



# Proper Usage of Consultation Codes

These scenarios will help you  
bill correctly.

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*Tips from the Trenches is a new every-issue column featuring practice management issues, and is written exclusively for PM by members of the Institute for Podiatric Excellence and Development (IPED). IPED's mission is to motivate, inspire, and synergistically bridge the gap between students, residents, new practitioners, and seasoned veterans in the field of podiatric medicine. They are committed to the idea that mentors with passion to share and mentees eager to learn make a powerful combination that allows IPED to bring and renew a full life to podiatric physicians, their practices, and their well-being throughout the U.S. and beyond.*

## con·sult verb \kən-'səlt\

: to go to (someone, such as a doctor or lawyer) for advice : to ask for the professional opinion of (someone)

: to talk about something with (someone) in order to make a decision  
*Merriam-Webster Dictionary*

The use of consultation codes is largely misunderstood, leading to the improper use and overutilization of this series of codes. This is likely why Medicare completely did away with them. Medicare does not recognize consultation codes anymore. You should not use them for patients with Medicare... ever. Not for inpatient, outpatient, office, hospital, nursing facility, or wound care center patients...ever.

While Medicare does not recognize these codes anymore, most

other carriers still do. As always, it is important to check with each individual carrier to learn if they still recognize the consultation codes. In most areas of the country, you will find that Medicare is the only carrier for which you should never use a code from the consultation series. Therefore, it is still important to understand when utilization of 9924\_ or 9925\_ is appropriate.

In order for a visit to qualify as a

condition and does not expect to continue treating the patient for that condition.

It is important to differentiate between a consult and a transfer of care. A transfer of care is when a doctor takes over the care of a problem from a referring doctor. It is not appropriate to use consultation codes in this situation. A transfer of care for a problem is what

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consultation, these points need to be met:

- The consulting doctor's opinion or advice was requested by another physician or someone with an NPI number.
- The consulting doctor must document the request in the record and who the requesting doctor was.
- The consulting doctor renders an opinion or advice and communicates that opinion or advice back to the referring doctor. This communication is documented.
- The consulting doctor sends the patient back to the referring doctor after rendering an opinion or advice.
- The consulting doctor does not take over the complete care for the

occurs most frequently in podiatric outpatient care. A primary care provider refers a patient with a lower extremity issue to a podiatrist and the podiatrist takes over the care of that problem. The initial visit in this scenario should not be billed as a consultation. This would be a new patient visit, billed with the 9920\_ series.

As opposed to a transfer of care, a consultation is when the consulting doctor sees the patient, renders an opinion, and sends the patient back to the referring doctor so that the referring doctor can continue to manage the problem with the benefit of the consultant's advice. This does not happen as often in the outpatient

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## Consultation Codes (from page 93)

podiatric setting. Imagine a PCP referring a patient with heel pain to a podiatrist who makes a diagnosis of plantar fasciitis and sends the patient back with a letter suggesting that the PCP perform an injection and fit the patient for custom functional orthotics! That would be a consultation, and poor practice management.

One area that causes confusion is that a consultant may order studies or perform diagnostic procedures or even initiate treatment. This does not change the guidelines that differentiate a consultation from a transfer of care. If after ordering studies or initiating treatment, the podiatrist sends the patient back to the referring doctor, it is still a consultation (9924\_). If the podiatrist completely takes over care of treating that problem, the initial visit would be a new patient encounter (9920\_).

An in-patient setting is where the requirements of a podiatric consultation are more often met. Often a patient is admitted under the service of a medical doctor, and a podiatrist is consulted. The podiatrist may order studies and perform treatment, but the podiatrist often does not take over complete control of the care of that problem. This may be seen in a patient admitted with a diabetic foot infection. A podiatrist may offer an opinion and order imaging studies and perform surgical procedures,

but the primary doctor continues to play a role in the care of the admitting diagnosis by managing other issues related to the foot infection. In this case, the podiatrist is truly acting as a consultant, and the first hospital encounter may be billed with 9925\_.

## Common Billing Scenarios

Running through some examples is a good way to make sure one understands the subtle differences.

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### **It is important to differentiate between a consult and a transfer of care.**

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Here is a typical podiatric situation: a PCP sends you a patient with heel pain. You do an exam, an x-ray, and determine the patient has plantar fasciitis. You explain this to the patient and explain treatment options. You perform an injection and tell the patient to follow up in two weeks. You send the PCP a letter thanking her for the referral and explaining your treatment plan. This is a new patient visit, not a consultation. You are going to completely take over the care of this heel pain. (9920\_)

A rheumatologist sends you a gout patient for your opinion. You determine that the acute flare has passed and send the patient back to the rheumatologist with a note suggesting he consider 24 hour urine, blood work, and work-up for long-term suppressive medication. This is a consultation. You are not completely taking over the care of this problem. You advised that the patient did not need an injection or any other treatment for an acute problem and sent the patient back with your opinion. (9924\_)

A rheumatologist sends you a gout patient for your opinion. This time you determine the patient is experiencing an acute flare. You explain this to the patient and discuss options and decide on performing an injection. You perform the injection and send the patient back to the rheumatologist for 24 hour urine, blood work, and work-

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## Consultation Codes (from page 94)

up for long-term suppression. You tell the patient this injection should resolve the symptoms of the acute flare within a couple of days, and if it does, the patient not need return to you. This is also a consultation. Remember, a consultant is allowed to administer treatment. This is a consultation because you have not assumed complete care of the gout. You gave an opinion, administered treatment, and sent the patient back for the rheumatologist to complete the care. (9924\_)

Another surgeon is planning a subtalar arthroeresis on a child. The family is having second thoughts and comes to you on recommendation from a friend for a second opinion. You agree that the procedure is the best option and send a note to the surgeon summarizing the visit and your opinion. The family appreciates your input, and they plan to go back to their surgeon for the procedure. This situation as described is not a consult only because your opinion was not requested by another doctor. This is an initial patient encounter. (9920\_)

In the above example, if it were the other surgeon who suggested they come to you for a second opinion

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and you sent them back after agreeing with his plan, that would be a consultation.

### Now Let's Look at Inpatient Examples

An in-patient is admitted under the service of a hospitalist. An order is placed for you to evaluate the patient. The patient has an infection, and you plan a transmetatarsal amputation for the next day. You are not completely taking overall care of the problem. You are contributing to the care of the problem. The admitting doctor is going to continue to care for issues related to the infection such as antibiotic management, kidney function, or sepsis. This defines a consultation. (9925\_)

A patient with osteomyelitis is admitted by the emergency department to the service of a hospitalist. The hospitalist realizes this is primarily a foot problem and asks you if he can transfer the patient to your service for you to oversee and manage the problem. You agree. When you come in and see this patient for the first time, it is an initial hospital encounter. You have taken over the care of the problem. (9921\_)

Referring back to the actual definition of the word "consult", we see it as looking for advice or seeking a professional opinion. It does not involve a complete transfer of care of the problem. Keeping these rules and examples in place should prevent any confusion and make it clear when an actual consultation has been performed. **PM**

## Resources

"Consult." Merriam-Webster.com. Merriam-Webster, n.d. Web. 2 Nov. 2013. <<http://www.merriam-webster.com/dictionary/consult>> .

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1997 CMS Documentation Guidelines for Evaluation and Management Services

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/97Docguidelines.pdf>

Vicchilli, S., COT, OCS. Confused About the Consult Codes? Here's How to Avoid Denied Claims <http://www.aao.org/publications/eyenet/200804/coder.cfm>



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