

Part B Insider (Multispecialty) Coding Alert

Coding: Two E/M Services, Two Visits - One Claim?

When is it OK to combine two E/M services into one?

Nothing is more confusing than dealing with multiple visits on the same day. If a patient comes in in the morning and then returns in the afternoon, seeing two different physicians in your group, then it's hard to know how to code for it.

Experts tell PBI that it's possible to combine two E/M services performed by different physicians on the same day. If both physicians see the same patient for two different diagnoses, they can bill for separate E/M visits and use modifier -25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service), but if the diagnosis is the same, they should combine those E/M visits into one, according to **Dalrona Harrison** with Preferred Health Systems in Wichita, Kan.

Diagnosis Codes Must Show the Difference

So if a patient comes in with diabetes and hypertension for a monthly follow-up visit, but then returns later that day reporting that she's been vomiting for the past two hours, you should code those E/M services separately. "Make sure your diagnoses codes show the difference," Harrison says. "You want to put modifier -25 on that separate office visit."

If the two doctors seeing one patient are in different specialties, it shouldn't be a problem to bill the two E/M services separately.

Combine Like Visits

But if the patient comes in twice with the same problem, you should combine them. For example, if a patient comes in with elevated blood pressure due to hypertension and diabetes, the physician may give her medication and encourage her to come back later that day. Two physicians in the same specialty and same group will bill under the same group number, Harrison says.

If two different doctors bill for a single combined E/M visit, the practice should divvy up the RVUs if it compensates each physician according to the RVUs she incurs, Harrison adds. But it may be easier in the long run to let doctors alternate claiming the RVUs for a combined visit, on the theory that "it evens out over time."