

Dermatology Coding Alert

READER QUESTIONS: Use 99201-99205 if Patient Switches to Your Office

Question: When my dermatologist covers for another local private-practice dermatologist, I code the office visits as established patient E/M services. If, a couple of weeks later, a patient decides to switch to my dermatologist permanently, should I report a new or an established patient office visit? This visit will require all necessary new patient paperwork.

Tennessee Subscriber

Answer: You should report a new patient office visit code (99201-99205) for your dermatologist's E/M service.

As a covering physician, your dermatologist temporarily replaces the patient's regular physician, and the regular physician reports the service to the insurer, so by Medicare standards your physician technically doesn't provide any services to the patient. Therefore, you should use a new patient office visit code (99201-99205, Office visit for the evaluation and management of a new patient ...) when your physician covers for another.

When your physician operates under a reciprocal arrangement with the physician you temporarily replaced, you report the E/M service under the regular physician's name and classify the encounter as the normal dermatologist would have if he had been available.

For instance, when your physician covers for a level-three established patient office visit, you report 99213-Q5 (Office visit for the evaluation and management of an established patient ...; Service furnished by a substitute physician under a reciprocal billing arrangement) even though your dermatologist never previously saw the patient to establish a relationship. The visit doesn't require a new patient history, paperwork or all three E/M components: history, examination and medical decision-making.

But when the same patient comes to your office to establish a relationship, you have no paperwork regarding the patient, and your records don't indicate that your physician provided any professional services to him in the past three years. Because the visit meets CPT's definition of a new patient, you should assign the appropriate-level new patient office visit code.

Note: Reciprocal billing rules apply to Medicare payers only. Private payers may publish their own reporting guidelines on this topic.