Dermatology Coding Alert

Reader Questions: Complicated Procedures Clarify Coding

Question: My physician\'s documentation states, \"Deep incision and drainage of a hematoma of the flank (secondary to liver biopsy that bled).\" My first instinct was to look under the heading of back and flank, but CPT only lists excision codes for these anatomic areas, not incision codes. So, my next instinct tells me to report 10140 (Incision and drainage of hematoma ...) with modifier -22 (Unusual procedural services) and specify that the hematoma was more complicated.

The physician in our practice wants to report 21501, but I am not quite comfortable with that code. Are the back and flank codes interchangeable with the codes for the neck and thorax?

New Jersey Subscriber

Answer: You can argue this anatomic confusion between the back/flank and neck/thorax either way, which adds to the confusion. Because the American Medical Association does not provide a specific code for the back/flank, the next most specific code is 21501 (Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax).

Because your documentation states that the physician performed a deep incision and drainage, you should focus your coding on this procedure because it is more complicated than the superficial, subcutaneous procedure. According to Stedman\'s Medical Dictionary, \"thorax\" is \"the upper part of the trunk between the neck and abdomen,\" which implies that the back/flank is part of the thorax.

So in the absence of specific carrier direction, you should report 21501 as the best coding option.