

Dermatology Coding Alert

Unlock Secrets to Deciphering Between 10120 and 10121

4 questions make the difference when it comes to foreign-body removal cases.

If you're underestimating the dermatologist's work in removing foreign bodies, you could be costing your practice \$116 per procedure -- the difference in reimbursement between a simple FB removal and a complex one.

The documented level of decision making will make or break your pay for 10120 (Incision and removal of foreign body, subcutaneous tissues; simple) and 10121 (... complicated). Medicare assigns 3.45 non-facility relative value units (RVUs) to 10120, and 6.68 to 10121. Multiplying those figures by the \$36.0846 conversion factor leads to \$124.49 in reimbursement for 10120, and \$241.05 for 10121.

Your Support Is All in the Writing

Your dermatologist's documentation is the most important detail for you to pay attention to when determining the level of the removal. The documentation must be able to support the coding during an audit.

Warning: Inform your dermatologist of the importance of including thorough details when he completes his FB removal documentation, because vague notes can undermine your full reimbursement. If your dermatologist's documentation doesn't specify "complicated," don't assume that the FB removal was.

Answer 4 Key Questions

When choosing between the simple and complicated foreign body removal codes ask four questions about the documentation:

1. Did the dermatologist specify "simple" or "complicated"? For a note that indicates "complicated," does the record show how/why?
2. Does the note mention significant exploration?
3. Did he perform extensive cleansing or debridement?
4. Did he have to perform extension of the wound?

If your dermatologist specifically states the removal is "simple," you should defer to the dermatologist's expertise and report 10120.

If you answer "yes" to any of the other above questions, consider the removal complicated. Tip: Check with your dermatologist who most commonly performs the service to determine how he differentiates between simple and complicated.

Clues: A complicated FBR might also include X-rays, fluoroscopic guidance, or ultrasound, according to **Sharon Richardson, RN**, compliance officer with Emergency Groups' Office in Arcadia, Calif.

Take Precaution Going Beyond Complicated

In some cases, a complicated FB removal may be more extensive than your average FB removal procedure. In such cases, surgery codes other than 10121 -- which are selected according to where the FB was located -- may be appropriate.

The muscular/skeletal portion of CPT is arranged according to anatomic area. Generally, contained within the individual sections devoted to each body part, there is a code for removal of a foreign body.

Scenario: Consider this example from **Pamela Biffle, CPC, CPC-I, CCS-P, CHCC, CHCO**, owner of PB Healthcare Consulting and Education in Watauga, Texas: Samantha was playing in the back yard when her brother fired a pellet gun at her leg at close range. The pellet penetrated the skin and lodged in the muscle underlying the area. The physician removed the pellet without complication or incident.

You should report code 20520 (Removal of foreign body in muscle or tendon sheath), advises Biffle. Rationale: Code 20520 describes a simple removal of a foreign body from the muscle.

Don't miss: You should also report 891.1 (Open wound of knee, leg [except thigh], and ankle; complicated) and E922.4 (Accident caused by air gun) to give a complete picture of the diagnosis and cause of the accident.