

Part B Insider (Multispecialty) Coding Alert

ANSWERS TO PART B QUIZ: Can You Report Lesion Excision and Biopsy Together? We've Got the Scoop

Add up your score to determine whether you're a billing ace

Are your coding and billing skills up to snuff?

Now that you've reviewed the questions on page 162, read on to find out how you fared in our quiz.

Is STD Screening Separate?

Answer 1: You cannot report a problem-oriented E/M code along with the preventive visit code.

-Screening is screening and part of the annual visit unless the patient has specific symptoms,- says **Jan Rasmussen, CPC, ACS-OB, ACS-GI**, of **Professional Coding Solutions** in Eau Claire, Wis.

-The lab will bill separately for the actual test, but the procurement of the sample would be part of the preventive service,- Rasmussen says.

Can You Withhold Records?

Answer 2: Most states consider it unethical to withhold medical records due to a patient's financial standing at your practice.

According to the **Texas Medical Association**, -It is unethical for a physician to refuse or to delay improperly in responding to a valid request for transfer of a former patient's medical records because of an unpaid bill. The physician's first responsibility is the care and welfare of the patient. Other alternatives are available for the collection of fees.-

Many other states, such as Iowa, Arizona and Maryland, maintain similar laws restricting physicians from withholding records from patients who have outstanding bills.

And the **Department of Health and Human Services** publishes a brochure on patient rights, which tells patients requesting medical records that -in most cases, your copies must be given to you within 30 days, but this can be extended for another 30 days if you are given a reason.-

HHS does not list outstanding balances as a valid reason for failing to send a patient his records. If you are curious about whether your state imposes such regulations, contact your local medical association or a healthcare attorney.

Biopsy and Excision Don't Fit?

Answer 3: A follow-up biopsy is an integral component of an excision and is necessary to identify the type of lesion (benign, malignant, etc.) for appropriate CPT and ICD-9 coding.

National Correct Coding Initiative (CCI) guidelines support this advice, explaining, -If a biopsy is obtained for evaluation after the procedure is completed, the biopsy is not separately reportable with an excision, removal, destruction, fulguration, or other elimination procedure of the biopsied lesion.-

When the biopsy precedes and leads to the excision, however, you may report the biopsy separately. CCI guidelines

specify, -If the biopsy is performed on the same lesion on which the more extensive procedure is performed, it is separately re-reportable only if the biopsy is utilized for immediate pathologic diagnosis prior to the more extensive procedure, and the decision to proceed with the more extensive procedure is based on the result of the pathologic examination.-

When you do report a biopsy and excision of the same location separately, append modifier 58 (Staged or related procedure by the same physician) to the biopsy code to indicate that the biopsy prompted the excision.

Keep in mind: Medicare guidelines state that when you report 11400-11446, the medical record should show why an excision removal was the procedure of choice, says **Gayla McGraw, CPC**, with **Franciscan Health System**.

Where Did My NPI Go Wrong?

Answer 4: The most likely reason that your carrier denied the claims is that you included the legacy number on them.

One Part B Medicare carrier for five states (NHIC) listed use of the legacy number as its number-one error since the May 23 NPI deadline took effect.

According to a May 23 press release on the CMS Web site, many claims clearinghouses are stripping legacy numbers off of claims so the payers will reimburse them, but not all clearinghouses have done so.