation due to foreign body accidentally left in body following aspiration, puncture or other catheterization, initial encounter

T81.537A Perforation due to foreign body accidentally left in body following removal of catheter or packing, initial encounter

T81.538A Perforation due to foreign body accidentally left in body following other procedure, initial encounter

T81.590A Other complications of foreign body accidentally left in body following surgical operation, initial encounter

T81.592A Other complications of foreign body accidentally left in body following kidney dialysis, initial encounter

T81.594A Other complications of foreign body accidentally left in body following endoscopic examination, initial encounter

T81.596A Other complications of foreign body accidentally left in body following aspiration, puncture or other catheterization, initial encounter

T81.597A Other complications of foreign body accidentally left in body following removal of catheter or packing, initial encounter

T81.598A Other complications of foreign body accidentally left in body following other procedure, initial encounter

HCPCS Equivalent Codes

N/A

Terms To Know

calculus. Abnormal, stone-like concretion of calcium, cholesterol, mineral salts, or other substances that forms in any part of the body.

foreign body. Any object or substance found in an organ and tissue that does not belong under normal circumstances.

Medicare Edits

	Fac RVU	Non-Fac RVU	FUD	Status	MUE
50957	10.21	12.28	0	A	1(2)
50961	9.13	11.06	0	A	1(2)

	Modifiers				Medicare Reference
50957	51	50	N/A	80*	None
50961	51	50	N/A	80*	

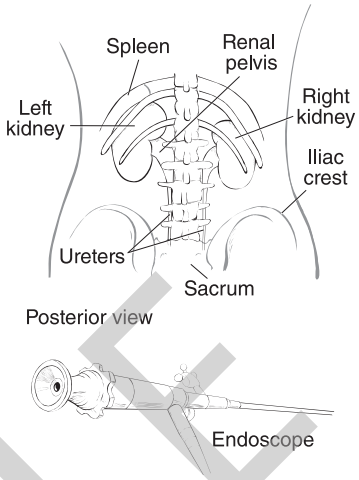
* with documentation

50970-50974

50970 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

50972 with ureteral catheterization, with or without dilation of ureter

50974 with biopsy



An endoscope is inserted through an incision in the ureter. A variety of procedures may be performed within this range of codes, including dilation of a ureter, ureteral catheterization, and biopsy

Explanation

The physician examines renal and ureteral structures with an endoscope passed through an incision in the ureter (ureterotomy). After accessing the ureter with an incision in the skin of the flank, the physician incises the ureter and guides the endoscope through the incision. The physician may flush (irrigate) or introduce by drops (instillate) a solution to better view the renal and ureteral structures, and/or may introduce contrast medium for radiologic study of the renal pelvis and ureter (ureteropyelogram). After examination, the physician sutures the incision, inserts a drain tube, and performs a layered closure. In 50972, to catheterize the ureter, the physician passes a thin tube through the endoscope into the ureter and may insert a balloon catheter to dilate a ureteral constriction. In 50974, the physician passes a cutting instrument through the endoscope into the suspect tissue and takes a biopsy specimen. The physician removes the endoscope, sutures the incision, inserts a drain tube, and performs a layered closure.

Coding Tips

If the ureterotomy is done for an additional, significantly identifiable endoscopic service, report both the appropriate endoscopic procedure code (50970–50980) and 50600. For open ureteral endoscopic procedures (through ureterotomy), with fulguration and/or incision with or without biopsy, see 50976; with removal of a foreign body or calculus, see 50980. For percutaneous ureteral endoscopic procedures (through established ureterostomy), see 50951–50961.

ICD-10-CM Diagnostic Codes

C64.1 Malignant neoplasm of right kidney, except renal pelvis

C64.2 Malignant neoplasm of left kidney, except renal pelvis

C65.1 Malignant neoplasm of right renal pelvis

C65.2 Malignant neoplasm of left renal pelvis

C66.1 Malignant neoplasm of right ureter

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G0102

G0102 Prostate cancer screening; digital rectal examination

Explanation

This code reports a prostate cancer screening performed manually by the physician as a digital rectal exam in order to palpate the prostate and check for abnormalities.

Coding Tips

This screening service is covered by Medicare once every 12 months for men who are 50 years of age or older. A minimum of 11 months must have passed following the month in which the last Medicare-covered screening digital rectal examination was performed.

ICD-10-CM Diagnostic Codes

Z12.5 Encounter for screening for malignant neoplasm of prostate

Terms To Know

prostate. Male gland surrounding the bladder neck and urethra that secretes a substance into the seminal fluid.

rectal. Pertaining to the rectum, the end portion of the large intestine.

screening test. Exam or study used by a physician to identify abnormalities, regardless of whether the patient exhibits symptoms.

Medicare Edits

	Fac RVU	Non-Fac RVU	FUD	Status	MUE
G0102	0.25	0.55	N/A	A	1(2)

	Modifiers				Medicare Reference
G0102	N/A	N/A	N/A	N/A	None
* with documentation					

G0168

G0168 Wound closure utilizing tissue adhesive(s) only

Explanation

Wound closure done by using tissue adhesive only, not any kind of suturing or stapling, is reported with this code. Tissue adhesives, such as Dermabond, are materials that are applied directly to the skin or tissue of an open wound to hold the margins closed for healing.

Coding Tips

This code is reported when a Medicare patient undergoes a superficial repair or closure using a tissue adhesive only. This includes instances where sutures have been used for the repair of deeper layers and tissue adhesive is used to close the superficial layer. Payment for this service is at the discretion of the carrier.

ICD-10-CM Diagnostic Codes

S30.812A Abrasion of penis, initial encounter

S30.813A Abrasion of scrotum and testes, initial encounter

S30.814A Abrasion of vagina and vulva, initial encounter

S30.815A Abrasion of unspecified external genital organs, male, initial encounter

S30.816A Abrasion of unspecified external genital organs, female, initial encounter

S31.010A Laceration without foreign body of lower back and pelvis without penetration into retroperitoneum, initial encounter

S31.030A Puncture wound without foreign body of lower back and pelvis without penetration into retroperitoneum, initial encounter

S31.050A Open bite of lower back and pelvis without penetration into retroperitoneum, initial encounter

S31.110A Laceration without foreign body of abdominal wall, right upper quadrant without penetration into peritoneal cavity, initial encounter

S31.111A Laceration without foreign body of abdominal wall, left upper quadrant without penetration into peritoneal cavity, initial encounter

S31.112A Laceration without foreign body of abdominal wall, epigastric region without penetration into peritoneal cavity, initial encounter

S31.113A Laceration without foreign body of abdominal wall, right lower quadrant without penetration into peritoneal cavity, initial encounter

S31.114A Laceration without foreign body of abdominal wall, left lower quadrant without penetration into peritoneal cavity, initial encounter

S31.115A Laceration without foreign body of abdominal wall, periumbilic region without penetration into peritoneal cavity, initial encounter

S31.130A Puncture wound of abdominal wall without foreign body, right upper quadrant without penetration into peritoneal cavity, initial encounter

S31.131A Puncture wound of abdominal wall without foreign body, left upper quadrant without penetration into peritoneal cavity, initial encounter

S31.132A Puncture wound of abdominal wall without foreign body, epigastric region without penetration into peritoneal cavity, initial encounter

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