

## Internal Medicine Coding Alert

### Reader Question: Choose Your Coding Poison Based on Documentation

**Question:** How should I decide whether managing excessive bleeding that requires extra physician time and effort during a procedure warrants the use of modifier -22 or a critical care code?

Florida Subscriber

Answer: Review of documentation is vital for coding the control of bleeding.

Forget about modifier -22 if bleeding complicates an E/M service. You can append modifier -22 only to surgical CPT codes. Usually, you use modifier -22 because of excessive bleeding that is a direct result of the procedure the physician is performing.

Circumstances definitely exist in which a critical care code is more appropriate than modifier -22 for the control of bleeding, e.g., when the physician is controlling bleeding for a patient who is critically ill and whose condition is potentially life-threatening if the bleeding continues.

CPT codes that represent the control of bleeding during a procedure typically represent endoscopic techniques for treating bleeding such as application of cautery with heater probe or bipolar or monopolar probe. You should use these control-of-bleeding codes only when a wound is actively bleeding. Otherwise, consider using modifier -22. You can't use control-of-bleeding codes if the physician induces the bleeding during a procedure.