

This is the follow-up to the Chat Q and A from the 2021 OP E/M Codes webinar on December 10, 2020:

**Q1: I need clarification about paperwork done on the same day.**

A1: If you complete paperwork on the same date as the patient encounter, you can count the time spent completing that paperwork in the E/M time if billing based on time.

**Q2: Can we bill if we call in a prescription refill for the patient?**

A3: If the time you spend calling in a refill is on the same date as the patient encounter, you can include this time in the E/M time if billing based on time. If the prescription is called in on a date other than the date of the encounter, you cannot bill for this time.

**Q3: If we spend extra time requesting labs or other tests, could that time be billed?**

A4: Yes, if the time is spent on the same date as the patient encounter, you can include this in the E/M time if billing based on time.

**Q4: Could time spent reviewing lab work, X-rays and findings be billed? Do we have to note? How detailed should the notes be?**

A4: According to the AMA, time includes time in activities that require the physician or other qualified health care professional and does not include time in activities that are spent by clinical staff. The following is an example of how time might be documented from the *AAP Pediatric Coding Newsletter*:

#### EXAMPLES

**Scenario: A pediatrician documents review of laboratory results in the morning of the day in which a patient visit is scheduled.**

- **Time may be documented in a note about the findings as, "Low-density lipoproteins and blood sugar are elevated. Five minutes spent obtaining, reviewing, and documenting laboratory results dated 3/4/2021."**
- **Alternatively, pediatrician may review, sign, and date the report of test results and then document a single note on the date of the visit, stating, "Preservice time: 5 minutes spent prior to visit reviewing laboratory results dated 3/4/2021."**

Key takeaways from this example is the note should be sufficient to reflect the additional work done on the date of the encounter, and the work was actually performed on the same date as the encounter.

**Q5: Are these changes specific to California or are they nationwide?**

A5: These changes will be made in the AMA's Current Procedural Terminology (CPT®) medical code set which is used to report medical, surgical, and diagnostic procedures and services. These codes are used nationwide.



**Q6: Are these changes starting January 1, 2021?**

A6: Yes. They will be effective for CPT codes 99202-99205 and 99212-99215 on January 1, 2021.

**Q7: Can we bill for telehealth visits on the weekends or after hours and then add-on the weekend codes?**

A7: During the public health emergency (PHE), there are no site restrictions for telehealth services when the service meets the requirements of a billable service. The only add-on code recognized by Medi-Cal is CPT 99056 for services typically provided in the office, provided out of the office at the request of the patient, in addition to basic service. Payers are mixed on whether they will pay for the add-on codes. Check with your payers for their requirements.

**Q8: We spend a lot of time on emails answering patient questions. Any ideas how to bill for emails if there is prolonged time spent? Can that count as a telehealth visit?**

A8: You may not bill emails as a telehealth visit as this is not a telehealth service. HCPCS code G2012 is available for brief communications between an established patient and the physician via telephone, audio/visual, secure text messaging, email or through a patient portal. These services cannot relate to an E/M service provided within the previous 7 days nor leading to an E/M services or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.

If the brief communication is related to an E/M within the previous 7 days or the patient is asked to come into the office for the next available appointment, the service is bundled into the applicable E/M services and is not paid separately.

**Q9: When our patients are admitted to the hospital, we will often make a courtesy or supportive visit. Can we bill for these services?**

A9: Inpatient care is provided and billed by the assigned hospitalist group when a patient is hospitalized. While courtesy or supportive visits by the community pediatrician are important to the coordination of care, this is not a separately billable service for the community pediatrician.