Coding Alert

In the July 2009 *ComplianceMatters newsletter article*, "No more consults ~ CMS policy changes," providers were alerted to CMS proposal to ban consults.

Effective January 1, 2010, MEDICARE will not pay for consultation codes Outpatient 99241-99245, Inpatient 99251-99255 services.

OUTPATIENT SETTING

• In the outpatient setting, CMS will only pay for new and established office or clinic visits. The guidelines for NEW verses ESTABLISHED patients are applicable – new patients (not seen within 3 yrs) or established (seen within a 3 yr period)

INPATIENT SETTING

- For Inpatient settings, all initial visits will be billed with series 99221-99223. The **admitting service will append a modifier AI** (principle physician of record). Compliance recommends that the attending provider should use this modifier consistently through the admission stay.
- If the patient is seen by another provider (specialist) for an opinion or advice during the hospitalization on subsequent visits, the specialist will use the appropriate code 99231-99233.
- The documentation per CMS former policy for consults (a request, an opinion rendered and a report) are not required **BUT** appropriate E/M documentation guidelines for medical necessity **ARE** required.

OBSERVATION STATUS:

• It is vital that you classify patients appropriately. If patients are admitted to observation, please use the appropriate CPT codes – 99217-99220. The internist orders observation services, furnishes the service and bills the initial observation code. The other physician that evaluates the patient and renders an opinion CAN only bill a "New" or "Established" patient visit as appropriate.

Tidbits:

- Please keep in mind that this change affects MEDICARE patients
 ONLY. Physicians should discontinue using consultation codes for
 Medicare patients and use the appropriate E/M codes as
 described above. PHYSICIANS MAY CONTINUE USING
 CONSULTATION CODES FOR ALL OTHER PAYORS.
- REMEMBER: To differentiate the attending physician (admitting physician of record) from the consulting physician, the <u>attending physician</u> will add the AI modifier to his code selections.
- All departments should ensure that providers are appropriately credentialed ~ in the correct category of service ~ within their departments for services rendered.
- Elimination of consultation codes should be budget neutral per the AAMC advisory. The elimination of consultation codes will result in increased work RVUs for new and established office visits, and for initial hospital and initial nursing facility visits. The increased use of these visits is incorporated into the PE and malpractice RVU calculations.
- Refer to the July 09 newsletter article, "No more consults ~
 CMS policy changes," for recommended action items.
- If applicable to your practice, Telehealth Consultations have

- new codes ~ please contact MMA or the Office of Compliance for additional information.
- Please review the attachment which is a suggested mapping/crosswalk for Evaluation and Management codes and consults.

To read more details regarding CMS guidelines and consults, go to:

AAMC Advisory ~ Presidential memorandum #09-28 – December 9, 2009 – www.aamc.org
http://www.cms.hhs.gov/transmittals/downloads/R1875CP.pdf.
An article form Medicare Learning Network is available at: http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6740.pdf

Please contact your resources at MMA / Department coders and surely the Compliance Office is available for training and auditing.