

Internal Medicine Coding Alert

Reader Questions: 15850 With S0630 Leads to Denials

Question: An ER physician placed sutures that our internist later removed. The government plans denied my claim with S0630 and 15850. What am I doing wrong?

Maryland Subscriber

Answer: Codes S0630 (Removal of sutures; by a physician other than the physician who originally closed the wound) and 15850 (Removal of sutures under anesthesia [other than local], same surgeon) both represent suture removal, so you shouldn't report both procedures together.

Remember: The "S" codes meet the needs of the private sector. Medicare and, likely, most other government plans do not pay for "S" codes.

Better option: If your internist simply removed sutures, your best option usually is a low-level E/M code. Options could include 99201 (Office or other outpatient visit for the evaluation and management of a new patient ...) or 99212 (Office or other outpatient visit for the evaluation and management of an established patient ...). Check your internist's documentation of time and services to determine the best code. Include diagnosis V58.32 (Encounter for removal of sutures).

Another reason: Even reporting 15850 without S0630 could lead to denial in your example. "Same surgeon" in the descriptor means that the same physician placed and removed the sutures, and your internist didn't provide both services. You also wouldn't report related code 15851 (Removal of sutures under anesthesia [other than local], other surgeon) unless you have documentation that your internist used something more potent than local anesthesia during the suture removal.