

Part B Insider (Multispecialty) Coding Alert

PART B REVENUE BOOSTER: Add An Extra 4200 To Your I&D Reimbursement

Tell-tale sign that your physician's extra effort deserves extra dollars

Even a -routine- incision and drainage (I&D) may turn out to be more complicated than it first appears--and your practice's bottom line could depend on your spotting the additional work involved.

Don't miss out: You can add an extra \$70 to \$110 to your Medicare payments when you bill for a complex I&D instead of a simple one.

Also, you can bill an extra \$200 when the physician performs a partial rib ostectomy along with an I&D of a deep abscess or hematoma (21501-21502). Are you missing these important reimbursement hints in your physician's documentation?

Look for clues: You can bill a complicated abscess I&D (10061) instead of simple I&D (10060) if the patient has multiple cysts, or if the physician places a drain and packs the wound with gauze, says **Shari Kelly**, manager of **Excela Health Diversified Services Physician Billing** in Latrobe, PA.

Likewise, you may be able to bill a complicated pilonidal cyst I&D (10081) instead of a simple one (10080) if the physician excised tissue and performed a primary closure and/or a Z-plasty, says Kelly. And a complicated incision and foreign body removal (10121) requires dissection of underlying tissues, she notes.

Search the documentation: -For a complicated I&D, I would look for inclusion of a drain, packing for continued drainage or indication of delayed closure,- says **Cheryl Ortenzi**, billing and compliance manager with **Boston University OB/Gyn**.

Meanwhile, 21502 represents a partial rib ostectomy in addition to an I&D of deep abscess or hematoma, says Kelly. You should look for a description of the I&D along with a statement about the excision and removal of a piece of the rib. You shouldn't code 21502 unless the coder can identify both parts of the procedure, she adds.

The documentation for 21502 should indicate the extra effort the physician made to remove the bone, says Ortenzi. And you should look for pathology notes from the bone removal, she advises.