

Internal Medicine Coding Alert

Capture Payment for Internet Communication With This Strategy

Apply these rules to all phone calls, lab review, care plan revision minutes

If you think CPT provides only one option for reporting telephone calls, you could be overlooking a golden opportunity to use care plan oversight codes. This three-step plan ensures you charge for all eligible services.

1. Include 5 Services in 99374-99380

The 99374-99380 series allows internists to charge for non face-to-face coordination of care for patients who require recurrent supervision of therapy involving complex and multidisciplinary care modalities. You may report care plan oversight (CPO) codes (99374-99380, Physician supervision ...) when the patient is not present for the following physician services:

- development and/or revision of care plans
- review of subsequent patient status reports
- review of related lab and other studies
- telephone calls and Internet communication for assessment or care decisions with healthcare professionals, family, legal guardian and/or key care giver(s)
- integration of new information into the medical treatment plan and/or adjustment of medical therapy.

2. Identify Supervisory Agency to Pinpoint Code Set

Although CPT 2006 will expand CPO codes beyond the current facility/agency entities, you may now only report these services when the patient is:

- under the care of a home health agency--99374 or 99375 (G0181 for Medicare).
- on hospice--99377 or 99378 (G0182 for Medicare).
- a nursing facility patient--99379 or 99380.

3. Total Documented Minutes for Exact Code

You must report CPO codes based on time. When you perform and document 15-29 minutes of CPO services within a calendar month, use the first code in each of the above sets (99374, 99377, 99379). For 30 minutes or more of services within a calendar month, such as November, report the second set of codes (99375, 99378 or 99380).

Watch out: If you count a service as part of an internist's CPO time, don't code for it separately. You should either include telephone calls in 99374-99380 or report them individually with 99371-99373.

For instance, a nursing home patient's CPO log shows the internist spent 18 minutes on telephone calls discussing coordination of care. You include these minutes in the internist's monthly 39 minutes of total CPO services and charge 99380. In this case, you should not then separately report the telephone calls using 99371-99373. This would be double-dipping.

