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IMPORTANT NOTICE

January 8, 2010

CONSULTATION CODE DIRECTIVE

In calendar year 2010 CMS will no longer reimburse for AMA CPT Consultation codes (99241-99245, and 99251-99255) for inpatient and outpatient facility, nursing facility as well as in the practitioners office.

CMS instructs that any practitioner who sees a patient in the office or other outpatient setting will need to select either a new or established outpatient evaluation and management code (99201-99215 or 99381-99387) for the initial visit for Medicare claims rather than a consultation code depending on whether the patient is a new or an established patient. The CPT code the practitioner selects should be determined based on the code that is the most appropriate for the patient as well as the services provided.

In accordance with the CMS directive, a practitioner who sees a patient in the hospital should bill an initial hospital code (99221-99223) for the initial visit for Medicare Claims. The admitting practitioner will add the appropriate modifier AI to the initial visit in order to differentiate between the admitting practitioner and other practitioners providing medical care. All practitioners should use the subsequent hospital codes (99231-99233) for follow-up care.

Per CMS, a practitioner who sees a patient in a skilled nursing facility is required to bill a nursing facility code (99304-99306) for the initial visit. The admitting practitioner will need to add the AI modifier to their Medicare claim in order to identify him/her as the admitting practitioner of record who is overseeing the care of the patient. Subsequent nursing facility codes (99307-99310) should be used for follow-up care.

Effective January 1, 2010 The Health Plan **WILL NOT** reimburse practitioners for Consultation codes regardless of where the services were provided for SecureCare, SecureChoice and Medicare Select. Additionally, West Virginia Medicaid and Public Employee Insurance Agency (PEIA) of West Virginia have adopted the Medicare consultation code guidelines; therefore, The Health Plan will not reimburse consultation codes for PEIA and West Virginia Medicaid (MHT) effective February 1, 2010. All consultation codes will be denied accordingly and you may resubmit such services utilizing the appropriate codes as indicated above.

The Health Plan has elected to continue to accept claims submitted with consultation codes for our Commercial lines of business while we evaluate the impact of the Medicare change. Based upon our analysis over the next sixty (60) days we will make a further determination regarding future payment policy with regard to Consultation codes.

The Health Plan would like to take this opportunity to thank you for your past and continued support of the plan and look forward to our continued partnership in this New Year.

If you have any questions please do not hesitate to call our Network/Provider Relations Department in the St.Clairsville office at 1-800-624-6961 Ext 7649 or 1-740-695-7649, in our HomeTown Regional office at 1-330-834-2265 or 1-877-226-2289 Ext 2265 and in our Mountaineer Regional Office at 1-800-598-3911.