

Medicare Consultation Codes Are Gone – Now What?

Indiana State Medical Association



Objectives

- To provide a clear understanding of the changes in the Medicare program for coding of consultation services.

Consultation codes still effective for some carriers

- Medicare changes are not a change to CPT coding guidelines. The consultation codes remain in the CPT coding book and can be utilized for those carriers that continue to recognize the consultation codes. (Check with your carriers to verify coverage)

References

- **MLN MM6740**
 - <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6740.pdf>
- **MLN SE1010**
 - <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE1010.pdf>

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For additional questions and answers

Medicare Consultation Services

- Medicare changes implemented January 4, 2010. Medicare no longer recognizes CPT code 99241-99245 and 99251-99255 for payment.
- There is no technical cross-walk for the CPT codes that should now be used.
- Telehealth codes remain and can be billed when appropriate.

Reporting Services in Office Setting

- Physicians will bill the code that most appropriately describes the level of service provided.
 - Code range
 - 99201-99205
 - 99211-99215

New vs. Established

- A new patient is a patient that has not been seen in your office for any reason, by any physician of the same specialty, in the past three years.
- If a established patient presents with a new problem/condition, the patient remains an established patient.

Inpatient Hospital, Nursing Facility and Skilled Nursing Facility Setting

- Initial evaluation
 - Hospital Care Codes
 - CPT codes 99221-99223
 - Nursing Facility Care Codes
 - CPT codes 99304-99306

Hospital Outpatient Observation Services

- This is for patients that are not subsequently admitted to the hospital as inpatients.
- Report CPT codes
 - 99217-99220
- If the same physician needs to provide an additional evaluation (for the same episode of care) report CPT codes 99211-99215.

Level of Care

- If the care provided does not meet the documentation requirements of the initial encounter (99221-99223). NGS requires the use of subsequent care codes (99231-99233).

Multiple physicians

- A patient may require more than one specialist to intervene in patient care.
- In this scenario, each specialty may bill the initial encounter one time. Subsequent visits requires the use of CPT codes 99231-99233.

AI Modifier

- The AI modifier is to be used on the initial evaluation.
- The physician using the AI modifier should be the principal physician of record.
- The AI modifier is two alpha characters.
 - Note: The AI modifier is an informational, not a payment modifier. Therefore, if the AI modifier is included on claims, other than the principal physician of record, the claims should not be rejected at this time.

Documentation

- In order for the physician to bill the highest level of code the services furnished must meet the definition of the code.
- What is not documented is NOT done. In an audit, office notes must support the level of the code.

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