

MCI Policy
Consults and Transfer of Care

The intent of the requesting physician determines whether a service is a consult or a transfer of care. In order to make the intent clear, Mercy Clinics presents the following points.

1. The CPT definition of a **Consult** is: “a type of service provided by a physician whose **opinion or advice** regarding a specific problem is requested by another physician or appropriate source.”
 - This implies that at the time of the request the requesting provider has not decided to transfer complete care for the problem.
 - A consult may still be billed even if the consultant subsequently does take over complete care as long as at the time of the request there was not an intent to transfer complete care.
 - For example until a diagnosis is confirmed and treatment plan is made we do not know if the consultant should assume care for the condition.
 - If at the time the referral is made the requesting physician does not anticipate continuing to treat the patient condition, this is a **Transfer of Care** and a consult code **can not** be billed.
 - When a transfer of care occurs, a new or established patient visit code or a subsequent hospital visit code must be billed.
2. To clarify the intent at the time of a request Mercy Clinics recommends the use of the following phrases:
 - *Consult for the condition - advise who should assume care*
 - *Assume complete care for the condition*
3. For the **Condition** use a problem or a symptom unless the diagnosis is certain.
4. The other requirements to bill a consult are:
 - A request for the consult from an appropriate source must be documented in the requesting as well as consulting physician’s records
 - A written opinion must be communicated back to the requesting provider