

## Eli's Rehab Report

### Reader Question: Include Conferences in E/M Visit

**Question:** Our physiatrist treats a patient with fibromyalgia (729.1) who is in an inpatient psychiatric unit for depression (296.0-296.9). He often meets with other members of her medical team, and those meetings can last 15 to 20 minutes, sometimes more. Is there a way to bill for this time?

California Subscriber

**Answer:** Probably not, particularly if you're billing the service to Medicare. CPT states, "All levels of subsequent hospital care (99231-99236) include reviewing the medical record and reviewing the results of diagnostic studies and changes in the patient's status since the physician's last assessment .... Coordination of care with other providers or agencies are provided consistent with the nature of the problem and the patient's and/or family's needs." Therefore, your physiatrist's time meeting with other physicians is included in his E/M service for that day.

A typical subsequent inpatient visit might include your time with the patient, a review of her chart, a discussion with the charge nurse regarding the patient's behavior and/or interval history, and meeting with the rest of the patient's "team" of providers to discuss treatment plans and other issues. These items would all be part of the evaluation and management (E/M) code, which would be determined based on the complexity of the individual case.

The rules would change, however, if you were discussing a patient but you were not visiting the patient that day. Although Medicare and Medicaid won't pay for any physician encounters that don't involve face-to-face time with the patient, you may be able to get reimbursement from private payers by coding for team conferences, if you are dealing with an interdisciplinary team. This depends on the various payers' guidelines, so contact your insurer before reporting these codes.

For example, if the physiatrist is meeting with a psychiatrist, a physical therapist and a psychotherapist to discuss the fibromyalgia patient, you may be able to report 99361 (Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care [patient not present]; approximately 30 minutes) to private insurers.

Physiatrists should ensure that their documentation appropriately describes the meeting participants, the treatment plan, and proof of the time spent discussing the patient before billing private payers.

- You Be the Coder and Reader Questions were reviewed by **Laureen Jandroep, OTR, CPC, CCS-P, CPC-H, CCS**, director and senior instructor for the CRN Institute, an online coding certification training center.