

Pain Management Coding Alert

Reader Question: Avoid Separate Script Refill Code With E/M Visit

Question: What code should we bill when the physician is only writing a prescription?

Utah Subscriber

Answer: CPT® considers writing prescriptions as part of an E/M service, and the service is essentially just part of the cost of seeing patients, much like office supplies. There is no specific code that payers will reimburse for writing a prescription.

Note: If you review the Table of Risk in the 1995 or 1997 E/M Documentation Guidelines, you'll see "Prescription drug management" designated as "Moderate" level of risk under "Management Options Selected." This is how prescription drug management can influence your E/M level.

Best practice is for the provider to include documentation that shows actual management of the prescription. For example, if the physician is renewing an anti-emetic, the plan of care may state that the patient has been tolerating the current dosage well, so the physician is renewing the prescription. Or the physician may state that she's choosing a specific drug because it is safer in combination with the patient's diabetes medication.

Tip: ICD-9-CM includes the diagnosis V68.1 (Issue of repeat prescriptions). But you should not report V68.1 with an E/M code if the only reason the patient comes in is to pick up a prescription. In other words, without an actual evaluation and management service, you should not bill an E/M code. (ICD-10-CM has a similar code: Z76.0, Encounter for issue of repeat prescription).

Remember: Care using certain prescriptions for certain medical conditions may have reportable Physician Quality Reporting System (PQRS) codes. While reporting the codes is informational in nature, and does not draw direct reimbursement, a physician who participates in PQRS may receive annual incentive payments if qualifications are met. If the corresponding E/M or other procedure code for the PQRS measure is not billable, however, then you should not bill the PQRS measure code as a stand-alone code.

See www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/pqrs for more information.