Debra Seyfried, MBA, CMPE, CPC, and Kent Moore

Smoking cessation

Q What are the differences between the smoking cessation codes G0436, G0437, 99406, and 99407?

A The primary difference between the codes is whether the patient has signs or symptoms of tobacco-related disease. If the patient does not, then you should use G0436 to bill a "Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes" or G0437 when intensive counseling exceeds 10 minutes. For symptomatic individuals, you should use codes 99406, "Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes" or 99407 when intensive counseling exceeds 10 minutes.

Subsequent observation care

Q Are subsequent observation care codes 99224-99226 intended for use only by the physician who admits the patient to observation, or can they be used by all physicians participating in the patient's care?

A Payment for subsequent observation care is for all care rendered by the admitting physician on the day(s) other than the initial or discharge date. Other physicians who furnish consultations, evaluations, or services while the patient is receiving hospital outpatient observation services should bill outpatient service codes. However, if physicians in the same group practice and of the same specialty (e.g., two family physicians) see the patient at separate visits on the same day, they must submit a single code representative of the level of service of the combined visits. This is Medicare's policy; private payers' policies may vary.

About the Author

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NO ICD-9 UPDATES FOR 2012-2013

To enable greater focus on the transition to ICD-10, the Centers for Medicare & Medicaid Services has made no ICD-9 diagnosis code changes for 2012-2013. The *FPM* ICD-9 reference lists published last fall are still current; you can download them at http://www.aafp.org/fpm/icd9. The proposed implementation deadline for ICD-10 is currently October 2014. Look to *FPM* for continued updates and advice on the transition to ICD-10.

Medicare annual wellness visit eligibility

Q How can I find out whether a patient has had a Medicare annual wellness visit (AWV) with another physician and, therefore, know whether to bill for a subsequent AWV or an initial AWV?

A Check with your Medicare Administrative Contractor (MAC) to see what options are available in your region to verify eligibility for the AWV and other preventive services. Some MACs provide eligibility information through Internet portals, but they may offer other ways to access the information as well.

Definition of "new patient"

Q When a pediatrician or neurologist refers a patient to me, can I bill a new patient code if we are in the same group practice?

A Yes, you can if you are billing Medicare, which follows the CPT definition of a new patient: "one who has not received any professional services from the physician or another physician of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years." Private payers vary on this rule, but if a payer rejects your claim, an appeal based on CPT instructions would be appropriate. FPM

WE WANT TO HEAR FROM YOU

Send questions and comments to **fpmedit@aafp.org**, or add your comments to the article at **http://www.aafp.org/fpm/2012/0900/p30.html**. While this department attempts to provide accurate information, some payers may not accept the advice given. Refer to the current CPT and ICD-9 coding manuals and payer policies.