

Diablo Medical Billing, Inc.

Family Practice Services

Counseling Risk Factor Reduction and Behavior Change Intervention:

These codes may be reported separately when performed with E/M service. Risk factor reduction services are used for patients without a specific illness for which the counseling might otherwise be part of the treatment. Services will vary by age and should address such issues as family problems, diet and exercise, substance abuse, sexual practices and injury prevention. Behavior change interventions are for patients who have a behavior that is often considered an illness itself, such as tobacco use and addiction, substance abuse or misuse or obesity. Behavior change services involve specific validated interventions of assessing readiness for change, advising a change in behavior, assisting by providing specific suggested actions and

motivational counseling, and arranging for services and follow up.

Preventative counseling and/or risk factor intervention: (NOT covered by Medicare)

99401.....15 minutes
9940230 minutes
99403 45 minutes
99404.....60 minutes

Smoking and tobacco use cessation counseling- Usually covered by Medicare if patient has respiratory diagnosis
99406 3-10 minutes
99407 greater than 10 minutes

Alcohol and/or substance abuse structures screening (AUDIT, DAST) and brief intervention services

99408.....15 to 30 minutes
99409.....greater than 30 minutes



Family Practice Services -covered by Medicare only

- Welcome to Medicare Exam-must be performed during first year of Part B.
- Code G0402-initial preventative physical exam face to face visit
- Code G0403-full EKG service-should always be done with G0402

Holding Patient and Insurance Money

Diablo Medical Billing works very hard to customize our service to each practice's individual preferences. Some of these preferences unfortunately can work against proper medical billing accounting and efficiency. One particular issue is the holding and/or non-reporting of monies that have come into the office to Diablo Medical Billing. Our job is to keep your accounts clean and the AR well within industry norms. If we find balances have not been received in a timely manner than we will aggressively go after it. That's our job, it is what you expect from us. When monies are held, patients get statements for an amount that they have already paid. This causes the patient to call DMB angry and confused, or in many cases they will just pay twice and then a refund must be requested. In all cases we are sending unnecessary statements or insurance claims, running up our paper and postage costs. Please, we ask all of our clients to please report the receipt of monies in your office as soon as possible, please do not hold those receipts.

Thank You

Important Things to take note of:

LOCUM TENENS

Summer is here, and your practitioners may be taking time off. If you have a locum tenen working in your practice, we need to know that. There is a modifier, Q6, that needs

to be attached to Medicare claims when a locum is seeing your patients.

PNEUMOCOCCAL 13

The new pneumococcal vaccine has a different CPT code than the old

one. If you are using the new vaccine, please let your account rep know, so she can bill accordingly. The reimbursement for the 90670 is around \$120.00, so you want to be sure we are billing the correct CPT.

NO SHOW FEES

Per Medicare, as long as you have a standard policy for all patients, you can charge Medicare patients for no-shows, also. Your policy must be in writing and the patient must be informed of this policy before you can start charging them.