

Dermatology Coding Alert

Reader Question: Scar Revision Coding Depends on Documentation

Question: The surgeon performed a bilateral mastectomy on a patient and has scheduled her for a revision of bilateral chest-wall scars with a dermatologist. How can I code this?

New York Subscriber

Answer: More information is necessary (what kind of revision was done, how deep, was there a prosthetic, etc.) to provide a definitive answer, but there are a number of possible scenarios, depending on the circumstances:

1. 13100-13102 (Repair, complex, trunk ...): Scar revisions that primarily involve the skin and subcutaneous tissue often involve complex repairs. The code includes the scar's excision. Choose the appropriate code depending on how large the scar was.
2. 14000-14001 (Adjacent tissue transfer or rearrangement, trunk ...): Adjacent tissue transfers (e.g., advancement flaps) are another common method of scar revision. As with complex repairs, scar excision is included.
3. 19371 (Periprosthetic capsulectomy, breast): This code specifically describes excision of scar tissue that has formed around a prosthetic. If the surgeon implanted a prosthetic, you should report the revision with this code. If the surgeon simply lysed a scar that formed around a prosthetic (i.e., there was no excision), report 19370 (Open periprosthetic capsulotomy, breast).
4. 19260 (Excision of chest wall tumor including ribs): This code describes excision of a tumor of the chest wall and is the best choice if there was new tumor growth and not just excision of scar tissue.
5. 21899 (Unlisted procedure, neck or thorax): If scar revision included more than just the skin and subcutaneous tissue, the musculoskeletal system codes are a good choice. Unfortunately, CPT does not contain a specific code to describe such a procedure, leaving the unlisted procedure code as the only choice. This is a "last-resort" code, and you must support it with ample documentation to explain fully the nature of the procedure and the work involved.

There are other possible coding solutions, including various grafts and flaps. This stresses the importance of careful documentation and physician/coder communication. In this case, if the documentation the dermatologist provided is no more precise than the question's information, you should confer with the dermatologist to determine the best code selection.

- The answers for You Be the Coder and Reader Questions were reviewed by **Linda Howrey, BS, CCS-P**, of Howrey and Associates in Princeton, Mass.