



## Consultations Determining the Intent of the Request

The *Common Procedure Terminology (CPT)* book defines a consultation as a “type of service provided by a physician whose opinion or advice regarding an evaluation and/or management of a specific problem is requested by another physician or appropriate source.”

The Internet only Manual (IOM) 100-04, Claims Processing, Chapter 12, Section 30.6.10 states in part, “A request for a consultation from an appropriate source and the need for consultation (i.e., the reason for a consultation service) shall be documented by the consultant in the patient’s medical record and included in the requesting physician or qualified NPP’s plan of care in the patient’s medical record” and “The intent of a consultation service is that a physician or qualified NPP or other appropriate source is asking another physician or qualified NPP for advice, opinion, a recommendation, suggestion, direction, or counsel, etc. in evaluating or treating a patient because that individual has expertise in a specific medical area beyond the requesting professional’s knowledge.”

Providers continue to struggle with determining and documenting the ***intent of the request***. There is a misconception that a ***referral*** from another provider meets that requirement. Primary Care Physicians and/or other originating physicians should document the intent of the request in documents submitted to or conversations with the performing provider’s office. This request should show the nature of the request. The performing provider should also document his/her understanding of the request.

### **Intent of a Consultation Service:**

The originating physician or qualified Non-Physician Practitioner (NPP) asks another physician or qualified NPP for advice, opinion, recommendation, suggestion, direction, or counsel in the evaluation or treatment of a patient, because that consultant has expertise in a specific medical area beyond the originating physician’s or NPP’s knowledge. The requesting physician anticipates continuing to treat the patient condition.

When a physician or qualified NPP refers a patient to another, there should be a request and a report back. The documentation of the intent of the request is Medicare’s determining factor in whether a service is a consultation or a new or subsequent patient visit code.

### **Transfer of Care:**

Occurs when the originating physician or qualified NPP requests another physician or qualified NPP to assume responsibility for management of the patient’s care for that condition and does not expect to continue treating the condition. In this case, the appropriate new or established patient visit code is appropriate according to the place of service and level of service performed.