

Eli's Rehab Report

Reader Question: Workers Compensation

Question: We have a workers compensation patient with a herniated disk. The physiatrist has also determined that she has osteoporosis. Do we have to schedule her for separate visits for the workers compensation visit and the osteoporosis visit (billed to Medicare) or can we split the bill if she comes in for one visit?

Iowa Subscriber

Answer: You don't have to schedule the patient for separate visits, but you are correct in noting that you must split the bill between Medicare and workers compensation (provided that the patient is suffering from two separate conditions). You cannot bill a standard E/M code on the same day as a work-related visit unless a separate condition is being evaluated.

Therefore, the physiatrist would bill 99455 (work related or medical disability examination by the treating physician that includes: completion of a medical history commensurate with the patient's condition; performance of an examination commensurate with the patient's condition; formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certificates and report) or 99456 (work related or medical disability examination by other than the treating physician that includes: completion of a medical history commensurate with the patient's condition; performance of an examination commensurate with the patient's condition; formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certificates and report) for the workers compensation evaluation and link to a code for a herniated disk (722.0-722.2). This claim would be sent to the workers compensation insurer.

The physiatrist can then bill Medicare, on the same day, for the patient's E/M for the osteoporosis (99211-99215) linked with a code for osteoporosis (733.00-733.09).

Coders splitting visits between workers compensation and Medicare should be sure to save all documentation, including authorization forms, chart notes, accident reports, dictation and superbills, in case proof is required of the amount of time or complexity dedicated to diagnosis and treatment. When billing for any work-related claims, it is important for coders to check all state requirements because workers compensation insurance differs from group insurance.

Answers to You Be the Coder and Reader Questions provided by **Laureen Jandroep, OTR, CPC, CCS-P CPC-H**, consultant and CPC trainer for A+ Medical Management and Education in Absecon, N.J.; and **Joseph R. Batte, CFE**, former supervisory special agent for the OIG, and an independent compliance consultant in Marco Island, Fla.