

Billing and Reimbursement Guideline: Consultation Coding Crosswalk

Guideline Publication Date: September 1, 2013	
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- Effective **January 1, 2014**, Neighborhood will no longer reimburse for consultation level coding. The Centers for Medicare and Medicaid Services (CMS) discontinued reimbursement of these services effective January 1, 2010.
- Consultation codes should now be reported under the new and established Evaluation and Management code sets.
- Services will be reimbursed at the standard fee schedule for the replacement coding billed.
- Modifiers should continue be billed when and where applicable.
- Neighborhood members cannot be billed for consultation services. All services should be billed to Neighborhood using the crosswalk tables below.
- This guideline applies to both CMS-1500 and UB-92 claim submissions.
- This guideline applies to all places of service.

Please refer to the following crosswalk tables:

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• Please use the crosswalk below to bill **outpatient** services:

Previous Consultation Codes	Description	Replacement Outpatient Observation Care codes	Description	Replacement Emergency Department Codes	Description
99241	Office consult for a new or est patient; 15 mins	99201	Office or other outpatient visit for new patient, 10 mins	99281	Emergency Department visit eval, problem(s) self- limited or minor
99242	Office consult for a new or est patient; 30 mins	99202	Office or other outpatient visit, 20 mins	99282	Emergency Department visit eval, problem(s) low to moderate severity
99243	Office consult for a new or est patient; 40 mins	99203	Office or other outpatient visit for new patient, 30 mins	99283	Emergency Department visit eval, problem(s) moderate severity
99244	Office consult for a new or est patient; 60 mins	99204	Office or other outpatient visit for new patient, 45 mins	99284	Emergency Department visit eval, problem(s) high severity but do not pose an immediate threat to life or physiologic function
99245	Office consult for a new or est patient; 80 mins	99205	Office or other outpatient visit for new patient, 60 mins	99285	Emergency Department visit eval, problem(s) high severity and pose an immediate threat to life or physiologic function
99241	Office consult for a new or est patient; 15 mins	99211	Office or other outpatient visit for est patient, 5 mins		
99242	Office consult for a new or est patient; 30 mins	99212	Office or other outpatient visit for est patient, 10 mins		
99243	Office consult for a new or est patient; 40 mins	99213	Office or other outpatient visit for est patient, 15 mins		
99244	Office consult for a new or est patient; 60 mins	99214	Office or other outpatient visit for est patient, 25 mins		
99245	Office consult for a new or est patient; 80 mins	99215	Office or other outpatient visit for est patient, 40 mins		

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• Please use the crosswalk below to bill **inpatient** services:

Previous Consultation Code	Description	Replacement Inpatient Hospital Codes	Description	Replacement Nursing Facility Codes	Description	Replacement Observation Care Codes	Description
					Initial		
	Inpatient				nursing		
	consult for		Initial		facility care,		Subsequent
	new or est		Hospital		per day,		observation
00054	patient, 20	00224	Care eval 30	00204	eval, 25	00224	care per day,
99251	mins	99221	mins	99304	mins Initial	99224	15 mins
	Innotiont						
	Inpatient		Initial		nursing		Culture automat
	consult for new or est		Initial		facility care,		Subsequent observation
			Hospital Care eval 30		per day,		
00252	patient, 40	00221		00205	eval, 35	00225	care per day,
99252	mins	99221	mins	99305	mins Initial	99225	25 mins
	Innationt						
	Inpatient consult for		Initial		nursing		Subsequent
					facility care,		Subsequent observation
	new or est		Hospital Care eval 50		per day,		
99253	patient, 55	99222	min	99306	eval, 45 mins	99226	care per day, 35 mins
99253	mins	99222	mm	99306		99220	35 111115
	1				Initial		
	Inpatient		1.111.1		nursing		C. have a set
	consult for		Initial		facility care,		Subsequent
	new or est		Hospital		per day,		observation
00254	patient, 80	00222	Care eval 70	00205	eval, 45	00226	care per day,
99254	mins	99223	min	99306	mins	99226	35 mins
	Inneticut				Initial		
	Inpatient		lucitical.		nursing		Culture automat
	consult for		Initial		facility care,		Subsequent
	new or est		Hospital		per day,		observation
99255	patient, 110	00222	Care eval 70	00206	eval, 45	00226	care per day,
99255	mins	99223	min	99306	mins	99226	35 mins
	Inpatient		Subsequent		Subsequent		
	consult for		hospital		nursing		
	new or est		care, per		facility care,		
99251	patient, 20	99231	day, eval, 15	99307	per day, 10		
99251	mins	99231	mins	99307	mins		
	Inpatient consult for		Subsequent		Subsequent nursing		
	new or est		hospital		0		
			care, per		facility care,		
99252	patient, 40	99232	day, eval, 25	00208	per day, 15		
33725	mins	33232	mins	99308	mins		
	Inpatient		Subsequent		Subsequent		
	consult for		hospital		nursing		
	new or est		care, per		facility care,		
	patient, 55		day, eval, 35		per day, 25		

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99254	Inpatient consult for new or est patient, 80 mins	99233	Subsequent hospital care, per day, eval, 35 mins	99310	Subsequent nursing facility care, per day, 35 mins
99255	Inpatient consult for new or est patient, 110 mins	99233	Subsequent hospital care, per day, eval, 35 mins	99310	Subsequent nursing facility care, per day, 35 mins

Please refer to Neighborhood's provider website at <u>http://www.nhpri.org</u> for specific provisions by product line.

This guideline is not a guarantee of reimbursement. Plan coverage, eligibility and claim payment edit rules may apply.

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