

Medical Consult Billing, Coding, and Converting 'Curbsides' into Billed Services

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What is a consultation?

"A consultation is a type of service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or appropriate source." (AMA/CPT 1998)

How does this differ from a referral?

In many day-to-day situations inpatients are sent for care by a primary care physician to a specialist (and occasionally vice-versa) for concurrent care. The care provided by the referring physician will generally not be dependent upon, or influenced by the referral. The referring physician is not necessarily asking your advice or opinion and they do not need your input in order to continue **their care** of the patient.

The major criterion for determining if the visit you are about to bill is a consultation is: has another provider of care sent a patient to your office or contacted you to see a hospitalized patient, and did this provider ask your advice and opinion?

This provider is not just sending the patient to you for care. The consult-seeking provider needs input from you, the specialist, so that when the patient ultimately returns to the referring physician for care, your findings or recommendations can be integrated into the management of that patient's medical care.

Important points about consultation:

1. You are **asked** by your colleague for advice on a specific problem.
2. Your advice will affect **the continued care** (e.g., management) of this patient.
3. You **communicate with the requesting physician** about the specifics of the case and the **areas where your input is needed**.
4. You provide **written advice and opinion** related to the patient's management. The note must have:
 - a. Evidence that you and the consult-seeking physician communicated prior to your consultation. Every effort should be made to put consult requests in writing such as by a request card, a faxed

request with signature, or a request via prescription pad. If consults are called into a central location, a logbook should be maintained including the name, service, and reason for the consult.

- b. Evidence that the findings of the visit were communicated to the requesting provider. A note format starting with "At the request of Dr. Joe Bones, I have seen and examined Mr. Tom Smoker in consultation for suspected pneumonia."
5. You may consult within your specialty domain if one of you has a specific procedural expertise (e.g. angioplasty, laser endoscopy). Note this requirement makes it difficult for a general internist to consult on a patient on a general medical service. Currently, recognition of geriatric expertise by payers is increasing but not universal.
 6. Diagnostic or therapeutic services may be done at the time of the initial consultation. You may treat (e.g., write prescriptions), order tests or perform assorted diagnostic or therapeutic interventions.
 7. Consultation does not preclude providing subsequent long-term care.
 - a. At the time of an initial visit, the consulting physician has no way of knowing if the referring physician wishes him or her to be subsequently involved in the patient's care.
 - b. It does affect what you charge for the subsequent visits. CPT states, "if subsequent to the completion of consultation, the consultant assumes responsibility for management of a portion or all of the patient's condition(s), the follow-up inpatient consultation codes (99261-99263) should not be used." These subsequent visit codes should be billed as established office visits (99211-99215) or subsequent hospital visits (99231-99233)
 8. The follow-up inpatient consultation codes (99261-99263) are primarily used in the hospital or skilled nursing facility settings in the following situations:
 - a. **To complete the initial consultation.** You review the imaging or laboratory tests, potentially a pathology report etc. and/or evaluate a patient's response to any new therapies that were initiated. Based on these findings, you are not able to make a **diagnosis**. This is a

follow-up inpatient consultation because it is used to complete the initial consultation.

- b. **When there are major changes in the patient's condition.**
 - c. **Advising on a new plan of care in response to changes in the patient's condition.** You were initially consulted to manage the patient's hypertension. You are now called to evaluate suspected post-operative pneumonia.
9. Most subsequent visits should be billed as established patient visits or established hospital visits. The most common example is uncomplicated concurrent care in the post-operative setting.
10. When two or more physicians are providing care for a patient, the best option to minimize denials is to use ICD-9 codes that reflect the **condition you are treating/evaluating** as the primary reason for your visit. Most inpatients have numerous problems that you can appropriately identify and select to avoid redundancy with your colleagues.
11. Some things to remember:
- a. For Medicare claims, all consultation services require the UPIN number of the referring (consult requesting) physician.
 - b. Initial inpatient consultations (CPT codes 99251-99255) can only be billed once per admission.
 - c. Initial inpatient or outpatient consultation codes are not subject to the three year "new patient" rule. You can bill these as many times as medically necessary. However, only one initial consultation should be reported by a consultant per admission.
 - d. You can only bill if you document in the record that you saw the patient that day.
 - e. Converting curbsides into a billable consult is principally dependent on taking the time to record your impressions in the record, confirm that these were solicited, and seeing the patient.
 - f. As a broad guideline, listed below are typical estimates of the time taken in completing various types and levels of consultation. (Physician Fee and Coding Guide, Healthcare Consultants of America).

Level of Service	Estimated Time to Complete Consultation (minutes)		
	Office Consults 99241-5	Inpatient Consults 99251-5	Follow-up Inpatient Consults 99261-3
1	15	20	10
2	30	40	20
3	40	55	30
4	60	80	--
5	80	110	--