ASPS

PLASTIC SURGERY CODING GUIDEBOOK 2022

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AMERICAN SOCIETY OF PLASTIC SURGEONS®

PREVIEW

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CPT Code	wRVU	GLOBAL	Descriptor
19318	16.03	090	Breast reduction See ASPS Coding Corner – July 2018, April 2019, December 2020, January 2021

There are different techniques that can be used to alter a native breast. For breast and breast mound lift with mastopexy, use CPT 19316. For reduced volume with breast reduction, use CPT 19318. If augmentation performed with a breast implant, see CPT 19325. These are unilateral procedures. If performed bilaterally, some payers require that the service be reported twice with modifier 50 appended to the second code while others require identification of the service only once with modifier 50 appended. Check with individual payers.

Because this procedure is usually not done out of medical necessity, the patient may be responsible for charges. Verify with the insurance carrier for coverage. For mammaplasty, see 19318-19325.

			(19324 has been deleted. To report breast augmentation with fat grafting, see 15771, 15772)
19325	8.12	090	Breast augmentation with implant (For fat grafting performed in conjunction with 19325 see 15771, 15772) See ASPS Coding Corner – July 2018, April 2019, December 2020, January 2021

These are unilateral procedures. If performed bilaterally, some payers require that the service be reported twice with modifier 50 appended to the second code while others require identification of the service only once with modifier 50 appended. Check with individual payers.

Because these procedures are usually not done out of medical necessity, the patient may be responsible for charges. Verify with the insurance carrier for coverage. If a flap or graft is used during this procedure, it may be reported separately. For reduction mammaplasty, see 19318. Supplies used when providing this procedure may be reported with C1789 and L8600. Check with the specific payer to determine coverage.

19328	7.44	090	Removal of intact breast implant (Do not report 19328 for removal of tissue expander) (Do not report 19328 in conjunction with 19370) (For removal of tissue expander with placement of breast implant, use 11970) (For removal of tissue expander without replacement, use 11971) See ASPS Coding Corner – July 2018, December 2020, January 2021

Removal of an intact breast implant without replacement is reported with 19328.

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Tissue Transfer, Flaps and Grafts

CPT Code	wRVU	GLOBAL	Descriptor
14000	6.37	090	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq. cm or less See ASPS Coding Corner – January 2008, February 2008, April 2010, April 2011, October 2013, Sept. 2018, October 2018
14001	8.78	090	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq. cm to 30.0 sq. cm See ASPS Coding Corner – October 2000, April 2001, January 2004, February 2008, June 2009, April 2010, April 2011, March 2013, June 2014, Sept. 2018, October 2018

Excision of a lesion or a defect is included in adjacent tissue transfer or rearrangement procedures and is not reported separately.

These codes do not apply when direct closure or rearrangement of traumatized tissue incidentally results in these configurations. If a skin graft is required to close a secondary defect, it is reported as an additional procedure by appending modifier 51. For debridement of subcutaneous tissue, muscle and/or fascia or bone, see 11042-11047.

Surgical trays, A4550, are not separately reimbursed by Medicare; however, other third-party payers may cover them. Check with the specific payer to determine coverage.

14020	7.22	090	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq. cm or less See ASPS Coding Corner – April 2000, October 2000, February 2008, April 2010
14021	9.72	090	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq. cm to 30.0 sq. cm See ASPS Coding Corner – October 2000, February 2008, April 2010

When adjacent tissue transfer or rearrangement is performed in conjunction with excision of a lesion, the lesion excision is not reported separately.

These codes do not apply when direct closure or rearrangement of traumatized tissue incidentally results in these configurations.

Any skin grafting required to close the secondary defect is reported separately. For intralesional injection to limit scarring, see 11900. Surgical trays, A4550, are not separately reimbursed by Medicare; however, other third-party payers may cover them. Check with the specific payer to determine coverage.

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OPERATING MICROSCOPE

CODE	MUE	SHORT DESCRIPTION
+69990	1 U/D	MICROSURGERY ADD-ON

FRACTURES

CODE	MUE	SHORT DESCRIPTION
21315	1 U/D	CLOSED TX NOSE FX W/O STABLJ
21320	1 U/D	CLOSED TX NOSE FX W/ STABLJ
21325	1 U/D	OPEN TX NOSE FX UNCOMPLICATD
21330	1 U/D	OPEN TX NASAL FX COMP W/INT&/XTRNL SKELETAL FIXATION
21335	1 U/D	OPEN TX NOSE & SEPTAL FX
21336	1 U/D	OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION
21337	1 U/D	CLOSED TX SEPTAL&NOSE FX
21346	1 U/D	OPTX NASOMAX CPLX FX LEFT II TYPE W/WIRG & FIXATION
21347	1 U/D	OPN TX NASOMAX FX MULTPLE
21348	1 U/D	OPN TX NASOMAX FX W/GRAFT
21355	1 U/D	PERQ TX MALAR FRACTURE
21356	1 U/D	OPN TX DPRSD ZYGOMATIC ARCH
21360	1 U/D	OPN TX DPRSD MALAR FRACTURE
21365	1 U/D	OPN TX COMPLX MALAR FX
21366	1 U/D	OPN TX COMPLX MALAR W/GRFT
21385	1 U/D	OPN TX ORBIT FX TRANSANTRAL
21386	1 U/D	OPN TX ORBIT FX PERIORBITAL
21387	1 U/D	OPN TX ORBIT FX COMBINED
21390	1 U/D	OPN TX ORBIT PERIORBTL IMPLT
21395	1 U/D	OPN TX ORBIT PERIORBT W/GRFT
21400	1 U/D	CLSD TX FX ORBIT EXCEPT BLOWOUT W/O MANIPULATION
21401	1 U/D	CLOSED TX ORBIT W/MANIPULJ
21406	1 U/D	OPN TX ORBIT FX W/O IMPLANT
21407	1 U/D	OPN TX ORBIT FX W/IMPLANT
21408	1 U/D	OPN TX ORBIT FX W/BONE GRFT
21421	1 U/D	TREAT MOUTH ROOF FRACTURE
21422	1 U/D	TREAT MOUTH ROOF FRACTURE
21423	1 U/D	TREAT MOUTH ROOF FRACTURE
21431	1 U/D	TREAT CRANIOFACIAL FRACTURE
21432	1 U/D	TREAT CRANIOFACIAL FRACTURE
21433	1 U/D	TREAT CRANIOFACIAL FRACTURE
21435	1 U/D	TREAT CRANIOFACIAL FRACTURE
21436	1 U/D	TREAT CRANIOFACIAL FRACTURE
21440	2 U/D	TREAT DENTAL RIDGE FRACTURE
21445	2 U/D	TREAT DENTAL RIDGE FRACTURE
21450	1 U/D	TREAT LOWER JAW FRACTURE

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64835	090	0	2.5	1
64836	090	0	2.5	1
+64837	ZZZ	0	0	0
+64872	ZZZ	0	0	0
+64901	ZZZ	0	0	0
+64902	ZZZ	0	0	0
64910	090	0	4	0.5
64911	090	0	4	0.5
69990	ZZZ	0	0	0

FRACTURES

CODE	GLOBAL PERIOD	INPATIENT	CLINICAL	DISCHARGE
21315	000	0	0	0
21320	000	0	0	0
21325	090	0	3	1
21330	090	0	3	1
21335	090	0	3	1
21336	090	0	5	0
21337	090	0	3	0
21346	090	1	4	1
21347	090	1	4	1
21348	090	1	4	1
21355	010	0	3	0
21356	010	0	3	0
21360	090	0	4	0
21365	090	2	5	1
21366	090	1	4	1
21385	090	0	3	1
21386	090	0	3	1
21387	090	0	3	1
21390	090	1	3	0
21395	090	2	2	1
21400	090	0	2	0
21401	090	0	3	1
21406	090	0	3	1
21407	090	0	3	1

*In the CY 2011 MPFS final rule, CMS finalized a policy to no longer allow codes with facility status "outpatient" to include inpatient hospital E/M codes or observation E/M codes in the visit details for the global code. CMS policy requires that the discharge day management E/M service be reduced by fifty percent, even if the work occurs on a date subsequent to the date of surgery.

***Office visits that appear as a fraction are estimates from previous surveys/years.*

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