ACUPUNCTURE Today

Billing for Communication With Patients

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I am spending a considerable amount of time with phone calls particularly with physicians whom I have referred or have been referred a patient. There are also instances that I may spend 15-30 minutes with a patient on the phone to discuss specific issues of their care or case. Am I able to bill for the time I spend time on the phone?

Indeed, the Current Procedural Terminology, CPT manual does have coding specific to both of these situations and they are billable. However, there are specific guidelines for their use, which may limit your ability to use depending on the circumstances of the encounter.

For patient phone calls there are codes designated for telephone services as a non face-to-face physician services. The CPT manual defines the service as "non-face-to-face evaluation and management (E/M) services provided by a physician to a patient using a telephone." These codes are used to report episodes of care by the physician initiated by an established patient or guardian of an established patient. If the telephone service ends with a decision to see the patient within 24 hours or the next available urgent visit appointment, the code is not reported, rather the encounter is considered part of the pre-service work of the subsequent E/M service, procedure, and visit, according to the manual.

In simple terms, if the call resulted in the patient making an appointment or arranging to be seen within 24 hours the phone call is considered part of that visit and not separately billable. Additionally, if the phone call refers to any E/M service performed and reported within the previous seven days then the phone call is considered part of the previous E/M service of that visit.

The codes are: 99441 for 5-10 minutes of medical discussion, 99442 11-20 minutes of medical discussion and 99443 21-30 minutes of medical discussion. In a related fashion there is also a code for online medical evaluation, meaning via Internet resources or email. Its use is the same as the phone call in that the communication cannot lead to a visit within 24 hours or next available urgent appointment. Nor be within seven days of an E/M service.

The above communication is by phone with the patient, but what about communication with other health care professionals? Particularly those you are co-managing treatment as you inquired. There is code 99358 for prolonged physician service without direct face-to-face patient contact. This code is used to report the total duration of non face-to-face time spent by a physician on a given date providing prolonged service, even if the time spent is not continuous.

This code would include communication with other professionals where there are no specific codes to cover the communication such as medical team conferences, which of course requires face-to-face meeting of the providers.

Code 99358 includes such time spent reviewing extensive records, communication with other professionals (not otherwise coded). It is for the first 30-60 minutes of time. Time less than 30 minutes is not separately reported. After 60 minutes of total time, each additional 30 minutes

would be coded with 99359 (at least 15 minutes of the additional 30 minutes must be performed to report 99359, if less than 15 minutes of additional time is performed it is not to be reported). These codes and service do not require that they be performed or reported on the same date as the related treatment or evaluation.

Based on the time requirements of 99358 it would be somewhat problematic as phone calls rarely require 30 minutes and therefore would not be used on a typical basis. However, when the time frame is equaled or exceeded it would allow the opportunity for the services to be reported.

While these codes are available and their use appropriate, payment is still based upon an insurance plan contract. This can be either the patient's contractual agreement or provider contractual agreement, which may or may not have reimbursement for these services.

Of course, unless the provider has a contractual agreement with the specific carrier for agreed amount the patient would certainly be liable for payment of the services. In any case I would always give yourself the opportunity for a carrier to make payment for the services provided.

If your office regularly provides this type of service it should be an added question to your insurance verification to determine if the services will have separate reimbursement.

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