

Outpatient Facility Coding Alert

You Be the Coder: Unbundling a No-Go for Breast Procedures

Question: A new breast surgeon in our hospital outpatient department wants to bill 19301 (Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy) along with 38525 (Biopsy or excision of lymph node(s); open, deep axillary node[s]). I think the correct coding in this scenario is 19302 (Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy). Which one of us is correct?

Illinois Subscriber

Answer: Your dilemma is common. Many surgeons — especially newer surgeons — think along the same lines, according to **Christopher Chandler, MHA, MBA, CPC, CGSC**, who spoke at the American Academy of Professional Coders' 2017 Healthcon. Chandler is a Professional Coding Consultant at Intermountain Healthcare and he educates general surgeons as part of his job.

Billing two codes would certainly get you more reimbursement. Code 19301 carries 10.13 RVUs and 38525 carries 6.43 RVUs for a hypothetical total of 16.56 RVUs. In contrast, 19302 carries only 13.99 RVUs, Chandler points out. However, a National Correct Coding Initiative (NCCI) edit would kick out 19301 and 38525 when billed together. Code 19302 is correct.