

Hospices and Medicare's 2010 payment policy for consultation services.

There has been some question as to whether or not hospices need to conform to Medicare's 2010 payment policy regarding consultation services. Even if your RHHI is other than Palmetto, please know that this information impacts your hospice program as Palmetto is just repeating CMS's instructions to hospice contractors.

Reference the article dated 2/25/10, "Reporting Hospice Services Provided by Physicians Under Part A that Could be Described by Current Procedural Terminology (CPT) Consultation Codes" by clicking [here](#).

In addition, CMS published (through the hospice list serve) the following last evening:

"In December 2009, the Centers for Medicare & Medicaid Services (CMS) issued CR 6740 instructing that as of January 1, 2010, Current Procedural Terminology (CPT) consultation codes 99241-99245 and 99251-99255 are no longer valid for Medicare Part B billing. Because this affects Part A billing as well, CMS will be issuing a separate CR to address Part A billing as it relates to these services. In the interim, hospices should look to CR 6740 for instructions (excluding those related to the use of an "AI" modifier) as to how to bill for these services. CR 6740 is available at: <http://www.cms.hhs.gov/transmittals/downloads/R1875CP.pdf>."

In summary, hospices should no longer be using consultation codes on their claims to Medicare and do not need (at least for the time being) to append modifier –AI to initial hospital/SNF coding billed to Part A.

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