

Dermatology Coding Alert

Don't Let Misuse of 99241-99275 Reduce Your Reimbursement

4 criteria to help you report consult codes

If reporting your dermatologist's consultation services sends you into a panic, you'll benefit from some pointers on applying Medicare's consult guidelines. Here are four criteria to help you clear up any consult confusion.

1. Meet Medicare Requirements for Consults

When you bill a consult, check section 15506 of the Medicare Carriers Manual so you're clear on the following consult criteria:

A. When a physician's opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source (unless it is a patient-generated confirmatory consultation), you report a consultation.

Example: A primary-care physician requests a consult from a dermatologist for an unresolved rash or a suspicious-looking mole on a patient, says **Mary I. Falbo, MBA, CPC**, president of Millennium Healthcare Consulting Inc. in Lansdale, Penn.

B. If your dermatologist requests a consultation from an appropriate source, you must have documentation of the need for consultation in the patient's medical record.

Example: The documentation you might see in your records would read, "I have seen Jane Doe in consultation today at your request to evaluate the unresolved rash or suspicious mole," Falbo says.

C. After the consulting physician provides consultation, the consultant prepares a written report of his findings to your dermatologist.

Example: For office consults, the consulting physician dictates a written report back to your dermatologist. You keep this report separate from the office progress note, Falbo says.

Tip: A physician may perform a consult for a patient he already knows or has treated, if the above three criteria are met.

D. MCM guidelines further specify that consultations may be billed for time if the counseling/coordination of care constitutes more than 50 percent of the face-to-face encounter between the consulting physician and the patient.

Example: Look for statements in your documentation such as: "30 minutes was spent discussing options and possible results of those options. Total time of the visit was 45 minutes."

Careful Documentation Is a Must

When you report consults, make sure you have documentation of the requirements. Your consultant records must indicate:

1. who referred the patient
2. why the physician referred the patient.

Your documentation should also indicate that a written opinion has been sent to the referring physician, says **Linda**

Howrey, BS, CCS-P, of Howrey and Associates in Princeton, Mass. **Warning:** "Referring" means "transfer of care" by payers, so don't misuse use the term," Howrey says. You should instead try using phrases such as "A consult was requested" or "Thanks for the consultation" or "Thanks for asking for another opinion," she says.

2. Select the Proper Consultation Type

You assign office or other outpatient consultation codes for new or established patients "to report consultations provided in the physician's office or in an outpatient or other ambulatory facility," according to CPT 2004.

CPT advises you to report follow-up visits initiated by the physician consultant using codes for established patients (99211-99215). If the attending physician requests an additional opinion or advice on the same or a new problem and this request is documented, you can use the office consultation codes again. "This usually happens after the consultant signs off of the case and then is called back after a patient has been on treatment or observed," Howrey says.

Red flag: Use caution with follow-up consults (99261-99263), because you cannot report these in an outpatient setting. Report them only in an inpatient or nursing facility.

Typically, you would not use follow-up codes unless the consulting physician signs off the case immediately after completing the initial consult, Howrey says.

If the consultant returns to see the patient later during the hospital stay, you can report a follow-up consult. If the consultant documents in the medical records that he will follow up with the patient, you can bill for the hospital daily visits but not for the follow-up consults.

3. Report 99271-99275 With Careful Consideration

When you code for confirmatory consultations (99271-99275), these consultations play by different rules than other consultations.

Report confirmatory consult codes when the consulting physician is aware of the confirmatory nature of the opinion sought in any setting, CPT states. With confirmatory consults, the referring physician expects the consulting physician to provide only opinion or advice. If the consulting physician provides any other services, you should report the appropriate office visit code for an established patient, coding experts say. **Warning:** The confirming physician usually does not initiate treatment, Howrey says.

4. Initial Inpatient Consultations

You use initial inpatient consultation codes (99251-99255) to report consultations provided for hospital inpatients and those in partial hospital settings or nursing facilities, but you can report only one initial consultation per admission by the consulting physician.

You should bill additional consults during the same inpatient stay with the follow-up inpatient codes (99261-99263). If the patient is discharged and readmitted later, however, you can report another initial inpatient consult by the same physician if it is properly documented.

You can report follow-up inpatient consultation codes to complete the initial consultation only for established patients, CPT states. CPT further specifies that if the consulting physician initiates treatment at the initial consult and then participates in the patient's management, you report codes 99231-99233 for subsequent care.

Coming next month: Look for more helpful tips on reporting inpatient consultation code in the April 2004 Dermatology Coding Alert.

Note: Please refer to http://www.cms.hhs.gov/manuals/14_car/3b15052.asp#_15506_0 for further details on consultation



codes.