CODING Q&A

Medication Supplies, New Patient E/M, and Skin Shaving Vs. Skin Biopsy

■ DAVID STERN, MD, CPC

Q. On our new superbill, there is a spot to code for Phenergan (generic is promethazine HCl) 50 mg when administered intramuscularly. How would we code for Phenergan when the physician orders Phenergan 25 mg IM? Do we mark the code x ½?

– Anonymous, Illinois

A. If you administer 50 mg of promethazine or any portion of 50 mg, then you use code J2550 (Injection, promethazine HCl, up to 50 mg).

For example:

- 25 mg = J2550
- 50 mg = J2550
- 70 mg = J2550 x 2
- 100 mg = J2550 x 2

This is a general rule for HCPCS medication codes, i.e., you use the code for the amount listed or for any fraction of the amount listed.

Of course, you should also code for the administration code for Therapeutic IM Injection (96372).

Note: For 2009, all therapeutic, prophylactic, and diagnostic injection and infusion codes have been changed to place them in a new code range (96360-96379). In the example noted above, the CPT code 90772 for Therapeutic IM Injection has been eliminated and replaced with the new code 96372. ■

Q. I understand that you can code a new patient E/M every three years. Do you know of a system that will track when the last new patient visit was coded, so that we can make sure that we code a new patient E/M when it has been three years since the last new patient E/M code?

– Anonymous, Florida

David E. Stern, MD, CPC is a certified professional coder. He is a partner in Physicians Immediate Care, operating 12 urgent care centers in Oklahoma and Illinois. Stern serves on the Board of Directors of the Urgent Care Association of America and speaks frequently at urgent care conferences. He is CEO of Practice Velocity (*www.practicevelocity.com*), providing urgent care software solutions to more than 500 urgent care centers. He welcomes your questions about coding in urgent care.

A. This is another confusion that persists about new vs. established patient E/M codes.

No, you do not code a new patient visit every three years. Rather, you should code a new patient E/M (99201-99205) if and when the patient is being seen in your urgent care, and the patient has not received face-to-face provider services from a provider (of the same specialty) in your urgent care at any time during the past three years.

If the patient has received face-to-face services from a provider in your urgent care at any time during the past three years, then you should use an established patient E/M code (99212-99215).

Visits where the patient does not receive face-to-face services from a provider may include influenza vaccinations, drug screens, and blood pressure checks.

These visits do not count as face-to-face encounters, and should not be considered when applying the three-year rule. **Figure 1** (page 44) should help to illustrate this principle. ■

Q. The doctor obtained a biopsy specimen of a suspicious nevus by shaving the lesion. Should I use a code for lesion removal by shaving or should I use a biopsy code?

– Anonymous, California

A. The question to ask first is this, "*Why* did the doctor remove the lesion?" Was it to obtain a biopsy specimen for microscopic evaluation by a pathologist, or was it to simply excise the lesion from the patient's skin?

In the case you mention, the lesion was "suspicious" for malignancy, so the biopsy code (11100-11101) should be used.

On the other hand, if the lesion was removed via shaving for cosmetic or comfort reasons, then you should code with a code for removal of a lesion by shaving (11300-11313). ■

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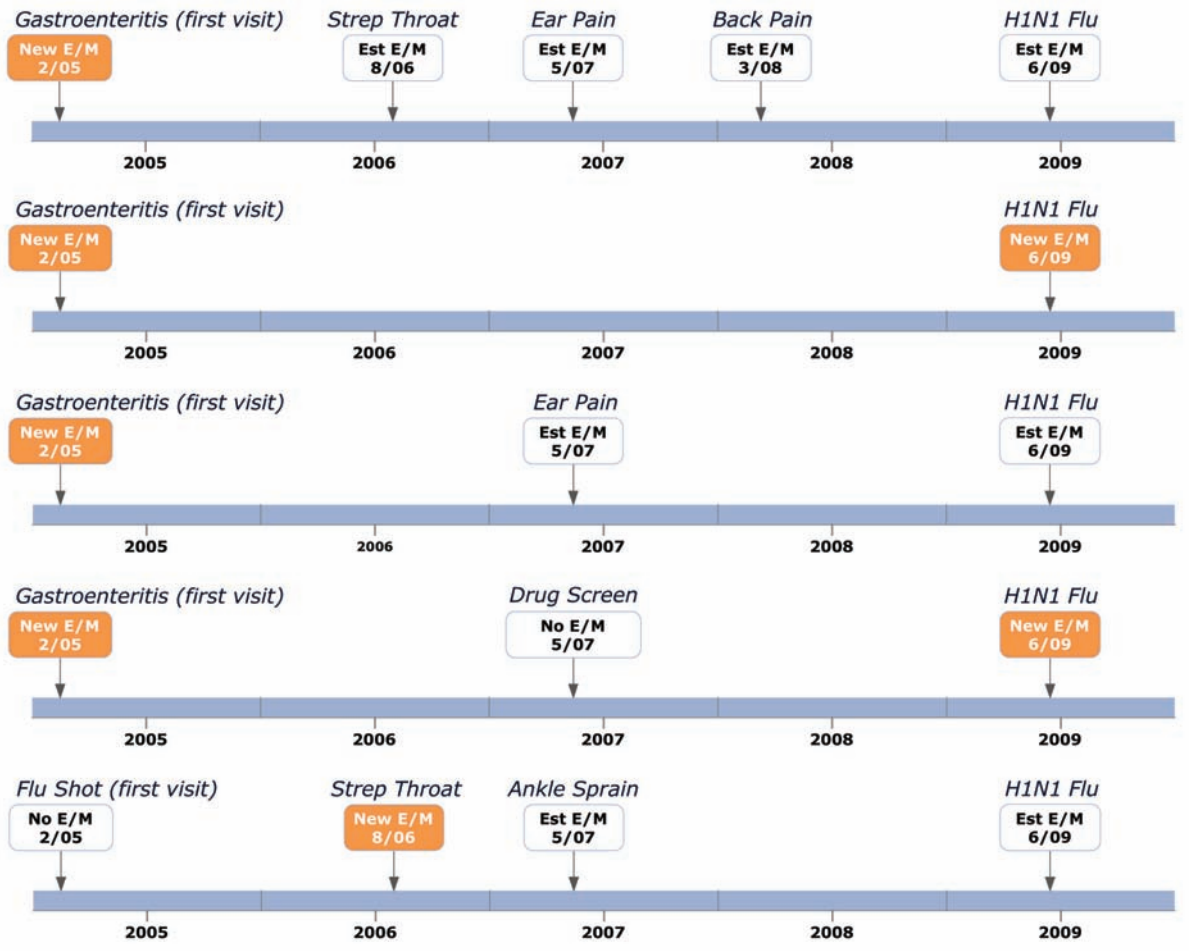
Figure 1. Established vs. New E/M *(Real Life Examples)*



OCCUPATIONAL MEDICINE

It is always useful to have a "freebie" tucked in your portfolio. It may be a complimentary subscription to your low cost e-mail advisor (a good reason to create such an advisor), an invitation to a conference or a meeting, or a free password to valuable password-protected areas of your website. Prospects are often impressed by such tenacity and fair play.

- Stay in touch and use multiple modalities. Strike a balance between being sufficiently visible and being a nuisance. Call the prospect every few months and take the high road; ask them what you (or your clinic) could do for them and check in to see how things are going.
- Keep your prospect pipeline "just right." Occupational health sales professionals tend to err on both sides of this equation; often, the pipeline is insufficiently full, meaning that you are counting on a small number of prospects to come through soon. Or the pipeline is too full; that is, you simply have too many prospects in various stages of development to manage each of them as well as you should.

The axiom "time is money" rules the roost in occupational health sales. Nothing seems to take more time than pursuing dead-end leads. There will, of course, be many dead ends; the secret is to minimize them by developing and executing a proactive plan to identify, contact, and cultivate the right person. ■