

Eli's Rehab Report

Reader Question: Diagnoses Dont Dictate Consults

Question: An internist requested a consult from our physiatrist for a patient with a confirmed multiple sclerosis diagnosis (340). Our office billed the visit as a consultation with that diagnosis code. If the patient is referred back at another time with a different diagnosis (such as a transient ischemic attack [TIA, 435.9]), can we still report the new service as a consultation with the new ICD-9 code?

Nebraska Subscriber

Answer: Billing a service as a consultation (99241-99245, Office consultation for a new or established patient) depends more on whether the service meets CPT's definition of a consult rather than whether a patient is referred with a different diagnosis.

If the internist requests an opinion regarding the new diagnosis and does not transfer the patient for care, and all other requirements for a consult are met, you should report a consultation.

It may help you to think of consults as a circle of care, in which:

1. the requesting physician sends the patient to a specialist (the physiatrist) for his or her opinion
2. the physiatrist provides an opinion on the patient's condition, and may recommend a treatment plan
3. at the conclusion of the opinion, the specialist sends the patient back to the referring physician
4. the specialist also sends a written report of his or her findings and any treatment rendered back to the requesting physician.

Your physician may provide this circle of care multiple times to the same patient with the same diagnosis (for example, because of a request for change of treatment/plan) or a different diagnosis (new request for opinion), and you may bill 99241-99245 as long as the visit qualifies as a consult.

CPT does not dictate any specific time parameters between consultation visits. So, if the visit meets the criteria of a consultation, you may bill one, regardless of how long has transpired since the patient's last visit.

To qualify as a consultation, the visit must contain three elements:

Request. Another physician or healthcare provider requests your opinion.

Review. The physiatrist reviews the patient's condition in person, and the patient is present for the review.

Report. The physiatrist sends a written report back to the requesting physician.