

## Internal Medicine Coding Alert

### READER QUESTIONS: Opt for 99211 Instead of 15852-52

**Question:** A patient sees the nurse for a dressing change on a skin tear that did not require sutures. Does a specific code exist for this procedure, or should I use 99211?

Georgia Subscriber

**Answer:** Your best bet is to report 99211. CPT suggests coding a similar service as a nurse visit. A clinical example of 99211 is an "Office visit for an established patient for dressing change on a skin biopsy," according to Appendix C.

**Watch out:** As the example shows, the patient must be an established patient. Make sure the service meets any additional payer incident-to requirements. For instance, to report 99211 to Medicare, the internist must:

- directly supervise the procedure
- be managing the patient's wound care
- have authorized the treatment care plan.

If the service does not satisfy the insurer's incident-to policies, you should not charge the patient for the dressing change.

**Error averted:** You shouldn't code the dressing change with 15852 (Dressing change [for other than burns] under anesthesia [other than local]). Report this code only if the internist performs the dressing change on a patient who is under general anesthesia. CPT contains no separate code for dressing changes without general anesthesia.

Some coders suggest appending modifier 52 (Reduced services) to the dressing change code to indicate the internist chose not to provide anesthesia with the procedure. But reporting 15852-52 is inappropriate because the physician must meet the CPT definition in order to bill for it. Modifier 52 designates that the required work needed is less than usual for that CPT code.