Dermatology Coding Alert

Reader Questions: Incisions May Make Your -53 Pay

Question: Prior to surgery, we administered general anesthesia, but the patient began breathing erratically and the dermatologist canceled the procedure. The dermatologist did not prep the patient and he did not make any incision on the patient. How should we bill this?

New Jersey Subscriber

Answer: Most Medicare and some private insurers will not recognize a \"reduced services\" modifier or offer any payment unless you actually prepped the patient and started an incision.

Ask your individual carrier for its policy for canceled surgeries. For carriers that do not have such a policy, the dermatologist should report the appropriate procedure code appended with modifier -53 (Discontinued procedure).

CPT defines modifier -53 as \"Under certain circumstances, the physician may elect to terminate a surgical or diagnostic procedure.\" CPT further states that \"Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued.\"

If the patient\'s breathing was unstable enough to cancel surgery, the dermatologist is likely to admit the patient to the hospital. If your payer won\'t accept modifier -53 for this procedure and the dermatologist admitted the patient, you may be able to report a hospital admission code (99221-99223).

Note: You should not append modifier -53 to report the elective cancellation of a procedure prior to the patient\'s anesthesia induction and/or surgical preparation in the operating suite.