CLARIFICATION FOR INPATIENT CONSULT CODES:

There was much discussion in the 2nd training session about the Inpatient consult codes. If you were in one of my classes, please refer to only the reference page entitled “Inpatient Consult/New Patient” Please replace just that sheet with 2 new ones – the “Consult/New patient Non-Medicare patients only” and the “Consult/New patient Medicare patients”

YES... Medicare eliminated the consult codes (99251 – 99255) for initial visits to inpatients. For Medicare patients, providers should bill an initial visit code (99221-99223) for the first evaluation, regardless of specialty. So, the initial visit codes (99221-99223) are used for both the admission H & P as well as any consults by other providers during that admission episode.

That being said, many of the non-Medicare providers continue to use the previously-determined “consult” codes (99251-99255). For most of the non-Medicare providers I bill, they continue to use these “old codes.” If the inpatient provider is billing the service to a payer that doesn't follow Medicare's guidelines on consult codes, then he/she should bill an inpatient consult code (99251-99255).

In the past, initial hospital care codes (99221–99223) were limited to the admitting physician. That changed with Medicare's new policy. When a specialist evaluates an inpatient for what would otherwise have been termed a consultation, the specialist must now report the initial hospital care codes (99221-99223).

Reporting an -AI modifier (principal physician of record) identifies the admitting physician—rather than a specialist—as the principal physician of record (i.e., the one who oversees and coordinates the patient’s care during his or her hospital stay). Using the -AI modifier does not result in additional reimbursement, as the modifier is simply informational.

Yaaayyyyy.... The EASY part!!! Report all subsequent inpatient visits/revisits by the admitting/attending physician or a specialist using the subsequent hospital care codes (99231–99233). Coding sheet provided at seminar remains correct.