Consultation Coding Changes for Commercial Members

Effective January 1, 2010, the Centers for Medicare and Medicaid Services (CMS) eliminated the use of consultation codes (CPT codes 99241-99245 and 99251-99255) and increased the work relative value units (RVUs) for new and established office visit evaluation and management (E&M) codes by six percent, and the initial inpatient hospital and facility E&M visit codes by two percent. CMS indicated that these coding changes were a budget-neutral modification to its fee schedule.\(^1\) In place of consultation codes, CMS has instructed providers to use existing patient E&M codes that represent the location of the visit and identify the complexity of the visit performed.

\(^1\) These CMS coding changes went into effect for Medicare members on January 1, 2010.

AFFECTED LINES OF BUSINESS

The CMS coding and RVU changes described above are being implemented for Health Net HMO, Point of Service (POS), PPO, EPO, and AIM (commercial) providers whose reimbursement is based on a current resource-based relative value scale (RBRVS) or Medicare-allowable methodology. Providers are asked to immediately begin following these coding and billing guidelines.

Effective for dates of service May 1, 2010, and after, Health Net will no longer reimburse inpatient consultation codes and will require providers to resubmit claims using the appropriate inpatient level of service E&M code. Additionally, effective for dates of service May 1, 2010, through December 31, 2010, Health Net will recode claims submitted with the outpatient consultation codes to the same level of service outpatient office visit E&M codes. Effective for dates of service January 1, 2011, and after, Health Net will no longer reimburse provider claims submitted with an outpatient consultation code and will require providers to resubmit the claim using the appropriate outpatient office visit E&M code.

Health Net is recoding outpatient consultation codes until the end of 2010 to help physicians transition to the new consultation code reimbursement policy. This approach is not possible for inpatient consultation codes, as there are five inpatient consultation level of service codes and only three inpatient level of service E&M codes.

Providers should note that reimbursement based on specific prior-year RBRVS or prior-year Medicare-allowable methodology or reimbursement for Medi-Cal, Healthy Families or Healthy Kids Programs are unaffected by these coding and RVU changes.

ADDITIONAL INFORMATION

Relevant sections of the Health Net provider operations manuals have been revised to reflect the information contained in this update, as applicable. Provider operations manuals are available electronically in the Provider Library, located on the Health Net provider Web site at www.healthnet.com/provider.

If you have questions regarding the information contained in this update, contact the applicable Health Net Provider Services Center at the number located in the right-hand column within 60 days.