

UC Riverside Health Professional Services Coding Guidelines

NEW PATIENT vs. CONSULTATION

New Patient:

A new patient is one who has not received professional service from the physician or another physician of the same specialty in the same group within the past 3 years.

Therefore, an established patient is one who has received professional services from the physician or another physician in the same group and same specialty within three years prior.

Consultation:

A consultation is a “type of service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or appropriate sources.”

Appropriate sources include physician assistants, nurse practitioners, Doctor of chiropractic medicine, physical therapist, occupational therapist, speech language therapist, psychologist, social worker, lawyer or insurance company. There are two types of consults –

Office or Other Outpatient Consults New and Established Patient
Inpatient Consults New or Established Patient

Office or Other Outpatient Consultation New and Established Patient:

Consultation services are distinguished from a New Patient because they are performed at the formal request of the attending physician and the consultant provides a report of his/her findings and recommendations to the requesting physician for his/her use in management of the patient’s condition. The purpose of the attending physician’s request must be to obtain an opinion or advice regarding the evaluation and/or management of specific problem(s).

A consultant may initiate diagnostic and/or therapeutic services.

However, if the referring physician transfers the responsibility of treatment, the receiving physician must bill using visit service codes--not the consultation service codes.

Medicare will pay for the consultation if the referring physician does not transfer the responsibility for the patient’s care to the receiving physician until after the consultation is completed.

The consultant’s documentation must include-the 3 R’s

1. The name of the Requesting attending (residents cannot request billable consults);
2. His/her opinion and/or Recommendations; and
3. Evidence that a written Report was submitted to the requesting physician.

Physicians of the same specialty and group may request and perform consultations.

Therefore, if a general cardiologist sees a patient, he may request a consult from the arrhythmia specialist. The arrhythmia specialist may bill for a consult--provided that he documents the above 3 R’s.

Inpatient Consultation New or Established Patient:

In the inpatient setting there are two subcategories for inpatient consult codes that are used by physician consultations provided to hospital inpatients, residents of nursing facilities or patient in a partial hospital setting. The initial inpatient consult codes are used the first time you are asked for your opinion during that hospital stay. You may only report one initial consultation code during the patient's admission for either you or your group partner in the same specialty. If, once you have completed the initial consultation, you assume responsibility for the management of even a portion of the patient's care, all subsequent services are reported using subsequent hospital care codes. Follow-up inpatient consultation codes constitute visits to complete the initial consultation or subsequent consultative visits requested by the attending physician; includes monitoring progress, recommending management modifications or advising on a new plan of care in response to changes in the patient's status.