

Dermatology Coding Alert

Reader Question: 1 Office Visit Translates Into 1 E/M Code

Question: A patient presented at our office with a bruise. The dermatologist examined the patient and sent her immediately to the ER. How do we bill the office visit code? Also, which diagnosis should we report for suspected child abuse?

New Jersey Subscriber

Answer: The answer to your first question depends on whether the physician saw the patient in the emergency room. Assuming your physician only saw the patient at your office, then you should bill a standard office visit code (99201-99215).

However, if the physician went to the hospital to see the patient as an inpatient the same day, report the hospital visit code instead. If you go this route, you won't bill the office visit -- instead, you will roll the physician's work at the office into the appropriate hospital inpatient visit code.

As for the diagnosis code, you won't bill a specific child abuse code unless you are confident in the diagnosis at the time of admission. Instead, select a code that describes the symptoms your physician observed. For instance, you might report 924.9 (Contusion of unspecified site) or 924.8 (Contusion of multiple sites not elsewhere classified).