

## Part B Insider (Multispecialty) Coding Alert

### EMERGENCY CARE: Coding For Suture Depends On The Future

#### Use 54 modifier if ED physician doesn't plan to remove sutures

**Question:** A patient comes into the Emergency Department with a head injury, and the emergency physician places sutures and then sends the patient home. Can you bill for a standard laceration repair code?

**Answer:** It depends on whether the ED physician plans to see the patient again, experts say. Most of the laceration repair codes include a 10-day global period, which accounts for some follow-up care and the removal of the sutures. They don't include multiple evaluation and management (E/M) codes, however. Until 2004, the laceration repair codes had a starred procedure status, meaning the global period didn't apply.

If the emergency physician has no intention of removing the sutures and tells the patient to go elsewhere to have them removed, then you should probably attach the 54 modifier to the laceration repair code, notes **David McKenzie**, director of reimbursement with the **American College of Emergency Physicians** in Irving, TX.

"If the emergency physician places sutures and instructs the patient to return to the ED to have them removed, there's no need to append the 54 modifier," says McKenzie. "The physician intends to provide the full global package included in laceration repair codes."

In that case, the physician who removes the sutures would probably just bill an E/M service, not the laceration repair code with the 55 modifier, McKenzie adds.

The E/M service for suture removal would probably be a **CPT 99211** or 99212, adds **Carol Miller**, a coder with **Family Health Center at Florida Hospital** in Orlando, FL. That physician would use the diagnosis code V58.3 (Suture removal).