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POLICY LAST UPDATED: 12/04/2012

OVERVIEW

This policy documents the coding/reporting and payment policy for Consultation codes for BlueCHiP for Medicare and Commercial products. In the 2010 Medicare Fee Schedule the Centers for Medicare and Medicaid Services made Consultation codes not valid for payment. On December 1, 2010 BCBSRI will be basing payment using the 2010 MFS. BCBSRI will also consider these codes invalid for payment. . 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.

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

CPT® Consultation codes 99241-99245 and 99251-99255 are invalid for payment. These are covered services and may not be billed to the member.

MEDICAL CRITERIA

None

BACKGROUND

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.

- **Observation Consults:** For consultation services in the Observation setting please use either CPT codes 99218-99220 or 99224-99226 based upon the level of service. Subsequent day visits for patients who remain on observation should be reported using 99224-99226.

Traditional Medicare requires Office or Other Outpatient codes (99201-99215) for all these services, but BCBSRI requires the use of a code that is correct for the specific setting, in part to apply correct member cost share. **There is no “office co-pay”** for Observation setting services.

- **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. In all cases, the services must be face-to-face and meet CPT coding rules.

Inpatient Hospital Consults: For the initial contact in the inpatient setting, the code selection shall be based upon the level of service using CPT definitions for codes 99221-99233. Services were formerly coded with lower level service 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 specialty) 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 specialty) 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.

COVERAGE

Not Applicable

CODING

BlueCHiP for Medicare and Commercial

Consultations

99241-99245 and 99251-99255- invalid for payment

Observation Consultations

99218-99220 or 99224-99226

Emergency Department Consultations

99281-99285

Inpatient Hospital Consultations

99221-99233

Nursing Facility Consultations

99304-99310

RELATED POLICIES

None

PUBLISHED

Provider Update Nov 2012

Provider Update Nov 2010

REFERENCES

None

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