

LW Consulting, Inc.

CodingAlert

Coding & Audit Pitfalls:
Best Practices to Avoid Compliance Issues

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DATES OF SERVICE	PROCEDURE CODE	
05/21/10-05/21/10	82272	PU
05/21/10-05/21/10	94010	PULMO
05/21/10-05/21/10	94375	CARDIOVASCULAR SE
05/21/10-05/21/10	93000	VENIPUNCTURE
05/21/10-05/21/10	36410	

Consultation Codes:

What Your Physician Practice Needs to Know

In calendar year 2010, the Centers for Medicare and Medicaid Services (CMS) made revisions to the payment policies under the physician fee schedule (CMS-1413-FC), eliminating the use of all consultation codes for office/outpatient (99241-99245) and inpatient (99251-99255). However, CMS increased the work relative value units (wRVUs) for new and established codes, increasing the wRVUs for initial hospital and initial nursing facility visits and incorporating the increased use of these visits into practice expense and malpractice calculations.

Even though Medicare and other government payers have not allowed the use of consultation codes for the last eight years, questions are still being asked regarding consultation coding guidelines.

Criteria for Documenting Consultations: Following the Three Rs

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The American Medical Association¹ (AMA) and CMS² defines a consultation as a request for an opinion and/or advice. While a consultant may initiate diagnosis or therapeutic services, the documentation should indicate that a recommended course of action was given to the attending physician and the consultant is initiating treatment at his/her request. **Note:** The word "treatment" is not part of the definition of a

consultation. Rather, a consultation is a single event to evaluate and offer advice—it is a request for an opinion or advice concerning a patient's problem.

Remember to Follow the Three Rs

1. Request

A written or verbal **request** for a consultation may be made by a physician or other appropriate source and documented in the patient's medical record by either the consulting or requesting physician or appropriate source.

2. Render

The consulting provider **renders** an opinion and/or advice to recommend care for a specific condition or problem. A physician consultant may initiate diagnostic and/or therapeutic services at the same or subsequent visit.

3. Report

The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated by written **report** to the requesting physician or other appropriate source.

Sources:

1. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>
2. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/r1875cp.pdf>

To inquire about coding education, medical record documentation or compliance auditing, contact Rob Senska by calling 609-249-3819 or email RSenska@LW-Consult.com.

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