

Part B Insider (Multispecialty) Coding Alert

Consults: How to Avoid Adding Consult to Injury

The OIG's bark may be worse than its bite

Billing for consults may be a mine field, but it's not as bad as you may think.

The HHS Office of Inspector General included physician consults in its annual agenda of hot topics for the second year in a row, and many physicians braced for more carrier scrutiny. But in fact, many physicians are, if anything, underbilling for consults, one attorney says.

Medicare loosened its rules on consults in 2000, but many physicians continue to follow the old, more restrictive rules, says attorney **David Glaser** at Fredrickson & Byron in Minneapolis. "They got more physician-friendly," he says. People end up "undercoding" by following the old rules.

Specifically, before August 2000, if a primary-care physician sent a patient with a suspected diagnosis of cancer to an oncologist for a recommendation, and the oncologist treated that patient, he or she couldn't bill a consult. "It was a transfer of care, not a consult," Glaser says. But since 2000, as long as the primary-care doc isn't transferring the total care of the patient to the oncologist, it counts as a consult.

So if you're not billing for consults just because your physician treated the patient, it may be time to ease up a little.

"Many people are billing wrong, [but] there are also people who don't understand when they could be billing," says attorney **Alice Gosfield** with Gosfield & Associates in Philadelphia. People don't realize they can bill consults for an established patient whom they haven't seen for "some time," she says. You can also send a patient for a consult to another physician in your same practice, although the carriers are likely to question its medical necessity.

But don't go too far, say some attorneys. "At the carrier level, there's been an awful lot of activity on consult coding the last two years," says attorney **William Sarraille** with Sidley Austin Brown & Wood in Washington. "We've seen a very high incidence of consultation codes in Medicare carrier audits."