



## Coding for Splints, Modifier–QW, Routine Rechecks, and Language Barriers to Efficient Coding

■ DAVID STERN, MD, CPC

**Q.** For splinting, our physicians use Ortho-Glass. At one time we billed out by the inch for it, but now some are saying that you cannot bill for it, as it is included in the E/M level charge. This does not make sense to me, so we're looking for an expert opinion. Can you help me with this coding dilemma or point me in the right direction?

– Question submitted by Carlene Cox, Genesis FirstCare, Ohio

**A.** There are specific codes for both splint application and splint supplies. Neither is included in the E/M code.

For example, if the doctor applies a short-arm fiberglass splint to an adult, then you should code:

- Q4022: Cast supplies, short-arm splint, adult (11 years +), fiberglass
- 29125: Application of short-arm splint (forearm to hand); static

Fracture care: If the splint is applied as the definitive care for a fracture, then you should use the CPT code for the fracture care; you should not code the CPT code for splint application, as the initial splint or cast application is included in the code for fracture care.

If the doctor is only splinting the fracture prior to providing definitive care for the fracture, then you should code for the splint application and splint supplies. ■

**Q.** My question relates to CPT code 87880–QW (CLIA-waived rapid strep test). When coding for a pediatric urgent care center, is it appropriate to bill 87880 with the QW modifier for claims that are not sent to Medicaid or

Medicare? It is my understanding that if box 23 is complete and includes the CLIA Certificate number, then this is appropriate to code utilizing the QW modifier. Please understand that when I code a chart, I am not aware of the specific payor to which the claim will be sent.

– Question submitted by Diane McKenna, CCS, Holbrook, New York

**A.** As a general rule, modifier-QW should only be used for CLIA-waived tests when billed to Medicare, Medicaid and Tricare. In order to code accurately, you should modify your processes to allow you to see the payor at the time of coding, as many coding issues (not just modifiers) are specific to payors.

If your billing software automatically strips off modifier –QW when the payor does not accept this modifier, then you may be able to code this issue without being aware of the primary payor. In general, however, coding without knowledge of the payor will result in significant numbers of avoidable denials. ■

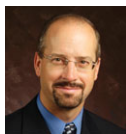
**Q.** We had a patient come into our hospital-affiliated urgent care center a week ago for a left forearm abscess. The physician who initially saw the patient cleaned, packed, and cultured the wound.

Yesterday, the patient came for a recheck and was seen by a different physician in our practice. The physician had to examine and repack the wound.

Are we able to charge for the physician visit, or is that an inclusive charge from the original visit? If we cannot charge for the physician visit, how do we bill for supplies?

– Question submitted by Meg Bickel, ExpressCare

**A.** The answer to your question is quite simple, but not very satisfactory. Routine rechecks (including time and supplies for repacking) are included in the initial fee for the incision and drainage of the abscess. You should not add an E/M



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## CODING Q & A

for the professional services of the physician. Hospital-affiliated urgent care centers that bill separately on a UB-04 form for the facility may bill for supplies on the UB-04, even during the global period for a code billed on the CMS-1500. ■

### **Q.** My question is which code we could use for urgent care centre while patient has chest pain and facility perform EKG?

— Name withheld

**A.** Yes, this is the actual question that was sent by e-mail. I get scores of similar questions from people—mostly workers in foreign nations—who are actively coding for urgent care centers in the U.S.

If you have outsourced your billing to a coder who is unaware of the correct code for an EKG, you can be sure that your center is losing thousands of dollars due to poor coding in many other areas. Be very careful. ■

## HEALTH LAW

### **Learn How to Use the Equipment and Fix It When It Breaks**

On one of my first rides, I stupidly made the comment, “I don’t believe in karma, I won’t get a flat tire.” Within about 30 minutes, I had *two* flat tires. Fortunately, the person with whom I was riding not only had the equipment, he knew how to use it and taught me how to quickly change a tire (twice).

It is simply not enough to have initials after your name. The pursuit of additional training or an advanced degree is not a means to an end. The value is in the knowledge base which comes with the degree or training. You have to understand how to apply what you have learned in the real world and how to use this knowledge when things break or do not go as planned.

### **Expertly Organize Your Area**

I thought I was pretty organized until I watched Michael prepare all of his gear. There was clearly a rationale to his methodology. His race times and transition times were fractions of some of the other elite racers. He simply out-organized many of them.

Individuals who are organized seem to effortlessly accomplish more than their peer group. I work with an amazing woman who has every document and every necessary management detail at her fingertips. She is not obsessive-compulsive; she is simply very organized and accomplishes more than anyone else in a shorter time period because she is so prepared. She does not have to waste time looking for information because she makes the effort to organize prospectively, as opposed to haphazardly searching retrospectively.

### **Prepare for the Unknown**

Extra socks, another set of goggles, an extra inner tube, etc., etc...all things to help you deal with potential impediments to finishing the race. (For me, an extra set of lungs, O<sub>2</sub> and blood doping may have helped.) Save for my lack of talent, thanks to Michael, I had it dialed in. The only thing I was unprepared for

was being eaten by Jaws or Nessie, neither of which made an appearance. (Although, at one point during the swim, I thought I saw a killer dolphin. Since I was in a lake in Arizona, it was probably simply a hypoxia-induced hallucination or a fat guy with a big nose in a wetsuit.)

No one expects to lose their job or suffer some untoward event. Those who are prepared in advance can weather the squall and emerge tougher, smarter, and ready for the next challenge. I simply look at this as the human version of a credit default swap; understand the risks and mitigate them by hedging your bet.

This preparation takes guts and determination. In other words, it takes your best. Others won’t understand why you need more training or education or why you seem to continually choose the harder road. Hopefully, they will never need to know.

### **Keep Moving**

During this race, to keep moving was very challenging for me. After seeing the “killer dolphin” and beating the one-legged man, the run portion of the triathlon appeared the most daunting. Fortunately for me, Michael was off his personal record pace and decided to wait for me so that we could run together. He convinced me to just keep moving forward. It worked. I finished the race and, most importantly, learned where I was deficient for future races.

Nothing comes to those who wait for gifts to land on their doorstep. Simply stated, action equals results. Sometimes the actions are misguided and lead to negative results. Personally, I have learned more from missteps than I have ever learned from successes.

Just keep moving and the goal that was just over the horizon becomes achievable. Approach these challenges as gifts which test your resolve and watch them become achievable.

As Pre said, “To give anything less than your best is to sacrifice the gift.” ■