

Internal Medicine Coding Alert

You Be the Coder: Remember Your Anatomy on Sub-Q FBRs

Question: I have a puzzling denial in front of me. The internist used a scalpel and tweezers to perform complicated splinter removal on a patient's left shoulder in the emergency department. Notes indicate that the subcutaneous removal was preceded by a level-two E/M service. I reported 24200 and 99282-25 and received a denial. Where did I go wrong?

Answer: You should have chosen a more accurate code for the foreign body removal (FBR). When you re-submit the claim, report the following:

- 23330 (Removal of foreign body, shoulder; subcutaneous) for the FBR
- 99282 (Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity) for the ED E/M service
- 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 99282 to show that the E/M and the FBR were separate services
- 880.10 (Open wound of shoulder and upper arm; complicated, shoulder region) appended to 23330 and 99282 to represent the patient's injury.

Explanation: When compared with the descriptor for 23330, it is clear that it is a more accurate code choice than 24200 (Removal of foreign body, upper arm or elbow area; subcutaneous) for this encounter.