

Internal Medicine Coding Alert

Reader Question: Diagnostic Tests

Question: Is it appropriate for us to bill for diagnostic tests conducted at the same time as an office visit, or does the coding for the office visit bundle the tests?

Kansas Subscriber

Answer: Its a commonly held misconception that diagnostic tests are bundled into office visit fees. Truth is, however, that these can be billed separately, says **Barbara Cobuzzi, MBA, CPC, CPC-H**, a coding and reimbursement consultant and president of Cash Flow Solutions in Lakewood, NJ.

For example, a 58-year-old woman with congestive heart disease is seen because she is having trouble breathing, a recurrent problem associated with her condition. During the visit, the internist decides to perform a chest x-ray and measure the volume of air entering and leaving her lungs.

In this instance the physician would bill the office visit (e.g., 99212 or 99213, depending on the complexity of the examination and medical decision making), along with 71020 (radiologic examination, chest, two views, frontal and lateral), and 94010 (spirometry, including graphic record, total and timed vital capacity, expiration flow rate measurement[s], with or without maximal voluntary ventilation).

CPT is very clear on this point, noting that the actual performance and interpretation of diagnostic tests or studies during a patient encounter are not included in the levels of E/M service. Physician performance of diagnostic tests or studies for which specific CPT codes are available may be reported separately, in addition to the appropriate diagnostic code.