

Part B Insider (Multispecialty) Coding Alert

CONSULT CODING QUIZ: Test Your E/M Coding Skills Now That Consult Pay is Gone

Do you know how to report those services you used to code as consults? Take this quiz to find out.

With Medicare Part B now refusing to reimburse you for the consultation codes, some practices feel left in the lurch. Get to know how you'll code these scenarios now that you can't collect for consults anymore.

Read the following four E/M and consultation coding questions and determine how you would answer them before you turn to page 12 for the answers.

Question 1: Consult 'Replacement Codes'

If your physician documents a service that you previously would have coded as a consultation, how should you report it to Part B now that consult codes are obsolete in Medicare's eyes?

Question 2: Do Unlisted Codes Apply?

When a specialist sees a patient in the hospital at the request of another physician and you know it's a service that would previously have billed as a consult, should you report an unlisted E/M code (99499) for the service, rather than billing an inpatient E/M visit code?

Question 3: Who Bills the AI Modifier?

If your physician sees a patient in the hospital at the request of the patient's attending physician, should you append modifier AI (Principal physician of record) to your claims?

And in what scenarios is modifier AI appropriate for Medicare payers?

Question 4: Are Level Transfers Appropriate?

Suppose your documentation would have supported a level-three outpatient consultation (99243) per AMA CPT guidelines. Can you simply bill a level-three outpatient visit (99213) now that Medicare doesn't accept the consultation codes? Or are level transfers not acceptable? Think your answers are right on the money? Turn to page 12 to determine whether your coding accuracy is right on target or whether you need to update your skills before billing Medicare using the new 2010 rules.