

Modifier Coding Alert

You Be the Coder: Determine a Modifier for a Return Visit

Question: Our pediatrician treated a patient for reduction of subluxed radius (24640). Three days into the 10-day global period the patient returned with vomiting and a fever. The doctor diagnosed infectious gastroenteritis (009.1). How do I code the return visit?

Minnesota Subscriber

Answer: The return visit during the global period includes an unrelated E/M service that you would report from the 99211-99215 (Office or other outpatient visit for the evaluation and management of an established patient, ...) range. Because the E/M service is unrelated to the original procedure (24640, Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation), you will attach modifier 24 (Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period) to the E/M code. The documentation supporting the 99211-99215 service is information that relates to the vomiting and fever. The billing of the level of service does not relate to the reduction portion of the visit.

The specific E/M code you claim depends on the level of service your doctor provides with the support of the documentation for the history, examination, and medical decision making (MDM).

You will also include the infectious gastroenteritis ICD-9 diagnosis code 009.1 (Colitis enteritis and gastroenteritis of presumed infectious origin [ICD-10: A09, Infectious gastroenteritis and colitis, unspecified]).