

# Socioeconomic tips

## How do you code it?

by the Division of Advocacy and Health Policy

**T**his month's column centers on codes used to report lysis of adhesions and prophylactic mastectomy.

### **Lysis of adhesions**

Performing enterolysis, salpingolysis, or ovariolysis along with other procedures has always been complex to code, in part because the procedure codes have the notation "separate procedure" as part of the terminology. (See the text box on this page for the procedure codes.) There are some instances in which it is appropriate to attach the unusual procedural services modifier (modifier -22) to the code for lysis of adhesions and other instances in which it is appropriate to attach the distinct procedural service modifier (modifier -59). This is true whether the lysis of adhesions is performed as an open procedure (code 44005) or laparoscopically (code 44200 or 58660).

There are instances when a surgeon enters the abdomen to do one operation and, in the course of exploring the abdomen, finds another unrelated problem that requires the performance of lysis of adhesions as another procedure or as part of another procedure. For instance, a surgeon could be removing a gallbladder (diagnosis: chronic cholecystitis) but while exploring the abdomen finds an internal hernia caused by adhesions (diagnosis: hernia of other specified sites). In this scenario, there would be two operations in two different sites in the abdomen and two different diagnoses. It is properly coded using the -59 modifier. The operative report should show that two different sites were involved and it will serve as adequate documentation if requested by the insurance company; no additional documentation is required with the claim.

There are other instances where a surgeon encounters adhesions that he or she must deal with to get to the site of the definitive surgery and/or to free an organ. For example, there may be adhesions extending to the gallbladder. In this case, it is not appropriate to report code 44005 or 44200,

### **Around the corner**

#### **August**

Economedix will hold two teleconferences this month. The first, on August 10, will be on Physician Compensation Formulas of Successful Practices. The second, on August 24, is on Effective Personnel Management...Hiring, Evaluations, and Terminations. For more information and to register, go to <http://yourmedpractice.com/ACS>.

#### **September**

- Economedix will hold two teleconferences this month. The first, on September 14, is on Dealing with Difficult People. The second, on September 28, is on Maximizing Patient Collections. For more information and to register, go to <http://yourmedpractice.com/ACS>.

- The ACS will sponsor basic and advanced coding workshops for surgeons and their office staff September 15 and 16 in Dallas, TX. To register, visit the ACS coding workshop Web page at <http://www.facs.org/ahp/workshops/index.html>.

### **Three codes for lysis of adhesions**

**44005** *Enterolysis (freeing of intestinal adhesion) (separate procedure)*

**44200** *Laparoscopy, surgical; enterolysis (freeing of intestinal adhesion) (separate procedure)*

**58660** *Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)*

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because both contain the phrase “separate procedure.” In Current Procedural Terminology,\* “separate procedure” indicates that the procedure should not be reported when a procedure of which it is an integral part is also reported; and, of course, exposing the gallbladder is an integral part of any operation on the gallbladder. However, it is appropriate to report the operation on the gallbladder with a -22 modifier if it actually took much more time than usual to complete the surgery.

Unlike the -59 modifier, the -22 modifier requires that additional documentation accompany the claim. The first diagnosis code, of course, should be whatever diagnosis led to removal of the gallbladder. The second diagnosis should be adhesions. Because adhesions are organ-specific, their codes are listed in many places throughout Volume I of the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM). For the gallbladder, the diagnosis code is 575.8, *Other specified disorders of the gallbladder*. But for additional documentation beyond the claim, be sure the operative note includes a description of where the adhesions were and perhaps some description of them. Then compose a letter to the insurance company that explains that the adhesions caused more work, providing an estimate of how much more work and how much the normal fee has been raised. Send the letter and a copy of the operative report along with the claim.

Only use the -22 modifier if something such as the removal of adhesions or a surgical field altered by radiation therapy or earlier surgery adds a substantial amount of time to the operation. Payors occasionally monitor for frequent use of -22 modifiers and will not reimburse those people for charges related to the -22 modifier.

### ***Prophylactic mastectomy***

The correct ICD-9-CM diagnosis code for prophylactic mastectomy is V50.41, *Prophylactic organ removal, breast*. In this case, however, proper reporting does not guarantee payment. The payor may have a policy of requiring extra documentation before reimbursing for a prophylactic procedure or may even have a policy of deny-

ing any payment for prophylactic procedures. Therefore, the safest approach is to check with the payor before the procedure is performed to determine whether the procedure will be reimbursed.

If the contralateral prophylactic mastectomy is performed on the same day, show that a bilateral procedure was done by providing different diagnosis codes for the two procedures. If the payor uses the two-line convention for showing a bilateral procedure, simply provide the procedure on the first line without a modifier and show the same procedure on the second line with a multiple procedure modifier (modifier -51) and a bilateral modifier (modifier -50). If the payor accepts the right and left modifiers (-RT and -LT), use those as an alternative. Whichever way the procedure is coded, show the diagnosis code of V50.41 for one side of the body and the correct code for the malignant neoplasm for the other side. If the payor uses the one-line method for coding bilateral procedures, check with the payor to see how to display the diagnoses on the claim. □

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