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Coding & Documentation

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Preventive and problem-oriented services at the same visit

Q We recently had a new patient present for an annual physical. At the visit, he expressed health concerns that we treated. Is it appropriate to report an additional office visit code for the problem-oriented services? If so, should we report new patient codes for both services, or should one of the codes be an established patient code?

A It is appropriate to report a problem-oriented evaluation and management (E/M) service in addition to the preventive service. This is indicated in the introductory text to CPT's preventive medicine codes, which states, "If a problem/abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, then the appropriate office/outpatient code 99201-99215 should also be reported." Both of the codes you report should be new patient codes. Modifier -25 should be appended to the problem-oriented E/M service code. Your documentation should clearly reflect the significant additional work related to the problems addressed. Be aware that some payers will not pay for both services at the same visit and could deny or reduce the problem-oriented service. Check with your payers for their rules. For more information, see ["Same-Day E/M Services: What to Do When a Health Plan Won't Pay," FPM, April 2006.](#)

Pulmonary function testing

Q Is V81.4, "Other and unspecified respiratory conditions," the appropriate diagnosis code for a patient undergoing pulmonary function testing (PFT) prior to starting inhaled insulin therapy? What code should I report for the follow-up testing after the therapy begins?

A Because a PFT administered before the initiation of inhaled insulin is not performed as a screening test, V81.4, the screening code for unspecified respiratory conditions, would not be appropriate. When the initial PFT is performed to detect the presence or absence of lung dysfunction to evaluate the patient's appropriateness for inhaled therapy, the appropriate diagnosis code is V72.85, "Other specified examination." List the appropriate diabetes code (250.xx) as an additional diagnosis.

PFT performed following the first six months of therapy and annually thereafter should be reported with code V58.83, "Encounter for therapeutic drug monitoring." You should also list V58.67, "Long-term (current) use of insulin," and an ICD-9 code for the underlying condition being treated (diabetes) as additional diagnoses.

The appropriate CPT code for spirometry performed before the initiation of therapy, after the first six months of therapy, and annually thereafter is 94010, "Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or

without maximal voluntary ventilation." If you measure the carbon monoxide diffusion in the lung (DLCO), the appropriate CPT code is 94720, "Carbon monoxide diffusing capacity (e.g., single breath, steady state)."

House calls for Medicare patients

Q How should I code for a house call? Does it matter whether the patient is a Medicare beneficiary?

A Use CPT codes 99341-99350 to report a home visit. If the patient's home is a domiciliary, rest home or assisted living facility, you should report codes 99324-99337 rather than home visit codes.

The Medicare guidelines for payment for home visits may be more strict than other payers because you need to document why it was medically necessary for you to come to the patient's home rather than the patient coming to your office (e.g., traveling to the office would be painful or difficult for the patient).

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 Moore; Joy Newby, LPN, CPC; P. Lynn Sallings, CPC; and Susan Welsh, CPC, MHA.

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