



Coding for Returning to Work and Paid Leave

Current Procedural Terminology Codes

Counseling regarding paid leave or returning to work could be billed with preventive services codes. Per Current Procedural Terminology (CPT), Evaluation and Management (E/M) preventive services codes 99384–99397 include age appropriate counseling, anticipatory guidance, and risk factor reduction interventions provided at the time of the initial or periodic comprehensive preventive medicine examinations. Preventive medicine services are reported for comprehensive E/M services provided to patients without current symptoms or diagnosed illness. Preventive codes are used to report annual well woman examinations and include the following:

- Counseling, anticipatory guidance, and risk factor reduction interventions
- Age and gender appropriate comprehensive history
- Age and gender appropriate comprehensive physical examination including, in most cases but not limited to gynecologic examination, breast examination, and collection of a Pap test specimen
- Discussions about the status of previously diagnosed stable conditions
- Ordering of appropriate laboratory or diagnostic procedures and immunizations
- Discussions about tissues related to the patient's age or lifestyle

For counseling provided at an encounter *separate from the preventive medicine examination encounter*, codes 99401, 99402, 99403, 99404, 99411, and 99412 could be used:

- 99401 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
- 99402 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
- 99403 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
- 99404 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
- 99411 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
- 99412 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes

Diagnosis Codes

Categories Z00–Z02 include codes for routine examinations (general check-up) or administrative examinations (eg, preemployment physical). These codes are not used if the visit is for the diagnosis of a suspected condition or for treatment of a problem.

If a condition is found during a routine visit, then it is coded as an additional diagnosis. Any pre-existing and chronic conditions and history codes may also be reported as long as the encounter is not for treatment or management of those problems.

The *International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM)* states that the counseling codes are used when a patient or her family member receives assistance in the aftermath of an illness or when support is required in coping with family or social problems. *Counseling codes are not used in conjunction with a diagnosis code when counseling is considered integral to standard treatment.*

Possible ICD-10-CM codes to use are the following:

- Z02.1 Encounter for preemployment examination
- Z00.0- Encounter for general adult medical examination
- Z39.2 Encounter for routine postpartum follow-up
- Z71.89 Other specified counseling

Online Communications and Consultations

Discussions to return to work activities can be provided online in the form of email and *only to established patients*. This type of service can be billed only when personally made by the following:

- Attending health care provider
- Consultant
- Psychologist
- Physical or occupational therapist

Current Procedural Terminology Codes

If services were provided by the physician, then E/M code 99444 from the Non-Face-to-Face Services section should be applied:

- 99444 Online evaluation and management service provided by a physician or other qualified health care professional who may report E/M 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 network

For services provided by nonphysician, apply CPT code 98969 from Medicine/Non-Face-to-Face Services section:

- 98969 Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network

Documentation for electronic communications must include the date, the participants and their titles, the nature of the communication, and all decisions made.

Billing for Telephone Services

According to the CPT, telephone services are non-face-to-face E/M services provided to a patient using the telephone by a physician or other qualified health care professional, who may report E/M services.

- 99441 Telephone 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 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

For services provided by nonphysicians, apply CPT codes 98966–98968 from the Medicine/Non-Face-to-Face Services section:

- 98966 Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian, not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion
- 98967 11–20 minutes of medical discussion
- 98968 21–30 minutes of medical discussion

Back-to-Work Physical

For job-related physical examinations, preventive service codes should be used from the series (99381–99387 or 99391–99397). These codes should be used with a well-visit diagnosis code (Z00.00, Encounter for general adult medical examination without abnormal findings).

Because Medicare does not pay for preventive medicine services, most of these situations occur with commercial plan patients. If a full physical is required for returning to work or school, then a complete preventive service visit would be performed. However, if the patient has already had her annual preventive service exam and the employer or school is demanding another, then the patient will have out of pocket expenses for the service.

If the patient has already had the physical for that year, and the employer or school is demanding another, then the patient has to pay from his or her own pocket.