

BILLING CHEAT SHEET FOR FCC

03.03A REGULAR OFFICE VISIT

03.04A COMPREHENSIVE VISIT (PHYSICAL) only billable every 180 days by the same physician
*if rejected it's likely because it has been billed in the last 180 days, change to 03.03A and add a cmgp02

03.03B PRENATAL VISIT

03.04B 1ST PN VISIT (PHYSICAL) only billable every 180 days during pregnancy by same
Doc

03.01N MANAGEMENT OF ANTICOAGULANT
THERAPY only 2 claims/month/patient
*if rejected – delete claim, you cannot change the code

03.04M PRE-OP MEDICAL

03.04J COMPREHENSIVE CARE PLAN 1 claim/patient/per 366 days
Must have 2 or more diag from Group A or Group B
Not eligible for complex modifiers
Billed in conjunction with 03.04A or 03.03A

Group A: 401, 250, 496, 493, 428, 413, 414
Group B: 290-319, 278, 303, 304, 305.1

*if rejected:

*Check that at least to diagnostic codes have been added (see above) if not include them and resubmit

**its because another claim was processed by another physician within the same 365 days, delete the claim and rebill for it at the next visit (leave an alert in the billing section of the F9 screen for the doctor to see) do a change request for the 03.03A or 03.04A that was bill in conjunction with this claim and add applicable time modifiers (CMXC30 or cmgp02)

03.05H DRIVERS MEDICAL (PATIENT MUST BE AT LEAST 74.5 YEARS OF AGE TO QUALIFY)

08.45 PSYCH ASSESSMENT OR THERAPY OF A FAMILY (45MINS)

08.19G PSYCH VISIT

2ND ENCOUNTERS

98.12A BIOPSY

98.12B BIOPSY (FACE)

98.12C EXCISION OF SEBACEOUS CYST

98.12J EXCISION KERATOSIS, NEVI

98.12L NON-SURGICAL TREATMENT OF WART (cryo etc.)

98.12R EXCISION OF WART/Debridement

98.22A LACERATION <5CM BODY OR <2.5 CM FACE

98.22B LACERATION >5CM BODY OR >2.5 CM FACE

93.91B JOINT INJECTION

98.03A INCISION AND DRAINAGE

13.99BA PAP 2/YEAR cannot bill complex modifier with this encounter

13.59A IM INJECTION