Consultation Code Crosswalk
CMS Change Request: CR6470

Effective January 1, 2010, Medicare will no longer recognize office and other outpatient consultation CPT codes (99241-99245) and inpatient consultation CPT codes (99251-99255) for payment.The new rule will provide minor increases in RVUs for some inpatient and outpatient E&M visits to offset losses that will result from the elimination of these codes.

According to the new rules, Medicare is requiring physicians instead of billing for consultation services to bill using evaluation and management (E&M) codes from the Office and Other Outpatient Services, Initial Hospital Care, and Initial Nursing Facility sections of the 2010 AMA CPT coding guidelines.

Physicians using electronic medical and health records (EMR/EHR) software and practice management and other coding systems should contact their vendors for any program updates. Submitting claims incorrectly will lead to costly denials and significant delays in payment for those not prepared for the change in coding requirements.

Office and Other Outpatient Services

For consultative services provided in physician offices or other outpatient settings, physicians will need to report the level of care provided based on AMA CPT coding requirements for E&M services (i.e., history and exam, medical decision making and contributory factors presenting problem [severity], counseling, coordination of care and typical face-to-face time). For example, instead of using criteria for consultation CPT codes 99241-99245, physicians will need to follow AMA CPT coding guidelines for CPT codes 99201-99205 and 99211-99215 to determine the appropriate level of care (new or established) provided to the patient.

"The descriptors for the levels of E&M recognize seven components, six of which are used in defining the levels of E&M services. The first three components (history, examination, and medical decision making) are considered the key components and are required in selecting the appropriate level of E&M services. The next three components (counseling, coordination of care, and the nature of the presenting problem) are considered contributory factors and while important, they are not required to be provided during each patient encounter."[1]

It is important to note that there is time variance between consultation codes and office visit codes that the physician typically spends face-to-face with the patient according to AMA CPT coding guidelines. However, time references in CPT guidelines are only averages and, therefore, coding should depend on the actual clinical circumstances.

Given the change in these rules physicians should familiarize themselves with AMA CPT coding guidelines when 50% or more of the visit is spent on counseling and/or coordination of care, and the use of CPT Prolonged (Face-To-Face) Service Add-on codes (99354-99357).

Inpatient and SNF Services

Physicians will no longer use AMA CPT codes 99251-99255 for reporting consultative services provided to patients in inpatient hospital or skilled nursing facility settings. Instead physicians (and qualified non-physicians) are required to report these services by selecting the appropriate AMA CPT Initial Hospital Care codes (99221- 99223) or nursing facility care codes (99304-99306). As a result of this change, multiple billings of initial hospital and nursing home visit codes could occur even in a single day.

Another important change is that the Modifier "-AI," defined as "Principal Physician of Record," must be used by the admitting or attending physician who oversees the patient's care, as distinct from other physicians who may be furnishing specialty care. The principal physician of record must append modifier "-AI" in addition to the initial visit code. All other physicians who perform an initial evaluation on this patient shall bill only the E&M code for the complexity level performed.

Rural Health Clinics (RHC) and Federally Qualified Health Clinics (FQHC)

RHCs and FQHCs shall discontinue use of AMA consultation codes 99241-99245 and 99251-99255. As with other office and other outpatient services physician must report the level of services provided under codes 99201-99215 and 99304-99306.

CMS Links

- CMS Consultation Rule CR6740: http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6740.pdf
- 1995 coding guidelines: http://www.cms.hhs.gov/MLNProducts/Downloads/1995dg.pdf
- 1997 coding guidelines: http://www.cms.hhs.gov/MLNProducts/Downloads/MASTER1.pdf
- E&M Coding Guide: http://www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf

We hope you find this information useful. If you have any questions or need assistance please contact the CMA **Reimbursement helpline at (888) 401-5911.**

Consultation / E&M Crosswalk for Services Performed in an Office or Other Outpatient Setting Effective January 1, 2010

CPT Consultation Code	Coding Crosswalk New Patient (Requires all three key components)	CPT Crosswalk Established Patient (Requires two of three key components)
99241	99201 • Problem focused history • A problem focused examination • Straightforward medical decision making	99211 • Problem focused history • A problem focused examination • Straightforward medical decision making
99242	99202 • An expanded problem focused history • An expanded problem focused examination • Straightforward medical decision making	99212 • An expanded problem focused history • An expanded problem focused examination • Straightforward medical decision making
99243	99203 • A detailed history • A detailed examination • Medical decision making of low complexity	99213 • A detailed history • A detailed examination • Medical decision making of low complexity

CPT Consultation Code	Coding Crosswalk New Patient (Requires all three key components)	CPT Crosswalk Established Patient (Requires two of three key components)
99244	99204 • A comprehensive history • A comprehensive examination • Medical decision making of moderate complexity	99214 • A comprehensive history • A comprehensive examination • Medical decision making of moderate complexity
99245	99205 • A comprehensive history • A comprehensive examination • Medical decision making of high complexity	99215 • A comprehensive history • A comprehensive examination • Medical decision making of high complexity

Use of Highest Levels of Evaluation and Management Codes

The comprehensive history must include a review of all the systems and a complete past medical, surgical, family, and social history obtained at that visit. In the case of an established patient, it is acceptable for a physician to review the existing record and update it to reflect only changes in the patient's medical, family, and social history from the last encounter, but the physician must review the entire history for it to be considered a comprehensive history.

The comprehensive examination may be a complete single system exam such as cardiac, respiratory, psychiatric, or a complete multi-system examination.[2]

Consultation / E&M Crosswalk for Services Performed in an Office or Other Outpatient Setting Effective January 1, 2010

CPT Code	History & Exam	Medical Decision Making	Presenting Problem(s)	Time
99221	Detailed or Comprehensive	Straightforward or low	Low (severity)	30 minutes Face-to-Face
99222	Comprehensive	Moderate	Moderate (severity)	50 minutes Face-to-Face
99223	Comprehensive	High	High (severity)	70 minutes Face-to-Face

Elements Required for Each Type of Examination

Type of Examination	Description
Problem Focused	A limited examination of the affected body area or organ system.
Expanded Problem Focused	A limited examination of the affected body area or organ system and any other symptomatic or related body area(s) or organ system(s).
Detailed	An extended examination of the affected body area(s) or organ system(s) and any other symptomatic or related body area(s) or organ system(s).
Comprehensive	A general multi-system examination or complete examination of a single organ system and other symptomatic or related body area(s) or organ system(s).

Recognized Body Areas and Organ Systems

Type of Examination	Description
• Head, including face • Neck • Chest, including breasts and axilla • Abdomen • Genitalia, groin, buttocks • Back • Each Extremity	• Eyes • Ears, Nose, Mouth and Throat • Cardiovascular • Respiratory • Gastrointestinal • Genitourinary • Musculoskeletal • Skin • Neurologic • Hematologic/Lymphatic/immunologic • Psychiatric

[1] American Medical Association CPT 2010, Professional Edition, E&M Express Tables Pocket Guide

[2] CMS Manual System, Department of Health and Human Services, Claims Processing, Transmittal 1875