



"Welcome to the first article for the FOMA Journal Practice Management Toolbox column. Each quarter we will bring you coding, collection, billing and service tips to help you in your office."

~ Don Self

OMT AND OFFICE VISITS

There are some who believe that you cannot bill an office visit and an OMT (98925 – 98929) on the same claim. The same folks usually believe that you can't bill an office visit and a procedure for the same diagnosis. Both of these can be costly mistakes in your practice. You can and should bill for the office visit when rendering OMT, if the visit is significant and separately identifiable. While a cursory examination is included with an OMT, if you are making the decision that OMT needs to be performed, examining the patient, obtaining a history, reviewing the past, family and social history – then you are definitely providing a significant and separately identifiable visit with the service and modifier 25 should be used on the visit. You can also bill for the office visit with the same diagnosis (somatic dysfunction) as you use on the OMT on the same day. Do not believe any carrier (including Medicare) that tells you otherwise. If it's a private carrier – challenge them. If it's your Medicare carrier – report them to the nearest CMS (Centers for Medicare and Medicaid Services) to you.

BILLING LEVEL 4 & 5 FOR YOUR MID LEVEL

Did you know that nurse practitioners and physician assistants (Non-Physician Practitioners, NPP's) can bill a level 4 or 5 visit code? Yes, it's true! A NPP can bill any level of service that a physician can bill, including the highest level codes.

2ND DAY OF OBSERVATION – HOW MANY VISITS TO BILL?

In every single seminar I teach, I hear exclamations from attendees when we get to the section about billing for observation visits. Apparently, most offices

are only billing for ONE visit on the 2nd date a patient is in observation (also called out-patient admit, 24, 48 or 72 hour admits) even though the doctor may be performing two or three visits on that date. Someone has erroneously convinced physicians and their billing staff that a doctor can only be paid for one E&M visit per date and that is not true! If you've been of this belief, then you have missed out on a lot of money that you should have been collecting. While it's true that Medicare will not pay for more than one OFFICE VISIT for related conditions in one day – you can bill for multiple related OBSERVATION visits in one day (up to three) without a problem. Even though both are billed with the same codes (99211 – 99215), Medicare recognizes that patients in 24/48 or 72 hour observation needs to be seen multiple times in one day for the physician to determine whether the patient should be discharged, admitted into in-patient or left status-quo. It's not a bad idea to use the 59 modifier on each one when making multiple observation visits in one day on the second date. Since we don't want anyone confused about this – we are NOT telling you to bill multiple hospital "in-patient" codes (99231, 99232 or 99233) in one day as THOSE are per diem codes to designate per day charges and not per visit codes as the out-patient codes are. We are also not telling you to use the visit codes 99211 – 99215 for the first date a patient is in observation. The first date, codes 99218, 99219 or 99220 should be used – which are also per diem codes.

BILLING MEDICARE FOR FAMILY MEMBERS

Anyone that has been in the medical billing profession for at least six months knows that the doctor cannot bill Medicare for treating immediate family members – but what many may not realize is that the partner physician in a partnership or the PA or NP being supervised by an owner-physician may not bill Medicare for treating immediate relatives of the owner-physician. In other words – if the patient would be receiving free services if they did not have Medicare – because they're seeing their son who is a doctor or sister who is a doctor – then you cannot bill Medicare. These rules can be reviewed extensively at www.donself.com and scroll down to Family Members That Medicare Doesn't Allow Billing.

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