

Internal Medicine Coding Alert

You Be the Coder: Check Global Days Before Reporting Repeat Procedures

Question: Our physician recently performed an I&D procedure on a carbuncle. We reported the procedure with 10060. The patient returned two weeks later as the same area had become infected once again. Our clinician repeated the procedure. Can I report the second procedure with another unit of 10060? If so, should I report any modifiers with the code?

Rhode Island Subscriber

Answer: The CPT® code 10060 (Incision and drainage of abscess [e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia]; simple or single) that you reported for the incision and drainage (I&D) of the first lesion carries a 10-day global period.

Since the code carries a 10-day global and the patient returned after the global period allocated to the code, you can report it with an additional unit of 10060. For many if not all payers, most work that is performed within the global period of a code and related to the service described by that code cannot be reported separately.

However, if you wish to let the payer know that the procedure was repeated due to complications that developed, you will have to use the modifier 76 (Repeat procedure or service by same physician or other qualified health care professional) appended to the second unit of 10060 that you are reporting.