HIGHMARK.

Reimbursement Policy

Title: Consultation Services

Policy Number: RP-063

Version Number: 2026.10.26

Medicare Advantage:	PA, WV, DE, NY	Version Effective:	October 26, 2026
Commercial:	PA, WV, DE, NY	Originally Effective:	January 4, 2021
Claim Type:	CMS 1500 and UB04	History Versions:	Click Here → History

Disclosure: *The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan and ensure you are reimbursed based on the codes that correctly describe the health care services provided. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the members' contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations. The policy is applicable to designated markets either entirely, or partially, as indicated within the policy. Policy designation of claim type is based on how the provider is contracted with the Plan.*

Description:

This policy provides direction on the Plan's reimbursement of consultation services reported by physicians or other qualified healthcare professionals.

Reimbursement Guidelines:

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. **Consistent with CMS guidance, the Plan does not reimburse the following consultation codes: outpatient consultation codes 99242, 99243, 99244, 99245 and inpatient consultation codes 99252, 99253, 99254, 99255**. Providers should report the appropriate E/M code for the service provided. Service locations include, but are not limited to, the office or other outpatient setting, inpatient hospital setting, or nursing facility setting.

To support proper coordination of care, physicians and other qualified healthcare professionals must follow applicable CPT and Plan documentation guidance and communicate the results of the patient's evaluation to the requesting provider. The billed E/M code must be fully supported in the medical record and/or office notes. The requesting provider and the provider performing the evaluation are responsible for documenting the request and the outcome of the evaluation, including any findings and recommendations.

Coding: N/A

Definitions:

Term	Definition
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

Related Plan Policies: N/A

Policy Update History:

01 / 2023	Deleted codes 99241 and 99251
10 / 2026	Administrative policy review with no changes in policy and applied to new policy template.

Highmark Reimbursement Policy Bulletin

HIGHMARK.

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**	☒
Applicable Claim Type	**UB**	☒	**1500**	☒				

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

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.

HISTORY

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

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.

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:

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POLICY UPDATE HISTORY INFORMATION:

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

Highmark Reimbursement Policy Bulletin

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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**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Claim Type	**UB**	☒	**1500**	☒				

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