

Eli's Rehab Report

Reader Question: Multiple Injuries

Question: I treated a patient for a left hand sprain and right hand injury, which were injured at her work six weeks prior to her visit. During the visit, I also evaluated her hip for osteoarthritis, for which I took an x-ray of the pelvis and left hip. Who is charged for each portion of the bill, Medicare or the workers compensation insurer?

Connecticut Subscriber

Answer: The Medicare Carriers Manual (section 2370.2) dictates that the non-work-related charges can be billed to Medicare separately. Therefore, you would bill workers compensation 99455 (work-related or medical disability examination) with the ICD-9 codes for the hand sprain (842.10) and the other hand injury (which you haven't specified, so 959.4 would be designated if it's an unspecified injury).

You would separately bill Medicare for the evaluation of the osteoarthritis, using the appropriate office E/M code, along with the codes for the hip x-rays (73500-73520) and pelvis x-rays (72170-72190) and the ICD-9 code for hip osteoarthritis (715.95).

Billers who charge for separate E/M evaluations during workers compensation visits should save all documentation, including authorization forms, chart notes, accident reports, dictation and superbills. And, when billing for any work-related claims, coders must check all state requirements because workers compensation insurance differs from group insurance.