

## Internal Medicine Coding Alert

### READER QUESTIONS: Counseling Codes Are Not Suitable for All Payers

Question: A new 56-year-old patient with commercial insurance presents to the internist complaining of upper abdominal pain and nausea. The notes indicate that the patient's skin was "splotchy yellow." During a level-three E/M that takes 25 minutes, the physician diagnoses acute pancreatitis and jaundice. Due to the patient's symptoms, the internist inquires as to how often the patient drinks alcohol. "At least five drinks a night," replies the patient, so the physician decides to conduct the CAGE test to gauge alcohol abuse. This test shows that the patient is moderately dependent on alcohol, so the internist performs extensive counseling and recommends the patient start attending Alcoholics Anonymous. The internist then finishes his patient exam, recommends antacids for the stomach pain, and helps the patient set up a cirrhosis screening with a local gastroenterologist. The alcohol counseling lasted 13 minutes. Can I report an alcohol counseling code and an office E/M on the same claim?

North Carolina Subscriber

Answer: It depends on the payer. If you are coding for a payer that does not accept the CPT counseling codes, report 99203 (Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity ...) for the E/M. Append these ICD-9 codes to 99203:

- 782.4 (Jaundice, unspecified, not of newborn); 577.0 (Acute pancreatitis); and 303.90 (Other and unspecified alcohol dependence; unspecified) appended to 99203 to represent the patient's alcohol dependence.

If, however, you are coding for a payer that you know accepts the counseling codes, then you should report 99408 (Alcohol and/or substance [other than tobacco] abuse structured screening [e.g., AUDIT, DAST], and brief intervention [SBI] services; 15 to 30 minutes) along with 99203. Make sure you check with the payer before reporting 99408 and an E/M, to see how you should proceed with ICD-9 coding and modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) -- it's the only way to know for sure if you're coding correctly.