

Health Plus Medical & Claims Payment Bulletin

Bulletin number: CL - 706

Original Bulletin Date: 03/01/06

Updated: 04/24/06

Subject: Consultations

Definitions:

A consultation - is the opinion or advice of a specialist requested by another physician or other appropriate source regarding evaluation and/or management of a specific problem.

A confirmatory consultation - is a request for evaluation and opinion on the appropriateness of planned medical or surgical treatments. These may be referred to as second or third opinion consultations.

Policy:

- Health Plus may be billed for consultation services using CPT-4 Codes:
 - Office and/or Other Outpatient (new or established patient) 99241 – 99245
 - Initial Inpatient (new or established patient) 99251 – 99255
 - Follow-Up Inpatient Consultations 99261 – 99263
 - Confirmatory Consultations (new or established patient) 99271 - 99275

- Health Plus may pay for a consultation when all of the criteria for use of a consultation code are met:
 - Specifically, a consultation is distinguished from a visit because it is provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source (unless it is a patient-generated confirmatory consultation);
 - A request for a consultation from an appropriate source and the need for consultation must be documented in the patient's medical record; and
 - After the consultation is provided, the consultant prepares a written report of his/her findings, which is provided to the referring physician.

- Consultations may be billed for time if the counseling/coordination of care constitutes more than fifty (50) percent of the face-to-face encounter between the physician and the patient. The preceding requirements must also be met.

Consultation Followed by Treatment

- Payment may be made regardless of treatment initiation unless a transfer of care occurs. A transfer of care occurs when the referring physician transfers the responsibility for the patient's complete care to the receiving physician at the time of referral, and the receiving physician documents approval of care in advance. The receiving physician would report a new or established patient visit depending on the situation (a new patient is one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice within the past three (3) years) and setting (e.g. office or inpatient).

Consultations Requested by Members of Same Group

- Health Plus may pay for a consultation if one physician in a group practice requests a consultation from another physician in the same group practice as long as all of the requirements for use of the CPT consultation codes are met.

Limited licensed practitioners, e.g., nurse practitioners or physician assistants, may request a consultation. They may perform other services within the scope of practice for limited licensed practitioners in the State in which they practice. Applicable collaboration and general supervision rules apply as well as billing rules.

Documentation for Consultations

- A request for a consultation from an appropriate source and the need for consultation must be documented in the patient's medical record. A written report must be furnished to the requesting physician.

In an emergency department or an inpatient or outpatient setting in which the medical record is shared between the referring physician and the consultant, the request may be documented as part of a plan written in the requesting physician's progress note, an order in the medical record, or a specific written request for the

consultation. In these settings, the report may consist of an appropriate entry in the common medical record.

In an office setting, the documentation requirement may be met by a specific written request for the consultation from the requesting physician or if the consultant's records show a specific reference to the request. In this setting, the consultation report is a separate document communicated to the requesting physician.

Consultation for Preoperative Clearance

- Preoperative consultations may be payable for new or established patients performed by any physician at the request of a surgeon, as long as all of the requirement for billing the consultation codes are met.

Postoperative Care by Physician Who Did Preoperative Clearance Consultation

- If subsequent to the completion of a preoperative consultation in the office or hospital, the consultant assumes responsibility for the management of a portion or all of the patient's condition(s) during the postoperative period, the consultation codes should not be used.

A physician (primary care or specialist) who performs a postoperative evaluation of a new or established patient at the request of the surgeon may bill the appropriate consultation code for E&M services furnished during the postoperative period following surgery as long as all of the criteria for the use of the consultation codes are met and that same physician has not already performed a preoperative consultation.

Surgeon's Request That Another Physician Participate in Postoperative Care

- If the surgeon asks a physician who had not seen the patient for a preoperative consultation to take responsibility for the management of an aspect of the patient's condition during the postoperative period, the physician may not bill a consultation because the surgeon is not asking the physician's opinion or advice for the surgeon's use in treating the patient.

- Diagnostic procedures necessary for the consultant to arrive at an opinion, may be billed in addition to the consultation.
- If the consultation represents a significant and separate service and is not a component of the global surgery package, use of modifier '25' (significant, separately identifiable Evaluation and Management service by the same physician on the same day of the procedure or other service.) is appropriate.
- If the Evaluation and Management service results in the initial decision to perform surgery, use of modifier '57' (Decision for Surgery) is appropriate.

Services Not Payable:

- Health Plus will not reimburse for a consultation in connection with evaluation of planned anesthesia. Such evaluation is considered an integral component of the anesthesia service.
- Health Plus will not reimburse any consultation service that does not involve face-to-face contact with the patient.
- Health Plus will not separately reimburse for an initial anesthesia consultation to evaluate the need for respiratory therapy and/or pain management.

Payable Services:

- Second opinion consultation services are payable with appropriate authorization.

Policies in this manual are intended to reflect standard Health Plus procedures. In instances where a provider's contract contains other policies which may be more or less restrictive than those in this manual, these contractual provisions will apply.

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