

Part B Insider (Multispecialty) Coding Alert

FAMILY PRACTICE: Don't Be Afraid To Bill 99211 For Interpreting TB Skin Tests

At around \$20 a pop, payment for visits can add up

Patients routinely come back to your office to have a nurse interpret the results of their tuberculosis skin tests. You bill for administering the test on an earlier date, so why not bill for interpretation? It can work.

Coders fear that if they bill a level-one office visit ([CPT 99211](#)) for the TB skin test interpretation, Medicare will deny the claim. But the **American Academy of Family Physicians** has supported billing 99211 on a couple of different occasions, according to **Lisa Center**, a professional coder with **Mount Carmel Regional Medical Center** in Pittsburg, KS.

What to do: According to the AAFP, you should bill 86580 for administering the intradermal skin test, and then 99211 for the interpretation on a later date. In another bulletin, the AAFP said you should use screening diagnosis code V74.1 along with 99211, if the test is negative. If the test is positive, then you should use diagnosis code 795.5, for non-specific reaction to tuberculin skin test without active tuberculosis.

Your practice can receive around \$20 for 99211 (depending on the conversion factor for 2006, which isn't final yet). That may not seem like a lot, but it mounts up over time, say experts. Some patients may balk at paying an extra copayment, but your office is providing an extra service.

"The nurse is doing an evaluation and management service when these patients come back in," says **Pat Larabee**, a coding specialist with **InterMed** in South Portland, ME. Nurses will ask patients about "any reactions or non-reactions they may have had in the 24-hour period," she notes. The nurse will also examine the site. And if the results are positive, the nurse will book the patient with the physician, unless there are standing orders.

Key: Your documentation should make it clear that the nurse performed an E/M service, says **Susan Pincus**, a coding consultant in Atlanta, GA. It should show the nurse looked at the test results, and what plans the nurse made for the patient if the results were positive. If you're not sure whether your payor will cover the service, ask before billing, she advises.