



Welcome to E/M from A to Z

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Chapter Index

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Timing a Consult

A consultation can be reported based on time. The 50% rule applies when a consultation is reported in this manner.

A consult can be reported based on time when at least 50% of the visit consists of counseling the patient and/or coordinating care for the patient. If the consulting visit is reported based on time, the following must be met and documented by the consulting provider to support a time based consultation:

- ▶ Amount of time spent with the patient.
- ▶ Document in detail the counseling and/or activities to coordinate care.
- ▶ Request by the attending provider for a consultation.
- ▶ Evaluation of patient.
- ▶ Written report of findings (copy of report to referring provider).



About the Codes

For office or other outpatient consultations report codes 99241-99245 for new or established patients.

In the event the referring provider makes another request for a consultation with the same consulting provider for the same patient, for the same problem, consultation codes 99241-99245 can be reported again.

If the consulting provider continues to provide care for the original problem following the initial consult or if the patient initiates follow up visits with the consulting physician, do not report consultation codes 99241-99245. Report services using the office visit codes 99212-99215 as appropriate.

Note: Code 99211 can be reported as a part of the follow up consult by the consulting provider, but the code is not recognized by Medicare for payment since it typically does not require the presence of a qualified physician or NPP. (Medicare Carriers Manual 30.6.10)



Who Can Request a Consult

A consultation can be requested by a physician or other appropriate source. The CPT defines "appropriate source" as the following:

- ▶ Physician assistant.
- ▶ Nurse practitioner.
- ▶ Doctor of chiropractic.
- ▶ Physical therapist.
- ▶ Occupational therapist.
- ▶ Speech-language pathologist.
- ▶ Psychologist.
- ▶ Social worker.
- ▶ Lawyer.
- ▶ Insurance company.



More on Codes

Inpatient hospital consultations codes 99251-99255 report consultation services provided to hospital inpatients, residents of nursing facilities, or patients in a partial hospital setting. These consultation codes are reported only once per consultant, and once per patient per inpatient admission.



Follow up consultation visits during the same admission are reported with the inpatient hospital care codes 99231-99233 or subsequent nursing facility codes 99307-99310 as appropriate.

Follow up services include completing the initial consultation, monitoring progress, revising recommendations, or addressing a new problem.



Second Opinions

A second opinion service that is not requested by the attending provider, but is initiated by the patient or patient's family, or is mandated by a third party payer should be reported from the office visit code range as appropriate. Do not report consultation codes.

If services are mandated by a third party payer, attached modifier 32 to the service code.

Note: Modifier 32 is not recognized by Medicare for payment.



Practice #33

There are 3 required elements in a consultation. Click and drag the three required elements to the briefcase below. (Incorrect answers will be immediately rejected.)

Request for consultation
Consultant's report
Referring physician's report
Consultant's time
Need for opinion and advice



Practice #34

Dr. Jones request a consultation from Dr. Smith. The request is done verbally and is followed up with a letter from Dr. Jones requesting the consultation.

Dr. Smith evaluates the patient. After the exam, the doctor prescribes medication for the patient's problem. Dr. Smith asks the patient to see him again in 1 week after the medication is finished. Dr. Smith's initial encounter involved a comprehensive history and exam with moderate decision making. The subsequent visit involved a detailed history and exam with moderate decision making. Dr. Smith submitted his report to Dr. Jones after the second visit.

How would Dr. Smith code his initial visit with the patient and the follow up visit?

Initial visit.

Hint

Follow up visit.



Practice #35

What is the one element that will allow the consulting provider to base his service on time rather than level of care provided?

- Provider spent a long time with the patient.
- Provider spent 50% of time counseling and coordinating care.
- Provider felt like it.
- Provider had a long talk with the patient.



Practice #36

When a consultation is requested by the patient or the patient's family, which code section should the services be reported from?

- Special Evaluation and Management Services
- Consultation services
- Confirmatory Consultation Services
- Office or Other Outpatient Services



Practice #37

Dr. Andrews requests a consultation with Dr. Smith. Dr. Andrews would like Dr. Smith's opinion about his patient's diagnosis and treatment.

The consultation involved a detailed history and exam. After the initial visit, Dr. Andrews requested another consultation from Dr. Smith for the same patient and issue. The follow up consultation involved a comprehensive exam of the patient, and the amount of data reviewed regarding the patient's problem was moderate.

Provide the code for the initial visit. (Fill in the blank below and press Enter.)

Provide the code for the follow-up visit. (Fill in the blank below and press Enter.)

Hint



Medicare Consults

The previous pages covered consultations codes. **These codes will be recognized if reported to commercial payers.** However, if your patient is a **Medicare** patient these codes will not apply as **Medicare no longer recognizes consultations codes.**

To report a consultation that occurs in the office or other outpatient facility to **Medicare**, refer to the office/outpatient E/M codes.

Determine if the patient has been seen by the physician or another physician within the same practice within the last three years. If the patient has **not been seen** by the physician or another physician in the practice within the last three years the consultation can be reported with a **new patient code**. If the patient **has been seen** by the physician or another physician in the practice within the last three years report the consult with the **established patient codes**.



Medicare Consults (cont'd)

If a Medicare patient is in the hospital and a consultation occurs, determine if the patient is one of the following: **inpatient**, in **observation status**, or is in the **ED**. Since Medicare will not recognize the inpatient consultation codes, determining the status of the patient in the hospital is necessary.

If patient is an inpatient.
Report the inpatient hospital visit codes as appropriate.

Observation Status
Consultations for patients in observation status will be reported with the E/M office visit codes. To determine if the new patient office visit codes or established patient office codes are used apply the **new patient rule**. (The new patient rule is applied because technically observation patients are classified as outpatients.)

Let's go to the next page to discuss the ED status patient.

New Pt. Rule



Medicare Consults - ED

How to report a consultation in the ED for a Medicare patient is dependent upon one of two things: if the patient was **discharged** from the hospital, or was **admitted** as a hospital inpatient. If the patient was discharged, report the consultation as stated in the box below.

Patient is discharged.
If the patient receives a consult service in the ED, report the consult with an ED code as appropriate.

Go to the next slide to see how consults are reported if the patient is admitted to the hospital as an inpatient.



Medicare Consults - Inpatient

If a physician provides a consult to a **hospital inpatient**, and is not the admitting physician, the consultation can be reported with the initial hospital inpatient codes if the physician has not seen the patient before. If the physician has seen the patient before, report the subsequent hospital care codes (**the new patient rule can apply here**).



New Pt. Rule

