

Part B Insider (Multispecialty) Coding Alert

SURGERY: You Could Be Missing \$100s In Abdominal Surgery Coding

Don't be afraid to [bill 49002](#) when the surgeon reopens the wound

If your surgeon is re-exploring an abdominal wound with washing and VAC placement, don't just bill for abdominal lavage--or you could be throwing away hundreds of dollars.

Surgeons sometimes fail to document their work properly when they reopen an abdominal wound, says **Christine Endes**, surgical coding specialist at **Einstein Healthcare Network** in Philadelphia, PA. Surgeons routinely bill peritoneal lavage code 49080 when they should bill for 49002 (Reopening of recent laparotomy), she notes.

Example: A trauma surgeon has closed the wound previously, but the surgeon reopens the stitches and moves some organs out of the way to examine the progress of healing. The surgeon inserts a hose to clean out the wound and then applies vacuum-assisted wound drainage, before closing the wound again. The surgeon may make the mistake of simply recording "abdominal washout" or "abdominal cleanout," says Endes.

Moneymaker: Medicare pays around \$80 for peritoneal lavage, but it pays between \$600 and \$700 for reopening of a recent laparotomy, says Endes. And since some patients may go back as many as 10 times for re-exploration, it pays to bill correctly.

Warning: You must document in detail what the surgeon found after reopening the wound, Endes cautions. Make sure the documentation mentions checking the valve for leaks and performing the saline wash.

Scan for clues in the report: Look at the big picture, advises **Nancy Lynn Reading**, a coder with **University Medical Billing** at the **University of Utah** at Draper. Most of the time, the surgeon couldn't have performed the lavage without reopening the wound.

Surgeons may encourage you to undercode because they're worried they won't receive any payment for re-exploring the wound if it happens during the global period after the original surgery, notes Reading.

But Endes says you should be able to bill for 49002, using the 78 modifier, for a return to the operating room for a related procedure.

Sometimes, Endes has been able to bill 97605 for the vacuum-assisted wound drainage collection as well. Medicare hasn't assigned any RVUs to this code, but some other payors will reimburse it.