

Internal Medicine Coding Alert

READER QUESTIONS: Scalpel Use Cuts Swath to I&D

Question: A 48-year-old established patient reports to the internist for management of her type II diabetes mellitus. The patient also makes note of a painful left index finger. She says the digit has been red and swollen for the past three days, and she rates the pain a 6 on a 10-point scale. The internist provides a level-three E/M service, during which he notes "fluctuance limited to area surrounding lateral nail fold. Final Dx: Paronychia" In addition to advising the patient to continue current diabetic management, the internist uses a scalpel to perform incision and drainage (I&D), flushes the area with saline, and has the nonphysician practitioner (NPP) dress the wound. Does this qualify as an I&D for coding purposes?

Minnesota Subscriber

Answer: Since the internist used a scalpel and irrigation to treat paronychia, this qualifies as an I&D. On the claim, report the following:

- 10060 (Incision and drainage of abscess [e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia]; simple or single) for the I&D
- 99213 (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity ...) for the E/M
- modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) appended to 99213 to show that it was a separate service from the I&D
- 681.02 (Cellulitis and abscess of finger and toe; Onychia and paronychia of finger) appended to 10060 and 99213 to represent the patient's injury.

Note: Since the internist provided an evaluation of the patient's diabetes during this encounter, append 250.00 (Diabetes mellitus without mention of complication; type II or unspecified type, not stated as uncontrolled) to 10060 and 99213 as a secondary diagnosis.