Dermatology Coding Alert

Will Your Current Consultation Procedures Cut It With CMS?

Request consults from same-group colleagues, but be careful with frequency

You may have spotless documentation for the consults you perform, but you could still lose every penny of consult reimbursement in an audit, thanks to some new CMS rules.

In Transmittal 788, CMS says that you must have documentation of the consult request in both the consultant's records and the requesting physician's records. In addition, the request must be documented as part of the requesting physician's plan of care for the patient.

Example: An internist asks your dermatologist to consult with a patient regarding several moles.

You're no longer safe just to record the request in your own patient record. You also need to make sure that the internist documents the consult request as a part of his patient care.

Bring Requesting Physicians on Board

Complying with CMS' new rules on consult documentation will be a challenge, but you can audit-proof your system using the following tips:

1. Document, then consult: It's not enough for a requesting physician's file to have the consulting physician's report after the fact. The request should be in the requesting physician's chart before the consult happens. If your dermatologist performs consults, educate the requesting doctor's staff about this new requirement.

2. Standardize requests: Create a form that you can fax to the requesting physician's office to document the reason for the request, says **Patricia Trites, MPA, CHBC, CPC, CHCC, CHCO, CEO** of Healthcare Compliance Resources in Augusta, Mich. The requesting physician can keep this form in the medical record.

Note: Clip and save "Solicit--and Secure--Consult Documentation With This Form" later in this issue for a fax template you can send to your requesting physicians.

3. Separate report: If your dermatologist is serving as the consulting physician, make sure your practice does its part by writing a separate report of findings and opinions, Trites says. And send along that report to the requesting physician.

In the inpatient setting, this report can go into the same medical record for the patient, but in the outpatient setting carriers have instructed providers that this must be a separate record.

Watch Same-Group Consults and Transfers of Care

In addition to requiring double-duty on documentation, the CMS transmittal also explains that a physician or NPP can request a consult from another physician or NPP in the same group, as long as the consultant has "expertise in a specific medical area beyond the requesting professional's knowledge."

CMS also clarifies that a consult isn't the same as a transfer of care, and that the consultant shouldn't take over the management of a "patient's complete care for the condition."

Instead: For a transfer of care, you would need to bill the appropriate new or established patient evaluation and

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management code.

Follow these guidelines to navigate these two tricky areas:

Consult with care: It's always been true that a physician could request a consult from a colleague in the same group, but CMS has now highlighted this fact, says **Terry Fletcher, BS, CPC, CCS-P, CCS, CMSCS, CMC**, a healthcare coding consultant in Laguna Beach, Calif. This clarification adds pressure to physicians to make sure they're not making frivolous consults within the same group.

Don't churn: Some practices have a protocol in which patients come in to see Dr. A, and Dr. A automatically sends the patient to see Dr. B, says **Eric Sandhusen, CHC, CPC**, director of compliance for the Columbia University department of surgery in New York. The feds will "see it as a sort of churning."

For example, you work in a dermatology clinic in which one of your colleagues specializes in Mohs surgery. If every Mohs patient who passes through your door is referred to this specialist for a consult, CMS may find that your automatic requests for consultation are not justified.

Return to sender: The consulting physician should make a point of returning the patient to the requesting physician. This shows that the consult wasn't a transfer of care. Returning the patient also makes it possible for the physician to bill for another consult if the requesting physician needs more information about that patient in the future.

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