Can I get paid for suture removal?

Recorded February, 2023

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Concepts

Global package: procedures with a 10 or 90 day global period include suture removal by the physician/practitioner who placed the sutures

- Intermediate and complex repairs have a 10 day global period
- Question frequently arises after laceration repair done in ED, patient presents to primary care for suture removal

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Suture removal when you did not do the repair

- Remember, physicians in a group of the same specialty must bill and be paid as if they were one physician
  - If you or your same specialty partner repaired the laceration, **removal is included for intermediate and complex repairs**
- Didn't do the laceration repair (or other service that placed the sutures)?
  - A practice can bill for suture removal with an E/M service that reflects the level of service performed

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Revised code

15851 Removal of sutures **or** staples requiring anesthesia (ie, general anesthesia, moderate sedation)

- Not an in-office procedure
- Procedures that require a return trip to the OR can be billed during the global period
- Modifier 58: staged or related procedure

15850 deleted

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New add-on codes in 2023

+15853 Removal of sutures **or** staples not requiring anesthesia

+15854 Removal of sutures **and** staples not requiring anesthesia

Medicare:

- No wRVUs
- Non-facility only in CMS fee schedule

+15853 national payment $11.52

+15854 national payment $16.27

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New add-on codes in 2023

- CPT tells us to use with office visits, ED visits, and home and residence services
  - CMS has only valued them for non-facility settings
- CPT Changes 2023 An Insider's View says the codes account for the practice expense involved in suture or staple removal, not inherent to the E/M service

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Modifiers

- Will you need modifier 25 on the E/M?
  - CPT Changes 2023 An Insider's View doesn't say explicitly. In the clinical example it says, "undergoes removal of sutures during a separately reportable office or other outpatient evaluation and management service."
  - This is the language that they use in defining modifier 25, so I expect you will need modifier 25 but the book does not say that explicitly

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Modifiers

- Per CPT, modifiers 50 (bilateral) and 51(multiple procedure) should not be appended to add-on codes
  - This is stated in Appendix A, in the definition of those modifiers

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Yes, you can be paid

- For suture/staple removal if you (or your same specialty partner) did not do the procedure that caused the sutures to be placed
- Don't bill the new codes **alone** +15853, +15854
  - They are add-on codes
- Do document the E/M service that supports the level of service you billed—because it may be difficult to get the new codes paid, and if you send records your office visit needs to be documented well

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Thank you

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