



# **Soft Tissue Procedures**

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Presented by: Sarah Reed, RHIT, CCS



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## Presenter's Bio

Sarah Reed, RHIT, CCS is a Senior Outpatient Auditor. Sarah joined RMC, now MRA in 2013, and has over 10 years of experience in the Health Information Management Field. She has a love for all Outpatient Coding and specializes in SDS. Sarah's past positions include Surgery Coding Specialist, Senior Coding Compliance Auditor and Revenue Integrity Failed Claims Specialist. She has worked in a variety of acute care hospitals, ranging from 25-bed critical access hospitals to large multi-hospital networks including trauma level 1 teaching hospitals. Sarah is a multi-talented coder, auditor, educator and trainer.

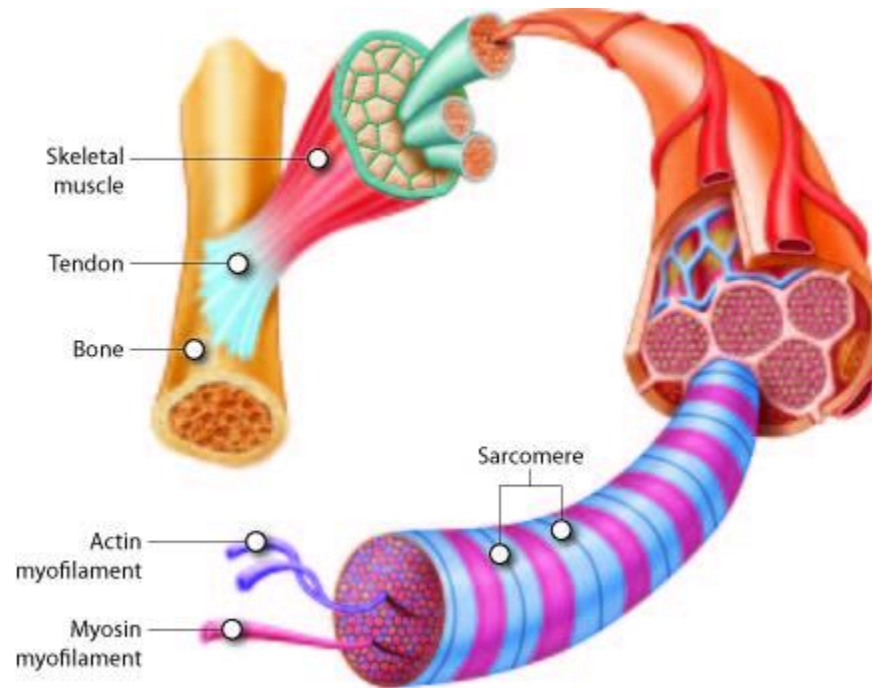


# Welcome

- Muscle Biopsy
- Soft Tissue Tumor Excision
- I & D Deep Abscess, Hematoma
- Ganglion Excision
- Trigger Fingers
- Primary vs Secondary Repair
- Cartilage, Fascia and Tendon Grafts



# Muscle Biopsy



Ref 1



# Muscle Biopsy

- Various diseases can cause muscle pain & weakness. A muscle biopsy is performed to establish a diagnosis.
- Common sites of biopsy: Bicep (upper arm), deltoid (shoulder), quadriceps (thigh)
- Methods
  - Percutaneous needle
  - Open incisional



# Muscle Biopsy

- **Genetic Disorders**

- Muscular dystrophy: weakness and loss of muscle mass
  - Duchenne
  - Becker
  - Myotonic, Facioscapulohumeral (FSHD)
- Friedreich's Ataxia: muscle weakness with loss of coordination and balance due to nervous system damage



# Muscle Biopsy

- **Autoimmune Disorders**
  - Myasthenia gravis: break-down between muscles and nerves.
- **Inflammatory diseases**
  - Polymyositis: chronic inflammation and weakness
  - Dermatomyositis: muscle weakness with skin rash





# Muscle Biopsy

- **Diseases of connective tissue and blood vessels**
  - Polyarteritis nodosa (PAN): vasculitis injures nerves, heart, joints, intestines.
- **Infections**
  - Trichinosis
    - Round worms in undercooked meat. Larvae infect small intestine and muscle tissue
  - Toxoplasmosis (T. gondii parasite)
    - Undercooked meat, ingestion of oocysts found in cat feces or soil (gardening, unwashed fruits/veggies)



# Muscle Biopsy - Open

- **Open biopsy** - Physician incises the skin down to muscle and then excises a tissue sample for pathological analysis.
  - **CPT 20200** Biopsy, muscle; superficial
  - **CPT 20205** Biopsy, muscle; deep
- Provider documentation should specify whether the biopsy is superficial or deep.
- When more than one muscle is biopsied, assign one code for each excision.



# Muscle Biopsy - Closed

- **Closed biopsy** - In a percutaneous muscle biopsy the physician uses a bore needle to collect the tissue sample.
  - **CPT 20206** Biopsy, muscle, percutaneous needle
    - Imaging guidance? See 76942, 77002, 77012, 77021
- **Caution!** If fine needle aspiration (FNA) is performed, see FNA biopsy codes in the Integumentary section (10004-10021).



# Soft Tissue Tumors



# Soft Tissue Tumors

- Located in deeper tissues below the level of skin
  - Subcutaneous, fascia, subfascial, intramuscular
- Benign
  - Lipoma, angioliipoma, fibroma, desmoid
- Malignant
  - Sarcoma, leiomyosarcoma, liposarcoma, malignant fibrous histiocytoma



# Soft Tissue Tumors

- **Benign Excision**
  - Code selection by location, depth, (subcutaneous, subfascial/intramuscular) and size (diameter + margin)
  - Includes simple and intermediate repair
  - Report complex repair separately
  - If vessel exploration or neuroplasty is performed, assign an additional code.
- **Tip!** Do not assign for lesions of cutaneous origin. See 11400-11446.



# Soft Tissue Tumors

- **Radical Resection** (Malignant and aggressive benign connective tissue tumors)
  - Code selection by location in the body (i.e. neck, back) and size (diameter + margin)
  - Report complex repair, adjacent tissue transfer, graft separately
  - If vessel exploration or neuroplasty is performed, assign an additional code.
- **Tip!** Do not assign for lesions of cutaneous origin. See 11600-11646.



# Soft Tissue Tumors

- Codes are located in the Musculoskeletal section of CPT under the corresponding body area of the tumor.
  - Head (21011-21016)
  - Neck & Chest (21555-21558)
  - Back & Flank (21930-21936)
  - Abdomen (22900-22905)
  - Shoulder (23075-23078)
  - Upper Arm & Elbow (24075-24079)
  - Forearm & Wrist (25075-25078)





# Soft Tissue Tumors

- There are more!
  - Hand & Fingers (26115-26118)
  - Pelvis & Hip (27047-27059)
  - Thigh & Knee (27327-27339, 27329, 27364)
  - Leg & Ankle (27615-27634)
  - Foot & Toes (28043-28047)



# Repair

- CPT instruction guides us to assign an additional code when complex repair is required to close the excision site.
- Complex repair codes are assigned when the requirements for intermediate repair are met in addition to specific complex repair criteria.
  - *Reminder - Intermediate repair is:*
    - *Layered closure of 1 or more deep layers of subcutaneous tissue and non-muscle fascia with the epi/dermis.*
    - *Includes limited undermining and single layer closure of a heavily contaminated wound that required extensive cleaning or removal of debris.*



# Complex Repair

- **Complex Repair**

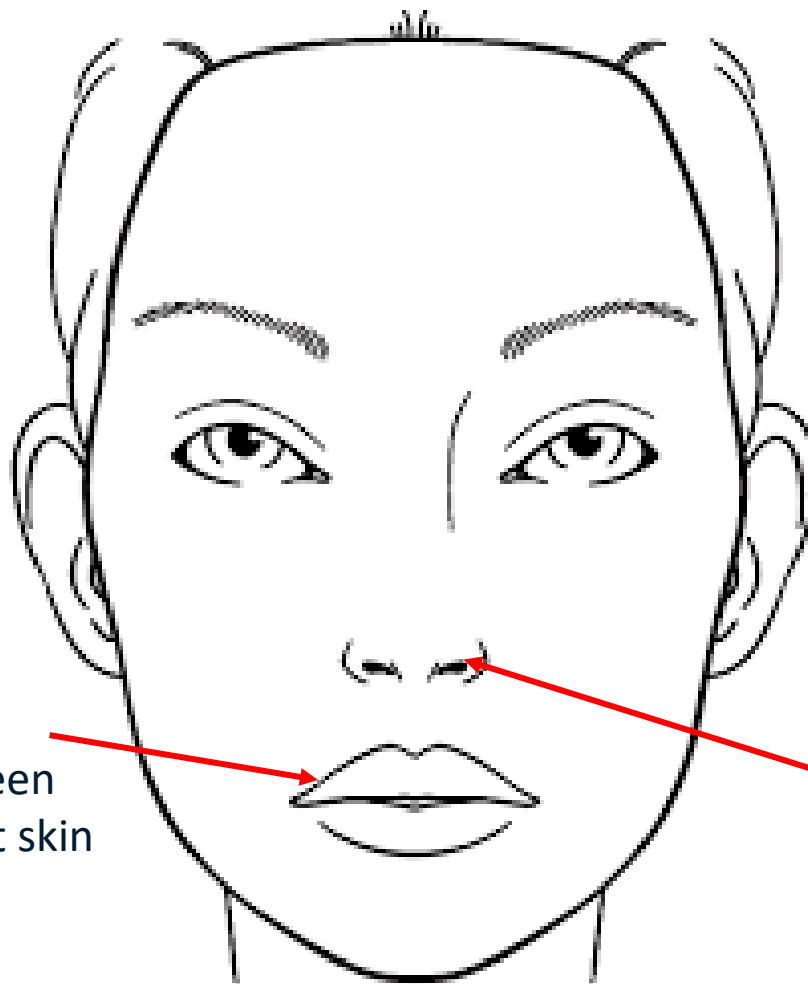
- Requirements for intermediate repair must be met **AND** at least one of the following

- Exposure of bone, cartilage, tendon, or named vascular structure.
    - Debridement of wound edges (e.g. traumatic laceration, avulsion).
    - Extensive undermining.
    - Involvement of free margins of helical rim (ear), vermilion border (lip), nostril rim.
    - Placement of retention sutures.



# Complex Repair - Undermining

- Act of mobilizing tissue around a defect to assist in wound closure. Undermining allows skin edges to be lifted and then brought together with gentle traction.
  - Dissection of skin from underlying tissue by scissors or scalpel, to free wound edges and decrease tension.
  - Pros: Faster wound healing, less scar formation, reduces wound tension.
  - Cons: Small vessels may be cut causing decreased wound perfusion. Nerves may be cut causing temporary feeling of numbness.



Vermilion Border  
is the margin between  
the lip and adjacent skin

Helical Rim is the  
outer rim of the ear

Nostril Rim surrounds  
the entry to the nose

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# Complex Repair – Retention Sutures

- Used in high tension wound closures as a support to the primary repair.
  - Helps relieve tension and reduce the risk of wound dehiscence (separation).
- Made of nonabsorbable, heavy gauge material of large caliber (#0-2) used in conjunction with a device such as a bolster, bridge, or elastic tubing.



# Adjacent Tissue Transfer

- CPT codes 14000-14302
- Creation of a tissue flap by freeing skin and underlying tissue which is then moved into place to close a defect. The base of the tissue flap remains connected to its natural blood supply.
  - Z-plasty, W-plasty, V-Y plasty, rotation flap, random island flap, advancement flap
- **Caution!** Per CPT instruction, undermining of adjacent tissue to achieve closure without additional incisions is not an adjacent tissue transfer. See complex repair codes.



# Soft Tissue Tumors – Caution!

- Skin lesions are NOT assigned codes from the Musculoskeletal section of CPT.
  - **Sebaceous cysts** are skin lesions. Assign a code from the Integumentary section for excision.
    - Even when they are large, expanding into deeper tissue, such as subcutaneous fatty tissue, assign an integumentary code.
    - *CPT Assistant*, April 2010, Volume 20, Issue 4, page 3
  - **Pilar cysts** originate from the dermis. Assign an Integumentary section code for excision.
    - *CPT Assistant*, October 2010, Volume 20, Issue 10, page 9





# Soft Tissue Tumors - Axilla

- The axilla causes some frustration when choosing the correct code.
  - The axilla region encompasses the area under the armpit and shoulder
    - Thorax region (21555-21588)
    - Upper arm region (24075-24079)
    - Shoulder region (23071-23076)
  - If you are unclear of the exact location you will need to query.

*Ref: Coding Clinic for HCPCS, First Quarter 2017: Page 5*



# Coding Practice

A 26-year-old patient presents for excision of a 2.6 cm soft tissue tumor located on the right forehead. An incision is made through skin and subcutaneous tissue down to the mass. The frontalis muscle is incised to enable the dissection of the tumor from surrounding structures and fascial attachments. The mass is removed, neurovascular structures intact, including branches of the facial nerve. Incision was closed and patient taken to recovery.

Pathology Report diagnosis is lipoma.



# Coding Practice

A 26-year-old patient presents for excision of a **2.6 cm soft tissue tumor located on the right forehead**. An **incision is made through skin and subcutaneous** tissue down to the mass. The **frontalis muscle is incised to enable the dissection of the tumor from surrounding structures and fascial attachments**. The mass is removed, neurovascular structures intact, including branches of the facial nerve. Incision was closed and patient taken to recovery.

Pathology Report diagnosis is **lipoma**

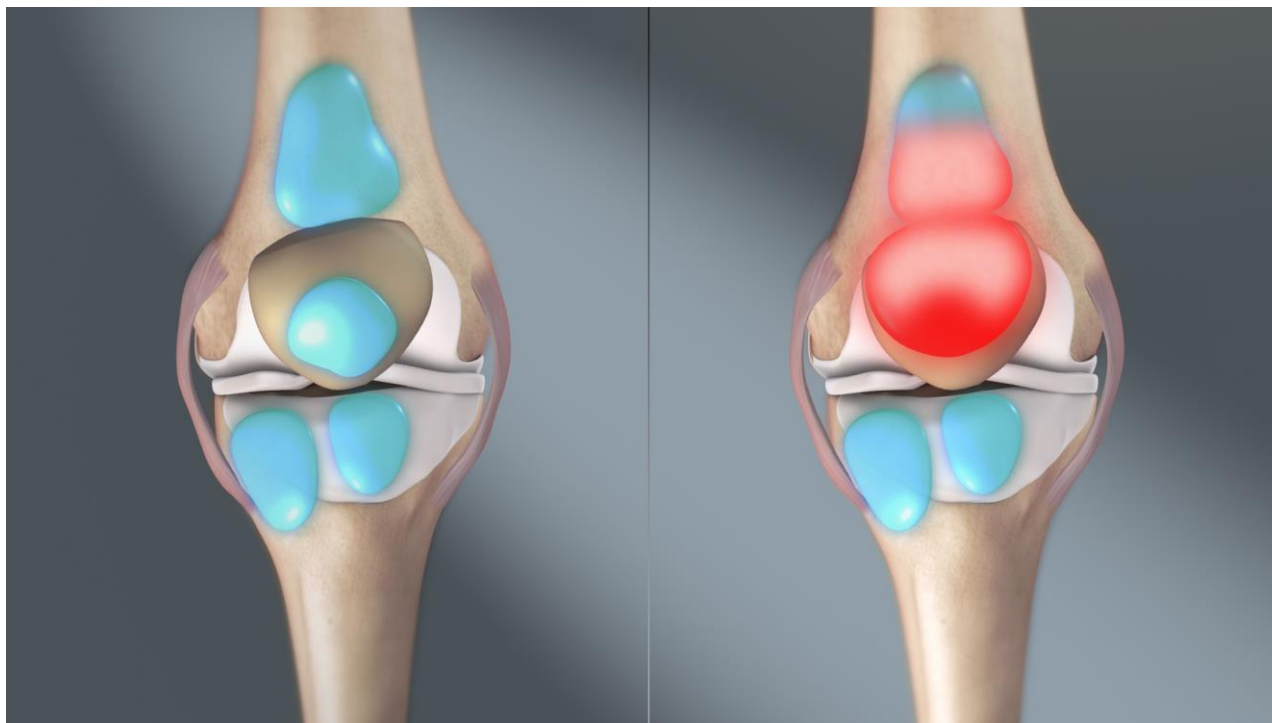


# Coding Practice

- **Assign**
  - **D17.0** Benign lipomatous neoplasm of skin and subcutaneous tissue of head, face and neck
  - **CPT 21014** Excision, tumor, soft tissue of face and scalp, subfascial (e.g. subgaleal, intramuscular); 2 cm or greater



# I & D



Ref 2



# Incision & Drainage

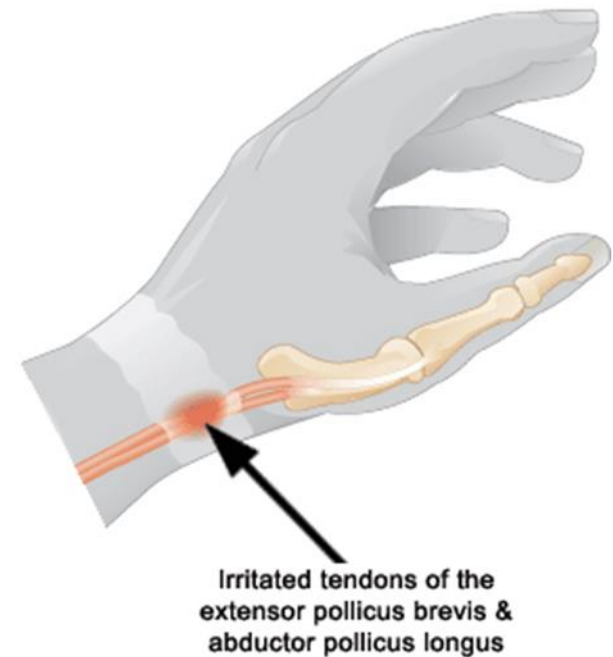
- **Abscess**
  - Bacterial infection, infected hair follicle, foreign body reaction etc.
- **Bursitis**
  - Aseptic (non-infectious) can occur with soft tissue injuries.
  - Septic (infectious) can occur when bacteria enters the body through a cut or insect bite.
  - More common in patients with inflammatory arthritis such as rheumatoid arthritis or a weak immune system



# Incision & Drainage

- **Hematoma**
  - Injury, medical procedures, anticoagulant use
- **Tenosynovitis** (inflammation of tendon sheath lining)
  - Infectious (pyogenic, bacterial)
  - Non-infectious (injuries (strain, overuse), rheumatoid arthritis, scleroderma, de Quervain's, medications such as statins)

De Quervain's Tenosynovitis



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# I & D - Deep Abscess, Hematoma

- CPT codes are indexed per body area treated.
  - For example, CPT 27603 (Incision & drainage, leg/ankle; deep abscess/hematoma)
  - Codes available for forearm/wrist, upper arm/elbow, pelvis/hip, thigh/knee, neck/thorax, cervical/thoracic, lumbar/sacral
  - Mastotomy with drainage of deep abscess, 19020
- **Tip!** For I&D of skin and subcutaneous tissues, see 10030, 10140, 10160, 10180





# Bursitis Treatment

- CPT codes are indexed per body area treated.
  - **Open**, incision & drainage
    - Codes available for the ankle, arm (lower, upper with elbow), foot, hip, leg (lower, upper with knee), palm, pelvis and wrist.
  - **Aspiration** by arthrocentesis (percutaneous)
    - Small joint or bursa (fingers/toes), intermediate joint (wrist, elbow, ankle), large joint (shoulder, hip, knee)
    - With or without US imaging guidance



# Coding Practice

A 65-year-old man with rheumatoid arthritis presents to the ED due to painful swelling in the left knee. Provider performs an open incision and drainage of the knee and sends the collected fluid to the lab for analysis. The lab finds that there is no infection and provider diagnoses rheumatoid bursitis.

What ICD-10-CM and CPT code(s) would you assign?



# Coding Practice

A 65-year-old man with rheumatoid arthritis presents to the ED due to painful swelling in the **left knee**. Provider performs an **open incision and drainage of the bursa** and sends the collected fluid to the lab for analysis. The lab finds that there is no infection and provider diagnoses **rheumatoid bursitis**.

- **Assign:**
  - **M06.262** Rheumatoid bursitis, left knee
  - **27301-LT** I&D bursa, thigh or knee region, left



# Ganglion Cyst



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# Ganglion Cyst

- Found lining tendons or in joint capsules
  - Commonly located in the wrists, hands, ankles, feet
  - Painful when pressing on a nerve and can be associated with numbness or tingling
  - Can impair joint movement
- Can occur in patients that have arthritis or following a joint or tendon injury.
- Treatments include pain relievers, splint or brace, aspiration, or excision. Ganglions that aren't painful don't require treatment.



# Ganglion Cyst - Hand & Wrist

- **Open**
  - **CPT 26160** (Excision of lesion of tendon sheath or joint capsule (e.g. cyst, mucous cyst, or ganglion), hand or finger)
  - **CPT 25111** (Excision of ganglion, wrist (dorsal or volar); primary)
  - **CPT 25112** (;recurrent)



# Ganglion Cyst

- **Open**
  - Additional codes available for excision of ganglions of the knee, leg/ankle, foot, toes
  - Append modifier RT, LT, 50, T1-T9 or TA
- **Percutaneous**
  - **CPT 20612** (Aspiration and/or injection of ganglion cyst(s) any location)
    - Aspiration for drainage
    - Injection of medication such as a steroid for pain relief, size reduction and reduces risk of recurrence



# Gouty Tophi Excision

- **Q:** How is the excision of gouty tophi coded? Do we code excision of a lesion or excision of a tumor?
- **A:** Coding Clinic for HCPCS, Second Quarter 2017: Page 3 states that the correct code for excisional debridement of gouty tophi of the finger is CPT 26160 (Excision of lesion of tendon sheath or joint capsule, hand or finger). It would be incorrect to assign a CPT code for excision of a tumor.



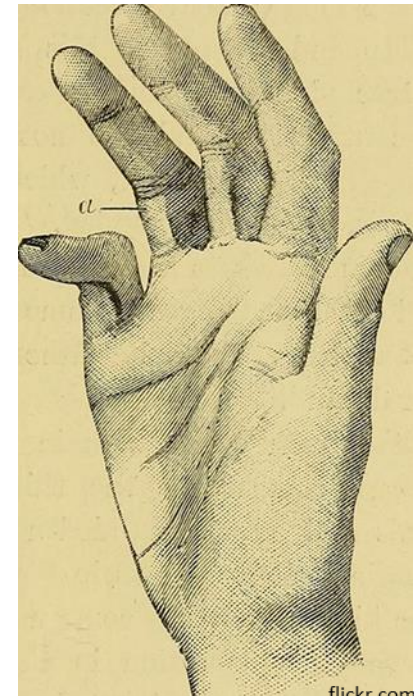


# Trigger Finger



# Trigger Finger

- Trigger finger (aka stenosing tenosynovitis) is a condition that causes a finger to catch or lock when bent.
- Causes include repetitive grip, tendon sheath injuries and is more common in patients with RA, gout and diabetes.
- Treatments include NSAIDs, splint, stretching exercises, hand therapy, steroid injection, and surgery





# Trigger Finger

- A healthy finger tendon glides smoothly through its tendon sheath. The tendon sheath is a tunnel made up of connective tissue (fibrous and synovial) which protects the tendon and keeps it lubricated.
- When a tendon is injured or diseased it can become inflamed, swollen and irritated. This causes reduced ability for the tendon to move smoothly through the tendon sheath. If the condition is prolonged scar tissue and thickening occurs.



# Trigger Finger Injection

## Injection

- Physician locates the injection site by feel or with radiological guidance. Needle is inserted and medication injected.
  - **CPT 20550** (Injection(s); single tendon sheath, or ligament, aponeurosis)
    - Reported once for single or multiple injections to the same tendon sheath.
    - Reported for each when more than one tendon sheath is injected.
  - Add modifier RT, LT or 50



# Trigger Finger Release

- **Open Release** - Physician makes a lengthwise incision in the tendon sheath. By incising the sheath, tension is released allowing the tendon to move freely.
  - **CPT 26055** (Tendon sheath incision)
    - Coder per finger treated
  - Add modifier RT, LT, 50, F1-F9 or FA



# Trigger Finger Release

- **Percutaneous** - Physician inserts a needle into the tissue around the affected tendon, breaking apart any areas of constriction in the tendon sheath, until fluid motion is achieved.
  - **CPT 26989** (Unlisted procedure, hands/fingers)
  - Performed with US guidance.
- **Caution!** CPT 26060 (Tenotomy, percutaneous) isn't appropriate because this code is for tendon, not tendon sheath. (Tenotomy = surgical cutting of a tendon)



# Primary or Secondary Repair?



# Primary vs Secondary Repair

- In certain code sets you will see a choice between “primary” and “secondary” repair.
  - Primary repair is selected for repairs of an acute condition or the initial repair performed.
  - Secondary repair signifies that the condition is chronic (degenerative) or that a secondary (subsequent) surgery is being performed.
    - Failure of primary repair
    - Tendon re-ruptures (re-tear)





# Achilles Tendon

- Also called the calcaneal tendon, the Achilles is located in the back of the leg attaching calf muscles (gastrocnemius and soleus) to the calcaneus.
- Largest tendon in the body with the ability to withhold 4 times the stress of a person's body weight. Vital for walking, running, jumping; this flexor tendon allows us to stand on our toes!



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# Achilles Tendon Conditions

- The Achilles is the most commonly ruptured tendon in the body. Various injuries and conditions can affect the Achilles.
  - Injuries can occur with rapid stop-and-go movements or from a fall. It can become weak with age or lack of use, making injury more likely.
  - The use of medication such as Fluoroquinolones or Steroids can increase your risk.
  - Congenital conditions such as having flat feet, a high foot arch, or a leg length discrepancy can increase risk.
  - Degeneration, tendonitis, bursitis, gout, arthritis



# Achilles Tendon Repair

- **Primary** - Physician incises tissue over tendon, debrides edges, and repairs with sutures. If a graft is required a fascial graft via separate incision is obtained and incorporated into the repair with fixation such as a screw.
  - **CPT 27650** (Repair, primary, open or percutaneous, ruptured Achilles tendon)
  - **CPT 27652** (; with graft (includes obtaining graft))
  - Modifier RT, LT or 50



# Achilles Tendon Repair

- **Secondary** - In this secondary procedure the physician may need to debride significant scar tissue or calcifications created by the chronicity of the condition.
  - **CPT 27654** (Repair, secondary, Achilles tendon, with or without graft)
  - Modifier RT, LT or 50



# Primary vs Secondary Repair

- **Q:** Does secondary repair code 27654 mean the Achilles tendon had a previous tear or does it mean it was previously repaired?
- **A:** CPT Assistant, June 2020, Volume 30, Issue 6, page 14 states primary repair is direct surgical repair, like an end-to-end repair. Secondary repair involves grafts, flaps, transfers or more complex repair methods. CPT 27654 (Repair, secondary, Achilles tendon, with or without graft) can be coded for a prior (chronic) tear and/or previous repair. CPT 27650 (Repair, primary) is reported for immediate/acute repair.



# Cartilage, Fascia, & Tendon Grafts



# Autograft Procedures

- DO code tissue grafts when obtained through a separate incision.
- Do NOT code separately when included in the code descriptor for another procedure performed.
- Select code based on tissue type harvested (skin, bone, nerve, tendon, fascia, etc.).
- Pay close attention to CCI edits and read full CPT code descriptors.



# Cartilage Graft

- Cartilage grafts are used in reconstruction procedures and cosmetic procedures such as rhinoplasty
  - **CPT 20910** (Cartilage graft; costochondral)
    - Rib graft, used in face reconstruction
  - **CPT 20912** (Cartilage graft; nasal septum)
    - Spreader graft, nasal alar batten graft, collapsed nasal valve repair
  - **CPT 21235** (Graft; Ear Cartilage, Autogenous, Nose/Ear (Includes Obtaining Graft))
    - Graft is harvested from the ear and is used to repair the nose or ear





# Fascia Lata Graft

- Fascia lata is the deep fascia of the thigh. It surrounds the thigh muscles and is a strong tissue which varies in thickness from hip to knee.
- Fascia lata grafts are used for a number of different reasons.
  - Repair of recurrent pelvic prolapse
  - Rotator cuff repair
  - Reconstruction of orbital floor following maxillectomy
  - Congenital ptosis



# Fascia Lata Graft

- **Stripper - CPT 20920** (Fascia lata graft; by stripper)
  - Provider makes a small incision and places a suture in the proximal fascia to assist in threading the stripper. The stripper is then inserted and the fascia is pulled through the stripper. The cutting mechanism of the stripper is then engaged cutting the desired length of fascia, which is then removed. Multiple strips can be removed if needed.



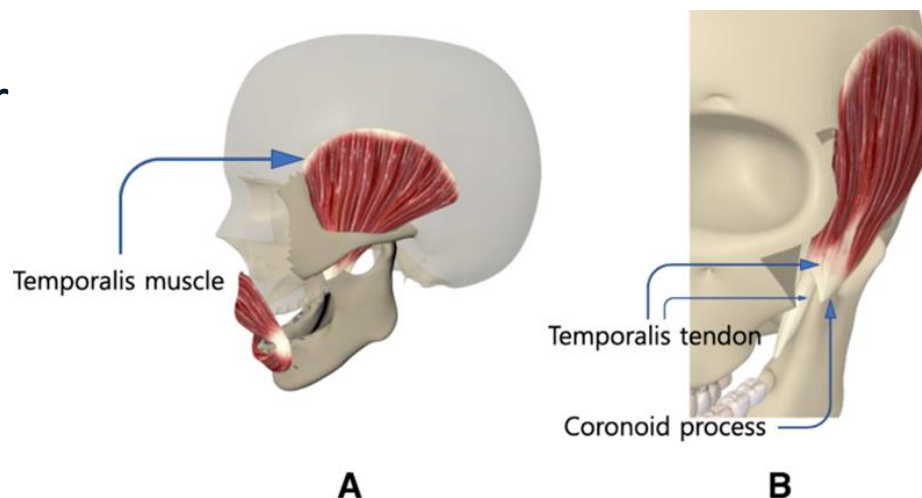
# Fascia Lata Graft

- **Open - CPT 20922** (Fascia lata graft; by incision and area exposure, complex or sheet)
  - Skin is incised down to subcutaneous tissue exposing the thick band of connective tissue or fascia lata. A flap of fascia lata is elevated from the underlying muscle and removed.



# Tendon Graft

- Tendons connect muscle to bone. Torn or damaged tendons may require a tendon graft for repair when the tendon does not have enough viable tissue for a direct repair.



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# Tendon Graft

- When a tendon is harvested from a different site, through a separate incision and grafting is not included in the CPT code for the primary procedure, an additional code may be assigned.
  - **CPT 20924** (Tendon graft, from a distance (e.g. palmaris, toe extensor, plantaris)
    - The tendon is harvested and removed before being placed in a new site.



# Coding Practice

- Patient with an incisional hernia presents for repair. Provider performed an open hernia repair which required reinforcement with a fascia lata graft. Patient's left thigh was prepped and a fascia lata sheet was harvested for grafting. The graft was placed as an onlay graft, overlapping the anterior rectus fascia defect. Incisional hernia repair was completed and thigh wound was closed.

What ICD-10-CM and CPT code(s) would you assign?



# Coding Practice

- **Assign**
  - **K43.2** Incisional hernia without obstruction or gangrene
  - **CPT 49560** Repair, Initial Incisional/Ventral Hernia; Reducible
  - **CPT 20922** Fascia Lata Graft; Incision & Area Exposure, Complex/Sheet



# In Conclusion

- Documentation is key!
  - Query when clarification is needed.
- Pathology Reports are codable documentation.
  - Definitive diagnosis, specificity
- Use of anatomy charts is very helpful.
- Read full CPT code descriptors
- Unlisted codes are assigned when no current CPT code is available.
- *Happy Coding!*





A word cloud of the phrase "thank you" in various languages and scripts. The central and largest text is "thank you" in red. Other prominent words include "danke" (blue), "gracias" (green), "merci" (orange), "teşekkür ederim" (pink), and "شكراً جزيلاً" (blue Arabic). Numerous other languages are represented in smaller fonts, including Spanish, French, German, Italian, Japanese, Korean, Chinese, Hindi, and many others. The word cloud is set against a light blue background with a faint grid pattern.



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