

CODING/REIMBURSEMENT POLICY

LYSIS OF ADHESIONS

Policy #36

Implementation Date: 1/1/03

Revision Dates: 6/1/06, 8/21/14, 7/28/17

Disclaimer:

1. Policies are subject to change without notice.

2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

Lysis of adhesions, is another way of saying "freeing" or removing scar tissue.

All surgical procedures require the surgeon to perform a cursory evaluation of the general surgical site. To do this, they must have adequate visualization of the anatomic structures and areas surrounding the surgical site. The global surgical package includes all procedures necessary to ensure adequate access to the surgical site and surrounding areas. If it is necessary to excise excessive tissue, implanted material, or remove adhesions (scar tissue) in order to perform the procedure, then these additional services are generally considered inclusive in payment for the global surgical service.

In some cases, the actual work performed to obtain adequate visualization takes longer than the surgical procedure. In these instances, SelectHealth will consider providing additional reimbursement to both the surgeon and assistant surgeon, based on the documentation in the OR report. That documentation must indicate the additional time required along with the specific nature of the extra work performed.

Commercial Plan Policy

If the OR report contains specific documentation indicating that the services were substantially greater than typically required for a similar procedure, the provider can append a 22 modifier to the procedure code. The documentation must support that the work performed was substantially greater than typically required, and the reason it was done. This documentation should indicate that increased intensity, increased time, severity of the patient's condition, or that substantially more work, time, or physical or mental effort, were required when compared to similar procedures.

The following scenarios are examples where additional reimbursement could be considered.

Billing with a separate code:

When a clinician performs an independent (medically indicated) enterolysis, salpingolysis, or ovariolysis, as a definitive surgical procedure it would be accurate to report the procedure as indicated (44005, 44180, or 58660) with the appropriate diagnosis.

When a clinician identifies adhesions in a location, separate from the specific field of surgery for the primary/definitive procedure, and their removal is medically indicated, the clinician may report this event by submitting an additional procedure code appended with the –59 modifier to the claim for the primary/definitive procedure.

Documentation Requirements: There must be specific documentation in the patient operative report that identifies, at a minimum, the indication, process, and outcome specific to the lysis procedure. The supporting documentation can be incorporated into that required for the primary/definitive surgical procedure, however, it must be clearly identifiable, by the reader, as distinct and separate from the primary procedure.

Documentation Requirements: Patient's operative report

Appending a -22 modifier on the primary procedure:
When an independent, definitive lysis surgical procedure is not indicated, but a clinician encounters extensive or dense adhesions that are difficult to remove (requiring 30 minutes or more of OR time), the surgeon may report this situation by appending a -22 modifier to the primary/ surgical CPT code.

Documentation Requirements: The documentation required to support a -22 modifier must be incorporated into the operative report and must clearly identify the extensive nature of the adhesions and document the additional time in minutes required, specifically for adhesiolysis.

SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage will follow the commercial plan policy

SelectHealth Community Care (Medicaid)

SelectHealth Community Care will follow the commercial plan policy

Applicable Code(s)

Codes	Descriptions
44005	Enterolysis (freeing of intestinal adhesion)(separate procedure)
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)

Sources

- 1. Current Procedural Terminology (CPT®), (2017) American Medical Association
- ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_quidelines.pdf
- 3. National Correct Coding Initiative (NCCI), General Coding Policy
- 4. National Correct Coding Initiative (NCCI), Chapter VI (40000-49999) Revision January 1, 2014
- 5. Incidental Procedures, Modifier –22; Modifier –59; Distinct Procedural Service, (2014) Regence BlueShield of Idaho Reimbursement Policy Manual http://www.id.regence.com/physician/library/policies/reimbursementPolicies.html

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

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