

LYSIS OF ADHESIONS

Policy # 36

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Review Date:

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Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Medicare (CMS), and Select Health 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, Select Health 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 AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

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) arthroscopy, enterolysis, hysteroscopy, salpingolysis, or ovariolysis, as a definitive surgical procedure it would be accurate to report the procedure as indicated (29825, 29884, 44005, 44180, 58660, 58740, or 58559) 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.

SELECT HEALTH MEDICARE (CMS)

Select Health Medicare **will follow the commercial plan policy.**

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care **will follow the commercial plan policy.**

Applicable Code(s)

Codes	Descriptions
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58740	Lysis of adhesions (salpingolysis, ovariolysis)

Sources

1. *Current Procedural Terminology (CPT®)*, (2024) – American Medical Association
2. *National Correct Coding Initiative (NCCI)*, General Coding Policy Revision January 1, 2024
3. *National Correct Coding Initiative (NCCI)*, Chapter VI (40000-49999) Revision January 1, 2024
4. *Incidental Procedures, Modifier –22; Modifier –59; Distinct Procedural Service*, (2024) – Regence BlueShield of Idaho – Reimbursement Policy Manual <https://www.regence.com/provider/library/policies-guidelines/reimbursement-policy>

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