

Part B Insider (Multispecialty) Coding Alert

CPT 2006: Don't Use 25 Modifier Unless You Can Back It Up

Follow-up, confirmatory consultation codes deleted as of January

In the coming new year, you won't be able to go back to the well a second time for inpatient consults--but that's not a bad thing.

CPT 2006 deletes the codes for follow-up and confirmatory consults (99261-99263 and 99271-99275) (See PBI, Vol. 6, No. 28.) "We've been praying to get rid of those silly things," says consultant **Arlene Morrow** with **AM Associates** in Tampa.

Starting in January, you'll bill all inpatient consults as 99251-99255 (Initial inpatient consultation for a new or established patient...). Report follow-up inpatient care with subsequent hospital care codes 99231-99233 (Subsequent hospital care, per day, for the evaluation and management of a patient...).

In other words, you'll only be able to claim one consult per inpatient stay. If your physician sees the patient again, you should use subsequent hospital care codes.

Advantage: Luckily, this change will result in a pay increase for your physician: Codes 99231 and 99233 pay \$11.75 more than 99261 and 99263, based on the 2005 fee schedule. And 99232 reimburses \$10.23 more than 99262.

Problematic: It's not clear which code you should use instead of the deleted confirmatory consultation codes. If the patient is seeking a second opinion before surgery and the visit meets all the requirements for a consult, bill it as an initial consult, suggests Morrow. Otherwise, bill it as an office or inpatient visit.

January's update also clarifies the requirements for the 25 modifier (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service). The new language states that documentation must satisfy "the relevant criteria for the respective E/M services to be reported."

Caution: "Just because the person comes in and we do a procedure doesn't make it an automatic 25 modifier," says Morrow. "You have to have enough documentation of medical necessity to justify that service."

CPT also adds codes for initial nursing facility care (99304-99306) and a miscellaneous code for "other nursing facility services" (99318). And you'll have new codes for care plan oversight in home care, assisted living facilities and rest homes: 99339-99340.