

June 1, 2010

Montana Healthcare Programs Notice

Physician, Mid-Level Practitioner, RHC, FQHC, IHS, Podiatrist, Oral Surgeon, Optometrist, Inpatient Hospital, Outpatient Hospital

Medicaid Consultation Services

Effective January 1, 2010, Medicare no longer reimbursed for consultation codes (99241-99245 and 99251-99255). Complete information about this change is located at: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6740.pdf> and <http://www.cms.gov/MLNMattersArticles/downloads/SEIO1O.pdf>.

Montana's Medicaid program will no longer reimburse for consultation codes effective with date of service July 1, 2010. Medicaid issued a provider notice dated December 24, 2009 concerning consultation services which is rescinded effective July 1, 2010.

Providers will discontinue use of consultation codes 99241-99245 and 99251-99255 and should instead use the E & M code that most appropriately describes the E & M services. The principal physician of record will append modifier "AI" Principal Physician of Record to the E & M code when billed. A new patient is a patient who has not received any professional services (E & M or other face-to-face service) within the previous 3 years.

In the inpatient hospital setting and nursing facility setting, providers who perform an initial evaluation may bill an initial hospital care visit code (CPT code 99221-99223) or nursing facility care visit code (CPT 99304-99306), where appropriate.

For patients receiving hospital outpatient observation services who are not subsequently admitted to the hospital as inpatients, physicians should report CPT codes 99217-99220. In the event another physician evaluation is necessary, the physician who provides the additional evaluation bills the office or other outpatient visit codes when they provide services to the patient.

For patients receiving hospital outpatient observation services who are admitted to the hospital as inpatients and who are discharged on the same date, the provider should report CPT codes 99234-99236. If the patient is an inpatient and another evaluation is necessary, the provider would bill the initial hospital day code as appropriate (99221-99223).

For patients receiving hospital outpatient observation services who are admitted to the hospital as inpatients on the same date, the provider should report only the initial hospital care services codes (codes 99221-99223).

For patients receiving hospital outpatient observation services or inpatient care services (including admission and discharge services) for whom observation services are initiated or the hospital inpatient admission begins on the same date as the patient's discharge, the ordering physician should report CPT codes 99234-99236.

Medicaid will no longer recognize consultation codes for purposes of determining Medicaid secondary payments. In these cases, providers must bill an appropriate E & M code for the services previously paid using the consultation codes. If the primary payer for the service continues to recognize consultation codes, providers billing these services may either:

Bill the primary payer an E & M code that is appropriate for the service, and then report the amount actually paid by the primary payer along with the same E & M code to Medicaid; or

Bill the primary payer a consultation code that is appropriate for the service, and then report the amount actually paid by the primary payer along with an E & M code that is appropriate for the service to Medicaid.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://www.mtmedicaid.org>