

Internal Medicine Coding Alert

Reader Question: Bill Workers' Compensation Visit

Question: Our internist saw a patient as a follow-up for a workers' compensation claim. The physician identified a malignant mass, unrelated to the workers' comp case. If the majority of the visit relates to the workers' compensation claim, should we bill the whole visit to the workers' compensation carrier? Or should we bill the patient's private carrier?

Alabama Subscriber

Answer: Don't submit two claims for the same visit. If the visit primarily concerned the workers' compensation claim, report the appropriate work-related evaluation code (99455-99456) along with condition that represents the patient's original illness, such as 495.7 ("Ventilation" pneumonitis).

"[A] physician/supplier is permitted under [workers' compensation] law to charge an individual or the individual's insurer for services which are not work-related," states the Medicare Carriers Manual, section 2370.2D. Therefore, in the scenario above, the physician could report both the worker's comp service (99455-99456) and the E/M service concerning the mass (99211-99215).

The physician should submit a separate bill for the E/M service. To ensure payment, make sure you fill in the appropriate check box in block 10 of the HCFA 1500 form that indicates that the internist performed a nonwork-related service.