

## Eli's Rehab Report

### Reader Question: Team Meetings With Other Providers

**Question:** Our physiatrist treats a fibromyalgia ([ICD-9 729.1](#)) patient 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 15-20 minutes, sometimes more. Is there a way to bill for this time?

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**Answer:** 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 patients status since the physicians last assessment ... Coordination of care with other providers or agencies are provided consistent with the nature of the problem and the patients and/or familys needs.

Therefore, a typical subsequent inpatient visit might include your visit with the patient, a review of her chart, a discussion with the charge nurse regarding the patients behavior and/or interval history, and meeting with the rest of the patients team of providers to discuss treatment plans and other issues. These items all would be part of the evaluation and management (E/M) code, which would be determined based on the complexity of the 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 wont pay for any physician encounters that dont involve face-to-face time with the patient, you may be able to get reimbursed by private payers by coding for team conferences, if you are dealing with an interdisciplinary team. For example, if the physiatrist is meeting with a psychiatrist, a physical therapist and a psychotherapist to discuss the fibromyalgia patient, use 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). Code 99362 is for a 60 minute conference.

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.

Note: Advice for Reader Questions was provided by Brenda Messick, CPC, senior consultant at Gates, Moore & Co., a physician practice management firm in Atlanta; and Patricia Niccoli, HBMA, president of ElectroAge Billing, a medical billing firm in Phoenix.