

## Part B Insider (Multispecialty) Coding Alert

### E/M CODING QUIZ: Check Your E/M Coding Skills With This Quick Quiz

**Do you avoid reporting visits with a patients family? This advice will help you apply the right regs.**

Its time again to determine whether youre a Medicare coding ace or if you still need some assistance with your skills.

Almost every Part B practice codes an E/M chart from time to time, but ample questions exist about how to properly report these services. Today were putting you to the test with a few reader-submitted questions that will help you understand Medicares complicated E/M billing and coding rules.

After you review these three Medicare Part B test questions, turn to page 107 to see how you fared.

#### **Do Different Specialties Count?**

**Question 1:** I work for a large hospital with multiple groups of physicians of different specialties. Lately we have started seeing rejections for new patient visits from Medicare when the patient is indeed a new patient for a practice (such as uro-gynecology) because Medicare is saying the patient had been seen before at another practice of the same specialty (uro-gynecology), related to the hospital. The two practices are totally different entities and do not share the patient database or records. Could this have anything to do with taxonomy codes and how they are matched to provider numbers?

#### **Can You Report Family Visits?**

**Question 2:** My surgeon met with an elderly patients family to discuss treatment options and the patients plan of care. The patient was not present for this in-office meeting. Can I still bill Medicare for an E/M service based on the time spent with the family? What about if a patient is there with the family but due to cognitive issues is not mentally present or participating?

#### **Is Likely A Diagnosis?**

**Question 3:** A new patient reported to our office complaining of wheezing and shortness of breath. The physician performed a level-four E/M, and then ordered a spirometry with graphic record (we own the equipment, and the test was performed and interpreted in-house). Encounter notes describe likely emphysema, though the spirometry would not be expected to confirm it. How should I handle the diagnosis coding here? Should I wait for a definitive diagnosis before coding this claim?