

CMS Removes Consult Codes 2010



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AMA Consultation Guidelines

- The intent of a consultation is that a physician is asking another physician for advise, opinion, recommendation, or direction in evaluating or treating a patient because of their expertise beyond the requesting physician's knowledge.

What We Will Cover

- What Happened
- Why the change
- What it means
- Consult Code Changes
- Use of Crosswalks
- Reminders
- Q&A

What Happened

- The Centers for Medicare & Medicaid Services (CMS) finalized its proposal to require claims for consultation services to be submitted with other E/M visit codes rather than consultation codes.
- 99241-99245 and 99251-99255 were deleted from the 2010 Medicare Physician Fee Schedule

Why the Change?

- In 2006 the Office of Inspector General (OIG) published the report “Consultations in Medicare Coding and Reimbursement”.
- Referral? Transfer-of-Care? Consult?
- Education efforts regarding consultations were not successful

What It Means...

- Physicians and qualified non-physician practitioners should use remaining evaluation and management codes to report consultation services based on:
 - **where** the visit occurred
 - **complexity** of visit performed
- All rules apply for Medicare Secondary Payer claims as well
- According to CMS, reimbursement changes will be implemented in a budget neutral manner

What it means...

Hospital use either:

- **Initial hospital care**
 - 99221-99223
 - Admitting Physician modifier AI
- **Subsequent hospital care**
 - 99231-99233 (contractor specific)
- **Observation**
 - 99218-99220

What it means...

Inpatient Nursing Facility use either:

- **Initial nursing facility care**
 - 99304-99306

- **Subsequent nursing facility**
 - 99307-99310

What it means...

Office Setting use:

- 99201-99215 based on:
 - the complexity of the visit,
 - new or established patient status

What it means...

Emergency Room

- Use Emergency visit codes
 - 99281-99288
- If you admit the patient from the emergency room bill an initial hospital code
 - 99221-99223

What it means...

Telehealth Consultations

No Coding Change

- **New, initial**
 - G0425, typically 30 minutes
 - G0426, typically 50 minutes
 - G0427, typically 70 minutes
- **Follow-up inpatient**
 - G0406–G0408

For Telehealth services CMS will crosswalk the RVUs for initial hospital care

What it means...

Medicare Secondary Payment (MSP)

If the primary payer for the service continues to recognize consultation codes, either:

- Bill the primary payer an E/M code that is appropriate for the service and then report the amount actually paid by the primary payer along with the same E/M code to Medicare for determination of whether a payment is due or:
- Bill the Primary payer using a consultation code that is appropriate for the service, then re-code the service to the appropriate E&M visit code to Medicare for determination of whether a payment is due.

What it means...

Minimum Criteria Not Met?

Follow payor/contractor specific guidance and either bill:

- an unlisted E&M code, or
- Subsequent care code based on CMS contractor specific payer guidelines.

Current Medicare Carrier Directives

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per their websites...

When the service/documentation doesn't meet documentation or medical necessity requirements for an initial hospital visit:

- ❖ **TrailBlazer** (Colorado, New Mexico, Oklahoma and Texas)
 - Bill a subsequent hospital visit; however, unlisted E/M is an option.
- ❖ **WPS** (Iowa, Kansas, Missouri and Nebraska)
 - Bill unlisted E/M
- ❖ **Noridian** (Arizona, Montana, North Dakota, South Dakota, Utah and Wyoming)
 - Bill a subsequent hospital visit.
- ❖ **National Government Services** (Connecticut, Indiana, Kentucky and New York)
 - "99499 should not be used in lieu of billing consult services", implying to bill a subsequent hospital code.
- ❖ **First Coast** (Florida, Puerto Rico and U.S. Virgin Islands)
 - Bill unlisted E/M
- ❖ **Palmetto GBA** (California, Hawaii and Nevada; and the carrier for Ohio)
 - Bill unlisted E/M
- ❖ **Cigna** (Idaho and North Carolina)
 - "Do not bill 99499, but bill for the appropriate E/M service using the appropriate level and, of course, the appropriate setting where you saw the patient."

What it means...

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Consults and Medicaid

- Currently, **some** Medicaid plans have issued guidance that they are adopting the change that Medicare implemented.
- However, not all State Medicaid plans have adopted this change.

Use of Crosswalks

Can a crosswalk be used?

- A Crosswalk is a tool
- Continue to code according to the documentation in the chart
- If the documentation in the chart supports a consult, reference the payor and their guidance

Acceptable Crosswalk

Inpatient Consult to Initial Hospital Care

The minimum criteria to bill 99251 & 99252 do not reach the minimum for 99221. Verify with your contractor what code should be billed (94999 Unlisted code versus subsequent visit code).

History	Exam	Decision Making	Consult Code	E/M Visit
Problem	Problem	Straightforward	99251 (20)	* Check with CMS Contractor
Expanded	Expanded	Straightforward	99252 (40)	* Check with CMS Contractor
Detailed	Detailed	Low	99253 (55)	99221 (30)
Comprehensive	Comprehensive	Moderate	99254 (80)	99222 (50)
Comprehensive	Comprehensive	High	99255 (110)	99223 (70)

The minutes are in parentheses. If coding based on time, use prolonged service codes if needed.

Acceptable Crosswalk

Office Consult to New or Established Office

99241-99245 does not evenly crosswalk to 99211-99215.

History	Exam	Decision Making	Consult Code	E/MNew	E/MEst *
Problem	Problem	Straightforward	99241 (15)	99201 (10)	99212 (10)
Expanded	Expanded	Straightforward	99242 (30)	99202 (20)	99213 (15)
Detailed	Detailed	Low	99243 (40)	99203 (30)	99214 (25)
Comprehensive	Comprehensive	Moderate	99244 (60)	99204 (45)	99215 (40)
Comprehensive	Comprehensive	High	99245 (80)	99205 (60)	99215 (40)

The minutes are in parentheses.

Reminders

- Continue to document consult requests and communication of consultation services, as medically necessary.
- Bill the available code that most appropriately describes the level of the service provided.
- The services furnished must meet the definition of the code.

Reminders

Verify that you have edits in the billing system that will prevent a consult code from being billed to Medicare, Medicaid and other payors that are not reimbursing consults.

Reminders

- Physicians and qualified NPP may bill 2009 consultation service codes through December 31, 2009.
- Physicians and NPP who bill consultation service codes for dates of service after January 1, 2010 will have the claim returned.

E/M Reminder:

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Time as a Factor

- Counseling and/or
- Coordination of care dominates more than 50 percent

E/M Reminder: Prolonged Services

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- Contact requiring one hour **beyond** the usual service
 - Outpatient Prolonged Services
 - 99354 and +99355
 - Inpatient Prolonged Services
 - 99356 and +99357

E/M Reminder:

New vs. Established Patient

Three Year Rule still applies

Questions and Answers

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