Codify
BY AAPC

Outpatient Facility Coding Alert

You Be the Coder: Here's How to Stop Posterior Nasal Bleeding

Question: A patient with liver disease came to the emergency department. His nose had been bleeding for hours, even after applying pressure. The patient had no other bleeding or bruising. The physician inspected the nasal mucosa and saw much less anterior bleeding and a large amount of posterior bleeding from the nasal vestibule. The lab report confirmed underlying coagulopathy. How do we report this?

Ohio Subscriber

Answer: Report this situation with 30905 (Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial) for the posterior nosebleed treatment. You also need to report an E/M code such as 99285 (Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; and medical decision-making of high complexity) for the evaluation and management service.

Remember to append 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 99285 to show that the nosebleed treatment and E/M were separate services.

Diagnosis codes: Report R04.0 (Epistaxis) and D68.4 (Acquired coagulation factor deficiency) with 30905 and 99285 to prove medical necessity for the encounter.