

Internal Medicine Coding Alert

Reader Question: Dressing Change: Check for Extra Service

Question: Our family physician performed a dressing change for a patient who had an abscess on her leg. I've found codes for burn dressing changes, but not this type of wound. What's the correct procedure code?

Connecticut Subscriber

Answer: The correct answer depends on whether the dressing change is related to treatment of the abscess that the physician provided and its proximity to that treatment. For instance, if the physician performed an incision and drainage (I&D) of the abscess (e.g. 10060 (Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single) a week earlier, then you can't charge for the related dressing change, because the therapeutic procedure includes a 10-day global period during which you can't charge for other related services.

If the dressing change is not related to an earlier procedure or is done outside the global period of such a procedure, then most physician groups chart an office visit for the encounter.

Note: Even if you submit a claim for the service, some insurance companies may not pay for dressing changes. Be prepared for limited or no reimbursement in such cases.