REIMBURSEMENT
ADVISER

NEW FOR 2008

Codes for phone and online counseling, team meetings

Melanie Witt, RN, CPC-OGS, MA
Independent coding and documentation consultant; former program manager, Department of Coding and Nomenclature, American College of Obstetricians and Gynecologists

Making "non–face-to-face" contact with a patient

Old codes **99371–99373** that were used to report a call you made to a patient, or to consult or coordinate medical management with other health-care professionals, are deleted in 2008. In their place? A series of new codes that cover not only physician–patient contact but nonphysician–patient contact on the telephone.

Additional codes have also been added for non–face-to-face physician–provider contact regarding the care of a patient. Although these new codes may not be reimbursed by many payers, they do allow you to bill the patient for such services in many instances. They'll also help the practice better track the care given by its providers.

Patient-initiated telephone contact

99441 *Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion*

99442 *…11–20 minutes of medical discussion*

99443 *…21–30 minutes of medical discussion*

98966 *Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion*

98967 *…11–20 minutes of medical discussion*

98968 *…21–30 minutes of medical discussion*

To use these codes, keep in mind a few rules:

• Contact must be initiated by the patient or the established patient's guardian

• Don't report the new codes if the patient is then seen for the problem within 24 hours after the call or at the next available urgent appointment. When that happens, the call is considered part of the pre-service work and may be counted as part of the billable E/M service

• Don't report the new codes if the call relates to an E/M service that was reported by the provider within the prior 7 days—whether the provider

---

FAST TRACK

For 2008, a set of new codes replaces old ones that governed telephone calls with 1) patients and 2) other team members to coordinate medical management

---

More **NEW CODES** on the Web

• Documenting semen, sperm studies
• Reproductive system procedures for gyn oncologists

Visit www.obgmanagment.com

did or did not request that the call be made

- Don't report the new codes for any follow-up regarding a procedure that was performed while the patient is still in the postop period.

Conferring with the medical team

99367 *Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician*

99368 *...participation by nonphysician qualified health care professional*

The interactions of an interdisciplinary team are more comprehensive and complex than the conversations that might take place during a regular E/M service. So, the rules for these codes are somewhat different:

- The patient must be an established patient who has a chronic health condition or multiple health conditions that require a team approach to manage
- The participants in the conference are familiar with the patient and have seen the patient within 60 days prior to the conference call
- Only one provider from the same specialty may report these codes for each conference
- The conference must be at least 30 minutes long; the clock starts at the beginning of the review of the patient's case and ends at the conclusion of that review. Time spent writing reports on the conference can't be counted.

Providing your services online

99444 *Online evaluation and management service provided by a physician to an established patient, guardian, or health care provider not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network*

98969 *Online assessment and management service provided by a qualified nonphysician health care professional to an established patient, guardian, or health care provider not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network*

Just as telephone calls are becoming a more common method of communicating with providers, online medical services are tracing a similar pattern of use. The Internet has allowed many patients to contact their physician (or nonphysician provider) directly; with assurances of privacy offered by current Internet communications systems, information can be readily shared between patient and physician.

Criteria for using these new codes are:

- The established patient or her guardian must have initiated the online evaluation request
- The provider's response must be timely and must include permanent electronic or hard-copy documentation of the encounter
- The online service can only be reported once during a 7-day period for the same problem, but more than one provider can report his (her) separate online communication with the patient
- As with the rules for telephone contact with a patient, do not report the new codes if the provider has billed an E/M service related to the online query within the prior 7 days or within the postop period of a procedure. ∎

FAST *TRACK*

Coding for an e-mail service with a patient? Your reply must be 1) timely and 2) documented in a permanent format