

Part B Insider (Multispecialty) Coding Alert

PART B QUIZ: Answer These 4 Questions to Find Out Where Your Expertise Lies

Can you withhold a patient's records if he owes you money? The answer may surprise you

Now is the time again to determine whether you're a coding ace or if you still need some assistance.

Last month, you took our Part B challenge seriously. Many of you wrote in with questions for a future quiz, and today we're putting you to the test with a few more reader-submitted questions.

After you review these four test questions, turn to page 164 to see how you fared.

Is STD Screening Separate?

Question 1: If a patient is scheduled for a regular annual visit and during the visit the patient indicates that she wants to be tested for a sexually transmitted disease (STD), is this part of the annual visit, or can the physician bill the STD screening separately (for instance, as a 99213 problem visit)?

Can You Withhold Records?

Question 2: One of our patients who owes us a lot of money is now seeing a new physician who has requested a copy of the patient's chart. Would our office be able to legally deny sending a copy to the requesting new physician until the patient pays his balance? We have tried several collection attempts on this patient, but we think this might be our only way of actually getting the money he owes us.

Biopsy and Excision Don't Fit?

Question 3: What are my chances of appealing a denial from Medicare for a biopsy of the floor of the mouth, which we billed with diagnosis code 210.1 (Benign neoplasm of tongue)? During the same visit, the physician performed a lesion excision on the patient's lip (11440, Excision, other benign lesion, face; excised diameter 0.5 cm or less), which we reported with 235.1 (Neoplasm of uncertain behavior; lip, oral cavity, and pharynx).

Our carrier denied the biopsy as not medically necessary, but paid us for the excision.

Where Did My NPI Go Wrong?

Question 4: I applied for my NPI early, put it on my claims by the deadline, added my legacy number, and did everything by the book, but my claims are pouring in as denials from my carrier. What could I be doing wrong?