

Part B Insider (Multispecialty) Coding Alert

Reader Questions: Cancer Surgery Could Impact Patient Diagnosis

Question:

When can we bill a visit after a surgery for cancer? Our understanding is that we can bill the "where we go from here" initial chemotherapy plan during the post-op period. But can we bill subsequent office visits when the physician is only clearing the patient to receive chemotherapy? If so, which diagnosis should we use? Or are these visits included in the global?

Answer:

You are correct. You may code for the visit(s) during the post-op period that are directly related to chemotherapy or preparation of the patient for chemotherapy. Remember to add modifier 24 (Unrelated evaluation and management service by the same physician during a postoperative period) to each of these visits.

Caution: When you select the level of E/M visit (since the patient is in the post-op period), you should not use anything the physician does to or for the patient that is related to recovery from the surgery.

Obviously, you can only use V58.11 (Encounter for antineoplastic chemotherapy) when the encounter is to administer chemotherapy. But an option for the counseling visit is V65.49 (Other specified counseling).

If your physician does clearance prior to the administration of chemo, the best code will be V72.83 (Other specified preoperative examination) or perhaps V72.85 (Other specified examination).

ICD-10: When your diagnosis coding system changes in 2013:

Code V58.11 will become Z51.11 (Encounter for antineoplastic chemotherapy).

Code V65.49 will become Z71.89 (Other specified counseling).

Code V72.83 will become Z01.818 (Encounter for other preprocedural examination).

Code V72.85 will become Z01.89 (Encounter for other specified special examinations).