

Eli's Rehab Report

READER QUESTIONS: Team Meeting Included With Nursing Facility E/M

Question: After completing subsequent nursing facility care for a patient, I met with her team of physicians to review the case. Can I bill 99361 (Team conference) in addition to 99307-99310 (Subsequent nursing facility care)?

Colorado Subscriber

Answer: Probably not, particularly if you're billing the service to Medicare. The nursing facility care codes' descriptor states, "... counseling and/or 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 E/M service includes meeting with other physicians and health professionals.

A typical subsequent nursing facility visit might include the physician's 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.

You would include these items as part of the evaluation and management code. Choose the appropriate code--99307-99310 (Subsequent nursing facility care, per day, for the evaluation and management of a patient ...)--based on the history, examination and medical decision-making that you document.

Exception: You may report the team conference codes (99361-99362) to commercial insurers if you coordinate the patient's care without visiting the patient that day. Medicare and Medicaid won't pay for any physician encounters that don't involve face-to-face time with the patient. And Medicare's RBRVS file classifies 99361 as a bundled status in that it won't process for separate reimbursement. But some private payers may reimburse team conferences involving different specialists.

To make the most of your physiatrist's coordination of care, contact your individual insurer for its guidelines before reporting these codes.

Tip: Make sure your documentation includes the meeting participants, the treatment plan, and proof of the time spent discussing the patient.