CODING & DOCUMENTATION

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Special report code

Q I am billing CPT code 99080 for medical reports, and my claims are being denied because "This report was not medically necessary." What should I do?

A Code 99080 is for "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form." Medicare and many other payers consider payment for these reports to be bundled into the payment made for other services and will not separately reimburse it. That is probably why your claims are being denied. Some practices charge their patients directly for form completion that might otherwise be billed with code 99080.

For more information see "Should You Charge Your Patients for 'Free' Services?" [*FPM*, July/Aug 2004, http://www.aafp.org/fpm/2004/0700/p43.html].

Preventive codes

Q Can you bill preventive codes such as obesity screening (G0447) with annual wellness visit (AWV) codes G0438 or G0439?

A The Centers for Medicare & Medicaid Services allow separate reporting of many preventive services in addition to an AWV. (Note, however, that many preventive services are not separately reported when providing the initial preventive physical examination, G0402.) The following list includes some of the newer preventive service benefits that may be separately reported when provided in addition to an AWV:

- G0442, Annual alcohol misuse screening, 15 minutes,
- G0443, Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes,
- G0444, Annual depression screening, 15 minutes (allowed only with G0439),
- G0445, High-intensity behavioral counseling to prevent sexually transmitted infections, face-to-face, individual, performed semi-annually, includes: education, skills training, and guidance on how to change sexual behavior, 30 minutes,
- G0446, Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes,
- G0447, Face-to-face behavioral counseling for obesity, 15 minutes.

Each of these preventive services has specific diagnosis codes, frequency limitations, and documentation requirements, and each may be limited to provision by primary care physicians in certain places of service. For more information on the requirements for reporting these services, see the Medicare Learning Network's list of preventive services products at http://go.cms.gov/1dQka9w.

Group classes

Q Is a group class considered a service reportable with CPT code 97804? Is there a limit on the number of people who may be in a group?

A Code 97804 is for "Medical nutrition therapy; group (two or more individuals), each 30 minutes." According to CPT, "Group therapy is applicable to each person within the group and code 97804 is reported for reassessment and intervention services provided to each patient comprising the group." As such, the group "class" would need to include medical nutrition reassessment and interventions directed to each individual patient, even though services are being provided in a group setting.

Payers may limit the provision of medical nutrition therapy to that ordered by a physician and provided by licensed nutritionists and dietitians to patients with specific chronic conditions. CPT does not limit the number of people who may be in such a group. FPM

About the Author

Cindy Hughes is an independent consulting editor. Author disclosure: no relevant financial affiliations disclosed. These answers were reviewed by members of the *FPM* Coding & Documentation Review Panel, including Asia Blunt; Robert H. Bösl, MD, FAAFP; Marie Felger, CPC, CCS-P; Thomas A. Felger, MD, DABFP, CMCM; Emily Hill, PA-C; Joy Newby, LPN, CPC; Mary Thomas, RHIT, CPC; and Susan Welsh, CPC, MHA.

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