

TUMG Compliance Training Series

Pre-Op Consults & Confirmatory Consults



Read Before Proceeding

Physicians and Staff may earn one (1) compliance credit during a fiscal year (July 1 – June 30) upon completion of the assessment (attached). To check to see how many compliance credits you have and to check which training sessions you have completed, contact the University Privacy and Contracting Office at 504-988-7739.

It is the policy of TUMG to provide healthcare services that are in compliance with all state and federal laws governing its operations and consistent with the highest standards of business and professional ethics. Education for all TUMG physicians is an essential step in ensuring the ongoing success of compliance efforts.

This education is Part 6 of a 9-part series on documenting and selecting the level of service for outpatient visits.

Part 1: Overview of Basic Principles
Part 2: Documenting a History
Part 3: Documenting an Exam
Part 4: Documenting Medical
Decision Making
Part 5: Documenting Consults

Part 6: Documenting Pre-Operative and Confirmatory Consults

Part 7: Time-Based Codes
Part 8: Linking to Resident Notes
Part 9: Modifiers -24 and -25

Physician Responsibility

- TUMG Physicians are responsible for documenting their outpatient visits and selecting the level of service to be billed to the carrier.

- Pre-Op Consultations and Confirmatory Consultations are two services that TUMG physicians may provide.

Purpose of this Presentation

- To provide definitions of both
 - Pre-operative Consults and
 - Confirmatory Consults
- To provide information regarding Medicare and Medicaid guidelines for these services

Can a consultation be billed for a pre-operative clearance?

Medicare Carriers Manual 15506 states:

“Pay for the appropriate consultation code for a pre-operative consultation for a new or established patient performed by any physician at the request of a surgeon, as long as all the requirements for billing the consultation codes are met.”



Pre-operative consults may be billed if:

- Requested by the surgeon
- All consults requirements are met:
 - Request
 - Recommendation
 - Report
- **AND** All Three E/M Components are documented
 - History
 - Exam
 - Medical Decision Making
- **AND** the documentation supports the level of consult code selected

For Medicare to consider coverage, all claims for pre-operative medical examinations and pre-operative diagnostic tests must include:

- The appropriate ICD-9 (Diagnosis) code for pre-operative examination (e.g., V72.81 through V72.84).
- The appropriate ICD-9 (Diagnosis) code for the medical condition(s) prompting the need for the service to be performed pre-operatively.
- The appropriate ICD-9 (Diagnosis) code for the condition(s) that prompted the decision for surgery.

Can the physician who provided the pre-operative clearance consultation provide post-operative care?

- The answer is YES, but the post-operative services CANNOT be billed as consults.
- Medicare has guidelines for both in-hospital and outpatient post-operative care.

Medicare Carriers Manual 15506

“**In the hospital setting**, the physician who has performed a pre-operative consultation and assumes responsibility for the management of a portion or all of the patient’s condition(s) during the post-operative period should use the appropriate subsequent hospital care codes (not follow-up consultation codes) to bill for the concurrent care he or she is providing.

“**In the office setting**, the appropriate established patient visit code should be used during the post-operative period.”

Can A Physician Provide a Post-Operative Consult?



The answer is YES, but Medicare has guidelines for determining if the service qualifies as a Post-Operative Consult.

Medicare Carriers Manual 15506

“A physician (primary care or specialist) who performs a post-operative evaluation of a new or established patient at the request of the surgeon may bill the appropriate consultation code for evaluation and management services furnished during the post-operative period following surgery as long as all of the criteria for the use of the consultation codes are met, and that same physician has not already performed a pre-operative consultation.”

Post-operative consults may be billed if

- | | |
|---|--|
| <ul style="list-style-type: none">■ Requested by the surgeon■ All consults requirements are met:<ul style="list-style-type: none">■ Request■ Recommendation■ Report■ <u>AND</u> the consulting physician did not perform a pre-op consult | <ul style="list-style-type: none">■ All Three E/M Components are documented<ul style="list-style-type: none">■ History■ Exam■ Medical Decision Making■ <u>AND</u> the documentation supports the level of consult code selected |
|---|--|

What is a confirmatory consultation? (CPT 99271-99275)

- The confirmatory consult codes are used to report the evaluation and management (E/M) services provided to patients when the consulting physician is aware of the confirmatory nature of the opinion sought (e.g., when a second/third opinion is requested or required on the necessity or appropriateness of a previously recommended medical treatment or surgical procedure).
- Confirmatory consultations may be provided in any setting and are intended to provide an opinion and/or advice only.
- A physician consultant providing a confirmatory consultation is expected to provide an opinion and/or advice only. Any services subsequent to the opinion are coded at the appropriate level of office visit, established patient, or subsequent hospital care. If a confirmatory consultation is required, e.g., by a third party payor, modifier -32 should also be reported. CPT 2005, page 17

- **Note: CPT has not established “average” or “typical Times for this type of consult code.**
 - Therefore, the confirmatory consult codes CANNOT be billed on time. The three E/M Key Components (History, Exam and Medical Decision-Making) must be documented and support the level of Confirmatory Consult Code billed.

LA Medicaid and Confirmatory Consults

- LA Medicaid Manual states:
 - “Confirmatory consults are not covered.”
Source: Page 22, 2004 Louisiana Medicaid Professional Services Training Manual

Fax: 504- 988-7777

Pre-Operative and Confirmatory Consults Quiz

Name (Print) _____ Date: _____ Score: _____

Department/Section: _____ Signature: _____

- 1) A Pre-Operative Consult may be billed if: (List the four requirements)
 - a. _____
 - b. _____
 - c. _____
 - d. _____
- 2) What three diagnosis codes are required when billing for a pre-operative consult?
 - a. _____
 - b. _____
 - c. _____
- 3) A physician who has performed a Pre-Operative Consult may provide post-operative care.
 - a. True
 - b. False
- 4) In an office setting, a physician providing post-operative care should use the appropriate _____ patient code.
- 5) Medicare guidelines state that a physician may perform and bill for both a Pre-Operative and Post-Operative Consult.
 - a. True
 - b. False
- 6) A 74 year old female is evaluated in the orthopedic clinic and it is determined that she will need a RT total hip replacement. She has a history of hypertension and is on medications for her HTN. The orthopaedic surgeon requests a consult by the patient’s primary care physician for medical clearance prior to surgery. The primary care physician evaluates the patient and bills the appropriate level of clinic consult.

Indicate by number (1, 2, 3) the sequencing for the following diagnosis codes that would apply to a Pre-Op Consult for this patient:

- _____ 401.9 Essential hypertension, unspecified
- _____ V72.83 Other specified pre-operative examination
- _____ 715.35 osteoarthritis, localized, not specified primary or secondary, pelvic region and thigh

- 7) Under LA Medicaid guidelines, confirmatory consults are billable.
 - a. True
 - b. False
- 8) What is the CPT code range for confirmatory consults? _____
- 9) A physician providing a confirmatory consult may initiate treatment.
 - a. True
 - b. False
- 10) A patient may request a confirmatory consult.
 - a. True
 - b. False

To receive one compliance credit: Complete quiz, be sure to print name (must be legible), the date and your department at the top of the form.

SIGN the form (no credit will be given without a signature) Fax to 504-988-7777