TITLE: Consultation Payment Policy - Skilled Nursing Facility or Nursing Facility Location when Medicare is the Primary Payor

POLICY/PURPOSE:

Effective for dates of service 01/01/2010 and after, Medicare will no longer pay for consultation codes 99241-99245 and 99251-99255. This policy and procedure is designed to assist users with selecting a procedure code to bill place of a consultation code in either a Skilled Nursing Facility or Nursing Facility location.

Coders and service providers are to follow these procedures for proper code selection when Medicare is the primary payor or when a payor that follows Medicare's consultation guidelines is the primary payor.

The Nursing Facility Services codes shall be reported with POS 31 (Skilled Nursing Facility) if the patient is in a Part A SNF stay.

The Nursing Facility Services codes shall be used with POS 32 (Nursing Facility) if the patient does not have Part A SNF benefits, if the patient is in a nursing facility (rather than a skilled nursing facility), or if the patient is in a non-covered SNF stay (e.g., there was no preceding 3-day hospital stay). Nursing facility codes are also applicable to Intermediate Care Facility/Intermediate Care Facility for the Mentally Retarded (POS 54) and Psychiatric Residential Treatment Centers (POS 56). POS 54 and POS 56 may be reported instead of POS 32 when appropriate.

DEFINITIONS:

PROCEDURE:

I. Skilled Nursing Facility (POS 31)

A. Initial Visits

1) Admitting Physician of Record

This would be the physician who completes a thorough assessment, develops a plan of care and writes or verifies admitting orders for the nursing facility resident. For Survey and Certification requirements, this visit must occur no later than 30 days after admission.

Select appropriate initial nursing facility care code (99304-99306) based on medical necessity and E&M documentation requirements. Append the modifier *"**AI**."*

2) Other Physicians

Select appropriate initial nursing facility care code (99304-99306) based on medical necessity and E&M documentation requirements.

Note: In a skilled nursing facility, initial nursing facility care codes may only be reported by physicians. For NPPs performing initial visits prior to a physician's initial comprehensive assessment visit, see Section I (B) below.

B. Subsequent and Other Medically Necessary Visits

Select appropriate subsequent nursing facility care code (99307-99310) based on medical necessity and E&M documentation requirements.

Note: Other medically necessary E&M visits may be performed and reported prior to and after the initial comprehensive assessment if the medical needs of the patient require an E&M visit.

II. Nursing Facility (POS 32, 54, or 56)

A. Initial Visits

1) Admitting Physician or Qualified Admitting Nonphysician Practitioner (NPP) of Record

This would be the physician or NPP who completes a thorough assessment, develops a plan of care and writes or verifies admitting orders for the nursing facility resident. For Survey and Certification requirements, this visit must occur no later than 30 days after admission.

Select appropriate initial nursing facility care code (99304-99306) based on medical necessity and E&M documentation requirements. Append the modifier *"**AI**."*

2) Other Physicians or NPPs

Select appropriate initial nursing facility care code (99304-99306) based on medical necessity and E&M documentation requirements.

Note: Only qualified NPPs who are not employed by the nursing facility may report the initial nursing facility care codes describing the initial comprehensive assessment. For other NPPs performing an initial visit prior to a comprehensive assessment, see Section II (B) below.

B. Subsequent and Other Medically Necessary Visits

Select appropriate subsequent nursing facility care code (99307-99310) based on medical necessity and E&M documentation requirements.

Note: Other medically necessary E&M visits may be performed and reported prior to and after the initial comprehensive assessment if the medical needs of the patient require an E&M visit.

REFERENCES:

CMS. Medicare Claims Processing Manual Pub. # 100-04, Ch. 12, §§ 30.6.10 & 30.6.13.

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