

The new set of CPT codes (98966, 98967, 98968) allow for the reporting of clinical telephone calls managed by “qualified non-physician health care professionals,” (e.g., registered nurses).

For over a year physicians have been using the new physician codes 99441, 99442, and 99443 to charge for their own telephone care with patients. Now a similar set of codes, with similar stipulations, exist for registered nurses working within certain stipulations.

Most state nurse practice acts allow registered nurses to gather subjective and objective data as part of a nursing assessment. However, registered nurses do not usually have the authority to interpret data, make a working diagnosis, or create a care plan. Nurses can make an assessment and then follow pre-approved standing orders in the form of telephone triage guidelines. Therefore, registered nurses who perform telephone triage can be considered “qualified healthcare professionals” if:

1. The service provided falls within the state scope of practice laws for that qualified health care professional.
2. Established practice protocols are followed.
3. The physician assumes responsibility for the practice expense, quality and professional liability of the telephone services provided, whether by employing the clinical staff or via a legal contract with a telephone advice entity.
4. The patient is established (i.e., not a new patient).
5. All patient charges originate only from the physician’s office and not from an outsourced call center or other entity.

In essence, codes 98966-98968 mirror the physician codes for telephone services (99441-99443). The Table below shows the proper codes, qualifications, rules, and descriptors to be used with RN telephone calls. The call must not pertain to an office visit in the preceding seven days involving the same or similar problem, nor lead to an office visit within the next 24 hours or next available appointment. Calls within these time frames are considered part of the global period related to an office visit. Payment for telephone services with this global period are bundled into the office visit payment.

Similarly, if the call is related to a medical procedure and occurs within the postoperative period, then the call is not to be reported as a separate service. Codes 98966-98968 should not be reported for multiple calls during the same seven-day period.

Proper telephone triage guidelines, policies and procedures should be followed. Calls should be reviewed by a physician and a quality assurance program implemented.

The following vignettes exemplify the use of the codes 98966-8.

An office-based registered nurse returns an advice call about a 4 year old with fever and cough. She performs an assessment, utilized a standard cold guideline, and provides home advice including information on under which conditions to call back to the office or be seen. She spends 9 minutes on the telephone call in medical discussion. In 2008, new CPT codes (98966, 98967, 98968) were published that allow for the billing of clinical telephone calls managed by “qualified non-physician health care professionals.” Whether nurses are considered “qualified non-physician health care professionals” is the issue at hand. *If all of the aforementioned conditions are met, this call could be reported using code 98966.*

A medical assistant returns an advice call about a child with an asthma exacerbation. He spends 12 minutes going over the patient's individual asthma action plan and recommends a course of home oral steroids. The plan is reviewed and approved by the physician in the office and the oral steroids are prescribed. A medical assistant, as well as any non-clinical staff, do not meet the criteria of a "qualified non-physician health care provider" and therefore a fee can not be submitted for triage and advice calls performed by these individuals. *This telephone call could not be reported under CPT guidelines.*

An after-hours nurse from the local pediatric hospital's nurse triage call center covering for a local pediatric practice returns a call to the mother of a 5 month old with diaper rash. A diaper rash telephone treatment guideline is used by the nurse and home care advice is provided. The practice receives a faxed documentation report and is charged by the hospital's call center for the service. These types of calls do meet the criteria of the 98966-98968 codes provided that the call center utilizes registered nurses who follow telephone triage guidelines approved by the subscribing physicians. The call center may not submit the charge to the patient. Only the subscribing physician with whom the patient has an established physician patient relationship, may report the nurse telephone care. If the physician payer contract permits, a bill may be submitted.

Not all call centers report length of the telephone call in the documentation provided to the physician's practice. In future contracts with the call center this could be a request made by the subscribing practice.

In the meantime, it may be acceptable to determine an estimated call time. If the nurse telephone document does not indicate the length of the telephone call the physician may contact the call center to determine the average call time for the quickest nurse. It is rare that a nurse does not spend at least five minutes on a telephone call, and usually closer to ten minutes or more. If the call duration is not known, but the average call time for the call center's quickest nurse is over five minutes, then 98966 may be a reasonable choice. You may need to gain acceptance of this proxy method with individual payers before using it to report. Once again, the conditions and limitations of the codes, as outlined in the following table, must be met. *Report using the appropriate code 98966-98968.*

For further information on charging for telephone care visit the AAP website at www.aap.org and search telephone care. Contact Julie Ake at the AAP at (800) 433-9016 extension 7662 if you would like to join the Section on Telehealth Care of the AAP and learn more about charging for telehealth care.

Table 1: Telephone Services Provided by Non-physicians

Description	Code	Time
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 seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment	98966	5-10 minutes of medical discussion
	98967	11-20 minutes of medical discussion
	98968	21-30 minutes of medical discussion