

## Eli's Rehab Report

### Reader Question: On-Call Isn't Always New Patient Visit

**Question:** If our physiatrist is on-call for another group and he sees a patient for the first time, should we bill a new patient visit or an established patient visit?

New Mexico Subscriber

**Answer:** Because the physiatrist has not seen the patient before, he may have to perform a more extensive exam of the patient than the patient's regular physician might have. For that reason, many coders erroneously believe that on-call services warrant billing initial hospital care (99221-99223) or initial inpatient consultation (99251-99255) codes.

But CPT states, "In the instance where a physician is on-call for or covering for another physician, the patient's encounter will be classified as it would have been by the physician who is not available." Therefore, if you are checking on a patient who was admitted by another physician, you should bill the subsequent hospital care codes (99231-99233).

The on-call physiatrist can bill for an initial inpatient consultation only if the patient was referred directly to him and he was the admitting physician. And the visit would have to meet all the criteria of a consult (request for consultation, review of the patient, and report back to the referring physician).

The only exception to the on-call billing rule occurs when the on-call physiatrist is visiting a patient during the postsurgical global period. In that case, no billing should occur at all. To get paid for such on-call services, you can either work out an arrangement with the practice for whom you are on-call or trade services on a quid-pro-quo basis, which works well for many practices.