

# Increase Revenue Through Enhanced Patient Care

The provided CPT billing codes are meant as a guideline for potential billing to insurance companies or Medicare for services rendered. With constant changes being made to CPT billing codes Danard Lilly Corporation does not guarantee that the below CPT codes are valid for all or any given situation in the utilization of Danard Lilly Corporation's Computerized Pain Assessment. It is suggested that CPT billing codes be verified with insurance providers or Medicare prior to use to insure that they're correct to meet your office or facilities particular requirement.

**CPT Guidelines indicate your office may bill for the following procedure codes. CPT code verification is recommended prior to billing submission.**

## **INITIAL (NEW PATIENT) EVALUATION AND MANAGEMENT (E&M)**

99205 E&M of New Patient: An comprehensive history, a comprehensive examination, and medical decision making of high complexity.

**Frequency:** Codes 99205 are to be used once per patient to represent an initial assessment.

99215 E&M of Est. Patient: An comprehensive history, a comprehensive examination, and medical decision making of high complexity.

**Frequency:** Codes 99215 can be used each time a new complete assessment is made. This typically takes place every 4-8 weeks.

**Note:** Whenever an E&M code is utilized with additional procedures it is important to append the code with a 25 modifier. Modifier 25 indicates the assessment is an independent separately billing procedure apart from the testing or modalities. Additionally a separate ICD-9 codes should also be used to signify the separate procedure, you do this by using diagnosis pointing on a CMS1500.

## **CONSULTS EVALUATION AND MANAGEMENT (E&M)**

99245 E&M of Est. Patient: An comprehensive history, a comprehensive examination, and medical decision making of high complexity.

A new patient must not have received care from a reporting physician or others of the same specialty who belong to the same group within the last three years.

**Note:** Consults are not to be confused with E&M codes. Consults are reported when another physician requests an assessment to be performed and a detailed written assessment is provided to the referring provider.

**Frequency:** Codes 99245 are to be used once per patient to represent an initial assessment. 99215 should represent follow up visits.