

Optometry Coding & Billing Alert

CPT Update: Call on Codes for Phone E/Ms in 2008

- but you'll have to negotiate for payment with private carriers

The AMA has released its list of codes that are slated to appear in CPT 2008, and it includes some new codes for reporting E/M service via telephone.

This change makes coding for these services less confusing because you'll choose your code based on time rather than complexity level.

Last-minute edits to the code book are always possible, but you can probably look forward to implementing these CPT changes for Jan. 1.

Check Payer Policy Before Calling on Phone E/Ms

If figuring the level of service for telephone E/Ms has made you reluctant to file the codes, CPT 2008 has some great news.

The latest version of CPT deletes 99371-99373 (Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other healthcare professionals ...).

Added: In 2008, CPT will roll out three new codes for telephone E/M care:

- 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.

Benefit: Codes 99371-99373 required you to decide if the call is simple/brief, intermediate or complex. Now, all you'll have to do is find total encounter time and pick a code based on that. You may also have more guidance on which phone calls you should include as part of an E/M service and which you should separately report.

This is good news for coders -- if insurers jump on board with the new code.

The time-based phone codes "may help, if the payers reimburse these codes. However, just because there are codes does not mean a payer will pay," says **Quinten Buechner, ACS-FP/GI/PEDS, CPC, CCP, CMSCS**, president of ProActive Consultants in Cumberland, Wis. "Insurers may bundle [the service] or just refuse to pay," he says.

Medicare has made these noncovered services in 2008. But the Medicare Physician Fee Schedule does assign relative value units (RVUs) to the codes. When negotiating for private-payer coverage, you can point to these total values: 0.36 for 99441, 0.66 for 99442, and 0.98 for 99443.

But that should not deter coders from reporting the codes, experts contend. These codes are "a step in the right direction for telemedicine, and I would encourage coders to use these codes until they are instructed by a carrier not to," says **Kathy Pride, CPC, CCS-P**, director of government program services for QuadraMed in Reston, Va.

Don't Use Phone Codes During Global Periods

You'll have to observe specific frequency guidelines for these codes, says **Cindy Parman, CPC, CPC-H, RCC**, co-owner of Coding Strategies in Powder Springs, Ga. "While these codes are primarily reported based on the time spent communicating with the patient, proximity of in-office services will also determine whether the call can be charged," she says.

The telephone call is a non-face-to-face E/M service and must emanate from only an established patient and have no relationship within seven days of a recent previous visit, surgical or diagnostic procedure, or a scheduled upcoming E/M service. CPT considers these part of a previous or upcoming visit and billable as part of the subsequent E/M code chosen, Parman says.