

CONSULTATIONS

A consultation is the process of taking a history, performing a physical examination, and ordering and interpreting appropriate diagnostic tests for the purpose of rendering an expert opinion about a patient's illness and/or injury. E/M service codes 99241-99275 are used to report office, inpatient, and confirmatory consultation services provided to new or established patients. The key coding issues are the location of the service, the extent of history obtained, the extent of examination performed, and the complexity of medical decision making. Additional reporting issues include counseling and/or coordination of care, the nature of presenting problem(s), and the time, depending on location, spent either face to face with the patient and/or family or at the bedside and on the patient's facility floor or unit.

Coding Rules

1. The request for a consultation from the attending physician or other appropriate source and the need for a consultation must be documented in the patient's medical record.
2. The consultant's opinion and any services that were ordered or performed must be documented in the patient's medical record and communicated to the requesting physician or source.
3. Consultations that are initiated by request from the patient and/or family may be reported using codes for confirmatory consultations or office services as appropriate.
4. If a confirmatory consultation is required by a third party, such as a Peer Review Organization (PRO), modifier -32 should be added to the basic service.
5. Any specifically identifiable procedure performed on or subsequent to the date of the initial consultation is reported separately.
6. If the consultant subsequently assumes responsibility for management of all or a portion of the patient's condition(s), then either hospital services or office services are used as appropriate.

CODING GUIDELINES

Consultation service codes may not be billed to Medicare for services rendered on or after January 1, 2010. Physicians must use visit/outpatient or inpatient hospital evaluation and management codes to bill Medicare for consultation services. Telehealth consultation may be reported using the appropriate HCPCS G-codes.

CMS published a cross-walk from consultation codes to outpatient/hospital codes for the purpose of establishing budget neutrality. According to CMS the cross-walks are not billing guidance and physicians should bill the E/M code appropriate for the service provided.

For office based consultations, the selection of E/M visit codes is based on whether the patient is a new or established patient. For hospital consultations, the selection of appropriate E/M codes is based on the location of the consultation in either an acute care hospital or nursing home and the level of history, exam, and medical decision making.

Medicare Cross-Walk from Consultation Codes to Outpatient/Hospital Codes

Office Consultation Codes			Inpatient Consultation Codes		
Source	Destination	Mapping*	Source	Destination	Mapping*
99241	99201	50%	99251	99221	70%
	99211	50%		99304	30%
99242	99202	50%	99252	99221	35%
	99212	50%		99222	35%
99243	99203	50%		99304	15%
	99213	50%		99305	15%
99244	99204	50%	99253	99222	70%
	99214	50%		99305	30%
99245	99205	50%	99254	99222	35%
	99215	50%		99223	35%
				99305	15%
				99306	15%
			99255	99223	70%
				99306	30%

* Refers to the CMS estimated frequency of conversion from the consultation code to the visit code.

OFFICE OR OTHER OUTPATIENT CONSULTATIONS

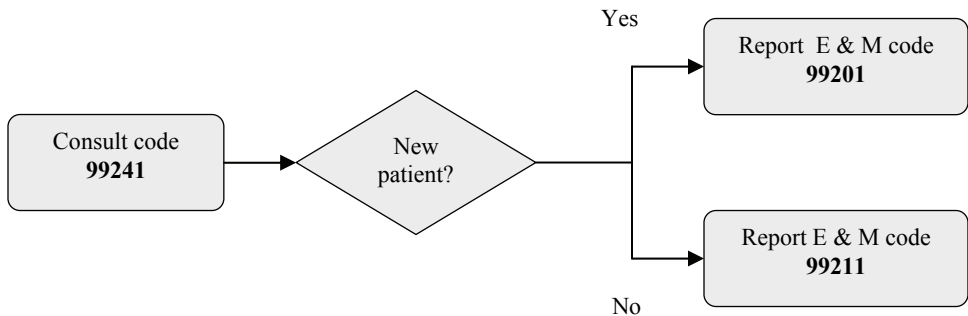
99241 Office consultation for a new or established patient, which requires these three key components:

- a problem focused history;
- problem focused examination;
- and straightforward medical decision making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

Medicare Cross-Walk:

Report 99201 instead of 99241 for new patients.
 Report 99211 instead of 99241 for established patients.



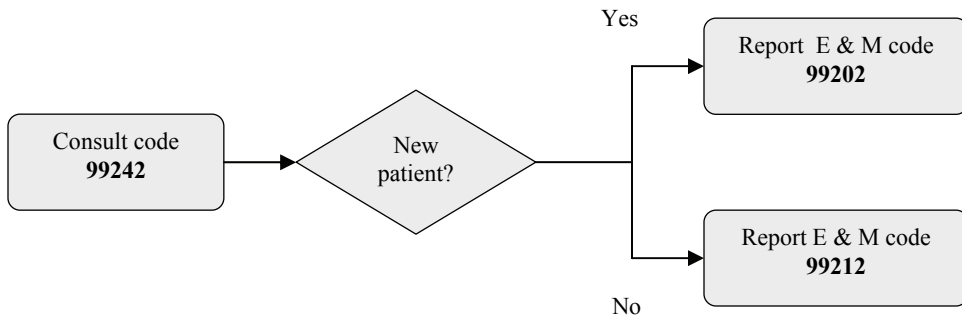
99242 Office consultation for a new or established patient, which requires these three key components:

- an expanded problem focused history;
- an expanded problem focused examination;
- and straightforward medical decision making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient(s) and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

Medicare Cross-Walk:

Report 99202 instead of 99242 for new patients.
Report 99212 instead of 99242 for established patients.



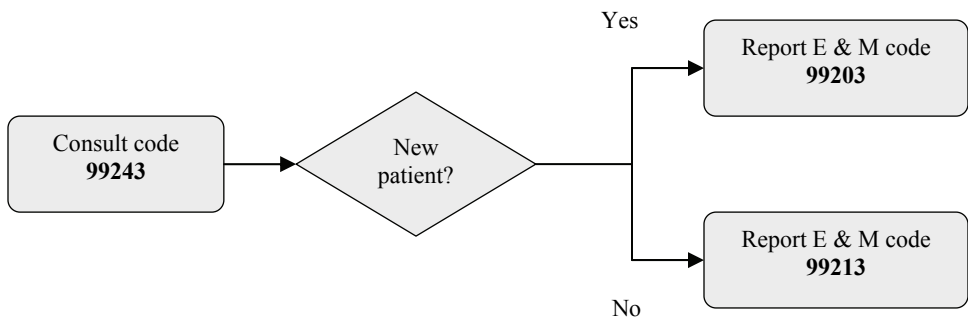
99243 Office consultation for a new or established patient, which requires these three key components:

- a detailed history;
- a detailed examination;
- and medical decision making of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

Medicare Cross-Walk:

Report 99203 instead of 99243 for new patients.
Report 99213 instead of 99243 for established patients.



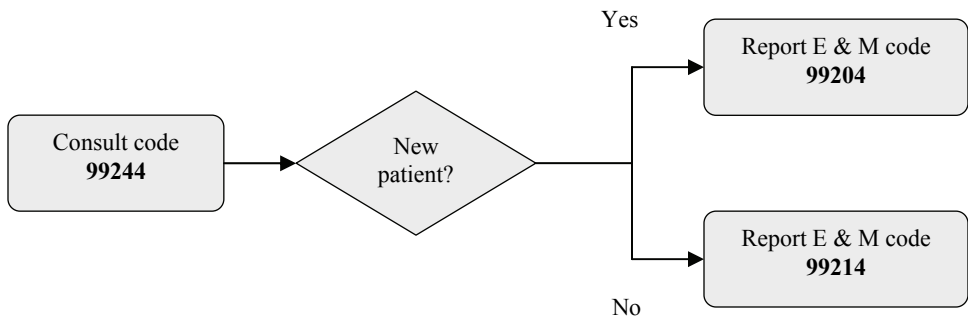
99244 Office consultation for a new or established patient, which requires these three key components:

- a comprehensive history;
- a comprehensive examination;
- and medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

Medicare Cross-Walk:

Report 99204 instead of 99244 for new patients.
 Report 99214 instead of 99244 for established patients.



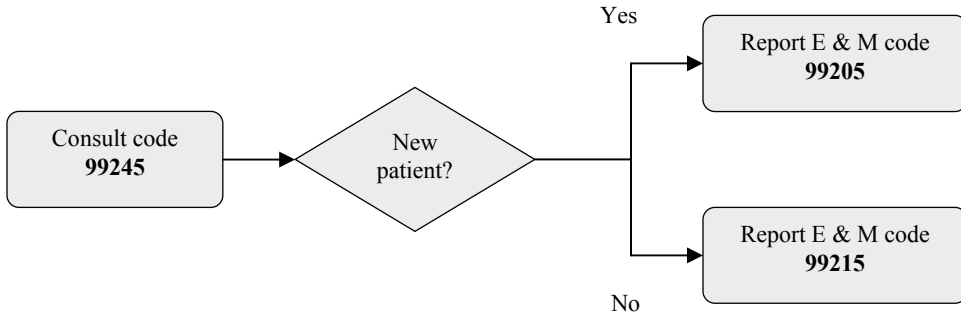
99245 Office consultation for a new or established patient, which requires these three key components:

- a comprehensive history;
- a comprehensive examination;
- and medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.

Medicare Cross-Walk:

Report 99205 instead of 99245 for new patients.
 Report 99215 instead of 99245 for established patients.



INPATIENT CONSULTATIONS

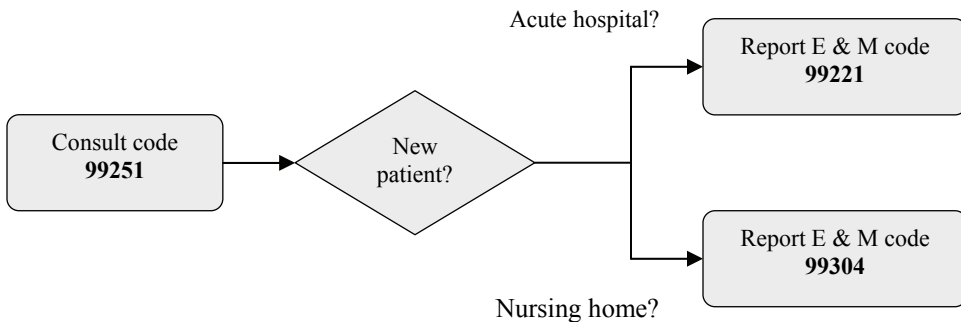
99251 Initial inpatient consultation for a new or established patient, which requires these three key components:

- a problem focused history;
- a problem focused examination;
- and straightforward medical decision making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.

Medicare Cross-Walk:

Report 99221 instead of 99251 for acute hospital consultations.
 Report 99304 instead of 99251 for nursing home consultations.



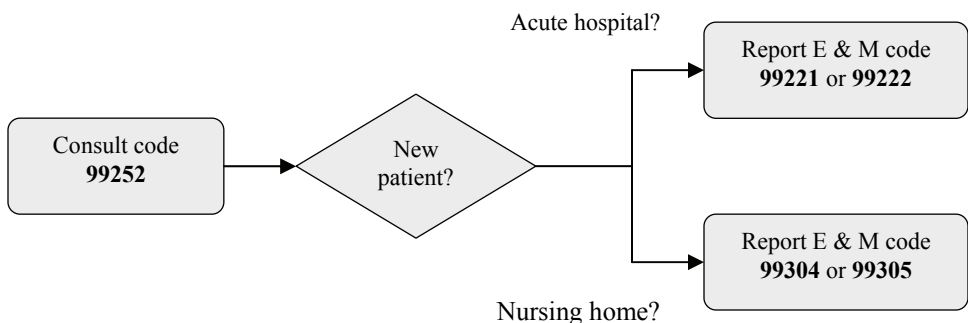
99252 Initial inpatient consultation for a new or established patient, which requires these three key components:

- an expanded problem focused history;
- an expanded problem focused examination;
- and straightforward medical decision making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.

Medicare Cross-Walk:

Report 99221 or 99222 instead of 99252 for acute hospital consultations.
 Report 99304 or 99305 instead of 99252 for nursing home consultations.



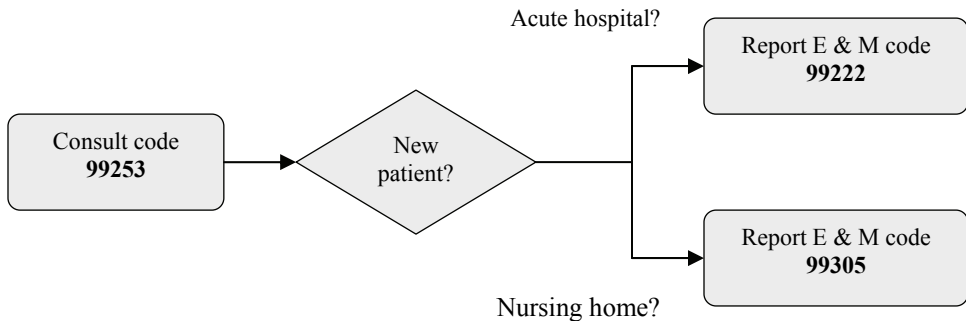
99253 Initial inpatient consultation for a new or established patient, which requires these three key components:

- a detailed history;
- a detailed examination;
- and medical decision making of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.

Medicare Cross-Walk:

Report 99222 instead of 99253 for acute hospital consultations.
 Report 99305 instead of 99253 for nursing home consultations.



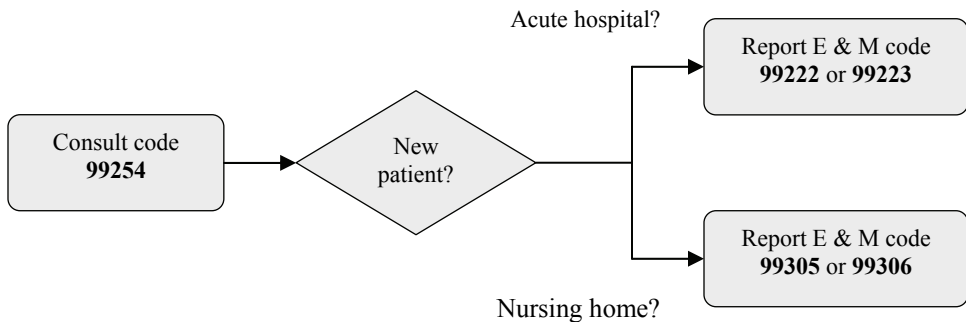
99254 Initial inpatient consultation for a new or established patient, which requires three key components:

- a comprehensive history;
- a comprehensive examination;
- and medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.

Medicare Cross-Walk:

Report 99222 or 99223 instead of 99254 for acute hospital consultations.
Report 99305 or 99306 instead of 99254 for nursing home consultations.



99255 Initial inpatient consultation for a new or established patient, which requires these three key components:

- a comprehensive history;
- a comprehensive examination;
- and medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.

Medicare Cross-Walk:

Report 99223 instead of 99255 for acute hospital consultations.
Report 99306 instead of 99255 for nursing home consultations.

