

Internal Medicine Coding Alert

Your Measurement Coding Plan Should Conform to These Rules

This clip-and-save makes crosswalking HCPCS G codes with CPT F codes a breeze

If you're just realizing that HCPCS contains G codes for diabetic patient measurements, seeing similar codes in CPT can muddy the waters even more. These fundamentals will clear up any misconceptions about the dual system.

Choose Either a G Code or a Category II Code

Both the AMA and CMS launched voluntary code sets for reporting clinical measurements. As part of the Physician Voluntary Reporting Program (PVRP), CMS issued 12 diabetes-related codes, effective Jan. 1, 2006. The AMA then introduced comparable CPT Category II codes, effective April 1, 2006.

Relief: You don't have to incorporate both systems in one claim. "The coder can use either a G code or a similar CPT II code," says **Reinhard W. Beel, CEC**, administrator and business manager at Cumberland Valley Endocrinology Center LLC in Carlisle, Pa.

Meet These Circumstances for G8015-26, 3046F-80F

If your internists choose to report the measurement codes, which carry no monetary value, you may use quality care codes if:

- the code relates to a covered diagnosis, covered treatment(s), or covered preventive service(s) that applies to the beneficiary
- the physician documents the code's basis in the patient's medical record.

Implement 3 Measurement Coding Guidelines

When reporting control G or Category II codes, follow these rules:

- report the quality care code in addition to the appropriate CPT and ICD-9 code
- enter a zero (\$0.00) charge for any G or Category II code
- submit either a G or Category II code, not both, as outlined on the following chart:

