

IDAHO MEDICAID POLICY:

NONCOVERED CONSULTATION SERVICE CODES

EHB 1.02.01

POLICY METADATA

1. Policy Type - Medical
2. Policy Status - Approved
3. Policy Author - Jeanne Siroky
4. Initial Effective Date - For services provided on or after July 1, 2010
5. Last revised Date - 6/04/2015
6. Revision Approval Date – 7/14/2015
7. Next Review Date Upon changes in policy

BACKGROUND

Consultation CPT Procedure codes

Effective January 2010, Medicare announced that they would no longer cover outpatient consultation CPT codes (99241-99245) nor would they cover inpatient consultation CPT codes (99251-99255). At that time, Medicaid became the primary payer for claims with those codes when billed for dually eligible participants. In June of 2010, Idaho Medicaid announced that effective July 1, 2010, Idaho Medicaid would no longer reimburse for consultation codes.

POLICY

Idaho Medicaid does not cover consultation CPT codes (99241-99245 and 99251 - 99255). Claims billed with the consultation codes will be denied. The services will be covered when billed using evaluation and management (E&M) codes from the Office and Other Outpatient Services, Initial and Subsequent Hospital Care, and Initial and Subsequent Nursing Facility sections of the current AMA CPT coding guidelines.

Outpatient Services

For consultation services provided in physician offices or other outpatient settings, physicians are 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 the E&M office visit guidelines and bill with codes 99201-99205 and/or 99211-99215 to determine the appropriate level of care provided to the patient.

Outpatient New and Established Patient Visits

A new patient is one who has not been seen in the past three years by either the billing physician or any member of the same physician group and same specialty.

Inpatient Services

For services provided in the inpatient setting physicians need to report the level of care provided based on AMA CPT coding requirements for Hospital Care (99221 – 99233) or Nursing Facility Care E&M services (99305 – 99310).

Initial Hospital Care and Nursing Facility Care Visits

The AMA CPT Manual indicates that the admitting physician should bill for an initial visit and all other physicians bill for the “consultation and subsequent” codes. However, since Idaho does not reimburse for claims using “consultation codes”, Idaho will allow more than one physician to bill for an initial visit.

In the inpatient setting physicians (and midlevel practitioners) who perform an initial evaluation may bill the initial hospital care codes (99221 – 99223) or nursing facility care codes (99304 – 99306). The admitting physician of record will bill with an AI modifier denoting that he/she is the admitting physician.

Only one initial visit code may be billed by each physician during participant’s hospital stay. The second and subsequent visits by an individual provider must be billed with the subsequent hospital care codes (99231 – 99233) or subsequent nursing facility care codes (99307 - 99310).

INVESTIGATIONAL AND NOT MEDICALLY NECESSARY

N/A

RATIONALE

This policy was originally developed to ensure appropriate payment based on the June 10, 2010 Information Release below.




C.L. BUTCHY-GITLER - Governor
RICHARD M. ARMSTRONG - Director

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June 10, 2010

MEDICAID INFORMATION RELEASE MA10-07

To: All Medical Providers
From: Leslie M. Clement, Administrator 
Subject: Changes to Medicaid's Reimbursement of CPT Codes

Effective for claims with dates of service on or after **July 1, 2010**, Idaho Medicaid will no longer reimburse the following Current Procedural Terminology (CPT) codes:

Office or Other Outpatient Consultations and Inpatient Consultations

99241	99245	99253
99242	99251	99254
99243	99252	99255
99244		

You will need to use the appropriate CPT Evaluation and Management code for the services rendered. Admitting physicians must bill with an AI modifier. Consulting providers must put "Consult" in box 19 on the CMS HCFA 1500 form. If billing electronically, consultants must type "Consult" in the comment field. Failure to bill these procedures appropriately will result in delay or denial of payment for your claims.

The Centers for Medicare and Medicaid Services (CMS) made this policy change official in Transmittal 1875, Change Request 6740, issued December 14, 2009, effective January 1, 2010. You can find Transmittal 1875 on CMS's Web site at www.cms.gov.

You can access this information release and additional rate changes for these codes on the Idaho Department of Health and Welfare's Web site at www.healthandwelfare.idaho.gov.

If you have any questions regarding this information, please contact the senior financial specialist in the Division of Medicaid's Office of Reimbursement at (208) 287-1162.

Thank you for your continued participation in the Idaho Medicaid Program.

LMC/rs

GLOSSARY

- 1. Consultation Codes** - Current Procedural Terminology (CPT) consultation codes (ranges 99241-99245 and 99251-99255).

POLICY INTENT

This policy has been developed to define Idaho Medicaid's coverage for Evaluation and Management procedure codes and the non-coverage of consultation codes.

COVERED SERVICES

1. Evaluation and Management services (99201 – 99239 and 99281 – 99496) are covered.

CONDITIONS – ALLOW, PEND, OR DENY CLAIMS

1. Pay:
 - Claims for outpatient E&M services
 - Claims for inpatient E&M services

- Allow each physician/midlevel to bill for one initial hospital E&M
2. Pend:
 - NA
 3. Deny:
 - Claims billed using consultation codes (ranges 99241-99245 and 99251-99255)
 - Claims billed by the same provider for more than one initial visit.

REFERENCES

1. **Section 1905(a)(5)** Physician Services;
http://www.ssa.gov/OP_Home/ssact/title19/1905.htm
2. **Section 1937** of the Act; State Flexibility in Benefit Packages;
http://www.ssa.gov/OP_Home/ssact/title19/1937.htm
3. **42 CFR 440.60**; (a) “Medical care or any other type remedial care provided by licensed practitioners” means any medical or remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under State law;
http://www.ecfr.gov/cgi-bin/text-idx?SID=499077584259ff7b9475c26ee0195a2e&node=pt42.4.440&rgn=div5#se42.4.440_1170
4. **State Plan** for Basic and Enhanced Alternative Benefit Plans; under the section “Other 1937” benefits;
<http://www.healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx>
5. **Information Release – MA 10-07**;
<http://www.healthandwelfare.idaho.gov/Providers/MedicaidProviders/InformationReleases/tabid/264/Default.aspx>
6. **Allopathic and Osteopathic Handbook** :
<https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx>
7. **Medicare Policy Document**:
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm6740.pdf>

ATTACHMENT

N/A