

Internal Medicine Coding Alert

Reader Question: Add E/M Care When Patient Visits Multiple Times in a Day

Question: Two internal medicine physicians from our group saw the same patient in the office at different times of the same day. I know we could bill both visits if the physicians were from different specialties. What happens since they're both FPs?

Missouri Subscriber

Answer: Since the physicians work in the same specialty in the same group, you likely cannot bill two separate codes for separate visits with the same patient on the same day. As Medicare states in its claims processing manual (section 30.6.5 of chapter 12):

Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single physician. If more than one evaluation and management (face-to-face) service is provided on the same day to the same patient by the same physician or more than one physician in the same specialty in the same group, only one evaluation and management service may be reported unless the evaluation and management services are for unrelated problems. Instead of billing separately, the physicians should select a level of service representative of the combined visits and submit the appropriate code for that level.

Thus, your best approach is to combine both E/M services into the most appropriate single code.

Example: Two FPs in the same practice see Mrs. Brown twice on the same day because of her asthma. In the morning, Physician A prescribes new asthma medication for her because she's been having occasional attacks. The visit qualifies for 99213 (Office or other outpatient visit for the evaluation and management of an established patient ...). Later that day, Mrs. Brown returns with wheezing and sees Physician B. He administers a nebulizer treatment and documents 99214.

If you submit 99213 and 99214 for services for Mrs. Brown on the same day, the payer will reject one of the E/M services -- usually the higher-paying office visit -- as duplicate charges.

Better way: Combine the two physicians' work and submit one E/M code, such as 99215. You should also report any procedures that took place, such as 94640 (Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes [e.g., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing {IPPB} device]). Even though you are reporting only one E/M code, you may want to report more than one ICD-9 code to reflect the reasons for the multiple visits, such as uncontrolled extrinsic asthma (493.01, Extrinsic asthma; with status asthmaticus) and exacerbated asthma (493.02, Extrinsic asthma; with [acute] exacerbation).