

Internal Medicine Coding Alert

You Be the Coder: Can Counseling Be Coded Separately With Consult Codes?

Question: Our physician provides pre-op consultations for requesting surgeons. He completed the consult with a recent patient, but also spent quite a bit of time discussing and focusing on the patient's hypertension. Can we bill that separately as education or counseling (or a problem-focused visit), or is it included in the consult?

Illinois Subscriber

Answer: Anything discussed as part of a consult is included in that encounter's consultation code. That's one difference between consultations and preventive visits, when you might be able to code separately for discussing "problems."

For the consultation code, choose from 99241-99245 (Office consultation for a new or established patient, which requires these three components ...). You can code consultations based purely on time if the physician spends more than 50 percent of his face-to-face time with the patient on counseling or coordination of care. Because of this, the extra time your physician spent discussing the patient's hypertension might allow you to report a higher-level code than would otherwise be indicated by the extent of history, examination, and medical decision making involved. When coding an E/M service on the basis of time, you should document the total length of time of the encounter and describe the counseling and/or activities to coordinate care that consumed more than half of that time.

Also, remember that Medicare no longer recognizes the CPT® consultation codes. So, if the patient in question is a Medicare beneficiary, you will need to use the appropriate office or outpatient visit code, 99201-99215, rather than 99241-99245. Otherwise, the same principles apply.