

## Dermatology Coding Alert

### Unlock the Secrets to Deciphering Between 10120 and 10121

#### 4 questions make all the differences 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 \$114 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).

#### 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, says **William J. Conner, MD**, founder of Conner Health Clinic, a multispecialty practice in Charlotte, N.C.

**Bottom line:** Your dermatologist's documentation must support the coding during an audit, Conner says.

**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, says **Linda Martien, CPC, CPC-H**, National Healthcare Review in Woodland Hills, Calif.

**Tip:** If your dermatologist's documentation doesn't specify "complicated," don't assume that the FB removal was, Martien says.

#### Answer 4 Key Questions

Because the documentation must support your coding, there are four questions that you can ask yourself when choosing between the simple and complicated foreign body removal codes:

1. Did the dermatologist specify "simple" or "complicated"?
2. Did he 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 or check with your dermatologist who most commonly performs the service to determine how he differentiates between simple and complicated.

#### Decide Whether Splinter Removals Are Too Simple

Most insurance companies consider 10120 to include the repair, says **Laura Smith, CPC**, dermatology coding specialist for MeritCare in Bemidji, Minn., just as CPT states that the excision of skin lesions codes (11400-11446 and 11600-11646) include simple closure or repair.

If you report 12011 (Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less) for a splinter removal in your claim, your carrier will deny it, Conner says.

But if the dermatologist completes a more complicated procedure - for example, the FB removal requires dissection of the underlying tissues - you should report 10121 (... complicated), Conner says.

In most cases like this, your dermatologist will perform an E/M examination in addition to the FB removal, and you should bill separately for the E/M (99201-99205 for a new patient, or 99211-99215 for an established patient), Conner says.

You should report 10120 along with the appropriate-level E/M office visit code with modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) appended.

Modifier 25 tells the insurer that the E/M visit is separate from the FB removal, experts say.

### **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.

For example, you should report code 27372 (Removal of foreign body, deep, thigh region or knee area) if your dermatologist performs a foreign body removal of a trapped suture on a patient's knee following a lesion excision, Martien says.