

HISTORY VERSION

Bulletin Number: RP-063

Subject: Consultation Services

Effective Date: January 4, 2021 End Date:

Issue Date: February 19, 2024 Revised Date: February 2024

Date Reviewed: February 2024

Source: Reimbursement Policy

Applicable Commercial Market

PA WV DE NY

Applicable Medicare Advantage Market

PA WV DE NY

NY

Applicable Claim Type

Applicable Claim Type UB 🗵 1500 🗵

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

Provide direction on the reimbursement of consultation services represented by CPT procedure codes 99242-99245, or, 99252-99255.

REIMBURSEMENT GUIDELINES:

At the beginning of 2010, CMS no longer recognized the outpatient and inpatient consultation codes as valid codes and therefore, the codes were no longer reimbursed. Following these same CMS guidelines, the Plan will not reimburse these consultation codes.

These services include the following procedure codes:

Outpatient consultation: 99242, 99243, 99244, 99245
 Inpatient consultations: 99252, 99253, 99254, 99255

Consultation services should be reported with an appropriate Evaluation and Management (E&M) code that represents the location where the visit occurred and the level of complexity of the visit performed. Such locations include, but are not limited to, the office or other outpatient setting, the inpatient hospital setting, or nursing facility setting.

To support proper coordination of care, physicians must follow appropriate medical documentation, based on CPT and Plan guidance, and communicate the results of the patient's evaluation to the requesting

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

DEFINITIONS:

Consultation:

A type of service provided by a physician or other qualified healthcare professional whose opinion or advice regarding the evaluation and management (E/M) of a specific clinical problem is requested by another physician or other qualified healthcare professional.

REFERENCES:

- The American Medical Association (AMA) Current Procedural Terminology (CPT ®) Manual
- Centers For Medicare and Medicaid Services; MLN Matters, MM6740

1 / 2021	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
7 / 2022	Updated Reference link to CMS MM6740.
1 / 2023	Deleted codes 99241 and 99251
2 / 2024	Administrative policy review with no changes in policy direction



HISTORY VERSION

Bulletin Number: RP-063

Subject: Consultation Services

Effective Date: January 4, 2021 End Date:

Issue Date: January 1, 2023 Revised Date: January 2023

Date Reviewed: December 2022

Source: Reimbursement Policy

Applicable Commercial Market PA WW DE NY Applicable Medicare Advantage Market PA WW DE NY E

Applicable Claim Type UB 1500

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Centers For Medicare and Medicaid Services; MLN Matters, MM6740

	1 / 2021	Implementation					
	11 / 2021	Added NY region applicable to the policy					
Ī	1 / 2022	Added Delaware Medicare Advantage applicable to the policy					
Ī	7 / 2022	Updated Reference link to CMS MM6740.					
Ī	1 / 2023	Deleted codes 99241 and 99251					

HISTORY VERSION



Bulletin Number: RP-063

Subject: Consultation Services

Effective Date: January 4, 2021 End Date:

Issue Date: July 25, 2022 Revised Date: July 2022

Date Reviewed: July 2022

Source: Reimbursement Policy

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA WV DE NY DE NY

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Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

Provided direction on the reimbursement of consultation services represented by CPT procedure codes (99241-99245 or 99251-99255).

REIMBURSEMENT GUIDELINES:

At the beginning of 2010, CMS no longer recognized the outpatient and inpatient consultation codes as valid codes and therefore, the codes were not reimbursed. Following these same CMS guidelines, the Plan will not reimburse these consultation codes.

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 Centers For Medicare and Medicaid Services; MLN Matters, MM6740 R1875CP.pdf (cms.gov)

1 / 2021	Implementation				
11 / 2021	Added NY region applicable to the policy				
1 / 2022	Added Delaware Medicare Advantage applicable to the policy				
7 / 2022	Updated Reference link to CMS MM6740.				



HISTORY VERSION

Bulletin Number: RP-063

Subject: Consultation Services

Effective Date: January 4, 2021 End Date:

Issue Date: January 3, 2022 Revised Date: January 2022

Date Reviewed: October 2021

Source: Reimbursement Policy

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA WV DE NY DE NY NY DE NY DE

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

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REIMBURSEMENT GUIDELINES:

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 https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM6740.pdf

1 / 2021	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy



HISTORY VERSION

Bulletin Number: RP-063

Subject: Consultation Services

Effective Date: January 4, 2021 End Date:

Issue Date: November 1, 2021 Revised Date: July 2021

Date Reviewed: July 2021

Source: Reimbursement Policy

Applicable Claim Type UB 1500

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

PURPOSE:

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To support proper coordination of care, physicians must follow appropriate medical documentation, based on CPT and Plan guidance and communicate the results of the patient's evaluation to the requesting physician. The billed E&M code(s) are required to be fully supported in the medical record and/or office

notes. Physicians making a referral and physicians accepting a referral need to document the request and provide an evaluation for the patient.

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Bulletin Number: RP-063

Subject: Consultation Services

Effective Date: January 4, 2021 End Date:

Issue Date: September 28, 2020 Revised Date:

Date Reviewed: June 2020

Source: Reimbursement Policy

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA 🖂

NV ∑

DE [

WV ⊠ 1500 ⊠

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REFERENCES:

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