CONSULTATION CROSSWALK[1]

Inpatient Consultations

Consultation Code[2]	Initial visit by the consultant, patient admitted to the **hospital**[3]	Initial visit by the consultant, patient admitted to the **nursing facility (SNF/NF)**[4]
99251 (20')	99499	99499
99252 (40')	99499	99499
99253 (55')	99221(30')	99304 (25')
99254 (80')	99222 (50')	99305 (35')
99255 (110')	99223 (70')	99306 (45')

Time based billing requires > 50% of total visit time be spent in documented counseling/coordination of care activities.

Home Visits/Outpatient Consultations

Consultation Code[5]	If the payer does not pay for a consultation, and the patient is a **new patient**	If the payer does not pay for a consultation, and the patient is an **established patient**
99241 (15')	99341 (20')	99347 (15')
99242 (30')	99342 (30')	99348 (25')
99243 (40')	99343 (45')	99349 (40')
99244 (60')	99344 (60')	99349 (40')
99245 (80')	99345 (75')	99350 (60')

Time based billing requires > 50% of total visit time be spent in documented counseling/coordination of care activities.

ALF/Domiciliary Visits/Outpatient Consultations

Consultation Code[6]	If the payer does not pay for a consultation, and the patient is a **new patient**	If the payer does not pay for a consultation, and the patient is an **established patient**
99241 (15')	99324 (20')	99334 (15')
99242 (30')	99325 (30')	99335 (25')
99243 (40')	99326 (45')	99336 (40')
99244 (60')	99327 (60')	99336 (40')
99245 (80')	99328 (75')	99337 (60')

Time based billing requires > 50% of total visit time be spent in documented counseling/coordination of care activities.

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[1] The crosswalk above assumes that all of the documentation requirements for the consultation code have been met.

[2] No longer paid by Medicare, effective 01/01/10, Check the payment policy of all other payers prior to claim submission. Please note that Level 1 and Level 2 inpatient consultation codes doe not meet the minimum requirements of the lowest initial inpatient codes (hospital or SNF/NF), consequently proper coding would dictate that an unlisted Evaluation & Management Services code (99499) be billed.

[3] The admitting physician will append a HCPCS modifier -AI to these codes.

[4] The admitting physician will append a HCPCS modifier -AI to these codes.

[5] No longer paid by Medicare, effective 01/01/10, Check the payment policy of all other payers prior to claim submission

[6] No longer paid by Medicare, effective 01/01/10, Check the payment policy of all other payers prior to claim submission