CODING & DOCUMENTATION

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Influenza diagnosis

Q Can our office report a diagnosis of influenza if the rapid influenza test result is negative but the physician's diagnosis is influenza based on the patient presentation?

A Yes. Physician identification of the symptom complex is sufficient to assign a diagnosis of influenza, and a positive laboratory result is not required. However, if the diagnosis is stated indeterminately (e.g., "probable" or "suspected"), do not assign an influenza code for the physician's services.

Emergency department services

Q One of our patients, a Medicare beneficiary, went to the emergency department and the attending physician consulted with the patient's primary care doctor to determine if the patient needed admission. After a full evaluation, the primary care doctor determined that the patient could go home. What code should we report to Medicare for the primary care doctor's services?

A According to section 30.6.11 of Chapter 12 of the Medicare Claims Processing Manual, if the emergency department physician sends the patient home, based on the advice of the patient's primary care physician who came to the emergency department to evaluate the patient, then the emergency department physician should bill the appropriate level of emergency department service that he or she provided. The patient's primary care physician should also bill the appropriate level of emergency department service that he or she provided. If the patient's personal physician does not come to the hospital to see the patient, but only advises the emergency department physician by telephone, then the patient's personal primary care physician may not bill Medicare.

For non-Medicare patients, follow the guidance of the specific payer or the American Medical Association's *Principles of CPT Coding,* which considers emergency department patients to be outpatients until they are admitted. It instructs the non-emergency department physician to report an office or other outpatient visit code or a consultation code for services rendered in the emergency department, and it instructs the emergency department physician to report an emergency department code for his or her services. This does not mean that CPT limits the use of emergency department codes to emergency department physicians; these codes may be reported by any physician who is attending a registered patient in the emergency department.

Home health certification

Q What date of service should our staff report when billing Medicare for home health certification or recertification?

A The date of service should be the date on which the certifying physician signed the care plan. Although your practice will need to track the dates of the certification period to be sure there is no overlap when the care plan is recertified, you do not need to report the span of dates on your claim. No other services should be reported on the claim when reporting certification or recertification of home health services. Report code G0180 for the initial certification and G0179 for recertification. If you are also reporting home health care plan oversight (G0181), do not count the time spent on certification or recertification toward the time spent on care plan oversight. FPM

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Send questions and comments to **fpmedit@aafp.org**, or add your comments to the article at **http://www.aafp.org/fpm/2014/0700/p31.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.

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, MBA, CPC; Robert H. Bösl, MD, FAAFP; Marie Felger, CPC, CCS-P; Thomas A. Felger, MD, DABFP, CMCM; Emily Hill, PA-C; Joy Newby, LPN, CPC; and Susan Welsh, CPC, MHA.