Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: 5 Answers Capture Suture Removal and Related Work

Tip: Your E/M usually requires 2 components -- which means more than problem-focused.

If you pigeonhole encounters involving suture removal as 99212s, you could be cutting yourself short -- or you could be overcharging your service.

To tell whether you need to code more or less for laceration follow-up care, answer these five questions.

1: Did You or a Co-Physician Do the Repair?

Yes: If your physician or a doctor within your group places the sutures, you cannot bill for their removal, confirms **Tracy Russell, CBCS,** at Carroll Childrens Center in Westminster,Md. The laceration repair code includes uncomplicated, related postoperative follow-up visits and suture removal.

No: If another physician places the sutures and your doctor removes them, you can bill for the wound check and removal.

2: Are You Providing a 2-Day Post-ER Check?

For lacerations done in the ER, we are often called upon to evaluate the wound in two days, explains **Charles Scott, MD, FAAP,** a pediatrician at Medford Pediatric and Adolescent Medicine in New Jersey.

This ER-physician ordered two-day wound check involves checking for infection and for proper wound healing, and usually requires an expanded problem-focused history and examination. I code an E/M -- usually 99213 because I not only look at the laceration site, but I also need to assess the areas functionality, Scott relays. This involves such concerns as:

" Does the leg move properly or the finger bend well?

" Could there have been a tendon injury below the surface?

" For an eyebrow, what about the extra ocular muscle function?

" Is sensation intact?

Be careful: Dont rule out a problem-focused visit.

Although cases requiring looking only at the wound are rare, if thats all Scott does, he uses 99212 (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making &).

For the diagnosis code, use the open wound laceration by site code. Make sure to choose the appropriate digits to represent the location and status, such as:

" open wound of scalp (873.0, Other open wound of head; scalp,without mention of complication; or 873.1, ... Scalp, complicated)

" forehead (873.42, & face, without mention of complication; forehead; or 873.52, & face, complicated; forehead)

" finger (883.0, Open wound of finger[s]; without mention of complication; 883.1, & complicated; or 883.2, & with tendon involvement), etc.

3: Did You Assess Wound and Remove Sutures?

You might not be giving yourself due credit if you overlook the work you may provide in an encounter before performing the suture removal. Remedy: Look at the situation as two evaluation components:

1) wound assessment -- Scott says this component involves the physician assessing:

" Is the wound healed and ready for suture removal?

" Is there functioning of the area?

" Is there an infection?

2) (after that assessment) the actual sutures removal.

Each, in and by itself, would be a 99212 (unless you had a case involving extensive and complicated sutures), Scott relays.

Adding the two components together, however, is usually a 99213 (& an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity &).The complaint isnt a problem-focused issue (99212); rather the encounter involves two expanded components (thus 99213), Scott explains.

4: Does the Insurer Accept S0630?

The CPT manual does not offer a specific suture removal code. The HCPCS Level II manual does offer a less commonly accepted option. I generally use S0630 (Removal of sutures; by a physician other than the physician who originally closed the wound) when we have already seen the patient for the injury, Russell reports.

Code S0630 accounts for the suture removal only, not a wound check. If we are treating the patients wound for the first time and taking out sutures, we will charge an E/M code with modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) along with S0630, recalls Russell.

You might, however, find youre better off sticking with a combined higher-level E/M code.

Most payers include the suture removal in with the E/M code now, Russell notes.

Even if youre coding only for the suture removal, you still might want to omit the HCPCS S-code option. Russell finds that most payers do not pay.

5: Did You Use 2 Diagnoses?

You can support encounters in which the doctor assesses the wound and removes the sutures with a diagnosis that represents both components. Heres how:

" **Diagnosis 1:** As long as you are still dealing with the wound, use the laceration diagnosis code, says **Bill Dacey, CPC, MBA, MHA,** principal in the Dacey Group, a consulting firm dedicated to coding, billing, documentation, and compliance concerns in Stanley, N.C.

Report 870-897 based on the wounds site. For instance, you would code an uncomplicated open wound on the eyebrow with 873.42 (& forehead), which includes Eyebrow.

" **Diagnosis 2:** For the secondary diagnosis, indicate suture removal with V58.32 (Encounter for removal of sutures).