Walking Through the ASC Codes
(Ambulatory Surgery Centers)

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Using This Course

To use this course you will need a current CPT manual. Throughout the course there will be practice questions that are fill in the blank, matching, and multiple choice. You are allowed more than one try at the correct answer for the practice questions.

At the end of the course there will be a review quiz which will be scored for you by the software. You are allowed only one try at the correct answer for each question in the review quiz.

To navigate through the course, use the arrow buttons located in the bottom right corner of each page, to go forward or to go backward in the course.

Common Services

According to the Ambulatory Surgery Center Association, the following services are the most commonly reported in ASCs.

As you can see by the chart below gastroenterology (23%) and ophthalmology (27%) services are frequently reported in ASCs.

![Chart showing common services in ASCs](chart.png)
Take Note

When documenting debridement services, notes should include if the treatment was partial, full thickness, or involved subcutaneous tissues. In this case, code 11042 subcutaneous tissues.

If debridement services were performed with another procedure, debridement may be included with the primary procedure code and is not reported separately.

Do not report code 11042 (this includes codes 11040 and 11041) with codes 99597-97602 (active wound care management).

Reconstruction Services

Code 23420 reports a repair of a complete shoulder rotator cuff avulsion (chronic) involving all three major muscles/tendons in the shoulder cuff.

Code 23420 usually identifies an old injury. Rotator cuff tears can be classified as acute or chronic. This procedure is done for extreme tears and usually needs rearrangement of the normal structural make-up of the shoulder and sometimes grafting with either biological or non-biological material is used for repair.

As always in this type of service documentation should describe the type of repair and if the injury was acute or chronic.

Fracture Services

The next few pages will discuss fracture services most commonly reported by ASCs.

We'll also review important points about fracture coding, fracture treatment types, codes and code usage, and discuss casts and strapping.

Types of Fractures

Radial fractures can be complicated and involved. An open treatment of distal radial fracture can be complex because distal fractures need accurate repair. Distal radial fractures can be treated in a number of ways due to newer technology.

To help with identifying types of distal radial fractures, they can be categorized as follows:

- Extra-articular (fracture line does not extend through the joint) or intra-articular (fracture line does extend through the joint - this is more serious fracture).
- Displaced (fractured bones are not aligned) or undisplaced (fractured bones are in good alignment).
- Simple (closed fracture) or complex (open fracture).
- Two part, three part, or four part fracture.
- Comminuted (bone broke into several small pieces).
- With or without sigmoid notch involvement.
Casts and Strapping

Codes 29000-26750 describe cast and strapping services. The following is when these codes can be reported.

- Replacement cast/strapping during or after the period of normal follow up care. (Do not report these codes for the initial treatment of the fracture or dislocation. Cast and strapping codes are included with the fracture treatment code.)
- Initial services provided with or without restorative treatment or procedures. (i.e. surgical repair, closed or open treatment.)
- Initial cast/strapping provided when no other treatment or procedures are performed or are expected to be performed by the same physician.
- Initial cast/strapping provided when another physician performs a restorative treatment procedure.

Arthroscopy Shoulder Repairs

Shoulder arthroscopy is a surgery that uses a tiny camera called an arthroscope. This scope can be used to examine or repair the tissues inside or around the shoulder joint.

The arthroscope is inserted through a small incision in the skin.

Brachial Plexus Nerve Block

The brachial plexus is a system of nerve fibers. This network of nerves is located in the neck and the axilla, and is made up of the anterior branches of the lower four cervical and first two thoracic spinal nerves. The brachial plexus also runs through the chest, shoulder and arms.

Code 64415 reports a single anesthetic agent injected into the brachial plexus to provide anesthesia and pain control for the arm (including the wrist, hands, and fingers) or shoulder.

The injection point can be in one of three locations: interscalene (nearest the point of reference), supravacular (above the clavicle), or axillary (arm pit).

Practice #24

For a brachial plexus nerve block, the injection point can be one of three locations. Name these three locations.

Fill in the three blanks below with the answer. (Press Enter after each answer.)

[Blank]
[Blank]
[Blank]
Intracapsular with IOL

Code 66983 describes intracapsular cataract extract with insertion of an intraocular lens prosthesis.

This service involves removing the lens with a cryoprobe as in codes 66920 and 66930. Code 66983 also includes an IOL insertion. This is done by injecting a bubble of air into the anterior chamber to protect the cornea. The physician then places the IOL in the anterior chamber of the eye.

Nasal Endoscopy (cont’d)

When ever a nasal endoscopy is done the following areas will be viewed and are not reported separately:

- interior of nasal cavity
- middle and superior meatus - two of four portions of the nasal cavity on either side of the septum.
- turbinates - aka nasal concha. Long narrow curled bone shelf that protrudes into the breathing passage of the nose.
- sphenethmoid recess - located near the nasal concha is a narrow recess into which the sphenoid sinus opens.

Practice #57

Click on and drag the code on the left to its matching description on the right. Incorrect answers will be immediately rejected.

- Tonsillectomy/adenoidectomy, younger than age 12.
- Tonsillectomy/adenoidectomy, age 12 and over.
- Tonsillectomy primary or secondary, younger than age 12.
- Tonsillectomy primary or secondary, age 12 and over.

Colonoscopy

A colonoscopy provides a view of the inner lining of the large intestine (rectum and colon). In this procedure a colonoscope is used (a long thin flexible tube with a small video camera attached).

This procedure helps find ulcers, colon polyps, tumors, and areas of inflammation and bleeding in the rectum and/or colon.