

## Part B Insider (Multispecialty) Coding Alert

### READER QUESTION: Straight From the Listserve--Treatment and Tests Don't Rule Out Consults

**Question:** Can I still report a consultation if the consulting physician initiates treatment, or does that constitute a transfer of care and thereby call for a standard outpatient/inpatient code?

**Answer:** A consulting physician can initiate treatment and still report a consultation code (such as 99241-99245), as long as the service meets all of the consultation requirements (the consulting physician receives a request and reason for a consultation, then renders his opinion and provides a report of his findings to the requesting physician).

CPT makes this point clear, stating, -A physician consultant may initiate diagnostic and/or therapeutic services at the same or subsequent visit.-

**Payment basis:** In July 1999, CMS transmittal R1644.B3 clarified that Medicare will pay for a consult regardless of whether the consulting physician initiates treatment, as long as the visit meets all consultation criteria and no transfer of care occurs. The Medicare Internet Only Manual (IOM) reiterates this point, stating, -Payment for a consultation service shall be made regardless of treatment initiation unless a transfer of care occurs.-

**Newer perspective:** Most recently, Part B provider Palmetto GBA issued a -frequently asked questions- item on this topic and confirmed that a physician or qualified nonphysician practitioner (NPP) can start diagnostic services and treatment at the initial consult or a subsequent visit.

But you shouldn't bill for -ongoing management- after the first consult using consultation codes. Instead, you should bill for later visits using the standard office visit (or inpatient, if appropriate) codes.

Additionally, you would not report a consultation if a -transfer of care- occurs.

-A transfer of care occurs when a physician or qualified NPP requests that another physician or qualified NPP take over the responsibility for managing the patient's complete care for the condition and does not expect to continue treating or caring for the patient for that condition,- the IOM says.

A transfer of care means the requesting physician or qualified NPP is not asking for an opinion or advice to treat the patient and is not expecting to continue treating the patient for the condition.

In a transfer of care, the receiving physician or qualified NPP would report the appropriate new or established patient visit code according to the place of service and level of service performed and should not report a consultation service, the IOM says.

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