

## CODING & DOCUMENTATION

Cindy Hughes, CPC

### New Medicare preventive services benefits

**Q** We have been hearing about new Medicare benefits for depression screening and cardiovascular risk-reduction counseling. What codes should we report for these services, and how often?

**A** Medicare coverage expanded to include several preventive services in late 2011. Depression screening (HCPCS code G0444) and intensive behavioral therapy and counseling to reduce cardiovascular risk (G0446) are covered once every 12 months. Also covered at varying intervals are counseling related to alcohol misuse (G0442 and G0443), obesity (G0447), and sexually transmitted infections (G0445). Download a detailed summary of coverage requirements from the American Academy of Family Physicians' website at <http://bit.ly/w8XVLg>. At press time, Medicare has not issued complete information on when these services are separately reportable with other services on the same date and which nonphysician clinicians can provide counseling for obesity incident to a physician's services. We will address these questions in this space as more information becomes available.

### Magnesium level test

**Q** What ICD-9 code should we submit when billing Medicare for a magnesium level test for a patient whose long-term use of a proton pump inhibitor warrants it? The lab says Medicare won't cover the test because we used an E code.

**A** I would not recommend using an E code or a poisoning code. The patient is being tested to monitor the effects of a therapeutic drug and is not necessarily experiencing a toxic effect. I would suggest three diagnosis

#### About the Author

Cindy Hughes is a coding and compliance consultant with Medical Revenue Solutions, based in Oak Grove, Mo., and a contributing editor to *Family Practice Management*. Until recently, she was a member of the staff of the American Academy of Family Physicians. 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.

codes: V58.83, "Encounter for therapeutic drug monitoring," V58.69, "Long-term (current) use of other medications," and the code for the condition being treated.

### Neuropsychological testing

**Q** Can family physicians be paid for neuropsychological testing, CPT code 96116, or is this to be billed only by neurologists and psychologists?

**A** CPT codes are not specialty-specific, although insurers may have policies that allow only physicians in certain specialties to be paid for services represented by certain codes. In any case, be sure your testing meets the code definition, which is significantly more extensive than a Mini-Mental State Examination. According to CPT, 96116 represents "Clinical assessment of thinking, reasoning, and judgment (e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual-spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report."

### Fecal occult blood testing

**Q** Does it make a difference in the coding of a fecal occult blood test whether the test is done for diagnostic or screening purposes?

**A** Yes. CPT code 82270 specifically states that it is used for "colorectal neoplasm screening"; 82272 is used for purposes "other than colorectal neoplasm screening." Medicare requires code G0328 for a fecal hemoglobin determination by immunoassay when the service is performed for colorectal cancer screening rather than diagnostic purposes; the CPT code for this service is 82274. Use modifier QW as appropriate to indicate that these tests were performed in a CLIA-waived, office-based laboratory.

*Editor's note:* While this department attempts to provide accurate information, some payers may not agree with the advice given. **FPM**

### DO YOU HAVE A CODING QUESTION?

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