

Eli's Rehab Report

Reader Questions: Family Consultations

Question: I know that CPT Codes 2000 just attempted to clarify the billing rules for charging a consult for doctors who spend a significant amount of time consulting with the patients family, but I am still hearing that I should avoid billing this. Can you give me some examples of when this might be appropriate in a physical medicine setting?

Nevada Subscriber

Answer: As we reported in the January Physical Medicine & Rehab Coding Alert article on page 1, CPT 2000 Changes Affect Physical Medicine and Rehab Practice, CPT 2000s evaluation and management (E/M) guidelines section attempted to clarify the rules for billing E/M codes for family consultations, but many coders still are confused. CPT 2000 now states, When counseling and/or coordination of care dominates (more than 50 percent) the physician/patient and/or family encounter (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), then time may be considered the key or controlling factor to qualify for a particular level of E/M service. This includes time spent with parties who have assumed responsibility for the care of the patient or decision-making whether or not they are family members...The extent of counseling and/or coordination of care must be documented in the medical record.

Coding a consult for counseling with a patient or with a patients family about the patients condition or plan of treatment or action is appropriate as long as the documentation is complete. You should code a consult for counseling based on time if the key components of history, exam and decision-making do not support what you may consider an appropriate consult level. Time-based coding also requires specific documentation. This is where physicians typically fall short.

It is appropriate to base coding on time only when counseling constitutes 50 percent or more of the visit time. And coding guidelines require that the chart documentation confirms that counseling dominated the patient visit. We suggest that you satisfy this 50 percent requirement by stating the total time with the patient as well as the time spent in counseling. This can be accomplished by having the doctor report the actual time he saw the patient for counseling. For example, his chart might read, Total time = 8:00 a.m. to 9:00 a.m.; Counseling time = 8:15 a.m. to 9:00 a.m. As an alternative, he simply could indicate the number of minutes spent with each, e.g., Total time = 60 minutes; Counseling time = 45 minutes. Either approach establishes the percentage of time spent counseling the patient or patients family.