

Internal Medicine Coding Alert

Reader Questions: Separate E/M Service, EBV Screen When Coding

Question: A new patient reports to the internist's office complaining of a sore throat, frequent fevers, and sore muscles. During an E/M service, the physician orders a heterophile screening to rule out mononucleosis. The patient's final

diagnosis is Epstein-Barr virus (EBV). The internist recommends the patient maintain a regimen of bed rest and acetaminophen. Will I be able to report the screening test separately for this encounter?

Florida Subscriber

Answer: Since the internist performed an E/M and then decided to perform the screening, you'll be able to submit a code for the E/M and the screening. On the claim report the following:

- 86308 (Heterophile antibodies; screening) for the screening
- the appropriate level E/M code based on the encounter notes (99201-99205, Office or other outpatient visit for the evaluation and management of a new patient ...)
- 075 (Infectious mononucleosis) appended to 86308 and the E/M code to represent the EBV.

Note: You should be able to use 075 as a diagnosis for both services, but some payers may balk at using the code for the E/M and the screening. If a payer wants different diagnosis codes for each CPT code, link 462 (Acute pharyngitis),

729.1 (Myalgia and myositis, unspecified), and 780.60 (Fever, unspecified) to the E/M code to represent the patient's presenting symptoms -- and report 86308 with 075 appended.