



Western Australian Coding Rule

1017/02 Post Mohs defect reconstruction

Q.

The WA Coding Rule 0511/3 *Post Mohs defect reconstruction* provided code assignment for scarring of eyelid. This procedure can be of any site (i.e. ear, eyelid, nose, lip). Can this Coding Rule be reviewed and updated?

A.

WA Coding Rule 0511/3 *Post Mohs defect reconstruction*:

Query: What is the correct diagnosis code assignment for admissions for post Mohs reconstruction?

Recommendation: Mohs procedure is a microscopic technique whereby the skin cancer is removed layer by layer until all margins are clear. Once the cancer is removed, the surgeon assesses the defect and determines the type of reconstruction required. The patient is generally re-admitted at a later date for the reconstruction e.g. flap, graft. The principal diagnosis should be the skin cancer, as the reconstruction is inherent in the original treatment plan, regardless that it is performed in a separate admission.

If the reconstruction is not part of the original treatment plan e.g. unforeseen problem such as painful scar, or patient unhappy with scar, assign:

H02.5 Other disorders affecting eyelid function

Z42.0 Follow-up care involving plastic surgery of head and neck

Decision: Diagnosis coding for reconstruction of Post Mohs defect is dependent on whether the reconstruction was part of the initial skin cancer treatment plan.

The WA Coding Rule 0511/3 recommendation is still current. If the reconstruction is not part of the original cancer treatment plan e.g. unforeseen problem such as painful scar or patient unhappy with scar, assign:

A diagnosis code for the site undergoing reconstruction

Z42.0 Follow-up care involving plastic surgery of head and neck

DECISION

Diagnosis coding for reconstruction of post Mohs defect is dependent on whether the reconstruction was part of the initial skin cancer treatment plan.

[Effective 11 Oct 2017, ICD-10-AM/ACHI/ACS 10th Ed.]



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0511/03 Post Mohs defect reconstruction

Q.

What is the correct diagnosis code assignment for admissions for post Mohs reconstruction?

A.

Mohs procedure is a microscopic technique whereby the skin cancer is removed layer by layer until all margins are clear. Once the cancer is removed, the surgeon assesses the defect and determines the type of reconstruction required. The patient is generally re-admitted at a later date for the reconstruction e.g. flap, graft. The principal diagnosis should be the skin cancer, as the reconstruction is inherent in the original treatment plan, regardless that it is performed in a separate admission.

If the reconstruction is not part of the original treatment plan e.g. unforeseen problem such as painful scar, or patient unhappy with scar, assign:

H02.5 *Other disorders affecting eyelid function*

Z42.0 *Follow-up care involving plastic surgery of head and neck*

DECISION

Diagnosis coding for reconstruction of Post Mohs defect is dependent on whether the reconstruction was part of the initial skin cancer treatment plan.

[Effective 18 May 2011, ICD-10-AM/ACHI/ACS 7th Ed.]