



Connecticut State Medical Society - IPA, Inc.

Building Partnerships Between Business and Medicine

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The Consultation Quandary Request versus Referral

The IPA recently updated its Consult Code program. Our documentation analysis revealed that there is some confusion between the terms “referral” and “consultation,” which is causing coding errors. Since the two words have quite different meanings in terms of billing, we have clarified below.

Consultations are services performed at the **request** of another physician or appropriate source who is asking for advice regarding evaluation and/or management of a specific problem. The request for the consultation and the reason for the request must be **recorded** in the patient’s medical record. After the consultation, the physician must provide a written **report** of his or her findings to the requesting physician. Consultations that are *performed at the request of the patient* should be billed with the New Patient codes (99201-99205) or Established Patient codes (99211-99215) as appropriate.

Referrals are services for patients who are referred to another physician without written or verbal request for a consultation (which is documented in the patient’s record). They should be coded using one of the office or other outpatient codes or hospital care codes.

If you have any questions about consultation coding or any other E/M coding, please call Tracy Belbusti, LPN, CPC or Cheryl Krusch, LPN, CPC at (203) 225-1291.