Billing and Reimbursement Guideline: Consultation Coding Crosswalk

Guideline Publication Date: September 1, 2013

- 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:

Version History
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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
99251	Inpatient consult for new or est patient, 20 mins	99221	Initial Hospital Care eval 30 mins	99304	Initial nursing facility care, per day, eval, 25 mins	99224	Subsequent observation care per day, 15 mins
99252	Inpatient consult for new or est patient, 40 mins	99221	Initial Hospital Care eval 30 mins	99305	Initial nursing facility care, per day, eval, 35 mins	99225	Subsequent observation care per day, 25 mins
99253	Inpatient consult for new or est patient, 55 mins	99222	Initial Hospital Care eval 50 min	99306	Initial nursing facility care, per day, eval, 45 mins	99226	Subsequent observation care per day, 35 mins
99254	Inpatient consult for new or est patient, 80 mins	99223	Initial Hospital Care eval 70 min	99306	Initial nursing facility care, per day, eval, 45 mins	99226	Subsequent observation care per day, 35 mins
99255	Inpatient consult for new or est patient, 110 mins	99223	Initial Hospital Care eval 70 min	99306	Initial nursing facility care, per day, eval, 45 mins	99226	Subsequent observation care per day, 35 mins
99251	Inpatient consult for new or est patient, 20 mins	99231	Subsequent hospital care, per day, eval, 15 mins	99307	Subsequent nursing facility care, per day, 10 mins		
99252	Inpatient consult for new or est patient, 40 mins	99232	Subsequent hospital care, per day, eval, 25 mins	99308	Subsequent nursing facility care, per day, 15 mins		
99253	Inpatient consult for new or est patient, 55 mins	99233	Subsequent hospital care, per day, eval, 35 mins	99309	Subsequent nursing facility care, per day, 25 mins		

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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 http://www.nhpri.org for specific provisions by product line.

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