

Primary Care Physician Consultations

Thomas J. Zuber, MD

Midland, Michigan

Physician Payment Reform was expected to create a more equitable physician reimbursement system.¹ Physicians became concerned when the Health Care Financing Administration (HCFA) adjusted the original relative value system and used its own calculations to determine historical payments.² HCFA has now created its own terminology and reporting rules for determining physician reimbursements for inpatient and outpatient consultations.

In March 1992, Medicare medical directors from across the nation met in Baltimore to make recommendations to HCFA on various topics. Fifty-seven recommendations from that meeting were recently published by Medicare carriers.³

Several of the HCFA decisions had a negative impact on evaluation and management services provided by primary care physicians. Primary care providers have been excluded from reporting consultation services in many instances, and have been told to use the lesser-reimbursed follow-up hospital or outpatient visit codes.³ HCFA stated that consultation codes should not be used whenever a primary care physician is responsible for a portion of the overall management of the patient.³

HCFA determined that if an admitting surgeon requests a consultation from a primary care physician for preoperative medical clearance, this constitutes a "referral" and not a consultation.³ Primary care physicians were instructed not to report this service as a consultation. The "referral" terminology, however, is not in the instructions for the evaluation and management codes in the 1993 *Physicians' Current Procedural Terminology* (CPT).⁴ If the surgeon requested the same service from a medical subspecialist, according to HCFA, the service could be reported as a consultation.³ This prejudicial treatment is contrary to the CPT book, which states that services may be "rendered by any qualified physician."

The outpatient consultation codes were recommended for reporting services to outpatients examined in the emergency department by the primary care physician after being seen by the emergency department physician.⁵ HCFA now is instructing primary care physicians to report the emergency department codes for such visits.³ HCFA would allow a physician who is not familiar with the patient's history, such as a medical subspecialist, to report a consultation code in this scenario.

Primary care physicians also may be penalized when requesting consultations. Primary care physicians may need the services of a specialist such as a cardiologist to provide adequate care to critically ill patients. HCFA announced, however, that only one physician may bill for critical care administered during any given hour.³ The HCFA decision may result in primary care physicians not being reimbursed for hours of intensive and exhausting work.

These unfair and frustrating restrictions are limiting the number of primary care physicians who are willing to work with Medicare patients. Reimbursement decisions must be favorable to primary care physicians if the number of these physicians is to increase. Primary care physicians need relief from the frequent HCFA rule changes that are almost impossible to understand and implement. HCFA and other third-party payers must follow CPT guidelines so that physicians can learn one reporting system. It is unfair for any third-party payer to confuse physicians by creating its own coding rules.

References

1. Wilensky GR. From the Health Care Financing Administration: physician payment reform. *JAMA* 1991; 266:2677
2. Zuber TJ, Jones JG. Physician payment reforms and family physicians [letter]. *JAMA* 1992; 267:2034-5.
3. Connecticut General Life Insurance Company. Medicare Bulletin—North Carolina. NC General Release 92-9. Greensboro, NC: CIGNA, 1992.
4. American Medical Association. *Physicians' current procedural terminology 1993*. Chicago: American Medical Association, 1993.
5. Zuber TJ, Henley DE. New CPT codes: hospital, consultation, emergency and nursing faculty services. *Am Fam Physician* 1992; 45:1277-83.

From the National Procedures Institute, Midland, Michigan. Requests for reprints should be addressed to Thomas J. Zuber, MD, The National Procedures Institute, 4909 Hedgewood Dr, Midland, MI 48640.