

ACS Coding Hotline: Breast surgery coding questions

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This column lists some questions regarding Current Procedural Terminology (CPT)* recently posed to the ACS Coding Hotline and the responses. ACS members and their staff may consult the hotline 10 times annually without charge as a benefit of membership in the College.

If your office has coding questions, please contact the Coding Hotline at 800/227-7911 between 7:00 am and 4:00 pm Mountain Time, holidays excluded. (For more information, visit <http://www.facs.org/ahp/coding/secoding.html>.)

Despite the relative clarity of procedural intent among surgeons performing breast operations, the complexity of accurate coding remains a significant challenge. The intent of this column is to

try to clarify the confusion surrounding sentinel lymph node procedures based on best evidence available in publication.

Local carrier policy and physician practice patterns may result in different interpretation of CPT coding practice. Sentinel lymph node sampling for surgeons generally includes two component procedures: injection of dye or radiotracer and identification and excision of the lymph node or nodes.

As always, accurate coding is the responsibility of the provider and this summary is meant as a guide, not the irrefutable solution to all coding concerns. 

*All specific references to CPT (Current Procedural Terminology) terminology and phraseology are © 2007 American Medical Association. All rights reserved.

Around the corner

June 2008

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For more information and to register, visit <http://www.facs.org/ahp/workshops/teleconferences.html>

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- August 8: 2008 Surgical and Office-Based Coding and Reimbursement (Advanced)

For more information and to register, visit <http://www.facs.org/ahp/workshops/index.html> or e-mail dmariani@facs.org.

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Resources

- National Correct Coding Initiative Version 13.3 III-10. Available at: <http://www.cms.hhs.gov/NationalCorrectCodInitEd?NCCIEP/list.asp#TopofPage>.
- AMA *CPT Assistant*. October 2005 (Volume 15, Issue 10); May 1998 (Volume 8, Issue 5); June 1997 (Volume 7, Issue 6); July 1999 (Volume 9, Issue 7).
- Behm EC, Buckingham JM. Sentinel node biopsy in larger or multifocal breast cancers: To do or not to do. *ANZ J Surg*. 2008;78(3):151-157.
- Allen D, Flynn MB. Coding for breast cancer procedures: Avoiding confusion. *Gen Surg News*. 2007;34:1.

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What is the correct way to code for sentinel lymph node (SLN) biopsy...

Coding	Modifiers	Clarification
If done concurrently with initial partial mastectomy		
Use 19301 with either 38500, <i>Biopsy or excision of lymph node(s) open, superficial</i> , or 38525, <i>Biopsy or excision of lymph node(s) open, deep axillary nodes(s)</i> , plus 38792 for the injection procedure if performed.	Injection code 38792 is inclusive of blue dye and/or radionuclide tracer (intraoperative lymphoscintigraphy); use of a gamma counting device is included in the SLN biopsy code.	What distinguishes 38500 from 38525? 38500 (superficial) suggests one or two superficial nodes and has a 10-day global period. 38525 implies a more complicated procedure and has a 90-day global period. Level II and III nodes are considered deep. Level I nodes can be deep or superficial depending on depth, patient habitus, and extent of required dissection.
If performing partial mastectomy with axillary lymphadenectomy, when a sentinel node biopsy was done at the same surgery		
Use 19302, plus add 38792 for the injection procedure if performed.	National Correct Coding Initiative (NCCI) edits prohibit the use of 38500 or 38525 whenever an ipsilateral axillary dissection is included as a component of the more complex operation. Since the injection of dye is a separate service not routinely included in 19302, add 38792 for the injection. Modifier -59 (Distinct Procedural Service) is not intended for procedures with the same diagnosis, same incisions, or same side. If a separate site such as ipsilateral (cervical 38510, or internal mammary 38530) or contralateral axillary SLN biopsy was performed at the same setting, then 38500 or 38525 with modifier -59 could be used.	Regardless if the SLN procedure was done before intraoperative decision to complete the axillary dissection, the work of performing any axillary dissection is considered bundled into the overall service code. (This is similar to laparoscopic cholecystectomy converted to open, when the laparoscopic portion of the operation cannot be coded as a separate procedure.)
If done concurrently with initial simple mastectomy		
Use 19303 with either 38500, <i>Biopsy or excision of lymph node(s) open, superficial</i> , or 38525, <i>Biopsy or excision of lymph node(s) open, deep axillary node(s)</i> , plus 38792 for the injection procedure if performed.	If the procedure to establish the diagnosis has a global period of 10 to 90 days and the definitive operation falls within this period, the staged procedure modifier -58 is appropriate.	

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What is the correct way to code for sentinel lymph node (SLN) biopsy... (continued)

Coding	Modifiers	Clarification
If done concurrently with initial modified radical mastectomy		
Use 19305 plus 38792 for the injection procedure if performed.	If the procedure to establish the diagnosis has a global period of 10 to 90 days and the definitive operation falls within this period, the staged procedure modifier -58 is appropriate.	Regardless if the SLN procedure was done before intraoperative decision to complete the axillary dissection, the work of performing any axillary dissection is considered bundled into the overall service code. (This is similar to laparoscopic cholecystectomy converted to open, when the laparoscopic portion of the operation cannot be coded as a separate procedure.)
If done as a stand-alone procedure without a primary breast service (for example, before preoperative neoadjuvant chemotherapy)		
Use either 38500, <i>Biopsy or excision of lymph node(s) open, superficial</i> , or 38525, <i>Biopsy or excision of lymph node(s) open, deep axillary nodes(s)</i> , plus 38792 for the injection procedure if performed.		NCCI edits state that superficial axillary lymphadenectomy 38740 should not be reported for a sentinel lymph node biopsy. Code 38740 requires removal of all superficial axillary adipose tissue and all lymph nodes contained in this adipose tissue.
When the patient returns to the operating room for definitive partial mastectomy or simple mastectomy after preoperative excisional biopsy has established the diagnosis		
Use 19301 or 19303 with either 38500, <i>Biopsy or excision of lymph node(s) open, superficial</i> , or 38525, <i>Biopsy or excision of lymph node(s) open, deep axillary nodes(s)</i> , plus 38792 for the injection procedure if performed. Add modifier -58 to indicate that this is a related procedure by the same physician during the postoperative period of the excisional biopsy.	If the procedure to establish the diagnosis has a global period of 10 to 90 days and the definitive operation falls within this period, the staged procedure modifier -58 is appropriate. Needle core biopsies and fine needle aspiration biopsies do not require a modifier as there is no postoperative period.	19102, <i>Biopsy of breast; percutaneous, needle core, using imaging guidance 0-day global</i> 19103, <i>Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance; 0-day global</i> 19120, <i>Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; 90-day global</i> 19125, <i>Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion; 90-day global</i>
When the patient returns to the operating room (planned, based on biopsy results) for completion axillary dissection only, after final SLN pathology is positive		
Options are 38740, <i>Axillary lymphadenectomy, superficial</i> , or 38745, <i>Axillary lymphadenectomy, complete</i> , depending on the extent of resection.	Again, it is appropriate to append modifier -58 to indicate that this is a related procedure by the same physician during the postoperative period for the original operation.	The procedure is an isolated lymphadenectomy and is not being performed as a component of another bundled breast procedure. 38740 requires removal of all superficial axillary adipose tissue and all lymph nodes contained in this adipose tissue. 38745 requires a complete axillary dissection. <i>continued on next page</i>

What is the correct way to code for sentinel lymph node (SLN) biopsy... (continued)

Coding	Modifiers	Clarification
If return to the operating room is for significant re-resection of a partial mastectomy margin and completion axillary dissection		
Use 19302–58. It is appropriate to re-code partial mastectomy if that work was accomplished and axillary dissection was a component.	Append modifier –58 to indicate that this is a related procedure by the same physician during the postoperative period.	
If, based on original resection margins, the patient opts for complete breast removal at the second operation		
If a partial mastectomy plus sentinel node procedure was previously performed, 19303–58, <i>Mastectomy, simple, complete</i> , with modifier –58 would suffice. If completion axillary dissection is required, 19307–58, <i>Mastectomy, modified radical, including axillary dissection</i> , could be utilized.	Again, it is appropriate to append modifier –58 to indicate that this is a related procedure by the same physician during the postoperative period for the original operation.	
If the patient returns to the operating room after simple mastectomy with SLN biopsy for completion axillary dissection only		
Options are 38740, <i>Axillary lymphadenectomy, superficial</i> , or 38745, <i>Axillary lymphadenectomy, complete</i> , depending on the extent of resection.	Again, it is appropriate to append modifier –58 to indicate that this is a related procedure by the same physician during the postoperative period.	38740 requires removal of all superficial axillary adipose tissue and all lymph nodes contained in this adipose tissue.
The patient presents to the OR following bilateral needle core biopsy proven breast carcinoma, and she opts for bilateral partial mastectomy with sentinel lymph node biopsy		
This procedure would be coded as follows: 19301–50 plus either 38500–50, <i>Biopsy or excision of lymph node(s) open, superficial</i> , or 38525–50, <i>Biopsy or excision of lymph node(s) open, deep axillary node(s)</i> , plus 38792 for the injection procedure if performed and add modifier	Modifier –50 is added because this was a bilateral procedure. Modifier –58 would be added as well if the procedure was done by the same physician during the postoperative period of an excisional biopsy.	