CME

CINDY HUGHES, CPC, CFPC

COMPARING TEST DATA FROM PREVIOUS VISIT

Q Does comparing a patient's test result (e.g., serial creatinine) reviewed at a previous encounter with a current result count as review of one or more test results when determining the level of medical decision making (MDM) for the current encounter?

A Comparing results of the same test counts as precisely one test reviewed for E/M coding purposes. Even if you compare multiple results of the same test (i.e., reported with the same code) from different visits, that does not count as more than one unique test for the current visit. (However, your review of the earlier result could have counted toward the MDM of the previous visit.)

MODIFIER JW FOR UNUSED MEDICATION

Q When should I use modifier JW for reporting unused medication?

A Report modifier JW on the code for a drug or biologic when administering it from a single-use vial/package results in an amount wasted that exceeds the units reported with the code. Do not report it when administering from a multi-use vial. For example, Drug A is reported with one unit per 10 mg. You administer 20 mg from a 30 mg single-use vial. You report two units of Drug A on one claim line and one unit with modifier JW appended to the drug's code on a second claim line.

It is advisable to check individual payer policies for specific reporting instructions. Not all payers recognize the JW modifier, and some require that you provide additional information such as the product's National Drug Code (NDC) and NDC units (which are often different from HCPCS drug units). Some plans also require that you consider the smallest available drug unit that would provide the required dose of medication with the least waste. For example, Drug A is available in 30 mg or 60 mg single-use vials. You administer 20 mg and report 10 mg as wasted by appending modifier JW even though you provided it from a 60 mg single-use vial.

© ISTOCK.COM / RUSTEMGURLER

ADMINISTRATION OF MEDICATION BOUGHT OUTSIDE THE PRACTICE

Q Can my practice bill Medicare for administering medications that patients purchase at a pharmacy and bring in for administration?

A Yes, however, you must report the administration code (e.g., 96372) and a code for the drug with a $0 charge (or one cent, if your system requires a monetary amount). The administration charge is only payable if the medication is covered under Medicare benefits. If Medicare denies the claim, you are not allowed to bill the patient for the administration unless the patient signed an Advance Beneficiary Notice of Noncoverage form (CMS-R-131) prior to receiving the service.

PROVIDING PRESCRIPTION DRUG SAMPLES DURING E/M VISIT

Q When I provide samples of prescription medications during an office E/M service, does it count as prescription drug management for leveling the visit?

A Yes. It is the risk of the management decision (i.e., to prescribe the medication) that is credited toward the level of medical decision making for E/M services, not the act of sending an order to a pharmacy.

TESTS CONSIDERED BUT NOT ORDERED

Q If I considered a test but didn't order it, can I count the test in the data review portion of my E/M coding?

A No. However, you may include your decision to forego testing when you calculate the level of risk of complications and/or morbidity or mortality of the patient management decisions you made during the visit. Make sure to document your thought process. FPM

ABOUT THE AUTHOR

Cindy Hughes is an independent consulting editor based in El Dorado, Kan., and a contributing editor to *FPM*. Author disclosure: no relevant financial affiliations.

EDITOR'S NOTE

Reviewed by the *FPM* Coding & Documentation Review Panel. Some payers may not agree with the advice given. Refer to current coding manuals and payer policies.

Send comments to **fpmedit@aafp.org,** or add your comments to the article online.