

Part B Insider (Multispecialty) Coding Alert

Reader Question: Use Caution When Separating CCI Edits

Question: During a breast biopsy, the surgeon also performed a scar revision involving multi-layered closure relating to the patient's prior breast reduction surgery. Can we separately code the scar revision in addition to the biopsy code? Should we list V50.1 for the history of breast reduction surgery to show medical necessity for the scar revision?

Michigan Subscriber

Answer: Yes, you can separately report the scar revision in addition to the biopsy (such as 19101, Biopsy of breast; open, incisional) if they occur at different locations. You cannot bill both if the biopsy is in the scar-revision area. You should choose the appropriate code from the range 13100-13102 (Repair, complex, trunk ...) for the scar revision.

Beware CCI: Medicare's Correct Coding Initiative bundles 13100 as a column 2 code to 19101, but you can use a modifier to unbundle the codes, when appropriate. Since the scar revision and biopsy involve different sites on the breast, you can override the edit pair by appending modifier 59 (Distinct procedural service) to 13100.

Heads up: Although you called this a scar revision, you should look carefully at the op note to see if the work involves more than a skin procedure. If so, a more appropriate code might be 19380 (Revision of reconstructed breast).

Regarding the ICD-9 code, you should not report V50.1 (Other plastic surgery for unacceptable cosmetic appearance, Breast augmentation or reduction). That's the code you'd use when the patient undergoes breast reduction. It describes the reason the patient is encountering the health service for a specific procedure and aftercare.

Instead, you should use ICD-9 code 709.2 (Scar conditions and fibrosis of skin) to describe the condition resulted in the scar revision surgery.