



## Foreign Body Removal, Hydration, and Minor Surgical Procedures with E/M

■ DAVID STERN, MD, CPC

**Q.** We removed an earring that was imbedded in the pinna using general anesthesia? Can we bill CPT code 69205?

**A.** No. CPT code 69205, "Removal foreign body from external auditory canal; with general anesthesia," is limited to the external auditory canal. The pinna, which also may be referred to as the auricle, is not considered a part of the auditory canal. If an incision was made to remove the embedded earring, you would bill CPT code 10120, "Incision and removal of foreign body, subcutaneous tissues; simple." ■

**Q.** When is it appropriate to bill for normal saline with a hydration procedure?

**A.** If the physician practice purchased the drugs/substances, the corresponding HCPCS Level II codes may be reported in addition to the administration codes. Thus, you would bill for the saline separately when performing hydration, CPT code 96360, "Intravenous infusion, hydration; initial, 31 minutes to one hour" and add on code 96361, "...each additional hour (List separately in addition to code for primary procedure)."

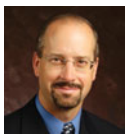
You can also bill separately for normal saline used to help facilitate drug if the normal saline was purchased by the practice. For example, a patient was given 1 g of Rocephin intravenously over a period of 30 minutes. You used one bag of 1,000 mL normal saline to dilute the Rocephin. You would bill 96365, "Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to one hour," HCPCS Level II code J7030 for the normal saline, and HCPCS Level II code J0696 (4 units since

this code represents 250 mg) for the Rocephin. However, if you are infusing a drug where normal saline is already packaged with the medicine, you would not bill separately for the saline.

Some payors may bundle the normal saline with the procedure, so you will want to check individual payor policies and contracts. ■

**Q.** We sutured a finger laceration and also took a history and performed an exam. Can we bill an E/M code with the laceration code?

**A.** The following quote comes directly from the 2013 NCCI edits. The phrase in italics was added/revised as of January 1, 2013. "If a procedure has a global period of 000 or 010 days, it is defined as a minor surgical procedure. *E/M services on the same date of service as the minor surgical procedure are included in the payment for the procedure.* The decision to perform a minor surgical procedure is included in the payment for the minor surgical procedure and should not be reported separately as an E/M service. However, a significant and separately identifiable E/M service unrelated to the decision to perform the minor surgical procedure is separately reportable with modifier -25. The E/M service and minor surgical procedure do not require different diagnoses. If a minor surgical procedure is performed on a new patient, the same rules for reporting E/M services apply. The fact that the patient is "new" to the provider is not sufficient alone to justify reporting an E/M service on the same date of service as a minor surgical procedure. NCCI does contain some edits based on these principles, but the Medicare Carriers (A/B MACs processing practitioner service claims) have separate edits. Neither the NCCI nor Carriers (A/B MACs processing practitioner service claims) have all possible edits based on these principles." ■



**David E. Stern** is a certified professional coder. He is a partner in Physicians Immediate Care, operating 18 clinics in Illinois, Oklahoma, and Nebraska. Dr. Stern was a Director on the founding Board of UCAOA and has received the Lifetime Membership Award of UCAOA. He serves as CEO of Practice Velocity ([www.practicevelocity.com](http://www.practicevelocity.com)), providing software solutions to over 750 urgent care centers in 48 states. He welcomes your questions about urgent care in general and about coding issues in particular.

*Note: CPT codes, descriptions, and other data only are copyright 2011, American Medical Association. All Rights Reserved (or such other date of publication of CPT). CPT is a trademark of the American Medical Association (AMA).*

*Disclaimer: JUCM and the author provide this information for educational purposes only. The reader should not make any application of this information without consulting with the particular payors in question and/or obtaining appropriate legal advice.*