Dermatology Coding Alert

Here's How Test Interpretation Can Inform Your E/M Choice

If you bill only one physician for dx test analysis, the full pay will come

Just because your dermatologist orders and interprets a biopsy, allergy patch tests or other diagnostic test doesn\'t mean you can bill separately for the service.

Even when the dermatologist cannot bill separately for the interpretation, however, you can consider the test as a factor in medical decision-making when choosing an E/M level.

Outline Results to Place Your Claim

Before billing for any diagnostic test interpretations, be sure that another physician hasn\'t already laid claim to the service.

A possible scenario: During testing for eczema, the dermatologist orders a series of patch tests to find out if the patient might be having an allergic reaction to any substances and exactly what substances the patient might be allergic to (95004, Percutaneous test [scratch, puncture, prick] with allergenic extracts, immediate type reaction, specify number of tests; or 95024, Intracutaneous [intradermal] tests with allergenic extracts, immediate type reaction, specify number of tests).

Two days later, the patient then sees another doctor who provides interpretations for the patch tests. In such a case, the first dermatologist should not bill for the interpretation, coding experts say.

And if one physician interprets a test and provides a report outlining the result, no other physician can bill for the same service, because this would constitute \"double-billing,\" says **Barbara J. Cobuzzi, MBA, CPC, CPC-H, CHBME**, president of Cash Flow Solutions Inc., in Brick, N.J., and a member of the AAPC National Advisory Board.

What if your dermatologist disagrees? If the ordering dermatologist disagrees with the other dermatologist\'s interpretation, and if the dermatologist writes his own full report of the test, the ordering dermatologist\'s report counts as a correctly formatted report with a conflicting outcome.

If this is the case, you may attempt to bill for the ordering dermatologist\'s interpretation, Cobuzzi says. But the payer will likely deny the charge, and you will be forced to appeal with the documentation

Consider Test Results Toward E/M Level

Although the dermatologist may not be able to claim separate reimbursement for test interpretation if another physician has already provided a report, the dermatologist can consider her own reading of the test results as a component of medical decision-making. This may affect the level of any E/M service she provides, Cobuzzi says.

This is because the amount and/or complexity of medical records, diagnostic tests and other information that the dermatologist must consider when examining the patient is itself a key component of medical decision-making, according to CPT guidelines - and reading test results falls into this category, coding experts say.

In the above scenario, if the dermatologist documents that he reviewed the actual allergy test, auditors can typically increase the \"Amount and/or Complexity of Data\" by use of the \"Independent visualization of image, tracing or specimen itself (not simply review of report)\" portion of this section.

When You CAN Bill, Append -26

When the dermatologist legitimately provides only the interpretation and report for a diagnostic study, you must still remember to append modifier -26 (Professional component) to the appropriate CPT code to describe the test, says **Laureen Jandroep, OTR, CPC, CCS-P, CPC-H, CCS**, director and senior instructor for CRN Institute, an online coding certification training center based in Absecon, N.J.

Appendix A (\"Modifiers\") of CPT explains that some procedures are a combination of a technical component and a physician (or professional) component.

If the dermatologist provides both components of the service, such as a biopsy and patch tests, he may report the appropriate CPT code with no modifiers.

But \"When the physician component is provided separately,\" CPT specifies, \"the service may be identified by adding modifier -26 to the usual procedure code.\"

Don\'t miss: In the latter case, the facility providing the equipment may claim the technical component of the service (the cost of equipment, supplies, technician salaries, etc.) by reporting the appropriate CPT code with modifier -TC (Technical component) appended.