

Part B Insider (Multispecialty) Coding Alert

Don't Bill Two E/M Services in the ER

In the office setting, you can sometimes bill two evaluation and management services on the same day, either by separating them or by combining them into one E/M service at a higher level.

But in the emergency department, it's unheard of to bill for two E/M services in one day, according to coding experts. If an ER physician sees a patient and then passes her on to another physician, the second physician should usually bill for a consult instead of an E/M service. But if the referral to the second physician does not meet the guidelines for a consult, it's still unlikely that both physicians would ever bill for an emergency E/M code. Rather, the second physician would bill for an outpatient visit instead.

If two physicians see one patient in the ER for E/M services, only one of them will be able to claim the ER series that starts with [CPT 99281](#), according to **Dalrona Harrison** with Preferred Health Systems in Wichita Kan. If an ER doc sees a patient and then calls in a family practice physician, the family doc "is going to charge for basically an outpatient ER visit." If the ER doc calls in a surgeon, that surgeon will bill for a consult.

"The only time I would code two E/Ms would be a critical care and a regular E/M code," says **Barbara Steiner**, coding coordinator with Northeast Medical Center in Concord, N.C. For example, a patient comes in with an earache, then later needed CPR.

Coders who are more familiar with private insurance may try to use modifiers -76 (Repeat procedure by same physician) and -77 (Repeat procedure by another physician) to bill for two E/M visits in the ER. Some private health plans do require the use of these modifiers for two separate E/M services that happened on the same day, Harrison says. But Medicare only allows the use of those modifiers for procedures in the ER.