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- Can you be reimbursed for counseling an absent patient?

***FAST** TRACK*

Report surgery to repair wound dehiscence with code 12020 (superficial wound) or code 13160 (extensive or complicated)

Is it "major" or "minor" dehiscence repair?

Q. I examined a patient at a routine postop visit and noticed that the surgical wound had split open. I brought her back into surgery the next day to repair the wound. Can I bill the postoperative visit in addition to the surgery if I attach a modifier -57?

A. CPT doesn't have a hard and fast rule on this situation. But a modifier **-57** (*Decision for surgery*) is generally reserved for more extensive evaluation of a patient whose problem results in a decision to do major surgery that day or the next. ("Major surgery" is any surgery that has a 90-day global period.)

You have 2 code choices. Surgery to repair wound dehiscence (Diagnosis code **998.32**, *Disruption of external operation wound*) would be reported with:

- code **12020** (*Treatment of superficial wound dehiscence; simple closure*), which has a global period of 10 days, or
- code **13160** (*Secondary closure of surgical wound or dehiscence; extensive or complicated*), which has a 90-day global period.

Because the visit was scheduled as routine—by which I mean it appears that the patient did not realize there was a problem with the wound—it may be that you performed only a simple closure. In that case, it would be inappropriate to use a modifier **-57**. You should, however, add a modifier **-78** (*Return to the operating room for a related procedure during the postoperative period*) to code **12020**.

If, instead, dehiscence involved complex repair and you documented significant evaluation above and beyond normal postoperative care before determining that repair was necessary, you may bill that level of service with a modifier **-57**.

No new code for new Depo-Provera formulation

Q. Our practice has decided to purchase the new depo-subQ provera 104 (medroxyprogesterone acetate, 104 mg) for injection. Our coding staff can't find a code for this product. Can you help?

A. Normally, you would report injection using a Healthcare Common Procedure Coding System (HCPCS) "J" code, but there is no code for this new product yet. That leaves you with 3 coding options:

- Report **J3490** (*Unclassified drug*), but also submit the National Drug Code (NDC) number to identify the injection
- Report **99070** (*Supplies and materials [except spectacles], provided by the physician over and above those usually included with the office visit or other services rendered [list drugs, trays, supplies, or materials provided]*) and be sure to indicate the NDC number
- Report the existing code for a noncontraceptive dosage of Depo-Provera (**J1051**) multiplied by a quantity of 2 (**J1051** is for a 50-mg dosage).

I recommend that you use the last option only if the payer insists that you submit a "J" code for injection but will not accept the "J" code for an unclassified drug. ■