

## Part B Insider (Multispecialty) Coding Alert

### Consult Or Subsequent Visit? 3 Scenarios For Concurrent Care

Suppose a patient who has diabetes is admitted to the hospital for an infection. An endocrinologist follows the patient's diabetes while an infectious disease specialist follows the patient's infection, says **Barbara Cobuzzi**, president of **Cash Flow Solutions** in Lakewood, NJ. Should the endocrinologist bill for a consult? She offers three scenarios:

- 1) The infectious disease doctor calls in the endocrinologist for a consult on the patient's diabetes. The endocrinologist sets up a plan of care including a sliding scale of insulin. The patient is fine for the next few days and the endocrinologist doesn't see him, but on the fourth day the patient's blood sugar spikes and the admitting doctor calls in the endocrinologist again. For that second visit, you would bill a follow-up inpatient consult (99261-99263).
- 2) The admitting doctor calls in the endocrinologist on a consult, and the endocrinologist says she'll follow the patient for the rest of his stay. The endocrinologist bills one consult and then subsequent hospital care codes 99231-99233.
- 3) The admitting doctor doesn't call in the endocrinologist for a consult at all. The endocrinologist happens to notice the patient has been admitted to the hospital and visits the patient to make sure her blood sugar is under control. The endocrinologist keeps visiting for the rest of the patient's stay. In this case, which is probably rare, the endocrinologist should just bill for subsequent visits.

Usually, to bill for a consult, you need a new problem or development that requires a second physician's opinion, notes **Arlene Morrow**, president of **AM Associates** in Tampa, FL. For example, say a patient has suffered from asthma, but hasn't had an outbreak in ten years. If the patient develops new breathing problems after surgery, this calls for a consult.

But if the admitting doctor calls in another doctor to manage a patient's existing problems, this probably doesn't require a consult, Morrow says. "I don't see that they're meeting the threshold for medical necessity of a new opinion," she explains.