



Provider Alert

Updates to Consultations

(CPT 99241-99245 & 99251-99255)

In the calendar year 2010 Medicare Physician Fee Schedule (MPFS) CMS eliminated the use of all consultation codes (inpatient and office/outpatient codes) for various places of service except for tele-health consultation HCPCS G codes. Effective January 1, 2010, local Part B carriers and/or A/B MACs no longer recognized AMA CPT consultation codes (ranges 99241-99245, and 99251-99255) for inpatient facility, office/outpatient settings and Method II CAH's where consultation codes were previously billed for services in various settings. Medicare instructions noted that in the inpatient hospital setting and nursing facility setting, any physicians and qualified NPPs who performed an initial evaluation may bill an initial hospital care visit code (CPT code 99221 – 99223) or nursing facility care visit code (CPT 99304 – 99306), where appropriate.

**Effective June 10th, 2010 Care Improvement Plus
has eliminated the use of all consultation codes.**

Providers who bill an E/M service after June 10, 2010, using one of the CPT consultation codes (ranges 99241-99245 and 99251-99255) will have the claim returned with a message indicating that Care Improvement Plus uses another code for reporting and payment of the service. To receive payment for the E/M service, the claim should be resubmitted using the appropriate E/M code as described in this article.

The principal physician of record will append modifier “-AI” Principal Physician of Record, to the E/M code when billed. This modifier will identify the physician who oversees the patient’s care from all other physicians who may be furnishing specialty care. All other physicians who perform an initial evaluation on this patient shall bill only the E/M code for the complexity level performed.

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