

Centers for Medicare and Medicaid Services Eliminates Consultation Codes

The American College of Chest Physicians closely reviewed the Medicare Physician Fee Schedule Article | 11.22.09

The American College of Chest Physicians (ACCP) closely reviewed the Medicare Physician Fee Schedule (MPFS) proposed rule and submitted written comments to the Centers for Medicare and Medicaid Services (CMS) requesting that they remove the proposal to eliminate consultation codes or at least delay the implementation of the proposal. Similar requests were also made by other medical specialty societies, including the American College of Physicians and the American Thoracic Society.

The CMS released its final ruling regarding the 2010 MPFS on October 30, 2009, and, unfortunately, chose to proceed with elimination of payment for consultation codes as of January 1, 2010. This decision directly impacts ACCP members.

Robert De Marco, MD, FCCP, Vice Chair, ACCP Practice Management Committee, and ACCP Governor for Ohio, wrote to his Ohio constituents, "This does not mean that we will not be able to do consultative work; we will need to bill these services with different CPT codes."

The following facts will help you understand how this new ruling will change the way you will now document for what were previously coded as consultations:

- Consultation codes 99241-99245 (outpatient/office) and 99251-99255 (inpatient) are eliminated for Medicare, effective January 1, 2010. The telehealth consultation G-codes (G0425-G0427) will not be eliminated
- In 2010, consultations in the office/outpatient setting will be coded using the existing CPT® codes for new (99201-99205) or established (99211-99215) patients. In the inpatient hospital setting, the existing CPT codes for initial hospital care (99221-99223) will be used, and initial nursing facility codes (99304-99306) will be used in the nursing facility consultations.
- A modifier will be developed to differentiate the admitting physician of record from the consultants for initial hospital inpatient and nursing facility admissions.
- Change will be budget-neutral. Payment for outpatient/office codes will increase 6% from the same code payment in 2009. Initial hospital and facility visit E/Ms will increase 2% from the same code payment in 2009.
- Increases to other E/Ms will increase payment for ALL E/M coding, not just when a former consultation is reported.
- No information has been forthcoming from other third-party payers about reporting consultations in 2010. However, CMS stated in the MPFS, "If the primary payer does continue to recognize those codes [consultation codes], the physician will need to decide whether to bill the primary payer using visit codes, which will preserve the possibility of receiving a secondary Medicare payment, or to bill the primary payer with the consultation codes, which will result in a denial of payment for invalid codes." Ultimately, it is likely that most third-party contracts will need to be renegotiated, as these payers often follow the example set by CMS.

Individual Practice Analysis: To determine the effect of the loss of the consultation codes, each practice needs to estimate the percentage of Medicare consultations previously performed in a year. Members should be aware that "consultations" from a specialist will continue to be requested. However, they will now be billed using different CPT codes, as annotated above. This may result in loss, gain, or no significant change in your practice revenues dependent upon your payer mix.

While the elimination of consultation codes may impact your practice, the imminent 21% Medicare physician payment cut scheduled to go into effect January 1, 2010, will have an even greater impact. On November 19, the US House of Representatives passed HR 3961, a bill that would repeal the current Medicare physician payment formula and replace it with a new framework. The battle now shifts back to the Senate. The ACCP will soon send out a grassroots advocacy alert to its members, urging them to contact their senators, as the College redoubles its efforts in the Senate to achieve a permanent solution.

Please contact Marla Brichta, ACCP Health Affairs, at mbrichta@chestnet.org or (847) 498-8364 with any practice management-related questions you may have.