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Coding & Documentation

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Multiple procedures at the same visit

Q Can I code 99213, 69210 and 93000 at the same visit?

A Yes. You should append modifier -25 to the evaluation and management (E/M) code, but you should not need additional modifiers for 69210, "removal impacted cerumen (separate procedure), one or both ears," or for 93000, "electrocardiogram, routine ECG with at least 12 leads; with interpretation and report," because these codes do not have work components that overlap with the E/M code. However, some payers might require modifier -59 to indicate that these services were distinct procedural services. Check with your payers to find out their requirements.

Lesion excisions

Q How should I code for multiple lesion excisions (full-thickness)? Should I list each excision separately?

A Yes. Excision of lesions should be reported by location and size (the width of the lesion plus the margin, i.e., the wound after excision). Report the most significant procedure first. Subsequent lesion excisions should be reported with either modifier -51 to indicate multiple surgeries were performed or modifier -76 if they are reported with the same code as the initial procedure. If multiple distinct lesions are removed using different methods, add an anatomic modifier or modifier -59 to the codes for the subsequent procedures to indicate a different site, a different method or a different lesion. Also, if the repair of the wound involves the layered closure of one or more layers of deep tissues in addition to skin, you can separately report the appropriate intermediate repair codes (12031-12057) or complex repair codes (13100-13160).

Performing CPR in the office

Q Recently a patient came into the office complaining of light-headedness and dizziness. She soon went into cardiac arrest, and we had to perform cardiopulmonary resuscitation (CPR). How should we bill for this?

A You should report CPR with code 92950. Additionally, you can report any significant E/M service provided prior to the patient becoming critical and/or a critical care service provided for less than 30 minutes with an appropriate E/M code. Modifier -25 should be appended to any E/M service code reported on the same date as CPR.

If 30 minutes or more of your time was spent doing work directly related to this patient's critical care, report critical care code 99291 for 30 to 74 minutes and 99292 for each

additional 30 minutes. Keep in mind that the time you spend performing CPR is not counted in the time used to determine the units of critical care you report. See the introductory text of the Critical Care Services section of CPT for more information.

Vitamin B12 injections

Q What codes should we report for a vitamin B12 injection?

A Subcutaneous and intramuscular injections should be reported with code 90772 in addition to the code that identifies the medication injected. Vitamin B12 should be reported with code J3420, which represents up to 1,000 mcg per unit. Many Medicare carriers have made local coverage decisions regarding vitamin B12 injections that provide reimbursement only for patients with certain types of anemia and other conditions. Check with your carrier and, if indicated, ask the beneficiary to sign an Advance Beneficiary Notice.

Supplying oxygen to patients

Q We often have patients arrive at our clinic with difficulty breathing or chest pain that requires the use of oxygen. Can we bill for providing this service?

A Providing oxygen to the patient is not separately reportable as it is incidental to the other services provided to the patient and therefore already included in the practice expense component of the service codes. Bandages, surgical trays and syringes are examples of other incidental items.

New vaccines

Q Where can I find the codes for new vaccines?

A Visit the AMA's Web site at <http://www.ama-assn.org/ama/pub/category/10902.html>. It indicates when the codes become effective and whether a vaccine is still pending FDA approval.

Glucose tolerance tests

Q What are the rules for coding 82951 and 82952 when performing glucose tolerance tests (GTT)?

A Code 82951, "Glucose; tolerance test (GTT), three specimens (includes glucose)," represents the initial, one-hour and two-hour post-glucose tests. If you perform additional testing beyond these three specimens, report code 82952 for each additional post-glucose test. Note that you do not need a modifier for reporting 82952 in addition to 82951.

Ordering the CMS-1500 form

Q How can I order the new CMS-1500 form?

A Many practice supply companies offer the new CMS-1500 form. If your current supplier does not have the revised form, contact the U.S. Government Printing

Do you have a coding or documentation question?

Send it to FPM by e-mail, fpmedit@aafp.org; by mail, *Family Practice Management*, 11400 Tomahawk Creek Parkway, Leawood, KS 66211-2672; or by fax, 913-906-6010. Include your address, daytime phone number and fax number. We cannot respond to all questions we receive, but we will publish answers to selected

Office at 866-512-1800 or try other medical practice suppliers, printers or office product stores in your area or online. An Internet search can also help you find companies selling the form.

questions.

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: 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; Terry L. Mills Jr., MD, Kent J. Moore; Joy Newby, LPN, CPC; P. Lynn Sallings, CPC; and Susan Welsh, CPC, MHA.

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