In the 2010 final Medicare Physician Fee Schedule the Centers for Medicare and Medicaid Services (CMS) announced that Medicare will no longer recognize consultation codes for Medicare Part B fee for service payment. CMS directs providers to report other evaluation management (E/M) codes in lieu of the consultation codes. In the P&C arena these new rules will be followed on a carrier by carrier basis. Be sure to check with your carrier to see if these changes apply to your company.

Beginning on January 1, 2010, all former office consults will need to be coded as either New Patient (99201-99205) or Established Patient (99211-99215) office visits, as appropriate depending on the complexity of the visit.

Under the 2010 CPT code changes the consultant will be able to bill for a new patient visit (CPT 99201-99205) if the patient has not received any professional services from the physician, or another physician of the same specialty who belongs to the same group practice, within the past three years.

The consultant will be able to bill for an established patient visit (CPT 99211-99215) if the patient has received professional services from the physician or another physician in the same group and the same specialty within the prior three years.

There are two circumstances under which consultations may be rendered, they are:

1) to provide opinion/services for a specific condition or problem, or
2) to allow a determination to be made on whether to accept the ongoing management of the patient’s entire care or for the care of a specific condition or problem (i.e. transfer of care).

Transfer of care is defined as the process whereby a physician who is providing management for some or all of a patient’s problems relinquishes this responsibility to another physician who agrees to accept this responsibility and who from the initial encounter, is not providing consultative services. The guidelines also explain that the transferring physician is no longer responsible and that the consultation codes should not be reported by the physician who has accepted care. However, the consultation codes can be reported if the decision to accept transfer of care cannot be made until after the initial consultation evaluation.