Coding & Documentation

CME

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INCIDENT-TO BILLING FOR CLINICAL PHARMACIST SERVICES

Q Can I use Medicare's incident-to provisions to bill for services provided by a clinical pharmacist?

A Yes, assuming the services were provided under your direct supervision and are a continuation of your established plan of care for the patient. Pharmacists are considered auxiliary personnel like nurses or medical assistants for billing under incident-to provisions. However, for services to qualify as incident-to, the clinical pharmacist must be acting within their licensure and scope-of-practice regulations. Those regulations, which vary by state, may not include certain E/M services (e.g., selecting appropriate diagnostic tests, assigning diagnoses, and selecting management or treatment options) beyond those reported with code 99211.

A clinical pharmacist's time also is not included in the total time of service for higher level office E/M services. That is limited to the time spent by a physician or other qualified health care professional whose scope of practice includes independent performance and reporting of E/M services. A pharmacist's time can, however, be included in the clinical staff time of services such as chronic care management.

ABOUT THE AUTHOR

Cindy Hughes is an independent consulting editor based in El Dorado, Kan., and a contributing editor to *FPM*. Author disclosure: no relevant financial relationships.

EDITOR'S NOTE

Reviewed by the *FPM* Coding & Documentation Review Panel. Some payers may not agree with the advice given. Refer to current coding manuals and payer policies.

Send comments to **fpmedit@aafp.org,** or add your comments to the article online.

REMOTE MONITORING OF MORE THAN ONE CONDITION

Q Can I report the CPT remote physiologic monitoring codes 99091 and 99457 in the same month when I provide the services for different indications?

A Yes, you can report the codes when each service can be described as follows:

- Clinically indicated (e.g., 99091 for monitoring glucose readings and 99457 for monitoring symptoms of congestive heart failure),
- Distinctly provided and documented,
- Long enough to meet its time requirements (i.e., at least 30 minutes within a 30-day period for 99091 and at least 20 minutes in a calendar month for 99457). Each minute of time counts toward only one service.

CPT instructs that 99091 should not be reported for time in a calendar month when it is used to meet the criteria for 99457 and should not be reported on the same date as 99457. However, if you report 99091 on the date you fulfill the 30-minute time requirement in a 30-day period and you report 99457 based on total time at the conclusion of the calendar month, it's unlikely that you would be reporting both on the same date.

E/M SERVICES REQUIRING AN INTERPRETER

Q Should I report code 90785 for office E/M services that require a language interpreter?

A No, code 90785 (interactive complexity) is not reported for use of a language interpreter,

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including sign language. The CPT manual states that interactive complexity applies only to psychiatric evaluation and psychotherapy services, not an E/M service provided alone or in conjunction with psychiatric services.

Some health plans, especially Medicaid plans, may cover the provision of a qualified language or sign-language interpreter if you report it with HCPCS code T1013 (sign language or oral interpretive services, per 15 minutes). Policies vary, however, with some payers requiring the interpreter to bill directly and some requiring the physician or other qualified clinician to bill for the purchased interpretation service. Under federal law, the patient can never be billed for interpretation services, but there is an income tax deduction available to clinicians for unreimbursed interpretation.

SCREENING FOR COVID-19 BEFORE SURGERY

Q Now that the COVID-19 public health emergency has ended, do we report Z11.52 for COVID-19 screening prior to surgery?

A Yes. The ICD-10 guidelines for dates of service on or after Oct. 1, 2023, instruct you to report Z11.52 for screening for COVID-19, including preoperative screening. FPM