

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: CMS Publishes Long-Awaited Q&As Regarding Services Previously Billed As Consults

Plus: CMS offers new tips for dealing with the Medicare appeals process, thanks to a brochure.

Medicare's elimination of payment for consultation services has caused mass confusion throughout the coding community, not just due to the changes it has caused in your billing procedures, but also due to lack of information from CMS.

In an apparent attempt to quell those issues, CMS has released MLN Matters article SE1010, which offers several questions and answers regarding how to report your services now that Medicare no longer recognizes consult codes (99241-99255).

For example, CMS addresses the often-asked question of whether the agency will release a crosswalk of consult codes to E/M codes. "No," CMS responded in the article. "Providers must bill the E/M code (other than a CPT consultation code) that describes the service they provide in order to be paid for the E/M service furnished."

In other words, you must report the E/M code that best matches your provider's documentation, rather than attempting to find the appropriate consult code and matching it to an office or hospital visit code.

Plus: Many providers have been concerned about what will happen if they report a subsequent hospital care code (99231-99233) for a physician who hasn't first billed an initial hospital care code (99221-99223).

CMS responds that it has instructed MACs "to not find fault with providers who report a subsequent hospital care CPT code in cases where the medical record appropriately demonstrates that the work and medical necessity requirements are met," even if that provider is seeing that patient for the first time during his or her hospital stay.

To read the entire MLN Matters article including the consult Q&As, visit www.cms.hhs.gov/MLNMattersArticles/downloads/SE1010.pdf.