
99441: Telephone evaluation and management service provided by a physician 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 (.36 RVU)

99442: 11-20 minutes of medical discussion (.66 RVU)

99443: 21-30 minutes of medical discussion (.98 RVU)

Medical Necessity/Documentation Requirements

If you decide to bill for these services, the following criteria should be met:

- Service is personally performed by a physician and reported only for established patients.
- The call must be initiated by an established patient.
- If the patient is a minor, the episode of care must be initiated by a guardian/parent.
- These are time-based codes. The length of the telephone call must be documented, in addition to the nature of the service and other pertinent information, in the medical record.
- If the telephone service relates to and takes place within a postoperative period, the service is considered part of the procedure and not separately reportable.
- The telephone encounter cannot be related to an E/M service performed and reported by the physician within the previous seven (7) days.
- If the telephone call ends with a decision to see the patient within 24 hours **or** the next available urgent appointment, the telephone encounter is considered part of the pre-service work of the subsequent E/M service, procedure and visit.
- Telephone services cannot be reported with Care Plan Oversight CPT Codes: 99339-99340 and 99374-99380, nor Anticoagulation Management CPT Codes: 99363 – 99364.
- Providers must meet every part of the CPT definition and there must be documentation in the medical record to support the services.
- These services are a non-covered service by Medicare and therefore it would not be necessary for the patient to sign an ABN. You must follow all Medicare policies when charging patients for non-covered services. It is strongly recommend that providers issue the voluntary "Notice of Exclusion from Medicare Benefits" (NEMB) so patients can make informed decisions in these situations. Information about these notice can be found at: <http://www.cms.hhs.gov/manuals/downloads/clm104c30.pdf>
- NOTE: The California Business and Professions Code prohibits prescribing dispensing, or furnishing dangerous drugs (drugs or devices that require Rx) without an appropriate prior examination and medical indication unless one of the following exceptions described below applies:
 - (1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and if the drugs were prescribed, dispensed or furnished only as necessary to maintain the patient until the return of his or her practitioner, but in any case no longer than 72 hours.
 - (2) The licensee transmitted the order for the drugs to a registered nurse or a licensed vocational nurse in an inpatient facility, and if both of the following conditions are met:
 - A. The practitioner had consulted with the RN or LVN who had reviewed the patient's records.
 - B. The practitioner was designated as the practitioner to serve in the absence of the patient's physician or surgeon or podiatrist, as the case may be.
 - (3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of the patient's records and ordered the renewal of a medically indicated prescription for an amount not to exceed the original prescription in strength or amount or more than one refill.

Telephone Services
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(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code. (Diagnosis of a sexually transmitted chlamydia infection a provider may provide prescription antibiotic drugs to a patient's partner without examination.)

Resources

- AMA/CPT 2008 Telephone Services
- California Business and Professional Code § 2242
- Medicare Claims Processing Manual 100-4, Chapter 30, Sections 40.3 and 90.
- *Notice of Exclusion from Medicare Benefits* form:
<http://www.cms.hhs.gov/BNI/Downloads/CMS20007English.pdf>