

# Internal Medicine Coding Alert

## Here's How to Earn Ironclad NPP Reimbursement

### You can bring in an extra \$35 for each 99202 claim

Knowing whether to bill under the nonphysician practitioner's (NPP) or internist's identification number for office visits could garner your office an additional \$35 for each **99202** you report.

But to capture the extra money, make sure you know these three key criteria:

#### 1. The Employees Belong to the Same Group

To bill an NPP service under your internist's name, the same group must employ both parties. Both the supervising physician and the performing NPP must be employees, leased employees or under contract with the same group, says Dennis Grindle, CPA, a partner in healthcare consulting at Seim, Johnson, Sestak & Quist LLP in Omaha, Neb.

#### 2. Your Physician Initiates Treatment

You cannot bill a service incident-to unless your physician previously treated the patient. "This rule automatically excludes you from billing incident-to for new patient encounters," says Emily Hill, PAC, president of Hill Associates, a consulting firm in Wilmington, N.C. She presented the teleconference "Proven E/M Documentation and Coding Strategies for NPPs" for The Coding Institute in Naples, Fla.

**Action:** If your NPP treats a new patient, you should bill the service under the NPP's personal identification number (PIN). Medicare will pay the claim at 85 percent of the regular charge.

**Example:** A nurse practitioner (NP) treats a new vacationing senior citizen for difficulty breathing at the beach. The NP diagnoses effects from red tide, a local algae toxin, and recommends that the woman avoid the water and take Benadryl as necessary.

In this case, you would most likely report **99201** (Office or other outpatient visit for the evaluation of a new patient ...) linked to **786.05** (Shortness of breath) under the NP's identification number. The internist has not previously treated the patient, so you can't bill the service incident-to. If the internist first saw the patient in the red-tide example, you could add almost \$35 because you would be able to report 99202 instead of 99201. You could bill 99202 at 100 percent or \$66 for Medicare. When you bill under the NPP's PIN, Medicare will pay 85 percent of 99201, which is \$31.45.

#### 3. The NPP Treats an Established Problem

When the NPP sees an established patient, you should bill the visit using the internist's PIN. The internist must establish the initial diagnosis and prepare the treatment plan.

**For instance:** Your physician previously diagnosed a 50-year-old established male patient with diabetes and created a treatment plan for his condition. The patient presents today to an NPP for a diabetes check. The physician is present in the office suite. In this case, you should report the appropriate established patient office visit code (**99211-99215**, Office or other outpatient visit for the evaluation and management of an established patient ...) with **250.xx** (Diabetes mellitus ...) under the internist's PIN.

The internist has seen the patient, has provided a diagnosis for the condition, and has been previously involved in the treatment plan.

Note: To obtain a CD, tape or transcript of Hill's teleconference, call The Coding Institute at (800) 508-2582 or visit [www.codinginstitute.com](http://www.codinginstitute.com).