

Outpatient Facility Coding Alert

Reader Question: 38571 or 38572? Find out

Question: Which group of lymph nodes constitutes a "total pelvic lymphadenectomy" with reference to codes 38571 and 38572? For instance, if the surgeon doesn't remove all the lymph nodes, but he does more than a biopsy, should I report unlisted code 38579?

North Dakota Subscriber

Answer: The bilateral external iliac, internal iliac (hypogastric), and obturator nodes are all part of a pelvic lymphadenectomy.

Here are the two CPT® codes you mention with full descriptors:

- 38571 (Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy)
- 38572 (Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy) single or multiple).

Code 38571 does not specifically indicate the node groups being resected. Because of that, you can report 38571 for all therapeutic laparoscopic pelvic node resections no matter which of the above-listed groups the surgeon removes.

Don't forget: If the surgeon performs an incomplete resection or only a unilateral resection, you should append modifier 52 (Reduced services) to 38571 and document the surgeon's work.

If the surgeon also removes nodes located higher than the pelvic nodes, such as those at and above the aortic and vena cava bifurcation, you should report 38572 for an extended node resection.

For very limited lymph node removal, you should generally turn to a biopsy code instead an unlisted code.