

Tips to choose the right codes for incision and drainage

The right way to document abscesses, cysts, hematomas and complex wounds

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If you're like many physicians, the CPT codes for incision and drainage are something of a mystery. Over the years, many physicians—not just hospitalists—have told me that they have a difficult time navigating the CPT codes for these procedures.

When deciding on which codes to use with incision and drainage procedures, it's helpful to ask three questions:

1. What will the subject of incision be?
2. Will you perform one or more incisions?
3. Is the procedure simple or complex?

Abscesses, cysts and more

How you answer the above questions will determine the correct codes to report incision and drainage services. Here's a review of the major categories of CPT codes for this type of procedure:

■ **Abscesses.** The first code in the CPT series for incision and drainage, CPT 10060-10061, defines the procedure as "incision and drainage of abscess (carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single and complex or multiple."

Under the definition of CPT 10060-10061, you'll make an incision in the abscess and allow its contents to drain. If it's a simple case, you'll probably leave the incision open to drain on its own. If you need to place a drain or pack to allow for continuous drainage, the procedure would be considered complex.

cases, tissue excision, primary closure and/or Z-plasty may be required.

■ **Hematomas, seromas and fluid collection.** If you incise and drain a hematoma, seroma or fluid collection, use CPT 10140. In this procedure, you incise the pocket of fluid and bluntly penetrate it to allow the fluid to evacuate.

You can use this code with or without the necessity of packing. The incision can be closed primarily or be left to heal without closure.

■ **Complex wounds.** For incision and drainage of a complex wound infection, use CPT 10180. You can remove the sutures/staples from the wound or make an additional incision to work through.

The wound is drained and any necrotic tissue is excised. The wound can be packed open for continuous drainage or closed with a latex drain.

Note that because drain placement is an inherent part of this procedure, it is not appropriate to report this service separately.

Medical necessity

With all incision and drainage procedures, it is important to show medical necessity by choosing the appropriate ICD-9 codes to correlate with the procedure.

When you code these procedures in conjunction with an initial hospital visit or a subsequent visit, for example, make sure you modify the evaluation and management code with modifier -25 to indicate that you are seeing the patient for multiple ongoing conditions.

And while each of these incision and drainage codes are separately billable from critical care, remember to subtract any time you spend on these procedures from the time you spend on critical care services. **TH**

Four codes you need to know for incision and drainage procedures

Abscesses	10060-10061
Cysts	10080-10081
Hematomas, seromas and fluid collection	10140
Complex wounds	10180

Note that even if the incisions in this procedure are simple, you can list the procedure as complex if you perform more than one incision.

■ **Cysts.** The next series of codes for incision and drainage procedures—CPT 10080-10081—refers to "incision and drainage of pilonidal cyst; simple or complicated."

In this procedure, you perform an incision and remove the cyst with the cystic epithelial lining. In a simple case, you allow the wound to heal with normal local wound care. In complex

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