

Outpatient Facility Coding Alert

Reader Question: Look Back on the Documentation of Initial Visit for Follow-up Claims

Question: A patient saw our physician because of an abscess, and returned for a follow-up a few days later. Can we charge anything for the follow-up visit if we just examined the site and changed the bandages?

Louisiana Subscriber

Answer: The answer depends on what service your physician provided during the initial visit. If he performed an incision and drainage (I&D) of a skin abscess, you probably reported 10060 (Incision and drainage of abscess [e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia]; simple or single). The CPT® code 10060 includes a 10-day follow-up period. If the patient returned to your office within that 10-day period, the follow-up service is included in the global package so you won't report anything else.

If the physician did not perform a therapeutic procedure during the initial visit and simply bandaged the abscess with instructions to return in follow-up a few days later, you'll report the appropriate E/M code, such as 99212 (Office or other outpatient visit for the evaluation and management of an established patient ...), at the time of follow-up in addition to whatever E/M code you reported for the initial encounter.