



Consultation codes

Deadline: Postmarked no later than **May 3, 2010**
Credit: 1 AAMA CEU (adm)

#118296

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Directions: Determine whether each of the following statements is true (T) or false (F) based on information derived from the article.

T F

- 1. The Centers for Medicare and Medicaid Services (CMS) eliminated the use of consultation codes due to both compliance issues and financial concerns.
- 2. In response to the change in coverage for consultations, CMS has decreased the work relative value units (RVUs) for new and established patient visits.
- 3. All Medicare RVUs within the 2010 9920x series are lower than their corresponding 2009 consult codes.
- 4. A service was billed with code 99242 in 2009. Today, it is billed to Medicare with code 99203.
- 5. If you were billing a service correctly to Medicare with code 99244 in 2009, you will be billing correctly to Medicare with code 99254 in 2010.
- 6. RVUs are lower for consults than for the revised 2010 office visit codes.
- 7. Some payers are continuing to use consult codes, since they are still in the CPT code book and still valid for 2010.
- 8. Medicare is going to deny payment as a secondary payer for consultation codes this year.
- 9. Providers needn't worry about vendors being up to speed on the consult changes.
- 10. The American Medical Association does not support Medicare's decision on consultation coding.
- 11. If your physician is the admitting physician for initial inpatient care, you should use modifier AI.
- 12. Modifier AI is no longer necessary since Medicare has eliminated consult codes.
- 13. Providers must document more for 99221 in 2010 than for 99251 in 2009.
- 14. An office consult for an established patient with a comprehensive history, detailed exam, and medical decision making of low complexity would be reported with 99221 in 2010.
- 15. A physician performed a comprehensive exam and history for a patient, and so will get reimbursed accordingly regardless of medical necessity.

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