

Family Practice Coding Best Practices Guide



Quest

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Family Practice CPT Code Ranges in 2022

Below is a general list of the code ranges for family practice services and procedures in 2022:

- **99214** - Established patient office visit(30 to 39 minutes)
- **99213** - Established patient office visit(20 to 29 minutes)

Family Practice Modifiers

Below is a list of the common modifiers used in family practice medical billing. Modifiers are used in medical billing to avoid claim denials and incorporate a higher level of coding specificity to help get the right reimbursements

- **GO** - Telehealth services to diagnose/treat symptoms of acute stroke
- **GT or 95** - Diagnosis, evaluation, and treatment of symptoms through telemedicine
- **59** - Denotes distinct procedural services from the rest of the services performed on the same day
- **76** - Denote repeated procedure performed on the same day by the same physician



5 Common Mistakes Family Practice Physicians Make With Their Medical Billing

Coding is not Specific

every single diagnosis and procedure in your office should be coded to the highest level for that specific code. This means it should be coded to the highest number of digits that can be used for that code for more accurate billing

Solution

Hire a specialist who understands medical billing in and out specifically for family practices. You may consider outsourcing to a medical billing firm that can provide you with a skilled professional already trained in **family practice medical billing**. Alternatively, you could hire or train your own medical billing staff to work in-house.

Claim Isn't Filed On time

Double-check the window of time you have to submit claims. If you don't have your claims submitted on time you can lose out on collections, hurting your practice's profitability.

Solution

Check into timely filings and set up a system to ensure your claims are always filed on time. This may mean hiring someone specifically to handle filing claims or it may require outsourcing to a medical billing company that can handle this process for you.

Not Verifying Insurance

Not verifying the insurance of a patient is a common medical billing pitfall but it shouldn't be one you make regularly. If a patient's insurance has changed and the change isn't verified, you may end up providing procedures that aren't covered by insurance.

Solution

Verify a patient's insurance every single time they come in for a visit.

Not Billing Enough (Underbilling)

Your practice can't afford to underbill for your services as a family practitioner. Not billing enough often comes from simply not being aware of the proper billing rules and the coding options available.

Solution

Outsource to a medical coding company that can ensure you are billing to the full extent to maximize your profits as a practice.

Improper Coding

Coding that isn't specific is a problem on its own but improper coding to start is an even bigger problem. Improper coding can lead to rejected claims and refiling which takes more time to get to collections.

Solution

Outsource your medical billing to take the stress and headache that comes with potential improper coding off your plate.

Questions about improving your practice? We'd love to chat about solutions that can reduce your stress and increase your profitability. Visit us at questns.com or email us at info@questns.com.



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