

compliance

Multidisciplinary Clinic Visits

BY CINDY PARMAN, CPC, CPC-H, RCC

Cancer care is constantly evolving, and treatment plans are becoming increasingly more complex.

Patients are more actively involved in their personal care and overall treatment plan, which may include surgery, radiation, chemotherapy, and/or targeted immunotherapy.³ From the patient's perspective, the ideal healthcare setting includes discussions with a multidisciplinary panel of expert specialty providers—the definition of true patient-centered care. As a result, many physicians are leaving their traditional silos behind and participating in a multidisciplinary approach to patient treatment. This shift from pure disease management is rapidly becoming the preferred method of care for cancer and other complex diseases.²

Some facilities have a dedicated coordinator to manage the multidisciplinary program. This individual provides a consistent point of contact for referrals, clinicians, and patients. A dedicated program manager can also improve care coordination, meaning less duplication of medical tests. The multidisciplinary team includes all health professional involved in:

- Diagnosing and treating the malignancy
- Managing symptoms and side effects
- Providing support to manage any concerns that may arise during care.

Team members generally include physicians such as surgeons, radiation oncologists, medical oncologists, diagnostic imaging experts, and pathologists. Utilization of

support services is an important component of multidisciplinary care, so additional team members may include specialized nurses, nurse navigators, genetic counselors, physical therapists, pharmacists, social workers, dietitians, financial counselors, integrative medicine practitioners, pastoral or spiritual care representatives, and palliative medicine experts.

Multidisciplinary team members may come and go over time to ensure that the most appropriate care is provided at each stage of the patient's cancer experience. For example, some healthcare professionals are involved during the initial diagnosis and staging of the malignancy, whereas others take control during survivorship or palliative care.

Different Multidisciplinary Approaches

There is no single model for delivering team care, but there are two primary structures for cancer multidisciplinary clinic services performed in the hospital outpatient department. In the first scenario, the patient is located in an outpatient evaluation room and the various care providers rotate through this space to individually discuss the patient's care. At the visit's conclusion, the patient has been interviewed by the multidisciplinary team and met all of the specialists who will be involved in his or her care. This structure allows the patient to complete in one day what may have taken weeks if each provider was separately contacted for a visit.

After each physician has evaluated the patient, the team meets to discuss treatment options, determine the optimal regimen, and recommend a care plan. One physician typically presents the recommendations to the patient, often in conjunction with a nurse navigator. The patient decides on the treatment details and agrees to the comprehensive plan. The hospital will bill one of the following procedure codes for this type of outpatient clinic visit:

- **G0463:** Hospital outpatient clinical visit for assessment and management of a patient
- **99201-99215:** Office or other outpatient visit.

The technical clinic visit is reported by the hospital one time, because the patient remained in the same evaluation room while meeting with multiple healthcare providers. Healthcare Common Procedure Coding System (HCPCS) code **G0463** is reported for Medicare patients and other insurers that accept this patient encounter code. This code encompasses all of the technical hospital resources expended for the clinic visit, including evaluation and assistance provided by hospital staff. If a payer does not recognize the G-code, then the hospital will report a single new patient visit (codes **99201-99205**) or an established patient visit (codes **99211-99215**), depending on insurer policy.

The Centers for Medicare & Medicaid Services (CMS) addressed this visit structure

in the 2007 Outpatient Prospective Payment System (OPPS) Final Rule.³ The process of placing the patient in a room where providers individually spend time evaluating the patient does not qualify for the use of the Medicare interdisciplinary team conference code. This 2007 OPPS final rule states:

A few commenters requested that CMS clarify whether a hospital can bill several clinic visits for services provided to a patient who is seen in one clinic by several clinicians on the same day, although not at the same time. The commenters stated that, in oncology clinics, it is common for patients to have several scheduled visits on one day, provided by an oncologist, physicians trained in other specialties, therapists, or others, depending on the patient's needs. They added that the oncology clinic allows the patient to remain in one clinic room, while asking various clinicians to meet the patient in the oncology clinic. One commenter noted that the patient usually consumes few hospital resources other than use of the clinic room. These commenters also indicated that HCPCS code G0175 would only apply if the patient was seen by all the clinicians at the same time. According to the commenters, the hospital could bill multiple clinic visits if the patient was seen in several different clinics on the same day. They believed that the current policy penalizes oncology clinics for offering services in an efficient manner. One of the commenters requested that CMS change the descriptor of G0175 so that it would apply when a patient was treated by several clinicians in one day, in one clinic, but not necessarily at the same time.

Response: We [CMS] expect the hospital resources associated with an extended clinic visit involving multiple clinicians to be reflected in the hospital's internal guidelines used to select the level for reporting of the visit. The hospital should bill the clinic visit code that most appropriately describes the service provided. We will maintain the same code descriptor for G0175 because we believe it is appropriate to pay specifically for interdisciplinary team conferences that contribute to well-coordinated high-quality care, particularly for patients with severe or complex medical conditions.

Other facilities bring the patient and all members of the multidisciplinary team together in the same room for a discussion of the malignancy and available treatment options. This structure allows the team members to meet as a group to discuss the different aspects of treatment and available services with the individual patient. Using this approach, the patient typically gains an understanding of how the team will communicate and coordinate his or her care. Again, it is helpful to the patient that all evaluations can be completed during a single outpatient service, rather than making multiple trips to the cancer center to be evaluated by each individual physician. The hospital will report one of the following procedure codes for this multidisciplinary visit:

- **G0175:** Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present
- **99201-99215:** Office or other outpatient visit.

HCPCS Level II code **G0175** is reported for Medicare patients and may be billed to other insurers that recognize this code. According to CMS: "Hospitals can use HCPCS code G0175 in reporting a scheduled medical conference with the patient involving a combination of at least three health care professionals, at least one of whom is a physician."⁴ Based on procedure code definition:

- There must be at least three members of the multidisciplinary staff present.
- One of these individuals must be a physician.
- None of these three individuals can be a nurse (nurses may be present in addition to the other members of the multidisciplinary team, but at least three team members must represent disciplines other than nursing).
- The patient must also be present for the interdisciplinary conference.

Based upon the requirement that the patient must be physically present during the team conference, hospitals should make certain that code **G0175** is not assigned for tumor

board meetings or other staff conferences that do not include the patient. Again, if the payer does not recognize the HCPCS Level II code, then the hospital will report a new patient visit (codes **99201-99205**) or an established patient visit (codes **99211-99215**), depending on insurer policy.

Lastly, each participant must provide direct care to the patient and must be actively involved in the development, revision, and/or implementation of a total care plan. Regardless of the initial visit approach, the multidisciplinary team will meet regularly to plan and revise the patient's ongoing care. In this manner, the patient remains central to all measures the team recommends or provides.

Physician Charges for Multidisciplinary Visits

In the first scenario, when a patient is placed in an outpatient evaluation room and the various care providers rotate through this space to individually discuss the patient's care, each physician would separately bill for the patient evaluation services performed and documented.

Evaluation and management services are charged based on the extent of history, examination, and medical decision making performed.⁵ There is a provision for the physician to charge based on visit time—when the majority of the time is spent in counseling and/or coordination of care. Because there will not be a recommended course of treatment until after the team meets to discuss their individual findings, time would typically not be the determinant of the visit codes in this scenario. Each physician will potentially report one of the following codes:

- **99201-99215:** Office or other outpatient visit.

Each specialty physician will report a new patient visit (codes **99201-99205**) or an established patient visit (codes **99211-99215**), depending on the extent of the documented visit performed and their prior relationship to the patient.

In the second scenario, the patient and all members of the multidisciplinary team are together in the same room, face to face with the patient, for a discussion of the malignancy and available treatment options. Therefore, each physician will report one of the following procedure codes for this multidisciplinary visit:

- **99201-99215:** Office or other outpatient visit
- **S0220:** Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes
- **S0221:** Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 60 minutes.

The physician will report a visit code that describes the extent of his or her documented participation in the team conference. Although all physicians are face to face with the patient for the full amount of time, a physician can only bill a visit based on the time personally spent providing counseling and/or coordination of care. For example, if the total team conference time was one hour, the patient can only be billed for 60 minutes of counseling time divided among the physicians present. In addition, though most payers accept the CPT procedure codes, Blue Cross Blue Shield providers may require HCPCS Level II codes **S0220** or **S0221**.

In addition to the procedure codes listed above, there are codes for the participation of a nonphysician qualified healthcare professional and codes for non-face-to-face services. Any healthcare professional reporting one of these team conference codes must have performed a face-to-face patient evaluation or treatment, independent of a team conference, during the 60-day period *prior to the billed conference charge*. In addition, many insurers do not separately reimburse for non-face-to-face services.

These codes are:

- **96366:** Medical team conference with interdisciplinary team of healthcare professionals, face to face with patient and/or family, 30 minutes or more, participation by nonphysician qualified healthcare professional
- **96367:** Medical team conference with interdisciplinary team of healthcare professionals, patient and/or family not present, 30 minutes or more; participation by physician
- **96368:** Medical team conference with interdisciplinary team of healthcare professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified healthcare professional.

Physicians may not separately report team conference services of less than 30 minutes. Team conference “time” begins with the review of the individual patient and ends when the patient-specific discussion concludes. Physicians should not include time required for record keeping, report generation, or database update in the billable time count.

All participants in the team conference must document their personal participation in the team conference as well as their contribution (information, coordination of care, etc.) and subsequent treatment recommendations. In addition, no more than one individual from the same specialty may report a team conference code for a single encounter. The participant reporting a team conference code must be physically present for all of the time reported.

According to the CPT manual:

E/M [evaluation and management] services may also be reported by other qualified healthcare professionals who are authorized to perform such services within the scope of their practice. A “physician or other qualified healthcare professional” is an individual who is qualified by education, training licensure/regulation (when applicable), and

facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.

Therefore, codes that can be reported by a “nonphysician qualified healthcare professional” represent services that are billed directly by the provider performing the service.

Tumor Board

According to the National Cancer Institute, a tumor board is a treatment planning approach in which doctors who are experts in different disciplines review and discuss the medical condition and treatment options of a patient.⁶ Many tumor boards function as a type of multidisciplinary conference, discussing patient cases and relaying that information back to the patient. Some organizations have multiple tumor boards, one for each type of cancer. In addition to the various physician specialties, social workers, nurse navigators, psychologists, cancer center directors, clinical trial coordinators, and other clinical and administrative personnel may attend.

Tumor boards meet regularly to discuss new patients and patients currently under treatment. In addition to a review of the patient’s medical history, pathology and imaging studies are examined, often by the pathologists, radiologists, and nuclear medicine specialists responsible for the test interpretations. These diagnostic specialists may contribute by recommending additional testing on the tissue specimen, encouraging a repeat biopsy, sharing which additional blood tests or imaging scans can help with diagnosis or treatment planning, or suggesting genetic testing or counseling.

The surgical oncologist, medical oncologist, and radiation oncologist present—or virtually present via teleconference—each express their opinions regarding the most effective treatment pathway or protocol. There may be a healthy debate including a review of information in peer-reviewed

literature or techniques presented at recent conferences. A consensus is reached by all participants regarding the best method for a personalized approach to treat the individual patient's cancer.

In general, tumor board conferences provide patients with all available options, which improves treatment effectiveness. Including the entire treatment team creates a forum for the discussion of the specific malignancy that includes all interested individuals in the healthcare system. However, because the patient is generally not present during the actual tumor conference, this may be a significant amount of unbillable physician or nonphysician practitioner time for the conference time. If team recommendations are communicated to the patient over the phone, the telephone time is also not separately billable. Alternatively, some patients may follow up with their primary physician in the clinic or office following review at the tumor board, which results in an outpatient or office evaluation charge.

Summary

As patients become more knowledgeable about their malignancy through research on the Internet, they seek out programs that offer multidisciplinary care. In addition, fewer patients with complex disease are being

treated with single-modality therapy, which makes the use of multidisciplinary care teams essential for incorporating all treatment-related goals and optimizing medical decision making and management.⁷ Multidisciplinary programs have proven to be successful in increasing patient satisfaction and beneficial for patient care in shortening the time between diagnosis and treatment.⁸ Lastly, a multidisciplinary approach allows the formation of partnerships between expert professionals that extends beyond the boundaries of their individual specialties, reduces the potential for miscommunication, and eliminates the fragmentation of services that was once common in cancer care. 

Cindy Parman, CPC, CPC-H, RCC, is a principal at Coding Strategies, Inc., in Powder Springs, Ga.

References

1. Fennel ML, Das IP, Clauser S, et al. The organization of multidisciplinary care teams: modeling internal and external influences on cancer care quality. *J Natl Cancer Inst Monogr.* 2010;2010(40):72-80.
2. Hosangadi A. Multidisciplinary cancer teams: what are they and what do they do? Available online at: hepb.org/blog/multidisciplinary-cancer-teams-what-are-they-and-what-do-they-do. Last accessed July 19, 2018.
3. Centers for Medicare & Medicaid Services. Medicare program; hospital outpatient prospective payment system and CY 2007 payment rates. Available online at: cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/downloads/CMS1506FC.pdf. Last accessed July 19, 2018.
4. Public Employees Insurance Agency. Outpatient hospital prospective payment billing manual. Available online at: peia.wv.gov/Forms-Downloads/Documents/fee_schedules_and_manuals/OPPS_Billing_Manual_2-1-08.pdf. Last accessed July 19, 2018.
5. Centers for Medicare & Medicaid Services. Evaluation and management services. Available online at: cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/eval-mgmt-serv-guide-ICN006764.pdf. Last accessed July 19, 2018.
6. National Cancer Institute. NCI dictionary of cancer terms: tumor board review. Available online at: cancer.gov/publications/dictionaries/cancer-terms/def/tumor-board-review. Last accessed July 19, 2018.
7. Prades J, Borrás JM. Shifting sands: adapting the multidisciplinary team model to technological and organizational innovations in cancer care. *Future Oncol.* 2014;10(13):1995-1998. Available online at: <https://www.futuremedicine.com/doi/pdfplus/10.2217/fo.14.125>. Last accessed August 23, 2018.
8. Cancer Council SA. A multidisciplinary team approach to cancer care. Available online at: cancersa.org.au/assets/images/pdfs/Multidisciplinary_team_approach_to_cancer_care.pdf. Last accessed July 19, 2018.