



Billing and Reimbursement Policy: Consultations

Key coding and reimbursement points include:

- As of January 1, 2010, Neighborhood will continue to accept and reimburse for consultation codes.
- A request for a consultation from an appropriate source and the need for consultation must be documented in the patient's medical record. If the request is made verbally, the consulting physician records in the medical record – "I was asked to see Ms. Smith at the request of Dr. Gray."
- After the consultation is provided, the consultant prepares a written report of his/her findings, which is provided to the referring physician.
- If counseling/coordination of care constitutes more than 50 percent of the face-to-face encounter between the physician and the patient, consultations may be billed for time.
- For consultations that are followed by treatment, Neighborhood will reimburse for an initial consultation if all the criteria for a consultation are satisfied, unless a transfer of care occurs.
- A transfer of care occurs when the referring physician transfers the responsibility for the patient's complete care to the receiving physician at the time of referral, and the receiving physician documents approval of care in advance.
- The receiving physician would report a new or established patient visit depending on the situation (a new patient is one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past 3 years) and setting (e.g., office or inpatient).
- Physician consultant may initiate diagnostic and/or therapeutic services at an initial or subsequent visit. Subsequent visits (not performed to complete the initial consultation) to manage a portion or all of the patient's condition should be reported as established patient office visit or subsequent hospital care depending on the setting.
- Neighborhood will pay for a consultation if one physician in a group practice requests a consultation from another physician in the same group practice as long as all the requirements for use of the CPT® consultation codes are met.
- Non-physician practitioners, e.g., nurse practitioners, certified nurse midwives or physician assistants, may request a consultation.



- In an emergency department or an inpatient or outpatient setting in which the medical record is shared between the referring physician and the consultant, the request may be documented as part of a plan written in the requesting physician's progress note, an order in the medical director, or a specific written request for the consultation.
- If a provider/consultant sees the patient in the emergency department and then decides to admit the patient, the provider has to decide whether to charge for the consultation or an admission code. Neighborhood will not reimburse for both.
- Only one inpatient consult 99251-99255 is allowed per physician per admission.
- Only one initial inpatient consult may be coded per nursing facility admission. Time interval is not considered.
- Subsequent inpatient visits by the consulting physician should be billed as follow up hospital visits 99231-99233 or subsequent nursing facility codes 99307-99310.
- Place of service codes 11, 21, 22, 23, 31, 32 and 50 may be billed for these services.

In reviewing the medical record to determine whether a consult has been provided, the following conditions would rule out the charge for a consultation:

- No order in the record for a consultation – did the requesting physician ask for an opinion or advice regarding a patient's specific problem
- No written report of a consultation back to the requesting physician
- A standing order in the medical record for consultations

A consultation that is requested by the patient and or the patient's family is not coded as an initial consultation, but may be reported using a code for a new or established patient visit as determined by the patient's history with the practice and the site of service provided.

Neighborhood may disallow payment for "compound" procedures which are normally included in E&M consult code range from 99241 through 99255 and are not identified as "in addition to" by AMA CPT® documentation.

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