

Eli's Rehab Report

Reader Question: Family Conference

Question: When our physiatrists intend to recommend or transfer a patient to a nursing facility, the family often comes in for a conference, without the patients presence. Which E/M code should we use for this, or should we just bill the family requesting the conference?

Virginia Subscriber

Answer: Neither Medicare nor most other payers reimburse for E/M visits when the patient is not present. Section 15501 of the Medicare Carriers Manual states, In the office and other outpatient setting, counseling and/or coordination of care must be provided in the presence of the patient if the time spent providing those services is used to determine the level of service reported. There is no E/M code that Medicare will accept for a visit without the patient.

If a family schedules a meeting like this, explain that the service may not be covered without the patient present, and that they may have to pay for the physicians time (if that is your offices policy). If the patient balks at this arrangement and insists on billing his or her familys visit with you to Medicare, you can have the patient sign an advance beneficiary notice and then bill 99499 (unlisted evaluation and management service) with V65.1 (person consulting on behalf of another person) to bill the payer and receive a denial so you can bill the patient.