

## Psychiatry Coding & Reimbursement Alert

### Reader Question: Exercise Caution When Reporting Telephonic Consultations

**Question:** If our psychiatrist is providing consultations over the phone along with making face-to-face visits, can these telephone consultations be separately claimed? If so, what are the appropriate CPT® codes that I will need to use to report these services provided?

Missouri Subscriber

**Answer:** You have three CPT® codes you can use for telephonic E/M services with a patient:

- 99441 -- Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- 99442 -- ...11-20 minutes of medical discussion
- 99443 -- ...21-30 minutes of medical discussion

However, note that not all telephone conversations with the patient can be reported with these CPT® codes. First, the patient must be an established patient. Also, the codes represent non-face-to-face E/M services provided by your physician that do not lead to a related office visit (99212-99215, Office or other outpatient visit for the evaluation and management of an established patient ...). If your physician's telephone service ends with a decision to see the patient within 24 hours or the next available urgent visit appointment, do not report a telephone service code. In this event, the phone encounter is considered part of the pre-service work of the subsequent E/M service, procedure, and visit.

Also, if you look at the code descriptors, you will see that you will not be able to report these codes if the conversation took place within seven days of an E/M service. In that case, the conversation is considered part of the post-service work of the previous E/M service, procedure, or visit. In addition, these codes cannot be used if your clinician initiated the call. Codes 99441-99443 were established to describe a telephone service initiated by an established patient and provided by your physician.

There are also four codes (99446-99449) available to report telephonic consultations with the patient's treating/requesting physician or other qualified health care professional. The patient-initiated codes above, these interprofessional consultation codes are time-based. These codes have their own CPT® guidelines, which you are encouraged to read before using the codes.

**Note:** Medicare does not provide separate payment for any of these codes. Medicare considers codes 99441-99443 to be non-covered, because they are not a face-to-face encounter. Medicare considers codes 99446-99449 to be "bundled," meaning they consider payment for these codes to be included in the payment made for other covered Medicare services. It is best to check with individual payers to see if they provide coverage for these codes or else your claims might be denied.