

2010 Consult Code Update

As most of you are probably already aware, Medicare is no longer paying for services coded as consults. It is not that Medicare will no longer cover consultations, but that consultations that have occurred since January 1, 2010, must be coded using codes other than the evaluation and management (E/M) codes designated in the AMA's Current Procedural Terminology (CPT) as being for inpatient and outpatient consults.

What you would formerly have billed as an office consultation should now be billed as an office or other outpatient visit for the evaluation and management of a new patient (99201-99205). An inpatient consult should now be coded using the initial hospital care codes (99221-99223); although there are problems with this, which are discussed in the paragraph that follows. A consult occurring in a nursing facility should now be coded using the initial nursing facility care codes (99304 – 99306). And, finally, any consultations done as a home service should be coded as a home visit for the evaluation and management of a new patient (99341-99345). Of course, it is also completely appropriate to use 90801 (psychiatric diagnostic interview examination) if it's the first time you've seen the patient. As with all evaluation and management services, the specific code selection should be based on the standard evaluation and management guidelines. These guidelines can be accessed at http://www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf.

Concern has been expressed that there is no real match to the consult codes in the inpatient initial visit codes (99221-99223). While there are inpatient consult codes that provide for problem-focused histories and examinations (99251 & 99252), as would be demanded by many referrals dealing with specific issues, the lowest level initial inpatient E/M code calls for a "detailed or comprehensive" history. Some Medicare contractors (MACs) are advising clinicians to use a subsequent hospital visit code (99231 or 99233) when the history and examination are problem focused, while others are directing them to use code 99499 (unlisted E/M service) when this situation occurs, others have yet to provide any guidance. Currently we know that TrailBlazer, the MAC for Colorado, New Mexico, Oklahoma, and Texas, and Noridian, the MAC for Arizona, Montana, North Dakota, South Dakota, Utah, and Wyoming are telling physicians to use the subsequent visit codes; WPS, the MAC for Iowa, Kansas, Missouri, and Nebraska, First Coast, the MAC for Florida, Puerto Rico, and the Virgin Islands, and Palmetto, the MAC for California, Hawaii, and Nevada and the carrier for Ohio, all say to bill 99499; while Cigna, the carrier for Idaho and North Carolina is specifically directing its clinicians not to bill 99499 but to bill the "appropriate" E/M code (which may prove very difficult under the circumstances).

The APA and other specialty societies are working with CMS (the Centers for Medicare and Medicaid Services, which administers Medicare) in an effort to have this problem resolved in a consistent manner. Hopefully by the time you read this you will be able to find the necessary guidance on your Medicare contractor's website. As soon as this information is available, we will also post it on the APA's website. (Currently CMS has a Medicare Learning Network piece (MM6740) on its website dealing with the changes to

the consultation code policy <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6740.pdf>. Unfortunately this article does not deal with the problems discussed above.)

CMS contends the elimination of the consult codes should not decrease your Medicare payments since they increased the work relative value units (RVUs) for initial hospital and nursing facility visits to compensate for this. Although consulting physicians are still expected to document appropriately and communicate their findings to the doctor who referred the patient to them, they are no longer obligated to provide a written report to the referring clinician, which the consultation codes require.

The APA's Office of Healthcare Systems and Financing is monitoring how [private insurers are responding to this new Medicare policy](#). Although it appears that many companies are still paying for the consult codes, several seem to be eliminating them over the next few months, and it's reasonable to believe that they will follow Medicare's direction. Please call the APA's Managed Care Help Line, 1-800-343-4671, if you have any questions.