

## Pain Management Coding Alert

### Reader Question: Call on These Pointers to Ace Phone E/Ms

**Question:** Can you explain when I can correctly report telephone evaluation and management (E/M) codes 99441-99443?

Arkansas Subscriber

**Answer:** You'll choose a code from 99441-99443 to represent telephone E/M services, depending on encounter specifics. Here are your choices in more detail:

- 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.

If you report any of the above codes, you must make sure the situation meets the following requirements:

- The patient must be established.
- You cannot report 99441-99443 if the telephone call ends with the decision for the physician to see the patient within 24 hours or at the next available urgent visit appointment. In this case, CPT® considers the call part of the pre-service work of the subsequent E/M service, procedure, and visit.
- The phone call cannot refer to an E/M service the physician performed within the previous seven days or within the postoperative period of the previous procedure.

**Important:** CPT® also says that you should never report 99441-99443 if you are reporting a 99441, 99442, 99443, or 99444 (Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network) service that the physician performed in the previous seven days.

Before submitting these codes, it's a good idea to check with the payer. Most do not recognize these codes and thus will reject or deny the claim. You may want to develop a process to alert the patient about possible denial and responsibility.