Outpatient Facility Coding Alert

Procedure Focus: Here's Your Guide to Selecting Right the Codes for Incision and Drainage

Give Heed to These 3 Questions When Coding I &D.

When deciding which codes to use with incision and drainage procedures, it's helpful to ask three questions: What will the subject of incision be? Will you perform one or more incisions? Is the procedure simple or complex? Dig into the procedure and diagnosis codes to understand them fully and submit the correct options.

Delve Into Codes of These Conditions for Precise Billing

A better understanding of the wound types and the appropriate procedural codes used to manage them will help you navigate through the maze of options and choose ones that best suit your situation.

Abscesses: The first codes in the CPT® series for incision and drainage address abscesses. They are 10060 (Incision and drainage of abscess [e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia]; simple or single) and 10061 (..... complicated or multiple).

CPT® defines the procedures as making an incision in the abscess and allowing its contents to drain. If it's a simple case, the provider probably leaves the incision open to drain on its own. If he or she needs to place a drain or pack to allow for continuous drainage, the procedure would be considered complex. Even if the procedure's individual incisions are simple, you can report the procedure as complex if the provider performs more than one incision.

Cysts: The next pair of codes for incision and drainage procedures are 10080 (Incision and drainage of pilonidal cyst; simple) and 10081 (..... complicated). In this procedure, the physician makes an incision and removes the cyst with the cystic epithelial lining. In a simple case, the wound heals with normal local wound care. In complex cases, the physician might perform tissue excision, primary closure and/or Z-plasty.

Hematomas, seromas, and fluid collection: If your physician incises and drains a hematoma, seroma, or fluid collection, use code 10140 (Incision and drainage of hematoma, seroma or fluid collection). In this procedure, the physician incises the pocket of fluid and bluntly penetrates it to allow the fluid to evacuate. You can use this code with or without the necessity of packing. The incision can be closed primarily or be left to heal without closure.

Complex wounds: For incision and drainage of a complex wound infection, report 10180 (Incision and drainage, complex, postoperative wound infection). The physician might remove the sutures/ staples from the wound or make an additional incision to work through. During the procedure, the physician drains the wound and excises any necrotic tissue. The wound can be packed open for continuous drainage or closed with a latex drain.

Remember: As drain placement is an inherent part of this procedure (10180), it is not appropriate to report this service separately.

Always Choose the Appropriate ICD-9 Codes

With all incision and drainage procedures, it is important to show medical necessity by choosing the appropriate ICD-9 codes to correlate with the procedure.

For example, when you are coding 10080 (Incision and drainage of pilonidal cyst; simple) or 10081 (...complicated), correlate it with ICD-9 code 86.03 (Incision of pilonidal sinusorcyst).

When you code these procedures in conjunction with an initial hospital visit or a subsequent visit, make sure you modify the evaluation and management code with modifier -25 (Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service) to indicate that it is a separately identifiable service.