

## Internal Medicine Coding Alert

### Reader Question: Dont Expect Telephone Reimbursement

Question: An internist on our staff directed emergency care by phone to the ED for a patient who coded twice before he died. Our physician directed all cardiac and pulmonary resuscitation, IV fluids, etc., even though he was not physically present. I think we should use code 99288. Is that the correct code?

Wyoming Subscriber

Answer: The good news is that there is a code to represent the services your internist provided. The bad news is that the code you are looking for is not 99288 and it is going to be difficult to get reimbursed for these telephone services.

The scenario described does not meet the requirements for 99288 (Physician direction of emergency medical systems [EMS] emergency care, advanced life support). CPT says to use this code for encounters involving a physician located in the hospital emergency or critical care department who is in two-way communication with ambulance or rescue personnel outside the hospital and directs advanced life support and necessary medical procedures for the patient.

Instead, report CPT code 99373 (Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professional [e.g., nurses, therapists, social workers, nutritionists, physicians, pharmacists]; complex or lengthy [e.g., lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan]).

While Medicare will not reimburse for telephone conversations, as specified in Section 15512(B) of the Medicare Carriers Manual, private payers might. If the patient is covered by a non-Medicare carrier, ask the payer if the telephone-call codes will be recognized and reimbursed.