

Internal Medicine Coding Alert

Reader Question: Initial Visit With Starred Procedure

Question: A new patient presented to have an infected tongue ring removed. We removed the ring, but the patient refused any additional exam or history. Should we bill for a new patient visit?

Washington Subscriber

Answer: There is a CPT code for the situation that you describe 99025 (Initial [new patient] visit when starred [*] surgical procedure constitutes major service at that visit). Because the code that you will be using for the removal of the tongue ring, 10120* (Incision and removal of foreign body, subcutaneous tissue; simple), is a starred procedure, 99025 is appropriate.

Certain procedures in the surgical section of CPT are designated as starred procedures and are identifiable by an asterisk placed immediately after the code entry. In the surgery guidelines, CPT defines a starred procedure as follows: "Certain relatively small surgical services involve a readily identifiable surgical procedure but include variable preoperative and postoperative services (e.g., incision and drainage of an abscess, incision of a tendon sheath, manipulation of a joint under anesthesia, dilation of the urethra). Because of the indefinite pre- and postoperative services the usual 'package' concept for surgical services cannot be applied." When a starred procedure is coded, the following rules apply:

- 1) No pre- and postoperative work is included in these codes as is the case for other surgical codes.
- 2) When a starred procedure is performed at an initial visit and is the major service performed, then 99025 may be billed.
- 3) E/M services, inpatient or outpatient, new or established patient, are billed separately with modifier -25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) attached. If an E/M service is documented, then that is billed, not 99025.
- 4) All postoperative services are billed separately.

Code 99025 is only billed when the three components of the new patient E/M code are not provided as is the case in your example. Code 99025 is used to represent the work for taking an abbreviated history, essentially the history of the present illness and establishing a patient record.

Unfortunately, Medicare does not recognize the CPT concept of "starred procedures" and, therefore, does not reimburse 99025. Code 99025 is bundled into the procedure and cannot be billed to the patient, even with an advance beneficiary notice (ABN).

Note: Because most Medicare-age patients do not wear tongue rings, 99025 is probably the most appropriate.