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## Family Practice Management

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### Coding & Documentation

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#### Anticoagulation management

**Q** Are we required to use the new CPT codes for anticoagulation management instead of an evaluation and management (E/M) code when we see patients for a face-to-face visit to manage their warfarin therapy?

A Codes 99363-99364 were added to CPT in 2007 for reporting all services, including phone calls and online services, related to anticoagulation management (ACM) in a 90-day period. However, these codes are not separately payable under Medicare at this time. The Centers for Medicare & Medicaid Services has said physicians should continue to report face-to-face services related to ACM using E/M codes. Check with other payers for their rules on reporting ACM services, but unless otherwise directed, this guideline applies to private payers as well. For more information, see "[CPT 2007: New Codes, New Rules and New Opportunities](#)," *FPM*, January 2007.

#### New patients for a new physician?

**Q** During my residency, my patient visits were billed under my attending physician's name. Now that I've completed my residency, if a patient follows me to my new practice, can I bill the encounter as a new patient visit? Also, I plan to moonlight for an urgent care center. If I see a patient there and the patient follows up with me in my regular office, can I bill a new patient visit?

A If you provided a face-to-face service to the patient when you were a resident, the patient is not new to you, even though the prior service wasn't billed under your name. CPT defines a new patient as "one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years." Because CPT does not differentiate between locations of services when defining a new patient, patients who receive a face-to-face service from you in the urgent care center will be considered established when they see you for follow-up in your regular practice.

#### Billing for wet mounts and KOH preps

**Q** When we prepare a specimen using a wet mount or potassium hydroxide (KOH) and view it under a microscope in our office lab, how should we bill for the test?

A For wet mounts, including preparations of vaginal, cervical or skin specimens, report Q0111 to Medicare or Medicaid. For KOH preparations, report Q0112. A certificate for provider-performed microscopy procedures is required for both tests. If you are reporting either of these tests to another payer, submit code 87210, "Smear, primary source with

interpretation; wet mount for infectious agents (e.g., saline, India ink, KOH preps)."

## Using documentation from MAs

**Q** In our academic setting, the medical assistants (MAs) are employed by an outside agency, and we, the physicians, are employed by the university. When we determine the E/M code for a patient visit, can we use the vital signs, chief complaint, past history and social history documented by the MA in our note?

**A** Yes. Medicare's *Documentation Guidelines for Evaluation and Management Services* states that the review of systems and the past, family and social history may be recorded by ancillary staff or on a form completed by the patient. Your business arrangement isn't relevant. To document that you, the physician, reviewed the information, add a note in the chart supplementing or confirming the information recorded by others.

*Editor's note:* While this department attempts to provide accurate information and useful advice, third-party payers may not accept the coding and documentation recommended. You should refer to the current CPT and ICD-9 manuals and the *Documentation Guidelines for Evaluation and Management Services* for the most detailed and up-to-date information.

## About the Author

Cindy Hughes is the AAFP's coding and compliance specialist and is a contributing editor to *Family Practice Management*. Author disclosure: nothing to disclose. These answers were reviewed by the FPM Coding & Documentation Review Panel, which includes Robert H. Bosl, MD, FAAFP; Marie Felger, CPC, CCS-P; Thomas A. Felger, MD, DABFP, CMCM; David Filipi, MD, MBA, and the Coding and Compliance Department of Physicians Clinic; Emily Hill, PA-C; Kent Moore; Joy Newby, LPN, CPC; P. Lynn Sallings, CPC; and Susan Welsh, CPC, MHA.

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