

## 2010 CMS CONSULTATION CHANGES

- **As of January 1, 2010** –All consultative services (99241-99245 and 99251-99255) were removed from the Medicare Fee Schedule. **Medicare will not pay for any consultative services** provided to their beneficiaries.
- To compensate for this change, **Medicare will increase the RVU's** for :
  - **New Patient Visits** (99201-99205) and **Established Patient Visits** (99212-99215) **up to 6%**
  - **Initial Hospital Visits** (99221-99223) and **Subsequent Hospital Visits** (99231-99233) **up to 2%**
- **Outpatient Consultative Services** provided to Medicare patients will be billed as follows:
  - **New Patient Visit** ,if patient not seen by group/specialty within the past 3 years
    - **Requires all 3 key components** (History, Exam, & Medical Decision-Making)
    - **If less than 3 key components documented, must bill as a 99499.**
  - **Established Patient Visit**, if patient has been seen by group/specialty within the past 3 years.
    - **Requires 2 of 3 key components** (History, Exam, & Medical Decision-Making)
- **Inpatient Consultative Services** provided to Medicare patients will be billed as follows:
  - **Initial Hospital Care**, for the first encounter.
    - **Requires all 3 key components** (History, Exam, & Medical Decision-Making)
    - **Requires the minimum** to be documented (Detailed History/ Exam and Straight-Forward Medical Decision-Making.
    - **If less than the required is documented, bill with the appropriate Subsequent Hospital Care code.**
  - **Subsequent Hospital Care**, for any visits thereafter.
    - **Requires 2 of 3 key components** (History, Exam, & Medical Decision-Making)
- **AI Modifier** must be submitted with the Initial Hospital Visit (99221-99223) **billed by the Admitting Physician/Provider only** to differentiate their services from any consultants. No other provider may use this modifier.
- The Revenue Cycle Team and IDX have collaborated to develop a process to address this issue. As of 1/1/2010, **the provider's processes will not change for submitting consultations.** All consults for Medicare beneficiaries will fall into a TES Work file to work by the compliance liaison or department designee.

OUTPATIENT	DELETED OP CONSULT	NEW PATIENT VISIT	ESTABLISHED PATIENT VISIT
	3 OF 3 KEY COMPONENTS REQUIRED	PT NOT SEEN IN 3 YRS 3 OF 3 KEY COMPONENTS	PT SEEN WITHIN 3 YRS 2 OF 3 COMPONENTS
	99241	99201	99212
	99242	99202	99213
	99243	99203	99214
	99244	99204	99215
	99245	99205	99215
INPATIENT	DELETED IP CONSULT	INITIAL HOSPITAL VISIT	SUBSEQUENT HOSPITAL VISIT
	3 OF 3 KEY COMPONENTS REQUIRED	3 OF 3 KEY COMPONENTS CONSULTANT 1 <sup>ST</sup> ENCOUNTER	2 OF 3 COMPONENTS ANY PROCEEDING VISITS BASED ON DOCUMENTATION
	99251	99231	99231-99233
	99252	99232	99231-99233
	99253	99221	99231-99233
	99254	99222	99231-99233
	99255	99223	99231-99233

**USE AS OF JANUARY 1, 2010 FOR ALL MEDICARE PATIENTS**

Medicare’s FY 2010 Telehealth Services provided to Medicare beneficiaries.

- Added three codes to the list of Medicare distant site telehealth services for **individual health and behavior assessment and intervention (HBAI) services**, \* **HCPCS CODES (96150 - 96152)**
- Added three codes for **initial inpatient telehealth consultations**, and \* **HCPCS CODES (G0425 - G0427)**
- Expanded the definition of **follow-up inpatient telehealth consultations** to include consultative visits furnished via telehealth to beneficiaries in SNFs as well as hospitals). \* **HCPCS CODES (G0406 - G0408)**

<b>CMS FY 2010 TELEHEALTH CODES</b>			
<b>HBAI</b>	<b>96150</b>	INITIAL	TO DETERMINE BIOLOGICAL, PSYCHOLOGICAL, & SOCIAL FACTORS AFFECTING PT PHYSICAL HEALTH
	<b>96151</b>	RE-ASSESSMENT	TO DETERMINE NEED FOR FURTHER TREATMENT
	<b>96152</b>	INTERVENTION - INDIVIDUAL	INTERVENTION TO MODIFY PT PSYCHOLOGIC, BEHAVIORIAL, COGNITIVE, SOCIAL FACTORS
<b>INITIAL INPT TELEHEALTH CONSULT</b>	<b>G0425</b>	PROBLEM-FOCUSED HX, PE; STRAIGHT-FORWARD MDM	30 MINUTES
	<b>G0426</b>	DETAILED HX, PE; MODERATE MDM	50 MINUTES
	<b>G0427</b>	COMPREHENSIVE HX, PE; HIGH MDM	70 + MINUTES
<b>** G0406-G0408 ARE TO BE USED FOR TELEHEALTH SVC IN THE INPT HOSPITAL AND SNF AS OF 1/1/2010 **</b>			
<b>F/U INPT TELEHEALTH CONSULT</b>	<b>G0406</b>	LIMITED SERVICE	15 MINUTES
	<b>G0407</b>	INTERMEDIATE SERVICE	25 MINUTES
	<b>G0408</b>	COMPLEX SERVICE	35 + MINUTES
<b>** MUST BILL ALL TELEHEALTH CODES WITH THESE MODIFIERS TO IDENIFY TYPE OF TELEHEALTH TECHNOLOGY USED **</b>			
<b>MOD</b>	<b>GT</b>	VIA INTERACTIVE AUDIO/VIDEO TELEHEALTH COMMUNICATION SYSTEM	
	<b>GQ</b>	VIA ASYNCHRONOUS TELEHEALTH COMMUNICATION SYSTEM	