

Part B Insider (Multispecialty) Coding Alert

CONSULT ELIMINATION: Let These 5 Facts Guide You Now That Consults No Longer Apply

Tip: ABNs won't help you collect for consults.

January 1 is only a few weeks away, so you've got just a short window of time to give your E/M coding a quick facelift now that Medicare won't pay for consults anymore.

On Dec. 14, CMS released modifier AI (Principal physician of record) to assist you in coding multiple inpatient visits in cases where other physicians previously reported consult codes for the admitted patient (see page 345 for more). Memorize these five facts to make the most of your E/M claims.

1. The Modifier Consists of Two Letters. "Some people are interpreting the new modifier as Aone," says **Barbara J. Cobuzzi, MBA, CPC, CPC-H, CPC-P, CENTC, CHCC**, president of CRN Healthcare Solutions. "But it's two letters, A and I," she reminds coders.

2. Know 'Principal Physician.' CMS notes in Transmittal 1875 that "the principal physician of record is identified in Medicare as the physician who oversees the patient's care," and that it's "sometimes referred to as the admitting physician."

Make no mistake: Some coders believe the term "principal physician of record" refers only to a primary care physician, but that isn't the case. "Even if a specialist is overseeing the patient's care, modifier AI still applies," Cobuzzi says.

3. ABNs Won't Help You.

Physicians who provide consultations to Medicare beneficiaries cannot ask the patient to sign an ABN, nor can they bill the patient for the consult service. "ABNs are applicable only where a denial of payment is anticipated on the grounds of medical necessity requirements under the Social Security Act," said CMS's **Whitney May** during a Dec. 16 CMS Open Door Forum. "Consultation codes 99241-99245 and 99251-99255 are now assigned status indicator I, which means that these codes are not valid for Medicare purposes," May said.

4. Consult Policy Doesn't Apply to Medicare Advantage.

Although Part B MACs will no longer reimburse you for consults, that may not affect other insurers. "This policy only applies to physicians billing the Medicare Fee-for-Service program -- it does not apply to Medicare Advantage or a non-Medicare insurer," May noted. It is up to each payer to determine whether they'll continue paying for consults in 2010.

5. Don't Rely on Crosswalks.

Because five levels of inpatient consults are now billed using three levels of inpatient E/M visits, some practices are seeking crosswalks that refer them from consult codes to E/M codes. But you should not rely on any such guides as the final word. Instead, when the practitioner performs an E/M service, report the code "that most appropriately describes the level of services provided," notes MLN Matters article MM6740, released Dec. 14.

For the MLN Matters article, visit www.cms.hhs.gov/MLNMattersArticles/downloads/MM6740.pdf.