

## Internal Medicine Coding Alert

### Reader Question: Report Site Specific Codes for Abscess Drainage

**Question:** Our internal medicine physician recently performed incision and drainage of a finger abscess. Should I report 10060 or 10061 for the procedure? How do I differentiate whether the procedure was simple or complicated? Please do let me know as different people are giving different opinions.

Delaware Subscriber

**Answer:** In this case scenario, you should report neither 10060 nor 10061 for the procedure that your internist performed. You will only use these codes when there is no site specific code that is available for you to report.

Since there are site specific codes for you to report drainage of an abscess of the finger, you should choose from one of the following two codes:

- 26010 (Drainage of finger abscess; simple)
- 26011 (...complicated [e.g., felon]).

You will need to choose 26010 when your physician is performing drainage of a superficial abscess of the finger. You will need to choose 26011 when your clinician is draining a more complicated and serious infection such as a felon. A felon is an abscess that forms along the volar surface in the finger tip. It is a serious infection of the volar surface of the distal finger tip and its associated soft tissues. An enclosed pocket of pus or infection develops and causes severe pain as it expands. Felons are usually caused by the bacterium *Staphylococcus aureus*.

**Note:** Check documentation to see the location and size of the abscess to determine if your physician is draining a simple or complicated abscess. If you are not able to garner from the documentation whether your clinician drained a simple or a complicated abscess, check with your physician, so that you can choose the right code for the procedure performed. Ultimately, it is the internist's judgment whether the procedure was "simple" or "complicated."