

Internal Medicine Coding Alert

Internists Field Complaints of Anthrax Exposure

With the ongoing reports of biological terrorism saturating the media, many internists are experiencing an onslaught of patients who think they may have contracted anthrax.

"We've had a rash of such patients come in with vague symptoms," says **Cynthia DeVries, RN, CPC**, coding and reimbursement specialist with Lee Physicians, a 140-physician practice in Fort Myers, Fla. The symptoms of anthrax are similar to those of the flu: fever, muscle aches and fatigue. "Because it is curable if recognized and treated early enough, many people who develop these symptoms come rushing into the office fearing the worst," DeVries says.

When patients present with flu-like symptoms, believing they have anthrax but no illness is found, use the diagnoses of the symptoms as the primary code. For example, if a patient has a fever and a headache, but the physician finds no illness, code 780.6 (fever) and 784.0 (headache) linked with the appropriate E/M office visit code, 99201-99215. As a secondary diagnosis, use the "worried well" code, V65.5 (person with feared complaint in whom no diagnosis was made).

If the patient is afraid he or she has anthrax and it turns out to be the flu, code the visit with 487.x (influenza) and do not use V65.5 because it can be used only when the physician does not make a diagnosis. Some patients with no symptoms schedule a visit because they are worried they may have been exposed to anthrax. When no problem is found, bill these visits with V65.5 linked with the proper E/M code. Medicare will probably not cover these visits, but some private payers will, DeVries says.

"We've had patients come in with upper-respiratory problems, afraid they inhaled anthrax," says **Daniel S. Fick, MD**, director of risk management and compliance for the College of Medicine faculty practice at the University of Iowa. Fick codes for the upper-respiratory symptoms with, for example, 786.05 (shortness of breath). "Regardless of what they're worried about, you code for the history, exam and diagnosis," he says.

If an internist has a high suspicion that a patient has anthrax, he or she would send the patient to an infectious-disease specialist or the hospital immediately after administering antibiotics. Because tests for anthrax would be conducted by a hospital or infectious-disease specialist, an internist would not be in the position to diagnose anthrax and instead would use the diagnosis code for the initial symptoms. However, the PCP could charge an E/M office visit, 99201-99215.

