

SMFM White Paper

Maternal-Fetal Medicine Services – Ordering Diagnostic Testing

This White Paper will deal with this subject and give, to the best of this Committee's knowledge, what the appropriate way of billing and obtaining reimbursement for such services.

The question has been asked if Maternal-Fetal Medicine Specialists can order, perform and bill for their own diagnostic testing.

When a physician is managing a patient he/she can order and perform diagnostic testing when clinically indicated. If the diagnostic services can be performed in the MFM practice, and no part of the diagnostic service provided is purchased from another entity separate from your practice, it would be appropriate to perform and bill for the diagnostic testing.

In Office Diagnostic Testing

When ordering diagnostic testing, there should always be a clear reason (diagnosis) for the purpose of the testing being ordered. The diagnosis should always be communicated and documented in the patient's medical record. If the diagnostic testing is performed and billed on the same day as an Evaluation and Management Service (E&M), the documentation for the Evaluation and Management Service can be in the body of the ultrasound report. **However there must be separate, distinct headers, clinical indications and documentation for each service.**

Depending on the payer, the Modifier 25 (Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service) may need to be attached to the appropriate Evaluation and Management Service.

Per CPT Guidelines, "A physician consultant may initiate diagnostic and/or therapeutic services at the same or subsequent visit".

Example #1:

When the Maternal-Fetal Medicine Specialists and Generalist OB are in the **same** practice and share the **same** Tax ID Number, it would be appropriate for the OB Generalist to order the study and have the MFM perform the test. When submitting such claims it is highly recommended that you note the correct Taxonomy Code for each provider. This will delineate the sub-specialty of MFM from the Generalist OB, even though you are billing under the same Tax ID Number.

- OB GYN Taxonomy Code = 207V00000X.
- MFM Taxonomy Code = 207VM0101X

Example #2:

When the Maternal-Fetal Medicine Specialists and Generalist OB are in ***different*** practices, thus have ***different*** Tax ID Numbers, it would be appropriate for the OB Generalist to order the study and have the MFM perform the test.

Example #3:

When the patient is referred to the Maternal-Fetal Medicine Specialists (consultant) by the Generalist OB or appropriate source, ***regardless if they are from the same practice*** and the MFM finds an anomaly during a specific study, based on the clinical indications, it would be appropriate for the MFM to perform further studies during the same session.

We strongly recommend that the MFM contact the referring provider to confirm if they would like them to perform the follow-up studies, co-management, etc. Communication and delineation of responsibilities regarding follow-up is imperative.

Depending on the payer and type of plan the insured has (PPO, HMO, POS, etc.) there is a possibility that additional referrals, authorizations for follow-up services may be necessary.