

AHS's Headache Coding Corner

- A user-friendly guide to CPT and ICD coding

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Part 6 - Coding Communication: Non-Face-To-Face New CPT Codes for Telephone Services

This segment of the Coding Corner will discuss the new and revised CPT codes for reporting non face-to-face encounters between physicians and patients. The codes, **99441-99443**, were added to describe telephone services which were initiated by the patient and provided by the physician to an established patient via telephone. To address this issue, *CPT 2008* also developed a new section, Non-Face-to-Face Physician Services that includes a Telephone Services subsection. The new time based codes for reporting telephone care took effect January 1, 2008.

The recognition that telephone care represents a significant and growing part of the time spent in patient care has challenged the traditional face-to-face care paradigm. Although historically Medicare and commercial insurers have not recognized telephone services as an additional and important part of the delivery of health care, general advancements in communication technology as well as a paradigm shift in the role that telecommunications plays in our every day life, has challenged the ways in which patients engage with their physicians and other healthcare providers. Telephone communication between physicians and patients is no longer just an extension of the office visit but has become a mechanism to provide greater access to care and disease management. An example we have all experienced in Headache Medicine is that a telephone discussion with a patient may prevent a costly and unnecessary emergency visit. However, for coding and billing purposes, as well as for risk management, telephone E/M calls must be well documented. (The importance of documentation of any patient encounter has been repeatedly emphasized in all sections of the Coding Corner and telephone interactions with patients are no exception.)

Despite the creation of these new codes for non-face-to-face care, Medicare does not reimburse for them (“designated as Non-Covered for 2008”). Most Commercial carriers also do not cover the new codes. However, Medicare has assigned RVU's and pricing for the new codes. By assigning an RVU for the telephone codes, it allows providers to bill for telephone calls described by these codes. This also permits providers to negotiate with Commercial insurance plans for reimbursement. Commercial plans are free to develop their own coverage and reimbursement policies. It also means that physicians may also directly charge their patients for these services. If the physician decides to charge the patient for the telephone E/M service, the mechanism of charging the patient should also be done in a timely fashion and not bundled with other patient encounters. If a physician were to decide to charge for telephone E/M services, it would also be prudent to consider setting a date when the practice will begin, and then to educate patients as to when these new policies will take effect. The practice could use the RVU's to help determine the amount to charge for the different codes. The RVU's for the new codes are listed below. As a reference, the three most commonly used Established Visit codes are also listed for comparison.

Established Visit Codes and RVU's

99213 1.67 RVU

99214 2.53 RVU

99215 3.43 RVU

Physician Telephone Service Codes and RVU's

99441 0.36 RVU

99442 0.66 RVU

99443 0.98 RVU

Telephone Coding Conditions and Guidelines

- These codes should only be reported for established patients
- The call must be initiated by the patient/guardian/parent
- These codes may not be used for calls initiated by a provider
- If a physician is covering after hours for a colleague with whom the patient has an established doctor-patient relationship, the covering physician may be considered to have an established relationship with the colleague's patient or guardian
- Codes 99441-99443 are used only for services performed by a physician
- The call must not result in a decision to see the patient within 24 hours or next available urgent visit appointment. In this instance, the telephone encounter is considered part of the pre-service work of the subsequent E/M service, procedure, and visit
- The call does not refer to a service performed and reported within the previous seven (7) days. This includes either a physician requested or unsolicited patient follow-up visit
- These are time based codes. The E/M service code is distinguished by the length of the medical discussion with the patient, parent, or guardian rather than the complexity of the conversation. Time spent talking with the patient must be documented
- The physician must document the nature of the service and pertinent details for the medical record

The following times are assigned to each code when used to report telephone E/M services provided by a physician.

- **99441** 5 – 10 minutes of medical discussion (.36 RVU)
- **99442** 11 – 20 minutes of medical discussion (.66 RVU)
- **99243** 21 – 30 minutes of medical discussion (.98 RVU)

CPT 2008 includes a second set of codes for telephone E/M services provided by qualified non-physician healthcare professionals. This may include Nurse Practitioners, Physician's Assistants or other "qualified" non-physician health care professionals. To date, the AMA has not specifically defined who is considered a qualified non-physician, but it does appear to include other members of the staff, such as Medical Assistants, who have the education and training for obtaining and performing telephone E/M services. Those coding guidelines defined for physicians will also apply to telephone services by non – physicians. If a practice makes the decision to charge for physician telephone services, it is also important to decide whether to charge for non-physician telephone E/M services. In addition, especially when dealing with the degree of complexity of patient's treated in Headache Centers, it is this author's opinion that

there should be a check and balance system to assure that the physician extender is properly monitored.

The following codes and corresponding times and RVU's for non-physician telephone services are as listed.

- **98966** 5 – 10 minutes of medical discussion 0.35 RVU
- **98967** 11 – 20 minutes of medical discussion 0.66 RVU
- **98968** 21 – 30 minutes of medical discussion 0.98 RVU

In summary, there are now telephone call codes listed in the Medicare database. The new CPT codes have a status of “non-covered” which means Medicare will not pay benefits for the codes. However, because Medicare has assigned RVU's and pricing for the new CPT codes, this means that providers can now bill the Medicare or non-Medicare patient for medical related telephone services. In addition, Commercial insurance plans are free to develop their own plans and reimbursement policies for these services. Given the integration of modern telecommunications into our society, there are some private providers who are recognizing that these alternative non-face-to-face alternative levels of available medical care may be important in helping to control costs as well as enhance physician-patient communications. If indeed a physician desires to charge for non-face-to-face telephone services, these fees should be part of the patient financial disclosure. It is also important to be certain that a contract with a Non-Medicare payer does not somehow exclude this type of billing practice.