Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Dodge Double-Billing Interpretation Claim Mishaps With This Advice

Discover this big benefit of reporting interps.

When your physician performs the interpretation for magnetic resonance imaging (MRI), computed tomography (CT) scan, or other diagnostic test, you may run into hospital policy specifying only a facility radiologist can perform the interpretation. If so, coding your doctors interpretation would mean youre guilty of double-billing.

But its not all bad news. When the physician cannot bill separately for the interpretation,you can still consider the test as a factor in medical decision making when assigning an E/M level.

Avoid This Double-Billing Danger Zone

Before billing for any diagnostic test interpretations in an inpatient setting, be sure that another physician hasnt already laid claim to the service, says **Beth Thomsen,** billing coordinator for the University of Toledo Physicians, LLC, in Ohio.

Scenario: The patient has suffered a blow to the head and displays symptoms of dizziness, sleepiness, slurred speech, and confusion. To check for internal injuries and aneurysm, the attending doctor orders a CT scan (70460, Computed tomography, head or brain; with contrast material[s]). The test reveals no evidence of serious injury, and the surgeon admits the patient for observation. Can you bill for the interpretation?

Solution: No. In a hospital or other inpatient setting, a facility radiologist or other physician may provide interpretations for all ordered tests as a matter of policy,says **Kerry Sheskier, CPC,** billing manager for the Orthopaedic Department/Physical Therapy of Winthrop Hospital in Bethpage, N.Y.

Important: Only one person should do the reading of the diagnostic test, and the person billing for it should have a complete report, Sheskier says. If your orthopedist reads the films/fluoros and bills for them, then you need to have a separate note with a separate signature at the end of the op or office note.

In other words, if one physician interprets a test and provides a report outlining the result, no other physician can bill for the same service because this would constitute double-billing.

You probably could not report the CT scan interpretation for your doctor in the above scenario because, very likely, the hospital radiologist would prepare the initial report for the CT scan. Even when your doctor provides the immediate interpretation used for treatment and the radiologist provides an over-read (secondary quality assurance review), hospital rules may give the charge to the radiologist.

What if your physician disagrees?

Some coders and physicians think that if the ordering physician disagrees with the radiologists interpretation, and if the physician writes his own full report of the test, the ordering physicians report counts as a correctly formatted radiological report with a conflicting outcome. If this is the case, you may attempt to bill for the ordering physicians interpretation. But the payer will likely deny the charge, and you will be forced to appeal with the documentation.

Add Test Result Interpretation to E/M Level

Although your doctor may not be able to claim separate reimbursement for a test interpretation if another physician has already provided a report, your doctor can consider her own reading of the test results as a component of medical

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decision making,which may affect the level of any E/M service she provides,Sheskier says.

In other words, a radiologist can, in his/her interpretation, describe what the finding is, but it is the physician who looks at the films to determine the course of treatment, Thomsen says.

Reason: The amount and/or complexity of medical records, diagnostic tests, and other information that the physician must consider when examining the patient is a key component of medical decision making, according to CPT guidelines -- and reading test results falls into this category. For instance, if the physician documents that the actual image was reviewed, you can typically increase the Amount and/or Complexity of Data from minimal to moderate.

In cases in which your physician legitimately provides the only interpretation and report for a diagnostic study, you must still remember to append modifier 26 (Professional component) to the appropriate CPT code to describe the test CPTs Appendix A (Modifiers) notes that some procedures contain a technical component and a physician (or professional) component.

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