

Internal Medicine Coding Alert

Reader Question: Claim Repeat I&D Within Global with These Modifiers

Question: Our physician recently performed an incision and drainage (I&D) of a complicated abscess. After four days, the patient returned with pain and pus oozing from the incision site. Our clinician reopened the site and repeated the drainage of the area. Can we report the second procedure with another I&D code? If so, should we report any modifiers with the code?

Missouri Subscriber

Answer: You would report an I&D of a complicated abscess with 10061 (Incision and drainage of abscess [e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia]; complicated or multiple). Medicare guidelines assign a 10-day global period to this procedure. Any follow-up procedures that your clinician performs during this global period will be normally be included with 10061, and you usually cannot make a separate claim for the service.

However, if your payer is following CPT® guidelines, and your clinician repeats the procedure due to a complication, even during the global period, you can report the repeat I&D with another unit of the same CPT® code. However, you must append an appropriate modifier to the second unit of 10061 to let the payer know that your clinician repeated the procedure.

In these cases, you would append either modifier 58 (Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period) or 76 (Repeat procedure or service by the same physician or other qualified health care professional) to the second unit of 10061. Not only will this allow you to get 100 percent reimbursement for the repeat procedure, but it will also restart the procedure's global period.