

Eli's Rehab Report

Reader Question: Chronic Conditions

Question: Generally, I see a patient before referring him or her, but if the patient has a chronic condition, such as cancer, this step is unnecessary. Can I charge 99211 and collect a copay for the time involved in making out the referral to the specialist for the chronically ill patient?

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Answer: Coding a 99211 (office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician) for the completion of paperwork regarding a referral is not acceptable. Using 99211 still requires the presence of a patient. You may use this code for a minor visit handled by the nurse or a visit that does not necessarily require the presence of a physician, but the patient must receive a face-to-face service from someone in the office or other outpatient setting.

CPT 2001 does have a code for special reports 99080 (special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form). You may consider using this code, but the insurance company probably will not pay for the referral form to be completed, and if they consider this service noncovered, you will not be able to bill the patient. In any case, you may not bill the patient for a copayment without the patient coming into the office.

Reader Questions were answered by **Susan Callaway, CPC, CCS-P**, an independent coding consultant and educator in North Augusta, S.C.; **Brenda Messick, CPC**, senior consultant at Gates Moore & Co., a physician practice management firm in Atlanta; **Kathy Zmuda, CPC**, lead inpatient coder for Cigna Health Care of Arizona, Phoenix; and **Linda Jackson, CCS-CPC**, Medicare consultant at Iowa Veterans Home in Marshall Town, Iowa.