

■ BY MELANIE WITT, RN, CPC, MA

## The friable cervix: Code the symptom

**Q** I have searched, but cannot find a code for what the physician is calling a “friable cervix.” Can you help?

**A** The friable cervix is one that is prone to bleeding. The underlying cause is usually chlamydia infection, cervical erosion, or, sometimes, cervical cancer.

If the physician is trying to rule out infection or if all tests are negative, use the code for the patient’s symptom. Possible choices include cervical inflammation (616.0), cervical erosion (622.0), pain with intercourse (625.0), and other abnormal bleeding from the female genital tract (626.8). Once the reason for the friable cervix is determined, that becomes the diagnosis.

## The challenge of coding vaginal cuff repair

**Q** Which CPT code would I use for vaginal cuff repair?

**A** This is one of the most frequently asked coding questions—and one of the toughest to answer.

Most coders suggest using either an unlisted code or the repair codes from CPT’s integumentary section. The circumstance of the repair will determine which course of action is best:

- You cannot use the codes for a simple (12001-12007) or intermediate repair (12041-12047), because they specify external genitalia.
- If the repair is due to the original sutures coming loose, you can try 12020 (treatment of superficial wound dehiscence; simple closure).
- Codes 13131–13133 (repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; ...) specify only “genitalia,” which includes internal structures

of the vaginal canal. However, you may use these codes only if the patient’s record lists the size of the repair and the repair meets the definition of “complex” as outlined in the CPT guideline.

- If the repair is necessary because of an injury, use 57200 (colporrhaphy, suture of injury of vagina [nonobstetrical]).
- If none of these fit, you will be stuck with 58999 (unlisted procedure, female genital system [nonobstetrical]).
- Remember to add modifier -78 (return to the operating room for a related procedure during the postoperative period) if the repair is related to previous surgery and you are in the global period.

## Total vaginal hysterectomy as prophylaxis

**Q** Genetic testing for a patient with a personal history of breast cancer revealed a high risk for ovarian cancer. She is scheduled to have a total vaginal hysterectomy and bilateral oophorectomy as a precautionary measure. Which diagnosis do I use? She has no signs or symptoms.

**A** Use V50.49 (other prophylactic organ removal), V50.42 (prophylactic organ removal of ovary), and V10.3 (personal history of breast cancer). If you are obtaining prior authorization, submit a letter with the request in which you list these codes as the reason for the surgery and explain the circumstances. ■

*Ms. Witt, former program manager in the Department of Coding and Nomenclature at the American College of Obstetricians and Gynecologists, is an independent coding and documentation consultant. Reimbursement Adviser reflects the most commonly accepted interpretations of CPT-4 and ICD-9-CM coding. When in doubt on a coding or billing matter, check with your individual payer.*