



In Search of a Super Superbill

Leigh Ann Backer

Over the years, more than a few physicians have contacted *Family Practice Management* in search of a superbill to use in their practices. While we pride ourselves in offering more than 150 practice management tools in our online toolbox (<http://www.aafp.org/fpm/toolbox>), this was one basic tool that we had been lacking, in part because of the difficulty inherent in creating a one-size-fits-all superbill for a specialty as diverse as family medicine.

To overcome this challenge, we enlisted the help of family physicians across the country who sent us their superbills and allowed us to borrow from them. We also drew on AAFP survey data to identify the procedures and the lab tests most commonly offered by family physicians. Finally, we put our superbill through an expert review by AAFP coding and compliance specialist Cindy Hughes, CPC, and family physicians.

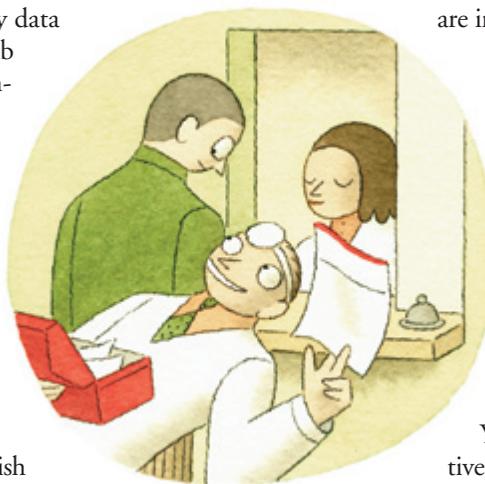
From the online version of this article, you can download a modifiable Excel version of the superbill that you can customize as needed to suit your practice, or an easy-to-print PDF version that matches what you see on page 45. Or you may simply wish to take some ideas from our superbill and incorporate them into yours. Note that we included a comprehensive set of fields for patient and insurance information at the top of the form. Whether you can use all of these will depend on the scheduling and billing systems you use. Here's an overview of the *FPM* Superbill.

The codes

Because the main purpose of a superbill is to enable the doctor to communicate to the office staff (and by extension, the office staff to communicate to the payer) what services were provided and why they were necessary, its essential

characteristics are CPT and ICD-9 code lists that reflect the majority of the services you provide. The *FPM* Superbill aims to capture the codes most common in office-based, outpatient practice. Codes for maternity care, inpatient care and nursing facility visits must be recorded on other forms.

The bulk of the services most family physicians provide are captured by the E/M codes listed in the first column. Because Medicare beneficiaries constitute a significant segment of many practices, and because Medicare-covered preventive services (and G codes that must be used to bill for them) are growing in number, the *FPM* Superbill lists these in their own section. Consultation codes are included as well.



Codes for a range of office procedures are listed, along with a column for recording units of service where needed. You may wish to delete some codes to make room for other services that are common in your practice. There is also space at the lower right corner of the form for writing in a service that is not included in the list.

Note that no codes are listed in the Radiology or Supplies sections.

You can use the space to write descriptive information that your staff can use to choose the code, or you can modify the form to include a few specific codes under each heading.

The back page includes about 200 diagnosis codes identified by the developers of *FPM*'s "ICD-9 Codes for Family Medicine" reference cards as being those most commonly used by family physicians (see additional ICD-9 coding resources beginning on page 36A and online at <http://www.aafp.org/fpm/icd9.html>). Because mismatched CPT and ICD-9 codes are a common cause of claims denials, the *FPM* Superbill includes a column titled "Rank" next to each column of CPT codes to allow you to link procedure codes with diagnosis codes. The design allows you to list up to four ICD-9 codes in the

“Diagnoses” section and then use the number that corresponds to each diagnosis to identify the related CPT code by listing the number in the “Rank” column. For example, when seeing a patient primarily for management of diabetes, ICD-9 code 250.90 (diabetes type II with unspecified complications), would be diagnosis 1, and 99213 and 85018 (A1C test) would be marked with number 1 in the “Rank” column. If the patient also complains of a sore throat, the related ICD-9 code would be listed as diagnosis 2, and any additional services you provide in the process of evaluating the sore throat would be marked with number 2 in the “Rank” column. The term “Rank” underscores the importance of listing the primary diagnosis and procedure codes first on the claim.

The *FPM* Superbill also includes some codes that don’t often lead to payment but that are still important to capture. Modifier -25, listed at the bottom of the “Office Visit” section, enables you to emphasize to your billers when you’ve performed a service that is significant and separately identifiable from the E/M service. While you probably don’t get paid for many of these, it’s still a good practice to bill for what you do. The same could be said for several of the codes listed in the “Other Services” section, including the prolonged services and after-posted-hours codes.

It’s also useful to capture services that are noncovered, as they can be charged directly to patients. Forms completion for certain school, camp and employment paperwork handled outside of an office visit is a service that is almost always billable to the patient; CPT code 99080 is included for this purpose. Patients must sign a waiver agreeing to be held responsible for certain charges their health plans don’t cover. Because Medicare and other payers have their own, sometimes lengthy, waiver forms, the *FPM* Superbill doesn’t devote space to this. It does, however, include boxes at the top right that can be used to communicate that a waiver has been obtained. The physician can then determine at a glance whether he or she needs to obtain a waiver before providing a particular service.

About the Author

Leigh Ann Backer is the managing editor of *Family Practice Management*. Author disclosure: nothing to disclose.

A communication tool

An effective superbill should enable the physician to efficiently communicate more than just codes to the office staff. The *FPM* Superbill includes a section for indicating whether the patient should return for a recheck or a preventive service and when the visit should occur. The space for instructions allows you to provide other information related to planning the next visit, such as the fact that a mammogram or lab work is needed prior to the appointment.

The “Referral” section allows you to list the doctor or practice you want the patient to visit and what service the referral physician is to provide. This information should facilitate scheduling the referral upon checkout, if desired.

Other resources can help

No superbill of reasonable length can eliminate the need for additional coding references. Such is the byzantine nature of the CPT and ICD-9 coding sets. The *FPM* Superbill is best used in combination with other resources. For example, where proper code selection depends on site or size details and the descriptors are lengthy, your office staff may need to refer to a separate list of CPT codes to find the right one. Using the “Common Skin Procedure Form” (online at <http://www.aafp.org/fpm/20051000/skinprocedureform.pdf>) will enable your staff to match the information you provide to the correct code. Here are two other tools that might help your coding and billing:

- The “*FPM* Pocket Guide to the E/M Documentation Guidelines” helps to ensure that your documentation leads you to select the correct code (see <http://www.aafp.org/fpm/codingtools> for more information about this and other *FPM* coding tools).
- The claim correction form (<http://www.aafp.org/fpm/20030700/claimcorrectionform.pdf>) reduces the work of handling denied claims.

Tell us how it works

We hope we’ve developed a tool that you can put to good use in your practice. Please let us know what you think of the *FPM* Superbill. We will incorporate your suggestions as we plan regular updates, both in print and online. 

Send comments to fpmedit@aafp.org.

Codes for consultations and Medicare preventive services are listed in addition to more common office visit codes.

The *FPM* Superbill is designed to facilitate code matching and ranking for more efficient claims processing.

You can use the form to communicate with your checkout staff about scheduling future appointments and referrals.