CODING & DOCUMENTATION

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Drug testing

My practice is using a CLIA-waived laboratory test to perform drug tests for patients who have been prescribed certain drugs. The test screens for multiple drug classes. For private payers, we bill CPT code 80104. What is the correct code to use for Medicare claims?

A Medicare accepts G0434 with modifier QW for CLIA-waived tests that detect drugs. Bill one unit per patient encounter regardless of the number of drug classes tested. Your Medicare administrative contractor may have a local coverage determination that specifies coverage conditions and accepted diagnosis codes.

Initial fracture care

When I provide initial fracture care such as x-ray, splinting, and casting but then refer the patient to an orthopedist for further care, how should I code my services?

A If you provide initial care to stabilize or protect a fracture, injury, or dislocation, but you refer the patient to an orthopedist for the definitive care or restorative care, you should report CPT codes 29000-29550 for application of casts, splints, and strapping. The initial fracture care code should be billed in addition to an evaluation and management (E/M) code for assessing injuries related to the accident (e.g., associated non-fracture injuries or effect on neurological status). Attach modifier 25 to the E/M code to convey that it was a significant, separately identifiable service provided at the same encounter.

If it is your intention to provide the definitive care or restorative care with follow-up without referral to an orthopedist for further treatment, you should report global fracture care codes only.

About the Author

Cindy Hughes is the AAFP's coding and compliance specialist and is a contributing editor to *FPM*. Author disclosure: no relevant financial affiliations disclosed. These answers were reviewed by the *FPM* Coding & Documentation Review Panel, which includes Robert H. Bösl, 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.

Attending physician services in a hospice facility

• I have a patient who is in a hospice facility under the care of a physician employed by the hospice. However, the patient designated me as her attending physician and wishes to have me continue seeing her on an as-needed basis. Will Medicare pay for these services?

A Medicare will pay an attending physician for services provided to a patient in hospice care if the physician is not employed by or paid by the hospice facility nor working as a volunteer there. Your services related to the patient's terminal condition should be billed with modifier GV attached. Any care unrelated to the patient's terminal condition may be reported with modifier GW.

Health risk assessment

Q I understand that the Medicare annual wellness visit now requires that the patient complete a health risk assessment (HRA). Are we required to use a certain tool or cover certain elements?

A The final rule for the 2012 Medicare Physician Fee Schedule added this requirement and specified that the assessment be based on a framework developed by the Centers for Disease Control and Prevention (CDC). At presstime, the CDC had just published the framework (see http://www.cdc.gov/policy/opth/hra/ FrameworkForHRA.pdf). If you have patients scheduled for annual wellness visits, your practice will have to decide whether to develop an HRA based on the framework or delay those visits until HRAs consistent with the framework are developed and disseminated.

Editor's note: While this department attempts to provide accurate information, some payers may not agree with the advice given. You should refer to current coding manuals and payer policies. **FPM**

DO YOU HAVE A CODING OR DOCUMENTATION QUESTION?

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