

Department: Compliance Policy Number: 2010-02-001 Initial Approval Date: 2/1/2010 Review Responsibility: Maryann Palmeter Review Date: 7/9/2020 Revised Date: 7/9/2020 Page 1 of 2

TITLE: Billing Medicare as the Secondary Payor for Consultation Services

POLICY/PURPOSE:

Effective for dates of service 01/01/2010 and after, Medicare will no longer recognize the consultation codes 99241-99245 and 99251-99255 for purposes of determining Medicare secondary payments.

Individuals responsible for procedure code selection and service providers are to follow these procedures for proper code selection when Medicare is the secondary payor.

DEFINITIONS:

PROCEDURE:

- 1. Primary payor continues to recognize consultation codes.
 - a. <u>Primary Payor Pays Claim</u>

After a cost and benefit analysis was performed, an executive-level decision was reached to write off balances on any consultation services billed with CPT codes 99241-99245 and 99251-99255 where Medicare is the secondary payor, after the primary payor makes payment. The volume of charges falling into this category will be monitored on a quarterly basis by the Clinical Data Quality Department. If at some future time it is determined that the benefit of billing these services outweighs the cost associated with collection efforts, this policy will be revised accordingly.

Write off balance after primary payor payment with code 5271 (Compliance non-audit).

b. Primary Payor Denies Claim

Apply the "Charge Posting and Billing Compliance Process" policy and procedure (IA-99-03-001). If the charge needs to be corrected, refer to the "Selecting a Consultation Replacement Code when Medicare is the Primary Payor" (Compliance Policy #2009-12-001) policy and procedure to determine the appropriate E&M visit code to bill Medicare.



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2. <u>Primary payor does not recognize consultation codes.</u>

Bill the primary payor an E&M visit code that is appropriate for the service. Refer to the "Selecting a Consultation Replacement Code when Medicare is the Primary Payor" (Compliance Policy #2009-12-001) policy and procedure to determine the appropriate E&M visit code to bill. Report the amount actually paid by the primary payor along with the same E&M code to Medicare for determination of whether a payment is due.

REFERENCES:

APPROVED BY: Maryann C. Palmeter