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| Title | Consultation Code Services | | |
| Number | CP.PP.377.v2.1 | | |
| Last Approval Date | 03/12/26 | Original Effective Date | 10/07/12 |
| Cross Reference | N/A | | |

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

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| Purpose | To define the Plan's limitations for consultation code services that are submitted on a professional claim. |
| Scope | Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products. |
| Policy | <p>Consultation codes, both inpatient and outpatient, are eligible for reimbursement only when billed by providers contracted on a 2009 or earlier Resource Based Relative Value System (RBRVS) fee agreement. Consultation codes submitted by all other providers are not eligible for reimbursement.</p> <p>Consultation services previously reported with one of the consultation codes must be reported with an appropriate Evaluation and Management (E&M) procedure code, such as but not limited to, an office visit code, hospital care code, nursing facility care code or a home visit code in order to be considered for reimbursement.</p> <p>If any allowed amount indicated above exceeds the billed charge for the claim line, that line will allow at the billed charge.</p> |
| Codes/Coding Guidelines | <p>For the purpose of this policy, the consultation codes that are not separately reimbursable include the following:</p> <p><u>Inpatient and Outpatient Consultations:</u></p> <p><u>Outpatient:</u></p> <ul style="list-style-type: none"> • 99242 - Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. • 99243 - Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. • 99244 - Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. • 99245 - Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high |

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| | <p>level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.</p> <p><u>Inpatient:</u></p> <ul style="list-style-type: none"> • 99252 - Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded. • 99253 - Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. • 99254 - Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. • 99255 - Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded. |
| Violations of Policy | Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties, and/or termination of the contract. Disciplinary actions will be determined by the Plan. |
| Exceptions | <p>For contracted Alaska providers: Consultation charges for dates of service prior to December 11, 2023, will be eligible for reimbursement. Consultation charges for dates of service on or after December 11, 2023, will be subject to the policy criteria.</p> <p>All other providers are subject to the policy criteria Exceptions to the policy may be made where a provider or employer group contract dictates otherwise.</p> |
| Laws, Regulations & Standards | N/A |
| References | <ul style="list-style-type: none"> • Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule (NPFs) • American Medical Association’s Current Procedural Terminology (AMA/CPT) codebook • American Medical Association’s Relative Value Scale Update Committee (AMA RUC) |

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| Policy Owner Review | Payment Integrity Oversight Committee |
| Contact | Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department. |
| Annual Review Dates | 03/12/26; 03/07/25; 04/11/24; 01/16/24; 08/10/23; 07/07/23; 08/18/22; 09/22/21; 10/06/20; 12/04/19; 12/06/18; 08/19/18; 10/19/17; 10/19/16; 11/15/15; 11/23/14; 12/15/13; 09/12/13; 10/07/12 |
| Version History | 08/09/18 Added new section “Code/Coding Guidelines” to the policy and moved the codes and descriptions to this new section |

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| | 12/06/18 | Effective with dates of service 01/01/2019 and after, Interprofessional Telephone/Internet Consultation codes are removed from Medicare “Status B” classification (per CMS) and are eligible for reimbursement |
| | 12/04/19 | Annual review; no changes |
| | 10/06/20 | Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P claim forms. Removed references to Interprofessional Telephone/Internet Consultation codes since the codes became reimbursable as of January 1, 2019, and are covered in the Telehealth Services policy. Removed the cross reference to Medicare Status B codes since the Interprofessional Telephone/Internet Consultation codes are no longer classified as Status B codes |
| | 09/22/21 | Annual review; no changes |
| | 08/18/22 | Codes in Codes/Coding Guidelines and in Policy reflect the January 1, 2023, CPT Code updates/revisions. Codes 99241 and 99251 deleted and code descriptions updated to reflect the revisions effective January 1, 2023. |
| | 07/07/23 | Annual review; no changes |
| | 08/10/23 | Alaska providers on a 2010 or more current Resource Based Relative Value System (RBRVS) fee schedule are subject to the policy criteria effective with claim dates of service on and after December 11, 2023. |
| | 01/16/24 | Revised the Policy statement to clarify that the policy already applied to Washington contracted providers and to Alaska contracted providers as of claims dates of service on and after December 11, 2023, as announced in the August 2023 policy version update. |
| | 04/11/24 | <ul style="list-style-type: none"> • Clarified the Policy statement to indicate that consultation codes, both inpatient and outpatient, are eligible for reimbursement only when billed by providers contracted on a 2009 or earlier Resource Based Relative Value System (RBRVS) fee agreement. • Clarified the Exception section for contracted Alaska providers to indicate that consultation codes with dates of service prior to December 11, 2023, will be reimbursed and on or after this date will be subject to the policy criteria. All other providers are subject to the policy. |
| | 03/07/25 | Annual review; no changes |
| | 03/12/26 | Annual review; no changes |