

## Part B Insider (Multispecialty) Coding Alert

### Documentation Challenge: Can You Code This 'Consult' Note?

**With consult codes no longer recognized by Medicare, this type of note puts your coding skills to the test.**

Although consult codes 99241-99255 still appear in CPT 2011, Medicare payers continue to enforce their policies that consultations are not payable by Part B. You've had a year to get used to this adjustment, but some practices are still unsure of which codes they should bill when the physician documents a consult. Check this operative note and determine how you would code it:

CONSULTING PHYSICIAN: John Q. Sample, MD

ADMIT DATE: 12/01/2010

CONSULTATION DATE: 12/15/2010

CONSULTATION REPORT: This is an 88-year-old female who is in the hospital now for abdominal wall corrective surgery. Saturday this past week she had a hyperbaric chamber run and had hearing change as a result. She says she has had perfectly good hearing up until this point and she said she had a little bleeding from her left ear. The question comes whether hyperbaric is the cause of her ear troubles or whether there is something more dramatic. She has no dizziness. She has no pain right now. She is hearing better from her right ear than the left. She currently is in the ICU. I have been unable to move her to an examining site here in the clinic or office in the hospital.

Bedside exam with a fairly good look with an otoscope shows she has cerumen in both ears. I do not see any blood. She has no percussible pain. I am sure her hearing is diminished as a result of the heavy thick wax in both ears. The exam was confined to her ears today.

IMPRESSION: Hearing loss, cerumen impaction or possible hyperbaric changes. She is not having any trouble breathing through her nose right now and I am not going to put her on any decongestants. We need to get the mechanical wax debris in her ear out before we make any further decisions. She can do that here if she is out and about and up and around or we can do it while she is bedside but there is no equipment to do it at the bedside. The ENT in her community could also do it if she is discharged soon. I will be happy to follow her. I gave the numbers in the chart to be reached in the office if she is up and about and would like for us to be involved.

Do you know how you'd code this report? Send your code suggestions to our editor, **Torrey Kim, CPC, CGSC**, at [torreyk@codinginstitute.com](mailto:torreyk@codinginstitute.com) and in our next issue, we'll reveal the expert solutions. One person who submits a coding suggestion on this note will be randomly selected to **win a free copy of our CPT 2011 Survival Guide** and a free download of our one-hour audioconference **Collections Best Practices: Bring in Every Dollar Your Practice Deserves, Without Upsetting Patients.**