

Eli's Rehab Report

CPT 2006 Update: Be Prepared to Revamp Consult Coding

You'll cheer when you find out how this change will benefit your practice

Starting Jan. 1, 2006, you should report all of your physiatrist's facility visits, except the first, during the same inpatient stay using either subsequent care codes 99231-99233 (hospital) or 99311-99313 (nursing facility), depending on the site of service.

Subsequent Care Becomes the Only Choice

Under present guidelines, the physiatrist may report a follow-up inpatient consultation for subsequent visits during a single inpatient stay, as long as the visit meets the minimum criteria to report a consult service, says **Suzan Hvizdash, BSJ, CPC**, physician education specialist for the department of surgery at UPMC Presbyterian-Shadyside in Pittsburgh.

You have to ask yourself, "Is the physician being requested to render an opinion only, or is he rendering an opinion and then taking on the management of the problem?" says **Jennifer L. Davis, CPC**, physician network management coding analyst at the Northeast Medical Center in Concord, N.C.

The very-near future: But in 2006, you'll no longer have the option of considering 99261-99263 (Follow-up inpatient consultation for an established patient ...) for the physiatrist's revisit--even if your physiatrist's service meets the requirements of a consult and the physiatrist does not assume responsibility for any portion of the patient's care. Your only choice will be to use 99231-99233 (Subsequent hospital care, per day, for the evaluation and management of a patient ...) instead.

Initial Consults Still Count

In 2006, you should still report an initial inpatient consult (99251-99255) for the physiatrist's first consultation with the patient per inpatient stay, says **Susan Callaway, CPC, CCS-P**, an independent coding auditor and trainer in North Augusta, S.C.

Example: The managing physician requests that your physiatrist provide his opinion for a hospital inpatient complaining of severe back pain (724.5, Backache, unspecified). The physiatrist documents the request, examines the patient and shares his findings with the managing physician.

In this case, you should report an initial inpatient consult code (such as 99254, Initial inpatient consultation for a new or established patient ...), as well as any diagnostic tests the physiatrist provides (for example, electrodiagnostic studies [CPT 95861](#), Needle electromyography; two extremities with or without related paraspinal areas; 95900, Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study; or 95904, ... sensory).

Don't forget: You may need to append modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) to the consult code if the physiatrist provides a same-day procedure (such as 95861, 95900 or 95904). Note: Although National Correct Coding Initiative (NCCI) edits do not require you to use a modifier, some payers need notification that the E/M service consisted of more work than the limited history and exam already included with the electrodiagnostic studies.

A week later (suppose it is Jan. 10, 2006), the managing physician once again asks the physiatrist to re-examine the patient because of new symptoms. Once again, the physiatrist documents the managing physician's request, examines the patient and shares his findings.

For the follow-up visit, you should claim subsequent hospital care (for instance, 99232, Subsequent hospital care, per day, for the evaluation and management of a patient ...). Although this visit looks like a consult, you must report subsequent care because 99261-99263 will not be valid for 2006.

Embrace the Change

Good news: No more 99261-99263 means easier documentation requirements for physicians and fewer headaches for coders trying to choose between follow-up consults and subsequent hospital care, Hvizdash says. You can simply choose 99231-99233 for hospital inpatients or 99311-99313 for nursing facility patients if the repeat visit is during the same admission.

Even better news: As a bonus, subsequent hospital care codes generally reimburse better than have follow-up inpatient consultations. "Level for level, subsequent care codes pay at a higher rate than follow-up consultation codes," Callaway says.

Note this comparison for 2005 RVUs:

Inpatient subsequent care	Follow-up consultation
99231--0.90	99261--0.59
99232--1.47	99262--1.20
99233--2.09	99263--1.78