

Dermatology Coding Alert

READER QUESTIONS: Confused About Moderate Sedation Codes? Ask This Question!

Question: The dermatologists in my practice sometimes have to perform procedures on a patient after putting him under moderate sedation. I would report 99143-99145, but I heard 99148-99150 is better. What's the difference?

Nebraska Subscriber

Answer: The point is moot because your payers most likely won't pay for moderate sedation. The key to the right code (if you were reporting it anyway) is asking this question: "Was the sedation and procedure done by one physician or two?" If one physician performs both procedure and sedation, you should report 99143-99145 (Moderate sedation services ... provided by the same physician performing the diagnostic or therapeutic service that the sedation supports ...). When two physicians are involved in the procedure and sedation, respectively, 99148-99150 (Moderate sedation services ... provided by a physician other than the healthcare professional performing the diagnostic or therapeutic service that the sedation supports ...) applies.

Tactic: Don't neglect to declare the sedation just because some carriers don't reimburse for moderate sedation. While this may be true in some cases, some insurers actually do pay for the service. Bottom line? Always check with your carrier.

Remember: The new CCI edits pretty much do away with this practice. To be safe, make it a point to check your edits when considering the moderate-sedation/integumentary combination.