

Consult Codes Update

In the Final Rule discussing the payment policies under the Medicare Physician Fee Schedule for 2010, the Centers for Medicare and Medicaid Services (CMS) announced that Medicare will no longer reimburse for the outpatient and inpatient consultation codes (99241-99245 and 992510 – 99255). This does not mean that they will not pay for consultations, but rather that consultations must be reported using different codes. CMS has advised physicians to use the appropriate new patient, initial hospital care or initial nursing facility care evaluation and management (E/M) code for the designated setting.

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). 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). If you have been using 90801 for your consults, you can continue to do that.

As with all evaluation and management services, the specific code selection should be based on the standard evaluation and management guidelines. The guidelines can be accessed at http://www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf.

It is important to note that the CPT consultation service codes are not being eliminated, it is just that CMS will no longer reimburse for these codes. It is unclear if private payers will follow suit.

The APA and other physician organizations have been lobbying CMS and Congress for a delay in the implementation of the elimination of the consultation codes, which is set for January 1, 2010. Please check the APA website for updates.