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CMS Eliminating Payment for Consults

Effective January 1, 2010, the Centers for Medicare and Medicaid Services (CMS) will no longer pay Medicare claims for inpatient or outpatient consultation using codes in the 99241-99245 or 99251-99255 series, except in the context of initial visits for telehealth services. [Click here for more information.](#)

In its decision to change this payment practice, CMS cited persistent errors in consultation code billing by physicians. (Note: CMS is not eliminating the CPT codes altogether; they will still be available for use by other payers.)

For services currently billed as consultation codes, physicians and qualified non-physician providers will bill using initial hospital service codes (the admitting physician will add a modifier), initial nursing facility codes, or new/established office visit codes. Prolonged service codes can still be used when the visit exceeds the usual time parameters and counseling and coordination of care predominate. (Refer to the [Spring 2009 AAHPM Bulletin](#) for details of billing prolonged service codes.)

CMS plans to implement this change in a budget neutral manner by increasing the relative value units (RVUs) associated with new/established office visits and with initial facility visits for hospitals and nursing homes. However, the elimination of consultation codes will effectively eliminate the reimbursement advantage for physician specialists providing consultation services.

Want more information? Register for AAHPM's December 10th Webinar, "[Billing and Coding for Hospice and Palliative Medicine: What's New in 2010.](#)" by Bruce Chamberlain, MD, FACP, FAAHPM and Chris Acevedo, CPC, CHC, PCS.