

Medical Coverage Policies

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Consultation Codes

EFFECTIVE DATE	01/01/2011	LAST UPDATED	11/02/2010
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Description:

In the 2010 Medicare Fee Schedule the Centers for Medicare and Medicaid Services made Consultation codes not valid for payment. CMS directed use of office and other outpatient codes or initial and subsequent hospital or initial or subsequent nursing facility codes for services previously reported as consults. Adjustments were made to the Medicare Physician Fee Schedule (MFS) to redistribute payments in a payment/cost neutral method across the fee schedule. This redistribution affected different specialties and physicians in different ways so that some gained and some lost payment. CMS also introduced a modifier for the admitting clinicians and provided guidance on various other coding issues.

On December 1, 2010 BCBSRI will be basing payment using the 2010 MFS. Accordingly, BCBSRI will also implement the restriction on the use of CPT® Consultation codes 99241-99245 and 99251-99255. BCBSRI will also consider these codes invalid for payment. These are covered services and may not be billed to the member. The purpose of this policy is to define coding/reporting and payment policy. Please also note additional guidance below, some of which may be at variance with CMS policy. We will use the phrase "consult" to indicate formerly used codes/terms.

Outpatient and Observation Consults: Use codes 99201-99215 and select the level based upon key components and the new/established definitions of CPT.

Emergency Department Consults: Use the appropriate code from the 99281-99285 series (as directed by CMS) or use the 99201-99215 series with the hospital emergency department site of service code. In all cases the service must be face to face and meet CPT coding rules.

Inpatient Hospital Consults: For the initial contact in the inpatient hospital setting, the code selection shall be based upon the level of service using CPT definitions for codes 99221-99233. This means that services that were formerly coded with lower level consult service codes will now be reported using subsequent hospital care codes (99231-99233). Do not select codes 99221-99223 based solely upon the service being the first contact for the stay. No physician (or member of the same group who is also in the same subspecialty) may report an Initial Hospital Care service more than once per stay.

Nursing Facility Consults: For the initial contact in the nursing facility setting, the code selection shall be based upon the level of service using CPT definitions for codes 99304-99310. This means that services that were formerly coded with lower level consultation codes will be coded using subsequent nursing facility care codes (99307-99310). Do not select codes 99304-99306 based solely upon the service being the first contact for the stay. No physician/professional (or member of the same group who is also in the same subspecialty) may report an Initial Nursing Facility Care service more than once per stay. Nurse Practitioners (RNP), Physician's Assistants (PA) and Clinical Nurse Specialists (CNS) may report 99304-99307 for consultations, so long as a physician in the same clinical field does not report these services. For example, a PA in a surgical practice and the physician surgeon in that practice may not both report a consultation during the stay. Only physicians may perform the actual admission service, per federal regulations, but non-physician professionals may report 99304-99306 for consultations.

AI Modifier: We ask the admitting physician to use the AI modifier, Principal Physician of Record.

Inpatient and outpatient evaluation and management services, same day: As has always been the case, it is not permissible to report both services on the same date.

Prolonged Services: Use face-to-face time for outpatient services and unit time for inpatient services when determining code selection and service duration. Time spent on teaching rounds or conferences is not counted.

Coordination of Benefits/Multiple Payers: BCBSRI will not recognize 99241-99245 and 99251-99255. If

BCBSRI is secondary to a payer that does recognize those codes and you wish to use them for the primary payer, we will accept them in the usual manner and crosswalk the submitted codes to the codes we do utilize. Alternatively, you may elect to report services to the primary payer using the methodology BCBSRI uses, if allowed by that payer. The crosswalk was created using key components in CPT.

Medical Criteria:

Not applicable.

Policy:

CPT® Consultation codes 99241-99245 and 99251-99255 are not separately reimbursed and the member cannot be billed for the services.

Coverage:

Not applicable

Published:

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This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.

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