

## Internal Medicine Coding Alert

### Reader Questions: Emergency Could Justify 99058

Question: A Medicare patient came on an emergent basis with several lacerations to the arm. Our internist sutured the lacerations. Can we bill for the office visit along with the repair, or is the office visit included in the repair?

Answer: The correct answer depends on how extensive the internist's assessment was or whether he provided other services during the encounter. If he performed another service or if his assessment of the patient was over and above that normally provided with laceration repair, you can report the appropriate E/M code from 99201-99215 (Office or other outpatient visit for the evaluation and management of a new or established patient ...). Append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to the E/M code. The physician's documentation should clearly establish that the E/M service was significant and separately identifiable from the subsequent laceration repair.

Report the appropriate laceration repair code(s) based on the laceration sizes and extent of repair. For example, submit 12034 (Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities [excluding hands and feet]; 7.6 cm to 12.5 cm) for intermediate repair of lacerations totaling 7.6 to 12.5 cm in length. Remember, when multiple wounds are repaired, you should add together the lengths of those in the same classification (i.e., simple, intermediate, or complex) and from all anatomic sites that are grouped together in the same code descriptor to identify the correct code for those repairs.

Bonus: If you're treating a non-Medicare patient, check whether the staff rearranged the physician's schedule or shifted other patients' appointments to accommodate the patient needing laceration repair. If you have sufficient documentation of such, you could also submit 99058 (Service[s] provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service). Medicare and some other payers will not pay separately for 99058, but some payers may recognize and pay for this code.